

Breaking Barriers and Building Bridges - The Influence of Ethics in Advancing Medical Practice

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INTRODUCTION

About 30 years ago, Pellegrino published a seminal article titled "The Metamorphosis of Medical Ethics - A 30-Year Retrospective" that highlighted the growth and transformation of the field of medical ethics and predicted a rocky road ahead for this field due to it being a "subject of the widest public concern" [1]. It has also been widely acknowledged that every new medical innovation or advancement in science brings with it new ethical dilemmas, requiring a metamorphosis of ethical frameworks and solutions [1,2].

The advent of artificial intelligence in digital health, the impact of the COVID-19 pandemic on global health and migration, the influence of environmental ethics on climate change, and the move to decolonise bioethics to provide more nuanced and contextualised meaning to the field are just some current examples that highlight the influence and importance of well-grounded ethical thought in medical decision-making, leading to the further enlightenment and growth of medical ethics. Organisations that promote the field, such as the Southeast Asia Bioethics Network (SEABioN) [3] and Clinical Ethics Malaysia (CEM) [4], have also emerged both in Malaysia and the Association of Southeast Asian Nations (ASEAN) region.

Finding its origins in the ancient Hippocratic Oath and stimulated by unethical research practices such as the Tuskegee Syphilis Study and the Nazi experiments, modern day medical ethics has placed much emphasis on research ethics, most recently resulting in a new amended Declaration of Helsinki on its 60th anniversary [5]. At the same time, it is also pertinent to highlight that this journal has attempted to break the barriers and build bridges in the field of medical ethics amongst its readership by publishing articles directly and indirectly related to different aspects of medical ethics [6,7,8].

This editorial will focus on three other less-discussed aspects of medical ethics that has the potential to influence the advancement of medical practice in the Malaysian and Southeast Asian setting - namely that of Ethics Education and Professional Ethics, Clinical Ethics and Transplant Ethics.

Ethics Education and Professional Ethics

In the early years, medical ethics was mainly taught by religious leaders and philosophers [1]. Ethics education has morphed over time to include clinicians and more recently fulltime professional ethicists [9]. Collaborative efforts between ethics teachers and medical educationists have resulted in standard setting endeavours in terms of syllabi, teaching and learning

activities, and assessment. An example of this is the inclusion of medical ethics in the Malaysian Medical Council Standards for Undergraduate Medical Education [10]. The International Association for Education in Ethics (IAEE) [11] and the Asia Pacific Bioethics Education Network (APBEN) [12] are further examples of the fruits of these collaborations. Moving forward, efforts to professionalise the field, such as those in Austria and the United States, will increase and spread more widely nearer home [13,14].

The highlight on professional ethics that emphasises the social contract between society and healthcare professionals will also inadvertently intensify with the advent of social media. The current lack of e-professionalism training for medical students and healthcare professionals expose them to risk when making online postings on social media. In addition, unprofessional behaviour in the form of social media content has been increasingly ‘viralised’ by members of the public, and even when these issues appear to be resolved, their digital footprint remain. Considering this, various ethical guidelines promulgated by regulatory authorities will need to be updated, disseminated and enforced. Efforts from bodies such as the Singapore Medical Council in introducing compulsory continuous medical education (CME) points from medical ethics for Practising Certificate renewals exemplify how the field can help medical professionals in their practice, especially those who have moved beyond the realms of medical school and should be considered in the Malaysian setting [15].

Clinical Ethics

Clinical ethics provides a systematic and contextualised approach to ethical decision-making related to individual patient care in the clinical setting [16]. It has traditionally been seen to play 3 main functions, that of case consultations, education, and policy review or development [17].

The various ethical dilemmas encountered by healthcare professionals during the COVID-19 pandemic, coupled with the moral distress they faced, highlighted the need for such services, especially in low and middle-income settings [18]. The importance of a mechanism to resolve clinical ethical issues have also

been highlighted in hospital accreditation standards [19].

In Malaysia, clinical ethics services in the form of hospital-based Clinical Ethics Committees and Clinical Ethics Support Services have grown and continue to mushroom in the post-pandemic era [20]. A network to coordinate these services is imminent to ensure the quality of the services provided and the qualifications of those who provide them.

As new issues related to environmental ethics and the use of AI in medical practice emerge, ethically sound hospital policies will need to be developed [21,22]. The movement of decolonising ethics, an approach that applies challenging Western-centric concepts and integrating diverse perspectives that is contextualised [23,24], will also fuel new understandings of ethical concepts such as autonomy in the specific regional context, as will the work of the newly introduced Advance Care Planning guidelines [25] and the much-anticipated Mental Capacity Act [26].

Transplant Ethics

Organ transplantation is recognised as one of the most significant advances in medicine, having saved numerous lives and enhanced the quality of life for many more. In Malaysia, the field of transplantation has progressed from the first transplant procedure from a living kidney donor in 1975 to now include transplants for people living with HIV in 2022 [27,28].

Despite having made much progress, organ transplantation remains a controversial subject matter ethically and legally [29]. While there is a need to maintain safe, effective, and equitable transplantation programmes, it is also important to safeguard public interest and garner public trust. Hence, this is one area of medical practice that highlights the intersection between ethics and the law. Ethical questions related to transplants have traditionally been focused on issues related to organ donation systems (opt-in vs opt-out) and organ allocation. The updated Malaysian Medical Association's Position Paper on Organ Donation and Transplant highlight many of the issues related to transplant ethics [29].

While work on revising the Malaysian Human Tissue Act of 1974 has been underway, some of the ethical and legal quagmires in transplant medicine are worth evaluating. These include the impact of medical tourism on transplant commercialisation [30], the need for clear protocols to encourage a wider use of donation after cardiac death (DCD) [31], and the case for paediatric priority setting in organ allocation [32]. Even well-crafted laws are unable to encompass all permutations involved in organ transplantation, and so the introduction of transplant ethics committees, and substantial training of transplant personnel in transplant ethicists need to be considered [33].

CONCLUSION

Thirty years on from Pellegrino's prophecy of a turbulent age for medical ethics, the many distinct but interconnected aspects of this field continue to flourish and metamorphose. In the Malaysian and Southeast Asian setting, the need for well-grounded ethicist and ethical healthcare professionals is ever-growing. The influence of medical ethics on medical practice will require it to be decolonised and contextualised to a multicultural, multireligious society, which will require a whole of government and whole of society approach.

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