

BEYOND THE GEORGETOWN MANTRA

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*Review of Training Manual on Ethical and Human Rights Standards for Health Care Professionals, by the Commonwealth Medical Association Trust (London: British Medical Association, 1999)*¹

This manual aims to correct the inadequate and often inappropriate ethics instruction in developing countries, which is the perceived basis for the low level of observance of ethical standards and human rights by many health professionals. It is therefore intended for all health care workers in developing countries, where locally relevant educational materials are hard to come by.

An important feature of the manual is the underlying assumption of a strong linkage between medical ethics and human rights. The justified implication is that the two necessarily co-exist and inform each other: where rights are not respected, ethical behavior tends to be eroded, with serious consequences for the health of the vulnerable and the disadvantaged. The authors waste little time distinguishing between ethics and human rights, precisely because they find the linkage between them and to health is so obvious. Those who have worked in countries where human rights are not respected will find it difficult to argue with this position, particularly when considering some of the territory that the manual attempts to cover: the rights of children, torture, the care of prisoners, and judicial punishments. Most would argue that adherence to principles shared between ethics and human rights, such as respect for jus-

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tice, equity, human dignity, and protection against unjustified harm and invasion of privacy, actually does contribute to the health of populations.

The publication of this manual is only one in a series of recent activities attesting to widespread awareness that bioethics can play a significant role in addressing some of the problems of health care in developing countries. The concern now is not only for the ethics of everyday health care but also for research ethics. International instruments such as the Declaration of Helsinki are currently being revised to take into account, among other things, the ethics of clinical research carried out in developing countries by institutions from the industrialized world. This was occasioned particularly by the controversy over the testing of shorter courses of Zidovudine (AZT) to reduce perinatal HIV transmission in poor developing countries. The Swiss have already produced early guidelines on doing research in developing countries.² Both the Fogarty International Center and the Nuffield Foundation for Bioethics have begun looking at these issues.³ The capacity for ethical review in developing countries was explored at Chiang Mai, Thailand, in August 1999, and a similar meeting was held in Arusha, Tanzania toward the end of 1999.

In the area of direct health care delivery, it is worth recalling that John Bryant and colleagues have been studying the adaptation of Norman Daniels et al.'s "benchmarks of fairness for healthcare reform" to developing countries.⁴ Through its collaborating center based in Chile, the Pan American Health Organization is also doing excellent work studying the adaptation and application of familiar, mainly "western," bioethical principles to the Caribbean and Latin America.

Bioethics-related initiatives focused on the needs of developing countries are still often led or are heavily influenced by experts from Europe and North America. One issue that often arises in this context, of course, is whether ethical values are universal or relative. Drawing from her own observations in Africa, Asia, and Latin America, Ruth Macklin has come down "Against Relativism" (the title of her recent book).⁵ Others have a different perspective,

emphasizing that local cultural values are more important in shaping morality and ethical behavior. It may or may not all boil down to semantics or what we choose to emphasize in this complex discourse. Arthur Kleinman provides another perspective. In his Tanner Lectures at Stanford University in 1998, Kleinman held that moral reality is shaped by *local experience* (you cannot argue much with that); he sees ethics, on the other hand, as “translocal,” almost an imposition from the outside world, or as he describes it, “a view from nowhere.” One way to try to reconcile the two is through careful ethnographic studies, that “authorize the process of engagement.”⁶ There is a lot to be said for this view, and therefore I was very pleased to see that this manual took into account possible differences in *application* and tried to find validation by field-testing in Fiji, Pakistan, Tanzania, and Zimbabwe. These tests, of course, do not constitute ethnographic studies per se, but at least they recognize that there might be cultural differences that need to be taken into account in absorbing and applying ethical principles, so that behavior is appropriate to the cultural setting.

It is not yet perfect, but let me say at the outset that I found this manual to be valuable. It attempts to address the ethical concerns likely to arise during everyday medical practice in *developing countries*. It does not, by its own admission, attempt to be comprehensive, focusing instead on issues with the greatest everyday impact.

The manual begins by introducing and discussing the idea of ethical and human rights standards, calling attention to the various international conventions dealing with economic, social, and cultural rights; civil and political rights; racial discrimination; rights of the child; discrimination against women; and torture. This section ends with a useful list of questions for those interested in ascertaining compliance with human rights instruments and ethical principles in their own countries.

Part II contains four training modules, each meant to comprise three hours of work, that are designed to educate health care professionals at all levels through case discussion and role playing. The objective is that all such professionals will participate in one module a year for licensing

renewal. Many developing countries do not have revalidation requirements for any category of health care professional, but these exercises would still be very valuable in continuing medical education programs, and indeed even in medical school curricula.

The modules are subdivided into sub-modules, each with its own guiding principle and suggested types of case studies. Each has documentary notes attached. Module 1 is on respect for persons, care of vulnerable groups, confidentiality, and requests for information by third parties. Module 2 is on patients' right to information, consent to medical interventions, medical emergencies, and attending detainees (including the thorny issue of participation in judicial punishments). Module 3 comprises competence to practice and relationships with professional colleagues, non-professional health care workers, and traditional healers (mercifully not dismissed as totally dangerous—the manual recommends educating them and the public on safe practices). Module 4 deals with responsibility to the community, health promotion and preventive medicine, and, surprisingly, organ transplantation. I found all these modules a joy to read, and there are several unusual observations within, e.g., that in polygamous societies, it is not uncommon for an infertile older wife to pressure younger wives to practice contraception or to abort.

Part III contains the case studies. These have been carefully chosen and are appropriate for the intended audience. Part IV contains the texts of some of the conventions cited, together with a table documenting which conventions have been ratified by which countries.

I particularly liked many of the concepts and practical advice presented in this manual, some of which are discussed or implied throughout. In no particular order, these include the emphasis on questioning authority about compliance with ratified conventions; the questioning of expensive treatment for the few when there is so little for the many; the emphasis on women's and adolescent girls' health; the emphasis on the rights of HIV-infected patients; the table of countries and the conventions they have ratified; the manual's rootedness in the cultural realities of different

developing countries (e.g., it points out that in Thailand people are very reluctant to question authority, and in Pakistan there is fear of retaliation from feudal lords). Throughout the manual there is an implied suggestion that health care workers in developing countries should become socially engaged beyond their everyday activities within health care settings. Furthermore, unlike most ethical teaching resources, this manual makes a great effort to link everyday clinical care in developing countries to the bigger issues encountered in public health discourse. This suggests to me that some of the authors of this manual may also have been involved in drafting the Tavistock Group's guidelines, which seek to encompass broad principles that might apply to all disciplines. They acknowledge that while the care of individuals is at the center of health care delivery, this must be viewed and practiced within the overall context of continuing work to generate the greatest possible health gains for groups and populations. They thus have more of a public health orientation than do most ethical guidelines for the medical profession, which tend to focus exclusively on the doctor-patient relationship or research ethics.⁷

The text is clearly written, and there are only a few typographical errors. With very few exceptions, it reads well and avoids the usual stylistic pitfalls of being written by a committee.

The manual does have some minor deficiencies. It would have benefited from having an appendix with references to published work from the developing world. The Kuwait document on Islamic medical ethics is mentioned, but an effort to document (and learn from) other previously published work would have added value to the manual.⁸ It would also have been useful to know the names and backgrounds of the authors.

My only major criticism is that the inclusion of organ transplantation is inappropriate given the aim of covering everyday, common issues rather than rarities. The issues around organ transplantation, and particularly the question of payments for organs, do attract a lot of ethical attention, but they are too specialized for the intended audience.⁹ The ten-year-old WHO guiding principles included in the appendix,

particularly those on live kidney donation, are now out of date; even the WHO Task Force on Organ Transplantation has recommended that they be revised.

The manual will be helpful in sensitizing not only established health care professionals but also nursing and medical students to ethical issues in medical practice. It should not be seen as a final prescriptive document, but one that will encourage reflection and, through applying the generally sensible guiding principles in the manual, agreement as to the best course of action in particular situations.

I would also suggest that in future editions, genetics should not be considered irrelevant to the manual's audience. Issues such as genetic testing, research among genetically defined communities, and misuse of genetic information are likely to become increasingly relevant in developing countries.

I agree with Solomon Benatar, who wrote the preface, that the training modules will need to be continuously evaluated and developed. Even as it stands now, however, the manual is advanced enough to be disseminated widely, and not only in commonwealth countries.

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