

17 CONCLUDING REMARKS

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This three day conference organised by the Bioethics Committee has been the third of its kind. In the past years similar conferences were held on 'Informed Consent' and last year on 'Bioethics and the Disabled'. The conference this year was more ambitious because it tackled three topics. Each topic could in its own right have been the sole subject for a conference of this nature. The reason all three topics were held in one conference was because of the impending demand each is imposing on us in this period.

Patient Rights

With the planning of a Charter for Patient Rights it was time to open the debate to the wide scrutiny of the public and the medical profession. Although the conference on Informed Consent had set the pace for discussion of rights, confidentiality, truth telling etc, all of these individual topics had to be put under one blanket. When we speak of Patient Rights we are not only tackling the philosophical issues of truth telling and confidentiality; we are also tackling the social problems which present themselves and how therefore these rights have to continue to be respected. I have in mind cases such as the elderly. With an increasingly ageing population old people will continue to be patients presenting specialised problems and may require certain decisions to be taken. In taking these decisions we need to do away with utilitarian philosophies and think deontologically - that a person is valued for what he or she is and not according to the utility he or she holds.

I must commend the Malta College of Family Doctors for writing a neat Charter for Patient Rights. As was stressed by the Minister in his introductory speech I would encourage all medical bodies

to work closely with the Bioethics Consultative Committee to develop charters for patients and guidelines for their members. We are also contemplating to develop a Charter in this respect and future meetings will continue to be dedicated to this important area of health care.

Reproductive Technology

The Bioethics Committee has been working for a number of years on the Reproductive Technology Document. It was unfortunately hindered by two elections, each time seeing some changes in the members of the committee. I thank and congratulate the present committee (under the chairmanship of Prof. Maurice Cauchi) which has worked very hard to finalise such a document. There are many problems with a reproductive technology document. Although all committee members have shown an open-mindedness on all issues, including third party sperm donation, such matters continue to be very sensitive. Definitely, there is room for further public debate in this area. Taking final decisions means finding a balance between advancing medical technologies while respecting the cultural and religious values of a people. This is after all what Bioethics is all about. The Bioethics Committee has shown itself very professional in this respect but its word can only be that of an advisory body. It is not final and further scrutiny has to be taken on from here. This decision is of great social impact. Although the document sets the pace and the atmosphere for work to begin, we must still continue to consider and if necessary re-consider issues such as third party sperm donation. There are those who believe that on the verge of the beginning of the third millennium we must provide people and doctors with a right to this technology. But our culture may tell us otherwise. For this we need further public fora. I am sure the Bioethics Committee will play an increasingly important role in organising more specific debates related to this area in the near future.

Transplantation

The issue of organ transplantation may at first seem more straight forward. However, there are areas which need further scrutiny. Recently there was a proposal for introducing transplant surgery for foreigners in private hospitals. Although in theory there is nothing wrong with this and indeed such a proposal may be commended, one needs to scrutinise such requests from all ethical points of view. In particular we do not want Maltese patients to be at any disadvantage and we need to take part in the ethical process of any surgery which occurs in Malta. Ethical scrutiny from abroad is not enough. We need to see that organs obtained were not bought and that the person making the donation has not been under any influence or undue pressure.

Last but not least, we need to embark heavily on educating people about the altruism of donating organs after their death.

In conclusion this seminar can be seen as having set the ball rolling for further debate in all these three areas. It is hoped that even up to two such conferences can be organised every year. I encourage and hope that all bodies work closely together. This not only saves time but encourages wider debate. It is hoped that medical bodies, for example, develop their own advisory committees rather than relying on the input of one individual. This is an era of ethical debate and we need to handle it seriously. In this respect I also hope to see Bioethics being included and taught on all medical and nursing curricula. Ethics is not a side line. It is the area of medicine which keeps all technology on a human level. We need to discuss issues which are already heavily under way abroad - such as genetic screening, insurance for health care, and allocation of scarce financial resources. These discussions must start with courses at student level. Our present students will be the doctors of tomorrow. Courses in bioethics should not be limited exclusively to health professionals, but should also be included in the curriculum leading to a doctorate of Law as well as

courses concerning sociology. Only in this way can we continue keeping up with medical technology and advancement whilst at the same time respecting our cultural identity and human values.