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Medical Ethics In The European Community

In the issue of *Journal of Medical Ethics* dated March 1993 (19, 7-12, 1993) Povl Riis of Denmark pleads for uniform standards for medical ethics in Europe. In doing so he makes several statements that are worth pondering.

He emphasises the need for personal freedom, gained over centuries from the iron grips of churches, kings, dictators and regimes. He refers to the need for 'the voice of the people' and shows how apathy and prohibition are unsatisfactory reactions in a modern society. Three levels of interactions are discussed: 1) *Inter-personal*, 2) *person-state*, 3) *existential/religious*, the greatest variation often being found at the third level when religious faiths such as Catholic, Islamic, Jewish, Lutheran go their different ways.

All ethical debates start on the basis of current shortcomings. Fundamental human rights were enunciated in the face of severe suppression. The concept of equality was born in the face of slavery and racism. Freedom for women was a counter to male sexism. The debate on medical ethics became commonplace after the development of technological capabilities such as that for keeping a person 'alive' on machines that supported functions of the heart and lungs even after the brain was dead; the use of organs from one human being to benefit another; the ability to 'look' into the womb (by sonography and amniocentesis) and the several malpractices that each such 'advance' has spawned. Ethical dilemmas are being explored and citizens have progressively demanded co-responsibility in medical decision-making.

He proposes four major areas for consideration:

1. The coordination of committees for research into medical ethics so that 'good clinical research' is fostered.

2. The development of democratic health systems. The prime need here is *for a public health system which gives all citizens access to health cure - access representing a fair share of the total national health resources*. Clear enunciation of the patient's rights and duties is vital. This must be done in simple language without making the patient feel as though he were a moron or an infant.

3. The ethics of the human genome project with emphasis being placed on the fundamental equality of all human beings.

4. When should treatment be stopped? Euthanasia - voluntary and otherwise - is considered here.

Religions and churches can play an important role in furthering ethical concepts and practices and should be harnessed towards these goals.

In another paper in the same issue, Peter Toon from Bart's, London (pages 17-18) suggests that standards of academic scholarship in bioethics are often poor in Europe and points to the need to make medical students more virtuous.

Consider the above thoughts in the light of what we are doing in our own country. We haven't even started scratching the surface of the massive ethical problems we face in biology and medicine.

The oath of initiation (Caraka Samhita Vol. 1, pages 163-164)

...Thou shalt speak only the truth... be free from envy... There shall be nothing that thou oughtest not to do at my behest except hating the king or causing another's death or committing an act of unrighteousness or acts leading to calamity...