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# TOUCHING LIVES



A HEALTHCARE NEWSLETTER OF FIAMC BIO-MEDICAL ETHICS CENTRE, MUMBAI, INDIA.

**F.I.A.M.C. BIO-MEDICAL ETHICS CENTRE  
(FBMEC)**

Making Ethics.....  
a Way of Life



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DESIGN : WILLIAM FERNANDES  
INTOUCH GRAPHICS

**FIAMC is the World Federation of Catholic Medical Associations**  
The letters F.I.A.M.C. are taken from the French name of the organization:  
"Fédération Internationale des Associations Médicales Catholiques".  
(French was its first official language.)

St Pius X College Complex, Aarey Road, Goregaon East, Mumbai - 400 063 (India)  
Tel.: 2927 0933 | Mob.: 9833606980  
E-mail: fiamcmumbai@hotmail.com | Website: www.fiamcindia.com





*Message from*  
**Dr. Nicholas A Antao**  
 Managing Trustee and Executive Director  
 F.I.A.M.C. Bio-Medical Ethics Centre

## TOUCHING LIVES TOUCHING MOMENTS

*Message from Dr. Nicholas A Antao*

*"Be a reason of happiness, not a partner. Be a partner of sorrow, not a reason.....Anonymous*



We touch people mostly without touching them: We touch them with our words, smiles, eyes, courage, madness and acts of kindness. Thus, one can imagine millions of different ways of touching lives. A fulfilled life doesn't point to the number of awards, wealth and followers amassed, but the impact one has on the lives of others.

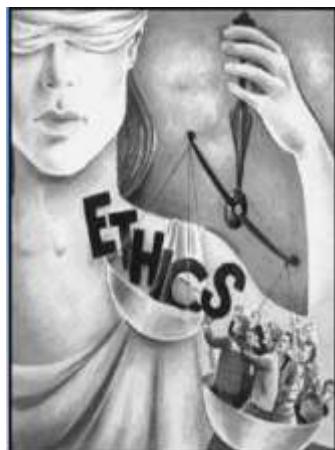
Over the last 18 years at the Bio Medical Ethics Centre in Goregaon, we have been running a course for 9 months of the year on medico-moral and ethical issues which affect life from the time of conception, through our journey on earth and our final passing away. This journey is fraught with ups and downs from our infancy to death. From infancy through early adulthood, our parents make decisions for us, and as we become adults, we face the tasks and responsibility to make these decisions ourselves. At the far end of our lives when our faculties begin to fail us, the roles are reversed as our children often become our primary caretakers and

decision makers. Some of the decisions that we make through this journey can be challenging from a medical and ethical standpoint.

Our course at the Bio Medical Ethics Centre helps guide our participants through a series of medico-moral and ethical issues. We teach them how to navigate these challenging themes by employing a layered decision making process using the fundamental pillars of ethics as a foundation: 1. Do No Harm 2. Is it Beneficial? 3. Will it do Justice? 4. Is there Autonomy in the decision making process? 5. Does the end justify the means or the means justify the end? 6. Is there a just distribution of resources in the case or issue involved?

This course was originally physical in person, but due to the pandemic, it was transitioned to a virtual platform. Our online course on the second Sunday of every month from July to March involved case study discussions, writing assignments and

projects. For the last two years, it has become a certified course affiliated with the Nirmala Niketan College of Social Sciences. Our participants come from all walks of life including social workers, students, teachers, religious, nurses, doctors, lawyers, businessmen, educators and administrators. We have been fortunate to have dynamic and enthusiastic participants, who have shown their desire to help the centre in a variety of ways.



This issue of 'Touching Lives' is the epitome of the dedication of our students and alumni of the course. I would like to congratulate them for their immense contributions. Finally, a special debt of gratitude to Mamta Vats, Anil Sequeira, Elizabeth Dmello and Fr. Joaquim Fernandes for their devotion and commitment, which is an inspiration to us all in bringing out this issue.



*Message from*  
**Pro. Dr. Anu Kant Mital**  
Academic Dean,  
F.I.A.M.C. Bio Medical Ethics  
Centre

## MY FELLOW COLLEAGUES & FRIENDS,

*Welcome to the new FIAMC Bio Medical Ethics Certificate Course 2022, with College of Social Work Nirmala Niketan Institute (Autonomous)*

Last year we saw more than 50 students, from diverse cultures, professions, age groups and educational backgrounds.

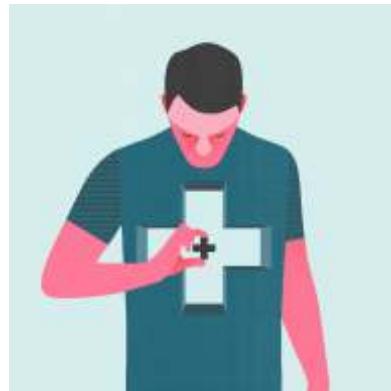
In this year's course too, with kind efforts of our ever resourceful Rev. Fr. Stephen Fernandes (Chief Consultant FBMEC) and the Managing Trustee Dr. Nicholas Antao, we have realigned certain topics, blending some overlapping ones and adding a few new faculty, while realigning the contents to make the module more precise and effective.

The course consists of, for the participants, in addition to listening to the didactic lectures, active participation case discussions in small groups & presentations, preparing the home assignments and also the Main project. Assessment of participation &



In light of this, esp. to continue to maintain the standards needed by the UGC and our prestigious collaborators, the College of Social Work ,Nirmala Niketan Institute we have to follow certain rigorous protocols. These apply to the attendance, participation in groups sessions and of course the timely submission of the assignment and the project papers

As I mentioned earlier there are already a very mixed demographic of students from different age groups and educational backgrounds as well as different cultures, so our course content is



designed to be sensitive to this. The course modules are designed and presentations delivered accordingly.

As some of you have already done this course or heard about it from others please remember that in these troubled times and probably worse to come we will need to be very proactive and alert when we interact with the healthcare service providers so as to be able to keep our interest and the interests of our loved ones safe.

Take care and wishing that God be ever benevolent to you all and your loved ones



*Dr. Avinash De Sousa*

Consultant Psychiatrist and Founder  
Trustee, Desousa Foundation, Mumbai.  
E-mail – avinashdes888@gmail.com

The course is an exceptional one. The course is unique in the sense that various facets of bioethics are concerned and there are multiple viewpoints that are concerned both from the medical and non-medical perspectives. The faculty for the course is some of the best in their fields and have a huge range of expertise in their areas. A student of the course maybe from a medical or a non-medical background and may have an equal understanding of the ethical dilemma that is being deliberated upon. The premise of the course is that it is suited for medical and non-medical students alike.

The student joining the course must be interested in the medical aspects of bioethics and also various ethical issues that matter. I expect the student to be ready to delve into ethical dilemmas and be open to challenge his own assumptions and also challenge the various biases that one may have when it comes to ethical challenges.

## TEACHERS EXPECTATION OF STUDENTS ATTENDING THE COURSE



The course is designed to improve self-knowledge about bioethics principles and applied ethics in medicine in health sciences. The course will further give the students the required bioethics and applied bioethics competencies of the integrated bioethics curriculum that they need. The student should be involved in ethical deliberation where they would

be deliberate and debate on various facets of ethics and shall participate whole heartedly in ethical debates and case discussions. The major advantage is that they shall be mentored by senior faculty and this shall result in good knowledge imparting to the student. The student must be sincere and dedicated and must be keen to push himself or herself to the limits.

The teaching of ethics cannot be treated as an exact science, because there are different gradients in terms of morals and education that the individual possesses in a specific zone. One of the principal objectives that bioethics possesses is that of promoting critical thinking. The morals and ethics of each person depend on his/her life environment and of the childhood that this individual

experienced. Nonetheless, according to the moral development theory, these ethical values can change or be developed depending on the life experiences that the person has as an adult age. This pillar has as its purpose the acquisition of the elements of understanding and can be simultaneously considered as the means and the end of human life. In this knowledge, the importance of scientific reasoning and the need for a wide-reaching general culture is highlighted. This type of learning stimulates the critical sense, permitting one to decipher reality. The importance of “learning to learn, exercising the attention, memory, and thought” is emphasized, mentioning that the process of learning happens during one's entire life. This is the dedication as a faculty we expect from students.



Jason J Fernandes  
Alumni Batch 2019-20

## CONCEPT OF BIOMEDICAL ETHICS AND IT'S IMPORTANCE TODAY

Biomedical Ethics is the study of the ethical issues emerging from advances in Biology and Medicine. It is also moral discernment as it relates to medical policy and practice. Biomedical ethics are concerned with the ethical questions that arise in the relations among life sciences, biotechnology, medicine and medical ethics and how does politics and law deals with it and how Theology and Philosophy can be applied. It includes the study of values relating to primary care and other branches of medicine.

Life is a gift that most often we take for granted. It is only under threat of ill health, potential loss and attack that the experience of importance of life suddenly invokes a keen sense of sadness or regret. Medicine and Science have made giant and remarkable strides to improve quality of life but sadly have left us much more



vulnerable to manipulation. There are hosts of issues associated with responsible procreation. At one end we have issues of limiting and terminating life, manipulating at any cost through prenatal screening, sex determination and genetic modification to have that perfect child. At the other end where do we stand on issues of IVF and surrogacy for those who cannot bear a child?

Medical emergencies in a newborn may effect vital organs giving rise to ethico-moral issues with regard to preserving such a life.

Bio-medical ethics should help us provide guide lines to make appropriate moral decisions. Despair, depressions and even suicides dog our footsteps as we face the challenges of the modern world. Teenagers and young adults are particularly vulnerable and should be dealt with counselling and pastoral care to guide them in their efforts to promote the fullness of life. Severe medical emergency situations sometimes call for critical decision making in perseverance of life. Do we have a right to pull a plug? What lengths and costs should we go to preserve a life? Are we playing God if we choose who should get the only one respirator? Dr Albert Schweitzer the great Theologian and Philosopher says “A person is truly ethical only when he obeys the compulsion to help and serve all human life which he is able to assist, show compassion and shirks from injuring anything that lives. Ethics is the activity of a person directed to secure inner perfection of his/her own

personality.

In a particular way we need to be aware of the various ethical issues that seriously affect the health of our people – right from the first moment of conception until the last breath of life. Bio medical ethics should be able to guide people to make proper moral decision in the light of the teaching of the church in areas such as abortion, contraception, organ donation, euthanasia, ethics in cancer care and surgeries, ethics of handling addiction and substance abuse, ethical concerns in intensive care situations, care of elderly, the mentally ill and palliative care.

In short Biomedical Ethics should be prepared to address all issues which causes great distress in Families, Societies, Country and the world at large, to the Perfection, Preservation and Promotion of human life.

We must not give into discouragement and not lose hope. Each of us is encouraged to work together to build a “civilisation of love” founded on the universal values of peace, solidarity, justice and liberty.



**Sunil D'souza**

Alumni Batch 2015-16

I have been teaching Science & Mathematics to the students of the Secondary Section at St. Paul High School, Mumbai, which is a State-Board Govt.-aided school affiliated to the Archdiocesan Board of Education. I had completed the Basic Certificate Course in Healthcare Ethics conducted by the FIAMC Bio-Medical Ethics Centre of the Mumbai Archdiocese in 2015-16. The reason why I felt interested to do this course is because it was related to both science & health. Before doing this course, I always taught Science in school glorifying all its achievements like IVF, Sperm Bank, Surrogacy, contraceptive measures like IUDs (Copper-Ts, pills), vasectomy,

## EXPERIENCES OF A TEACHER HANDLING STUDENTS QUERIES ON IVF



tubectomy, etc. since I always saw them purely from the scientific point of view. After doing this course, I received a totally new perspective, i.e., I began to see them from the moral or Christian point of view.

For instance, I learnt that though the In-Vitro Fertilization (IVF) technique is a blessing for

childless couples with some defects in their reproductive systems, it is still a crime against humanity or to say cold-blooded murders of unborn babies. Please permit me to explain. In the IVF technique, the ovaries of these women are made to super-ovulate, i.e., release as many eggs as possible. These eggs are then fertilized with the help of the sperms of their husbands to give rise to embryos. Then the best embryo among them is chosen and implanted in the womb of the mother while the remaining embryos are discarded. These embryos have life in them and discarding them is as good as throwing babies in the dustbin. This amounts to mass killing and violation of the 5<sup>th</sup> Christian commandment, "You must not kill".

A few years back, I made friends with a couple who had newly moved in to our parish. Due to some complications, they too were struggling to have a child. They too had tried the IVF technique but the pregnancy got terminated. When he discussed with me about it, I explained to them that it was not morally right and that they had committed a mortal sin. They both made a good confession to a priest

and thanked me for enlightening them. Sadly, today, most Christians are not aware of this while there are a few others who feel that there is nothing wrong with it.

For my part, whenever I teach my students in school about these techniques mentioned in the Science – Part 2 syllabus of Std. 10, I make sincere efforts to make aware of its moral side. I feel very happy & proud that I am doing justice to my teaching vocation and also doing my Christian duty of informing these youngsters of today hoping that they will not fall prey to these techniques for Fr. Stephen Fernandes, Former Executive Director of FIAMC Centre, always keeps reiterating the famous adage, "*The ends do not justify the means*".

I also recommend that every person especially Christians should do this course if possible and learn about these moral or ethical aspects so that they can enlighten others on these issues for Science is both a boon as well as a curse. This course is both informative & interesting and taught by reputed medical professionals, pro-life activists, etc. on Sundays.



Coretta Dsouza  
Alumni Batch 2013-14

"ETHICS, making a decision, whether right or wrong".

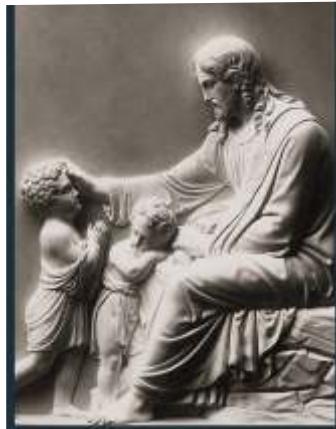
It was in the year 2013-14 when the course was offline I had the opportunity to do the 10th Certificate Course in Healthcare Ethics. My thanks and gratitude goes to Fr Stephen Fernandes and my then Parish Priest of St. Blaise Parish, Amboli, Andheri (West) for encouraging and supporting me to complete this Course successfully, inspite of my two sons being small and having to leave them alone at home for the entire Sunday morning. I was determined and challenged and then convinced to

## BIOMEDICAL ETHICS COURSE AIDED ME IN MY SERVICE TO THE CHURCH



sign up for the Healthcare Ethics Course. As time went by, I started to get involved in different Ministries and as an animator with confirmation

students, it was here that I felt I could contribute to these Young Adults through the learning of the course. The youth who find themselves at a threshold of uncertainties, doubts, negativity, criticism, fear, anxiety, stress etc. could be handled with knowledge of the Genes, the Environment, Traditions, Morals, Time Management Principles, Panic Attacks, Social Phobia, Post Traumatic Stress & Disorders from the course Module. Euthanasia, End of Life Issues, Abortion, Life-Sustaining Treatment & Patients, Legal Criteria etc., helped to some extent as I offered my time, giving a listening ear, my opinions and suggestions not only the Young Adults, but to the sick and aged in the parish. On my Mission trips to villages the learnings equipped me to understand the lives of the tribal communities, their needs, health of their babies and children, not



forgetting the aged. Undoubtedly, this Bio-Medical Ethics Course has helped me not only to cater to the needs in my Ministries in the Parish and the parishioners, but taken me beyond that. Reaching out to the sick and the aged the terminally ill as a Divine Apostolate is being done diligently with the learnings on Palliative Care. Also giving them HOPE and JOY and reassuring them that all will be well soon.

And today I can very proudly say that I owe so much back to F.I.A.M.C Bio-Medical Ethics Centre to Fr. Stephen Fernandes the doctors and faculty members.

And last, but not the least, to my family and my Parish for putting their full faith and trust in me as I took up the course and continue to carry out my simple, but dedicated reachout to one and all.



Elizabeth Tavares

## BIOMEDICAL ETHICS : ORGAN TRANSPLANT



Through 1960s developments in transplantation technology enabled use of organs from unrelated deceased donors. For the noble act of organ donation after death, the real death of the donor must be fully ascertained. This is done in two ways. The dead were assessed by use of:-

- (a) circulatory criteria
- (b) neurological criteria

Transplant centres initially allowed genetically related family members. Over the years donations were received from donors who had no genetic link.

**Ethical Issues:** The utilization would accept that organ donations save lives. When people continue to pledge for donation after death more lives are spared. An organ transplantation is possible between individuals, social by nature and with full

integrity. The demand for solid organs exceeds the number of organs available from deceased donors. Instead of facing years on a transplantation waiting list, some patients often identify relatives or others who would be willing to donate the needed organ. e.g. A couple were friendly in college and the girl had kidney problem. Her friend was willing to donate and save her life. The kidney transplant was done successfully and they got married. She conceived and had a son, both husband and wife are looking after their son who is 18yrs of age. So donation saves lives and reduces recipients waiting time.

The ethical and legal issues related to organ and tissue procurement and transplantation are often discussed in light of principles:-

- (a) Autonomy
- (b) Benevolence
- (c) Non-maleficence
- (d) Free and informed consent
- (e) Respecting the dignity, integrity and equality of human beings, fairness and the common good.

The ethical concern is; doctors face a moral dilemma in placing a living donor at risk. One person becomes a patient to benefit another person, who is already a patient. Whatever the relationship between a potential donor and the recipient, it is crucial that the potential donor be adequately informed and that the decision be made in an environment that is conducive to thoughtful decision making without undue influence or coercion.

The other ethical concern is that the organ is actually being sold and the financial incentive motivates the donor. By law compensation for organs is illegal. It is unlawful for any person to knowingly acquire, receive or transfer any human organ for valuable consideration. Compensating living donors opens up the possibility of exploiting poor and underprivileged people. International markets in organs/organ trafficking from living individuals appear to involve the exploitation of relatively impoverished people and inadequately informed and perhaps manipulated consent.

It is of utmost concern about human rights abuses, where often vulnerable people due to poverty get abused. Any organ transplant entails two people having to undergo surgeries - The insured recipient and the organ donor. The donor's expenses - cost of screening of the donor, post-surgical complications, donors pre and post hospitalisation costs, need to be clearly made in the form of Statutory Declaration. Expenses of the transplantation are borne by the recipient, and their private health insurers. Most general insurers

cover organ transplant surgeries as part of their regular policies.

"The cost of organ transplant varies from one private hospital to another, although the organ is obtained for free. Most transplant procedures do not require an imported material. Private hospitals need to reduce the cost and Government should ensure the transplant programme is subsidized". The Indian Society of Organ Transplantation (ISOT) - which consists of doctors are in talks to standardize the cost of a straight forward uncomplicated transplant surgery.

Human Cadavers for medical research, anatomical teaching, medical and scientific research



and specialist training is a basic requirement for Research and Development. We must acknowledge that each of these bodies represent the tangible remains of a person and due respect, recognition and gratitude be given.

**Conclusion:** It is evident that demand and supply is not adequate by obtaining organs from deceased persons. Saving lives is the main goal of every doctor.

We need explicit laws to guard living donors from being exploited. Every recipient and donor be given sufficient after care for at least six to twelve months. Transparency on transplantation of organs is the responsibility of the laws formulated by every state and nation, moral integrity of the doctors and hospitals.

# CASE STUDY – LIVER TRANSPLANT

After each session and as a part of the certification process of the Bio-Medical Ethics program the students are given Case Studies to be evaluated and discussed in groups. This article is an attempt of the alumni to evaluate the case of a liver transplant based on the application of the relevant ethical principles and to share their perspective on the same .We invite you to share your thoughts on the case and email to email:

officefiamcindia@gmail.com  
with the subject line – Case Study – Live Transplant.



Ajit Pandey | Anil Sequeira | Mamta Vats

## Case study – Liver Transplant

Liver is the largest solid internal organ whose primary functions include: Producing bile, which helps the body absorb fats, cholesterol and fat-soluble vitamins; Making proteins that help the blood clot; Removing bacteria and toxins from the blood; Processing nutrients, medications and hormones; Preventing infection and regulating immune responses.

A liver transplant is a surgical procedure that removes a liver that no longer functions properly (liver failure) and replaces it with a **healthy liver from a deceased donor** or a **portion of a healthy liver from a living donor**.

Liver transplant is usually reserved as a treatment option for people who have significant complications due to end-stage chronic liver disease. Liver transplant may also be a treatment option in rare cases of sudden failure of a previously healthy liver.

Liver Cirrhosis is by far the most common cause that results in the need for a liver transplant. Chronic hepatitis B and C; bile duct diseases; genetic diseases like Wilson's disease; autoimmune liver diseases; primary liver cancer; alcoholic liver diseases and non-alcoholic fatty liver disease are the other conditions that can be cured by a successful liver transplant.

Liver transplant surgery carries a risk of significant complications. There are risks associated with the procedure itself as well as with the drugs necessary to prevent rejection of the donor liver after the transplant.

Risks associated with the procedure include: Bile duct complications, including bile duct leaks or shrinking of the bile ducts, bleeding, blood clots, failure of donated liver,



infection, rejection of donated liver, mental confusion or seizures. Long-term complications may also include recurrence of liver disease in the transplanted liver.

## Case Overview

**56 year old male**, being treated for Liver Cirrhosis is recommended Liver transplant.

**Symptoms:** Edema in legs and stomach, gaining weight due to water retention.

### **Clinical Diagnosis:**

- Frequent fluctuation in Blood Pressure
- Severe loss of weight & muscle mass
- Water retention in thorax region -Lungs
- Normal Heart beat
- Heavy breathing issue, but oxygen level maintained at 95%
- Low Nutrition values
- Patient could not survive more than 3 months without transplant

### **Medical Advice:**

- Liver transplant – 85 % positive outcome – improvement in Quality of Life; 15% chances of post transplantation complication
- Patient will not be able to survive beyond 3 months without liver transplant
- Team of nutritionists were skeptical of liver transplantation, as nutritional values were low

### **Transplantation**

- Liver transplantation was performed in a hospital in Tier 2 city as there was a long waiting period in Tier 1 city
- The liver was harvested from a deceased person

### Post-Transplant Observation:

- Liver transplantation was successfully done
- 50% less blood was required than expected
- Extubating took longer than 96hrs, however, the patient was put on a ventilator again and could not respond
- Patient suffered **Severe Brain Hemorrhage on Day-07**
- Brain surgery ruled out due to brain bleeding
- Patient dies due to cardiac arrest after 12 hours of brain hemorrhage

**Cost of Transplantation: 25 Lacs** - Liver Transplant procedure plus **5 Lacs** - middle-man cost for Cadaver Liver.



### Pillars of Ethics

- **Patient autonomy** is the right of patients to make decisions about their medical care without their health care provider trying to influence the decision
  - For informed consent, the legal principle emphasizes that the patient is an independent adult who has the capacity and the competence to authorize that which is going to be done to their body and mind
  - Evaluation of the long-term risks and benefits is essential to the consent process
  - Post-surgery outcomes to be explained to patient and family so they are well prepared and can take informed decision.
  - Alternate therapy / course of action to be discussed

### Case Evaluation



- Patient, a 56 year old male in active service, was made aware of the potential risks & benefits and consented to the procedure
  - In this case, liver was to be harvested from Cadaver

- Doctors evaluation indicated the patient could not survive more than 3 months without transplantation
- Medical fraternity had given 85% chance of positive outcome post operation and there was only a 15% chance of a negative outcome basis their quantified assessment of risks
- Team of nutritionists were skeptical of transplantation, as nutritional values were low
- Patient's family made an informed decision to go ahead with the transplant considering the extent of benefits (85% positive outcome) that were presented & fear of losing their loved if they did not go ahead with transplantation
- The family should have resorted to second opinion before going ahead with the transplantation as the views of medical fraternity and nutritionist differed



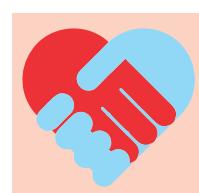
### Pillars of Ethics

- The **principle of non-maleficence** imposes an obligation not to inflict harm on others
- Surgery should minimize possible harm. Surgeons must assess the nature and scope of the risks and benefits
- If the risks and burdens of a given surgery for a specific patient outweigh the potential benefits, then the surgeon has an obligation not to operate
- Any disproportionate or futile surgery must be avoided and caregivers should not fall into therapeutic obstinacy. It is legally and ethically accepted to not operate on a patient if it is considered to be obstinacy or futile
- To arrive at the conclusion of futility, the doctors must rely upon high-quality clinical evidence, when available, and upon his or her experience and judgment when applicable evidence is not available
- Having direct and honest discussions with patients and families regarding the goals of care can help avoid futility conflicts and improve surgical outcomes



### Case Evaluation

- A clear miss is observed in high quality clinical evidence to support quantified risk assessment claim of 85% positive outcome.
- Patient's family is plagued with the questions post the loss of life of their loved one
  - What could have been the basis of the doctor's claim of 85% positive outcome?
  - What were the hard facts that led doctors to believe & quantify probability of success?
  - What were the basis to predict survival for just about 3 months in absence of transplantation?
  - Could there have been no alternate therapy to replace transplantation?



### Pillars of Ethics

- The **principle of beneficence** imposes an obligation to act for the benefit of the patient
  - Doctors have the obligation to maximize potential benefits for their patients while at the same time minimizing potential harm for them
  - Surgeons should provide appropriate surgical intervention in response to a medical indication and following the consent of the patient. **The patient must not be deceived**



### Case Evaluation

- Considering the huge cost of transplantation to the tune of 25 Lacs, can it be argued that the team of doctors took a chance/ huge risk to go ahead with the transplantation for personal & their centers economic interests?
- Could they have attempted surgery to prove their skill/ mettle amidst uncertainty, giving into their ego?
- Could they have gone ahead for the mileage they would gain for their institution if the transplant were a success despite the odds?



### Pillars of Ethics

- The **principle of justice** refers to equal access to health care for all.
- Limited resources including the time, surgeons and other health personnel and caregivers devote to their patients, must be evenly distributed to achieve a true benefit for the patient.
- Resources should be distributed fairly without any discrimination.
- With regard to limited resources, there must be proper use of ethically appropriate and transparent criteria.
- Every patient is entitled to obtain the best surgical care available. Expensive surgeries should always, like any other therapy, be provided solely when indicated.
- Under-treatment should never be the result of containing the growing costs of healthcare.
- The allocation of organs faces a classic **dilemma**: The advocates of **maximizing utility** focus on **doing as much good as possible with a limited resource**, while advocates of **justice**, as the basis for distribution, have their eyes on a pattern of distribution that they consider fair. In their view, **justice means giving benefit to the worst condition**.
- Patients have the right to have their health valued more highly than the surgeon's own economic interest



### Case Evaluation

- The demand for a cadaver or live-donor organs far outstrips the demand – therefore every time a liver transplant is necessitated one must face the question of from where should the liver be procured? The number of donors available – both cadaver and live-donors – are far fewer than required
- Considering the urgency that was created by the medical fraternity to go ahead with the transplant basis the survival time period of 3 months, the family resorted to move the patient from Tier 1 to Tier 2 city considering the availability of a cadaver at a price of 5 Lacs.

• It could be argued from the family's point of view that they did not even consider their own economic situation, for seeing their loved one have a good quality of life even if that meant taking a huge loan to offset the expenses of the surgery

- Could the doctor facilitating the transplant have counselled the patient's family weighing the pro's & con's before taking a huge risk, assessing their economic situation?
- Was the principle of justice compromised?
- Was the patient being considered for out-of-turn transplantation for monetary benefit to the parties involved?

**In conclusion, there are times when cases may not go as planned.**



▪ However did the doctors do all that they could possibly have done to alter the course of the disease? There are so many factors that contribute to the success or failure of a particular case; many of them may not be within the control of the medical fraternity. What's important is – **Did the doctors practice evidence based medicine consistently?**

- In those grey areas where the doctors were faced in deciding the course of therapy, then, were the **decisions made purely with the patient's interest in mind and not influenced by other factors like economic interests?**
- Did the doctors seek to involve patients, to help them understand treatment options, and to work collaboratively to achieve goals of wellness?
- Finally, when a particular **case does not do well**, it's easy to **conveniently put it on God**. We tried our best...but at the end of the day may be it was **God's will**. Do doctors have the humility to recognize and acknowledge God's hand in their successes?
- While the ability of doctors to perform successful liver transplants has greatly reduced mortality rates, on the flip side has given rise to **several ethical issues** concerning **organ donation and transplant**. The three most common ethical issues that surface in the sphere of organ donation include – **issues of procurement; issues of allocation; and issues of affordability**.

### Reference:

**Surgical ethics: a framework for surgeons, patients, and society - Diana Cardenas**

# ETHICS SEARCH

A Y I O V C O X Z J K L Y P D A M S W K Z Q E O  
 U G B J N V Z S M I H U V S F S T E Q A B S D R  
 V G E J I S S K K L B F R K L D W H Z G W C L I  
 W N F C B Z G G Y G G J H N H Z S P P D V E W K  
 P Q S I I W B S B O M W V N V K C A S A E C Q Q  
 C B A G W T I P M A Q Z B E C W T O Z Z V N C J  
 C J P M Q E S O X Q S Q R S E I P O B W D E A B  
 T H E G D A X U W N W A J S E X Y H R N W C Y E  
 K I F I A M C W J U C I G N U Y L D S R A I O C  
 P P J X M M K D X H L I T X P E W B U B P F M N  
 J P I O H D I T T L K R Q B R Y R J O N H E Y E  
 E O M A K H H L O T I P V D E C S N F X X L I C  
 V C O G A I A O L G Y J G S C X E U I X N A U I  
 R R X J N E B D H U R L H J Q Z G D F N H M X F  
 B A W H H W M T D X U J P L N N G Q E C L N K E  
 V T K W E R S K L K F F T A S D S C P R R O B N  
 V I E S A Z Z W R D E X M P E F S F L Z X N S E  
 G C T S E R E T N I F O T C I L F N O C F I D B  
 C O H E N T Z X F G M W P Q K K Y N R R B O V O  
 L A E D H O G J V S D U P A U T O N O M Y M M I  
 V T W I O I P U X X F L W B G B D X E F K C B P  
 U H C P J R U C O N F I D E N T I A L I T Y J I  
 E S S E U S S I E F I L F O D N E W M I M O K I  
 B N A K M H P J T I E I T A J G F J Z J M W H C

Patient Rights - Conflict of Interest - Healthcare - End Of Life Issues - Confidentiality  
 Hippocratic Oath - F.I.A.M.C. - Autonomy - ETHICS Justice - Beneficence - Non Maleficence

## F.I.A.M.C NEWS

### THE FIAMC BIO-MEDICAL ETHICS CENTRE APPRECIATION AWARDS (2022)

for all those who endeavour to inspire and contribute towards Making Ethics a Way of Life.

Sr. Dr. Lidwin Dias, Dr. Richard Pereira, Jason Fernandes, Mrs. Rani Joseph, Mrs. Maria Augusta D'Souza

### World Bio-Ethics Day 2021

Poster Competition at the F.I.A.M.C. Bio-Medical Ethics Centre (Alumni and students of the current batch participated in the competition.)

**Theme : Justice in Healthcare**



1st Place : Course Batch 2021-22  
 ( Group 5 )  
 Leader: Celia Rodrigues



2nd Place : Course Batch 2021-22  
 ( Group 2 )  
 Leader: Grandel D'Souza



3rd Place : Alumni 2020-21  
 Leader: Ignatius Alwares

# FIAMC APPRECIATION AWARDS 2022

Dr. Nicholas A Antao presenting the awards to the recipients



Sr. Dr. Lidwin Dias



Jason Fernandes



Mrs. Rani Joseph



Mrs Anna Fernandes on behalf of  
Mrs Maria Augusta D'Souza



Dr. Richard Pereira



Chief Guest, His Eminence  
Cardinal Oswald Gracias,  
Archbishop of Mumbai, and  
Patron of the F.I.A.M.C. Biomedical  
Ethics Centre at the valedictory  
programme through Zoom

Photos of the Valedictory Function Courtesy Mr. Martin

## VALEDICTORY FUNCTION 2022



BATCH 2019-20



BATCH 2020-21



BATCH 2021-22



**Ranald Lopes (Batch 2021-22)**

The course has broadened my understanding of healthcare in the light of ethical, moral, cultural, and religious, context. It dealt with real-life situations that families undergo, wherein experts from the medical field gave us their profound knowledge and experience.

The course challenged us to study and imbibe values , propelling us to be Leaders of change in a society where values and ethics are sidelined by modernism, profit and carefree solutions.

Thank you to the FIAMC for making it possible even during the pandemic and reaching out to every student.



**Celia Rodrigues (Batch 2021-22)**

The Bio- Medical Ethics Course is well planned and executed with faculty of international réputé. We are made aware of the depth of knowledge, the skills required and the challenging situations faced by medical professionals-truly à rare breed of human beings!It has been an eye opéner to medical, ethical, legal and surgical issues in health care management



**Sharlene Fernandes (Batch 2021-22)**

Being a part of the Biomedical Ethics Course 2021-22 has been fulfilling for me. I have taken philosophy as a subject of choice, and this course helped me a lot in developing an ethical mind set, forming opinions and questioning things. It helped me in my academic course as well. Managing academics along with this course was hectic at times, however it has been intellectually stimulating and a time well spent

#### WHERE TO FIND US

[www.flamcindia.org](http://www.flamcindia.org)

022-29270933

+91 9833606980

Email:

[officefiamcindia@gmail.com](mailto:officefiamcindia@gmail.com)



F.I.A.M.C. BIO-MEDICAL ETHICS CENTRE

COLLABORATION

COLLEGE OF SOCIAL WORK

(AUTONOMOUS)

NIRMALA NIKETAN INSTITUTE



#### ABOUT US

The FIAMC Bio-Medical Ethics Centre [FBMEC] under the aegis of the Archdiocese of Mumbai discusses ethical and moral issues affecting our lives from the time of conception to end of life. With advances of science and technologies more and more challenges are raised in the field of reproduction organ donation mental health and end of life

"The Certificate Course is meant for all Healthcare Professionals, the Religious and the Laity, the Social workers, Psychologists, Counselors, other Healthcare providers, the Care givers of patients, Educationists, Lawyers, and people of all walks of life"

# Certificate Course in Bio-Medical Ethics

2022-2023

Course Registration QR code



2ND SUNDAY OF THE MONTH JULY TO MARCH  
TIME 9.00 AM TO 1.00 PM

Course fees QR Code

Rs 2500/-



- 1 Bio Medical Ethics - Introduction to the fundamentals and foundation pillars
- 2 Ethical Concerns in the Beginning of Life Issues
- 3 Family & Marital Issues
- 4 Ethical issues in Human Organ Donation & Transplantation
- 5 Ethical Issues in handling Mental Health issues and other Behaviors
- 6 Issues in management of the Acutely ill and the ICU patients
- 7 Ethical issues arising in Surgical and Cancer Care
- 8 Building the Doctor Patient Relationship and trust in other interactions
- 9 End of Life Issues & Palliative Care

FACULTY  
2022-23

