REPRODUCTIVE HEALTH CARE POLICIES AROUND THE WORLD

Ethical Principles of the Commonwealth Medical Association

INTRODUCTION

The Commonwealth Medical Association (CMA) includes in its membership some 40 national medical associations, nearly all of them in developing countries with an unacceptably low health status, the main underlying causes for which are poverty, sex discrimination, functional illiteracy, malnutrition, and unemployment. The low reproductive health status of women and adolescent girls is of particular concern.

The associated mortality and morbidity are, in the broadest sense, largely avoidable. They include sexually transmitted diseases (including HIV/AIDS infection), violence (including female genital mutilation), obstetric complications, and unsafe abortion. The WHO has recently uprated its estimate of global annual maternal mortality from half a million to 575 thousand, 99% of which occurs in developing countries. Meanwhile, although the overall increase in global population has flattened out, the number of adolescents in developing countries continues to rise. By the millennium 85% of the world's adolescents will be living in developing countries.

TRAINING OF PHYSICIANS IN MEDICAL ETHICS AND HUMAN RIGHTS

The smaller developing countries have no medical schools. Such instruction as their physicians may have received in medical ethics will have paid

no attention to conditions of medical practice in their own countries and little, if any, to the health-related components of the major human rights instruments. Human rights violations are a major cause of ill health in developing countries, particularly those affecting women and adolescents girls. Physicians in such countries are frequently exposed to situations involving such violations, particularly of the Women's Convention (1), which deals with all forms of discrimination against women and the Convention on the Rights of the Child (2), which, unlike pediatrics, applies to adolescents up to the age of 18.

The main reason for ethical regulation of the conduct of physicians is to protect the interests of the health of their patients and of the community rather than their own interests or those of third parties, thereby providing a valuable safeguard against health-related violations of human rights. The CMA became concerned some years ago at the failure of existing codes of ethics to provide physicians in developing countries with the guidance they need. The situation has been compounded by the preoccupation of contemporary ethicists with treating (and teaching) medical ethics as a subspecialty of philosophy, with importations from Judeo-Christian theology, and by the priority given to ethical issues such as cloning, assisted conception, telemetric medicine and other esoteric topics that have little, if any, relevance to developing countries where most of the people in the world live.

THE CMA'S GUIDING PRINCIPLES ON MEDICAL ETHICS

It was for these reasons that the CMA developed guiding principles on medical ethics for physicians

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practicing in such countries (3). The principles have been piloted and have been found to be acceptable to the profession. They differ from other ethical codes in three important respects. First, they are annotated throughout with references to the corresponding human rights instruments. Second, they deal with conditions of practice in developing countries. Finally, they outline the ethical and human rights obligations of physicians to vulnerable and disadvantaged groups in the community. Significantly the UN Secretary General, in his report on Bioethics and Human Rights to the 51st session of the UN Commission on Human Rights (4), quoted several of the CMA's principles, including their commentaries, verbatim and with approval, while expressing the view that, in his opinion, they applied equally to developed countries.

Meanwhile the CMA had drawn attention at the recent series of UN conferences to the need for physicians to be more aware and observant of the ethical and human rights implications of providing reproductive health information and services in developing countries. In 1993 the Vienna Declaration (5), endorsed by the World Conference on Human Rights, named health professionals as a group in special need of instruction in human rights and humanitarian law. During the next two years both the International Conference on Population and Development (ICPD) in Cairo (6) and the Fourth World Conference on Women in Beijing (7) urged governments, in cooperation with NGOs (a term which includes medical associations) to ensure conformity to human rights and to ethical standards in the delivery of reproductive health services, emphasizing specifically the need to obtain informed consent and to observe confidentiality.

The CMA's guiding principles deal with respect for the patient; the patient's right to information; consent to medical procedures; confidentiality; competence to practice; medical emergencies; the care of vulnerable and disadvantaged groups; attendance on persons held in detention; procedures and reports requested by third parties; responsibility to the community; health promotion; relationships with medical colleagues, health workers, and traditional practitioners; and transplantation and medical research.

Guidance on the ethical conduct of medical practice in developing countries includes those arising from functional illiteracy (in some developing countries half or more of their women cannot read); the primacy of the head male in extended families; early

marriage; polygamy (pressure brought by a senior wife who has not produced a son on younger wives to practice contraception); refusal to attend to patients with emergencies who are unable to pay; the health care of vulnerable and disadvantaged groups in the community (which include, besides most women and adolescents in developing countries, refugees, migrants, and indigenous peoples); harmful traditional practices such as female genital mutilation, son preference, and widow inheritance; unsafe abortion; fistulae; violence; attendance at floggings and judicial amputations; prenatal sex selection; medical tourism (illegal donor transplantation); and cadaveric transplantation. Guidance is not included on ethical issues that are not, as yet, of concern to medical practice in developing countries.

TRAINING MODULES

Instruction of established physicians in applying the principles will be carried out through existing continuing medical education programs and in association with events at which physicians are likely to be present such as annual, regional, or district meetings of the medical associations or specialist societies, medical conferences, hospital staff meetings, etc. For this purpose the principles have been clustered into four training modules of approximately 3-hr duration to take into account the limited time that physicians can be absent from their practices.

Each module includes an account of the issues raised by its component principles as well as case studies (a technique with which physicians are familiar), wherever possible derived from actual cases. Special attention is paid to situations in which conflicts are likely to occur between clinical judgment, the legal position, ethical principles, conscientious objection, and human rights. Wherever appropriate, the associated dilemmas are illustrated by the use of role play, to which the CMA has found that physicians readily adapt.

Meanwhile a working group consisting of leading physicians from several sub-Saharan countries, international experts in medical ethics and human rights, lawyers, gynecologists (including a representative from FIGO), members of the Medical Association of Tanzania (which adopted the principles as its ethical code 3 years ago), and a representative of the Licencing Board met earlier this

year in Dar es Salaam to determine the outline of a manual for use by trainers. The manual will contain detailed proposals for continued monitoring and evaluation in each country where training is carried out. The ultimate intention is that, wherever appropriate, attendance at one or more training module should be made a condition of annual renewal of the license to practice. In view of the generally low level of knowledge among physicians in developing countries of medical ethics and human rights, the manual will be drawn to the attention of the authorities responsible for basic medical training.

REFERENCES

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6. United Nations General Assembly: *Report of the International Conference on Population and Development* (Document A/CONF. 171/13). New York, United Nations, para 7.17
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