COMPARATIVE HEALTH CARE ETHICS
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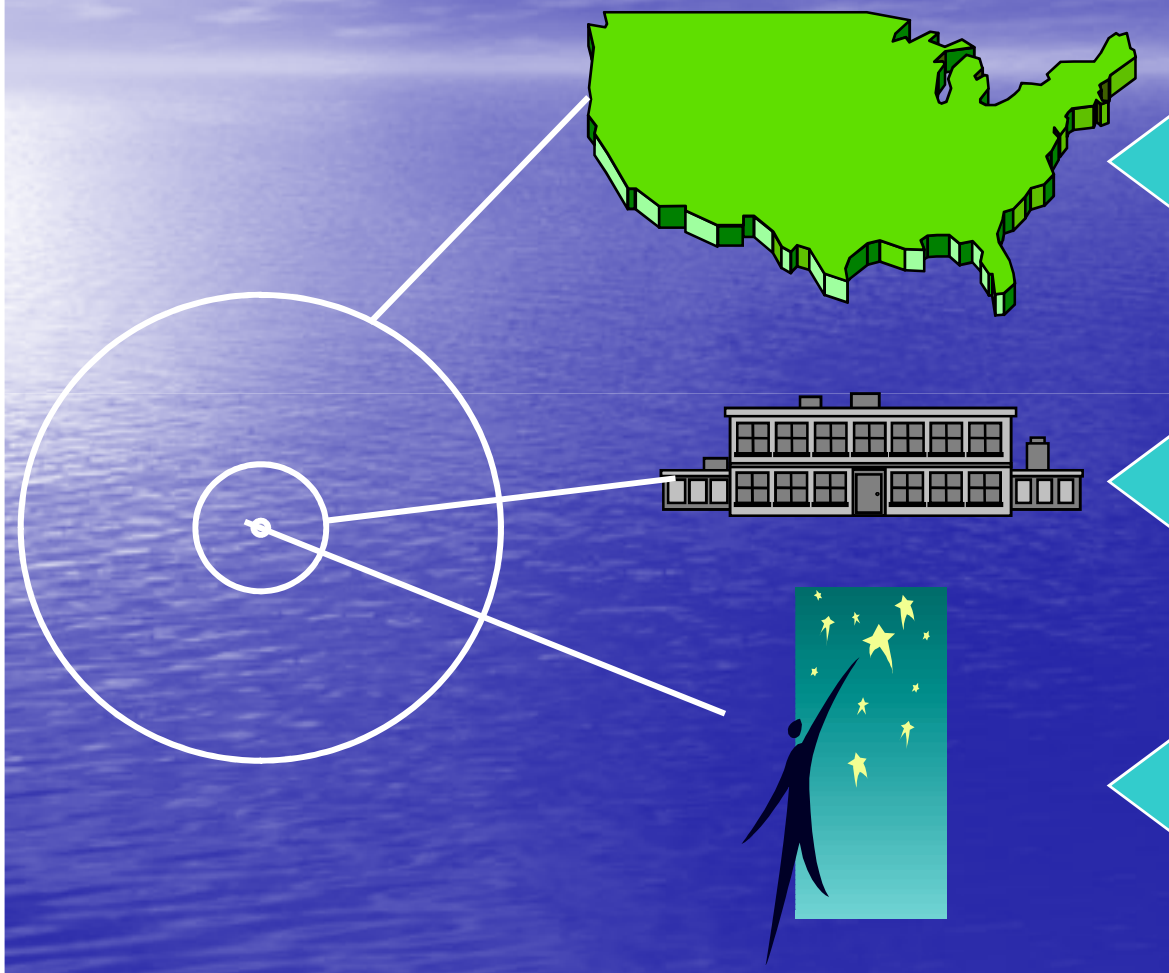
Three Realms of Healthcare Ethics



Societal Realm

Organizational Realm

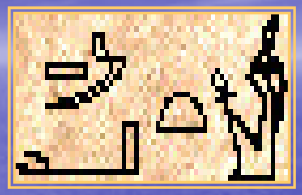
Individual Realm

- Reflecting a nation's values through
  - Distribution of public and private sector resources to healthcare and within healthcare
  - Ensuring adherence to global standards of ethics
  - Ensuring adherence to national ethical standards and principles

- Hippocratic oath – do no harm
- Christianity –
  - Charity
    - Caring for the "least among us"
  - Afterlife
  - Sanctity of human life

PHARONIC

Maat



- Truth
- Justice
- Morality and balance

Patron of: truth, Justice and universal order.

- Islamic –
  - Hadith made treatment mandatory or obligatory when a treatment was definitely available, and if withholding treatment would be harmful.
  - If one is unsure of any benefit from a treatment and any harm is feared, then it is discouraged.
  - Abu Bakr Mohammad Ibn Zakariyya al-Razi , Iranian Islamic scholar and religious leader (9th-10c), produced the first clinical account of smallpox and measles and set basic standards for medical ethics

Historical Developments in Healthcare Ethics

Ethical principles used in comparison

- Distributive justice
- Autonomy and protection of human subjects
- Benevolence and non-malevolence

BASIC ETHICAL PRINCIPLES, CONTD.

- Distributive Justice
  - Equitable distribution of treatment and research opportunities
    - Right to fair treatment
    - Right to privacy
  - Expression of this ethical principle in judicial codes and their application in practice

Basic Ethical Principles, cont'd.

- Autonomy, protection of individual rights of patients and members of society generally
  - human dignity
- - Protection of those with diminished autonomy
    - relative ability to make decisions
    - vulnerability
  - Right to self-determination
    - Coercion
  - Right to full disclosure
    - Types of treatment offered and potential outcomes
    - Conduct of research
    - Findings
    - Covert data collection/concealment of treatment experiments
    - Deception

Basic Ethical Principles

- Benevolence and non-malevolence
  - Do not harm
  - Maximize possible benefits and minimize possible harm
  - Physical and psychological harm
    - Referral for care
    - Provision of information to protect health of interviewee (and his/her children if applicable)
  - Freedom from exploitation
    - Provider/patient relationship
  - Risk/benefit ratio
    - Individual/society benefits
      - Degree of risk should not exceed potential humanitarian benefits

APPLICATION IN PRACTICE: THE UNITED STATES AND EGYPT

ALLOCATION OF RESOURCES

United States

- Mixed public-private sector system
- No national healthcare system
- Health care expenditures 16% of GDP in 2005
- 15.7% of Americans – more than 45.8 million persons not covered by any type of health insurance in 2004
- Expenditures far below other "investments"
- Significant influence of insurance, pharmaceutical and devise companies
  - Medicare "Part D" pharmaceutical benefits

Egypt

- National healthcare system
  - Some private sector care
- Health care expenditures 12% of GDP in 2004
- Less but increasing influence of private sector
- Significant influence of donors

DISPARITIES IN HEALTHCARE ACCESS

United States

- African-Americans are half as likely to undergo angioplasty and coronary bypass surgery as white Americans
- Minorities are more likely to be diagnosed with late-stage breast cancer and colorectal cancer compared with whites
- Patients of lower socioeconomic position are less likely to receive recommended diabetic services and more likely to be hospitalized for diabetes and its complications
- Health status indicators – infant mortality and others—show significant differences

Egypt

- To some extent, national healthcare system protects against disparities
- Disparities are primarily for low-income and other vulnerable populations
  - Working boys
  - Some rural populations
  - Some immigrants

PROCESS IN PLACE TO ENSURE PROTECTION OF POPULATIONS IN RESEARCH

United States

- Institutional Review Boards
  - in place since 1970s
  - Based in universities, private research institutions, states
  - New development: private, for profit IRBs
- Strict requirements by National Institutes of Health and other funding organizations
- Processes are essentially standard theoretically but differences in practice

Egypt

- Since the late 1990s
  - increase in universities and research institutes that have IRBs
  - MOHP has IRB
  - at least 30 researchers trained in IRB processes through NIH grant
- improved ability of Egyptian researchers to address ethical issues in protection of human subjects generally, but
  - not systematically applied
  - Infrastructures not considered adequate by Egyptian researchers
  - Capacity-building in process
- insufficient attention to broader ethical issues related to research—a focus on informed consent

INFLUENCE OF SOCIOCULTURAL FACTORS

United States

- Influence of "liberation theology" in providing for vulnerable populations
- Christian "right wing" (or "fundamentalists"
  - HIV/AIDS
  - Access to reproductive health services
- Evolution of racism and classism
- Stigma
- Private sector influence

Egypt

- Influence of Islam in protecting vulnerable populations and encouraging healthy behaviors
  - tobacco control
- Extreme poverty a concern: societal conundrum regarding allocation of resources
- Balancing Islamic and Coptic/other Christian beliefs/values
  - Recognizing similarities
- Urban/rural differences in health beliefs, including treatment-seeking behavior

DISTRIBUTION OF MEDICAL TECHNOLOGY

Who Decides and on What Basis?

- Ethical considerations in development and distribution of technology
  - Within a country
    - Allocation of resources
    - Consideration of ethical issues that can be raised
      - E.g., totally implantable artificial heart
      - Genetic research
  - Externally
    - "donation" of medical equipment through loans/grants
      - appropriateness
      - Sustainability
      - Efficacy given capacity of clinical personnel
- Systems for medical technology assessment
  - For example, in Europe, Australia, the United States
  - Minimally in developing countries

Unmet Health Needs

- Importance of linking advances in technology to
  - Nation's overall healthcare needs
  - Nation's available resources (distributive justice)
  - clinical outcomes

- Need to recognize that
  - clinical outcomes are affected by more than mere physiological and technological "fixes"
    - health and healing include cultural and personal perspectives
    - Spiritual healing
    - Alternative healthcare ("traditional" medicine)

ADDRESSING ETHICAL ISSUES IN DISTRIBUTION OF MEDICAL TECHNOLOGY

United States

- Essentially, a cost and financing approach
  - National Medicare and State Medicaid Agencies
- Office of Technology
- NIH Center for Technology Assessment
- Food and Drug Administration
- Values:
  - Belief in technological "fix"
  - Concern for "rights" to all healthcare options
  - Private sector influence

Egypt

- Minimal systems in place to review technology
- Influence of donors
  - Capacity to absorb advanced technology
  - Burden on healthcare system
- Values
  - Belief in spiritual care, traditional healing
  - Belief in equal rights to care
  - Increasing influence of technological "fix" approach

TOWARD A UNIVERSAL SET OF HEALTHCARE AND MEDICAL ETHICAL PRINCIPLES THAT CROSS RELIGIONS AND CULTURAL BOUNDARIES

- Rapidly emerging technologies require global attention to healthcare and medical ethics and a shared understanding

- **Quintessential example: personalized medicine or health care (pharmacogenomics)**
  - the segmentation of patient populations by any means, including genetic, imaging, or informatic techniques, to increase the benefit of a therapeutic approach to the patient.
    - may include testing for variations in genes, gene expression, proteins, and metabolites. Test results are correlated with drug response, disease state, prevention, or treatment prognosis, and they help physicians individualize treatment for each patient with greater precision.
  - Significant ethical and social issues
    - Capacity of national governments and international organizations to address them

- Multiple organizations engaged in processes to develop a universal set of healthcare and medical ethical principles
  - How different from Helsinki and following international codes (e.g., IMA, INA)?
  - UN Declaration of Human Rights
    - Access to health care
  - How to apply in practice?
  - Recognizing similarities and building on these

Humane Medicine

Should the goal be to avoid death, or disease, or diminishment at all costs?

- Should it be to live well, love well, and die well?
- What counts for "well" is what more fully develops our shared human nature, both individually and communally. Therefore, each and all have much to give and much to receive.

THANK YOU FOR THE HONOR OF ATTENDING THIS IMPORTANT CONFERENCE AND VISITING THE ISLAMIC REPUBLIC OF IRAN

FOR FURTHER INFORMATION OR TO DISCUSS THESE ISSUES PLEASE CONTACT

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