Health Ethics in Pakistan: A Literature Review of Its Present State

Adnan A. Hyder1 and Sarah Nadeem2

1Department of International Health, Johns Hopkins University, 615 North Wolfe Street, Suite E-8132, Baltimore, MD 21205, USA; and 2Medical Student, Aga Khan University, Karachi, Pakistan

ABSTRACT

National literature on ethics provides an insight into the nature and development of a dialogue on health issues within a population. This study investigated the health ethics discourse in Pakistan. The purpose was to critically reflect on the nature and level of such discussions with the aim of stimulating an interest in the ethical implications of health and medicine in developing countries. The study evaluated the literature on biomedical and health ethics published in Pakistan during 1988-1999. Overall, there is a dearth of published discourse on healthcare ethics in Pakistan. Values that are considered to stem from religious teachings predominate in discussions relating to medical ethics. A lack of effective policy and legislation concerning the ethical practice of medicine is reported to have negative effects on the profession. Research ethics has not been captured in the published papers in Pakistan. Consideration of ethical issues in health is at an early stage in the country and may reflect the situation in a large part of the developing world.

Key words: Ethics, Medical; Medical research; Healthcare; Pakistan

INTRODUCTION

The ethos of a society is intricately linked with the character of its people, their values, and the role that tradition and religion play in their lives. Traditionally, the position of healthcare interactions and healthcare providers within developing societies is often privileged. This relatively high social positioning is becoming more complex with the continuing and rapidly-occurring scientific developments in medical technology and clinical knowledge (1,2). The social dissemination of these developments poses challenges to the norms and traditions of healthcare delivery, especially in developing countries. These changes are reflected in the sociomedical dialogue within a society (3).

National literature on ethics provides an insight into the nature and development of a dialogue on health issues within a population. It reflects the ongoing discourse among different stakeholders in healthcare processes. In addition, it comprises the views of health professionals on important challenges of their profession (4). The discourse on ethics in developed countries may differ in many respects from that in developing countries. In the former case, there usually exists a history of thought, deliberation, and exchange on ethical issues relating to all aspects of health, whereas in the latter situation, the dialogue could be early in its development, reflecting initial viewpoints and focusing more on clinical and medical perspectives rather than on population-based perspectives. Advances in health ethics are part of the progress of healthcare and health research in a national context.
This study investigated the health ethics discourse in Pakistan as an example of a developing country. The purpose was to critically reflect on the nature and level of such discussions aiming at stimulating an interest in the ethical implication of health and medicine. The study evaluated the literature on biomedical and health ethics published in Pakistan. The hypothesis is that the ethics discourse would be very early in its development and will be diverse in focus. No such review has been attempted or documented to date.

**MATERIALS AND METHODS**

An extensive literature search was conducted using electronic databases and reviews of journal indexes. Electronically, MEDLINE, POPLINE and BIOETHICSLINE searches were completed using combinations of keywords, such as Pakistan, ethics, medical ethics, biomedical ethics, healthcare, and equity. Indices of national journals in Pakistan were searched manually for the 1988-1999 period, since these are mostly not indexed in international databases. Two libraries and two bookstores of Karachi, the largest metropolitan city of Pakistan, were also investigated manually as a convenience sample. In addition, field visits made by the authors were used for seeking unpublished and/or unindexed literature (often called grey literature) from universities and relevant individuals. Although papers that mentioned the role of religion were included, the religious literature and jurisprudence literature per se in Pakistan were not explored in this study, since these sources are neither indexed nor published in scientific journals.

The search results were reviewed and evaluated using inclusion criteria such that papers concerning ethics in Pakistan and/or published in the Pakistani scientific literature were selected. After inclusion of all relevant articles, an analysis for content, theme, nature of study, and source was carried out. Results were tabulated, and a critical analysis was performed for thematic issues, either discussed or conspicuously absent from the discourse.

**RESULTS**

A review of literature revealed a total of 34 documents relating to ethics from all electronic and manual searches. After reviewing the papers and application of the inclusion criteria, only 11 fulfilled all three conditions, while an additional 5 met only the first two criteria (Table). As the table indicates, most papers were editorials, and three studies with some empirical research were published in non-Pakistani journals (5-7). Only one journal in the country--Pakistan Journal of Ethics--addressed the issues of medical ethics directly, and there were only two issues of that journal to-date. Grey literature was obtained from one institution in the private sector as well (8,9).

Only one article concerned research ethics in an indirect manner (10). Two papers specifically defined ethics in the text; one referred to ethics as “concerned with moral principles in relation to patient care, clinical, investigational as well as experimental” (11). The other one called it “the study of the general nature of morals and of specific moral choices” (12). Much of the published discourse took into account the relevance of social, economic and political situation of Pakistan to the state of healthcare ethics (13). Several themes emerged from an analysis of the content of these papers.

**Economic challenges**

The notion of medical practice in a changing economic environment has been raised, highlighting that “the pressures of making two ends meet in an environment of enormous inflation and unreasonable basic expenditure on self and family sustenance” (13). The challenge of “widespread demand for the highest skills without corresponding willingness to pay for professional services” was defined within this environment. The challenge of “widespread demand for the highest skills without corresponding willingness to pay for professional services” was defined within this environment. These reflect the context within which physicians and other healthcare providers work in Pakistan where exists the need for generating an income within a pool of relatively poor patients. The authors further elaborate on the sense of frustration in the practice of physicians because of “a readiness to be exploited by quacks, an attitude accepted and provided for by successive governments” (13). The definition of quacks included informal healthcare providers, traditional healers, those practising medicine without training, and illegal providers of services.

**Paucity of resources**

Pakistan, being a poor country, has very limited healthcare resources. Treatment options for individual patients and between patients for free and subsidized treatments are common ethical dilemmas. Thus, prioritizing illnesses and people is an enormous ethical challenge and a very common part of everyday medical practice in Pakistan. These choices have been used in a private institution to stimulate thinking on the ethical implications within the local context (8,9). For example, cases that explore the ethical dilemma of several patients presenting at the same time for a single ventilator are being used for teaching purposes.
<table>
<thead>
<tr>
<th>Year</th>
<th>Source</th>
<th>Author</th>
<th>Title</th>
<th>Type of paper</th>
<th>Ethical topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>Newsletter of the Bioethics Group</td>
<td>Aga Khan University</td>
<td>Various reports</td>
<td>Institutional newsletter</td>
<td>Discussion of cases and editorials</td>
</tr>
<tr>
<td>1997</td>
<td>Pakistan Journal of Ethics</td>
<td>Editors</td>
<td>Various reports</td>
<td>‘New’ national journal</td>
<td>Only two issues have been published to date; mixture of case studies and reviews</td>
</tr>
<tr>
<td>1997</td>
<td>The Professional</td>
<td>Tahir MS</td>
<td>Fall from the grace</td>
<td>Editorial</td>
<td>Declining status of doctors in Pakistani society</td>
</tr>
<tr>
<td>1996</td>
<td>Journal of the Pakistan Medical Association</td>
<td>Sadiq MZ, Khurshid SJ</td>
<td>Animal models in biomedical research</td>
<td>Editorial</td>
<td>Ethics of animal use in research</td>
</tr>
<tr>
<td>1996</td>
<td>Journal of the Ayub Medical College</td>
<td>Ali A</td>
<td>Medical ethics</td>
<td>Editorial</td>
<td>Definitions of ethics, medical ethics, infamous conduct. Detailed discussion of categories of professional misconduct</td>
</tr>
<tr>
<td>1995</td>
<td>Journal of the Pakistan Medical Association</td>
<td>Naqvi AA</td>
<td>Ethics of renal transplantation in developing countries</td>
<td>Special communication</td>
<td>Ethical questions involved in renal transplantation, with reference to the different sources of donors</td>
</tr>
<tr>
<td>1995</td>
<td>Journal of the Pakistan Medical Association</td>
<td>Jafary MH</td>
<td>Medical ethics, Islam and our society</td>
<td>Editorial</td>
<td>‘Ethics’ and ‘medical ethics’ defined; history of codes of medical behaviour</td>
</tr>
<tr>
<td>1995</td>
<td>Pakistan Heart Journal</td>
<td>Hasan M</td>
<td>Medical ethics–past and present</td>
<td>Editorial</td>
<td>Medical ethics presented at two levels—ideological and practical. History of medical ethics presented with rules of ethical behaviour</td>
</tr>
<tr>
<td>1990</td>
<td>Journal of American Medical Association, Pakistan Edition</td>
<td>Hasan M</td>
<td>All points made by Lundberg are valid for Pakistan as well</td>
<td>Editorial</td>
<td>Ethics of medical profession as a ‘trade’; role of commercialization and economic conditions in Pakistan on medical ethics</td>
</tr>
<tr>
<td>1988</td>
<td>Journal of the Pakistan Medical Association</td>
<td>Rajput AM</td>
<td>Ethical issues in cardiac-pulmonary resuscitation</td>
<td>Special communication</td>
<td>Ethical conflict between the doctor’s drive to sustain life versus the concept of relief of suffering and patient dignity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>International journals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
</tr>
<tr>
<td>1993</td>
</tr>
<tr>
<td>1991</td>
</tr>
<tr>
<td>1990</td>
</tr>
<tr>
<td>1982</td>
</tr>
</tbody>
</table>
Individual motivation

The personal and professional motivation of both individual practitioners and entire profession have been specifically addressed. It was observed that “there has never been a greater need to emphasize the importance of ethics in medicine as it is today...moral values seem to have declined considerably, in the face of an increasingly materialistic world” (11). This has been further stressed with an observation that “at times there is gross violation of ethical principles in day-to-day medical practice as the financial motives become the prime consideration.” This expresses a grave concern that financial and economic motivation per se does and will affect the ethical practice of medicine in the country. However, authors have not followed up by offering practical solutions to these issues.

Policy and legislation

A lack of effective policy and legislation concerning the ethical practice of medicine is reported to have negative effects on the profession. This situation also increases the dependence of individuals to deal with ethico-legal issues alone, or in consultation with colleagues, in an informal manner. For example, the case of a rich businessman on regular maintenance haemodialysis awaiting a renal transplantation has been reported (14). He brings with him a potential paid donor, a young labourer from the rural areas of Pakistan, “who is in dire need of money to pay off a debt to release his 9 years old brother from bonded labour.” In Pakistan, there is “no policy and law...to restrict the sale of kidneys.” This article speaks of how the surgeon faces numerous ethical dilemmas within the context of just one case, with the added complexity of the recipient and the donor belonging to different social classes.

Similarly, a survey on informed consent procedures has been reported in the grey literature, which is stated to reveal that 46% of consents were incomplete at one hospital in the city of Karachi (9). In addition, Schenker provides information regarding regulations and access to assisted reproduction services in Pakistan, among other countries (7). Examples such as these are used for illustrating the need felt by medical professionals for a legal structure that helps them define and strengthen the limits of their actions. They also illustrate that even where laws governing the action of healthcare providers do exist, there are problems in implementation (8).

Social responses

Societal responses to the practice of medicine have also been stated thus: “there has been a decline in our society...doctors don’t enjoy the same respect or status anymore...they are considered traders of skills, involved in fair and foul methods to capitalize these” (15). Disempowerment of physicians to the status of other professionals is seen as a negative feature. In addition, this change in social status is considered a result of professional conduct by healthcare providers themselves, which has been viewed by society as a mix of ethical and unethical practices.

Role of religion

The role of religion in the Islamic Republic of Pakistan has been emphasized in the literature (11,12,16). Jafary reports, “in a Muslim society, there is a prevailing belief that God has a remedy for every ill” (11). The motivation to follow and respect a certain code of ethics is attributed to the importance of actions relating to healing and treatment of the ill in religion. Religion also plays a central role in the discussion of issues within healthcare. For example, the debate regarding euthanasia and abortion is essentially a discourse against both the practices, and the root cause of such a stance is that these actions are considered “un-Islamic” (12).

The papers also portray that most professional and public opinions in the country are highly influenced by religion. Taking the example of renal transplantation, it is observed “citizens continue to remain resistant to the idea...among the many factors contributing to this...is unfamiliarity perhaps with the position Islam takes on organ donations and whether Muslims have any moral obligations in this arena” (17). Religious views, therefore, are engrained within the expressed opinions on ethical issues in the country.

DISCUSSION

A review of published discourse on ethics in Pakistan reveals several general trends. These include a focus on ‘medicine’ as defined by formal western medical practice, delivered by physicians only. There is no pursuit of ethics as a focus of the work of other health professionals. The physician-authors of papers, the types of journals where papers have been published, and the physician-dominant mode of healthcare, especially curative healthcare, in Pakistan make this understandable (3,18).

The explicit consideration of economic development as a threat to the moral basis of medical practice is interesting. Historically, this has been the source of discussion in all societies, and continues to be a source of debate in the developing world. The fear that financial
motivation may lead to unethical practice by individual physicians is clearly the result of both changing medical practices and a developing national economy. Remuneration by pharmaceutical agencies, increasing user-fees, burgeoning private practices, and the use of more diagnostic technologies, add to the changing financial landscape. An overall environment of scarcity in Pakistan makes these changes more acute and visible, especially as public access and quality of care still leave a lot to be desired (19).

Physicians have traditionally wielded great power in communities, and have seen themselves superior to other professionals. The societal response of giving medicine a status similar to other professions has raised concerns in Pakistan. This is a process of development in view of the fact that with economic progress, education, and greater public awareness, healthcare becomes transparent. The local and national media have played a great role in this regard to demystify the working of healthcare providers. As a result, the provider-patient interaction becomes less top-down and more horizontal. This disempowerment of physicians is disturbing to the profession and health professionals. However, it is not viewed with the same concern by the public and needs to be seen as an essential component for a more involved healthcare system in the country.

The ethical foundation of many social functions is derived from a value-base. The final stated common value-base for Pakistan is the religion Islam. Beneficence, non-maleficence, justice, care, and concern are all embedded within the sources of Islamic scripture and thoughts. At the same time, culture also plays an important role in the exploration and implementation of any ethical issues in the country. Religion, tradition, practices, and behaviour make up components of such a cultural base. It is, thus, difficult to tease out the overall cultural context and the contribution of each one of these elements, although religion seems dominant in this specific context. It is, therefore, expected that the values that are considered to stem from religious teachings will predominate in discussions relating to medical ethics, and that has been noted in several papers reviewed in this study.

Research ethics have not been captured in the published papers in Pakistan. This is an area of great importance that has escaped notice of the national thinkers and policy-makers. The conduct of appropriate and ethical research in international settings has been the focus of recent international reports (20-22). Ethical review committees, institutional review boards, and other national mechanisms to protect human subjects need to be discussed and put into place in Pakistan, as may be the case in other developing countries. Additional work is required to explore this important area within the context of the developing world.

Overall, there is a severe lack of published discourse on healthcare ethics in Pakistan. The launching of the **Pakistan Journal of Ethics** is an exception, although only two issues have appeared since inception in 1997. This journal needs to be resurrected to provide a formal medium for promoting and encouraging a richer dialogue on ethics of biomedical issues in the country. This journal also needs to be regularized and indexed, both nationally and internationally.

In addition to a specific journal on this issue, papers that reflect the ethical issues in health and medicine need to be encouraged in the other scientific journals as well. A national forum needs to be developed to discuss the ethical implications of healthcare practices and also health research in the country. This is becoming increasingly important as the protection of human subjects is being recognized as both an international and a national concern. The international community needs to encourage greater dialogue within developing countries, such as Pakistan, and to promote the development of codes of professional practice and national ethical guidelines for research (22). Recently, the World Health Organization and the Fogarty Center for International Health at the National Institutes of Health, USA, together with partners from the developing world, have taken a step in this direction by promoting the formation of the **Global Forum on Bioethics in Research**. In addition, the recently-released guidelines for establishing ethical review committees in developing countries also provide another valuable resource for developing nations (23). These developments are encouraging and need to bear on the intra-national development of such ideas in countries like Pakistan.

**CONCLUSION**

Ethics is an extremely important facet of public health in all parts of the world, especially today, with the emergence of new conflicts between science and society (24,25). A richer discussion in both real settings and scientific literature is needed. This will result in a frequent and constructive dialogue with greater understanding of ethical issues within regional and national contexts. Such a process may eventually lead to the development of better working solutions and methods, which will be beneficial to both healthcare
providers and their patients in developing countries, such as Pakistan. It will also stimulate consideration of ethics in the fields of health policy development, biomedical research, human resource development for health, and investments for health development, especially in the developing world.

REFERENCES

15. Tahir S. Fall from the grace (editorial). Professional 1997;4:297.