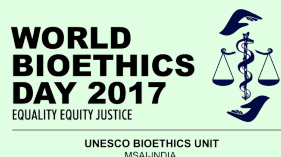
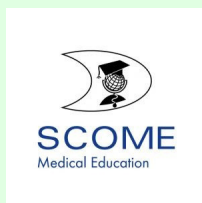


# WORLD BIOETHICS DAY 2017

## THE ETHICAL ISSUE



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# EDITOR'S NOTE



Hello, Readers!

I am delighted to introduce MSAI- India UNESCO Chair in Bioethics' first digital magazine - 'The Ethical Issue.'

This issue is dedicated solely to the celebration of World Bioethics Day by MSAI- India. This issue will be mostly dedicated to the nationwide success of the celebration of WBD.

MSAI-India's WBD 2017 "crossed boundaries" by having a successful and fruitful collaboration with the Afghan Bioethics Unit. Among the various events, we conducted online events as well as on-campus events in various colleges across India; we received a great response from the teaching faculty and students of the respective institutions.

There has been a students revolution in India when it comes to medical ethics, with increasing number of students actively part taking in various issues related to ethics in medical practice. It is our mission to spread the importance of bioethics among all medical students in India through this portal.

E-Magazines are founded to chronicle the digital revolution.

And 'The Ethical Issue' is one such initiative by our editorial team to avoid magazines as they come to you traditionally each month, on the smushed atoms of dead trees. You are holding our E- magazine which can be widely accessed on any electronic device at ease.

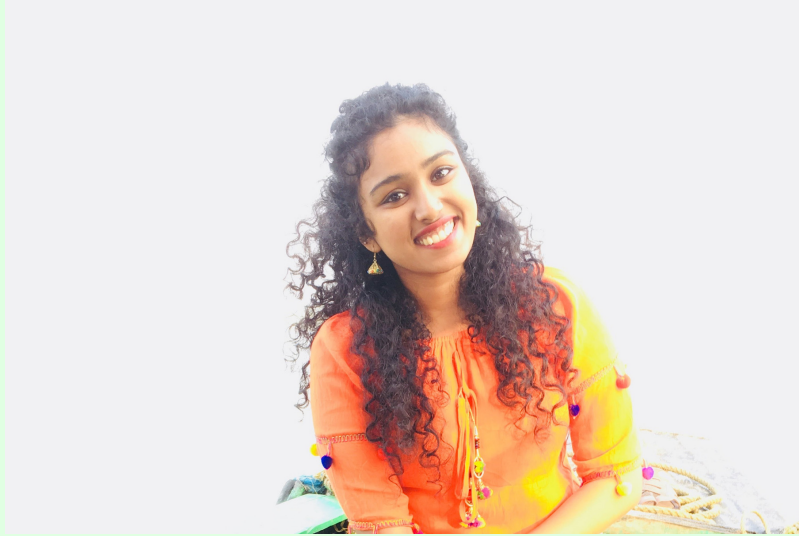
It is time to make a difference for the future of our fraternity and the lives of our patients!

Thank you.

- Hansel Misquitta  
Chief Editor & Head of  
WBD 2017

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# WBD 2017: ORGANISERS SPEAK



As a co-head, there were a lot of challenges in conducting such a massive event on a national scale but the hard-working team and the ever ready EB helped us in making the event a success.

It was a good opportunity for learning leadership and management skills. The World Bioethics Day celebration, conducted under the MSAI-INDIA Bioethics Unit, became a core platform which brought out hundreds of young talents together that handled a wide variety of departments; and to my surprise, the quality of their work apart from their chosen profession was astonishing and highly commendable. WBD 2017 had its ups and downs but the team showed great camaraderie and put up a great show. The work done by the Illustration team and the Offline events Committee was very well appreciated and praised. It was a golden opportunity and an honour to have worked with such a great team and I am humbled by their support and love. World Bioethics Day celebrations will continue even in the coming years and it wouldn't be the same because it will keep getting better; and for everyone who gets the opportunity to work in the team, I am sure you will experience an event of a lifetime.

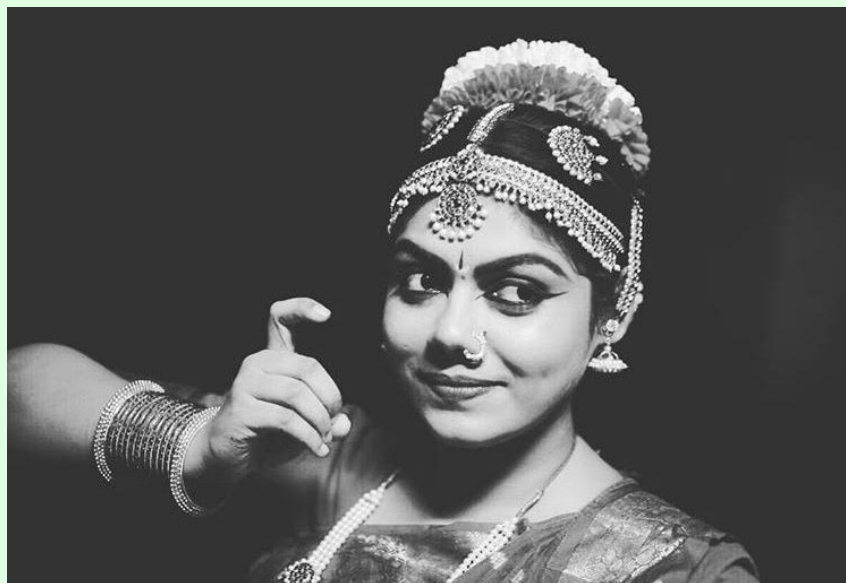
**MONISHA NAIR**

Co-head WBD 2017

- National Officer for Human Rights and Peace, 2017-18

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# WBD 2017: ORGANISERS SPEAK



World Bioethics Day is one of the most awaited and widely celebrated days by Bioethics units all over the world.

The WBD17 was celebrated across India by MSAI-India in the month of October 2017, encompassing online and on-campus events across various states in India. This year, WBD17 witnessed a significant raise in the number of enthusiastic and hardworking participants and volunteers. The journey was filled with a lot of positive outcomes and was a great learning experience for the entire OC. My heartfelt gratitude to every member of the OC for making it a huge success! Not only did we learn about team work but we also gained a lot of knowledge in the subject.

As budding physicians & surgeons, the experience was definitely an important one.

Many thanks to the OC, college ambassadors & my co-head for their relentless support and dedication. This event, in its glorious magnitude & success, wouldn't be possible without their hard work & support.

HANSEL MISQUITTA  
WBD 2017 Head  
National Officer for Medical -  
Education 2017-18, MSAI- INDIA

# WORLD BIOETHICS DAY 2016



In 2016, we were introduced to the dangers of hospital violence with a new intensity. Constant attacks on doctors and interns and the legal helplessness of clueless medical professionals instilled fear in medical students who were now worried about their future. It's true that with the changing times, patients have become more aware and unfortunately violent, too. But is it always the doctors' fault? On the other hand, is a doctor never wrong? Can his indifference or ignorance be responsible for the loss of the patient or his family's loss? These questions ran through every medical student's mind and they still do. But it was high time we tried finding some solution and we did. Awareness was the key. The goal was to make every medical student aware about the problems, the solutions, the complications, the future. Make him or her skilled enough to know the difference between right and wrong.

**S** So, on 19th October 2016, with a motive, a vision, days of dedication and few determined volunteers, a dream was realized.

. World Bioethics day was celebrated across the country by medical students and non-medical students, too. This was a first of its kind joint venture by the Standing Committee on Medical Education (SCOME) and the Standing Committee on Rights and Peace(SCORP) of Medical Students Association of India(MSAI). In partnership with UNESCO and UNESCO Chair in Bioethics (Haifa), various events were conducted. Online events included Poster Presentation, Essay Writing, Online Debate, Banner Competition, Photography. These events were judged by eminent doctors in various cities throughout the country. Smt. Kashibai Navale Medical College, Pune also had a seminar that inducted first year medical students to the concept of Bioethics. A social media presence was established for the cause through various portals. A video was released on YouTube that explained Bioethics. Webinar on topics like 'The need for Bioethics', 'Prostitution and Society', 'LGBT Community and their rights', 'Illegal prescription of drugs' Etc. was conducted.

WBD 2016 was just the beginning. This year, we were back with bigger and better things. And I assure you on the behalf of the entire organizing committee, for the year 2016 as well as 2017, that we will improve every year until the day the goal of 'Equality, Equity and Justice' is finally achieved. I thank each person who has contributed in making this a success on behalf of the OC 2016&2017. And I hope that after reading this magazine, you will be inspired to join hands with us because together we can make a difference.

- Jizaa Khandekar

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# INTRODUCTION TO BIOETHICS



Health has probably been of first and foremost importance to man ever since ancient times. **H** Passively or consciously, humans have always tried to promote their own physical as well as mental health and wellbeing.

We have found solace in various religions, beliefs, cults, habits and so on. Humans have become more and more self-aware and have set up their own principles in accordance with their emotional evolution. The science of health is a highly respected one. The societal respect for biological scientists, researchers, and doctors- who work to provide a better quality of life, ease suffering- is immense. The prospects and outcomes of various happenings in the health arena come off as noble as far as the outputs are concerned.

On delving deeper into the consequences of the clash of religion, ethics, morals, human values, duty towards the environment and a mammoth number of such delicate areas with the basic principles of health, a new grey area is being seen. This is where bioethics dwells, a vague area where the right and wrong are mere perspectives that try to outweigh each other.

Bioethics as a term came to be coined in around 1970, before which the term "Medical Ethics" was more in use. As science advanced, healthcare went beyond just the doctors to various other contributors. Man is now not just defeating disease but is promoting health. In quest of this, he faces a constant battle between scientific ideals and ethical soundness. Biological science engaged in human health is a branch that is considered to constantly have gone overboard when it comes to ethical issues. A doctor is often helpless due to the demands of his patient's ideologies. The foundation of the medical profession, that is to benefit the sick, is put to test when a patient is granted his/her wish which might not be in alignment with the duties of a doctor according to the Hippocratic Oath. On the other hand, exploiting Mother Nature and her bounties just to fulfil human needs of health and sickness beyond what is required for survival is another grey abyss.

We are now surpassing survival needs and pushing towards perfection. We are moving towards "designer" babies and lab grown organs. In our struggle to prevent mortality, we are by and large exploiting nature and her children, right from penicillin to armadillos to guinea pigs. The question that arises is, is this the survival of the fittest or is it time to stop?

Bioethics is by and large concerned with such grey zone problems and hopes to come to a midway that justifies and answers such ethical issues. Over the years, ethical issues have gone to subdivide into various arrays such a feminist ethics, bedside ethics and so on. Each problem is one with highly justifiable defense for and against it. Because of Bioethics day, Medical Students Association of India, with this magazine aims to make us think while throwing light upon these very issues. As health workers of tomorrow, such exercises would hopefully help us take better decisions in the times to come.

-Janhavi Thorat



# “ THE NEED FOR BIOETHICS ”

Even before its official conception in 1970 by Van Rensselaer Potter, the concept of bioethics enveloped every individual from birth to death from time immemorial.

It directly affects health care providers, patients, their families as well as the global community. As modern health care system advances at a rapid pace, its application has become much broader today in terms of clinical decision-making, controversial new research, public policy, and legislation.

We have all come across the latest articles regarding human genetic manipulation, cloning, stem cell research, euthanasia and the like. But do we understand the moral implications of these advances? Or is it just an article in The Sunday Times ?

Though it has been little noted in the media, scientists have successfully accomplished human cloning, manufacturing four human embryos via the same process that created Dolly, the sheep. Researchers are on the verge of creating sperm and eggs from skin cells. In rodent tests, these gametes were successfully fertilized, and pups were born. The UK has opened the door to the creation of “three-parent” embryos, now intended to prevent the transmission of mitochondrial disease but with the potential to create novel family forms.

The birth of a cloned human being or the attempt to gestate a genetically engineered baby, the development of an artificial womb (currently in animal testing), or some other such sudden breakthrough is not a farfetched thought. The future is here.



While we look towards the future with doubt; questions of the past still haunt the global community. Is it RIGHT to perform an abortion? Is it RIGHT to experiment on animals for human welfare? Should we do away with the dead organ donor rule and initiate live human harvesting to bridge the organ supply-demand mismatch? Is euthanasia morally right?

Aren't options like embryo selection, which allow parents to choose the sex of their child, the same as female feticide in a country such as India, where male babies are still a preference?

Recently Colorado voters and the Washington, D.C. City Council legalized physician-assisted suicide. Ohio, by contrast, passed a law making assisted suicide a felony. Meanwhile, India welcomed the government's decision to scrap a law that made “attempt to suicide” punishable. Who decides what is punishable by law and what is not?

When medical resources are limited, who decides their allocation? How can we ensure clinicians are not biased by emotions on one side and extreme objectivism on the other?

Bioethics plays a central role in all the aforementioned issues as well as other countless ones that we grapple with today. It helps us understand the moral ramifications and the far-reaching consequences of processes and procedures.

But we do need to realise that bioethics is not just a committee of experts on the subject, formulating rules for all to accept. It a democratic evolving process that each one of us will face at one point or the other. A simple decision regarding life support in a brain-dead person places us in an inconceivable dilemma. This is where bioethics steps in - a guiding light for all of us in these areas of grey where black and white is just a matter of perception.

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# STUDENTS' ROLE IN BIOETHICS

“ETHICS IS KNOWING THE DIFFERENCE BETWEEN WHAT YOU HAVE A RIGHT TO DO  
AND WHAT IS RIGHT TO DO.”

-POTTER STEWART

According to the Michigan State University, “Bioethics is an activity; it is a shared, reflective examination of ethical issues in health care, health science, and health policy.” These fields have always had ethical standards, of course, handed down within each profession, and often without question. About forty years ago, however, it became obvious that we needed a more public, and more critical, discussion of these standards.

Bioethics, within its spectrum involves wide ranging issues. Bioethics involves issues relating to the beginning and end of human life, all the way from issues relating to in-vitro fertilisation and abortion to euthanasia and palliative care. Bioethics has an impact on every level of human community, from the local nursing home to the huge international conferences on issues like the Human Genome.

Some of the issues it works with are abortion, aged care, bioethics, cloning, consent, contraception, disability, euthanasia, genetics, healthcare, human embryos, moral agency and legal advocacy, substance abuse, organ donation, research ethics, surrogacy etc. In such issues of much scientific debate, the question arises, what role can students play in bioethics?

Students are the future doctors. In a few years' time they will be directly dealing with lives of the patients. When handed with such a huge responsibility, education in ethics becomes all the more important, as it ensures that these students who will become doctors later will be able to take better and more effective decisions.

The history of medical ethics in India began at St. John's Medical College, which was one of the first institutions at St. John's National Academy of Health Sciences dating back to 1963. As recently as 1998, St. John's Medical College was the only Medical College in India teaching medical ethics as a regular part of its undergraduate curriculum. Some of the topics are addressed by the Department of Forensic Medicine. Interns are required to attend monthly clinical ethics sessions in which cases involving ethical issues are presented and discussed by faculty and members of the department of medical ethics.

(source:Indian J Urol. 2009 Jul-Sep; 25(3): 337–339.

doi: 10.4103/0970-1591.56192

PMCID: PMC2779957 Ethics in medical curriculum; Ethics by the teachers for students and society:KarunaRameshkumar)

In a country like India, Bioethics becomes especially important, as the environment here is more family centric and every decision taken in medicine has a social aspect to it. With most patients belonging to the middle class or below poverty line, economic, religious and social aspects of decisions present themselves. For instance, in consulting patient about taking contraceptives, the religious background, the economic status and the family background must be kept in mind. Most patients with no male offspring will continue to have a child till they do, which would contribute to their deteriorating health. In such situations, consultations become very important and the doctor must be aware of how to approach this matter. This is just one of the many situations where the doctor will be forced to confront an ethical dilemma or take an important decision to take good decision.

In medicine, each medical decision affects not just the patient but the families of the patient as well. With medical advancements, the issue of bioethics becomes more and more complex; sensitization of students towards it becomes more important. To be a good doctor, sufficient knowledge of bioethics is important to take good decisions

Students should spread awareness about this subject, but for that they need to realize the importance of the subject themselves first. Awareness can be spread in the form of campaigns, slogans, posters and skits. There is no limit to the amount of creativity a student can exhibit.

The best way to stress the importance of this subject is to incorporate it in students' formal education, through group discussions and debates. Every viva a student is subjected to should have an ethical question incorporated in it, which is important for the sensitization of students towards the practical aspect of bioethics.

At the end of the day, the duty of the doctor is to serve people, and doctors in the course of their formal education tend to forget the human aspect of it. It's important that the student body brings ethical issues to the forefront while discussing any clinical problem, which will contribute to their overall development as a doctor, because a patient is not just his/her disease, but a human being.

“No, I'm the human here. I'm the life at stake. I'm the one with fingernails, who feels pain.

Me.”

— Alicen Grey

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# FUTURE OF BIOETHICS

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As the twenty-first century unfolds, new and expanding areas of research will require increasing attention to their related ethical aspects.

## Neuro ethics

Knowledge about the human brain holds much promise and offers much needed hope to those who suffer from disorders of the brain and mind. The relative accessibility of the brain through biochemical, electrical, and magnetic stimulation, as well as surgery, makes neurological interventions tempting as knowledge of brain structure, wiring, and chemistry grows. Nevertheless, there has been little systematic analysis of the ethical implications of the revolution in the brain sciences. This revolution raises numerous ethical questions and issues:

The "essence" of personhood and identity

The relation between physiological structures and higher functioning ("mind" or "self")

The ways in which abnormalities in the brain might account for atypical or antisocial human behavior.

The acceptability of using pharmaceuticals, implants, or other interventions to enhance innate traits such as memory, attention span, or musical ability

The legitimacy of intervening to alter aspects of personality, mood, or emotion; to assess the effectiveness of treatments or incarceration in modifying criminal behavior; or to detect predispositions to both desirable and undesirable behavior in persons who cannot themselves consent

New knowledge of the brain will soon have an enormous impact on the legal and penal systems.

How to integrate knowledge of the brain into the practice of forensics, the prosecution of persons accused of crime, and the screening of those seeking parole are all issues likely to become pressing in the not-too-distant future. Equally controversial will be the use of new knowledge about the brain in the detection and prevention of the onset of undesirable behaviour in adolescents and children and in trying to improve or enhance their capabilities and skills.

## EUGENICS

While there has been much attention in bioethics to the mapping of the human genome and to the nuclear transfer techniques used to clone Dolly the sheep and other animals, the most provocative genetics-related issue facing society during the first half of the twenty-first century is likely to be to what extent ought humans design their children. Rudimentary steps toward making eugenics a reality is all around us.

The finalisation of a crude map of the human genome and other animal and plant genomes means that medicine will soon have at its disposal a huge amount of information about the contribution genetics makes to a wide variety of traits, behaviours, and phenotypic properties. In addition, primitive efforts to introduce genes into the cells of the human body through gene therapy will be refined to the point at which genetic surgeons should be able to introduce targeted genes with specific functions into both somatic cells (cells in a person's body) and germ-line cells such as the stem cells in the testicles that create sperm in a man's body. And the ability to analyse the genetic makeup of sperm, eggs, and embryos has already led to some infertility clinics offering genetic testing for diseases as a part of their standard care for their clients. This means that parents of tomorrow, both infertile and fertile, will increasingly look to medicine to diagnose potential problems and risks before babies and children are created. The issue will not be whether humans should design their children but to what extent and with what if any limits on how far one may go to improve, enhance, and optimise them.

When should a person die?

Another fascinating emerging ethical issue is whether humanity should seek to control the time of death. It is one thing to agree that individuals who are dying have the right to withdraw or not initiate medical treatments. It is quite a different matter to say that someone who is not terminally ill but is suffering from a terribly disabling chronic condition, a severely diminished quality of life, or the prospect of decades of life in a state of dementia or extreme frailty should have the right to medical or technological assistance in dying as is already the case in the Netherlands, the state of Oregon, and Colombia. The focus of these debates, however, has been almost exclusively the terminally ill. As the population of the world ages over the course of the twenty-first century, more and more persons may begin to ask or demand the right to control the timing of their death, whether they are deemed terminally ill or not.

#### ORGAN MARKETS AND THE ETHICS OF TRANSPLANTATION

Recent developments in immunosuppressive drugs and improved surgical techniques have now made it much easier to successfully transplant organs from one human body to another. Unfortunately, these developments have led to the rise of black-markets in human organs. This underground market is where people who need kidneys to survive or to improve the quality of their lives, for example, purchasing such organs from impoverished persons in the developing world. In January 2017, scientists announced that they successfully created the first human-pig hybrid and a pig embryo with some human characteristics. Given the increasing need for transplant organs, should such markets be regulated and legalised? Could the success of therapeutic cloning eliminate the need to consider this option?

Consistent with concerns about the ethics of human transplantation, Dr. Bruce Gelb, a famous liver transplant surgeon, "As a transplant surgeon, bioethics encompasses virtually every aspect of my work. I had the honour of joining GBI's Board of Directors three years ago and served as the Interim President of the organization since July 2016. It has been an honour to serve as a lecturer in both Manhattan and Dubrovnik schools and symposiums on the ethics of organ transplantation alongside with world experts in various other fields. I am a strong supporter of the mission and educational programs of this young organization."

#### GENETIC TESTING AND GENE THERAPY

Gene therapy promises to cure genetic diseases by "switching off" the function of bad genes in a person's body. Genetic engineering holds the prospect of enhancing the genetic composition of one's children, by eradicating genetic diseases and disabilities, and improving their immune systems, bodies, and intellectual performance. In spite of its promises, germline genetic intervention or engineering is of particular concern because the modifications would most likely be inheritable. (This engineering alters the genes of the precursors of sperm or egg cells, those cells themselves, or the early embryo. This engineering is distinguished from somatic genetic intervention, which is not inheritable.) Germline genetic engineering could be used to alter genes that cause disease, produce desired traits in a child (creating a so-called "designer baby") or to even fundamentally re-design the human species.

In September 2016, the researcher and biologist Fredrik Lanner, from the Karolinska Institute in Stockholm, was reportedly the first to edit the DNA of healthy human embryos; it was another step towards an ultimately tailor-made human being. Such procedure is still banned in most of the world, including the United States, where gene-editing is allowed but implantation of a gene-edited human embryo in a womb is prohibited.

Gene editing involves technologies such as the currently contended CRISPR (Clustered Regularly Interspaced Short Palindromic Repeat), which is cheap tool that allows for DNA editing without causing adverse side effects. CRISPR was originally acted just as a bacterial shield; the bacteria would recognize foreign genetic material and snip them out. But now, CRISPR is being used for gene editing. It employs the Cas-9 enzyme to target a specific gene sequence to remove or add new ones around it.

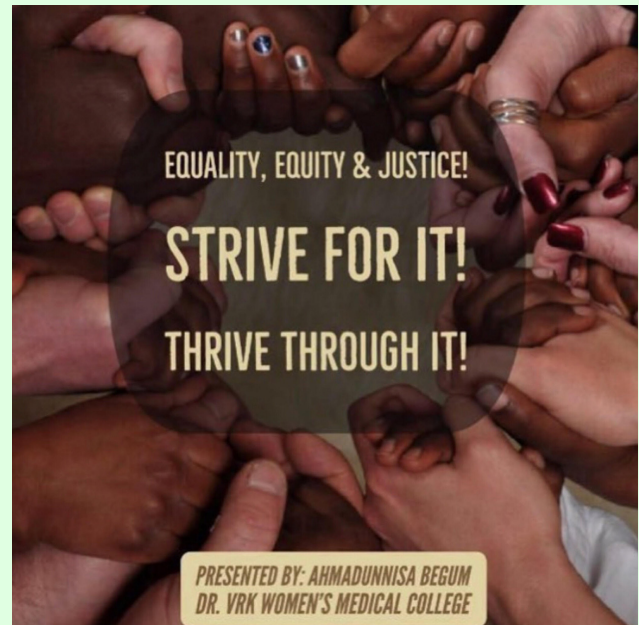
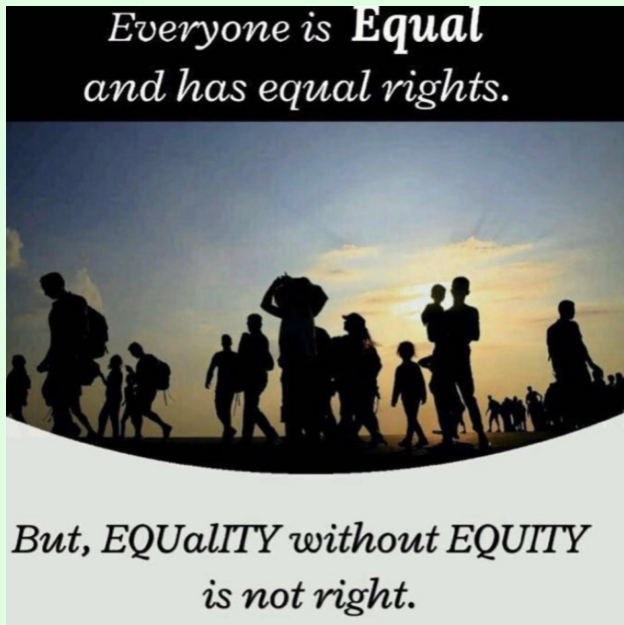
CRISPR is especially helpful and/or desirable for parents with inheritable diseases such as Cystic Fibrosis, Huntington's Chorea disease, and ALS because it signifies a chance for healthy children. Yet, scientists, researchers, and bioethicists all over the world have raised ethical concerns over the use of the technology.

#### END-OF-LIFE AND HEALTH CARE

The term euthanasia comes from the Greek word "good" death. Euthanasia is now commonly understood as helping to end the life of persons suffering from incurable illnesses paralleled by pain and debilitating complications. Generally, people discuss "active" euthanasia, in which death is brought about by direct intervention, and "passive" euthanasia, which involves the removal of life-prolonging/sustaining technologies. Active euthanasia involves both "voluntary" euthanasia, in which a patient requests a lethal dose from a physician and then self-administers, and "physician-assisted suicide," (PAS), in which the doctor, at the request of the patient, administers a lethal injection. According to polls, the vast majority of people continue to support 'right-to-die' laws for terminally ill patients.

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# THEME FOR 2017: EQUALITY, EQUITY AND JUSTICE



Bioethics has brought about significant changes in standards for the treatment of the sick and for the conduct of research. Our understanding of what is ethical has grown and our morals have evolved. Advances in bio-sciences and biotechnology, such as organ transplantation, genetics, and molecular biology, introduced an additional ethical dimension and thus gave birth to the branch of Bioethics.

Ethics in health has evolved through several phases. In the early 1960's, the question of what people considered to be fair and justice was dominated by the concept of Equity. The basic tenet of equity was that, outcomes are directly linked to increased input, thus who contributes more should, therefore, receive the most in return. However, in the late 1970's equity was considered one of the three principles of Justice, alongside Equality and Need.

The principle of Justice could be described as the moral obligation to act based on fair, unbiased views. Furthermore, it can be subdivided into two elements of the principle of Justice, namely Equality and Equity.

Equity and Equality are two strategies we can use, in an effort to produce fairness. Equity is giving everyone what they need. Equality is treating everyone the same. Equality aims to promote fairness, but it can only work if everyone starts from the same place and with the same needs and the same help. This thought of mass equality is rather theoretical and not practical in day to day life. Therefore, there was a need to quantify the basic needs that are required by each individual, and to procure the necessary needs is where Equity comes in. Equity in its simplest of meanings can be understood as "levelling the playing field."

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With regards to equality in the provision of care, Equity can be explained in the sense of equal access to medicine. Treatments are either unavailable or too expensive for most "needed" persons in the world. There exist such inequity and injustice in distribution of care that people are forced to skip meals in order to pay for medications. Some patients deliberately wait until a crisis to be admitted to an emergency room. Some doctors treat the rich and shower in riches by providing enhancement beauty procedures while other doctors are burdened with debt for treating the poor. Medical science advances with each passing year; Enhanced intricate procedures, development of new drugs, gains in knowledge, still most people in the world remain sick and die because of lack in fulfilment of necessary needs.

Justice is recognizing people who are treated unjustly even if they are treated equally. This may seem like a mind-boggling remark, but think about it. The key in establishing justice is identifying where Equality fits in and when Equity is required. For instance, take an example of 3 individuals trying to watch a cricket match. Each individual is of a different height. Picture a fence between the individuals and the field of play, having a height lesser than the tallest person, making him look over the fence quite easily. Imagine each of the three individuals is given a wooden box of the same dimensions to stand upon to view the match. Well this might be beneficial to the 'middle-heighted' individual as he has attained the height to view the match just as comfortably as the tallest person who can easily watch the match without the wooden box. This scenario won't be beneficial to the shortest person as he still can't view the match. The tallest individual on the other hand doesn't require a box to stand as he can easily view the match with his natural height. This is an example of Equality; giving the same need to everyone irrespective of their requirements. While the example of Equity can be illustrated as giving a desired number of wooden boxes according to their specific needs. So, the shortest individual will receive two wooden boxes instead of one, the next receiving only one box and the tallest receiving no boxes to stand on. Thus, providing everyone with an equally opportunity to view the match with an equally Equity.

Now repeating the previous statement; Justice is recognizing people who are treated unjustly even if they are treated equally. "Giving to each that which is his due" are the famous words spoken by Aristotle that have laid the foundation of Justice in Medicine. To treat all patients with fairness and equality with equity is the pillar of Medical Justice. When bioethical values are violated, Equity is violated which indirectly violates justices. And when justice and equity are violated, human rights and human dignity is violated. When basic rights are violated, there exists an atmosphere of suffering, frustration, and tension.

The gap between the wealthy who have access, and the poor who lack access to health care is the major issue. It should be provided irrespective of the person, age, place of residence, social status, ethnic background, culture, sexual preferences, disability, legal capacity, hospital budgets, insurance cover and prognosis, and should be based upon a health care system that comprise of equity, equality and justice.

Healthcare: a basic right or a lavish commodity?

There are two types of system for healthcare. Single-tier health care system and a multi-tier health care system. Healthcare in most countries utilize multi-tier system; which allows for levels of health care related to the ability of the patient to pay for the treatment. That meaning, the richer patient has the power to decide which luxury he can choose from a handcrafted beautiful menu; whether be it a fully air conditioned room with a butler service or from cutting queues to get speedy treatment and reporting. Whereas, the average patient suffers from delayed diagnosis, poor humanitarian conditions and sluggish treatment due to his low social status. A multi-tier system shows health care as an article of trade which can be obtained by the rapacity of the moneyed. In contrast, the single-tier health care shows the basic interplay of justice, equality and equity by allowing the same amount of health care and professional skill to all patients, regardless of the individual's status. In other words, liberty cannot be present unless equality is first met. For the sake of this article I will not be purporting single-tier system but try to reason for an improved health care system which runs on the needs of the patient and uncompromised patient care for all.

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It may be said a single-tier health care system “fails to recognize the diversity of moral visions, moral limits of authority, and the authority of individuals over themselves and their property” (Engelhardt 1996, p.702) where in Engelhardt argues a multi-tier system provides some amount of health care to all while allowing some to purchase additional or better services for a ‘fractional’ increase in cost. Individuals have the right to personhood and property and must be allowed to use their assets to better their access to goods and health care.

But doesn’t everyone have the right to personhood and property and is it ethical to over-step a person’s health just for ‘your satisfaction’ of a better health service? Is it alright to cut queues to access health care over others by showering money? Is it alright to steal the organ intended for a young one who has only seen the world from inside a room for someone who can barely survive for a couple more months after a successful transplant?

It can be reasoned in respect to moral equality, that the life of everyone matter and matter equally. “One has justified tittle to goods if such a title is part of a system that ensures the greatest benefit to the least advantaged under conditions of fair equality and opportunity” (Engelhardt 1996, p. 706). The concept of morality, freedom, and equality governed by justice can be applied by optimizing the balance of care provided to benefit the greatest number of people. Equity over equality, not all will receive the same care, but every individual will have the equal right to claim their basic health care. In practice, the greater the need, the higher priority treatment. Providing each one with the same quality and availability of care. For example, the system of acquiring organ should be resolute with donated organs and requisition. However, the unjust allocation provides an organ to a relative of a recently deceased family member rather than the next person on the wait-list. Allocation of organs should be based upon various factors such as severity of need, physical defects, and age.

What about negative rights? “I have the right to health care.” My right to health care is not an obligation to get them, and nor it is a warrant to be given, but no one should force me not to. We will call negative rights the kind of rights which impose on others a negative duty, a duty not to do anything, a duty of non-interference. If I have a right to health care, all that must be done to respect that right is refrain from blocking me. No one can properly interfere with my efforts to get adequate health care. Negative rights can be sometimes called liberties. But is all equality in equity in health care? For example, a chronic smoker and intoxicator has landed himself with COPD and fulminant hepatitis or a convicted rapist diagnosed with terminal cancer; do they have the right to medical care costing lakhs of rupees? Are their life worth lakhs of tax payer’s money? Should the state pay for their treatment?

What about negative rights? “I have the right to health care.” My right to health care in not an obligation to get them, and nor is it a warrant to be given, but no one should force me not to. We will call negative rights the kind of rights which impose on others a negative duty, a duty not to do anything, a duty of non-interference. If I have a right to health care all that must be done to respect that right is refrain from blocking me. No one can properly interfere with my efforts to get adequate health care. Negative rights can be sometimes called liberties. But is all equality in equity in health care? For example, a chronic smoker and intoxicator has landed himself with COPD and fulminant hepatitis or a convicted rapist diagnosed with terminal cancer; Do they have the right to medical care costing lakhs of rupees? Are their life worth lakhs of tax payer’s money? Should the state pay for their treatment?

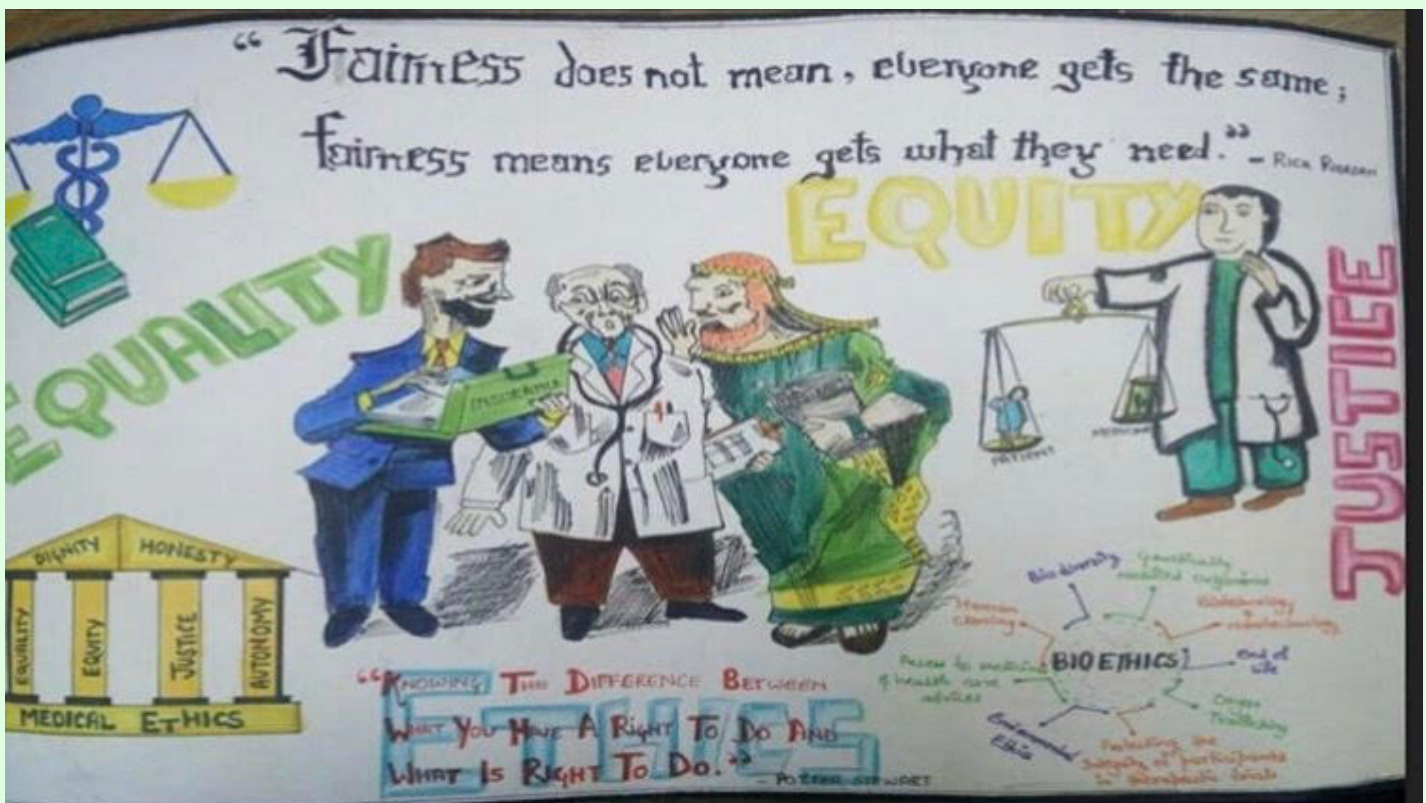
But equality demands basic health care to all citizens and equity demands an oppression free framework. So, what exactly is a health care right? Who decides the rights? Are these even rights or are these benefits? Where does the problem lie? It lies in the unequal distribution of power and authority. Most men who reign over the hospitals are return-on-investment oriented instead of pure social and humanitarian service.

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Equality professes that differentiation of needs can erase the problem of stereotyping and bigotry. However, it ignores the fact by which individuals are placed into priorities. This shows equality is not enough. Equality tends to mean the same condition for everyone while ignoring the fact that each person is dealing with a wide variety of experiences and oppression which cannot be summed and averaged for equal distribution. Therefore, governing healthcare implementation systems should give regard to reduce inequalities between patients, and healthcare services and ensure services provided are in an integrated way, which may reduce health care inequalities.

WHO defines health equality as “creating an environment in which everyone has equal opportunities to live a long and healthy life. Rather than providing equal resources for all, healthy equity solutions examine and try to remove the underlying causes of health in equalities.” Equality of health care should be dominant principle and equity in health care should entail distributing care to get as close to equal distribution of health.

The right to health care due to the account of justice is often a misleading right to claim health care. A right to health care should be a fair with plentiful exigencies harbouring equal opportunities. ‘Right to health’ is a confusing expression. Here we speak about the right of individuals to a good health but poor health, as much of case is, is not because of one’s own doing. Right to Justice, right to Equality and Equity, and right to health care.





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# **WBD 2016: A REPORT**

## **ON CAMPUS EVENTS REPORT**

Bioethics is quite simply the application of ethics to the field of medicine and healthcare. To coordinate and stimulate a network for medical ethics training in both developed and developing nations, UNESCO established a Chair in Bioethics at the International Centre of Health, Law and Ethics in Haifa. As a part of this program, and in part of celebrations for the World Bioethics Day on 19th of October, a number of medical colleges held various events.

In the first and second week of October, a number of colleges across India held interactive activities for students. LTMC, Mumbai and MNR Medical college had organised an orientation, debate and extempore. The topic for the debate was an argument on the abortion rights of sex workers. A street play was enacted by students of RCSM, Kolhapur; Sumandeep Vidyapeeth; SKNMC, Pune; Adichuchanagri Medical College. These colleges also organised the orientation, debate and extempore events.

A panel discussion was held wherein the issue of autonomy and beneficence in doctors was talked about. LTMC, RCSM, SKNMC, Adichuchanagari Medical College held it with great fervour. Flash mobs were held at MNRMC, Sumandeep Vidyapeeth, Adichuchanagri and Terna Medical College.

GMC Jammu and Johrat Medical College held orientation programs for students.

Apart from these events, MSAI in collaboration with UNESCO also organised four online contests. Students were given a common theme: Equality, Equity and Justice. These were judged by esteemed personalities who have in depth knowledge in the field. Slogan writing was judged by Dr. Bushra Fiza, professor of Biochemistry at MGMC, Jaipur. Poster making was judged by M. Shayin, an IAS officer from Haryana. Neerja Malik, the Principal of Government College Chandigarh, judged the Essay Writing Competition.

Share Your Best Tips was a forum that allowed students to send in their opinions for changing our society for good. It was judged by Mrs. Niva Chonkar, HOD of Biology from Delhi Public School, RK Puram.

MNR Medical College also organised an online brainstorming session for students. The offline events were organised in colleges solely by student representatives. The students and representatives showed enthusiastic participation. On account of World Bioethics Day, undergraduate medical students came forward to discuss issues of utmost importance that doctors and patients all over the world are facing. Doctors in India do not follow a carved in stone protocol which the western countries do. Today and in the coming days, we are gauging the need for this in our country too. This activity helped in making students realise its seriousness. Hence, it was an enriching experience.

Sayli Kalzunkar, Head (On Campus events)

Nishigandha Bangal, Co-head (On Campus event)

# ON CAMPUS EVENTS REPORT



**JORHAT MEDICAL COLLEGE AND HOSPITAL**




**ARADHANA SARMA**  
COLLEGE AMBASSADOR  
ORIENTATION EVENT HEAD



**GOVERNMENT MEDICAL COLLEGE JAMMU**



**AYUSHMAN GUPTA**  
MEDIA HEAD




**CHIRDEEP MALHOTRA**  
ORIENTATION EVENT HEAD  
PANEL DISCUSSION HEAD




**ADICHUNCHANAGIRI INSTITUTE OF MEDICAL SCIENCES, KARNATAKA**




**JOSH V MATHEW**  
MEDIA HEAD



**DIKSHA RAI**  
STREET PLAY EVENT HEAD



**GOPIKA RAJENDRAN**  
ORIENTATION EVENT HEAD



**SUSHMITA HAODIJAM**  
COLLEGE AMBASSADOR



**STUTI MUKHERJEE**  
PANEL DISCUSSION EVENT HEAD



**SHREYA MALHOTRA**  
FLASH MOB EVENT HEAD



**AMEYA ELIZABETH B**  
DEBATE EVENT HEAD



**SUSHMITHA MN**  
EXTEMPORE EVENT HEAD




**SBKS Medical Institute & Research Center  
Sumandeep Vidyapeeth, Gujarat**




**Divyanshi Palvia**  
Debate Head



**Aumkar Pandya**  
Orientation Head



**Stuti Trivedi**  
Extempore Head



**Meghal Shah**  
College Ambassador




**Shikha Gada**  
Flash Mob Head



**Darshan Munot**  
Street Play Head



**Daksham Gosai**  
Media Head









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Indo-Afghan Collaboration

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# ONLINE EVENTS REPORT

## EVENTS:

1. Essay writing
2. Share your best tips
3. Debate
4. Poster making
5. Slogan writing
6. Video making

- Portal of entry of online submission:  
via email ID : wbdmsai@gmail.com

- Online team incharge:  
Chetna Chhabra (email ID: iamchetnachhabra@gmail.com )

- Judges for the events:
  1. Essay writing: Mrs. Neerja Malik
  2. Share your best tips: Mr. Mohammad Shayin
  3. Slogan writing: Dr. Bushra Fiza
  4. Poster Making: Mrs. Niva Chhonka

- Prizes Awarded:
  1. Certificates to winners
  2. Certificates to judges
  3. Certificates to participation

- Results announced on:
  - Facebook
  - Instagram

- List of winners:
  1. Slogan writing:
    - Runner up: Shivangi Yadav
    - Winner: Priyanshi Sheth
  2. Essay writing:
    - Runner up:
    - Winner: V Vyshnavi
  3. Poster making:
    - Runner up: P. Philomnia
    - Winner: Ahmadunnisa Begum
  4. Share your best tips:
    - Runner up: Shamil Raut
    - Winner: Sagarika Saikia

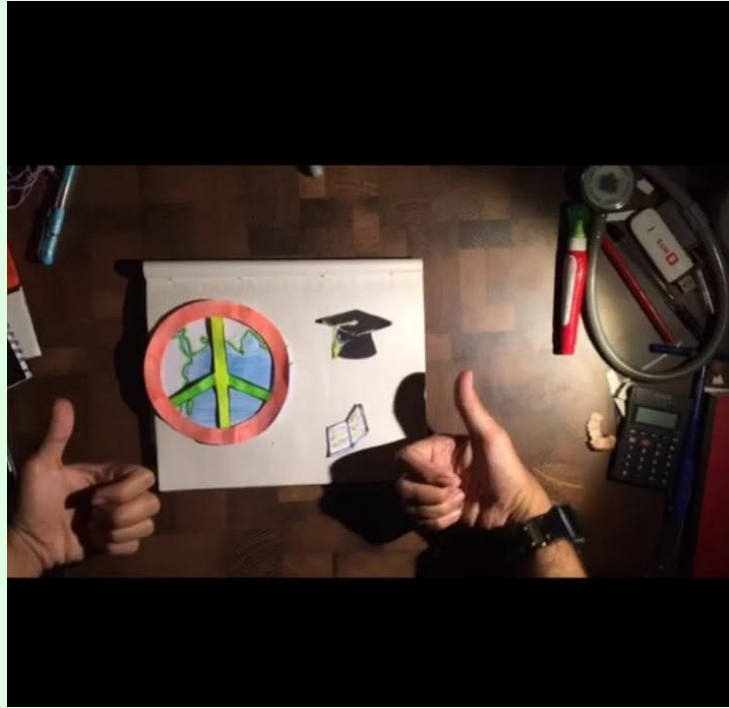
Chetna Chhabra, Head (online events)

## Online Portals used:

1. Facebook
2. Instagram
3. Whatsapp
4. Plexus MD
5. Email

- Budget for online events:  
Zero Rupees

# ONLINE EVENTS REPORT



Online Video

**WORLD BIOETHICS DAY 2017**  
EQUALITY EQUITY JUSTICE  
UNESCO BIOETHICS UNIT  
BIOETHICS



## LIVE WEBINAR

TOPIC : EQUALITY, EQUITY, AND JUSTICE

Guest webinar by Dr. Mary Mathew  
Time : 11:30 a.m.  
Date : 15th October, 2017

Dr. Mary Mathew, MD, DCH, PGDMLE  
Professor, Department of Pathology, Kasturba Medical College, Manipal University, Manipal, Karnataka, India  
Head, Indian Training Program of the UNESCO Chair in Bioethics (Haifa)

Dr. Mary Mathew is a Professor of Pathology at Kasturba Medical College, Manipal, Karnataka, India. She completed her undergraduation and post-graduation from the same institution and holds a Diploma in Child Health (DCH) and a Postgraduate Diploma in Medical Law and Ethics from the National Law School Bangalore India University (NLSIU). She was a member of the Institutional Ethics committee and is currently Head of the Manipal unit of International Network of the UNESCO Chair in Bioethics (Haifa), and the Head of the Indian Training Program of the UNESCO Chair in Bioethics (Haifa).

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 /BIOETHICS.MSAI

Online Webinar

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# WBD 2017 TROUPE

Task force behind the behemothic success of the celebration

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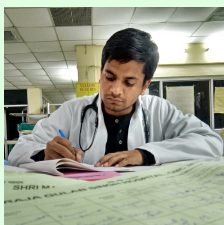
**Hansel Misquitta**

Head, Organising Committee



**Monisha Nair**

Co-Head, Organising Committee



**Aakash Chowdhary**

Head, Review Board



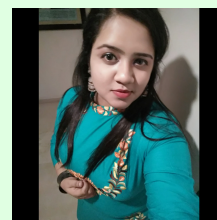
**Mikail Merchant**

Co-Head, Review Board



**Nishigandha Bangal**

Head, On-Campus Events



**Sayli Kalzunkar**

Co-Head, On-Campus Events



**Jizaa Khandekar**

Head, Magazine Development



**Chetna Chhabra**

Head, Online Events



**Aatikah Khan**

Head, Illustrations

# WBD 2017 OC & TEAM LIST

Name of Participant	Name of Event	Place	Date	Event Participation
Hansel Misquitta	Organising Committee, World Bioethics Day, 2017	India	19th October, 2017	being a Co-Head of the
Monisha Nair	Organising Committee, World Bioethics Day, 2017	India	19th October, 2017	being a Co-Head of the
Aakash Chowdhary	Review Board, World Bioethics Day, 2017	India	19th October, 2017	being the Head of the
Sayli Kalzunkar	Committee on Logo Design, World Bioethics Day, 2017	India	19th October, 2017	being a member of the
Aakash Chowdhary	Committee on Logo Design, World Bioethics Day, 2017	India	19th October, 2017	being the Head of the
Nishigandha Bangal	Committee on On-Campus Events, World Bioethics Day, 2017	India	19th October, 2017	being a Co-Head of the
Sayli Kalzunkar	Committee on On-Campus Events, World Bioethics Day, 2017	India	19th October, 2017	being a Co-Head of the
Chetna Chhabra	Committee on Online Events, World Bioethics Day, 2017	India	19th October, 2017	being a Head of the
Aatikah Khan	Committee on Illustrations & Graphics, World Bioethics Day, 2017	India	19th October, 2017	being the Head of the
Jizaa Khandekar	Committee on Magazine Development, World Bioethics Day, 2017	India	19th October, 2017	being the Head of the
Janhavi Thorat	Committee on Magazine Development, World Bioethics Day, 2017	India	19th October, 2017	being a member of the
Megh Desai	Committee on Magazine Development, World Bioethics Day, 2017	India	19th October, 2017	being a member of the
Zahabiya Nalwalla	Committee on Magazine Development, World Bioethics Day, 2017	India	19th October, 2017	being a member of the
Shivani Dalal	Committee on Magazine Development, World Bioethics Day, 2017	India	19th October, 2017	being a member of the
Varada Vartak	Committee on Magazine Development, World Bioethics Day, 2017	India	19th October, 2017	being a member of the
Nikita Saha	Committee on Magazine Development, World Bioethics Day, 2017	India	19th October, 2017	being a member of the
Aatikah Khan	Committee on Magazine Development, World Bioethics Day, 2017	India	19th October, 2017	being a member of the
Aradhana Sarma	World Bioethics Day, 2017	Jorhat Medical College	19th October, 2017	being the college representative for
Haodijam Sushmita Devi	World Bioethics Day, 2017	Adhichunchanagiri Institute of Medical Sciences, Karnataka	19th October, 2017	being the college representative for
Ashish Wadekar	World Bioethics Day, 2017	Lokmanya Tilak Medical College, Mumbai	19th October, 2017	being the college representative for
Samruddhi Hulyalkar	World Bioethics Day, 2017	Smt. Kashibai Navale Medical College, Pune	19th October, 2017	being the college representative for
Meghal Shah	World Bioethics Day, 2017	Sumandeep Vidyapeeth Medical College, Vadodara	19th October, 2017	being the college representative for
Saicharan Kulkarni	World Bioethics Day, 2017	MNR Medical College, Telangana	19th October, 2017	being the college representative for
Shatabdi Chakraborty	World Bioethics Day, 2017	Terna Medical College, Navi Mumbai	19th October, 2017	being the college representative for
Deeksha Tiwari	World Bioethics Day, 2017	Malla Reddy Medical College, Hyderabad	19th October, 2017	being the college representative for
Chirdeep Malhotra	World Bioethics Day, 2017	Government Medical College, Jammu	19th October, 2017	being the college representative for

# SPECIAL THANKS



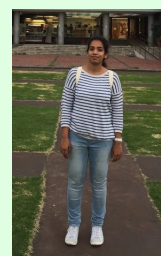
ARSHIET DHAMNASKAR  
(VPPRC 2017-18)



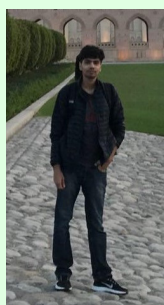
GEETANSHU SINGLA  
( VPI 2017-18)



SHREETA IYER  
(VPF 2017-18)



JYOTI SRAVYA  
(VPA 2017-18)



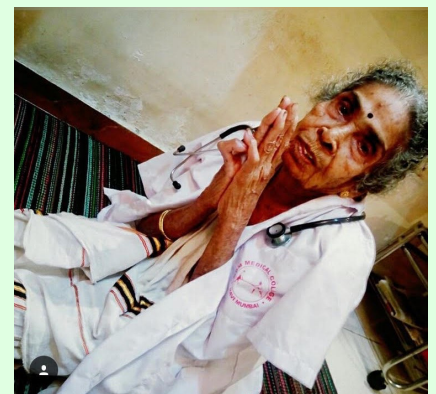
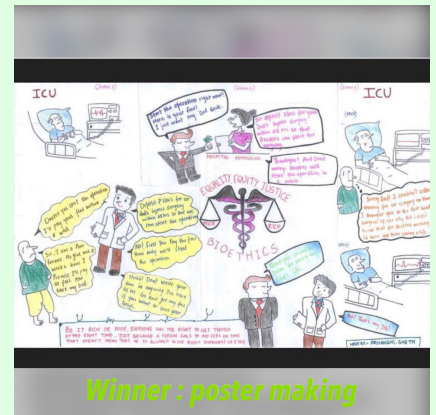
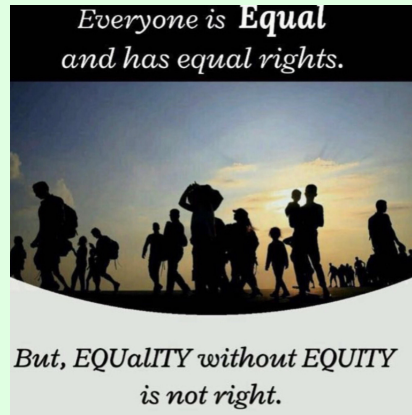
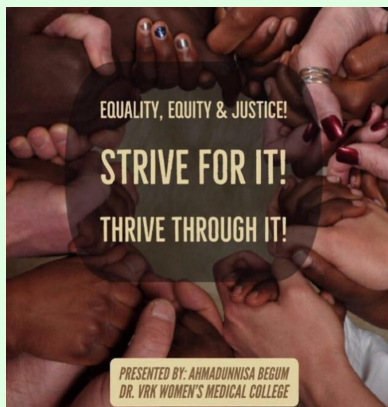
SARTHAK BAHL  
(VPE 2017-18)



ADIT DESAI (SUP-CO 2017-18,  
H/O UNIT UNESCO CHAIR IN  
BIOETHICS, MSAI 2017)

# PHOTO GALLERY

## WINNERS AND PHOTOS WBD 16/17



**WORLD BIOETHICS DAY 2017**

**ONLINE LIVE DEBATE**

Topic : Medical health insurance, a boon or a bane?  
Time : 3 minutes  
Last date to register : 17-10-2017, 23:59 IST  
To register, mail us your name and age at [wbdmsai@gmail.com](mailto:wbdmsai@gmail.com)  
Participation open for all  
Winners will get certificates from MSAI and UNESCO  
For further information, contact :  
Chetna Chhabra : +91 9116020076

MSAI | UNESCO Chair in Bioethics | #BIOETHICS.MSAI

**WORLD BIOETHICS DAY 2017**

**bookworms unite**

**ESSAY WRITING COMPETITION**

TOPIC: How would you relate equality, equity and justice?

Essay Entries to be submitted to : [wbdmsai@gmail.com](mailto:wbdmsai@gmail.com)  
Last day of submission- 14th October, 2017

Participation open for all  
For further information, contact :  
Chetna Chhabra : +91 9116020076

MSAI | UNESCO Chair in Bioethics | #BIOETHICS.MSAI

**WORLD BIOETHICS DAY 2017**

**POSTER MAKING COMPETITION**

TOPIC: Equality, Equity and Justice

Poster Entries to be submitted via mail- [wbdmsai@gmail.com](mailto:wbdmsai@gmail.com)  
Last day of submission- 14th October, 2017

Participation open for all  
For further information, contact :  
Chetna Chhabra : +91 9116020076

MSAI | UNESCO Chair in Bioethics | #BIOETHICS.MSAI

**WORLD BIOETHICS DAY 2017**

Share your best tips:  
All students who are looking forward to see a change in our society, to send in their ideas. The one with the most genuine and unique idea will win.

TOPIC: Equality, Equity and Justice  
Submission via mail - [wbdmsai@gmail.com](mailto:wbdmsai@gmail.com)  
Last date to share your tips: 16th October, 2017

Participation open for all  
For further information, contact :  
Chetna Chhabra : +91 9116020076

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**WORLD BIOETHICS DAY 2017**

**SLOGAN WRITING COMPETITION**

TOPIC: Equality, Equity and Justice

Write a slogan along with an appropriate picture/ poster/ drawing and e-mail it us, at [wbdmsai@gmail.com](mailto:wbdmsai@gmail.com)  
Last Date of submission- 16th October, 2017

Participation open for all  
For further information, contact :  
Chetna Chhabra : +91 9116020076

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**WORLD BIOETHICS DAY 2017**

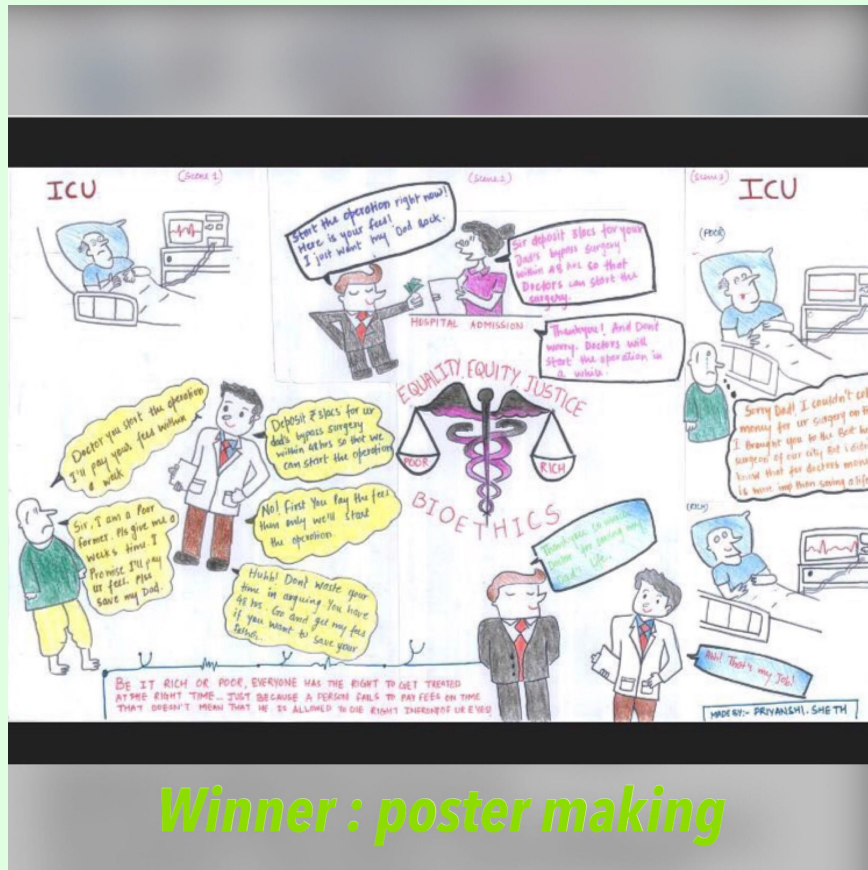
**VIDEO MAKING COMPETITION**

TOPIC: Injustice Around Me  
Video Entries to be submitted via mail- [wbdmsai@gmail.com](mailto:wbdmsai@gmail.com)  
Last day of submission- 14th October, 2017

Participation open for all  
For further information, contact :  
Chetna Chhabra : +91 9116020076

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**Winner : poster making**



**WORLD BIOETHICS DAY 2017**  
EQUITY EQUITY JUSTICE

UNESCO BIOETHICS UNIT  
MUMBAI, INDIA



## LIVE WEBINAR

TOPIC : EQUALITY, EQUITY, AND JUSTICE

Guest webinar by Dr. Mary Mathew

Time : 11:30 a.m.

Date : 15th October, 2017

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Dr. Mary Mathew, MD, DCH, PGDMLE  
Professor, Department of Pathology, Kasturba Medical College, Manipal University, Manipal, Karnataka, India  
Head, Indian Training Program of the UNESCO Chair in Bioethics (Haifa)

Dr. Mary Mathew is a Professor of Pathology at Kasturba Medical College, Manipal, Karnataka, India. She completed her undergraduation and post-graduation from the same institution and holds a Diploma in Child Health (DCH) and a Postgraduate Diploma in Medical Law and Ethics from the National Law School Bangalore India University (NLSIU). She was a member of the Institutional Ethics committee and is currently Head of the Manipal unit of International Network of the UNESCO Chair in Bioethics (Haifa), and the Head of the Indian Training Program of the UNESCO Chair in Bioethics (Haifa).



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UNESCO Chair in Bioethics (Haifa)



World Bioethics Day

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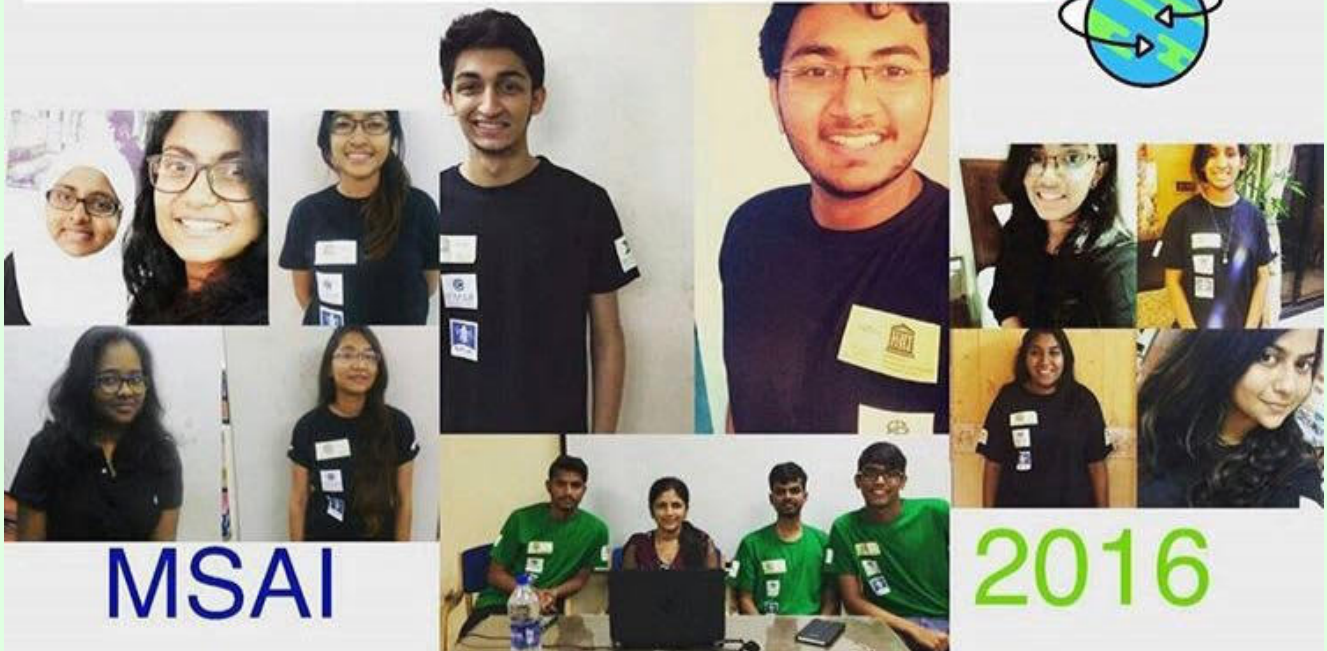
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# WBD 2016

## Organising Committee



## World Bioethics Day



MSAI

2016

WBD SOCIAL MEDIA

EMAIL: [wbdmsai@gmail.com](mailto:wbdmsai@gmail.com)

FACEBOOK: [facebook.com/bioethics.msai](https://www.facebook.com/bioethics.msai)

INSTAGRAM: [instagram.com/bioethics.msai](https://www.instagram.com/bioethics.msai)