



MESSAGE OF HIS EMINENCE OSWALD CARDINAL GRACIAS



We are all aware of the tremendous advances being made in medical and health sciences. However, the benefit of this technology is not reaching the masses. The health situation in our country is in need of a lot of improvement. The Church affirms the intrinsic dignity and worth of every person, and in particular every sick person. On February 11, 2007, on the occasion of the sixteenth World Day of the Sick, Pope Benedict affirmed “that the Church turns her eyes to those who suffer and calls attention to the incurably ill, many of whom are dying from terminal diseases. They are found on every continent, particularly in places where poverty and hardship cause immense misery and grief...In hospitals, hospices and homes throughout the world we encounter the sufferings of our many brothers and sisters who are incurably and often terminally ill. In addition, many millions of people in our world still experience unsanitary living conditions and lack access to much-needed medical resources, often of the most basic kind. The Church wishes to support the incurably and terminally ill by calling for just social policies which can help to eliminate the causes of many diseases and by urging improved care for the dying and those for whom no medical remedy is available”.

various ethical issues that seriously affect the health of our people right from the first moment of conception until the end of life. Keeping this in mind, the F.I.A.M.C. Bio-Medical Ethics Centre has decided to start a newsletter entitled “Touching Lives”. This new initiative of the Centre would focus on healthcare issues which threaten and depersonalize human life. It would make an ethical analysis, in very simple language, of issues such as abortion, contraception, euthanasia, HIV/AIDS and child abuse and provide the teachings of the Church in these areas. In the light of public opinion being swayed by the mass media and other negative forces in society, there is an even greater need today to properly and effectively guide the consciences of people.

It is my hope that the newsletter will provide in-depth understanding and moral guidance of the ethical challenges in healthcare and thus serve those actively involved in hospital administration, medical centres, social work organizations and all health related bodies.

May Mary, *Salus Infirmorum*, comfort those who are ill and sustain all who have devoted their lives to healing the physical and spiritual wounds of those who suffer. May each of us truly follow the footsteps of Christ the Divine Healer and reach out to every sick and suffering person and touch their lives.

To each of you I joyfully impart my Blessing!

Oswald Cardinal Gracias
Patron, FIAMC Bio-Medical Ethics Centre, Mumbai

In a particular way, we need to be concerned with the

Message from the Managing trustee

The FBMEC has been in existence over 25 years and has had numerous national and international publications by its pioneers Dr. C J Vas and Dr. E J de Souza. They have covered various issues in bioethics and their contributions have been acclaimed worldwide.

FBMEC conducts yearly bioethical courses for lay people, catechetists, nurses, religious, doctors and social workers in the field of bioethics to appraise them of different problems, that confront us from conception to death. Many people have attended this course for the last 3 years and it has been approved and rated very well by the attendees. The aim of this course is to increase the concern of the registrants on matters of bioethical problems and equip them with knowledge about the same. When they become counselors it is hoped that they will readily be able to advise and counsel people coming with problems of day to day life. They can also be available to offer assistance on such issues at a parish level.

For the first time FBMEC has brought out a magazine on "Issues in bioethics" to be circulated to most parishes. FBMEC by bringing out this magazine has made another pioneering effort to reach the Mumbaiites at their homes and increase their awareness of different issues in biomedical and bioethical affairs.

This magazine will also be circulated all over India in various dioceses and to the members of the Indian Federation of Medical Guilds. This premier issue highlights _____.

I wish to congratulate the Executive Director, Fr. Stephen Fernandes and his editorial team for this tremendous effort. This is the first such magazine to be published in Asia and we wish them continued success.

FORUM ON "ETHICAL & LEGAL DILEMMAS IN ORTHOPAEDIC PRACTICE" 21 September 2008, Holy Family Hospital, Mumbai

We as Orthopaedic surgeons are well trained in the art and craft of our profession. Yet, when it comes to coping with numerous ethical & legal dilemmas that we encounter in the course of our practice, we find ourselves woefully inadequate. A moral and legal framework does exist, but it is not mandatory and hence ethics becomes a matter of *choice* and not a *compulsion*. How does Professional Ethics relate to Orthopaedics? What should be our relation with Industry and colleagues? What are our rights and the rights of our patients?

The Bombay Orthopaedic Society, under the leadership of Dr. N.A. Antao its President, provided a forum on ethical and legal dilemmas for the first time ever, of espousing ethical values in Orthopaedics. The goal of the Forum was to provide a platform for discussion and ethical thinking. The format was interactive, with a mix of real-life case scenarios re-enacting moral and legal dilemmas commonly encountered in practice, stimulating group discussions and relevant debates. The hand-picked faculty of experts discussed a series of modules covering a lot of interesting and controversial topics and empowered the medical professionals with practical solutions to common dilemmas.

Cardinal Simon Pimenta was the Founder Patron who put in a lot of efforts right from the inception of the Centre. His work was continued by His Eminence, Ivan Cardinal Dias for many years. Today, His Eminence, Oswald Cardinal Gracias, is the Patron, and has taken an active role in guiding the Centre.

All the members of the FBMEC hold the utmost respect for life as it is God given. They believe that life has to be promoted, protected and preserved. Moreover, they uphold the command to care for one's neighbour.

FIAMC Bio-Medical Ethics Centre (FIAMC: Federation Internationale des Associations Medical Catholique)

The FIAMC Bio-Medical Ethics Centre [FBMEC] was established in Bombay in September 1981 to study and debate the ethical status of various actions - experimental, diagnostic or therapeutic - in the bio-medical field within the ethic of culture, religion and the modern secular state.

Our Aims:

- to provide information and data to the medical profession on matters of ethical interest.
- to facilitate discussions and help reach appropriate conclusions in areas of ethical concern.
- to interact generally with society in ethical matters involving health care and medical services.
- to assist in the development of confidence by the profession in tune with equity and ethical values despite certain problems.
- to preserve, promote and protect life while accepting the fact that death is inevitable.

An Introduction

The practice of medicine is as old as civilisation and so is corruption. During the time of the Greeks, a call to do what was good and reject all that was bad was heeded by the 5th century physician, Hippocrates. His work and dedication, with that of his disciples, resulted in the Hippocratic Oath which was adopted by physicians from that time onwards but it was amended subsequently by the Christian tradition prevailing at the time. Other cultures and religious beliefs such as those of Judaism, the Indian vedic and Chinese traditions, Islam and the later humanist influences have all left their print on the subject of medical ethics.

In the past three centuries, the Anglo-Saxon influence on medical ethics has been considerable. There was the contribution of John Gregory (1724 - 1773) and later Thomas Percival followed by the various national associations, culminating in the Codes of Practice of the many international medical associations.

It is not surprising that with such a philosophical background, the medical profession has constantly engaged itself in arguments and disputations over a variety of issues related to life and death. Science has advanced very rapidly in the past 50 years. Indeed, it has been said that there has been relatively more progress in the past half century than in all the preceding centuries. This rapid growth of science, in medicine as in technology, at an exponential rate has created its own problems, as said by a philosopher

recently: "Trouble with mankind today is that wisdom has not kept pace with science." If we compare Einstein with Archimedes, who have we today to compare with Plato. (We do not even have a Plato!)

The urge to know more and more - about the sciences and arts, nature, the environment, space and the world beyond, has emboldened human mortals to rush into areas where angels fear to tread. These developments have understandably raised doubts of a moral and ethical character. Paradoxes abound and the thin line between right and wrong can at times be scarcely distinguished. There are plenty of grey areas that call for ethical questioning: in-vitro fertilization and embryo transfer, human cloning, sperm banks; experiments on living fetuses, prisoners, the disabled and terminally ill, on the ageing and dying, raise very many questions which call for debate.

It was for this reason that the FIAMC Bio-Medical Ethics Centre [FBMEC] was established in Bombay in September 1981. Its role being to debate the legitimacy of experimentation and inquiry within the ethic of culture, religion and the modern secular state.

Genesis

It would be pertinent at this stage to provide a brief account of the genesis, aims and objectives, functioning, failures and successes of the FBMEC. It was at the XIV World Congress of the International Federation of Catholic Medical Associations [FIAMC] held in Bombay in January 1978 that it was resolved to establish Bio-Ethics Centres for the association at convenient locations where the various traditions of the world would be represented. This duty fell on the shoulders of Dr. C. J. Vas who had just been elected Secretary General of the organization. After many unsuccessful attempts at starting the first such Centre in Europe, North America, and Australasia, it was decided in 1981 that it be initiated in India. Bombay was chosen for this activity with the Secretary General as the first Managing Trustee. At that time, it was the 6th Centre for medical ethics in the world and the first in Asia, Australasia and Africa.

A small group of interested individuals banded together and commenced work. A nationally prominent physician remarked: "What is ethics". He was not being facetious - but just very honest. Trustees of different faiths were appointed and these with their successors have guided the FBMEC over the years. Dr. C.J. Vas was its Founder and Managing Trustee who played a pioneering role in the FIAMC Bio-Medical Ethics Centre.

We Treat, God Cures!

by Dr. L. J. de Souza
(Surgeon/Oncologist)

After almost 40 years of treating thousands of cancer patients, I have now removed the word “cure” from my vocabulary when talking to my patients. And believe me, I have good reasons for doing so!

Firstly, we must go down to the grass root levels and understand what the word “cure” means. Amongst the many meanings listed for “cure” in the Oxford Dictionary are “restore to health” and “eliminate disease”. My own understanding is that, to restore to health means healing has occurred, but it does not mean the disease or malady cannot recur at a subsequent date. However, if the healing is permanent, and the disease “totally eliminated”, never to come back again, we can perhaps use the word “cure”. Which man can honestly say that, especially in the treatment of cancer? I believe that only God in his Infinite Wisdom can!

The reasons that I, as only an instrument of the Master Healer, cannot use the word “cure” are as follows:

1. As per my understanding, every last cancer cell from the body must be removed before we can pronounce somebody totally “cured”. Even the wisest physician and the most sophisticated test available to us today cannot truthfully allow us to say this.
2. All our treatments, whether it is surgery, radiotherapy, chemotherapy, or any other modality, singly or in combination, treat only the effects of the cause. This is because till today we do not know the cause of a particular cancer. There are of course many theories but certainly nothing conclusive. Hence, if we do not know the cause how can we remove it totally, and if the cause persists, what guarantee is there that the cancer will not recur again? Therefore, how can we say “cured”?
3. The yardstick used to define a so called “cure” was the period the patient survived disease-free after the treatment of the cancer. Initially it was a 5 year period. Then as patients survived longer with better treatments, the period of survival went up to 10, 15 and even 20 years. But even that was not adequate, as in some cases, the cancer recurred after 25 or 30 years or even more. So again, when can we truly say a person is cured? I remember an incident in my out-patient department, when a patient came for follow-up 20 years after her treatment for breast cancer. I was elated and

jubilantly invited all my students to see the case as it indicated that cancer could be cured. However, when I examined her, I had to hang my head in silence – she had developed another cancer on the other side! Oncology is therefore, the best school for humility and for down staging the ego, because you never know the end result. We are humbled every day!

4. After completion of treatment, we ask our patients to come for periodic follow-up examinations. Initially, they are at shorter intervals and after the period of survival increases, they are at longer intervals. However, they must be ongoing for the rest of the patient’s life. If we were so confident of a cure, why should we ask the patients to come for indefinite follow-ups? The reason is, we cannot because we just do not know all the answers.

And yet, you will find doctors, healers, religious and others, freely using the terms “I can cure you” or pronounce that “You are cured”. Is it ethically and morally right to say that? In fact, it is a blatant untruth, only fooling the patient into a false sense of security. I would go a step further. By using the word “cure”, you are taking the place of the Divine, because only God can know everything and thereby we are going against the first commandment which clearly states “I am the Lord, your God. You shall not have other Gods than me.”

Further, by using the word “cure” we are doing even greater harm. If a patient is pronounced “cured” by a reputed doctor or even a religious faith healer, why should he go for any further treatment or even further follow-up examinations? This false assurance of being cured has led patients to let tumors grow before their eyes because of blind faith in the falsely pronounced “cure” which brings them to us in a very late stage of the disease when we can do little or nothing for them. Such “cures” have doomed many an early case to become advanced and beyond useful treatment. Are we ethically justified in doing this? And if we do this great injustice, what will we answer the Master Healer?

However, we can never remove Hope from the patient, because man lives on Hope. Where there is Hope, there is Life, and where there Life, there is Hope. Therefore, we can never say to the patient that, “You will not be cured”. What we can truly say instead is that, with our modern treatment facilities we are able to “control” the cancer for long periods of

time during which the patient leads a normal life. And, if the control is good for many years, the patient can equate it to a cure, although we can never say it. So instead of saying “we can cure you” or “you are cured”, we can truthfully say, “we can control the disease effectively” or “you are well controlled”.

I am asked ever so often the question: “Doc, how long have I to live?” A terminally ill patient at the Shanti Avedna Sadan was given a specified period to live after his treatment for cancer by his doctor. So he carefully calculated his “due date” to meet the Master and sent cards to all his friends and relatives informing them of the same. The “due date” came and went and here he was very much alive. He had to send cards all over again to say that he was still alive and kicking! Another lady with advanced ovarian cancer was told by her doctor that she had only 6 months to live. When she came to me we treated her as best as we could and by God’s grace she responded very well and remained controlled for well over 8 years or more till I lost contact with her. And I know of many a case where the doctor has given the patient a specified time to live and the patient has well outlived that, only to bury the doctor! I have chosen not to come into this category. So when my patients ask me: “Doc, how long have I got?” I tell them, “Live fully one day at a time and the days will grow into weeks, the weeks into

months and the months into years.” How many? God only knows, but who cares, because if you have lived fully one day at a time, you have fully and happily utilized whatever time has been given to you. Does anything else matter?

I am also very often asked, “Will the disease come back after completing treatment?” Again, I cannot give an answer, so I tell them my theory of “Possibility and Probability”. Technically, anything is possible and of course there is always a “Possibility” that the disease will come back. The “Probability”, or the chances that the disease will come back, depends on the various prognostic factors of a particular case. Depending on these we can tell the patient whether the prognosis is good, fair or poor. Of course we always try and give the good news to the patient, but it is a must that the bad news is always told to at least one responsible member of the family so that it does not come as a nasty surprise. However, a definite answer to the question is never possible.

And so, when you next visit your doctor, please don’t ask him: “Am I cured?”, “How long have I to live?”, “Will my cancer come back?” Ethically and morally he cannot answer the questions, simply because he honestly does not know. Always remember:

**To treat is human ... you and I
To cure is Divine ... and Divine alone!**



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FIAMC Bio-Medical Ethics Centre, Goregaon continues the initiative it began two years ago of conducting courses in personal counselling. Accordingly the Centre announces its Basic Course in Personal Counselling for the third year in succession in collaboration with the Anthony de Mello Institute, Goa, in a new, more convenient format consisting of *five full week-ends* spread out from October 2008 to November 2008, followed by Internship.

The Course will be held at the Centre's premises at St. Pius College Complex, Aarey Road, Goregaon East and is open to anyone who has a graduate degree in any discipline and has a genuine interest in becoming a personal counsellor. It is especially recommended for teachers, doctors and others in the helping professions.

*Details may be had from FIAMC Bio-Medical Ethics Centre, Goregaon.
Tel: 28747310 or Cell: 9820332965*

Response to the Niketa Metha Case

All human beings, including babies and fetuses, with or without disabilities have intrinsic worth and moral inviolability. In a special way, the moral inviolability of the early embryonic human being is to be defended and treated with utmost respect from the moment of fertilization. All newborns are not to be denied life saving treatment, including nutrition and hydration. A pregnant woman has the right to make decisions in caring for her body, but not at the moral cost of deliberately terminating the life of the fetus in her womb. Both mother and unborn child share membership in the human kind.

In the Niketa Mehta case, they wanted to abort the foetus because the fetus had congenital complete heart block. Cardiac arrhythmias are common in adults. Various modalities of arrhythmia treatment are available to alleviate this problem. Most adults lead a normal life with the benefit of therapies such as a pacemaker device. No adult would deliberately choose to end his or her life for this reason. Every attempt should be made to give the fetus the benefit of

modern medicine so that it would be able to lead a normal life. Even after medical treatment, if the quality of the life of the fetus does not improve, it is unethical to choose to abort it.

The human embryo, fetus, and infant are persons because of their inherent capacity to acquire the ability to exercise rationally self-conscious acts while remaining the same developing human individual. It is human nature that enables embryos to develop to the stage where they can exercise rationally self-conscious and free acts. Laws which authorize and promote direct abortion are radically opposed not only to the good of the individual but also to the common good. Disregard for the right to life, precisely because it leads to the killing of the innocent person whom society exists to serve, is what conflicts with the possibility of achieving the common good. Human life should be respected, protected with utmost care (including medical care) right from the moment of conception.

Fr. Stephen Fernandes

The Certificate Course in Bio-Ethics for every citizen run annually by the FIAMC Bio-Medical Ethics Centre

An Interview with Ms. Sharon Fernandes

Former participants speak.....

By attending the course, Helen Sequeira a nurse, stated that she had been able to benefit the Health Centre of her parish, St Anthony's Church Sakinaka, by holding medical camps.

Sr. Aquinas, Executive Director of Holy Family Hospital, Bandra, expressed that the information on health and medicine was presented in a simple and effective manner, and that the lecturers did an excellent job! She also affirmed that was is a good platform to meet and interact with people from different walks of life.

Advocate Hilary D'Souza expresses his view by saying that the course has widened his horizon, on essential social and religious issues, that confront Christians, in the performance of their spiritual and religious duties. It has developed his thinking and increased his understanding of moral values.

...and faculty members (our teaching staff) make

the following comments...

Dr. Margaret Miranda, Family Physician, asserted that so many lay people have benefited from the course, and wishes that more lay people attend the course.

Advocate Jaya Menon said that it is admirable that this course has been so well organized, and she commends all those who have done so. She explained that such a systematically planned programme, covering various bio-ethics issues from the beginning of life to the end of life is the current need of society. It helps to create awareness on important moral issues and focuses on the responsibility of each and every person in society to bring about change.

Dr Conrad Vas, Consulting Physician and Intensivist at Lilavati Hospital affirmed that Ethics should come from "within" a person and one should follow one's own conscience, which needs to be properly guided. In this regard, the course on Bio-ethics provides a solid foundation to guide people to make sound ethical choices and decisions.