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# TOUCHING LIVES

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## F.I.A.M.C. BIO-MEDICAL ETHICS CENTRE

## (FBMEC)


**FIAMC is the World Federation of Catholic Medical Associations**
The letters F.I.A.M.C. are taken from the French name of the organization:
"Fédération Internationale des Associations Médicales Catholiques".
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**St Pius X College Complex, Aarey Road, Goregaon East, Mumbai - 400 063 (India)**
**Tel.: 2927 0933 | Mob.: 9833606980**
**E-mail: fiamcmumbai@hotmail.com | Website: http://fiamc.blogspot.com**

# The role of Bioethics in the construction of peace

**María Elizabeth de los Rios Uriarte,** PhD
Professor and Researcher at the Faculty of Bioethics Anahuac University in Mexico

"Peace cannot be achieved if it is not wished for," warned Pope Francis at the beginning of 2020 during the World Day of Peace, and it seems as though the warning echoes up to present times, when we keep reflecting about how to build peace processes that create a brotherhood between us and allow us a culture of encounter.

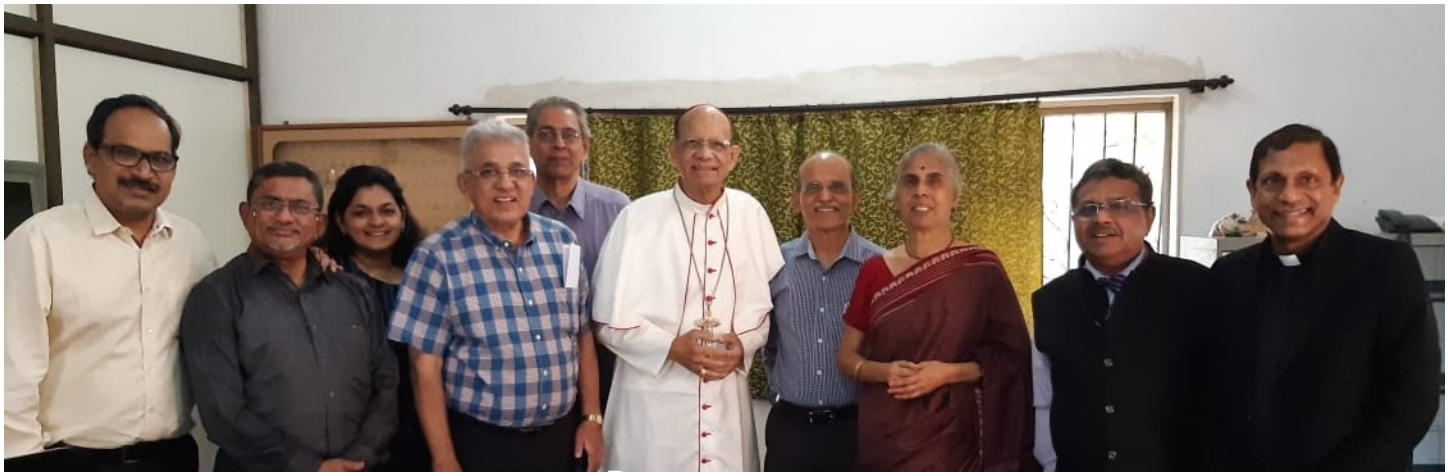
In the midst of this search, Bioethics plays a leading role as facilitator and mediator of said processes.

Before reflecting upon Bioethics and its role in the construction of peace, it is necessary to understand that the violence often forged in our societies should not be confused with aggression, since the latter is of natural character and obeys our natural instinct of survival both towards ourselves and our loved ones. Violence is an act of will and, as such, it is a decision that moves on the grounds of freedom, reason why in order to eradicate it, making a choice is also necessary.

Likewise, we have to mention that violence cannot be confused with conflict which in itself is an opportunity for personal and community growth as it falls on the recognition of what is biologically different and culturally diverse, and it must never be used to justify an act of violence.

Now, we need to mention that the highest danger of violence is its normalization, turning into a culture of violence that permeates in such subtle ways that they sometimes become imperceptible. When a conduct that, in principle, should not be normalized starts to become normal, we can detect a type of cultural violence established in the symbols, language, games, news, television shows, etc. in a way that is so introjected in a society that it would seem there is no escaping it.

That is why it is imperative to say that violence can be classified in three levels: direct, structural, and cultural. Direct violence is enforced straight over an individual or group of individuals. Structural violence is subtler than the direct one, since it is



perpetrated by political, social, and even educational institutions that can deprive people from their most essential needs and who, in most occasions, cause an equally violent response. Finally, cultural violence is silent, it starts out by being introduced in common practices and regular lifestyles in such a way that it is not even perceived, it is only imitated because it is embedded daily in the collective conscience.

In addition, to understand the role of Bioethics as facilitator of the peace processes, we need to mention briefly that the stages of the cycle of violence are:

1.- Search for oneself (identity)
2.- Otherness as an obstacle to the search for oneself
3.- Destruction of otherness
4.- Self-destruction
5.- Mourning
6.- Return to the "word" as self-dialogue
7.- Return to the "word" as dialogue
8.- Memory
9.- Reconstruction
10.- Search for oneself

From stage 6 on, Bioethics take a special relevance in affirming life and rebuilding the human person.

Bioethics can build peace within at least three of its functions:

I. - In the defense and promotion of people's health through the principles of beneficence and no maleficence.

II. - In the integral protection of the human being and the environment through the principles of vulnerability, justice, dignity, and common good.

III. - By promoting dialogue and the search of joint solutions through the principle of respect of autonomy and its interdisciplinary nature.

Moreover, Bioethics, with the principle of respect for the unrestricted dignity in every person, recognizes that one's identity necessarily goes through the recognition of otherness and that the individual will always be an end in itself and never a means.

Through the principle of respect for autonomy, it favors that each person be an agent of their own life by promoting the transmission of information that will allow decision making. We have to remember that peace is a choice.

Also, through the principle of sociability, it breaks the cycle of violence allowing for dialogue and attentive listening, proposing amnesty, forgiveness and reconciliation.

Finally, with the principle of justice, Bioethics allows to repair the damage when possible or restore, when it can be done, the dignity of both the aggressor and the attacked, recognizing in the two their dignity and value as human beings.

It is important to clarify at this time that peace is not the same as pacification, even though the former is not possible without the latter. The first is a continuous and long-term road, the second one refers to immediate actions and short-term goals; that is why peace demands, at least, two concrete but progressive actions: a) going to the root causes of violence, and b) making the choice of starting to walk in the direction of the construction of peace.

This entails understanding that peace cannot be achieved separated from truth, justice, freedom, and love; as such, and because Bioethics is an interdisciplinary science with a profoundly humanistic nature, it must act as a mediator in the processes of violence and a facilitator in the peace processes, promoting in each person their ontological dignity and allowing the dialogue that builds alternate roads to violence without ever forgetting to create the conditions for the optimal development of all persons and peoples; as Pope Paul VI said in his encyclical *Populorum Progressio:* "development is the new name for Peace" (PP, 76).

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# Pandemic Covid-19 and Ethical Challenges in Healthcare

**Rev. Dr. Archibald Gonsalves,** OCD

**What is Covid-19?**

Covid-19 Pandemic has taken the world by surprise. Ever since World War II, this is the most defining moment in human history. Besides being a health crisis, it has led to a greater socio economic crisis and put the whole world in depressive state. Even the developed countries like USA were caught on wrong foot, on account of which USA has seen the highest number of casualties.

Corona virus disease 2019 (COVID-19) is caused by a new corona virus first identified in Hubei Province in China, in December 2019. Although most people who have COVID-19 have mild symptoms, COVID-19 can also cause severe illness and even death. Some groups, including older adults and people who have certain underlying medical conditions (Comorbidity) are at increased risk of severe illness Corona viruses, named for the crown-like spikes on their surfaces, are Zoonotic, i.e. coming from animals like camels, cattle, cats, and bats. Animal corona viruses infecting people occurred with two earlier corona viruses, MERS-CoV and SARS-CoV. The new SARS-CoV-2 virus is a beta corona virus. The exact source of this virus has not been identified.

On February 11, 2020, the World Health Organization (WHO) announced the official name for the disease COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel corona virus" or "2019-nCoV."The corona virus (COVID-19) disease continues to spread around the world with over 38 Million cases and over a million deaths as on October 16, 2020. COVID-19 is a pandemic just because cases have been confirmed in at least 200 countries and territories.

**Ethical Challenges**

This pandemic has challenged humanity on various fronts, such as Medical, Social, Political, Legal, Religious, etc. Responding to all these challenges, the healthcare systems have borne the brunt. An ethically sound three tiered framework has been outlined by the Hastings Centre to deal with this pandemic; namely, 1) the duty to plan, 2) the duty to safeguard, and 3) the duty to guide. Whereas the American College of Surgeons suggest "transparency, advocacy, and commitment." There are myriads of ethical issues and questions raised on this proposed implantation in human beings. The question of safety or risk factors, misuse of the collected data by a totalitarian government, common good, informed consent, breach of privacy and autonomy, and issues related to social justice are impending questions that need to be answered. However, here we concentrate mainly on Ethical challenges faced by the healthcare system dealing with Pandemic Covid-19.

**Given the high risk of infection, do the healthcare workers have the right to refuse treatment to any patient with Covid-19?**

It is the duty of the Government/hospital administration to train the staff with regard to the safety measures and also provide the health care personnel with sufficient number of proper protective gear. Once that is provided, it is not justifiable for the healthcare personnel to refuse to treat any Covid-19 patient.

**How is prioritizing patient confidentiality being challenged by the COVID-19 pandemic?**

Covid-19 positive patients should be encouraged to disclose their condition to those contacts, such as family members and associates. Ultimately, given the high morbidity and mortality rates and the degree of contagion, confidentiality must be limited by public health interests. It is also crucial that physicians and hospital systems report positive cases to public agencies so that data can be accurately tabulated and analysed in order to inform treatment decisions and resource allocation

**Which members of the population should be screened and tested for COVID-19 when available tests are limited?**

Patients with symptoms should be tested first because early diagnosis and supportive treatment are in their best interest. Most of the spread results on account of the active involvement of the symptomatic patients. As more tests become available, screening of asymptomatic healthcare workers is recommended in order to avoid inadvertent infection of the already high-risk patients with whom they interact. Finally, as tests become widely available, universal screening to

limit exposure by quarantining potentially infected individuals.

**How do we allocate scarce resources such as ICU beds, ventilators, and certain medication?**

Resources can be classified in two categories, namely, finite and non-finite. The first category consists of organs, such as, kidney, liver, retina, etc. Non-finite include ICU beds, ventilators, PPE, Masks, testing kits, etc. Though societies' collective support for conserving scarce resources, although generally laudable, this may become misguided leading to shortage of supply to meet the needs of patients with emergency.

-Treatment decisions for COVID-19 and non-COVID-19 patients be evaluated based on medical merit before considering matters of resource allocation. Follow already established standards of care should conserve resources.

-Protocol is to be adopted for allocating non-finite scarce resources, with full transparency and with creative efforts to mitigate the loss experienced by patients to whom limited resources are not directed.

-Protocols be regularly reviewed in order to accommodate the needed changes in response to growing knowledge of COVID-19 and Make non-finite scarce resources readily available at affordable cost.

**What ethical concerns are created by relaxing FDA rules associated with research and by relaxing criteria for certification into the medical field?**

During HIV pandemic, under pressure, human subject research went through certain shortcuts. Researchers identify potential treatment to fast track drugs and Vaccine. However, the top priority is to maintain that drugs are, “Effective and Safe”Any Vaccine to be approved by FDA and CDC, has to go through the following stages. 1) Exploratory stage, 2-4 years; 2) Pre-Clinical Stage, 2-4 Years; 3) Clinical Development, 2-15 years; 4) Regulatory Reviews and Approval.

Today there are over 321 companies working round the clock to come up with a Vaccine that can arrest the spread of the disease Covid-19. As the COVID-19 pandemic unfolds, researchers are working fervently to identify potential treatments and vaccines against the disease under relaxed regulations and at times with permission to forego established steps in the process. Not surprisingly, unusual alternate remedies have claimed the lives of patients based on information disseminated through non-scientific sources.

**How should we address end-of-life issues, including do not resuscitate orders and goals of care discussions?**

The concept of shared decision making evolved dealing with HIV is particularly relevant to goals of care discussion. In shared decision making, treatment plans are developed to which patients contribute their subjective values and goals and providers contribute their professional and scientific expertise. First, in line with standard of care, one must address the likely medical benefit of resuscitation to the patient and offer CPR only if the particular clinical scenario suggests a medically defined benefit. When CPR is deemed to be medically non-beneficial, this decision must be promptly communicated to the patient and the patient's family. Palliative measures should be offered without delay.

**Ethical Principles at Play**

In dealing with ethical issues pertaining to Covid-19, we could apply the following principles in judging prudently the given situation. Every decision resulting from the application of any principle should be keeping in mind the welfare of the patient in question. Sometimes, however, the social need must take precedence over the individual demand. 1. Principle of Value and Respect for Human Life: Dignity; 2. Principle of Justice: All are treated equally; 3. Principle of Beneficence: Good of the Patient/Society; 4. Principle of Equity: Each one is given his due according to his need.5. Principle of Autonomy: Patient centred.

**Conclusion**

Some Governmental and non-Governmental organizations are busy exploiting the situation for their advantage, either by taking political mileage or by making economic gain or both. The virus is mutating so rapidly that hopes of an all proof vaccine to arrest its spread doesn't seem to be a reality in the near future. Even the medications that gave some respite are being doubted and questioned. The parable of Good Samaritan (Lk10: 30-37) cited by Pope Francis in his recent encyclical *Fratelli Tutti* No.19, is a guiding example in this time of pandemic to channelize our energy and resources in the care of the sick and the dying. When the healthcare systems deal with Covid-19, upholding the underlying ethical principles mentioned above, the patient will be the final victor!

# 'Truth' in Covid-19 Times

**Dr. (Fr) Matthew Coutinho sdb**
Professor of Moral Theology Studium The ologicum Salesianum Jerusalem – Israel
Faculty F.I.A.M.C. Bio-Medical Ethics Centre

Among the many challenges our world and more specifically each one of us faces in the present COVID-19 pandemic times is the need to acquire adequate and relevant knowledge about the various aspects of the pandemic and to carefully disseminate what is appropriate to our family, friends and acquaintances. I would like in this article to explore the value of truth which is so imperative in our present situation.

We read so much about COVID-19 in scientific journals and on general news sites – medical news about how the virus is transmitted, epidemiological analysis of how it is spreading, etiological news about how and when it originated. Much of this scientific information is evolving. We can be confused and disconcerted by changing views among the scientific community. Truth be told the COVID-19 pandemic has revealed that in matters of viral pandemics science is still coming to grips with the nuances and the essence of a perfect understanding. Humility is in order. On the WHO website we read: "Stay aware of the latest COVID-19 information by regularly checking updates from WHO and your national and local public health authorities." This definitely implies that updates on various aspects are to be expected and accepted, there is no room for either complacency or naïve dogmatism.

The confusion increases when we note that not all in the scientific community agree on some of the conclusions reached and worse still there are others who wish to absolutely deny that there is any public health emergency downplaying its severity or bandying around a host of conspiracy theories that can easily sway the gullible or those who do not take pains to delve further into the origin and veracity of some of these claims. Fake news, unverified claims of miraculous medication or therapies that can cure/prevent infection and the like are other elements we need to navigate in social media. Last but not the least the situation is worsened when some governments use science to further their own hidden agendas by siding with those who challenge the present general scientific consensus doing so to further their economic and/or social policies.

What can ethics teach us? What are some of the helpful principles we can apply in our interaction with such information? What do we need to keep in mind when we share on social media things we read and hear and see?

In the Compendium of the Social Doctrine of the Church(CSDC) we have an interesting summary of the key principles of Catholic Social Teaching. These are certainly valid for all men and women of good will irrespective of religious persuasion. The CSDC presents four fundamental values that are the key to us living in society. They flow from the dignity of the human person. They are truth, freedom, justice and love [CSDC 197]; and they become the reference point for leading a truly human life. To pursue the truth calls for us to be humble seekers, committed to transparency, with a critical sense that accepts objective conclusions, balancing it with love, justice and freedom.

Humble seekers: Regarding seeking the truth the CSDC tells us that we have a "specific duty to move towards the truth, to respect it and bear responsible witness to it." [CSDC 198] Essentially in matters of COVID-19 science the very newness of this virus (despite being linked to the previous SARS infection) and the fact that it is mutating means we need a deep sense of humility and an openness to research as we verify and sift what is being said. We continue seeking in humility knowing that we do not 'know-it-all'.

Committed to transparency: In the light of so many abuses - fake news, conspiracy theories, unsubstantiated cures and therapies -there is a call to greater transparency and honesty in public communication and all personal and social activity. Living in the truth has special significance in social relationships. In fact, when the coexistence of human beings within a community is founded on truth, it is ordered and fruitful, and it corresponds to their dignity as persons. The more people and social groups strive to resolve social problems according to the truth, the more they distance themselves from abuses and act in accordance with the objective demands of morality [CSDC 198].

Critical sense and objective truth: We certainly need at this time an intensive educational effort and a

corresponding commitment on the part of all so that the quest for truth is not reduced to the sum of different opinions, nor to one or another of these opinions. Diversity of views and pluralism must gradually be integrated into a harmonious synthesis and truth. This must prevail over every attempt to relativize its demands or to offend it. [CSDC 198]

Balanced with love, justice and freedom: At the same time, we must bear in mind that the pillar of the truth needs to be buttressed by the pillars of freedom, justice and love [CSDC 205]. In fact, the foundation of all social life is certainly LOVE, which is the inner well-spring from which are born and grow truth, freedom and justice. "Human life in society is ordered, bears fruits of goodness and responds to human dignity when it is founded on truth; when it is lived in justice, that is, in the effective respect of rights and in the faithful carrying out of corresponding duties; when it is animated by selflessness, which makes the needs and requirements of others seem as one's own and intensifies the communion of spiritual values and the concern for material necessities; when it is brought about in the freedom that befits the dignity of men and women, prompted by their rational nature to accept responsibility for their actions. These values constitute the pillars which give strength and consistency to the edifice of life and deeds: they are values that determine the quality of every social action and institution." (CSDC 205)

There is much more that can be educed from these articles in the CSDC – this reflection was an attempt to cull out some key notions that can guide us. May we continue to be humble and honest truth-seekers.

## Certificate Course in Bio-Medical Ethics

The Certificate Course in Bio-Medical Ethics commenced on 26th July 2020. F.I.A.M.C Bio Medical Ethics Centre has networked with Nirmala Niketan College of Social Work (Autonomous) the certificate course is now co-branded with the college. The co-branding of the course and the allocation of credits to the students will motivate them to take the study of Bioethics in a formal manner

This course is meant for the Professionals, the Religious and the Laity, the Social workers, Psychologists, Counselors, other Healthcare providers, the Care givers of patients and all who endeavor, in the service of humanity, to make it a more humane society.

The course content is designed to empower the student, by a transfer of knowledge & skills to study and think, discuss and learn about the issues arising in Ethical and Human Rights domain, develop a concept of humans as a person, of human dignity under different bioethical circumstances. The approach to achieve this would be to encourage a participative and interactive role, one that will involve some brainstorming in groups in person or online, some home study sessions for the assignments and the specific individual or group projects as well as group presentations and case study' discussions.

The objective is to help the participants develop an understanding of the ethical, moral, religious and cultural issues arising in the medical context of human behaviors in society, starting from the "Beginning of Life" to the "End of Life". In this process the participants would learn to evaluate the nature and consequences of available options in the context of crisis and major life event situations faced by people, and the decisions they make keeping in view their limitations and available resources.

The course is consists of 9 modules, with 4 topics in each module.

For details visit our website www.fiamcindia.org

# Ethical Challenges in Healthcare Arising from the Covid-19 Pandemic

**Rev. Fr. Anthony L Fernandes**
Ecclesiastical Advisor FBMEC

It is nearly four months now since the WHO declared on March 11, 2020, that the global spread of the novel corona virus disease, COVID-19, was a pandemic. At the time of this writing (first week of July 2020), there are almost 11 million active cases of COVID-19 in the world, and about 524,000 deaths. The problems that the pandemic has raised, and the ethical challenges it has posed, are many, such as, for instance, the failure of China to warn the world in the virus' initial stages and allowing the problem to spiral out of control, the refusal of some world leaders to acknowledge the problem and take timely action, the kneejerk actions of some governments in handling the crisis leading to a pitiable plight of its citizens, the shutting down of businesses the world over and the resultant losses, etc. In this article we shall highlight some of the main ethical challenges in healthcare that the pandemic has raised for India and for the rest of the world.

## 1. The Problem of Triage or Prioritization of Patients for Medical Care

One of the foremost ethical problems that has arisen is the issue of patient prioritization or triage. Health care systems are bursting at the seams with the great influx of COVID-19 patients, making it impossible for them to handle the huge load. Besides a shortage of healthcare personnel, life-saving resources such as hospital beds, ventilators for patients, N-95 masks for healthcare workers, etc., have become scarce. The shortage of ventilators, for instance, has led some (hospitals) to split ventilators between multiple patients, or to direct the scarce crucial resources to patients who can benefit most.

Important ethical questions arise in this regard: Since there are so many patients to be admitted and treated, just who do we admit, and on what basis? Should it be on a "first-come, first-served" basis, or those who are in a serious condition, or those who can financially contribute to their treatment? How can medical resources be allocated fairly during the pandemic, and on what basis do we make that determination? If the allocation is made on the basis of one who is most likely to benefit, how do we define 'benefit'? Is the allocation to be done on the basis of age, giving children, for instance, the priority, or on the quality of life years saved? This, however, is fraught with uncertainty as we cannot predict who is likely to survive in the critical care context, and moreover, such a practice has been widely condemned on grounds of disability discrimination. Another question that arises is whether it is justifiable to remove a patient from a ventilator who was admitted before the current crisis to save a Covid patient with a better prognosis. Healthcare professionals are agonizing about such medical decisions and about the ethical values and criteria to follow.

Concerns have also been expressed "that the privileged, wealthy, and connected are unfairly accessing scarce medical resources, thereby reducing access for marginalized communities." There is also the issue of unjust allocation for people in rural and remote communities. Not only do they get fewer resources, but sometimes it even involves "shifting resources such as ventilators and providers to hard-hit urban areas." The situation is not different in India. As Dipankar Ghose reports in the *Indian Express*, "In Bihar's Bhagalpur, the fight against Covid captures the challenge faced by many small towns [and villages] across India...crowded rooms, staff and patients without masks and gloves, flawed testing protocols and patchy infrastructure."

Thus, prioritization and just resource allocation is a huge ethical challenge for physicians and those in charge of hospitals. This has led to "international discussion about the ethics of triage, allocation of scarce resources, and medical decision-making under crisis standards of care."

## 2. The Effect on Non-COVID-Related Medical Care

The COVID-19 crisis has led to non-COVID-related treatment being severely affected due to the de-prioritisation of some services and interventions and directing them towards handling the pandemic, and also due to non-COVID patients' fears of contracting the virus. The Maharashtra government (India) for instance, has specified that 80% of the beds in private hospitals are to be reserved for the treatment of Covid patients. This not only has affected routine health checkups and simple treatments, but also critical care. What happens, for example, to the other patients who

were already admitted and are in need of critical care such as patients for bone marrow transplants, cancer treatment, heart or lung failure, and other life-threatening conditions? The postponement of such treatment in some cases has led to morbidity or mortality. They, too, require critical care and the attention, which may not be forthcoming during this crisis.

### 3. The Issue of Informed Consent, CPR, DNR Orders, and Disposal of the Dead

The pandemic, with its resource shortages and requirement of physical distancing, is also posing profound questions about current standards of ethics concerning consent and other related issues. As McGuire notes, "Treatment of COVID-19 often requires decisions to be made quickly, and some settings have been overwhelmed with patients needing urgent care, so there is less time for communication of information than usual. Patients may be unable to take consent forms home to read and discuss with families, and because hospitals commonly bar visitors, including surrogates, patients who lack capacity to consent for themselves face particular challenges." Hence, in this dire situation, individual patients' or families' wishes and the obligation to obtain informed consent may not be possible, or may be very difficult.

The same difficulty arises with regard to CPR and DNR orders. As Dr. Christine C. Toevs explains, CPR is the automatic default to resuscitate the patient when the heart stops. Should CPR be applied to COVID patients with heart or breathing failures – which is a high-risk exposure and is to be done with PPE on, which of course takes time to don while every second counts for the patient? Moreover, the team will then have to be excluded from work for 14 days after the exposure, as per some recommendations. Resuscitation in such cases therefore seems dangerous and unreasonable, and hence best avoided. "We can see how universal application of DNR in all patients with COVID-19 is being considered in many hospitals," says Dr. Toevs. The pandemic suggests that we may be forced to adapt our customary ethical practices and elaborate more fully other adequate ethical measures in this regard.

The current situation has also left patients and their family members helpless in the face of death. The revised "visiting policies have forced people to die alone, isolated from their loved ones and human contact," "final farewells and death rituals have been disrupted" and we read such things about the treatment of the dead as: "Bodies of COVID-19 victims tossed into mass graves in Karnataka," or of family members being forced to "leave dead bodies in the city's streets after morgues and funeral homes were overwhelmed....and for fear of infection."

### 4. The Concerns of Healthcare Workers

The issue also arises of the sorry plight of our healthcare and other front line workers. Many healthcare personnel are being diverted into new and unfamiliar areas of work and finding themselves working at, or even beyond, the ordinary limits of their competence or expertise, while also facing concerns that some of their actions may attract criminal, civil or professional liability. Some of them go through a lot of moral, emotional, and psychological distress due to their long hours of work, their feeling of helplessness in the situation, seeing death all around (sometimes of their own colleagues), a feeling of anxiety and guilt when they believe that the right course of action is not taken in a particular case because of institutional or other factors, or when they have to act contrary to what they see as core values and principles of their profession such as the value of each human life, informed consent, best interest of each patient, compassionate care, etc. "Possible repercussions of pandemic care on healthcare providers include depression, sleep disruption, anxiety, and post-traumatic stress disorder."

A related question is about whether front line workers such as medical staff, police, firefighters, those supplying essential goods and services, etc. should be given priority in accessing medical facilities and scarce resources in the event of their being infected. Many agree that they should receive preference, as without them the fight against the pandemic cannot be won, but provided some guidelines are in place so as to avoid accusations of undue discrimination.

### 5. The Ethics of Human Challenge (Infection) Studies

One of the key means of overcoming the Covid crisis is to have an effective vaccine, which involves the deliberate infection of healthy volunteers so as to test the safety and efficacy of potential vaccines and therapeutics – which is referred to as "controlled human infection studies" or "human challenge studies." But is this practice ethical?

The World Health Organization states, "Research involving the deliberate infection of healthy volunteers may seem intuitively unethical, and there

are numerous prominent historical examples of unethical research involving deliberate infection of research subjects." Although there seems to be a fairly good safety record in this regard, there are also some risks of serious harm, as well as uncertainty of the consequences when healthy participants are infected. It also has potential risks to third parties such as the research staff and the wider community, as, for instance, when the pathogen used to infect participants spreads to others. Human challenge studies can be ethically justified, though, under certain conditions. WHO has enumerated 8 criteria for human challenge studies of the Covid vaccine.

Also of great ethical concern is the mad rush by some to produce an effective vaccine quickly, but bypass time-tested and safe testing protocols, thus endangering human lives.

**6. A Strain on Hospitals' Financial Viability**

Finally, we have the issue about a healthcare facility's financial viability, especially private ones. For many healthcare centres, providing healthcare is a business (although the services they provide are considered essential), while some others run them as a service to humanity, such as those run by religious institutions, and with fewer financial resources. Many countries have mandated that a major part of these facilities be open for COVID-19 patients, including in India, as we have seen above. This has led to a significant reduction in the revenues of many hospitals as they have had to buy costly equipment, reduce their services to other patients, incur heavy maintenance costs, etc. Moreover, many ordinary patients they serve do not have insurance and cannot pay the high cost necessary at present for the COVID treatment. While there are some reports of some hospitals making the most of the pandemic by charging very steep rates, many other reports show how healthcare centres, both in India and abroad, are staring at financial losses and are on the brink of collapse as they try to cope with the present crisis.

**CONCLUSION**

The COVID-19 pandemic has created an unprecedented crisis in the world for people in all walks of life, including in the medical field as we have seen above. Traditional guiding principles of ethics have been challenged in several respects in this crisis situation. Professionals, patients, as well as other people affected by the crisis, are looking for ethical guidance as they grope their way forward. Some efforts have been made, with the Medical Associations of some countries, or some Dioceses and religious institutions, etc. offering some guidance to their healthcare institutions. But much more remains to be done. The way forward is for networking and collaboration between countries and various organizations and institutions to bring clarity, consistency, and fairness to decision-making in these uncertain times. However, certain foundational ethical principles have to be always kept in mind. As the Council of Europe rightly states, "It is essential that such decisions meet the fundamental requirement of respect for human dignity and that human rights are upheld to ensure that these situations do not increase existing vulnerabilities and do not lead to discrimination in the access to healthcare."

The Catholic Church, too, with its vast expertise in the field of medical ethics, and centuries of healthcare service while upholding the highest moral principles and values, can contribute in the ethical direction so urgently needed to help us tide over the present crisis, and thereby also to help us to be better prepared for any future such eventualities.

1. Cf. Ezekiel J. Emanuel et al, "Fair Allocation of Scarce Medical Resources in the Time of COVID-19," *The New England Journal of Medicine,* May 21, 2020 (2049-1055), 2049; Cf. Amy L. McGuire et al, "Ethical Challenges Arising in the COVID-19 Pandemic: An Overview from the Association of Bioethics Program Directors (ABPD) Task Force, *The American Journal of Bioethics*, 08 June, 2020, (1-13), 2, 10.
2. Cf. Christopher Cheney, "4 Ethical Dilemmas for Healthcare Organizations During the Covid-19 Pandemic," *Health Leaders*, 18 March, 2020; Cf. McGuire, "Ethical Challenges," 1-3; Cf. Editors, "Bioethics Amidst the COVID-19 Pandemic," *Frontiers*, www.frontiersin.org; Cf. Emanuel, "Fair Allocation...," 2049-51.
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# Protecting Life and Ethics

**Dr Enid Miranda Prabhu**

I am often asked how I have the time to get involved in so many activities. I wonder too! But what do they mean? After all I am a doctor by profession, and with God's grace I try to heal people and help them live more fulfilling lives. God is the author of life and we have all been given the commandment, to love God and love our neighbour as well. So as doctors we have to care for and protect life from the moment of conception in the womb to its natural end.

I started my career in the Gynaecology and Obstetrics department and slowly moved on to family practice. I followed by husband on his assignment to Oman, there I registered in a government hospital. My first posting was in a maternity ward for a year. There after I had the good fortune of working in the various departments of TB, Psychiatry, Medical and Paediatric, OPD's and finally also did a stint as a RMO in the Medical unit which included intensive care as well.

On my return to India in order to accommodate my children's needs as my husband was still abroad in Lagos, I decided to start a family practice. I had the competence in many areas now of being a General Practitioner. I had delivered babies and since then also looked after patients, some well into their nineties. I realised there was a commonality in the treatment of both the beginning and the end of life. Perhaps the needs of the helpless baby and those of someone in their dotage in terms of medical ailments are different, yet both are defenseless and dependant on others for all their needs. In a sense for me as a physician I had to nurture both. I had to be patient, kind and loving. Not an easy task when dealing with the infant and the elderly, both who cannot express what is hurting them or what the problem really is. It also meant dealing with the patient's family members. There are decisions to be taken, and consequences to be faced. Are we ready for all this? Very often it involves just doing your best and leaving the rest in the hands of God; and at other times it means pursuing a particular line of action.

I remember in the early days of my practice a young girl living in a wadi close to my clinic had developed renal failure and needed dialysis. The family told me they could not afford it, and as it would be a life long treatment she would have to endure. They had 5 other children with only 2 working members. Those were the days when dialysis was expensive and there were no charitable clinics for it, so respecting their decision I kept her comfortable till the end and emotionally supported the family walking with them on this difficult journey,.

Here's another situation, one of my patient's husband was taking dialysis in a local hospital thrice a week for quite some time. One day the lady came to me cried and said,"He could not take it anymore so he jumped out of the window and committed suicide." This incident shocked and made me aware of the fact that a patient's mental health needs to be attended too especially when one has chronic illness. Care givers also need to be supported.

Thereafter I did a Diploma course in Health Psychology taught by Fr Berkie D'Souza S. J. This course was only for Doctors. Every weekend we attended classes and since many Homeopaths attended it, I began to understand why the patient's history background was so important. It revealed a lot of secrets. Today we physicians spend very little time listening to our patients' histories. Time is precious and money even more precious. Among the other take aways from this course were Fr. Berkie's words, they often ring in my ears, "The Bible has the solution to all our problems."

A doctor is often in a dilemma when making good decisions. Is it the conscience, laws, Ethics or Religion? Today unfortunately religion is a personal matter not to be talked about or used even in reference. We live in a secular society that condones everything because either the law says we can do it or we take our individual rights so seriously that what I do to my body is my choice; I am answerable to no one and do not care about the consequences. They wonder whether there really is a life hereafter. Have we stopped to think that everywhere there is so much chaos because of this mentality? We have condoned live-in relationships, multiple marriages, abortion, In-vitro fertilization, surrogacy, homosexuality and even Euthanasia. The arguments given are so plausible and the means they say justifies the end. If we followed the commandments, and placed Jesus in the centre of our lives would all this be considered right?

I often shudder to think of the world we will leave behind for our grandchildren. There exists today a

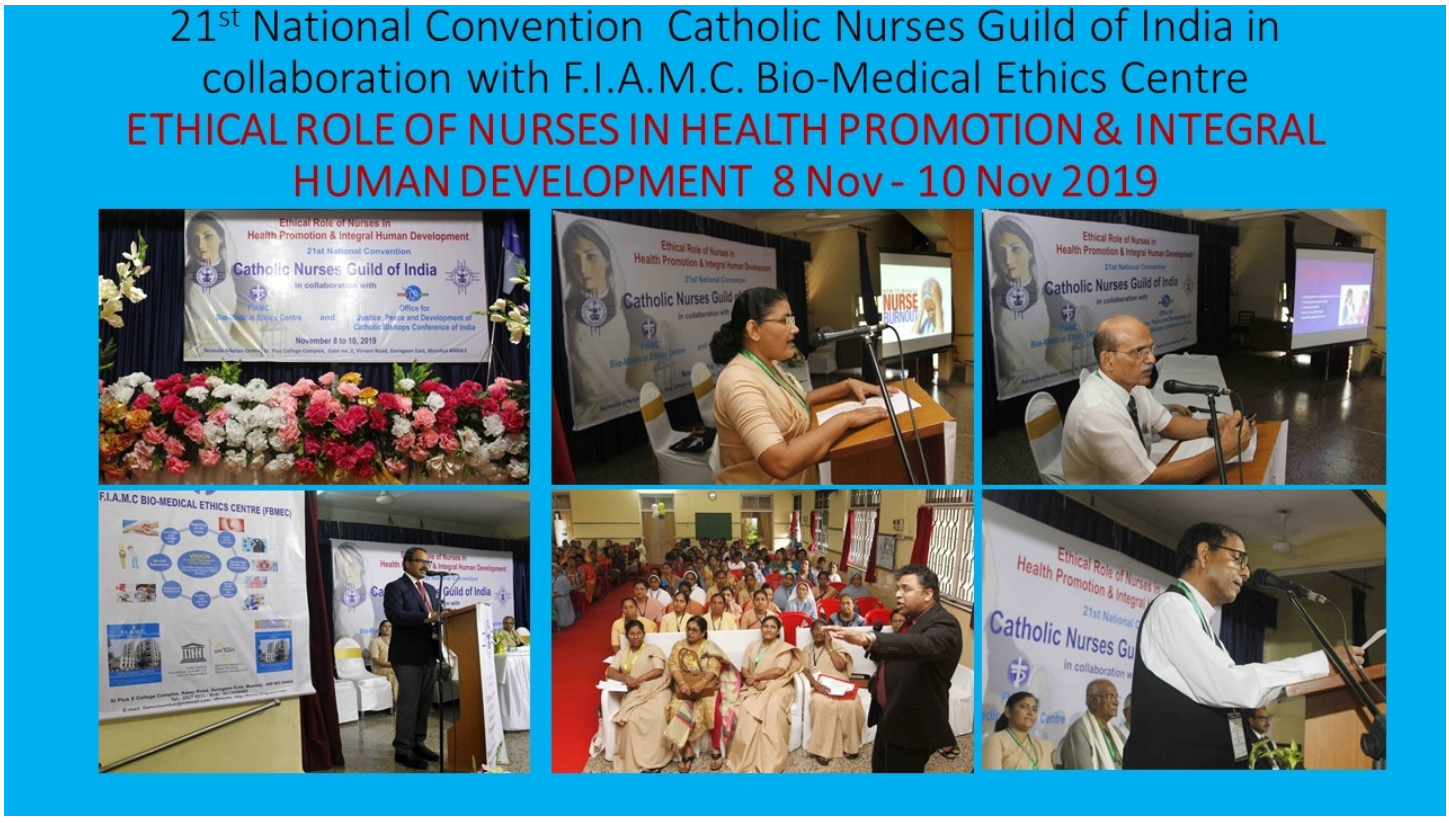
fertile ground for situational ethics. If you feel good doing something it must be right for you. The abnormal has become the norm. Can a tree bear good fruit and be healthy if the roots are not nourished and watered. I often tell young people, that values are to humans what roots are to trees.

In this Corona virus pandemic, questions arise, "As a senior now, should I expose myself to this lurking danger? Can I care for patients and give advice on the phone? How can I reach out to them? I pray to God to guide my thoughts, and help me to help others in this time of crisis. In recent times I've involved myself in Palliative care; looking after the whole Person.

To those of us in the healing profession and in our 60s and above, the Hippocratic Oath was sacred - we were expected to be compassionate and dedicated to our patients to the best of our ability. To be honest and ethical in all matters to share our knowledge with others and allow the patients to make their own decisions regarding their treatment and also to seek a second opinion. We should also be willing to testify against those who indulged in malfeasance and fraud.

These are only some of the tenets of the Hippocratic Oath. So a doctor is expected to be ethical and the focus is patient centric. I was recently shocked to learn that young doctors today feel the oath is out dated because it is too patient focussed, which can lead to an early burnout and so no longer holds in today's healthcare environment, wherein many needs compete for their attention. So they no longer take the oath, that's sad.

In conclusion, to the younger doctors I would like to quote Rodney Davis a sitting Republican Senator from Illinois who says, "If you are guided by a sense of transparency, it forces you to operate with a spirit of ethics, success comes from simplifying the complex issues assessing problems head on being truthful and transparent. If we open ourselves to scrutiny it forces us to a higher standard; I believe you should deliver on your promises, so promise responsibly".Let's remember that the strength of a nation is derived from the integrity of the home and Integrity has no need of laws, only God's laws will suffice.



# Medical Ethics and Research in Children

**Dr. Rouen Mascarenhas**
Consulting Paediatrician & Neonatologist and Trustee ,FBMEC

Medical Ethics involves the whole of society, not just Health Care workers. It is said …. "It takes a village of philosophers, activists, lawyers, legislators, physicians, and other experts to implement ethics".Medical ethics is about doing what is '**as correct as possible**' as per our conscience, after we have undergone 'a **good conscience formation**'. Sometimes, ignorance and our own personal bias stands in the way, for which we need to update our knowledge and keep up with consensus. Ethics has evolved from a theoretic, philosophic justification of moral principles into a **pragmatic** approach to **resolving everyday dilemmas** in clinical care.

The 4 principles described by Beauchamp and Childress are:

1) **Autonomy**: a competent patient has the **right to refuse or choose** their treatment.
2) **Beneficence**: a clinician should act in the **patient's best interest**.
3) **Nonmaleficence**: "**first, do no harm**" or avoid harming the patient.
4) **Justice**: Those in similar circumstances are treated the same, w.r.t. the distribution of scarce health resources or who receives which treatment (**fairness & equality**).

**Children**: Until 18 years of age as per the law in our country. Medicating, injecting, admitting, investigating, referring, operating, transferring, all invite ethical dilemmas. Worse still when we hear the term' Research in Children', our first reaction is … WHY? Why children? How can one treat children like guinea pigs? This is because we consider 'Research as Experimenting', which it is not.

**RESEARCH**:

**What**: Research refers to **NEW KNOWLEDGE**. The dictionary meaning is 'the systematic investigation into and the study of materials and sources in order to establish facts and reach new conclusions', or 'to **INVESTIGATE SYSTEMATICALLY**'.

**Why:** The main purpose of research is to inform action, to prove a theory, and contribute to developing knowledge in a field or study. Gathering data and information and analyzing them is the only way for a researcher to come to a conclusion.

**How** : Research is done by applying what is known, and building on it. Additional knowledge can be discovered by proving existing theories and by trying to better explain observations. The **research plan** should include the procedure to obtain data and evaluate the variables. It should ensure that analyzable data are obtained.

**Why children**: Children are not mini adults. The dynamics of a child's growing and maturing body, change with age, so adult research cannot be 'SAFELY' applied to them. Till research in children reveals safety and risks, they will not be able to benefit from scientific advances as much as adults do.

**A Paradigm shift**: We need to challenge the idea that clinical research is something from which children need to be protected and essentially excluded. The time has come to **protect children through research** …..**not from research**.

**Scientifically valid & ethically robust research**, that addresses questions of importance to the health of children & young people, should be seen as intrinsically good, and as a natural & necessary part of a healthcare system.

**Ethics in Adults v/s Children**:

1. In adults - 'Respect & Autonomy' v/s '**Protection & Parental Authority**'- in children.
2. Ped ethics is less about rights of patients but more about **duties & obligations of care givers**. Children are not merely the property of parents, but rather, individuals with personal interests and rights.

**Considerations**: Child-related issues arising in clinical research, include:

1) Assumptions of **childhood vulnerabilities**,
2) The role of children themselves in **decision-making**, and
3) The role of parents and others in **promoting children's welfare**.

**METHODOLOGY**

Children are approached &**invited to participate** in a study, and along with their families, make decisions about research participation.

3 broad factors based on which children, young

people and parents respond to the possibility of participating in clinical research are:

- **Nature of the research**: It could relate to a child's own condition, and its severity; the need for a decision that arises at a particularly traumatic time and how much time is available to think about it; the degree of risk or discomfort involved; and the time &opportunity costs involved in taking part. Compatibility with **children's interests** is prime, but it is not, primarily, carried out for the **personal benefit** of participants.
- The **situation of children & their families**: Their existing knowledge of research, and their attitudes towards both research & risk in general; their desire to help others through participation in research; and their perception of potential health or other benefit deriving from participation.
- The **relationships between researchers and families**: The extent to which there are trusting relationships between children/young people, parents and researchers; and the quality of the communication between them.

**Assent, Consent & Dissent**: These are the 'Knowing agreement' of an adolescent with no legal force, the 'Adolescent/Parental Consent' and the 'Refusal' for participation, continuation or completion in the research, respectively.

**CONSENT**: Researchers should **Communicate and discuss**, information about the study **appropriately and sensitively** with potential participants and their parents, to enable them to make **free & informed choices**. Novel therapies of any kind should be subject to properly evaluated research, and professional obligation of the health professional concerned to ensure that information about the outcome is shared. Adolescents should **co-sign** the consent form with their parents. A '**Video Recording**' is preferred to a 'signed form' consent, which may be perceived as binding/threatening. Consent signifies, 'only acceptance'. Where disagreement arises within families, it is the professional's responsibility to engage with both parents & children, to negotiate an acceptable solution, but if either the parents or children explicitly & consistently dissent, it should be accepted. Where parental involvement may be inappropriate (**drug use or sexual activity**), it may be ethically acceptable to approach adolescents **without parental knowledge** or involvement. However, such approaches should be subject to specific review by a **Research Ethics Committee (REC)**. Professionals must ensure that their own legitimate interests in the success of their research are not permitted to compromise the interests of children or parents. RECs may assure themselves that support arrangements are in place for participants, such as access to another member of the research team.

**Funding**: Can be done by:

1. The Industry/Commercial sector (governments may use regulatory requirements and incentives).Companies develop Paediatric Investigation Plans (PIPs) to include children.
2. Charitable Foundations
3. Public Money
4. Patient groups

Collaborations are encouraged.

'**Threshold' criteria** that studies must meet, relate to the value of the research, the balance between benefits & burdens, and the management of risk. The design of research studies is subject to a detailed scrutiny process, involving both **scientific (peer) & ethical review**. Children and parents can make valuable contribution, both in commenting on study design, making suggestions, even designing, and ensuring information about the study is suitable for children.

There are **3 distinct paradigm cases**: Situations in which a child's or young person's potential for input into a decision about research raises distinct ethical questions:

- **Case 1**: Children who are **not able at this time to contribute their own view** as to whether they should take part in research, such as **babies** and **very young** children, or children who are temporarily unable to contribute being so **unwell** or **unconscious**.
- **Case 2**: Children who are able at this time to **form views & express wishes**, but who are clearly **not** yet able to make their own **independent decisions** about research involvement.
- **Case 3**: Children who potentially have the **intellectual capacity & maturity** to make their **own decisions** about participation in a particular research study, but who are still considered to be **minors, legally**. Children, however intellectually capable, do not have full adult powers. Parents are there, both ethically & legally, to share that responsibility. Ethical focus should be on a shared family decision and obtaining

agreement/**consensus within the family**. '**Adolescent Consent**' rather than assent is recommended.

All children, at the beginning of their lives, will fall into Case One, and most will progress over time through Case Two to Case Three. This progression will **not** be straightforwardly **linear**, however. The nature of the particular research decision to be taken, and children's and young people's **physical, emotional & mental condition** at the time, should be considered.

**Responsibilities of parents**:

- **Respect** for **children** as **individuals**, regardless of their age or capacity, for their **wishes**, and for their **bodily integrity**.
- **Recognition of** children's developing capacity for autonomous agency and the **supportive or educational role** of parents in helping their child **develop & 'practise' decision-making skills & confidence**.
- **Conc**ern for children's **immediate** (pain, anxiety, distress, or enjoyment) **& longer-term** (improve healthcare for all children, opportunity for expressing social solidarity, contribute to the 'social goods' of research) **welfare**.

**Researcher Responsibilities**

1. Treat **children** and young people **as individuals**.
2. **Support parents**.
3. **Immediate & longer-term welfare** of children is uppermost.
4. **Maintaining family harmony**

**3 particular virtues or values** that should lie at the heart of professional ethical practice:

- **Trust worthiness** : Facilitating trust in both the **researchers** and the way the **research** is organized.
- **Openness**: Researchers need to **share information clearly & honestly** during the research itself, and afterwards. For genuine partnerships, information materials must be clear & age appropriate.
- **Courage**: Some research is difficult to do, and it may seem easier just not to do it. But if research is not carried out, then children will not have the best possible healthcare, and may even be given treatments that are harmful, because no one has done the research to find out.

Research ethics committees (**RECs**) should have in view both their '**protective**' & '**facilitative**' roles, and the potential value of the research should not be overlooked. An invitation to participate in research should constitute a '**fair offer**' to children.

**Challenges in Prioritization of Research**:

1. **Overall burden** of any particular condition
2. Most pressing **needs**
3. **Most promising** in term of results
4. **Rare diseases** too

Coming to the present day scenario, we can see that there is no scientifically researched data related to the treatment of the novel **COVID 19**, and globally various centers have been researching different medications thought to be beneficial, as per their effects (from previously researched data) on the various aspects of the illness. As of date, no definite or specific treatment has been found. '**RESEARCH**' by scientific methods, is the only way forward, and children should volunteer for research, so that children benefit from the results generated. Adult data just won't suffice, for use in children. Children need to generate it.

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# Ethics during Covid-19 times

**Mamta Vats**
Alumni 2019-20

When the world had turned its calendar page to 2020, an invisible virus called Covid-19 hit universally, spiraling infections, and the world panicked bringing it to a stand still. Covid-19 caught us unaware, we were not prepared for what was in store for us. Too many challenges were thrown to the medical fraternity, scientists, researcher sand all minds came together to understand what was happening around their communities. Discussions on ethical issues to tackle the extraordinary situation became a hot topic in all conference rooms, journals, especially at the front line where the medical warriors were fighting the battle scarcely a ware that they are dealing with an unknown monster.

The Covid-19 crises has given rise to an unprecedented and extended exposure to clinicians where there are limited resources such as ventilators, personnel, personal protective equipment, etc. Numerous possible approaches to deploying limited supplies are being considered. On what basis should such decisions be made? How can fairness be optimized? Can we can look at a few possibilities like first come, first serve, youngest first, by Draw system, front line health workers & doctors, vaccine researchers etc.? Decisions of who should get the treatment must not be only with a handful of people but with a team of professionals which comprise of ethicists, experienced clinicians, who will distance themselves from any bias or emotions but base their decisions on clinical information.

Very often treatment of other illnesses like cancer, heart diseases, stroke etc, take a back seat as we fight the pandemic. Decisions pertaining to these concerns should also be ethically decided. A proper analysis needs to be done as there is high risk of being infected. Do providers have a right to refuse to treat a Covid-19 positive patient or do they have a professional duty to treat the patient, no matter how high the personal risk? It is being reported that many institutions do not have enough personal protective equipment to appropriately protect their staff and healthcare professionals. A thorough training of all health workers is the need of the hour to adhere to the universal precautions when dealing with Covid-19 positive patients.

Anethical concern is Confidentiality of patient's information. This responsibility can be superseded by a duty to protect other members of society known to be at risk by association with the affected person. Physicians & Hospitals must report Covid-19 positive cases so that health agencies and volunteers can do contact tracing and data can be accurately maintained and analyzed. Another ethical dilemma is who should be screened and tested for Covid-19? When test kits are limited, the patients with symptoms should be given priority and as and when more tests kits are available, the asymptomatic healthcare workers should be tested to avoid inadvertent infection as they interact with high risk patients. Further, the contact traced persons should also be tested.

Another ethical concern is how to allocate scarce resources like ICU beds, ventilators & Medication. This again is a call for the professional clinical team, how to deal systematically and with full transparency depending on the criticality of the affected patients. Several strategies have been suggested as ethical justification for the allocation of scarce resources i.e. treating all patients equally, giving preference to the worst off patients, using a first come, first serve format, maximizing total benefits, or rewarding social usefulness. A few developed countries have devised models for assigning scores to patients, based on age and comorbidities, to direct the allocation of these scarce resources to individual patients.

Large number of research houses all over the world have been fervently working for a vaccine to prevent and treat Covid-19. A collaborative effort among researchers rather than competition (as to who will hit the market first) will yield fruitful results. Indeed this is in the public health domain and requires multi-phase trials before approval and distribution. FDA approval of the vaccine and treatment is a must. The process must be transparent and maintain public trust. The distribution of vaccine is very important, first to be provided to the front line health workers, care givers as they face a high risk of infection.

The above are a few ethical concerns but many more may develop as the treatment of Covid -19 progresses and they need to be addressed by competent clinical teams as per the WHO guidelines.

I would like to end my brief article with a Salute and Thank our medical professionals, Doctors, Nurses, Paramedical staff, Hospital administration and others who are working at great risk to themselves and their families as our Covid warriors.

# Qui Est Veritas

**Rachel Chittilapilly**
Alumni Batch 2017-18

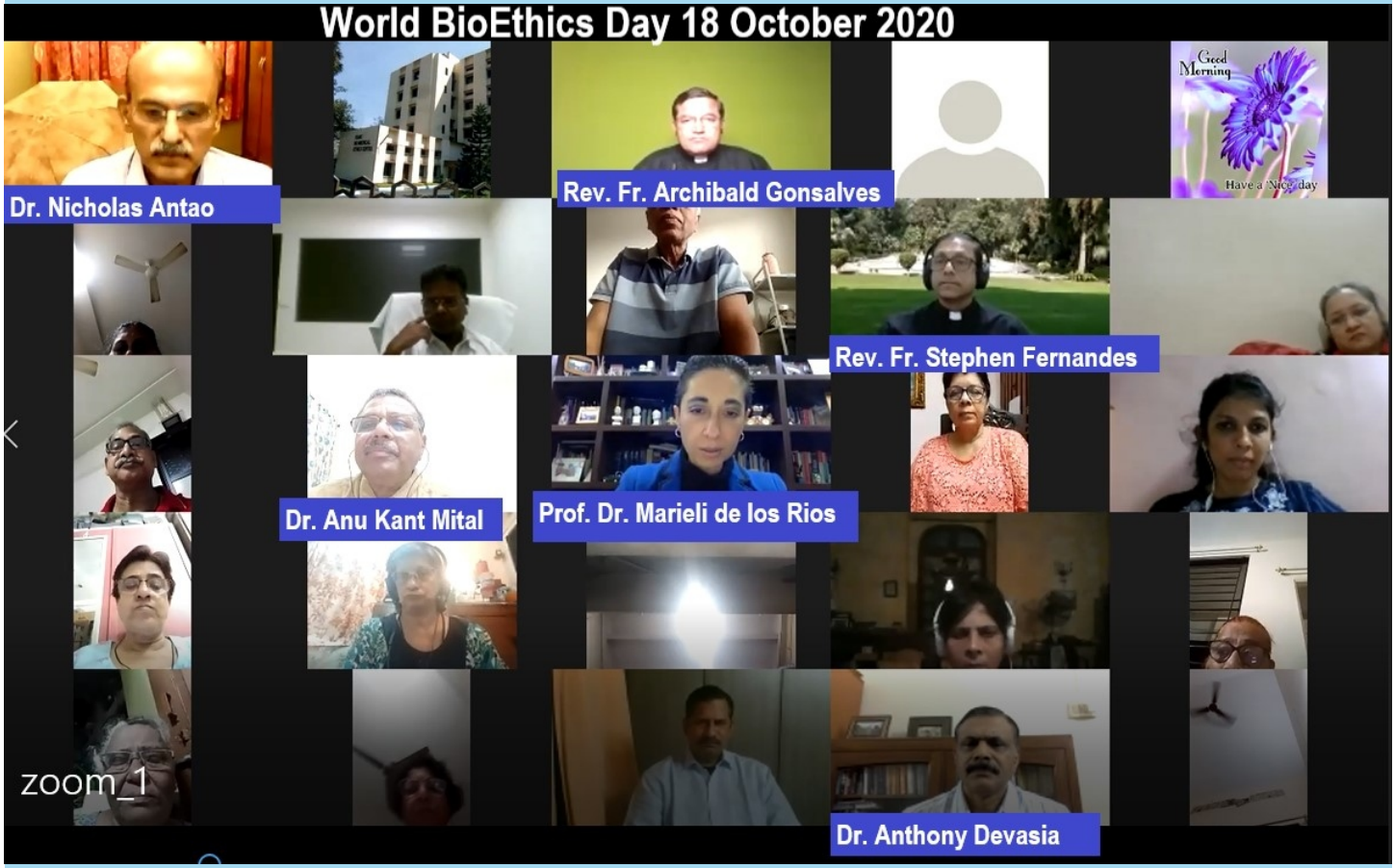
*"Qui Est Veritas" (what is truth?)* - Pilate's question is a perennial and personal one for all of us; it has not and it will never go away. It is a question we will inescapably confront, again and again, precisely because, as rational animals—i.e. creatures with an intellect and will, who make judgments, assertions, and choices—we cannot avoid seeking what is objectively true. The truth is inescapable for us because even if we try to say that there is no objective truth, we are thereby trying to say something objectively true.

The refusal to distinguish between good and evil plagues our society. Far worse is the blind acceptance of right and wrong based on the popular narrative. Moral relativism has crept into our consciences and societies more than ever before. When all truth is relative, which means when there is no intelligible notion of truth at all, rational discourse becomes impossible. And this is evident in our cities and our newsrooms and our dialogues with people around us. We have ceased to hold dialectic conversations choosing instead to hide behind our own beliefs and put our hands up in the air, claiming that "to each their own truth, to each their own morality" to either avoid conflict or remain complacent.

We as a society are laying so much emphasis on being 'nice' that truth, beauty and goodness have been conveniently tossed out of the window. As we continue on this path of being 'nice' we sink to newer lows of moral depravity and apathy. A world which continues with the notion of 'my truth' and 'your truth' and holds these private truths to be self-evident is lying to itself.

Conscience itself, darkened as it were by widespread conditioning, is finding it increasingly difficult to distinguish between good and evil in what concerns the basic value of human life. The doing away of objective truth has the obvious repercussions that each person decides good and evil for themselves owing to their own ill-formed consciences. However, whatever is opposed to life itself, such as any type of murder, genocide, abortion, euthanasia, or willful self-destruction, whatever violates the integrity of the human person, such as mutilation, torments inflicted on body and mind, attempts to coerce the will itself; whatever insults human dignity, such as subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution, the selling of women and children; as well as disgraceful working conditions, where people are treated as mere instruments of gain rather than as free and persons; all these things and others like them are infamies indeed. (EV 2)

The conscience, therefore, must be formed and aligned with the truth by learning from Truth Himself. The source of objective truth is God and His Divine Revelation which is impounded by the Magisterium of the Church, the teachings of the Church Fathers and the saints. To discern right from wrong, we must attune ourselves to this objective truth which has been revealed to us and learn, truly learn, as was also taught to us in all those lectures at the FIAMC Institute.




Theme : Benefit and Harm
Talks for the World Bioethics Day celebration were on
Importance of Bioethics - Dr. Anu Kant Mital
The Role of Bioethics in the construction of Peace - Prof . Dr. Marieli de los Rios
Ethical Prespectives of Covid 19- Rev. Fr. Archibald Gonsalves
Clinical Bioethics: Perspectives of a Practicing Surgeon - Dr. Anthony Devasia
The alumni, current course students ,doctors ,counsellors attended the celebration.

World Bioethics Day 20th October 2019
Theme: Respect for Cultural Diversity
Topic: Catholic Response to the Supreme Courts verdict on Passive Euthanasia and Advance Directives- Rev. Dr. Christopher Vimalraj Hiruthya
Clinical Application of Bioethics in vulnerable populations - Dr. Anu Kant Mital
World Ethics and Care for Creation Laudato Si - Rev. Fr. Stephen Fernandes