

Check Up:



Thalia Arawi, PhD,
Founding Director,
Salim El-Hoss
Bioethics and
Professionalism
Program (SHBPP),
talks about
bioethics.

Q. When was SHBPP founded? Why? What's the program's mission?

A. The Salim El-Hoss Bioethics and Professionalism Program (SHBPP) at the AUB's Faculty of Medicine and Medical Center is an interdisciplinary resource for faculty, students, healthcare providers, and policy makers, who are involved in bioethics education, research, and consultation in Lebanon and the region. It was launched in April 2010 as the first targeted initiative in the Arab world that seeks to educate, research, and champion issues related to professionalism, medical humanism, and bioethics. It promotes and encourages the development of the requisite skills, attitudes, and behaviors among those who practice medicine on issues such as end-of-life care, medical economics, health administration, law and policy, and ethics and research in Lebanon and the Arab world.

Q. How would you define bioethics?

A. Bioethics can be defined as a serious examination of ethical issues in health care. It is principally concerned with the moral, legal, religious, political, and social issues raised in medicine and clinical care. Although 'bioethics' is a modern term, the concept can be traced back to Hammurabi's Code and the Hippocratic Oath, both of which require ethical considerations in medical practice. Perhaps the first full book on physician ethics was *Adab al-Tabib* by Ishaq ibn Al-Ruhawi, written towards the end of the 9th century. Al-Ruhawi believed that physicians are "guardians of souls and bodies."

Q. Is bioethics taught at AUB? How? When? Where?

A. We have been teaching Bioethics at the Faculty of Medicine for a number of years now. We do that via both the formal and the informal curricula as it is my firm belief that both need to be aligned or else we will not get the results we are aspiring to. Often, the hidden curriculum contradicts what was learned in the formal one, thus the importance of working on both at the same time. We are lucky to have received institutional support for the SHBPP mission from our Dean and Executive Vice President Mohamed Sayegh. I do not think any of this would have been possible without his support. I take the opportunity to thank him for all the support he has shown and is still showing for SHBPP. At SHBPP, we have introduced a rigorous series entitled Physicians, Patients and Society (PPS 1 to 4), which is a longitudinal series required from undergraduate medical students. PPS courses include bioethics as well as medical humanities. In addition, we also offer integrated lectures within organ systems. Moreover, SHBPP introduced BROWnies (Bioethics Rounds On the Wards) with medical students, residents, nurses, attending physicians, AUBMC's clinical bioethicist, and others. PPS courses as well as BROWnies have received very positive feedback from students and faculty. In addition, and as part of the informal curriculum, we have an Ethics Matters lecture series—in which we offer lectures on bioethics topics—and an electronic newsletter. These are attended by students, residents, and faculty (medicine and nursing) from AUB and Lebanon. Our speakers are often internationally renowned figures (such as Arthur Caplan, Howard Brody, Haavi Morreim, Trudie Roberts, Eric Cassel, and Jeremy Sugarman, to mention but a few) and colleagues from AUBMC. We also have local, national, and regional conferences and workshops. We have established the physician and resident SHBPP-

AUBFM Humanism and Professionalism Awards and also the Medical Humanism Fund to help needy patients. These are only some examples. More can be found on our website: www.aub.edu.lb/fm/shbpp/.

Q. How do ethical standards differ across countries? East versus West?

A. It's a long story. One difference centers on the principle of autonomy. In Lebanon, we used to adhere somewhat to soft paternalistic elements, which can be traced back to the Hippocratic Oath, which states that the physician knows more. Yet, while matters have changed drastically over the years, and the patient is involved in all decisions, some form of soft paternalism might still be needed in this part of the world.

It's also important to ease into bad news. We used to have oncologists coming from America who might tell a patient they have cancer as soon as the results are in. Here, you need to prep the patient more psychologically and emotionally, and there is a way to break bad news. Going back some time, doctors didn't use words like cancer. They told patients they had an infection. They were concerned about the psychological impact of breaking such news to the patient and family, who used to refuse to hear or mention the word cancer.

Patients here often come for treatment with their entire family in tow. So physicians must consider how to manage that dynamic.

Q. What is your stance on designer babies?

A. It is something that science might make possible, but there are some things we ought not to do. If we're working on genes of a potential baby that will eliminate Alzheimer's or cystic fibrosis, I might say that's okay. But when you start tampering with specific traits, like, "Do I want my child to be blond with green eyes,

a football player or a musician?"—this is where we draw the line, I think. The usual question that is raised is whether we have the right to play God.

For example, if now, I'm pregnant, and I want my kid to be a musician and a doctor, and I act on that, I've taken on even more responsibility for my child's fate than I would have through a natural conception. What if the child grows up and doesn't like my choices for him or her? I would be fully responsible for making them what they didn't want to be. And when talking about medical enhancements, there's always the question of who will have access. Only certain countries? A certain class of wealthy people in those countries? This could widen the already large gap between the wealthy and poor in terms of medical care. These are only some issues that might arise; there is much more of course.

Q. What about organ donation?

A. I can't give an overview statement here. It's really a case-by-case issue. You can have two patients of similar circumstances, but the decision can be very different. In Lebanon, we have donor cards. Organ donation is religiously acceptable. All Abrahamic religions support it.

Q. What do you see as your role as director of SHBPP?

A. As Founding Director of SHBPP, my main role is in enhancing the understanding and appreciation of bioethics as being intrinsic to medicine, not extraneous to it. We are doing our best to make this happen at AUB, in Lebanon, and in the Arab Region. I am happy to say that we have already made a difference. We want to help graduate physicians become "healers" as opposed to "healthcare practitioners," who will do the right thing when no one is looking. It is very important to develop bioethics regulations that fit our culture and not just import them wholesale from the West.