

COMMENT

The IAB Congress 2016: Is there justice in the bioethics world?

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This comment contains the reflections of a first-time participant in the 13th International Association of Bioethics Congress (IAB 2016), held from June 14 to 17, 2016, in Edinburgh. At the outset, I would like to make a couple of clarifications. First, the opinions expressed here are my personal reflections and second, I am a physician and public health practitioner by profession and my interest is bioethics. I reflect on the justice implications of the IAB 2016 from the perspective of the challenge of maintaining inclusivity in a multidisciplinary bioethics world.

The key reason for my opinion that justice was elusive in the IAB 2016 is that bioethics is a multidisciplinary field and people from different backgrounds, including philosophers, healthcare professionals, researchers, social scientists and lawyers form a part of the specialty. Therefore, it is important to engage in discussions in a manner that can serve everybody's interest. Some of the sessions were strongly driven by the philosophical discourse and some people (like me) who do not have a background in philosophy were left out. This raises a few important questions.

1. Who is a bioethicist?

I was impressed by the career keynote addresses of all three speakers – Professor Alastair Campbell, Dr Anant Bhan and Dr Sarah Chan – who tried to explain who a bioethicist is from their own perspectives. While Professor Campbell declared that he was an “accidental bioethicist” who came from a philosophy background and got “indoctrinated” in bioethics through his work, Dr Chan said that bioethics as a specialty is “breaking free” from its parent specialties of philosophy and the biological sciences, and is emerging as an independent field of knowledge. Dr Bhan, who spoke in the context of the developing world, referred to the fact that most “bioethicists” in these settings are practitioners of healthcare and public health. In these settings, bioethics is inextricably linked with activism and health advocacy. I cannot agree more with these three speakers and I believe that anybody who contributes

to knowledge in the field of bioethics is a bioethicist by participation and contribution.

2. What is the relative position of theory and empiricism in bioethics?

I found myself asking this question repeatedly after most of the plenary talks in the Congress. Professor Gillian Brock, a professor of philosophy from the University of Auckland, New Zealand, made a very interesting presentation on “What may low-income countries do to solve problems associated with medical brain drain?” She made a few policy recommendations, such as compulsory service and taxation arrangements, and illustrated their ethical importance using philosophical justifications. Coming from India, where the health system is grappling with brain drain, a major problem in the country – both within (rural to urban drain) and outside (international drain) – this topic resonated strongly with me. Professor Brock eloquently outlined various philosophical concepts from the books she has authored on this subject. However, the lack of insight into the ground realities in the low- and middle- income countries was too glaring and left me wondering what place theory has in bioethics if the context of what is happening in the real world is not considered. In fact, in one of the parallel sessions on reproductive rights and liberties, during a discussion on cross-border commercial surrogacy, a participant said empirical evidence should not play a major role in bioethical reflection, as it precludes a reasonable bioethical debate. I believe that “what ought to be” is a theoretical matter and has no meaning without an understanding of “what currently is”.

3. What is the language of a bioethicist?

When speaking in a lighter vein, Dr KP Misra, my teacher and a cardiologist from Cuttack, Odisha, used to term speakers who used flamboyant language in their addresses as patients suffering from “professoritis” (the suffix “itis” in medical vocabulary indicates a disease process in an organ). He used to say that even this joke could be appreciated only by a medical/healthcare audience and would be moot for any other audience. In many of the plenary talks at the IAB 2016, I felt that the speakers suffered from “professoritis”. Two of the most engaging plenary talks in the Congress were those by Mathias Risse, on “Human right to essential pharmaceuticals”, and Ashok Acharya on “Do we need a metanarrative of health for the Global South?”. Risse adopted a philosophical approach to the debate on access to essential pharmaceuticals. He mentioned that the use of Locke's arguments as the guiding principle for

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deciding on intellectual property (IP) can be problematic and one should instead use the principles of Grotius. To understand the application of Locke's theory and contrast it with Grotius' principles, and then to apply it to pharmaceutical intellectual property would require a high order of understanding and scholarship in philosophy. I think this would form the subject of a typical reflective essay in a master's course in philosophy. The concept could have been presented in an inclusive manner, using language that even non-philosophers could process. On a similar note, Ashok Acharya spoke on a topic that is very important and relevant for India – the need for a "meta narrative" for health and bioethics for the global south. The first thing I asked myself as I listened to him talking was, "What does meta narrative mean?" Professor Acharya's talk must have been very interesting and intellectually stimulating for philosophers and political scientists. However, I felt lost as I searched for the meaning of most of the words he used in his lecture. I asked myself, "Do I even belong in the audience here?" This is when I realised the importance of language and idioms, which we mostly take for granted. Attending a plenary session in a congress of bioethicists, where I thought I certainly belonged

because of my interest and work in bioethics, I felt lost and out of place, put off by language.

In the light of the three questions mentioned above, I conclude that though the IAB 2016 was an excellent congress, organised with meticulous attention to details, justice and inclusivity were elusive. When the FMES/Sama host the 14th IAB Congress in New Delhi, India, I think that the considerations of justice and fairness are essential. For the next IAB to be fair, the speakers for the plenary sessions must be drawn from multiple specialties, including philosophers, healthcare professionals, social scientists, journalists, lawyers, patients, community members, researchers and all stakeholders in the business of bioethics. Keeping in mind the specific points regarding the theme, as well as the wide diversity of the audience, the speakers should keep their talks free of jargon and make sure they are inclusive. Thematic discussions should be as grounded in empirical data as in theory, and empirical ethics should have a place of its own. As bioethicists, we stand for justice in the world; now, as a group, let us reflect on being fair, inclusive and just to all our fellows within the discipline.