

THE ASIA PACIFIC BIOETHICS PROGRAM OF THE UNESCO CHAIR IN BIOETHICS CAN RESEARCH IN DEVELOPING COUNTRIES BE BOTH ETHICAL AND BENEFICIAL TO LOCAL COMMUNITY ?

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Abstract

In 2005 at the 33rd Session of General Conference at UNESCO, it adapted the Universal declaration on Bioethics and Human Rights. Declaration article 1.1 outlines the principals that respond to ethical issue related to medicine, life sciences and associated technologies as applied to human beings. Thus the international standards for Bioethics are grounded in a language of rights –to safe guard human dignity and human rights. UNESCO made ethics of Science and technology one of its 5 priority areas. It is charged with promoting the education of ethical issues of Science and Technology. The UNESCO Program in this area aims to strengthen the ethical link between scientific advancement that is taking place and the Cultural, Legal, Philosophical and religious context in which it occurs. The disparity of health amongst the world's communities is largely determined by the wealth of the countries. Developed countries have access to clean waters, vaccines and new medical technologies whereas developing countries do not. Researches in these countries are also funded by the wealthy countries and we will need to protect these countries from exploitation by those with the means in the name of clinical research. Hence, we have to discuss the necessary conditions for models allowing Institutional Review Boards to grant exceptions in low income countries to circumvent the need for "World Best Practices" in their research requirements. There are commentators arguing that "World's Best Practices should always be used in all countries, but financial burden in the developing countries prevents this. A total ban on any research other than the world's best practice would prevent exploitation, but this may block important research that can improve health care in these countries. So is it possible to address the potential for exploitation while allowing research that has the potential to benefit the host communities. We argue that Institutional Review Boards should be allowed to grant exceptions for research on grounds that the research satisfies the Scientific Necessity, Relevance for the host communities, sufficient host community benefits and Subject and Host Community nonmaleficence. The argument has focused on the controversial HIV vertical transmission, and the trials used. World Best Practice is currently the long course treatment using AZT (zidovudine), but this is expensive involving early prenatal visits, frequent visits and IV infusions during labour, which is not feasible nor affordable in these countries. However studies in South Africa has identified that approximately 75% of HIV vertical transmissions occurs during or after delivery. Hence, trials comparing short course AZT treatment against placebo were done on the grounds that it is better than no treatment at all. The trials suggested that short course treatment is possibly better than placebo. Yet the variability in the transmission rate may suggest that the short-course treatment was not worth pursuing. The knowledge that 75% of HIV vertical transmission occurs during delivery has led investigators to the landmark trials using nevirapine as a single dose given during labour offering a feasible and affordable treatment for reducing the rate of vertical transmission. To justify the relevance of these issues, the Elizabeth Glaser Paediatrics AIDS Foundation has devoted \$100 million to prevent HIV vertical transmission. Assuming a cost of \$250 per mother-child treatment using the long course AZT would translate to 65,000 fewer HIV infected child. Yet devoting the same money to a single-dose nevirapine, at \$4 per mother-child can translate to 270,000 fewer HIV infected child,

potentially saving an additional 200,000 lives. The UNESCO Chair in Bioethics was established to coordinate and stimulate an international network of Institutes for Medical Ethics Training. In this role there is a need to develop an up to date syllabus for Medical ethics education which will satisfy requirements of the Medical fraternity. These followed Two International Studies in 2001 that UNESCO undertook in researching the importance and quality of education in ethics in Medical Colleges and faculties all over the world. The results confirmed that there is an emerging need for introduction of teaching of Medical ethics as a consequence of several social and scientific processes that have taken place. These included the relationship between health care providers and their patients, the choice of medical interventions for the individual patient, the choice of Public health interventions, the evaluation of effects of health care interventions, the collaboration between teams engaged in health care activities and the choice of goals and methods of medical research. Hence, research using less than the world's best practice can be ethical and has the potential to provide sufficient benefit for the host communities and IRB should be given the authority to approve such activities on a case by case basis.

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