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Practice of Clinical Ethics in Developing Countries: About Time to Revisit

Introduction

The term "clinical ethics" has been in use in American medicine for over 40 years. It denotes a structured methodology to analyze and solve ethical issues in clinical practice. The term, however; remains hidden from popular use in practical medicine in many developing countries.[1] Some countries, mostly in developed parts of the world, have already embraced the concept earlier than others, mostly low- and middle-income countries. It is beyond the scope of this viewpoint to review the status in the former group of countries with any degree of detail other than a few learning points. We instead wish to open the door for further discussions of the issue to stimulate medical communities in developing countries to consider their possible needs and models of implementation.[2] Needless to say, that we are not referring here to ethical or moral standards of individual physicians in any shape or form.

Clinical Ethics in Practice

In the practice of medicine, doctors face ethical concerns on a daily basis. They have to deal with issues of informed consent, heroic treatments, social differences, futile efforts, scarce resources, and much more in a continuously changing manner. The development of clinical ethics committees (CEC's) was a landmark event in the progress of the clinical ethics practice.[1-3] The Americas and European countries have been the most prominent considering the establishment of CECs. However, the majority of the Eastern Mediterranean region and Southeast Asia region countries are only beginning to establish these committees in their hospitals.[1] CECs are different from Institutional Review Boards (IRBs), which evaluate and approve clinical research proposals from an ethical viewpoint. Table 1 highlights the salient differences between the two types of bodies.

Clinical ethics committees help clinicians with the ethical challenges they face during their practice. They also support health-care professionals unifying their approach to ethical issues. They may also help in ameliorating tensions between families and the treating team about the continuation of the treatment and the definition of futile state.[1-3] Dealing with such issues help families understand the situation better and may even decrease the chances of medicolegal concerns.

Current Status of Clinical Ethics in Developing Countries

It is widely accepted that health-care ethics is neglected in clinical practice in developing countries.[1] A quick search in the online PubMed database for clinical ethics detected 87,283 records in 10 years; this went down to 1214 records only when the search term "developing countries" was added. Two studies assessed the knowledge, awareness, and practice of health-care ethics among health-care professionals. Singh *et al*. observed a significant difference in the knowledge, awareness, and practice of ethics among consultants and senior registrars.[4] Adhikari *et al*. demonstrated that considerable proportion of doctors and nurses were unaware of three major documents on healthcare ethics, which are the core principles in clinical practice.[5] In some regions such as Africa, many people lack adequate resources, access to qualified health personnel, and reasonable health care. In such areas, it is difficult to focus on clinical ethics even though it is really needed. Therefore, it would be more important to have deliberate efforts to train present and future health-care providers about core moral virtues required for good clinical practice. Thus, they will be sensitive to the ethical values of their patients, their families, and the society.[6]

Communities, who explored, researched, and implemented CEC's have made their choices and established CEC's as

Table 1: Different scope of work of Institutional Review Board and Clinical Ethics Committee

Aspects	IRB	CEC
Purpose	Protection of human subjects of biomedical and behavioral research	Resolution of ethical dilemmas encountered in clinical practice
Status	Mandatory requirements for conduct of research on humans and animals	Optional resource to seek advice and support
Primary function	IRB's provide an independent review of research proposals to determine whether they fulfill ethical standards	Education, development of hospital policy, and ethical case consultation
Work style	IRB's determine the acceptability of a research project regarding regulations, law, and standards of professional conduct and practice	CEC's assist health-care professionals and their patients achieve mutually acceptable decisions when dilemmas about care arise
Follow-up role	Suspension or termination of research projects not being conducted properly	Develop protocols as resources to help deal with common scenarios
Benefit to professionals	Protects from conflicts that may arise between concern about the pursuit of knowledge and the welfare of human subjects	Support professionals and their patients achieve mutually acceptable decisions when uncertainties arise about care choices

IRB's: Institutional Review Board's, CEC's: Clinical Ethics Committee's

part of the clinical practice setup. However; in developing countries, CEC's may initially be viewed with skepticism and concerns. Such communities are in the same situation as the UK over 20–30 years ago. Singer *et al*. wrote in 2001 revisiting their view from a decade prior "We said that the goal of clinical ethics was to improve the quality of patient care by identifying, analyzing, and attempting to resolve the ethical problems that arise in practice."[3] Medical communities who are still in those early stages today cannot act based on other countries clinical ethics. They need to find their own needs and comfort zone. They need to explore, research, and figure out their cultural needs and method of implementation. Hence, local data are required. Ethicists, staff, doctors, and health-care organizations in such countries need to unite and start such research projects to come to their local conclusions and implement the approach that fits their cultures.

Conclusions

Clinical ethics issues are present in developed countries as well as in developing countries. However; ethics, in general, is not a form of manufactured goods can be bought off the shelf or copied and pasted unchanged. It is a discipline that needs to be developed locally with some use of previous efforts of researchers from other cultures. When it comes to clinical ethics, the same principle applies.

There is a clear need for developing countries explore the interest of health-care providers and allow interested individuals to take formal ethics courses and appoint them in different committees. Of course, education is vital, and members need to be prepared by adequate courses and networking with other scholars to benefit from their experiences and pitfalls. It will require the cooperation of multidisciplinary teams from universities, ministries of health, ministries of education, and many other agencies.

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Conflicts of interest

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Compliance with ethical principles

Ethical approval not required.

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