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Bio-Medical Ethics in India: Challenges Ahead

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Respect for the life of all citizens and ensuring basic health for all citizens should be the primary concern of every nation. Every person has a fundamental right to health and health care. As defined by the World Health Organization, "health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity."[1] The rapid advancement in science and technology, the new researches and findings in medicine, globalisation, the post modern influences, etc., make decisions affecting life and health care highly complicated and difficult. Science claims that it will be possible to make human beings even by asexual reproduction through cloning. In fact, humans live in a world of technological revolution.

Bio-Medical Ethics: Indian Contribution

Indian Church and Indian Moral Theologians are deeply sensitive and profoundly committed to the protection of the sacredness and inviolability of every human life. *Catholic Contributions to Bioethics: Reflections on Evangelium Vitae,* published in 2007 is a testimony of

[1] The World Health Organization, 1948 Constitution (www. Who.int/ governance/eb/who_constitution_en.pdf).

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this sensitivity and commitment.[2] It is a collection of essays discussing various relevant and important biomedical issues of the time. Out of the eighteen essays, seventeen are written by Indian Moral Theologians. The book discusses significantly many important bio-medical issues such as biotechnology, genetic engineering, infertility and assisted reproductive technologies, human cloning, stem cell research, abortion, euthanasia, terrorism, organ donation and transplantation, healthcare in the face of commercialization, etc.

Recent annual meetings of The Association of Indian Moral Theologians selected many bio-medical issues as the topics for discussions, such as terrorism, globalisation, violence against women, etc. The topic for the forthcoming annual meeting, October 29-31, 2010, is ecological concerns. Many researches and studies are undertaken by Indian Moral Theologians in the field of bioethics. *The Fundamentals of Bioethics,* written by Scaria Kanniyakonil, discusses various legal perspectives and ethical approaches used in bio-medical ethics.[3] In his book, *How Did I Begin?*, Archie Gonsalves establishes convincingly that a human life begins at conception. As he argues: "The terms human life, human individual and human person are synonymous. . . . From the time the ovum is fertilized, a new human life begins . . . and from that first instant, there is fixed in it a genetic programme with all the human characteristics which will gradually unfold all its capacities."[4]

Health Action, a National Monthly, published by the Catholic Health Association of India, fosters health, health activism and community development, and deals with topics like Women and Child, Reproductive Health, Safe Motherhood, Health Rights, Mental Health, Nutrition and so on. The August, 2004 and August, 2006 issues of *Indian Journal of Family Studies* deal with biomedical topics. Similarly, April, 2008 issue of the journal, *Integral Liberation: A Quarterly for Justice, Development and Social Change,* addresses Indian Bio-medical paradoxes and challenges. Bio-medical issues like 'war and peace,' 'culture of life' and 'terrorism and global responsibility' were the focal themes of many issues of *Journal of Dharma: An International Quarterly of World Religions.*[5] Moreover, many National

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[2] See B. Julian and H. Mynatty, ed., *Catholic Contributions to Bioethics,* Bangalore: Asian Trading Corporation, 2007.

[3] See S. Kanniyakonil, *The Fundamentals of Bioethics*, Kottayam: Oriental Institute of Religious Studies India, 2007.

[4] A. Gonsalves, *How Did I Begin?*, Mysore: Dhyanavana Publications, 2002, 369.

[5] *Journal of Dharma,* July-September 27 (2002): War and Peace; *Journal of Dharma,* January-March 30 (2005): The Culture of Life; *Journal of Dharma*, January-march 32 (2007): Terrorism and Global Responsibility.

and International seminars are organized by many Institutes and faculties in India on different topics of bio-medical ethics. As Stephen Chirappanath rightly observes, "Christian practice in recent years, especially of medicine, has been undergoing many changes which has profoundly affected Christian identity and moral responsibility."[6] Lucose Chamakala affirms that respect for the sanctity of life is the foundation of the entire bio-medical ethics.[7] He also argues that any direct violation of human life and any direct violation of human dignity is a sin against God, a sin against the sanctity of human life, a sin against the natural law, a sin against justice, a sin against charity and a sin against the welfare of the society.[8]

Contemporary Challenges

In India, there has been remarkable progress in the health care field during the last few decades. This gradual and steady growth can be seen in the ever increasing number of health care professionals, health care facilities and specialisations, the increase in the number of hospitals including super-speciality hospitals, the availability of highly advanced medical technologies and treatments, etc. However, many millions of people do not have the basic minimum requirements and determinants of good health. These determinants include an adequate and steady income, healthy nutrition, quality education, sanitation, safe drinking water and health care. Moreover, widespread poverty, uncontrolled migration to urban areas and globalization affect the environment and public health adversely, including water and air pollution, global warming, uncontrolled management of injurious and harmful products and wastes.

The ideal, 'health for all,' remains a hard task to be realized. It is observed that while India has the largest number of medical colleges in the world and qualified medical professionals, majority of Indians do not have access even to basic health care, and about two-thirds of Indian population lack access to essential drugs.[9] As Ousepparampil observes,

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[6] S. Chirappanath, *The Catholic Physician and Sterilization Procedures*, Secunderabad: Health Accessories for All, 1998, 330.

[7] See L. Chamakala, *The Sanctity of Life vs The Quality of Life*, Bangalore: Dharmaram Publications, 2005.

[8] See L. Chamakala, "Assisted Reproductive Technologies: A Catholic Perspective," *Catholic Contributions to Bioethics*, 255.

[9] See E. Pereira, "Health for Whom and by Whom?," *Integral Liberation* (April 2008) 16-17.

> India has got just 6 doctors for every 10,000 people, compared to the global average of 15 (for 10,000). There is a shortage of 600,000 doctors. . . . The 2008 national budget shows a 15% increase in health care allocation. But still it is just 1% of India's GDP. . . . Health care is an issue of social justice . . . and a collective responsibility. . . . A comprehensive plan needs to be made after studying the ground realities to afford quality health care to all and free to the poor.[10]

Many people are victims of chronic diseases, including tuberculosis, malaria, cancer, HIV/AIDS, leprosy, mental illness, and a horde of other less obvious health problems.

Medical professionals are not accessible to majority of the people, especially to the rural and poor people because vast majority of them prefer to work in urban areas, particularly in super-speciality hospitals, with high profit motives. Studies reveal that India has the highest number of tuberculosis patients in the world, and about 61 per cent of the world's recorded leprosy patients.[11] The treatment and the care given in many government and public hospitals are very poor, unhygienic and often dehumanizing. Many times the poor are ignored and side-tracked. This is evident from the following News Report under the title "New Born Dies of Red Ant Bites in Hospital:" "A three-day old infant died in the ICU of a government hospital here (Betul, Madhya Pradesh) after being allegedly bitten by a horde of red ants that even made a hole outside its left ear."[12] Recently, many vector-borne diseases like Dengue Fever, *Chikungunya*, Japanese Encephalitis, H1N1, etc., have killed many people in different parts of India. Still, adequate and effective public health measures are not taken by the central and state governments in India to prevent these diseases.

Tasks Ahead

The most important task before the Indian Church and Indian Moral Theologians in the field of bio-medical ethics is to ensure and enhance the realization of the right to health and to health care of all Indians, irrespective of religious, cultural, linguistic, economic and other diversities, and irrespective of their ability to pay. Every state has a moral obligation to maintain public health through a set of preventive and promotive measures. Every citizen has a right to health and health care which is an inclusive right "extending not only to timely and

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[10] S. Ousepparampil, "Nursing the Nation back to Health," *Health Action* (May 2008) 3.

[11] See A. Vadakkumthala, "Health Care in Face of Commercialization," *Catholic Contributions to Bioethics*, 51.

[12] *The Hindu*, Tuesday, December 9, 2008, 11.

appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational conditions, and access to health-related education".[13] Therefore, the realization of the highest attainable standard of health should be one of the main objectives of the government by restructuring, strengthening and refocusing the entire health system, both the public and private health services, with the intention to ensure universal access to health care.

Some remarkable steps were taken by the Indian government in recent years to improve the health scenario. The main objective of the National Health Policy of 2002 was to achieve an acceptable standard of good health among the general population of India, and to focus on enhanced funding and organizational restructuring of the national public health initiatives in order to facilitate a more equitable access to health care.[14] The National Rural Health Mission, set up in 2005, is envisaged to focus on improving delivery mechanisms with the decentralization of health care at the village level mainly to bring down maternal and infant mortality.[15] Moreover, the Public Health Foundation of India was formed in 2006 to set up five World Class Institutes called Indian Institutes of Public Health in carefully chosen locations to provide professional training and to promote research in high impact areas of public health.[16]

Even in spite of these well-intentioned plans and recent developments, real progress is not achieved in the health care field. As Ousepparampil observes:

> The national level health situation remains more or less the same. Programmes like the national rural health mission, which vowed to make health services accessible and affordable, have not achieved much. When it comes to health care, there are two Indias: One that boasts of five-star hospitals with state of the art technology; the other where majority of people live with no access to quality health care.[17]

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[13] E. Premdas, "Right to Health and Health Care," *Integral Liberation* (April 2008) 7.

[14] See J. Desrochers, "Health Care in India Today-II," *Integral Liberation* (June 2008) 133-134.

[15] The June 2006 issue of *Health Action* brings out a good introduction to the National Rural Health Mission.

[16] See J. Desrochers, "Health Care in India Today-II," 139.

[17] S. Ousepparampil, "Nursing the Nation back to Health," *Health Action* (May 2008) 3.

E. Pereira observes that the National Health Policy was in fact a dilution of public health sector and an uncontrolled promotion of private health sector, including medical tourism which has witnessed staggering health inequities, a resurgence of communicable diseases and an unregulated drug industry with drug prices shooting up.[18] Moreover, while this policy holds increased utilization of public health facilities from the then level of less than 20% to more than 75%, no corresponding large-scale measures for strengthening the debilitated public health system were planned.

In the light of the above considerations, two important tasks should be given priority: 1) the development of a committed public health movement; 2) well-integrated training programme for all the health care professionals focusing ethics and social commitment. Such a public health movement should be a people's health movement like *Jan Swasthya Abhiyan*[19] which is a coalition of 22 networks, movements, resource groups and federation of Non Governmental Organizations. In order to make such a movement effective and successful, there should be a strong and sustained government commitment, favourable policy environment, well-targeted resources and a controlling mechanism for monitoring and disciplining the fast-growing private sector for the benefit of all by developing a suitable model of public-private partnership.[20] It should also focus on the restructuring, strengthening and reorganization of the entire health system by promoting equity through a universal and egalitarian coverage. Ousepparampil argues convincingly that the most vital aspect of any welfare programme is the participation of the people and hence India should shift to a participatory and holistic approach; leaving aside other considerations, the central and state governments, heath care professionals, development experts, people's representatives and all stake holders should work together with commitment and concern to make the public health movement a success.[21]

A radical revision is essential in the present highly commercialized training of medical professionals. Medical ethics is not at all a serious topic in the medical education curriculum of many medical

[18] See E. Pereira, "Health for Whom and by Whom?," 20.

[19] *Jan Swasthya Abhiyan* is the Indian edition of the People's Health Movement consisting of 22 networks since 2002.

[20] See J. Desrochers, "Health Care in India Today-II," 143.

[21] S. Ousepparampil, "Will This also Remain Yet Another Promise?," *Health Action* (June 2006) 3.

educational institutions in India. Recently, it is widely observed that many of the prescribed medicines and injections and other treatments, including even surgeries, are irrational or unnecessary. Ravi Narayan affirms that "if people's health needs are to take precedence over market factors, then ethical and social regulation of health professional education is unavoidable."[22] As Ousepparampil argues, "medical ethics, research, technology, and economics should form an integral part of modern medical training. . . . A reshaped medical curriculum should stimulate a more comprehensive approach to health care and encourage health professionals to consider a career in preventive medicine and public health. The focus must be on service rather than on specialization (and Profit)."[23] India needs committed health-care professionals who are not at the service of "death-skills" but at the service of a "culture of life".[24]

[22] See R. Nrayan, "Serious and Sustained Action on the Recommendations of the Task Force on Medical Education for NHRM should be Taken," *Health Action* (August 2007) 9.

[23] S. Ousepparampil, "Focusing on Service, not Specialization," *Health Action* (August 2007) 3.

[24] See S. Chirappanath, *The Catholic Physician and Sterilization Procedures*, 332.