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Global Bioethics In Medicine And Healthcare: The Why And How?

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Abstract

A world without bioethics is like a child in a candy store without supervision. Bioethics is crucial in guiding the scientific community to ensure that their research and practises are ethical, moral, and socially responsible. Without bioethics, there would be a high risk of unethical experimentation and exploitation of vulnerable populations. This has important implications for global bioethical trends in medicine and healthcare. For example, it provides a framework for addressing ethical issues related to emerging technologies such as gene editing and artificial intelligence. Bioethics ensures that these technologies are developed and used in ways that are ethical, moral, and socially responsible and that they do not harm individuals or society. Without bioethics, there would also be a risk of scientific research being driven solely by profit or political interests rather than ethical considerations. For instance, there have been cases of pharmaceutical companies prioritising profits over patient safety by releasing drugs that had not undergone sufficient testing or had dangerous side effects. Therefore, it is imperative to work in accordance with regulatory and legal frameworks, for any mistake can have tremendously grave consequences, especially in a field like medicine and healthcare, which primarily deals with the lives of people and their families.

Introduction

The word "bioethics" was first used by Fritz Jahr in 1926, and later, Van Rensselaer Potter coined the concept of bioethics as "global ethics" in his 1971 book "Bioethics: A Bridge to the Future." This concept has been rapidly evolving over the last century, particularly in the past five decades. Bioethics is a critical discipline that tackles a wide range of ethical and moral concerns related to healthcare and scientific research. Its importance has escalated manifold in modern times due to the rapid pace of technological advancements and the need to ensure that ethical considerations are given due importance in all such developments. Bioethics in healthcare and life science research addresses the societal, legal, cultural, epidemiological, and moral dilemmas arising from advances in Some of the ethical issues that come under its purview include human cloning, organ trafficking, end-of-life decisions, human rights in research trials, healthcare accessibility, and genome engineering (Mandal, Ponnambath, & Parija, 2017). For better UN agency coordination in the concept of bioethics, the “UN Inter-Agency Committee on Bioethics” was established in 2003. As the designated UN agency for health, the WHO has an important function in establishing guidelines for the biomedical sciences. However, given the expanding complexity of the field, the agency's limited expertise in global health lawmaking, and its limited resources, it cannot complete this task alone. UNESCO's 2005 adoption of the “Universal Declaration on Bioethics and Human Rights” is a significant step towards the establishment of international baseline standards for biomedical research and medical practise. The declaration emphasises the importance of informed consent, respect for privacy and confidentiality, and the need to safeguard helpless people and groups. It also recognises the need for ethical review and oversight of research involving human subjects. UNESCO's bioethical initiatives and the Declaration have drawn criticism, including claims that they went beyond their authority and relied too heavily on global human rights standards (Andorno, 2007).

However, as the applications and advancements in medicine are rapidly increasing, the field of medical ethics needs more and better philosophy. The field has made some strides in areas like animal welfare and euthanasia, but moralists who are concerned with privacy protection and consent-seeking have taken over. The requirement of philosophical analysis cannot be satisfied by empirical ethics, which tries to use survey and sociocultural data to inform ethical decision-making. Sadly, many individuals employed in healthcare ethics lack formal ethics training. The author contends that relying solely on scientific knowledge is insufficient and that philosophical reasoning is essential in making moral decisions in both life and medicine. Although a formal philosophy degree is not required to think critically, it is important to rekindle the pioneers' originality and spirit of adventure (Savulescu, 2014).

Biological ethics encompasses more than just medical and health ethics. Three things are required to close the ethical gap between medicine and health care: an understanding of the interconnection between human health and the environmental flora and fauna; knowledge of public health ethics theory and practise; and the application of deliberative problem-solving techniques. Health and environmental policymakers must take a wider range of values into account, and initiatives like "health in all policies" can help them understand the connection between health and well-being. It is also essential to educate decision-makers on public health ethics and deliberative decision-making. Philosophically, the theory of public health ethics needs to be developed to incorporate viewpoints from biomedical and environmental ethics. Individual freedom and group solidarity are valued in public health ethics. By bringing together ideas from biomedical , public health, and environmental ethics, public health ethics can serve as a link to promote a healthier planet (Lee, 2017).

Literature Review

The book titled “Principles of Biomedical Ethics” by Tom Beauchamp and James Childress is considered the bible for bioethical principles. According to this book, the principles of biomedical ethics are four-fold: “autonomy, beneficence, non-maleficence, and justice.” Autonomy is the right of individuals to make their own decisions regarding their health and clinical treatment. Beneficence pertains to the obligation of healthcare providers to act in the valuable interest of their patients. Non-maleficence is the concept of doing no harm, meaning healthcare providers should avoid maltreatment of their patients. Lastly, justice refers to the equitable distribution of healthcare resources and the fair treatment of all individuals in the healthcare system. The article discusses the evolution of these principles over time and how they have been applied in various medical contexts. However, since the first editions, there have been major changes and additions to these principles. Since the first editions, there have been major changes and additions to these principles, including the emergence of the principle of regard for persons and the code of fidelity. There is a growing recognition of the importance of cultural and social considerations in ethical decision-making, as well as the need to address issues of distributive justice and global health equity (Mitchell, 2014).

Looking back at the Indian roots of Ayurveda, similar principles as discussed in Beauchamp's book can be found where autonomy is related to “Vaidyavritti and Chatuspada,” which describe how a physician should behave towards their patient; beneficence correlates to “Sadvritta” and describes a good moral code of conduct; non-maleficence, or “Vaidyanimitta,” describes avoidance of harm or ill-will; and justice is described by "Sadachara,” or a simple living which considers "kalyanabhivyaharen,” i.e., good for all. Ayurvedic ethics mainly focus on the principles of beneficence and non-maleficence, as opposed to autonomy. Therefore, it can help meet the needs of pluralism in medical ethics. Ayurveda aims to cure disease and protect the healthy, with the basic obligations of treatment being the surgeon, drugs, assistant, and patient. The physician's attitude towards the patient is important, with friendliness, compassion, and adherence to good conduct being essential. The physician should diagnose the disease first and pick the suitable treatment, obtain permission before examining a female patient, initiate conversation with the patient, and have a clean mind and skilled hand (Tawalare et al., 2014).

In third world countries such as India and other Southeast Asian countries (Singapore, Indonesia, the Philippines, and Malaysia), a rising trend is that of medical tourism. There are bioethical concerns surrounding this trend, including issues related to informed consent, quality of care, and the potential exploitation of vulnerable populations. Medical tourism is driven by globalisation and the desire for affordable healthcare, and it presents several ethical challenges. For example, patients may not benefit from the same standard of care as they would in their indigenous country and may not be adequately informed about the risks and benefits of the treatments they receive. This creates a potential for exploitation of vulnerable populations in countries where medical tourism is popular. For example, individuals may be coerced into donating organs or participating in clinical trials without their full understanding of the risks involved (Turner, 2007). Figure 1 shows the various factor that affect the medical tourism in India:

ess costly skilled labour force, latest medical technologies, standard quality medical services and facility of mass use of English language

Figure 1 Reasons of Rising Medical Tourism in India

Stem cells have the capacity to treat a wide range of diseases and conditions, but their use is controversial due to ethical concerns. These include the destruction of human embryos, the informed consent of donors and patients, and the potential for exploitation of vulnerable populations. Thus, there is a need for careful consideration of the ethical implications of stem cell research and therapy. The authors call for continued dialogue and collaboration among scientists, ethicists, policymakers, and the public to ensure that stem cell research and therapy are ethically responsible and socially just. It suggests that to advance this promising field of medicine, a balanced approach that considers both the potential benefits and ethical concerns of stem cell research is required (Hyun, 2010). Advances in molecular biology have led to the emergence of molecular medicine and stem cell research, which provide customised therapies and the hope of curing previously uncurable diseases. However, there is a risk that clinical dialogue and ethics may be overlooked, so it is important to uphold ethical standards in clinical medicine. Clinical ethics has transformed from a set of laws shaped by the medical profession to an interdisciplinary field of study (Petrini, 2017).

Translational research is a complex process that involves expanding discoveries made in the laboratory into clinical applications for patients. It is a multidisciplinary approach that requires collaboration between basic researchers, clinicians, and industry partners. The traditional approach to bioethics has not kept pace with the rapid advancements in translational research, and there is a growing recognition that new ethical frameworks are needed to address the unique challenges posed by this field. One of the key ethical challenges in translational research is balancing the potential benefits of new therapies with the risks involved in testing them on human subjects. Additionally, the commercialization of translational research presents new ethical challenges, such as conflicts of interest, intellectual property rights, and the commodification of human tissue and genetic material. The complex nature of translational research requires a new approach to bioethics that considers the unique challenges and opportunities presented by this field. This will require ongoing dialogue and collaboration between researchers, clinicians, ethicists, and other stakeholders to develop ethical frameworks that support the development of safe and effective therapies while upholding the values of respect for persons, beneficence, non-maleficence, and justice (Hostiuc et al., 2016).

The discovery of CRISPR/Cas9 has raised several ethical issues. It has been successful in producing precise genetic modifications, but it may also produce unintended mutations and harm living beings and the environment. There are challenges in delivering CRISPR/Cas9 into hard-to-transfect cell types or tissues, and gene drives based on the technique may lead to the transfer of modified sequences to other species. Regulatory agencies must allow any genetically modified organism for customers, but there is no concrete guidance on how to handle the grown market using CRISPR/Cas9. Patenting is additional concern that has led to disputes among biotechnological companies. Ethical concerns have also been raised over genome editing in the human germline, which may transmit unpredictable changes to future generations. While CRISPR/Cas9 offers promising potential, the ethical implications must be carefully considered, and safety measures must be implemented to avoid unintended consequences (E, 2016).

Careful considerations of different aspects of bioethical research led Durante (2008) to propose a new direction for bioethical methodology. In a pluralistic society, there are diverse moral beliefs and values that can lead to disagreements on ethical issues. Bioethics, which deals with ethical issues in healthcare and life sciences, needs to find a way to address these differences while still providing ethical guidance. The new methodology involves an approach called "contextualism," which considers the context of the situation, the stakeholders involved, and the values and beliefs of those stakeholders. By understanding the context and values of the stakeholders, bioethics can provide guidance that is more culturally sensitive and relevant. Through dialogue and deliberation, different perspectives can be heard and understood, and ethical decisions can be made collaboratively with stakeholders. This approach encourages mutual respect and understanding among stakeholders and helps to reduce conflicts and divisions.

The end goal of such methodologies should be finding the middle ground between religious beliefs, which can often act as a barrier, and bioethics. Both religion and bioethics should coexist holistically. Suffering is an fated and undeniable part of corporeal existence in different religious traditions. The Abrahamic and South Asian traditions view suffering as a indication of weakness and disease, while South Asian traditions view it as a result of one's actions and choices. Each religious belief values suffering, but none claims it has intrinsic value. It has instrumental value, and the purpose for which it can be gained differs between faiths. Different perspectives exist on the extent to which suffering can be adopted as a meaningful and spiritual experience. The question of suffering is not a major theological preoccupation for Abrahamic religions, but the Islamic perspective observes the diverse and often contradictory understandings and responses that this question calls for. Respectfully considering religious discourse on suffering will benefit medicine and bioethics greatly (Fitzpatrick et al., 2015).

Conclusion

Contrary to pop culture references, all scientists are not mad. While the science of medicine is mind-bogglingly exciting, very few people forget their roots in the process. An interest in medicine comes from the crux of the desire to make people feel better by catering to what their health needs. Having said that, the process is never easy; dilemmas and ethical questions arise with every step into the picture. With regulatory frameworks and an incessant need to do what is right, these can be overcome. It is important to acknowledge that ethical considerations are not always clear-cut and may require ongoing evaluation. However, with a commitment to transparency and accountability, organisations can navigate these challenges and ultimately build trust with stakeholders. Furthermore, adopting a more pluralistic approach that acknowledges and respects the moral diversity within society will be more helpful, as discussed. Bioethics should not be limited by new science or religion and the end goal is to form a world wherein both tight legal framework and moral grounds exist together and support the evolvement of each other.

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