



WORLD HEALTH ORGANIZATION / A

Ethical issues related to lucrative and negligent acts in medicine as well as their links in governmental norms.

INTRODUCTION

“Ethics is concerned with moral principles, values, and standards of conduct. The field of health and health care raises numerous ethical concerns, related to, for example, health care delivery, professional integrity, data handling, use of human subjects in research, and the application of new techniques, such as gene manipulation” (World Health Organization, 2017). Problems such as medical malpractice, human cloning, gene manipulation or stem cells have been debated.

A study from the Harvard University found out that 4% of the patients suffer or have suffered harm inside the hospital. The Institute of Medicine (IOM) estimated between 44 000 and 98 000 deaths annually in hospitals in the USA caused by “Medical errors.” Medical Malpractice has been occurring since the 18th century.

Ethics, in general, is a system of moral principles. Although in medicine represents a rule of conducts in charge of making the best decisions for the patient, it also recognizes and distinguishes either a negligent or attentive act with moral duty. Ethic includes The Hippocratic Oath, as the word says, it is a commitment that represents the functions and obligations for those who entered the practice of medicine or by physicians.

“All countries which are Members of the United Nations may become members of WHO by accepting its Constitution” (World Health Organization, 2017). In Regions like Africa, WHO members are fighting against the Ebola Virus, giving good quality vaccines and treatments. Other regions like America, Western Pacific Regions, Europe and South-East Asia are worried about hygiene to prevent medical malpractice due to bad quality treatments and inadequate personnel.

Some countries have had some problems in medical malpractice due

the bad infrastructure, equipment, the quality of the drugs and poor performance of the staff because of the insufficient technical skills, driving this to infections and medical malpractice.

Developing countries account for around 77% of all reported cases of counterfeit and bad quality drugs. At least half of all medical equipment in most of these countries is unusable or sometimes usable, at a given time. This results in patient negligence or an increased risk of harm to them and health workers

HISTORICAL BACKGROUND

Medical malpractice has a long history, as a matter of fact back in the 18th century people believed that if a person died in the hands of a medical expert this was probably a divine misfortune, however this idea came to an end in the middle of the 19th century when this called “divine misfortune” was quickly changed to lawsuits for medical negligence.

In the 1960s, the number of medical malpractice lawsuits raised substantially and peaked in the mid-1990s when medical malpractice legislation became available and data was collected.

1960: Helsinki Declaration

The World Medical Association (WMA) developed the Helsinki Declaration as a statement of ethical principles to protect human dignity in medical research involving human subjects.

This declaration has its bases on the Declaration of Geneva that states that any physician must recognize the health of their patient their very first consideration, it also sympathizes with the International Code of Medical Ethics that declares that “A physician shall act in the patient’s best interest when providing medical care.”

1970: World Medical Association Condemns Euthanasia

Most of professional medical associations have firmly and publicly stated their position against euthanasia and assisted suicide. Standing out from these associations is The World Medical Association (WMA) which made a significant statement in the 1970’s when they posted an article with the following:

“Euthanasia is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.”

By publishing this, the WMA declared that euthanasia is simply against the main function of a physician and it also made medical ethics a topic to be discussed for several years after their declaration.

1972: Tuskegee Study

The Tuskegee Study of Untreated Syphilis was a controversial clinical study that was in its time considered racist and an unethical medical experimentation. It ran from 1932 to 1972 and involved nearly 400 bankrupt and poorly educated African-American men diagnosed with latent syphilis.

The subjects of the medical research were treated with placebos, aspirins and mineral supplements. At the end of the experiment twenty-eight men died of the disease and around a hundred or so died of related complications. Forty wives had been infected, and 19 children had been born with congenital syphilis. The main objective of the study was to see whether syphilis affected African American men differently from white men.

1980: The National Commission releases The Belmont Report

The Belmont Report attempts to summarize the basic ethical principles identified by the Commission in order to regularize biomedical research involving human subjects and to develop norms and guidelines to be followed to assure that such research is conducted in accordance with certain values and conducts.

The Belmont Report was written by a panel of experts that proposed three principles that should be underlying the ethical conduct of research involving human subjects, and these principles are: respect for people, beneficence, and justice. These three principles were later engaged in the detailed rules and procedures that make up the Common Rule, which governs research at US universities

1990: First Ever Assisted Suicide

For more than 700 years, common-law tradition has opposed and punished both, suicide and actively assisting suicide. What we now commonly know as passive euthanasia is the deliberate withdrawal of medical treatment from a terminally ill patient. Various forms of euthanasia and assisted suicide have been sanctioned over the past 20 years in Holland, Belgium, Luxembourg, Colombia, and Albania.

However, there exists a specific person who made the very first assisted suicide and then, later on, popularized the practice of passive euthanasia all over the world. Jack Kevorkian, also known as Doctor Death, was a pathologist who assisted people suffering from acute medical conditions in ending their lives. Kevorkian's actions encouraged a national debate on the ethics of euthanasia and hospice care.

1995: Establishment of The National Bioethics Advisory Commission

The National Bioethics Advisory Commission (NBAC) was established to encourage the protection of the rights and welfare of human subjects in research, identify bioethical issues arising from research on human biology and behavior, and make recommendations to governmental entities regarding their application.

The NBAC was later on divided into two formal subcommittees in order to address the medical ethics. One is the Human Subjects Subcommittee (HSSC), and the other is the Genetics Subcommittee, which is chaired by Tom Murray of Case Western Reserve University. Although these subcommittees are responsible for most of the preliminary work in their respective areas, NBAC as a whole is ultimately responsible for producing any reports or making any recommendations.

CURRENT RELEVANCE

Due to the rapid medical advances, complex ethical issues have emerged. Nowadays, medical science is able to intercede in ways that were not previously possible such as the manipulation of genes and stem cells. These new medical practices need an efficient implementation of ethics in order to handle moral problems that may arise from a range of global bioethics topics, from public health surveillance to developments in genomics.

Medical malpractice is affecting the whole international community. It is estimated that in 2012, the improper medical treatment payouts totaled more than \$3 billion or one payout every 43 minutes. News of malpractice in a hospital can discourage potential patients of seeking medical assistance. Medical malpractice also affects the cost of health care. Physicians and other medical providers believe that the leading cause of the rising price in the healthcare market is medical negligence.

In recent times, euthanasia and assisted suicide have become frequent topics for physicians. Although euthanasia and physician-assisted suicide is illegal in most nations, around eight western countries, have legalized one or both practices. In all the jurisdictions where it is legal, safeguards and laws have been established in order to prevent abuse and misuse of euthanasia and PAS.

The main regulation includes the explicit consent of the person that is requesting these practices, mandatory reporting of all situations, the implementer must be a physician (with the exception of Switzerland), and to seek a second opinion from another medical practitioner. Unfortunately, these laws and norms are ignored and transgressed often. Around 900 people per year are given lethal substances without having given explicit consent. If there is no explicit approval of the patient to perform the assisted suicide, then it can be considered murder. Ignoring the regulations for euthanasia may cause the treatment rejection to deserving patients based on “quality of life” arguments. As medical ethics decline, there will be a progressive loss of respect of all human life.

In Belgium, 50% of euthanasia cases are not reported. Unreported cases were treated less carefully than those that were reported. Samples were less reported when the life expectancy was less than one week. Therefore, the problem is that physicians do not perceive their acts as euthanasia due to the remaining time of the patient, written consent is not considered significant, and the person in charge of euthanasia is often a nurse.

Albeit euthanasia was considered only in terminally ill patients, more and more frequently several jurisdictions extend the euthanasia candidates to newborns, children, and people with dementia. In the Netherlands, people over 70 years old are candidates of euthanasia if they are “tired of living.” Nurses performed 12% of euthanasia cases and 45% of those cases without explicit consent. Due to the recent legalization of euthanasia, the laws and norms are easily bent which puts many people at risk.

Since ancient times, physicians have used a variety of oaths and prayers as a form of ethic code. The Hippocratic Oath is one of the oldest Greek medical texts. It has been rewritten into more recent versions in order to fulfill the values of different cultures and modern society according to social, scientific and economic changes. Modern versions of the Hippocratic Oath have avoided controversial topics such as euthanasia, foreswore abortion, sexual contact with patients and religion. Despite vows are not legally mandatory, and they can not assure morality, in 1992 a BMA working party found that swearing upon an oath strengthens a doctor’s will to behave with integrity. Whatever the vow is, the main purpose of all of them is to implant an ethical conduct to physicians to benefit the ill, protect the patient against injustice.

Biotechnological advances have grown rapidly, bringing with it recent technological advances yet also new scientific, ethical and social dilemmas. In 2010, the Biotechnology Healthcare identified the main pressing issues regarding this modern discipline. Protecting human subjects in clinical trials became a pressing issue in 1999 when The University of Pennsylvania carried out a gene therapy trial in which an 18-year-old called Jesse Gelsinger died four days after the trial. The university was greatly criticized after the FDA concluded that the scientists in charge of the investigation showed medical negligence when Gelsinger was the replacement of another participant who backed out. The previous partaker required higher doses of treatment than Jesse, but the dose was not modified. Another negligent behavior was from the university when it failed to inform the patients about the treatment’s secondary effects.

The cost of medication and treatment is also a major problem. Healthcare cost is expected to raise even more with biotech treatments. A needed pill for cholesterol might cost 3 dollars a day, adding a total of 1,100 dollars annually. Affordability is an important

topic regarding biotechnological medicine because if the prices are too high, some patients will be priced out of the market and the opportunity of improving their life quality will be denied from them.

Protecting the patient's privacy is a growing concern as well. Scientists keep advancing in decoding a person's genomic, nonetheless, this information compromises the future of the individual. Although this new technology makes possible to know a person's predisposition to certain diseases, it can affect whether the person can get a job, insurance or a mortgage.

Stem Cell Research is also a controversial issue nowadays due to the fact that even though its main goal is to alleviate reams of life-threatening diseases, harvesting stem cells involves the destruction of the embryo. Morally speaking, and considering that a human being begins to exist with the emergence of a one cell zygote, it is unjust to perform this activity because it implicates the unjust killing of a human being. In 2007, scientists succeeded in making adult human skin cells have the same properties as stem cells, eliminating the need for human embryonic stem cells.

Currently, the health systems of the world do not have the same level. Just like any other service, healthcare has market failures. One of the main reasons behind healthcare inequality is corruption. There is evidence that shows that there is a link between a poor government and an inefficient healthcare system. An analysis between 89 countries associates negative corruption indicators with child and infant mortality, the chance of an attended birth, immunization coverage and low-birthweight. Another finding was that spending in healthcare systems reduces 5% infant mortality but only where governance, according to World Bank's CPIA score which measures governance and corruption, is high. Even if a highly corrupt country invests on health systems, would not be expected to reduce child mortality.

In corruption surveys interviewing officials, business executives and the public in general between 23 countries, Moldova, Slovakia and Tajikistan ranked first as the most corrupt, second in Bangladesh, Sri Lanka and India, followed by Kazakhstan Kyrgyz Republic, Morocco, and Madagascar. The main countries in which the population perceives high levels of corruption in health goes to Pakistan with 95%, Sri Lanka with 92%, 85% in Tajikistan, 82% in Moldova and 80% in Morocco. A survey conducted by the USAID on corruption among public officials showed that in Albania and Serbia the corruption among doctors is from 61-71%.

The purchasing of public positions is a problem present in Eastern Europe and Central Asia. Evidence from surveys of public officials in Armenia, Latvia, and Georgia show that the cost of getting an open position was well known among government officials and the general public. In Herzegovina and Bosnia, the purchasing of

positions were widely common in the health sector with a 75% of the interviewed who believed bribes were required for getting a promotion or a position. In Ghana, 25% of jobs were purchased in government hospitals.

The lack of medicines provided by governmental institutions discourages the use of public health care. Drugs tend to be scarce because there is a leak of them for the reason that it can cost more in the private sector. In Ethiopia, it is of common knowledge that health workers often steal drugs from the public institutions in order to sell them for a higher price in the private sector. According to health officers in Addis Ababa, the cause of the medicine contraband is due to the low pay of public servants that are tempted for a higher income. A survey in Nigeria found that less than half the facilities in Lagos and Kogi had government supplied drug stock in 2001. In Costa Rica, 32% of users said that they had knowledge of government drug supplies theft. In Uganda, the average rate of medication leakage is of 73%. In China, studies show that 30% of public supply drugs are expired or simulated, suggesting that the cause of it is poor management and bad logistics.

Health systems all over the world are far from equal. Despite its economic and social development, China's health system struggles to keep up. The country's GDP makes it the second largest economy, its life expectancy increased by nine years and child mortality rate quartered. However, there has also been a rise of pollution, smoking, and obesity creating, demand for health care. Physicians are underpaid, that is why they often support their salaries with drug companies and patient bribes. The overcrowding of hospitals is common in China, causing violent mobs against doctors that have risen 23% since 2002.

South Africa is the world's biggest HIV caseload, with numerous tuberculosis cases and rising obesity is in a health crisis. The government spent 8.5% of the total GDP, exceeding the 5% recommended by WHO, yet performed poorly compared to other countries. The historical background of colonialism in the country makes it one of the most unequal societies in the world and the health system is no exception. Around 60% of total health spending is consumed by the private sector which makes only the 15% of the total population. The facilities are world class and less expensive than the ones in European countries, attracting medical tourism but unaffordable for the majority of South Africans. Some essential services are only provided by the public sector such as the treatment for tuberculosis, where everyone receives free treatment. The HIV programme started in 2004, making it the biggest in the world and has increased the country's life expectancy from 53 in 2002 to 60 in 2013. However, clinics are majorly concentrated in urban areas.

With only 1.3% of the GDP spent on public health care, India has of the lowest rates in the world. Hospitals in India are overcrowded, and almost all of the public supplies must be purchased. However, the private health system attracts people from all over the world because quality medical procedures in India cost a fraction of western prices. This attractive offer fuels medical tourism in the country making 78.6 billion dollars.

Health care in the United States is based on private insurance and decentralized. Although it is the country that spends the most GDP per capita in healthcare and the first economy in the world, paradoxically, is the last regarding comparable nations. The prices in the health market are determined by the private sector, therefore sometimes the procedures and surgeries can cost eight times more than in the United Kingdom. The gaps are filled by the government with healthcare programs such as Medicaid a low-income program which was expanded by the Obama administration but states, especially the ones controlled by right-wing Republican governors reject the expansion, impeding many low-income people to obtain health care. In 2014, 13% of US citizens did not receive health care.

Germany is the middle point between state-run British health care and the US market-based system. The healthcare coverage is universal, rather than being funded by tax collection, it is supported by the so-called “sickness fund” established in 1883. Every citizen has the obligation to sign up with a sickness fund; it consists of paying a quantity based on the person’s income. About 89% of the population is covered by public sickness funds; the 11% remaining are private. In 2012, Germany spent 11.3% of its GDP on health care, 2% above the OECD average.

INTERNATIONAL ACTIONS

Health ethics has a broad focus and an international approach, given that ethical issues affect health professionals, health policy makers and health researchers, and not only them but also patients, families, and communities. By this, it is easy to claim that medical ethics comprehend every nation in the world and therefore the malpractice of medicine endangers all countries.

In order to regularize this and to ensure the lives of billions of people, there have been institutions and organizations that have compromised themselves to establish international guidelines and norms, so all physicians work under the same protocols regarding medical ethics.

WMA International Code of Medical Ethics

The International Code of Medical Ethics was adopted by the General Assembly of the World Medical Association at London in 1949; it was later amended in 1968, 1983 and 2006. This International Code

is based on the Declaration of Geneva, this declaration explains the physician's dedication to the humanitarian goals of medicine, as a matter of fact, the Declaration of Geneva was especially important for the treatment of medical crimes during WWII.

In inspiration of the Declaration of Geneva, the International Code of Medical Ethics has the main goal is to establish the ethical principles of the physicians worldwide, based on his duties in general, to his patients and to his colleagues.

United States Office of Research Integrity

The Office of Research Integrity (ORI) is one of the bodies concerned with research integrity in the United States. It was created when the Office of Scientific Integrity (OSI) and the Office of Scientific Integrity Review (OSIR) merged in the year of 1992.

The Office of Research Integrity oversees and directs Public Health Service (PHS) research integrity activities on behalf of the Secretary of Health and Human Services except for the regulatory research integrity activities of the Food and Drug Administration. In the year of 2004, the PHS provided at least \$30 billion for health research and development, primarily in the biomedical and behavioral sciences through its extramural and intramural programs

The International Bioethics Committee (IBC)

The International Bioethics Committee (IBC) is a body of 36 independent experts that are in charge of following the progress in the life sciences and its applications to ensure respect for human dignity and freedom. It was created in the year of 1993.

The IBC mission is primarily to To promote reflection on the ethical and legal issues raised by research in the life sciences and their applications as well as the encouragement of action to heighten awareness among the general public, specialized groups and public and private decision-makers involved in bioethics.

UN Actions

For the last decades, there have been very important advances in biomedical science and technology, which have revolutionized medicine and health-care services in different societies, however, it is also because of this advances that society has wondered about the ethical challenges that this modern medicine can bring along. Undoubtedly, these medicine revolution could lead to irreversible disasters if they are not limited by appropriate regulations.

This dilemma has claimed the effort of both political and professional society leaders as well as some organizations such as WHO and the United Nations Educational, Scientific and Cultural

Organization (UNESCO) which have recognized the necessity for creating specific guidelines to protect human rights in health-care settings.

The Global Health Ethics Unit

In the recent awareness of Global Health corruption, the World Health Organization created a subdivision called The Global Health Ethics Unit. This unit was created with the only objective of the examination of ethical issues raised by activities throughout the Organization. The unit also supports the Member States in addressing ethical issues that appear in their own countries.

This includes a range of global bioethics topics; from public health surveillance to developments in genomics, and from research with human beings to fair access to health services. This unit's work is critical in the modern health challenges. This unit works hard to raise awareness about the difficult questions in areas such as resource quota, new technologies, decision-making in clinical care and public health.

WHO Research Ethics Review Committee (ERC)

Scientific research involving humans have been occurring for centuries, compromising the fulfillment of ethical principles in order to protect the dignity, rights, and welfare of research participants.

Because of this, the World Health Organization recognized that all research involving human beings should be reviewed by an ethics committee to ensure that the appropriate ethical standards are being upheld. This idea leads to the implementation of an ad hoc committee: The Research Ethics Review Committee.

The ERC ensures that WHO only supports research that suffices the ethical guidelines that the Organization provides to the scientific groups. The ERC reviews all research projects, involving human participants supported either financially or technically by WHO.

WHO collaborating centres

WHO collaborating centres are institutions such as research institutes, specialized universities or academies organs, which are designated by the Director-General to accomplish activities in support of the Organization's programmes. Currently, there are over 700 WHO collaborating centres in over 80 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies.

They represent an essential resource for WHO in implementing its ethics mandate. With the help and collaboration of important

Universities this centers, there is a constant encouragement of connections and alliance between collaborating centres and the Member States in order to achieve better results, facilitate resource mobilization, and strengthen Member States' capacity, in particular at the regional level.

POINTS TO DISCUSS

The causes and consequences of unethical behavior in medicine as well as viable solutions.
Actions taken by various governments and its positive or negative results. Possible legislations regarding ethics in medicine.
Implementation of educative programs regarding medical ethics to professionals
Evolution of medical controversies such as assisted suicide and euthanasia.
Regularization
The consequences and reaction of society towards medical negligence.
The role of alternative medicine in the conflict.
Possible link powers that have lucrative interests

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