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Considerations about Medical Ethics, Education, Medical Portuguese Code of Ethics and AIDS

- Maria Cristina Rosamond Pinto, M.D., PhD., FACMG
Professor of Genetics and Medicine, Faculty of Medicine of Lisbon. Portugal;
Mailing: Genética Humana, R. Amílcar Cabral, nº.21-r/C "H", 1750.018 Lisbon Portugal
Email:genetica_medica@hotmail.com

Introduction

The medical evolution in the last decades has been extraordinary. The knowledge of diseases, its diagnosis and therapy has fascinated the medical and scientific community. Compared to the beginning of the 20th century with the significant medical improvements in the last 50 years new ethical considerations have been considered such as criteria for initiation of life-sustaining treatment which developed with proper ethical considerations, as well as criteria for withholding life-sustaining treatment. Clinical situations in which selective non treatment take place may encompass the conditions where death is considered to be inevitable no matter what treatment is provided or even with the risk of severe physical and mental disability occurring, thus triggering ethical issues that must be approached with extreme sensitivity and a very high sense of responsibility .

However, human mentality has not generally accompanied this evolution. Although there is more credibility in the acceptance of new resources regarding diagnosis and therapy, lay people in most countries have a limited knowledge regarding the risks associated with the availability of higher technology.

The Molecular Era

With the concept of a molecular pathology a great evolution in medicine emerged with the decithering of the genetic code and the fundamental laws that preside to Life. The destiny of humankind was altered by all genetic engineered factors and the attitudes of people towards disease and death were profoundly shattered, thus modifying the existing moral and deontological rules which were the pillars of humankind's relationship towards disease, quality of life and death. Things were much simpler when the Hippocratic Oath was generally followed and accepted governing the relationship between the physician and the patient. With the challenges of modern medicine, behaviour laws and codes are quickly bypassed by the impact of medical science. People, society and governments have to be in constant alert regarding the for mentioned Evolution! Alas this is not the present state of art thus the gathering of huge problems that have inevitably emerged.

Medical Education and Iatrogeny

Iatrogenic behaviour refers to disturbances that may be caused to a patient influenced by a clinical exam, along with the ways of tackling or discouraging a patient's problem from the medical point of view. The relative degree of iatrogenic medicine is usually not fully weighed and is often totally disregarded in medical education. In medical practice the iatrogenic caveat is usually associated with a therapeutic mistake when in most cases this mistake may be a small semiotic failure leading to a diagnostic disaster, or careless psychological support to the patient specially

when there are great challenges posed to the patient's life or their attitudes towards a possible death. A broad range of options to be faced during the recovery period or a sequence of life when changes of habits, values and decisions are imposed. Iatrogenic behaviour in medical education is fundamentally the outcome of wrongful planning, inadequate strategy and often an absurd organization. It is curious that some of the major events in our lives are not preceded by any preparation or careful planning. In most cases, decisions involved in important events are the reflex of emotional bursts in an evolution of facts, habits, traditions owing very little to an elaborate or rational thinking. Education is viewed as a soft science in many Medical Schools. The truth is that the mission to educate is no more a mere amateur part time prone to compromise generations after generations not only of future physicians but also of future potential educators.

The Edinburgh Declaration proclaims ten fundamental issues that may be considered as potential iatrogenic examples in Medical Education. There is a need for health indicators which if not appropriately evaluated and correctly faced will no doubt compromise a whole educational program. This evaluation should include the universal realities in association with those pertaining to a certain country. Disobeying such principles in medicine may twist the concept of iatrogenic behaviour in the health horizon of a world nullifying a profound and realistic analysis of the priorities, prevention and health intervention. The establishment of goals and purposes when planning a Health Program is mandatory. These principles as it is well known are not assumed, thus meaning that in a global context all strategy and circular planning has to be identified and subordinated to the needs of a Health Program.

The respect for the character and personality of the patient and also for the cultural characteristics of a population and the ecological and social development of a certain community has to be apprehended with methodologies similar to the techniques followed by the learning apprentice. In fact although it is known that psychological and behaviour factors may influence health or its evolution, the physicians have traditionally faced these subjects as less scientific and even bestowed its research and connected problems to other professionals less prepared to face the clinics of an individuals not only as a biological being but also as an affective and social entity.

Portuguese Courts of Law, AIDS and Abortion

On November 2007 Portuguese were confronted with the case of a cook (a Chef in the real French perspective) working in a rather fancy Lisbon restaurant who was dismissed from his job based on the fact that he was a HIV carrier. According to the Newspapers and the Media the case of this chef was presented in Court where the judge and the public prosecutor sentenced the banishment form that particular Restaurant or any other catering activity. The Chef decided to appeal to the Supreme Court, notwithstanding the opinion of a group of board certified physicians that no risk of AIDS transmission to others were implied by the Chef's activity in the restaurant, the statement issued by the Medical Boards was disregarded and thus the Supreme Court ended the carrier of a brilliant Chef.

On October 2007 the Health Minister exacted that the Portuguese Medical Boards should alter the Deontological Code in a one month period subsequent to a dispatch of the Attorney General regarding the newly voted Law about abortion (this Law followed the referendum addressed to all Portuguese on 2006 who pronounced themselves in favour of pregnancy interruption or first trimester abortion). The new Law exempted from criminal responsibility a pregnancy interruption up to ten months of gestation as long as it met with the woman's will and consent. The Portuguese Deontological Code expressly prohibits Abortion. In fact according to the nº.2 of article 47 of this Code "the physicians should respect human life from the very beginning" and the nº.3 of the same article states that "the practise of abortion or euthanasia are specifically condemned by the deontological code".

From the practical point of view physicians are obliged to perform an abortion according to the criteria established by the new Law except when the physician claims a "conscience objection".

Will the Portuguese Medical Boards' Code be Revised?

Portuguese ethicists oppose that the Health Ministry cannot oblige the Portuguese Medical Boards to revise the deontological code warning that "being legal does not necessary mean that a decision is ethically correct". The ethicists also argue that the Deontological Code is an internal or private Board Document, the same as a "gentleman's agreement" regarding the connection of physicians among themselves and their relationship with patients, and "that the State should not interfere". According to the Boards some aspects of the Deontological Code have to be revised but these changes may not be imposed by Governments. The necessary changes should be duly submitted to the Council Board with a posterior referendum by all Portuguese physicians to reach a consensus.

In response the Attorney General emphasised that notwithstanding the autonomy of the Portuguese Medical Boards in terms of its status being "the disciplinary power that prevails over all medical activities", the Portuguese Medical Boards and other Medical Boards are subject to a strict bondage to Law and may not invade areas that are governed solely by the Legislation of a Country.

Closing Remarks

The moral reasoning among medical staff, patients and families have been approached by a number of surveys and commentaries viewing the attitudes that should prevail in the medical code of ethics. A rather abundant resource material has been published and is available through publications, books and now at the immediate internet resource for detailed studies and reference. However with the advance in medical technology the need to ongoing revisions of the medico-legal codes as well as for new ethical guidelines will be imposed on physicians, governments and Countries.

Nevertheless the principles subjacent to decision-making on selective treatments or other delicate issues will remain interpersonal and private respectful to the patient's lives, families and may not disregard the emotional concerns of all parties involved. Physicians and other medical staff have to be prepared to live with doubts regarding the righteousness of the decisions that they have made. Therefore a major concern of postgraduate education and physicians training should be the teaching and evaluation of interpersonal skills with patients and their families. Any clinical management should be able to provide care and assess the results of the treatment followed, to alleviate the suffering and to aim the cure if possible of if not to allow death with dignity. This concept in endorsed on the definition of the art of medicine in the Hippocratic Corpus. In general terms it has to deal with the suffering of the patients, lessen the stress of the disease and to be able to interrupt treatment on those who are overmastered by the disease and escaping the power of medicine. The Deontological Codes cannot pertain to one country. They should be made universal tying every human soul to one cosmic bondage. Whether the Governments should or not intervene in Medical Codes is by far a matter of study to world-wide organizations dealing with such subjects. I hope that ethical dilemmas should be dealt with both humility and compassion but also with sensitivity and courage.

Prenatal and preimplantation genetic screening: emerging ethical and cultural dilemmas in South Asia

- Amy Patel, MD
Senior Internal Medicine Resident
UMDNJ-Robert Wood Johnson Medical School
Camden, NJ, USA
- Vijay Rajput, MBBS, FACP
Associate Professor of Medicine; Program Director,
UMDNJ-Robert Wood Johnson Medical School
401 Haddon Avenue, Room 242
Camden, New Jersey 08103, USA
Email: Rajputvk@umdnj.edu

Abstract

There is increasing use of genetic screening tests and pre-implantation genetic diagnosis techniques in all parts of the world. These new technologies have raised ethical issues that need closer attention. Sometimes these issues can scramble conventional notions into left or right. Prenatal or preimplantation genetic diagnosis brings a moral and ethical conundrum to South Asian society surrounding the rights of an embryo, disability rights and parental attitudes. There is debate whether testing will give control to parents or will result in policing of pregnancy by the family. There is also the potential to screen an embryo for gender, a perfect child or other parental need dependent on societal norms. Some if the ethical and cultural issues this new technology brings to South Asia are discussed.

Introduction

On both sides of the Atlantic, various claims have been made about the ultimate impact of genetics on clinical medicine. The excitement in the field has shifted to the elucidation of the genetic basis for common diseases in the western world and is now gaining momentum in the developing eastern world as well. In a country where it is culturally acceptable to marry one's relative (1) and where the population is so large as to produce rare genetic disorders, wide use of early genetic diagnoses in India can yield a big impact on its society (2). "PGD [preimplantation genetic diagnosis] refers to the removal of a single cell from an embryo generated in vitro for genetic testing to diagnose a recurrent, serious, heritable condition and thereby to avoid the implantation of affected embryos" (3). The three main reasons for prenatal diagnosis are to inform and prepare parents for the birth of an affected baby, allow for in-utero treatment if required, and to indicate termination of an affected fetus. In developing countries, the termination of a fetus is dominant.

An article in the *New York Times* echoed the assertion of proponents of the genetic revolution: "Health care will shift from a focus on detection and treatment to a process of prediction and prevention" (4). India's first devoted genetic diagnostic center was established in Mumbai, India 20 years ago to provide cytogenetic testing and genetic counseling to those who could afford it. Since then, many genetic testing labs have been established, mostly in metropolitan areas (2). Currently, tests for Down's syndrome, hypothyroidism, congenital adrenal hyperplasia, galactosmia and G-6-PD deficiency are available at most of the clinics. Although, there is no structured research for identification of a single gene disorder in India. Preimplantation genetic diagnosis (PGD) is a new technique, which is now available in many private genetic diagnostic clinics in India. PGD highlights the