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TOUCHING LIVES



A HEALTHCARE NEWSLETTER OF FIAMC BIO-MEDICAL ETHICS CENTRE, MUMBAI, INDIA.

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".
(French was its first official language.)

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Introduction to F.I.A.M.C.

FIAMC is made up of about 80 National Catholic Physicians' Associations from all over the world. It is divided into six regions:

- Region I: Africa
- Region II: Asia (Asian Federation of Catholic Medical Associations – AFCMA)
- Region III: Australia and New Zealand
- Region IV: Europe (Fédération Européenne des Associations de Médecins Catholiques – FEAMC)
- Region V: North America
- Region VI: Latin America (Federacion de Asociaciones Médicas Catolicas Latino-Americanas – FAMCLAM)

WHY IS FIAMC NEEDED?

The question of why is an international organisation of Catholic doctors needed has been asked many times. Our Holy Father, Pope John-Paul II, answered

this question very nicely when he addressed FIAMC at the 15th International Congress in Rome on October 3, 1982. In discussing the «urgent problem of providing for the safeguarding, the defense and the promotion of human life through the filter of the various cultures», John Paul II said, «In order to do this, individual action is not sufficient. Collective, intelligent, well planned, constant and generous work is required, and not only within the individual countries, but also on an international scale. Coordination on a world wide level would, in fact, allow a better proclamation and a more effective defense of your faith, of your culture, of your Christian commitment in scientific research and in your profession».

SHORT HISTORY OF THE FIAMC As in all Human institutions whose aims are to assemble and to unite, the way towards unification was a very long and tedious one.



F.I.A.M.C. BOARD OF TRUSTEES

His Eminence, Cardinal Oswald Gracias
(Patron)

Dr. Nicholas Antao
Managing Trustee & Exe. Director

Adv. Joaquim Reis
Addl. Managing Trustee

Dr. Anu Kant Mital
Trustee & Academic Dean

Trustees : Dr. Armida Fernandez, Dr. Rouen Mascarenhas, Dr. Cedric Moraes, Dr. Enid Prabhu, Dr. Egbert Saldanha, Dr. Giselle Paes

The first association of Catholic Physicians was founded in France in 1884 during the Pontificate of Pope Leo XIII. This was an era of strong anti-Catholicism in France, Germany and England. Other countries saw the formation of Catholic Physicians Associations in the following years but their activities were confined to a local level.

The first attempt to coordinate these local guilds on an international level was the formation of an International Secretariat of National Societies of Catholic Physicians founded in Paris in 1924. This Secretariat kept up a regular correspondence with the existing groups and also helped in the formation of other groups. It also organized meetings of Catholic physician groups of European countries. This became the beginning of the International Congresses, the first of which was held in Brussels in 1935.

FIAMC has its permanent secretariat in the Vatican City (Diocese of Rome).

The aims of FIAMC International are listed in its official Statutes and are as follows.

- 1) To coordinate the efforts of Catholic Medical Associations in the study and spread of Christian principles throughout the world.
- 2) To encourage the development of Catholic Medical Associations in all countries in order to assist the Catholic Physician in his moral and spiritual development as well as in his technical advancement.
- 3) To take part in the general development of the medical profession and to promote health and social work in accordance with the Magisterium of the Catholic Church.
- 4) To devote itself to the study of medico-ethical problems and their practical and theoretical solution.
- 5) To establish models of cooperation in health and pastoral care with developing countries.

F.I.A.M.C. Bio-Medical Ethics Centre (FBMEC) ASIA India

The F.I.A.M.C. Bio-Medical Ethics Centre (FBMEC) was established in Bombay in

September 1981 to study and debate the ethical status of various actions - experimental, diagnostic or therapeutic - in the bio-medical field within the ethic of culture, religion and the modern secular state.

Our Aims:

- to provide information and data to the medical profession on matters of ethical interest.
- to facilitate discussions and help reach appropriate conclusions in areas of ethical concern.
- to interact generally with society in ethical matters involving health care and medical services.
- to assist in the development of confidence by the profession in tune with equity and ethical values despite certain problems.
- to preserve, promote and protect life while accepting the fact that death is inevitable.

F.I.M.A.C. Abides by the aims and objectives listed by FIAMC International

Genesis: F.I.M.A.C. Bio-Medical Ethics Centre ASIA India

It would be pertinent at this stage to provide a brief account of the genesis, aims and objectives, functioning, failures and successes of the FBMEC. It was at the XIV World Congress of the International Federation of Catholic Medical Associations [FIAMC] held in Bombay in January 1978 that it was resolved to establish Bio-Ethics Centres for the association at convenient locations where the various traditions of the world would be represented. This duty fell on the shoulders of Dr. C. J. Vas who had just been elected Secretary General of the organization.

After many unsuccessful attempts at starting the first such Centre in Europe, North America, and Australasia, it was decided in 1981 that it be initiated in India. Bombay was chosen for this activity with the Secretary General as the first Managing Trustee. At that time, it was the 6th Centre for medical ethics in the world and the first in Asia, Australasia and Africa.

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Touching Lives Looking Back and Going Forward!

Dr. Nicholas Antao

Consultant Orthopaedic Surgeon Managing Trustee and Executive Director

“True happiness does not come from without; it comes from within” -Mahatma Gandhi.

Fifteen years ago, when I had an idea to start the FBMEC Bioethics course, most people with whom I discussed the course were of opinion, that my idea was outdated, and nobody would be interested in the project in the prevailing times. In the changing world, it was like everything was only paper, nothing was in action, when it comes to acting ethically. Despite hurdles we went ahead with the course. It is the sixteenth year now, since we have been empowering, enlightening, inspiring and enriching people in different stratas of society, be it doctors, lawyers, social workers, medical students, teachers, homemakers, catechetists and even the religious, on matters in day to day life, pertaining to issues from “womb to tomb”. This course is conducted by inducting excellent faculty, of ethicists, doctors, lawyers, social scientists and counsellors in 9 capsules in a year pertaining to 45 hours of teaching and discussions.

Has the situation changed now? Yes. There are 180 Bioethics centres in India, and Bioethics is a compulsory subject taught in medical, dental, pharmacological and engineering colleges. There are even ethical guidelines laid out in the corporate world and in all administrative services. Not a single day goes by, without mention of ethics in the news papers. The awareness is increasing day by day to the extent unethical behaviour is often highlighted by the media, and those indulging in it are censured in some way be it license revokals, suspensions or just fines. Is it heartening that Ethical Courses are being advertised in the newspaper. Efforts put towards being ethical are rewarded and even made it known in the public forums. I once had birthday greetings from a colleague lauding my upholding the flag of Ethics in the Bombay Orthopaedic Society, expressing his pride in me for doing so. Being ethical allows you sleep in peace, helps you hold up your head with pride. It may not be monetarily rewarding, but it definitely allows you

to be held in high esteem in society.

Technology is expanding at a rapid rate, and issues that were at one time thought to be traditional and cultural are being questioned, thanks to the new information from the researchers. With technology, a number of issues which are related to reproduction are making headlines, and many are at cross roads as to what to do, and what direction to take. The media at times sensitises issues, and influences with modern trends urging people, so to say, to the trend of the modern times, without giving proper perspectives, specially moral and ethical. Such trends may leave people confused and directionless.

Googling is a trend, giving knowledge, but sometimes no direction, leaving many bewildered. The online trend of shopping is seeping into dating, romance and marriage and insidiously into many aspects of our lives. Patience is wearing thin and people wants instantaneous results.

To practice ethics and to be ethical in day to day life, needs a lot of courage and sacrifice and abnegation of self towards the service of others. The delegates who have finished the certified course from the Bio Ethics Centre in turn are competent to counsel to the needs of hundreds of people who come with their problem, with the hope of finding a solution. They certainly provide ethical direction by suggestions and solutions.

“Our happiness and peace of mind should lie in doing what we regard as right according to the spiritual directions, and not doing what others say or do. The greatness of a person lies in his heart not in his head. Drops make the ocean, the reason being that there is a cohesion and cooperation among the drops.”-Mahatma Gandhi

Touching lives is an endeavour to discuss and share about moral and ethical issues, that affect our lives, educating and informing people and guide them in the right direction.

A Newer Perspective on Bio Ethical Issues

Dr. Anukant Mital

Consultant Psychiatrist, Neuropsychiatrist, Psychotherapist & Clinical Hypnotherapist
Academic Dean & Trustee FBMEC

The FIAMC Biomedical Ethics Centre, has been set up to help the people understand the whole process of the ethical behaviors in the bio medical world. It helps them navigate the intricate maze of complex decision making involved in matters that concern the very basis of human life- from Birth to Death.

As the Academic Dean, it has become my responsibility to plan design and execute sessions, workshops, courses, discussions, etc. among all people, the Religious as well as the Laity, so that there is some consensous and clarity about what is acceptable and what is not. The negotiables should be defined and clearly demarcated from the non-negotiables in terms of good acceptable practices in interactions in the field of medical care.

Ethics as we know of, constitute an inherent sense of morals & values, of rectitude, of a sense of duty and a sense of commitment and honesty. Much of this is inherent and inbuilt, more comes from the socio-cultural environment that we grow up in and the company that we grow up with.

The issues of biomedical ethics are complex, some of the issues that touch on the very core of the Human Values, are - Dignity and Worth as a Human patient, being treated with respect in sickness and health, dealing with issues of life and death. Should physicians assist in the death of a patient? Or create embryos and destroy them in the service of creating stem cell lines? Under what circumstances should the Government be allowed to interfere in the individual's rights to choose, and what procedures are in place to protect the rights of those individuals? These are some of the many issues that we are faced with today in our day to day lives.

Our knowledge acquisition should include the history of codes of ethics; problems in deciding what will benefit patients; confidentiality, truth-telling, informed consent; genetics, birth technologies ,the definition of death, abortion, the care of the terminally ill; including resource allocation, organ transplant, and human subjects research We need to understand Bioethics, the law, and how they pertain to health information technologies, reproduction, and research and the controversies they have raised, since humans

began to debate the boundaries of life. We need to identify and evaluate, form our own opinions and viewpoints, about the principles that are believed to make behavior morally right or wrong, depending our own cultural Social and religious Upbringing and practices that we follow.

Bioethicists often refer to the four basic principles of health care ethics when evaluating the merits and difficulties of medical procedures. Ideally, for any medical intervention to be considered "ethical", it must respect all four of these principles: autonomy, justice, beneficence, and non-maleficence.

Autonomy : Requires that the patient have autonomy of thought, intention, and action when making decisions regarding health care procedures. Therefore, the decision-making process must be free of coercion or coaxing. In order for a patient to make a fully informed decision, she/he must understand all risks and benefits of the procedure and the likelihood of success. Because Acute therapy and Diagnostic procedures are highly technical and may involve high emotions, it is difficult to expect patients to be operating under fully-informed consent.

Beneficence: Requires that the procedure be provided with the intent of doing good for the patient involved. Demands that health care providers develop and maintain skills and knowledge, continually update training, consider individual circumstances of all patients, and strive for net benefit.

Non - maleficence: Requires that a procedure does not harm the patient involved or others in society. Infertility specialists operate under the assumption that they are doing no harm or at least minimizing harm by pursuing the greater good. In some cases, it is difficult for doctors to successfully apply the do no harm principle. Like assistive reproductive technologies have limited success rates, and uncertain overall outcomes, the emotional state of the patient may be impacted negatively.

Justice: The idea that the burdens and benefits of new or experimental treatments must be distributed equally among all groups in society.

Importance of Ethics in Society

Fr. Stephen Fernandes

Prof. of Ethics & Moral Theology and Chief Consultant FBMEC

The first foundational value of Catholic social teaching, then, is the inherent dignity of the human person, along with its corollary principles of the spiritual, transcendent nature of the human person and the sanctity of human life. This dignity also means that every human person is endowed with certain rights and obligations which must be played out in society. If people "can fully discover their true self only in giving of themselves," it means that God has created us to live in society. The human person, as well as being primarily a spiritual being, is also a social being.

The good of each individual is necessarily related to the common good, which in turn can be defined only in reference to the human person. That is to say, the human person - as *Gaudium et Spes* instructs us - "is and ought to be the beginning, the subject and the end of all social institutions" (n. 25, par. 1).

Gaudium et Spes gives us the foundational definition of the common good as "the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily"

According to the CCC, moreover, the common good: (1) "presupposes respect for the person as such" (n. 1907); (2) "requires the social well-being and development of the group itself" (n. 1908; cf. GS 26, par. 2); and (3) "requires peace, that is, the stability and security of a just order" (n. 1909).

This brings us to the next foundational value, that of solidarity, which St. Pope John Paul II, in his Encyclical *Sollicitudo Rei Socialis* calls the "correlative response" to this phenomenon of interdependence, a response which is a moral and social attitude taking the form of the virtue of solidarity (n. 38). He goes on to describe the virtue of solidarity in the following way: "This then is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say to the

good of all and of each individual, because we are all really responsible for all."

Science, religion, and ethics are complementary disciplines not opposed to each other, but rather dependent upon each other, and all must be utilized if we are to confront the ecological crisis before us. Human life and human dignity as the most sacred foundation of all ethical and social teachings.

We all have a crucial role in the promotion of the common good. But society needs ethics to guide it from only having profit maximization as a goal and towards the promotion of the flourishing of humanity and the natural world.

To desire the common good and strive towards it is a requirement of justice and charity. This good is sought for the sake of people, each human being who possesses universal and inviolable rights. Nature expresses a design of love and truth. Nature speaks to us of the Creator and his love for humanity. There is a covenant between human beings and the environment, which should mirror the creative love of God. The development of virtues, in particular, harmonizes well with the notion that humans are co-creators in a process of authentic human development.

Responsibility for nature is a global one, for it is concerned not just with energy but with the whole of creation, which must not be bequeathed to future generations depleted of its resources. Human beings legitimately exercise a responsible stewardship over nature, in order to protect it, to enjoy its fruits and to cultivate it in new ways, with the assistance of advanced technologies, so that it can worthily accommodate and feed the world's population. On this earth there is room for everyone: here the entire human family must find the resources to live with dignity, through the help of nature itself God's gift to his children and through hard work and creativity.

We must, then, remain firmly rooted in our faith, and translate that faith into action in the contemporary circumstances of our day-to-day lives.

Touching Lives through Palliative Care

Armida Fernandez

Retd. Prof Neonatology, Dean, LTMG Hospital, Ex. Medical Director Holy Family Hospital
Founder Trustee, SNEHA (Society for Nutrition, Education and Health Action)

Everybody hopes for a good quality of life and a dignified death. In today's world, often enough, a bad death is avoidable but we must remember that dying well needs planning.

A good death is “one that is free from avoidable distress and suffering, for patients, family, and caregivers; in general accord with the patients' and families' wishes; and reasonably consistent with clinical, cultural, and ethical standards.” **A century ago, death was typically quite sudden, and the leading causes were infections, accidents, and childbirth. Today sudden death is less common. Most people acquire a serious progressive illness; Cardiovascular disease, Cancer, and Respiratory disorders are the three leading causes that increasingly interferes with their usual activities until death. This finally results in a patient suffering from a high symptom burden and prolonged poor quality of life.**

India today has state-of-art imaging, expertise and super specialized treatment facilities which the poor often do not have an access. These facilities have been responsible for saving the lives of many acutely ill patients and bring down mortality rates. Unfortunately this also results in prolongation of life even though the patient has a disease not compatible with life which increases the burden of the patient and family both psychologically and monetarily. These patients die alone in intensive care units, in total discomfort, on the ventilator and in pain.

Unfortunately, holistic patient centered care and compassion is missing. Doctors are trained to diagnose, cure and save but are unequipped to deal and discuss death with patients and family.

What we must always remember is that only a third of the diseases are totally curable.

We can cure sometimes, control often but care and comfort always.

“There may be limits to cure but never to care.”

WHO defines palliative care as an approach that improves the quality of life of patients and their families facing the problem associated with life-

threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. **Palliative care starts with diagnoses, continues through treatment, during follow ups, until the end of life. It supports the physical, psychosocial and spirituals needs of the patient. It is an extra layer of support that enhances the quality of life of patients and works to alleviate the pain and discomfort patients and their families' experience.**

Going beyond physical pain, palliative care recognizes that patients are not mere physical 'objects' of treatment, but human beings, who respond to compassion, heart-felt care, and the positive energy that comes from deep faith. Thus pain management must encompass not just the management of physical pain, but also psychosocial and spiritual issues. Palliative care is crucial through the life-cycle of the illness - it starts with diagnosis, continues throughout the treatment and at the end of life and also post life grievance support

Palliative care follows the principles of ethics.

It supports the caregivers and concerns of the patient's family.

It ensures Autonomy as the patient's decisions are supreme.

It respects patient's choices and preferences. If patient has lost capacity, preferences must be elicited from next of kin. Open, honest and complete disclosure of information is the key for patient autonomy. Informed consent and documentation is absolutely mandatory

Beneficence flows from the fiduciary obligation to act always in patient's best interests. We must keep in mind risk vs. benefit of interventions. If the patient is not going to get better, is it justified to prolong the process of dying?

Maleficence -First of all do no harm. Continuing life support in a dying patient prolongs his agony. It leads to additional economic and emotional burden on the family

Finally it is social justice as there is appropriate allocation of resources, offering critical care to a

dying patient who has no chance of recovery may deprive another critically ill patient of the chance to survive. Poor families often spend and borrow money on a patient with a disease at the end stages moving from poverty to below the poverty line.

Launched in January 2017, '**Romila Palliative Care**', (RPC) provides services through an OPD and conducts home visits to care and support patients with life-limiting illnesses, those with cancer, neurological, respiratory, cardiac etc. Whilst the term 'Palliative Care' may conjure up a depressing image: a situation where there is no hope and when everyone seems to have given up, at Romila Palliative Care, there is an attempt to retain the ray of sunshine and infuse patients' lives with positive energy. Their lives matter.

RPC has a full-fledged team of doctors, nurses and counsellors, specially trained in Palliative Care,

working with nutritionists, physiotherapists and other professionals, to deliver quality care.

The importance of addressing the concerns and needs of the patient's family is recognized as well. Patients are helped to deal with the psychosocial and spiritual issues that such illnesses bring to the fore. Care givers are also supported to look after the patient better, with greater confidence.

At Romila Palliative Care we have supported over 700 patients till date and conducted more than 2500 home visits till through a multi-disciplinary team.

Dame Cicely Saunders: Manner in which loved ones pass away is etched in the memories of those who live on.....

*You can contact us at –
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A small group of interested individuals banded together and commenced work. A nationally prominent physician remarked: "What is ethics". He was not being facetious – but just very honest. Trustees of different faiths were appointed and these with their successors have guided the FBMEC over the years. Dr. C.J. Vas was its Founder and Managing Trustee who played a pioneering role in the FIAMC Bio-Medical Ethics Centre. Dr Eustace de Souza was the Executive Director of the FIAMC Bio-Medical Ethics Centre for a number of years and worked in collaboration with the founder Dr. C J Vas. He worked with great zeal and dedication to promote the Church's understanding of biomedical ethics. In particular, he was an ardent promoter of Natural Family Planning. Cardinal Simon Pimenta was the Founder Patron who put in a lot of efforts right from the inception of the Centre. His work was continued by His Eminence, Ivan Cardinal Dias for many years. Today, His Eminence, Oswald Cardinal Gracias, is the Patron, and has taken an active role in guiding the Centre.

All the members of the FBMEC hold the utmost respect for life as it is God given. They believe that life has to be promoted, protected and preserved. Moreover, they uphold the command to care for one's neighbour.

F.I.A.M.C. ANNUAL DAY

The F.I.A.M.C. Annual Day was planned on 10 March 2019. The event was organized to connect with the alumni who had done the course since 2004. The objective was to understand the implementation status of the course, participant expectations and gather feedback on future course of action for strengthening the ethical aspects in all walks of life through course learning implementation.

The programme started with mass celebrated by Fr. Stephen Fernandes. Dr. Nicholas Antao welcomed the past and present participants and conveyed his objective of planning the event for all. The speakers for the sessions Adv. Joaquim Reis spoke on Beauty of Reconciliation, Dr. Conrad Vas on Ethical Issues Related to Medical care and Dr. Anukant Mital on Caregivers Conundrum.

The interaction with the past participants was the next important focus of the event. Participants discussed the ways that they used their course learnings in hospitals, schools and their personal lives.

Refresher training on ethics was requested. Alumni group has been created to stay linked and connected. The Annual Day ended with Fellowship lunch.

Dental Ethics

Dr. Giselle Paes

B.D.S(Dental surgeon); Trustee FBMEC

Dentistry has been viewed as a cornerstone of ethics and responsibility considering dentistry is a self-governed profession. It is very easy for an unethical dentist to push the limits and breach the code of conduct. This could also be very lucrative for eg. A dentist could advise extraction of tooth which otherwise could be saved in order to make a bridge or implant because it is much more profitable.

What holds a dentist accountable to being unethical – is the dentist himself.

What is Dental Ethics

Dental Ethics is defined as the moral duties and obligations of a dentist towards his/her patients, professional colleagues and society

Principles of Dental Ethics

- * To do Good- You can do no harm yet do no good eg. Dentist do not do scaling or oral prophylaxis because it is time consuming and not lucrative.
- This does not harm yet it does not do any good to the patient as the disease process continues without symptoms
- * To do No Harm – do not carry out any procedure which can harm the patients eg. Create cavities and fill them when they were only stains to begin with
- Doing a root canal treatment when it was just a cavity that could be filled.
- * Patient Autonomy - The patient should be respected. The self determination and confidentiality of the patient should be respected. Patient has a right to make decisions regarding the treatment he will require. In modern days dentistry dentist can retreat cases not properly treated. So patient autonomy and informed consent is even more necessary these days. Always take informed consent before starting the treatment.
- * Justice - Patients should be treated fairly. No discrimination should be made based on caste, creed, religion, nationality
- * Truthfulness - Be truthful to yourself, your partners, staff and patients
- * Confidentiality - Keep all records and treatment confidential
- * Duties towards Patients - The best recommendations for a dentist should be his personal reputation, professional ability and fidelity. Welfare of the patients should be on the top

priority. Be courteous sympathetic, friendly and always ready to the call of patients. Observe punctuality in fulfilling appointments. Provide high quality care to patients. Maintain accurate dental and medical records. Patients information to be kept confidential.

* Duties towards Colleagues - Do not do anything harmful to the interest of members of the fraternity. Retire in favour of the regular dentist once emergency is over. Institute correct treatment at one with the least commel. Render gratuitous services to another dentist and his family members.

Ethical Issues - Access and Dental Care- A dentist should be available to provide care for potentially health threatening dental conditions and to decrease pain and suffering. A dentist must not restrict the access to dental care services beyond the limits of the laws. Barrier's that limit the access of physically impaired people should be eliminated to extent that can be reasonably fulfilled. They must know the laws and regulations that govern discrimination and access to dental care services.

Abuse of Prescriptions by Patients - The dentist must be known to patients legitimate needs for prescription drugs. Incase of suspected drug abuse it is the duty of the dentist to refer the patient for evaluation.

Advertising - Advertising is acceptable by most professional organisations but it should accurately represent the dentist to the public. Advertising via banners and leaflets in newspapers and magazines and giving discounts to live patients is not considered ethical. The dentists should disclose their commercial links with companies when recommending products of those companies.

Emergency Care - A dentist should be available to handle acute dental conditions. The patient should be examined or treated or be referred for treatment. The patients health must be priority in such conditions rather than compensation or convenience.

Financial Arrangement - Fees for dental treatment should be consistent and fair to all patients. Fee should not vary based on financial status and insurance plans. Fee and payment options should be explained before starting treatment in non-emergency cases.

My Experience with The Certificate Course in Bio-Ethics at F.I.A.M.C Bio-Medical Ethics Centre

Sonia Rodrigues -Batch 2016-17

As a caregiver of my parents for over a decade I often used to be disillusioned at the unsolicited advice of putting my parents in a hospice or hospital, withdrawing medical treatment and so on. The only thing I knew was that my parents worked all their life to ensure we can live a life of dignity and I can't leave them to die alone. After I lost them, I realized the sacredness in the value of caregiving and completion of one's filial duty and felt the need to talk about these issues despite the challenges. However, I felt unqualified, unprepared. Through divine providence I was led to the enrolling for the Certificate course in Bioethics offered at the FIAMC Bio-Medical Ethics Center that proved to be an important milestone of my professional life and personal growth.

The inputs that the course offered provided important insights on the emerging ethical concerns from a life perspective starting from the conception to the end of life. Most importantly it stressed on the value of Caregiving and the need to address caregiver burden. I felt empowered with the pro-life paradigm that the course offered and realised how important it is to uphold the value of life and inherent dignity of the human person in every capacity.

Being a teacher in the noble profession of Social Work, the knowledge and understanding gained through the eight modules on Sexuality, Caregiving and Palliative Care, Surrogacy, Organ Transplant, Organ Donation also enabled me to integrate the inputs while teaching subjects on Mental Health and Counselling. I feel grateful to the FIAMC Bio-Medical Ethics Center and the experts inducted from all walks of life for their excellent insights into the themes of the modules, case presentations and discussions they facilitated. Interacting with the experts helped me build my contacts. I also could invite some of the experts to conduct sessions for our students on themes related to healthy relationships and ethical principles.

The reflections and discussions that followed every session/module helped me mature and grow into a more informed, alert, sensitive and grounded person. While on one hand the ethical violations of patients' rights and its unfortunate consequences shared in the sessions troubled me, the success stories of the Center

and the experts in upholding ethical obligations was encouraging.

An important opportunity of the course was the group assignment and presentation assigned to me and my team on the topic "Child Right Violations in India: Issues and Concerns" that facilitated development of varied and valuable perspectives from professionals in the field of medicine, media, social work and the laity.

As part of the course I also got an opportunity to participate in the National Symposium on Justice in the Family and Society organised by the Catholic Bishop's Conference of India, F.I.A.M.C Bio-Medical Ethics Center, Diocesan Human Life Commission Mumbai, and Justice and Peace Commission Mumbai. The symposium provided the much-needed platform for a non-judgmental and open dialogue between the religious, priests, social workers, medical professionals and the laity on the stand of the Church while addressing issues concerning the family, sexuality, family planning, fertility. Knowledge of the scientific perspective behind many of the Church doctrines and resolutions was a revelation for me and gave me the confidence and courage to endorse the Church teachings in a rational way.

The course is a must for each and every person concerned with protecting life and ensuring quality of life and well-being of all mankind.

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It requires that procedures uphold the spirit of existing laws and are fair to all players involved. The health care provider must consider four main areas when evaluating justice: fair distribution of scarce resources, competing needs, rights and obligations, and potential conflicts with established legislation. For example certain Reproductive technologies create ethical dilemmas because treatment is not equally available to all people.

It is my wish that this centre may become the torch bearer of the new dawn of the enlightened people, who are aware and able to empower others in need in these complex matters of ethical and moral dilemmas. We will try to bring out regular issues of this newsletter to provide a platform for all to express their views with comments from our resource faculty.

Course Feedback by Participants



Rani Joseph Batch 2019-20

The Bio-Ethics course has helped me in my daily affairs of my work. It has given me wonderful insights of different topics covered which has enhanced my well-being and overall it has opened my eyes to think morally and ethically in the area of medicine and ailments in different scenario with the

help of different doctors lectures. The course is helping me put it in practice in my workplace and personal life. I thank the team for giving me this chance to be part of the course.

It was an enriching experience when I **Mrs Vinette Saldanha** currently working as Nursing Superintendent at HCG Cancer centre attended the course

As a Nursing student, Operation theatre staff nurse, Nursing tutor for nursing students, Nursing educator, Deputy General Manager I have studied and witnessed all forms of nursing curriculum, nursing care, nursing policy etc.

I wished this course was made as a mandate in nursing school programmes where one could have been more learned and would have utilised this vast knowledge of ethics and medicine.

I am grateful and thankful to all who have enlighten and guided us.

Batch 2018-19



This is **Gladwin Damasus Pereira**, a student of the Bio-Ethics Course at the FIAMC, Bio-Medical Ethics Centre Goregaon 2019 - 2020.

An enriching course to think and act 'ethically' in every challenging situation. In this fast moving era, we often tend to take the easy way out, acting unethically. Each case study helps us explore ways and means of tackling the tricky normal situations. It's when we go deep into our discussions we realise how wrong we sometimes are. Surely by the end of this course our thinking will be far more sensible and ethical.



Last year, I attended the course in F.I.A.M.C. Bio-Medical Ethics Centre on different topics. It was indeed a great opportunity to gain knowledge and I thought my other sisters also should get this knowledge. I was appointed as a province councillor and medical co-ordinator of the province and then I planned to share this knowledge with my sisters who are involved in medical ministry of the province by arranging a seminar. On 15 th Sept 2019 a seminar on Ethical issues in Medical Ministry and Emergency Management in the hospital or dispensaries was conducted with the guidance and assistance of the F.I.A.M.C. Bio-Medical Ethics Centre.

Sr. Lalita Demekar belongs to a congregation of "Missionary sisters of the queen of the apostles". They are also known as a SRA sisters.

Batch 2018-19

Certificate Course In : Bio Ethics

(On campus weekends with Home Study & Case Studies)

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

The course content is designed on the lines of the Master of Global Ethics Online Course (based on UNESCO Chair Bioethics and Human Rights framework) to empower the student, by a transfer of knowledge & skills to handle issues arising in ethical and human rights domains. The approach to achieve this would be to encourage a participative and interactive role, one that will involve brainstorming in groups, home study as well as group presentations and case studies discussions.

The intention is to help the participants develop an understanding of the ethical, moral, religious and cultural issues arising in the medical context of human behaviours in society, starting from the "Beginning of Life" to the "End of Life". In this process the participants would also 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.

For more information on the course contact on 29270933 / 9833606980 or

email fiamcmumbai@hotmail.com

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

The FIAMC Bio-Medical Ethics Centre, the Knowledge Partners of The **National Conference on Healthy Ageing** in collaboration with College of Social Work , Nirmala Niketan January 2019



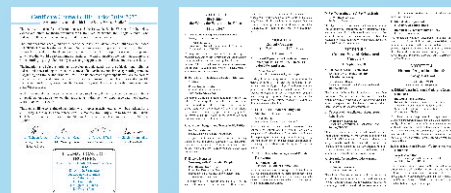
The first ever **F.I.A.M.C. Alumni Meet**. Participants of 14 Batches from the year 2004 to 2019 participated in the event The F.I.A.M.C Annual Day March 2019



Valedictory Function of Batch 2018-19 March 2019



Certificate Course in Bio-Ethics 2019-20
New revamped course content designed on the lines of the Master of Global Ethics online Course(based on UNESCO Chair Bioethics and Human Rights framework) New Brochure. **Dr. Anukant Mital** was accredited Academic Dean for the course - June 2019



Collaboration with **St. Teresas Institue of Education Santacruz**
F.I.A.M.C Faculty delivers lectures on Ethics in the Institute. Started August 2019



Illuminate Your Being
R. Prabhuo Oration given at KEM Hospital to Doctors and Medical Students by **Dr. Nicholas Antao** Executive Director & Managing Trustee FBMEC

