

Bioethical challenges in RH care in the context of Lebanon and the region

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Reproductive Health

- RH (ICPD, 94) spans women's life and rests on comprehensive well-being in a framework of rights ensured by governments and cultural understanding
- Many countries have committed themselves, by both international undertakings and their national laws, to give effect to this concept, as an ethical duty reinforced by law
- Ethical judgments are not either black or white, ethical or unethical
- More than a single way to behave ethically, depending on the ethical principle to which priority is given. Ethical decision-making requires that central elements underlying a decision be identified, and ethical reasons be provided for favoring one approach over another

UNESCO Chair in Bioethics, 06

Bioethics & RH

- There are several interpretations of bioethics origins
- Attributed the growth of modern bioethics to dissatisfaction with restrictive approaches to individual reproductive choices in the Roman Catholic church:

“Fertility control was the major issue that spawned bioethics... The theologians, who were the first ethicists working in bioethics, cut their teeth on contraception/ sterilization and abortion debates; and in a very real sense, much of the great energy that was turned toward bioethics around 1970/71 was energy that was diverted from the then increasingly futile church debates on fertility control”

- Jonsen A. The birth of bioethics. New York: Oxford University, Press; 1998.

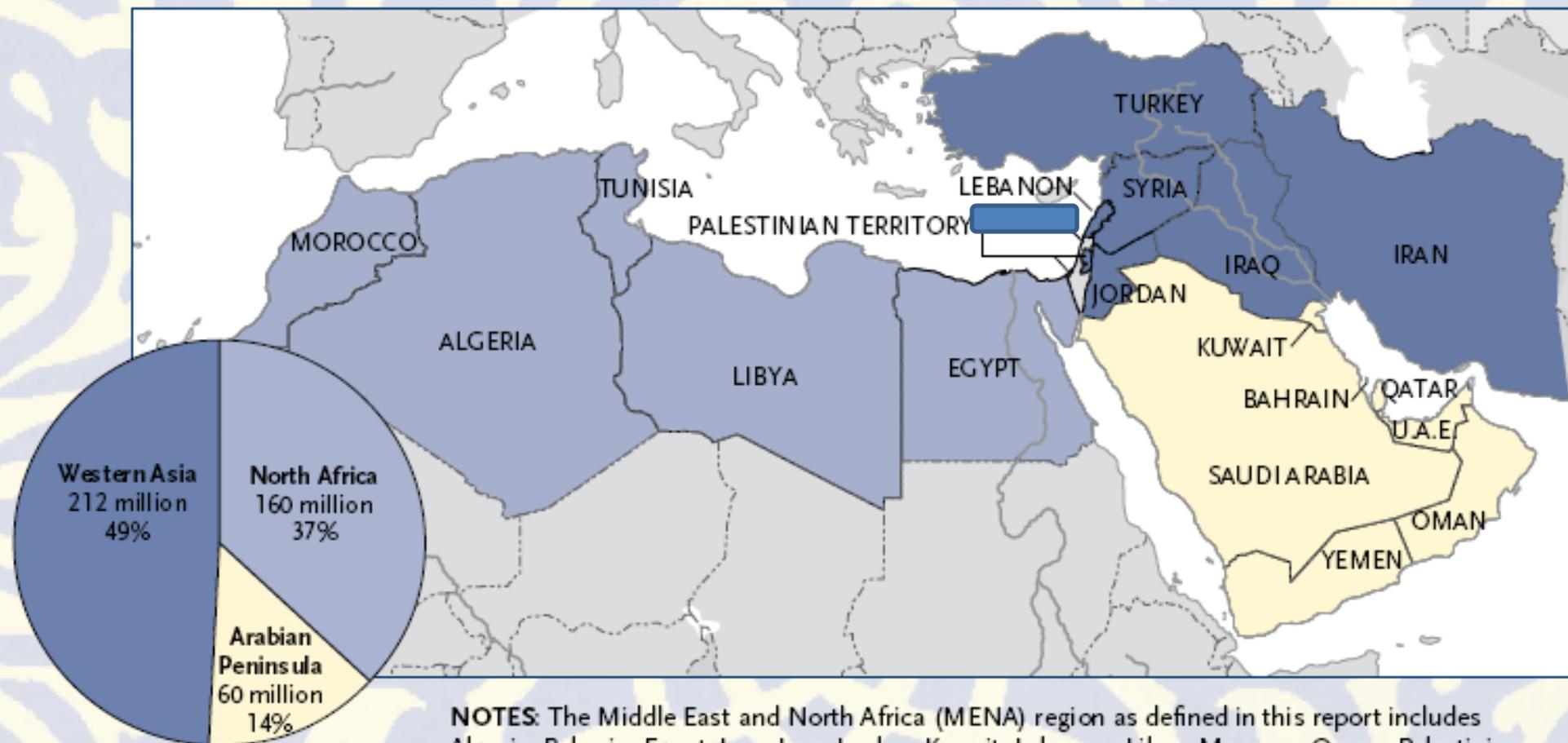
- Reich WT. The “wider view”: André Hellegers' passionate, integrating intellect and the creation of bioethics.

RH bioethics between medicine and public health

- Principles of bioethics were applied to clinical concerns, addressing the perceived paternalism in physicians' dealings with their patients, protection of patients' confidentiality, and the prior informed and voluntary consent of patients
- From individual to community: Attention must be directed to how, or whether, bioethical principles can be applied to public health (the duty to do good (beneficence) and to do no harm (non-maleficence) and social justice

- The practice of conscientious objection & bioethical judgment by HCWs is growing across the globe
- In RH care settings: Religious or moral values placed on beliefs as to when life begins, often invoked in the context of abortion, contraceptive services, IVF and related matters, including the provision of information related to such services (IJGO, 13)

Middle East North Africa (MENA) population (PRB, 08)



NOTES: The Middle East and North Africa (MENA) region as defined in this report includes Algeria, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestinian Territory, Qatar, Saudi Arabia, Syria, Tunisia, Turkey, the United Arab Emirates, and Yemen.

Cultural/legal/ Context

- 2005: Most of Arab States approved the universal principles of bioethics in the UNESCO Universal Declaration on Bioethics and Human Right
- However: Many States are mostly homogeneous towards their beliefs, less disposed to bioethics by western secular experience, within “universal values”
- Islam remains the main constitution/source of legislation & conformation with Islamic principles (Sharia, Jurisprudence)

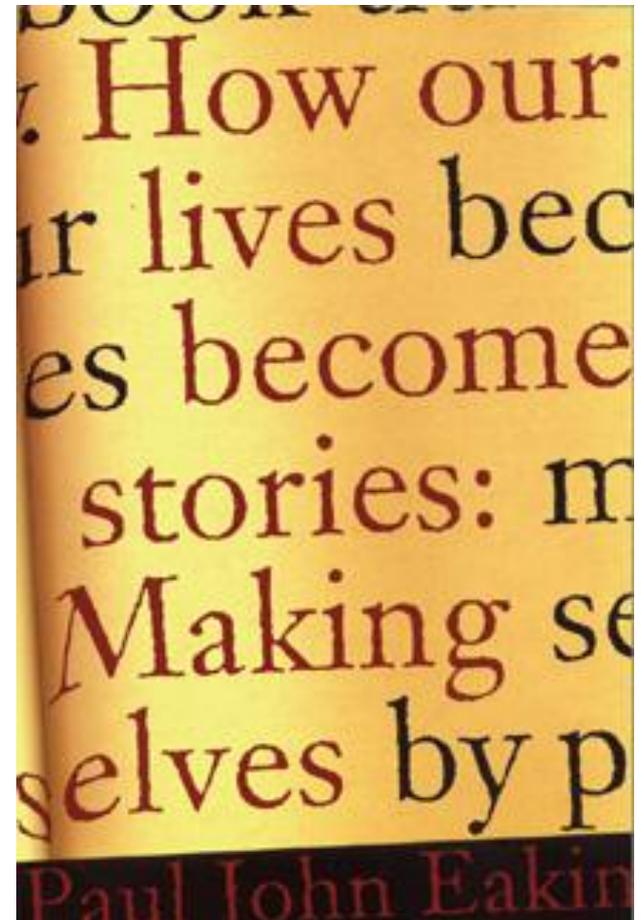
- Bioethical thoughts are expressed at the level of religious dignitaries (Islamic Code of Medical Ethics)
- Christian and Jewish religious authorities expressed similar core values
- Absence of legal framework: Issues of Personal Status and civil codes
- Lack of modernization of laws in view of medical advancement

(Ethics and Law in Biomedicine and Genetics: Arab States, UNESCO, 11)

Contested issues in bioethics in RH (UNESCO, WHO, 06)

- Contraception counseling of adolescents: Confidentiality; parental consent)
- Request for sterilization without telling spouse (access to sterilization: confidentiality; husband's authorization)
- Young bride requests secret access to contraception (access to contraception; confidentiality; husband's authorization)
- Adolescent sex education (adolescent sex education)
- Emergency contraception for rape victim and *conscientious* objection

- Sexually transmitted infection and confidentiality (STIs; confidentiality)
- Domestic violence and confidentiality (domestic violence; confidentiality)
- Maternal refusal of indicated care of fetus on religious grounds (Cesarean delivery; maternal-fetal conflict)



More on maternal issues

- Married woman requests abortion without husband's knowledge
- Sepsis and incomplete abortion in adolescent, where parental consent required for abortion (*emergency obstetric services; post-abortion care; adolescent; parental authorization*)
- Abortion in case of alleged rape
- Sex selection abortion (case of UK, Daily Telegraph, 13)(India?)

- Emergency care of woman with apparent illegal abortion (*emergency obstetric services; post-abortion care*)
- Maternal refusal of indicated care (emergency obstetric services; maternal-fetal conflict)
- Maternal refusal of indicated care of fetus on personal health grounds (*HIV positivity: mother-to-child transmission: maternal-fetal conflict*)
- Request for female genital cutting (*female genital cutting - medicalization*)

- Conscientious objection of pharmacist and access to emergency contraception (*access to emergency contraception; conscientious objection of pharmacist*)
- HIV positivity, confidentiality and duties to warn (*HIV positivity; confidentiality*)

- Sex Selection and pre-natal diagnosis
- *IVF in a polygamous cultural setting*
- IVF and possible risk of genetic disease (*IVF; refusal of diagnostic testing*)
- IVF and pregnancy risks (*IVF; denial of treatment*)



- Sex selection IVF (*IVF; sex selection; pre natal diagnosis*)
- Surplus embryos (*embryo research*)
- Surrogate Motherhood Counseling (*surrogate motherhood counseling*)
- Request to implant multiple embryos (*embryo transfer*)
- LGBT parenting issues

Most common issues

- Termination of pregnancy
- Adolescent/youth sexuality (Hymen reconstruction surgeries)
- Legal age of marriage
- Emergency contraception
- IVF issues & sex selection
- GBV

Termination of pregnancy (IJGO, 07, UNESCO, 11)

Medical/public health

- Undesired/ Anomalous/Out-of-wedlock
- Unsafe abortion
- Public health policy
- MMR: 26-600
- Risk of dying: 400-700x
- Psychological/Social burden

Cultural/Legal

- Woman's life in danger
- Different religious interpretations
- *Fatwas*
- Political accountability of the state: legal abortion in industrialized nations has emerged as one of the safest procedures in contemporary medical practice
- 1995 World Conference on Women that unsafe abortion

-Estimated 20 million illegal abortions each year, “almost all unsafe abortions (97%) are in developing countries,”

- “[u]nsafe abortion mainly endangers women in developing countries where abortion is highly restricted by law and countries where, although legally permitted, safe abortion is not easily accessible...

Abortion status in MENA

Legal Status of Abortion in MENA Countries

Prohibited except to save the life of the woman	Permitted to preserve the woman's physical or mental health	Without restriction as to reason
Egypt, Iran, Iraq, Lebanon , Libya, Oman, Syria, UAE, Yemen	Algeria, Bahrain, Jordan, Kuwait, Morocco, Qatar, Saudi Arabia	Tunisia, Turkey

SOURCE: Center for Reproductive Rights, *The World's Abortion Laws 2007 Poster*.

FIGO stand (<http://www.figo.org/projects/conscientious>. Published 2005)

“The duty of practitioners as professionals to abide by scientifically and professionally determined definitions of reproductive health services and not to mischaracterize them on the basis of personal beliefs”



Assisted reproductive technology

Controversial issues (Medical & Public health)

- Age of female
- No of cycles
- Embryos transferred (SET, risks) and childbirth/neonatal risks
- Embryos frozen
- Financial/ emotional
- Sex selection/ Fetal reduction
- Egg/sperm donation
- Surrogacy
- Compliance with couples demands

Cultural/legal/policy

- Mostly lacking in the region
- Under-development/revision
- Religious consideration in issues of marriage and abortion
- Lack of clear policies outside the religious sphere
- Analogy

ART status in MENA

ART for married couples/no other unconventional procedures

- Lebanon
- Egypt
- Jordan
- Bahrain
- KSA
- Tunis
- Oman
- Algeria

No regulations but have ART centers

Palestine
Sudan
Morocco
UAE
Syria

Recommendations

- Multidisciplinary approach and serious consideration to “Bioethics” national and regional committees with pluralistic debates with coordination and exchange
- Universal adoption of laws and the local religious jurisdictions (Secularism vs *Sharia & Fiqh*) and role of *fatwas*
- Role of state in regulation and protection of personal freedom and choices
- Strengthening “bioethics” committees in governments and scientific societies and universities