CONFERENCE PROCEEDINGS.....

National Bioethics Conference, 25–27 November 2005, Mumbai, India

The first National Bioethics Conference in India was held from 25 to 27 November 2005 at the YMCA and Rail Nikunj, in Mumbai, India, under the aegis of the *Indian Journal of Medical Ethics*. Twenty institutions from all over the country participated in organising the conference, including All India Institute of Medical Sciences from Delhi, King Edward Memorial Hospital, Forum for Medical Ethics Society and Jaslok Hospital from Mumbai, National AIDS Research Institute from Pune, Institute of Legal Medicine from Chennai, and Christian Medical College from Vellore among others. More than 400 delegates from all over the world attended the conference. It was interesting to see that the participants were from different areas of healthcare delivery, although the pharmaceutical sector, I felt, was under-represented, and that they sat through the sessions till the last day.

The theme of the conference was “Ethical challenges in health care: global context, Indian reality”, with the focus on four sub-themes: ethical challenges in HIV and AIDS; ethics of life and death in the era of high-tech healthcare; ethical responsibility in violence, conflict and religious strife; and ethics and equity in clinical trials.

HIV was a major issue discussed during the presentations at the conference. Testing of patients for retroviral status has always been a topic of interest.^{1–3} Issues that were relevant to the testing of individual patients before surgery and treatment at hospitals were discussed. The discrimination faced by people with HIV at the workplace and in hospitals has been worrying. Utilitarian ethics, devoid of a sound notion of universal justice, encourage discrimination against economically vulnerable patients in developing countries.⁴

The second important theme discussed at the conference was the issue of death with dignity. The definition of dying with dignity identifies both an intrinsic, unconditional quality of human worth and the external qualities of physical comfort, autonomy, meaningfulness, usefulness, preparedness and interpersonal connection. It is helpful to accept the inevitable reality that death is, in Shakespeare’s words, a “necessary end” to all mortal life, and to recognise that defying death with technology can sometimes become an unnatural and degrading activity, however well motivated.^{5,6} The debate on whether we should prolong suffering or permit a dignified death is seemingly without end.

Human beings are exposed to countless extraordinary events provoked by the nature or by themselves. Ethics in

disaster situations were discussed. The panelists for this session were from Pakistan, Sri Lanka and India. Observations and experiences in the aftermath of the tsunami of December 2004 and the recent earthquake were shared. Researchers from Sri Lanka and Pakistan shared the post-tsunami experiences and research from disaster situations when the affected population is most vulnerable.⁷ Special care needs to be exercised to safeguard the dignity and moral rights of the people in times of disaster.

Participants also discussed the mystification of bioethics by theologians, which can result in making elements of grass root ethics uncomprehensible to the average practitioner. Deep concern was evidenced about the commercialisation of trials, with the sponsorship by drug companies and their undue infiltration into the practice of clinical medicine and research. It was believed that there was an urgent need for accreditation and registration of the trials and a strong case for incorporating ethical training into medical education to sensitise future generations to humane practice.

In conclusion, as one of the speakers beautifully put it, “as we usher in the era of cold machines and colder doctors, what we need is more warmth in the human touch”.

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References

- 1 Heywood MJ. Human rights and HIV/AIDS in the context of 3 by 5: time for new directions? *Can HIV AIDS Policy Law Rev.* 2004;9: 1, 7–13.
- 2 Jansen LA. HIV exceptionalism, CD4+ cell testing, and conscientious subversion. *J Med Ethics* 2005;31:322–6.
- 3 Onotai LO, Nwaorgu OG, Okoye BC. Ethical issues in HIV/AIDS infections. *Niger J Med* 2004;13:282–5.
- 4 Botbol-Baum M. The shrinking of human rights: the controversial revision of the Helsinki Declaration. *HIV Med* 2000;1:238–45.
- 5 Gupta A. Why do we try to play God? In: Goel A, ed. *Doctors do cry*. 1st edn. Hyderabad, India: Paras Medical Publisher, 2004.
- 6 Reynolds S, Cooper AB, McKneally M. Withdrawing life-sustaining treatment: ethical considerations. *Thorac Surg Clin* 2005;15:469–80.
- 7 Sumathipala A, Siribaddana S. Research and clinical ethics after the tsunami: Sri Lanka. *Lancet* 2005;366:1418–20.