

Editorial

“To eat an elephant”

*Farhat Moazam*¹

Introduction

In contrast to codes of conduct for health-care professionals that can be traced back to the Hammurabi civilization (2500 BC), contemporary bioethics is a recent phenomenon born in the 1970s in the United States. This is a multidisciplinary field that began and has evolved in response to novel dilemmas posed by rapid advances in science and biomedical technology. Since its inception, bioethics, grounded in philosophically derived principles, is being rapidly “globalized” to all parts of the world. This includes developing countries such as Pakistan in which societies follow a different epistemology to determine what constitutes right and wrong in life as compared to that in many industrialized nations. There is a dawning realization that the shared history of a people, indigenous cultural norms, religious beliefs, and socioeconomic realities influence moral comprehension, and that these must be taken into account if bioethics is to attain a true international character [1]. Countries in this part of the world can do a great deal to enrich the largely philosophical, guidelines-based discourse in bioethics and research ethics. But this is only possible through methodically researched contributions, constructive critique of our local conditions, and reasoned dialogues that address the moral diversity characterizing human lives.

Center of Biomedical Ethics and Culture

The Center of Biomedical Ethics and Culture (CBEC) was inaugurated in Karachi on 8 October, 2005, and is the first such centre in Pakistan. The primary mission of the Center is to serve as an academic and intellectual resource in bioethics for the country and also for the region. Although there has been an increase in the number of seminars and lectures on bioethics held in Pakistan over the past decade, this is the only institution to date that is dedicated to promoting and enriching national, regional and international discourse on issues related to bioethics, and focuses on establishing links with biomedical ethical centres and organizations around the world. An important, and central, function of CBEC is to study the role of religious and cultural norms, as well as socioeconomic realities, in shaping indigenous value systems that are seminal components of moral comprehension in humans.

In the first year of its life, CBEC has chosen to focus on various educational activities in order to build national capacity and develop future faculty and staff in biomedical ethics for Pakistan. The conference and workshop *Fundamentals of Research Ethics: International and Regional Perspectives* was the third to be organized in 2005. The first international conference

¹Professor and Chairperson, Center of Biomedical Ethics and Culture (SIUT), Karachi, Pakistan
(Correspondence to Farhat Moazam: bioethics@siut.org).

and workshop in April 2005 covered the philosophical and religious basis of the chain of human moral thought extending from the Greeks to Muslim scholars and then onto modern ethical theories. This was followed in August 2005 by a national seminar on stem cell research and cloning in which the science, ethics and religious (Judaic, Christian, Islamic and Buddhist) perspectives were covered.

As Pakistan currently has only half a dozen formally trained individuals in bioethics, in January 2006 CBEC will initiate the first postgraduate diploma course (PGD) in Biomedical Ethics in the country. The PGD will target mid-career, healthcare-related professionals drawn from all provinces of Pakistan. The one-year programme is structured to provide 23 credit hours to successful candidates through the University of Karachi. These will be credited towards a master degree in bioethics which we hope to offer as the next step in capacity building in bioethics. CBEC already has commitments for help in its postgraduate programmes from the Department of Religious Studies and the Center for Bioethics of the University of Virginia, and from faculty members in the Department of Social Sciences at the University of Pennsylvania and the School of Public Health in Harvard University.

Fundamentals of Research Ethics: International and Regional Perspectives

The theme of the conference, *Fundamentals of Research Ethics: International and Regional Perspectives*, is self-explanatory. It offered an opportunity to listen to, and discuss and mix with an international group of scholars and educators who have many years of experience in bioethics and research ethics.

Among the international speakers were: Dr Qiu Renzong, a Professor and Confucian moral philosopher from the Research Bioethics Center in Beijing; Dr Daniel Wikler and Dr Richard Cash, Professor and Senior Lecturer respectively from the School of Public Health in Harvard University in Boston, and Dr Haytham Al-Khayat, Senior Policy Adviser from the World Health Organization's Regional Office for the Eastern Mediterranean in Cairo.

Equally important and perhaps unique was the "regional perspective" of this conference, which was provided by speakers who hold key positions related to the field of research ethics within the South Asian Association for Regional Cooperation. These include Dr Harun-Ar-Rashid of the Bangladesh Medical Research Council in Dhaka, Dr Nandini Kumar from the Indian Council of Medical Research in New Delhi, Dr Athula Sumitapala from the Sri Lankan Forum for Research and Development in Colombo, and Dr Huma Qureshi of the Pakistan Medical Research Council in Islamabad. These speakers presented their experiences and difficulties in efforts to foster ethical research in their own settings. These neighbouring countries share many value systems, cultural norms and socioeconomic realities with Pakistan and I believe that we can learn a great deal from one another.

Conclusion

I believe that the talks, discussions and interchange of ideas that occurred over the 2 days of the conference and which are published here in this Supplement of the *Eastern Mediterranean health journal* have served to heighten our awareness of the many ways, some subtle and others blatant, in which patients and research subjects can

be exploited, and are being exploited. It is no easy task to prevent human subject abuse in research; in fact it is a problem of great magnitude. This is especially so within the realities in which we live and practise in

countries such as ours. But I am reminded of the story about how to eat an elephant. *You eat it one bite at a time*. The conference represented the first bite, and I hope that it has helped to show how to take further bites.

References

1. Moazam F, Jafarey A. Pakistan and biomedical ethics: report from a Muslim country. *Cambridge quarterly of health-care ethics*, 2005, 14(3):249–55.

International Ethical Guidelines for Biomedical Research Involving Human Subjects

The present text of the up-mentioned publication is the revised/up-dated version of The Council for International Organizations of Medical Sciences (CIOMS) *International Ethical Guidelines for Biomedical Research Involving Human Subjects*. It consists of 21 guidelines with commentaries. The Guidelines relate mainly to ethical justification and scientific validity of research; ethical review; informed consent; vulnerability – of individuals, groups, communities and populations; women as research subjects; equity regarding burdens and benefits; choice of control in clinical trials; confidentiality; compensation for injury; strengthening of national or local capacity for ethical review; and obligations of sponsors to provide health-care services. They are designed to be of use to countries in defining national policies on the ethics of biomedical research involving human subjects, applying ethical standards in local circumstances, and establishing or improving ethical review mechanisms. A particular aim is to reflect the conditions and the needs of low-resource countries, and the implications for multinational or transnational research in which they may be partners. Further information on this publication can be obtained at: <http://www.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=84&codcch=2016>