

# Bioethics in the Eastern Mediterranean Region: Bridging national, regional and global bioethics imperatives

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Citation: Shamsi-Gooshki E. Bioethics in the Eastern Mediterranean Region: Bridging national, regional and global bioethics imperatives. *East Mediterr Health J.* 2024;30(6):399–401. <https://doi.org/10.26719/2024.30.6.399>.

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In June 2024, the 17th World Congress of Bioethics, a global biennial meeting organized by the International Association of Bioethics, was held in Doha, Qatar, it was the first time to hold such meeting in the Eastern Mediterranean Region (EMR) (1). Despite some disagreements within the bioethics community and subsequent boycotts, mostly by bioethicists from the Global North (2–5), the congress gathered an unprecedented number of researchers from the EMR, probably because of proximity, financial support from the host, easier visa requirements, and attractiveness of the theme: religion, culture and bioethics.

The massive attendance provided a unique opportunity for better networking among bioethics professionals in the region and possibly the beginning of future collaborations and cooperations. Several sessions were dedicated to discussing bioethics in the region, including 2 panel discussions on bioethics in the EMR, co-organized by the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO), and a satellite meeting organized by the host institution, the Research Center for Islamic Legislation and Ethics (6), to discuss a proposal for establishment of an international entity (association, network or forum) focused on bioethics and Islam. These sessions discussed bioethics based on perspectives from the region, available capacity for bioethics deliberations within the region, and the importance of constructive dialogue at the regional level.

Strengthening the collaborations and furthering the conversations established during the congress is critical for the EMR. For each of the 22 countries and territories in the region, mostly Arabic-speaking countries (7), bioethics is not only essential for operating and maintaining equitable and ethical health systems, it is also crucial for developing a resilient, efficient and evidence-informed health policymaking system.

One of the key lessons from the COVID-19 pandemic is that ethics preparedness is an essential aspect of responding to public health emergencies and infectious disease outbreaks, because the main challenges health systems face during such situations are not only technical or financial but also ethical. Such challenges include clinical ethics issues like the allocation of intensive care unit beds (9) and the use of unapproved drugs (10), research ethics issues such as facilitating ethics reviews (11–12), and public health ethics issues like

vaccine prioritisation (13) and the justifiability of public health measures such as lockdowns, vaccine and mask mandates, and travel bans (14).

During normal (non-emergency) circumstances, bioethics governance, such as well-structured and locally informed guidelines, as well as national ethics committees (15) can help improve the management of health systems by enhancing transparency and accountability. It can help reduce moral distress among health policymakers and healthcare professionals and increase public trust in health authorities, which is continuously endangered by various factors, including infodemics. Examples of such bioethics governance include the availability of clear guidelines for end-of-life care, which, in addition to respecting human dignity, can help hospitals reduce moral distress among clinicians and family members, make more efficient use of healthcare resources by reducing futile interventions, establish advance directives, expand the pool of transplantable organs, and even improve antibiotic stewardship by improving responsible use of antibiotics (16).

At the regional level, a constructive dialogue could help improve the collective understanding of various issues and provide a suitable opportunity for exchanging experiences and learning from each other, especially considering the common values and religious ties among a major portion of the EMR population. However, religious and cultural diversity within the region should be respected. Such regional bioethics dialogue and collaborations could have practical implications for bilateral and multilateral regional collaborations, not only during public health emergencies but also for such initiatives as organ transplantation. The European Convention on Bioethics (17), the Council of Europe Convention Against Trafficking in Human Organs (18), and the Australia-New Zealand Bilateral Agreement for Paired Kidney Exchange Program (19) are examples of successful regional cooperations with significant bioethics components.

A common understanding of the cultural diversity could foster solidarity at the regional level to address certain peculiar issues such as armed conflict, high number of migrants and displaced populations (20) and significant intraregional health disparities (21). In this regard, the regional offices of United Nations agencies such as WHO and UNESCO could increase their roles as

facilitators and coordinators of such efforts. A good example of the constructive role of WHO/EMRO is its central role in the establishment of research ethics committees, which was initially discussed in 1995 during the 18th Session of the Eastern Mediterranean Advisory Committee on Health Research (22). The Session clearly recommended that WHO Member States in the region should enhance and improve their bioethics governance in various aspects (22). Another more recent example is the contribution of WHO/EMRO to the establishment of 3 WHO Collaborating Centres for Bioethics in the region (23).

Similar initiatives and interventions could be undertaken to improve bioethics governance, including the development of bioethics guidelines, initiation of bioethics education programmes, and the establishment of national ethics or bioethics committees or national clinical ethics committees by Member States that currently do not have (24,25,26).

Finally, from a global perspective, the improvement of bioethics research, education, governance, application, and dialogue in the EMR, as well as its active

contribution to the global bioethics discourse, would be beneficial at the global and regional levels. On one hand, contemporary bioethics, which is fundamentally rooted in and dominated by the intellectual sources of liberal theories and Western political philosophy, suffers from epistemic injustice (27) and consequently “epistemic imbalance”. Therefore, some experts have called for the decolonisation (28) of contemporary bioethics. Bioethics literature would benefit and be enriched not only by theories, values and perspectives from this part of the world but also by the experiences of bioethicists and other professionals regarding how bioethics is understood and practiced in non-democratic, non-secular and non-liberal social and political contexts. On the other hand, more global engagement by the EMR bioethics community would foster a deeper understanding of the valuable intellectual and epistemic resources of mainstream moral philosophy and could motivate a shift from the current unconstructive and passive position of the Western-Eastern dichotomy toward a global understanding of ethics.

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