



Bioethics and Religion

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CALL FOR ARTICLES

Next Theme: ETHICS OF RESEARCH INVOLVING VULNERABLE POPULATIONS

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Letter from the chief editor

Prof Elizabeth Bukusi

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Dear Readers,

Welcome to Volume 4, issue 2 of the KEMRI Bioethics Review. In this issue we focus on the theme of **Religion and Bioethics**. We feature articles on abortion, euthanasia and bioethics and religion. Many religious groups have taken a position on various health and health research related issues such as abortion, stem cell research and euthanasia. Opinion is divided on whether the involvement of religious groups or individual beliefs on public health policy issues such as stem cell research or cloning is justified. The argument is that religious groups/individuals should confine their convictions within their places of worship and allow development of public policy to be based on secular or non religious reasons and values. However, Religion plays a key role in holding up the moral values and forms the basis of critical elements of any legal structure of a society.

Furthermore, research suggests connections between religion, spirituality, and health hence a counter that religious or faith based arguments and views should and will always have a place in public health deliberations. The advancement of life sciences research including various techniques like cloning, stem cells and embryonic techniques have contributed to seeking treatment and cure of various diseases including those affecting human beings. Scientists are attempting to use these techniques to manipulate tissues and organs with the hope of finding remedies for diseases like Parkinson's disease, cardiovascular disease, diabetes and Alzheimer's. These advances have however encountered ethical questions raised on retrieval and use of human tissue samples for diagnostic, therapeutic, research, and educational purposes. Religious groups form one the single biggest voices of caution on the use of human tissues samples.

Support must be provided for public education on many contentious issues with opportunity for healthy debate on matters like stem cell research and the role of religion in health research. Health professionals also need education on why and how to integrate spirituality into health care and research and in particular in communities where religion is a key societal pillar. Human health as defined by WHO includes not only the physical, but emotional and spiritual well being. It is therefore important that ethical standards and guidelines should focus on not only on procedures, and patients/subjects rights but also on other issues that matter to the research subjects like their religion and beliefs in the contexts in which this consideration would contribute to make research valid and ethical.

Prof Elizabeth Bukusi

DDRT

Editor in Chief.

Message from the Director

Prof Solomon Mpoke, PhD, MBS



“The area of research and culture and religion remains one in which not much research has been undertaken and is an area where local researchers should take lead in improving our understanding through empirical research. ”

A certain level of cultural awareness is essential to conduct successful research studies within diverse and multicultural settings. Thus, not only is cultural competence necessary, but also competence in dealing with divergent ethical codes. The Bioethics field is a growing one and KEMRI has placed increasing importance on providing researchers with the appropriate tools by requiring evidence of training in research ethics, via many available online options including the Collaborative Institutional Training Initiative (CITI) <https://www.citiprogram.org>. The goal is that through CITI online training program and other similar training initiatives, KEMRI researchers will gain substantive knowledge on the diverse ethical issues and approaches in order to facilitate greater competence in the biomedical research area. The area of research and culture and religion remains one in which not much research has been undertaken and is an area where local researchers should take lead in improving our understanding through empirical research. One of the recent calls for proposals under the internal research grants initiative of the Institute is on topics of ethics in research. I urge you to consider working to provide insight in this area.

Religion forms a vital part of life for many people. As we look at history, society has derived benefit from collective religious beliefs. The behavior of the people in a society has been largely regulated by their religious convictions. In addition, many laws have their basis in religious teachings because these have provided guidance on what is acceptable for society

Closer home to the science fields, ethics focuses on principles of right and wrong. There is hardly an area in the medical field that doesn't have an ethical aspect. There are religious ethical issues relating to abortion and when life begins, the end-of-life, genetic medical developments like human cloning, the use of reproductive technologies, organ donation and many more. The religious views on these issues may be quite different from those of some of the professionals in the medical field.

Currently, medical research studies are conducted in areas that have diverse socio-economic, cultural, and religious settings. Differences in culture and values between the researchers and subjects or community leaders can lead to bio-ethical conflicts. In order to find an amicable solution, each party needs to understand the moral codes and ethical constructs that form each other's opinion. Researchers must negotiate multiple barriers in order to carry out studies in an ethical and less conflicting manner.

Prof Solomon Mpoke, PhD, MBS

Director KEMRI

BIOETHICS AND RELIGION

By Rev Phillip Owuor

KEMRI ERC Member

Every society is influenced by its history, beliefs and values. We need to learn about African history to be able to understand and address its present political and economic condition. Similarly, we need to appreciate the ethical values and beliefs that guide moral actions of any society and in specific Christian society.

Ethics and Morality

The term "ethics" and "morality" are so closely related that the Oxford Advanced Learners Dictionary 7th Edition defines "ethics as Moral principles that control or influence a person's behavior" "A system of moral principles or rules of behavior". Some people use the term as if ethics relates to the theoretical study of right and wrong, good and bad, while morality relates to actual behavior; the living out of what one believes, to be right and good.

James William McClendon wrote:

When a distinction is made, "Morals" nowadays refers to the actual human conduct viewed with regard to right and wrong, good and evil, "ethics" refers to a theoretical overview of morality, a theory or system or code. In this sense, our morality is the concrete human reality that we live out from day to day, while ethics is an academic view gained by taking a step back and analyzing or theorizing about (any morality)."

PERSONAL AND SOCIAL ETHICS

A distinction is often made between personal ethics and social ethics. Personal ethics deals with an individual's obligations or duties; what is required of them as is common with most western societies. In the west, individual desire, satisfactions, decisions, and accomplishments are generally deemed to take precedence over those of the community. Social ethics on the other hand, deals with community morality and emphasizes communal values and interpersonal relationships. This is common within the African society. Values are underlying fundamental beliefs and assumptions that determine behavior. In Africa and the West, these beliefs and assumptions have remained unchanged even after religious conversion. Thus, many African societies may have converted to Christianity, but the assumptions that determine how they act morally remain communally based.

Professor John Mbiti in his book, 'African Traditions and Religions' said, "The African is notoriously religious". Although the African is notoriously religious, he is also notoriously traditional in his beliefs.

Good and Practical Ethics

For both good and ethical practices the key question to be answered is always; what would be the morally correct action in a particular situation? The starting point for good ethics is the development of good character traits. A person is good if he or she has virtues and lacks vices. The cardinal virtues were traditionally defined as wisdom, courage, temperance, piety and justice and these are seen as the source of all other virtues.

Aristotle (384-322 BC) was a strong proponent of ethics as the source of true happiness. He distinguished between intellectual virtues, which can be taught, and moral virtues which are only learned by practicing right living. Good deeds and right actions will produce right habits and lead to the development of a strong and good character. (2) A good example of virtue ethics was theologian Anton Boisen. Anton had been hospitalized for psychotic breaks from 1920-1922 and during his hospitalization he felt a calling to break down the divide between religion, ethics and medicine. He believed that certain types of schizophrenia could be understood as attempts to solve problems of the soul. For Boisen, crises periods in life had creative possibilities. He associated crisis with religions "quickenings". He writes, "the balance, we are likely to think and feel intensely regarding the things that matter most. Amidst such circumstances new ideas flash into the mind so vividly, they seem to come from an outside source."

ANTON BOISEN'S THEOLOGY

Anton Boisen wrote a practical and challenging book, 'Religion in Crisis and Custom' in which he said,



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"As individuals come face to face with the ultimate realities of life and death, Religion, Ethics and Theology tend to come alive" This became a shaping vision throughout his life. He believed that "Religion has always been concerned with the motivating beliefs of people regarding their origin and destiny and their relationship to the universe. It deals with the supreme in the hierarchy of desires and values and with the choices that favour or impede maximum self realization".

Contemporary Ethical issues evolve around several areas that include the church and state, war and violence strikes, poverty, corruption, fund raising, marriage and family issues such as: procreation, infertility, reproductive technologies, contraception, human cloning among others. Christian Roman Catholicism and many conservative Christian denominations as an example have stood against human cloning and the cloning of human embryos, due to the rooted conviction that life begins at conception and the soul gets into the body only by this way. Since humans have no moral authority to create life in any way as that role is preserved for the ultimate creator: God. He is the only creator and any act of creation depends on Him.

Ethical Implication of Cloning

In Bioethics, the ethics of cloning refers to a variety of ethical positions regarding the practice and possibilities of cloning, especially human cloning. Perspectives on human cloning are theoretical as human therapeutic and reproductive cloning is not currently commercially used. Animals are currently cloned in laboratories and in livestock production. (3).

Advocates support development of the therapeutic cloning in order to generate tissues and whole organs to treat patients who otherwise cannot obtain transplants, (4) to avoid the need for immunosuppressive drugs (5) and to stave off the effects of aging (6) .Advocates for reproductive cloning believe that parents who cannot otherwise procreate should have access to this technology (7) Opposition to therapeutic cloning mainly centers around the status of embryonic stem cells, which has connections with the abortion debate (8). Some opponents of reproductive cloning have concerns that technology is not yet developed enough to be safe, for example, the position of the American Association for the advancement of science as of 2014 (9) while others emphasize that reproductive cloning could be prone to abuse leading to a generation of humans from whom organs and tissues would be harvested(10,11)and have concerns about how cloned individuals could integrate with families and with society at large (12,13). Religious groups are divided with some opposing the technology as usurping God's place and to the extent to which the embryos are used, destroying a human life whereas others support therapeutic cloning's potential life saving benefits (14)

Further Reading

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9. ^"AAAS Statement on Human Cloning"(http://www.aaas.org/page/american-association-advancement - science-statement-human-cloning)
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14. ^Bob Sullivan, Technology correspondent for MSNBC. November 262003 Religions reveal little consensus on cloning - Health - Special Reports - Beyond Dolly: Human Cloning(http://www.nbcnews.com/id/3076930/#.UqzUNmRDuxg)
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EUTHANASIA

By Martin Wangombe
Communications student
Moi University

"Think of all those ages through which men have had the courage to die, and then remember that we have actually fallen to talking about having the courage to live."

G.K. Chesterton, George Bernard Shaw

"O, let him pass. He hates him that would upon the rack of this tough world Stretch him out longer."

Shakespeare

For the purpose of this discussion, these definitions may be useful:

Euthanasia, (*a conflated term which may sometimes be treated legally as different from physician assisted death*): The process of intentionally ending a life as a relief from pain and suffering. The word traditionally meant a good or an easy death but the definition has varied slightly over the past few years.

Palliative care: Care offered by physicians or health-care workers to alleviate the pain and suffering of a patient suffering from a serious ailment with the aim of improving their quality of life.

Nothing sparks more flames than discussions on life and death and perhaps the crux in this imperfectly weighing boat is our understanding of the nature and meaning life. This debate should include retrospect (looking at the cultures, traditions and norms that we held), the present (the extent to which they have changed and our willingness to re-draw the lines) and the future (the social, economic and normative effects.) The media, the purveyor of all things newsworthy (arguable) have for a long time portrayed euthanasia as an individual decision with effects on the individual only but matters of this magnitude may apart from being prone to abuse, have an effect on our values and beliefs, and the tender strands that hold the fabric of a society together. All religions tend to be pro-life and battling for the other team are 'pro-life-till-you-decide-you-don't want to live-anymore'. Let's look at this debate and maybe you'll find out where you lie. Pro-euthanasia parties argue that human beings are accorded autonomy and bodily integrity as seen in previous court rulings in favour of abortion, marriage and family relationships. They argue that a mentally competent person should be given the right

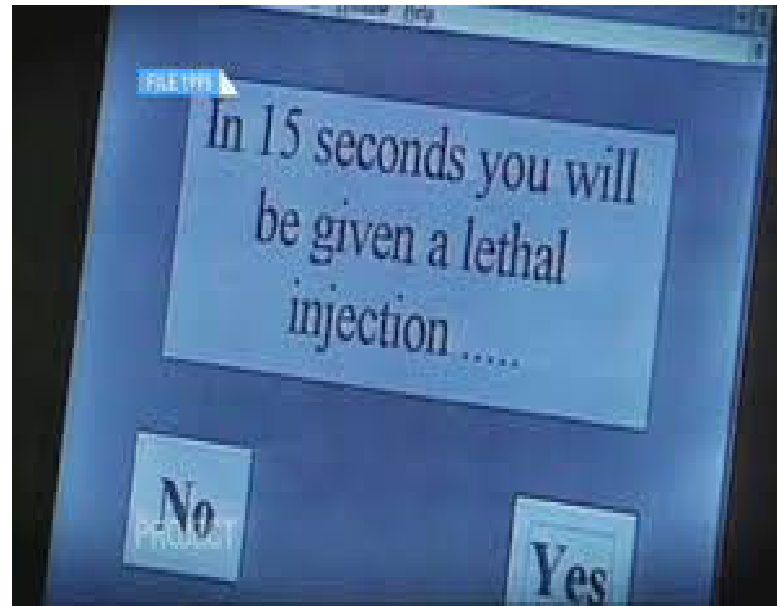


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to end their life and to avoid the suffering they're already going through. This can be seen as a natural extension of the law that allows one to refuse/terminate potentially life-saving treatment citing that there is no significant difference between the two. The religious argument against that is that the laws have continued to rule against assisted suicide time and time again and that one's right to refuse treatment is different from physician-aided-death!

The European Declaration of human rights assures the right not to be forced to suffer and some argue any person should be accorded the right to choose not to suffer any more and to end their life just as fervently as action taken against one who ends another's life without their consent. The religious stand antagonizes the notion that these laws are government mandated. Rita Marker an Executive Director at the International Task Force on Euthanasia and Assisted Suicide asks whether the rules against selling expired food would against the same standards be considered a law that allowed starvation. They argue that laws against euthanasia are for the protection of people against unscrupulous doctors and others and have never been there to support suffering.

Euthanasia might be the first step in a slippery slope that we slowly descend into. Euthanasia when first legalized in some countries started with strict legislation but slowly the noose has been loosened and now in some countries like Netherlands, it's allowed for broad socio-economic problems and it is said there are plans to expand its scope to include loneliness and poverty. *Assisted suicide is a half-way house, a stop on the way to other forms of*

EUTHANASIA ?

“No--we’re not going to kill anyone.”

[We’ll just let them die.]

Photo by freedomkeys.com

direct euthanasia, for example, for incompetent patients at the time of death but had given advance directive earlier or suicide in the elderly who would be physically unable to accomplish the deed without help. So, too, is voluntary euthanasia a half-way house to involuntary and non-voluntary euthanasia. If terminating life is a benefit, the reasoning goes, why should euthanasia be limited only to those who can give consent? Why need we ask for consent?”

The other side asserts that the slippery slope argument is circumstantial and just as good as the cults which prophesy the end of the world then come out afterwards and realize that the moon didn't turn red after all. They argue that such arguments are speculative with no facts to back it up.

“I will keep them from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.”

This is an excerpt from the original Hippocratic Oath, and both original and modified versions are used to induct and swear in new medical doctors as they join the profession all over the world. The oath recognizes the dignity and mystery of human life in itself and this guides the physician's restraint as opposed to the patient's wants or his compassion or opinion. The doctor handing the patient poison on his request goes against the spirit of that oath that is used as a moral compass for the doctors. “If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.” That's an excerpt from the modern version of the same oath. Supporters argue that “do no harm” should be interpreted and that if prolonging the suffering on an ailing person can be justifi-

fied as doing no harm. They also argue that the modernization of the Hippocratic Oath, recognition not being binding and has not been taken on by some institutions, has recognized the changes in our attitudes and has slowly changed. The revised versions have broader clauses which are subject to diverse interpretation.

In a utilitarian society focused on public spending and the cost of healthcare, some maintain that pragmatism in resource management would favour euthanasia over the spending on palliative care. The cost of euthanasia medication is far much cheaper than the caring for the terminally ill so the argument is made that we'd rather be spending money on the people who can easily be treated as opposed to (excuse the callousness) those who will surely die with or without medical intervention. Critics insist that healthcare spending has never been based on a zero sum (a situation where a loss on one side, is a gain for the other side) model. It's also a pretty morally demanding issue to determine who deserves treatment and who doesn't. Who would have the authority to determine a person's worth? Is a terminally ill person worth less than a person with a curable disease?

The strongest standing religious argument is that life is the ultimate gift from God. We have stewardship but not total dominion over our life. This is represented in the fact that we strive to take care of our bodies and health by all means possible through what we eat, our lifestyles and by seeking medical intervention. Universalists however argue that they recognize the value of human life and the intrinsic dignity that comes with it. They believe it as an affront to human dignity to extend the life of a person longer than they deem necessary if they suffer from great mental or physical disadvantage and there is no cure or improvement in the foreseeable future. The burden of proof has in the past decade moved from those supporting euthanasia to those opposing it. The challenge of producing tangible evidence is also stacked against the euthanasia opponents. Proponents can use arguments based on inherent right to dignity, failure of palliative care to offer substantial relief, the argument that doctors are secretly doing it anyway and they can get polls and surveys to support their point. The arguments against euthanasia can be seen to be circumstantial without factual backing and they are on the back foot on this one. The recognition of this is paramount to be able to make a balanced choice on the way forward. The debate rages on and may birth a deeper, perhaps more revealing debate; which of the two world views of great dissimilitude will shape our cultural and normative paradigms as we

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ABORTION AND RELIGION

By Daisy Kadenyi

ERC

Religion

Over the years, the abortion debate has ignited arguments with both pro life and pro choice critics defending their stand on the practice. In order to understand abortion and religion, it is vital to define both terms.

Religion is an important aspect of life. It influences a great number of things. People all over the world are not always clear on what a religion really is.[1].We must understand that there are several key aspects that make a religion, though the details might vary, hence there is no firm agreement as to what religion is.

Religion is a belief system which uses symbols to allow people to explore their spirituality. Most religions rely on narratives and symbols



Photo by www.nrp.org

that are used to offer a meaning to life or to explain certain things such as how the universe came into being among other things. It is worth noting that most religions have an ethical component that teaches people how they are expected to live. However there is a variation within this as exhibited by the number of religions that exist in the world. Therefore there is no firm agreement on what constitutes a religion [1].

An aspect of religion that applies in all cases is the fact that it is a public process; having a personal belief system does not make it a religion. By definition a religion is an organized activity that involves other people. Most religions have a hierarchical system (with priests and bishops or teachers of some kind), a specific place of worship, and other activities such as festivals that are part of the process though none of these is a strict requirement. The only requirement is that the religion should be a belief system that is held by a group of people who publicly share that religion. .

It is worth noting that different religions have developed in radically

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advance in the 21st Century. Our cognition, rationale and logic are seen as the distinguishable human attributes and the value of arguments is based on them but as long as you believe it, you can argue for it and make it the new gospel; your gospel, at least. In essence there is nothing such as a neutral argument. Our selves are laced with fragments of toys we played with when we were five and the concert we never went to when we were twenty. Whichever way your sway is held, be sure to look the other way for just but a while so see which ship will land first.

Further Reading

- <http://www.abc.net.au/religion/articles/2013/05/24/3766685.htm>
- <http://euthanasia.procon.org/view.resource.php?resourceID=000126>
- http://grisham.newsvine.com/_news/2012/01/11/10104808-euthanasia-and-religion
- <http://www.sanjuan.edu/webpages/kgonzalez/files/pros%20and%20cons%20of%20euthanasia.pdf>

different ways with the differences largely being cultural. The greatest difference in religions is the fact that some put emphasis on belief whereas others emphasize on practice. Another key difference in religions is that some are universal while others are not. This means that the belief is that the laws of a particular religion should apply to everyone while in some scenarios the belief is that only certain people should be bound by the laws.

There are also many different religions that believe in many different gods. In conclusion a number of religions that are practiced worldwide have common backgrounds; hence the differences between them are not that enormous. This however has not prevented adherents of these religions from fighting with each other.

Abortion

Abortion is the termination of a pregnancy after, accompanied by, resulting in or closely followed by the death of the embryo or fetus. Abortion can be spontaneous or induced.

A spontaneous abortion is often referred to as a miscarriage that is any pregnancy that is not viable or in which the fetus is born before the 20th week of pregnancy. A spontaneous abortion occurs in at least 15-20% of all recognized pregnancies, and usually takes place before the 13th week of pregnancy. This type of abortion can be due to an intrinsic problem with the fetus, the uterus of the mother or sometimes the factors are unknown[2].

An induced abortion is the deliberate termination of pregnancy in a manner that ensures that the embryo or fetus will not survive.[3] The attitudes of society towards induced abortion have undergone marked changes in the past decades. In some circumstances the need for termination of pregnancy is accepted by most, but for other circumstances however political and medical attitudes with regard to induced abortion have differed with changing philosophies. Numerous religious concepts have also remained unchanged thus result-

ing in personal, medical and political conflicts.

Issues have been raised in the abortion debate. Supporters of abortion commonly referred to as pro-choice argue that women have the moral authority to decide what to do with their bodies. Furthermore, that the rights for abortion are vital for gender equality as well as for the purposes ensuring women achieve their full potential. Proponents continue to say that banning abortion only puts women at a greater risk by forcing them to use illegal and sometimes unsafe abortionists. They claim that the right to abortion should be part of a portfolio of pregnancy rights that enables women to make a free choice on whether or not to end the pregnancy. They also argue that women should be regarded as people and not 'containers' for fetuses, hence their rights also need to be given due consideration.

Abortion and Religion

Most religions have taken a position on abortion, with most not condoning abortion on demand as acceptable. The belief is that this issue encompasses profound matters of life and death, right and wrong, human relationships and the nature of society hence making it a religious concern. The concern is that those involved in abortion (procuring and providing) are not only affected emotionally, but spiritually as well. Some may turn to their faith to seek advice and comfort and to find a way to deal with feelings of guilt, if they have them. Abortion in the religious circles is not just a matter that concerns a human being and their conscience; it is something that concerns a human being and their God. [4].

It is estimated that over one thirds of pregnancies across the world are unplanned. Women are affected differently by unplanned pregnancies. Each woman's circumstances are unique as well and there are reasons why a woman would be uncomfortable to carry a pregnancy to term. Although some religions oppose abortions in all circumstances, it is important to note that many religions recognize various reasons that might influence a woman's decision in proceeding with a pregnancy hence there are cases where some religions allow abortion to be conducted. However, most still concur that abortion is a last resort and teach that procuring an abortion is a serious decision which should not be taken lightly.

Not all religions define a particular moment when life begins, however particular religions like Buddhism, Sikhism and Catholic denomination in Christianity, teach that life begins at fertilization.

When it comes to the issue of the person with the greater right to life: the fetus or the woman, varied religions have different views towards this. The Roman Catholic Church states that abortion is the deliberate ending of a pregnancy and is not acceptable even to save the life of the woman, however life-saving treatment can be performed on a woman even if it will result in the death of the fetus, hence in such a scenario the woman has a greater right to life than the fetus. A number of religions that firmly oppose abortion such as

the Greek and Russian Orthodox churches, Hinduism as well as Orthodox Judaism would still choose to save the life of a woman at the cost of the fetus. These religions argue that abortion is acceptable to save a woman's life [5]

It is worth noting that most religions teach about the sanctity of human life. The Judeo-Christian tradition has always valued human life. [6] This is illustrated in many ways. The Bible in the book of Luke chapter 1, verse 39 to 41 states "At that time Mary got ready and hurried to a town in the hill country of Judea, where she entered Zechariah's home and greeted Elizabeth. When Elizabeth heard Mary's greeting the baby leaped in her womb and Elizabeth was filled with the Holy Spirit". Psalm 139 verse 13 to 16 describes the formation of the unborn baby; "For you created my inmost being; you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place. When I was woven together in the depths of the earth, your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be." The Didache (the teachings of the twelve apostles) states that "You shall not kill the child in the womb or murder a new born infant". In Genesis 25: 21-22, "Isaac prayed to the Lord on behalf of his wife because she was barren. The Lord answered his prayer and his wife became pregnant. The babies jostled each other with her....."

The Catholic Church opposes abortion. It believes that human life is sacred. The late Pope John Paul II in 1995 wrote an encyclical letter, the Evangelium Vitae (the gospel of life), in which he categorically spoke on the sanctity of human life from its very beginning and the struggle between culture of life and death [6]. A number of protestant denominations have had slightly different opinions concerning abortion.

Islam disapproves of killing other humans [7]. Chapter 6 verse 151 of the Qur'an states, "Say, Come I will recite what your Lord has prohibited to you (He commands) that you not associate anything with Him, and to parents, good treatment, and do not kill your children out of poverty; We will provide for you and them. And do not approach immoralities- what is apparent of them and what is concealed. And do not kill the soul which Allah has forbidden (to be killed) except by (legal) right. This has He instructed you that you may use reason". On whether abortion is a form of killing a human, the Qur'an does not make any explicit statements on this. Nevertheless, the Surah (17:31) warns believers in general: "Kill not your children for fear want. We shall provide sustenance for them as well as for you. Verily the killing of them is a great sin". Islam approach to birth control and abortion is balanced. It allows women to prevent pregnancy but forbids them to terminate it. The Shari'ah allows abor-

tion only when doctors declare with certainty that the continuation of pregnancy will endanger the woman's life. This permission is based on the principle of the lesser of the two evils known in the Islamic legal terminology as the principle of al-ahman wa 'l-muhimm (the more important and the less important). The Prophet said, 'When two forbidden things come (upon a person) together, then the lesser will be sacrificed for the greater.' Some Muslims also argue that abortion is permissible if the fetus is younger than four months (120 days). as it is believed that the soul enter the mass that is forming then.

Judaism does not forbid abortion, and it does not permit it on demand. It expects every case to be considered on its own merit and the decisions to be taken after consultation with a rabbi competent to give advice on such issues[8]. Strict Judaism permits abortion in cases where continuation of the pregnancy would put the mother's life in jeopardy. Judaism has a supreme concern for the sanctity of life. According to the Mishnah (Sanhedrin 4:5), "whoever destroys one life is as if he destroyed a whole world, and whoever preserves a life is as if he preserved the whole world." Jewish law is more lenient concerning abortions in the first forty days of the pregnancy as it considers the embryo at this stage to be of low value. Abortions due to defects in the fetus or to protect the mental health of the mother are forbidden by some schools of Judaism and permitted by others under conflicting circumstances. In conclusion, in Judaism, the argument for allowing abortion is based on the pain that the mother will endure if the pregnancy is allowed to continue.

Buddhists have varying views on abortion. They however believe that life should not be destroyed. They regard causing death as being morally wrong especially if it is deliberately as a result of negligence. Traditional Buddhism rejects abortion as it involves the deliberate destruction of life. Buddhists regard life as starting at conception. Modern Buddhists are divided about the morality of abortion. The Dalai Lama stated, "Of course abortion from a Buddhist viewpoint is an act of killing and is negative, generally speaking but it depends on the circumstances. If the unborn child will be retarded or if the birth will create serious problems for the parent, these are the cases where there can be an exception. I think abortion should be approved or disapproved according to the circumstance". (Dalai Lama, New York times 28/11/1993)

Hinduism medical ethics stem from the principle of non-violence.

In matters of abortion, the Hindu way is to choose an action that will cause least harm to everyone involved [9]. Generally Hinduism is opposed to abortion except when the mother's life needs to be saved. Traditional and most modern Hindus view abortion as a violation of the duty to produce children for purposes of continuation of the family lineage and to create new members of the society. A number of Hindus regard procreation as a public duty and not an individual expression of personal choice. However abortion is still practiced in the Hindu culture as the religious ban is overruled by the cultural preference of sons in the society.

Non religious views on abortion are also varied. For instance, there are atheists who are pro-life supporters. They view abortion as a violation of human rights and they hold pro-life opinions. Doris Gordon founder of Libertarians for life expresses that, "The purpose of abortion is not merely pregnancy termination; its purpose is to kill, to take the life of a prenatal human offspring ..."

The teaching of a religion is not always reflected in the ways its members live their lives. A number of people want to make their own decisions based on their individual conscience and situations. To them, it does not matter if what they practice does not fit in their religious teachings and faith. Abortion for instance, is performed in every culture as well as globally despite the fact that it does not relate to the religious beliefs or laws of a country.

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Learning Research Ethics in Pakistan: The CBEC Experience

By Miranda Barasa

KEMRI SSC

"If you desire to witness reverberating, then it is you who must utter the first word" The first word has been uttered".

This is an Urdu-to-English translated quote that was posted on one of the walls in the administrative office of the Centre for Bio-medical Ethics and Culture (CBEC) in Karachi Pakistan. At first I did not quite understand the meaning of this quote but after a few days at CBEC, the meaning was obvious. CBEC is housed within the Sindh Institute of Urology and Transplantation Medicine (SIUT) which provides free treatment for kidney and liver disease conditions. My colleague (James Nguya) and I had the opportunity



Faculty members with the course participants

to attend a two week certificate course in Public Health and Research Ethics at the CBEC. This certificate course was the first of its kind and was nested within the Post-graduate diploma course in Bioethics. The itinerary for the course and reading materials were sent to us a few weeks prior to its commencement so that we could familiarize ourselves with the content. It was clear from the material sent that this was going to be a rigorous and intensive course. The first thing that hit me when I stepped out of Jinnah International Airport in Karachi was the searing heat at 1 am morning. I wondered how much hotter it would get during the day. CBEC had graciously sent one of the SIUT doctors to receive us and take us to the residential flats. The level of hospitality accorded to us was impressive making me more excited to start the course. The sessions began with a two-day workshop on various concepts in Research Ethics. Participants came from within Pakistan, Iran, Sri Lanka and Kenya and included researchers, doctors and staff working in Ethical Review Committees. I can describe learning at CBEC-as very different. It moves away from the traditional teacher –student approach to more interactive experience. The facilitators were not like your typical facilitators who stood at the front of the class and taught but instead they

easily blended in with the students ensuring the sessions were interactive. The continuous flow of tea in the air-conditioned lecture rooms with the facilitator's insistence on the use of microphones during presentations was characteristic of the classes. We also had a chance to learn from the presentations made by the PGD 2014 class students who introduced to us interesting concepts like eugenics and bio-banking. All the sessions were interesting but what caught my attention were the sessions on the ethics grand rounds, a simulation exercise for informed consent and research ethics in social sciences. During the sessions, we differed in opinions and at the end the facilitator steered the debates into an objective conclusion. The teachers encouraged us to think beyond the obvious and engage in healthy ethical discourse. I went expecting to gain knowledge but in the end I realized that I was equally expected to provide knowledge and insight. I must admit that not only were the sessions and lectures at CBEC an enriching experience but also the culture and people I met in Karachi. I was touched by the kindness and generosity of my classmates and their understanding even as my colleague and I tried to learn the culture. The most alluring thing about CBEC is the application of ethics to all aspects of their lives and not just research. Ethics and religion cannot be separated and I was impressed by the integration of research ethics not only into the teachings of Islam which is their dominant religion, but also to other religions including Christianity and Buddhism among many others. The interaction with the other students during the sessions at CBEC also made us realize that despite our differences in nationality, skin colour, religion, culture and language, the problems we face in our societies are similar and that we are more alike than we thought. This is why I feel that introducing a similar programme is something KEMRI can adopt especially with regard to capacity building in research ethics. I learnt a lot during my time at CBEC, from the importance of ensuring that research is conducted ethically to what it means to be committed to and having a passion for Bioethics. I am grateful to the wonderful faculty at CBEC, especially Dr. Farhat Moazam, Dr. Aamir Jaffrey and Ms. Anika Khan for their guidance during the course. They made our experience unforgettable.

KARACHI: A ONE OF A KIND EXPERIENCE

*James Nguya,
CBEC-SIUT Certificate Participant, 2014,
ARO (KEMRI ERC Secretariat)*

The journey began with an email from Prof. Elizabeth Bukusi to my colleague, Miranda Barasa and me. She explained that KEMRI wanted to sponsor two members of the ERC Secretariat to the Centre for Biomedical Ethics and Culture, Sindh Institute of Urology and Transplantation (CBEC-SIUT) in Karachi, for a Certificate Course in Research Ethics. I gladly accepted the opportunity. We took a Qatar Airways flight to Karachi, Pakistan via Doha, Qatar. We then took the next flight for Karachi, Pakistan. On arrival at the PK Jinnah International Airport in Karachi, we got a warm reception by Dr. Aamir Jeffery, a faculty member of CBEC-SIUT. The Research Ethics Module officially commenced on Monday morning, with a session facilitated by Dr. Farhat Moazam, head of the CBEC-SIUT. The morning session involved a discussion on "what is ethically wrong is wrong no matter the circumstances". The sessions were interactive as we critiqued various concepts in the ethics field. Issues such as imperialism, ethical relativism, cultural relativism and contemporary bioethics were raised in the discussions. We deliberated on research involving human beings and from this a debate on experimenting on one's self as well as examples of people who had performed research on themselves or their children and the ethical dimensions of the same ensued. I realized the impact of experiments conducted on children and spouses. Would research ethics committees approve such research in this modern age? Later in the afternoon we did a Collaborative Institutional Training Initiative (CITI) at the University of Miami. This is an online Eth-

ondary COI for both the physician and the researcher could be financial, personal such as academic achievement and institutional where there could be financial gains for the institution. I learnt that it was unethical for secondary interests to override the primary interests in an effort to influence the outcome of research or treatment. During the course, we deliberated on Ethic Review Committees functionality in detail, from the selection process, how they work, their Terms of Reference (TORs), confidentiality as well as the ERC Secretariats. The ERC at SIUT which is led by CBEC-SIUT has a Co-Chair and Dr. Aamir as the Secretary. In CBEC, the secretary, Dr. Aamir looks at the proposals and decides those which fall in the category of exempt then reports at the next ERC meeting. An interesting side to note was that ERC committee membership may bring about opposition from fellow workmates since some view issues raised by the members as inconvenient and unnecessary. 15 students, pursuing their Post Graduate Degrees on Bioethics made presentations and one presentation that captured my attention was on, 'Ethics of Placebo-controlled Studies'. After this presentation, various arguments arose on the ethical dilemmas in provision of a placebo to a suffering patient. We later watched a movie on the consenting process and thereafter, we went through essentials of Informed Consent--voluntariness, disclosure and comprehensibility.

Another interesting discussion ensued on conflict in the Kenyan context against the backdrop of the terrorist attacks on public transport (two matatus) Nairobi's Thika Road. We got the Sri Lankan perspective from Dr. Kolambage. The conclusions drawn from this debate were: people have multiple identities, lack of justice in society leads to a bad society and it is inappropriate to profile any group people. The training was culminated with a keynote address by Dr. Alistair Campbell on "Ethical Challenges in Bio banking". Some practices that can be derived from this training are: the use of interactive methods and videos to assist in preparation of presentations in seminars and workshops. It was a thrilling two weeks of intensive learning, with lovely and amazing hosts.



One of the trainings session in progress

ics Course that KEMRI investigators are also required to complete. Conflict of Interest (COI) is an important ethical aspect in research, I learnt that the primary COI for a physician is the patient's well-being whereas that of a researcher is research integrity. The Sec-

Bioethics Quiz Challenge

1. According to the Belmont Report, the moral requirement that there be fair selection of research subjects, expresses the principle of:
 - A. Non-maleficence.
 - B. Justice.
 - C. Beneficence.
 - D. Respect for persons.
2. According to the Belmont Report, implementing the principle of respect for persons involves
 - A. Providing compensation that is commensurate with time requirements.
 - B. Ensuring that risks to subjects are no more than minimal.
 - C. Ensuring that subject selection is fair.
 - D. Making it clear to subjects that they may withdraw from a study.

Send your answers to DDRT @kemri.org

The first two correct respondents will be awarded a prize.

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