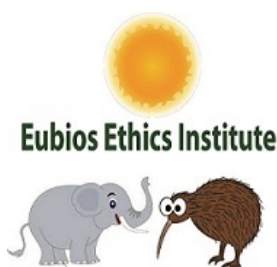


# Eubios Journal of Asian and International Bioethics



EJAIB Vol. 29 (6) November 2019

[www.eubios.info](http://www.eubios.info)

ISSN 1173-2571 (Print) ISSN 2350-3106 (Online)

Official Journal of the Asian Bioethics Association (ABA)

Copyright ©2019 Eubios Ethics Institute

(All rights reserved, for commercial reproductions).



Contents	page
Editorial: Holistic Bioethics- Darryl Macer	185
Ownership issues in autologous stem cell therapies	186
- Patrick Foong Chee Kuen	
The right to privacy vs. the right to know	191
- Nader Ghotbi	
Current challenges in the healthcare system of Pakistan	196
- Sumaira Khawaja-Punjwani	
Love of science needs to be tempered with humanity	200
- D. S. Sheriff	
Attitudes and eating habits among Pakistani undergraduate medical students	201
- Zoheb Rafique and Aqsa Fatima	
The ethical nihilism of hedonistic posthuman sex	203
- Jan Gresil S. Kahambing	
Pragmatic Organ Donation: Reinterpreting Vroom's Expectancy Theory	208
- Osebor Ikechukwu Monday	
Eubios Declaration for International Bioethics	213
Ordering Renewal	216

## **Editorial address, and all correspondence to:**

Prof. Darryl Macer, Ph.D., Hon.D.

President, American University of Sovereign Nations (AUSN),

<https://www.ausovereignnations.org>

Email: [darryl@eubios.info](mailto:darryl@eubios.info)

EJAIB adopts and complies with the Committee on Publication Ethics (COPE) **Publication ethics and malpractice policy**. All potential authors should have read these guidelines and by submission of an article for publication you acknowledge that you have complied with this policy. Violations will be handled in proportion to the intention and seriousness of the violation.

**Registered address of EJAIB: P.O. Box 16 329, Hornby, Christchurch 8441, New Zealand**

## **Editorial: Holistic Bioethics**

- Darryl Macer

Email: [darryl@eubios.info](mailto:darryl@eubios.info)

EJAIB has always published a broad range of papers on bioethics, with a very inclusive conception of what bioethics is. We are still faced with the big challenges of bioethics, when we see the loss of innocent lives every

minute around the world. At the end of this issue, the last for the 30th year of *EJAIB*, I reprint the 2002 Eubios Declaration of Bioethics. This has been a modus operandi of the Eubios Ethics Institute for three decades, and we look forward to the coming new decade starting in 2020.

The seven contributions included in this issue cover a range of topics. Patrick Foong Chee Kuen explores legal questions of the ownership related to stem cell therapies. These range of therapies are becoming more common, and individualized treatment is now an option provided to many. The last paper in this issue by Osebor Ikechukwu Monday examines how different theories of ethics may be useful with regard to organ donation and retrieval. This week I had the pleasure to visit the OneLegacy Organ Retrieval Center in Redlands, in the Greater Los Angeles area, and we can see how the process of both tissue and organ donation has developed into an altruistic service to many persons.

We have two papers from Pakistan. Sumaira Khawaja-Punjwani examines some of the current challenges in the Pakistan healthcare system, and Zoheb Rafique and Aqsa Fatima look at some attitudes to health and diet among medical students there. As the old axiom says, "*We are what we eat*". When we extrapolate from the desires of our food, we can extend them to hedonistic objectives of life, as Jan Gresil S. Kahambing has done in questions of postman sex.

Nader Ghotbi explores an example of the balance of two human rights that are so often used in bioethical dialogue, the right to privacy versus the right to know. Social ethics and customs, and taking responsibility for our actions are concepts which youth and adults use, at least theoretically. We need to extend these to practical bioethics, as we agreed two decades ago in the Eubios Declaration of Bioethics.

This August 2019, we had a successful Joint AUSN-Tohoku University Sendai Bioethics Roundtable, and in August 2020 we are preparing for Kitami 2020 (YPA20), and the second Sendai Bioethics Roundtable. We also anticipate the forthcoming ABC21 conference in late 2020, to continue the traditions of annual conferences of the Asian Bioethics Association. Thank you for your support for another year. Hope to see you in one of our many venues. This month in ABC20 in Dhaka followed by the Eighth Joint AUSN-Chulalongkorn University Bioethics Roundtable in Bangkok on Cross-cultural Bioethics.

## Ownership issues in autologous stem cell therapies

- Dr. Patrick Foong Chee Kuen

Western Sydney University, Australia

Email: P.Foong@westernsydney.edu.au

### Abstract

The growing industry of unproven stem cell therapies has focused on using autologous cells in order to enable patients to benefit from medical treatment by their own cells. There have been efforts to stringently regulate untested stem cell therapies in many countries, including Australia (the new TGA regulation). However, some patients, their caregivers and patient support groups support reducing regulations to make these therapies more accessible, especially treatments that use cells harvested from the patients. They believe that patients have an inherent legal right to ownership and unlimited use of their own stem cells. They argue that government regulatory authorities should not intervene. At present, there is no precedent on the ownership of regenerative tissues, in Australia or elsewhere. Views on property rights in regenerative tissue have profound implications for the future of the regulation of autologous cells. This article will explore the various judicial interpretations of the ownership rights of biological materials and suggests that patients may have property rights over their own stem cells based on the courts' decisions in recent cases.

### Introduction

Around the world, untested stem cell treatments have now focused on using autologous cells for patients who may benefit from their own cells. There have been efforts to regulate such unethical stem cell therapies in some nations, including Australia. However, there are patients, their caregivers and patient support groups who support reducing regulations to make these therapies more accessible, especially treatments that use stem cells collected from the patients themselves. There is a public perception that patients have an inherent legal right to ownership and thus unlimited use of their own stem cells, i.e. 'my cells are my cells'. Accordingly, they argue that government regulatory authorities

should not intervene in imposing stringent regulation on the industry.

Views on property rights in autologous cells have profound implications for the future of the regulation of autologous cells. Currently, there is no legal precedent on the ownership of human regenerative tissues, in Australia or elsewhere. The case in favor of self-ownership of stem cells stands on uncertain grounds and thus the time has come to reanalyze the law. This complex topic is likely to be a source of future litigation. This article will explore various judicial interpretations of the property rights of human biological material with a focus on Australian law. While there are conflicting views on whether, and to whom, to confer proprietary rights in such a highly complex area, this article suggests that patients may have property rights over their own stem cells based on the courts' decisions in recent cases.

### Sipp's analysis of public submissions to the FDA regarding ownership of stem cells

In some countries, measures have been adopted to strictly regulate unproven stem cell-based treatments. These nations include Australia (the new TGA regulation; see later) and the US. Patients, their caregivers and patient advocates claim that regulatory bodies (e.g. the US Food and Drug Administration, FDA) should not interfere in imposing strict laws on the stem cell sector (Sipp, 2017). They contend that the government gets in the way of innovative regenerative medical treatments. They support reducing formal and stringent regulations in order to make these therapies more accessible, especially since these treatments use stem cells which are harvested from the patients.

There are stakeholders, including patients and patient groups, who identify autologous cells as personal property, adopting the language of ownership and identity. An analysis by Douglas Sipp of Riken Centre for Developmental Biology and Keio University School of Medicine of 400 submissions from the American public submitted to the US Food and Drug Administration (FDA) revealed strong opinions supporting the ownership of autologous cells by patients they come from (Sipp, 2017).

The written comments were submitted to FDA in response to draft FDA guidance documents released to the American public earlier.<sup>1</sup> The submissions

<sup>1</sup> The draft document are as follows: US FDA, Same surgical procedure exception under 21 CFR 1271.15(b): questions and answers regarding the scope of the exception (2014)

[www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Tissue/UCM419926.pdf](http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Tissue/UCM419926.pdf)

US FDA, Minimal manipulation of human cells, tissues, and cellular and tissue-based products; draft guidance for industry and Food and Drug Administration Staff (2014). [www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/CellularandGeneTherapy/UCM427746.pdf](http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/CellularandGeneTherapy/UCM427746.pdf)

US FDA, Human cells, tissues, and cellular and tissue-based products (HCT/Ps) from adipose tissue: regulatory considerations; draft guidance for industry (2014)

[www.fda.gov/downloads/biologicsbloodvaccines/guidancecomplianceregulatoryinformation/guidances/tissue/ucm427811.pdf](http://www.fda.gov/downloads/biologicsbloodvaccines/guidancecomplianceregulatoryinformation/guidances/tissue/ucm427811.pdf)

US FDA, Homologous use of human cells, tissues, and cellular and tissue-based products; draft guidance for industry and FDA Staff (2015) [www.fda.gov/downloads/biologicsbloodvaccines/guidancecomplianceregulatoryinformation/guidances/tissue/ucm469751.pdf](http://www.fda.gov/downloads/biologicsbloodvaccines/guidancecomplianceregulatoryinformation/guidances/tissue/ucm469751.pdf)

were in response to the invitation for comments on a website hosted by the FDA. For instance, the FDA received comments like the following:<sup>2</sup>

*"My cells are MY cells. They are not a drug, they are a part of my body. No one, including the FDA, has any right to prevent me and my doctor from using my body in any way which I deem acceptable. Control over one's own body is supposed to be an inalienable right. Please don't take another one of my rights away."*

*"My body is not a drug. It shouldn't be held to the same standards as those used for the production of pharmaceuticals. This greatly oversteps bodily autonomy. It is my right to use my body in a manner that myself and my doctor deems fit. It is not the right of the FDA to impinge on this."*

*"Cells are part of our body; how can someone say they are drugs [sic]?"*

*"It is criminal to take what is inherently mine, steal it, and not let me use it for my own benefit for the protection of big pharma \$\$."*

While this is an occurrence in the US context, it is interesting to know what the legal position is on proprietary rights over autologous cells in Australia if there are Australian patients who may raise similar concerns. This article explores the existing body of literature and litigation cases on proprietary interests in human bodily material.

### **Innovative autologous stem cell therapies in Australia and the new TGA regulation**

Stem cells are cells that can differentiate into other types of cells and are also capable of self-renewal or multiplying to produce higher numbers. The aim of stem cell research is to use or manipulate the stem cells to help regenerate lost tissue. Stem cell-based treatment is any treatment that uses or targets stem cells. Autologous stem cell treatments use stem cells collected from the patient's own body, not donated cells. The doctor then harvests the patients' stem cells, processes them in a way intended to elicit a therapeutic effect and reintroduces it back into the patient's body.

Currently, the majority of these procedures are considered experimental. Despite this, there are private clinics in Australia and elsewhere in the world that offer unethical stem cell treatments for various diseases and conditions. Australia has stem cell businesses offering autologous stem cell treatments and it is growing to more than seventy (Munsie, 2017). This nation has some of the world's highest concentration of stem cell clinics (Berger, 2016) with websites directly advertising various medical procedures to consumers including the

treatment of stroke, osteoarthritis, sports injuries and even anti-ageing therapies. There is an increasing number of for-profit private clinics advertising and offering untested stem cell medical treatments to vulnerable patients. Though these are unproven therapies, there are accounts of unsubstantiated claims of cures and adverse medical events.<sup>3</sup> For example, Mrs Sheila Drysdale passed away as a result of hypovolemic shock following blood loss caused by liposuction and a stem cell procedure used to extract stem cells to treat her dementia condition. The autologous treatment was performed by a cosmetic physician at a private clinic. This tragic incident highlights critical matters including the vulnerability of very ill patients and their caregivers, the ethics of the medical professionals, the lack of science backing the medical procedure and whether there was informed consent provided. There were a number of cases in US as well.

In 2017, the Therapeutic Goods Authority (TGA) announced some proposed changes to the Therapeutic Goods Regulations 1990 to introduce stringent regulatory requirements around autologous cell and tissue therapies including stem cells in 2018.<sup>4</sup> These amendments are designed to set up gradual regulatory oversight of the products commensurate with the safety risks to patients. A more significant proportion of the autologous cell products, including stem cells, will be subject to TGA regulation. The proposed amendments do not become law until they have the Governor General's approval. Examples of autologous cell and tissue products are skin grafts, bone grafts, blood and blood components (plasma, serum, platelets) and stem cells. It is beyond the scope of this article to explain the TGA regulation in detail.<sup>5</sup> Like the US FDA's new strict laws, these regulatory changes will have the effect of restricting access to autologous cell treatments for Australian patients.

### **Examining the existing body of case law on human biological material**

The topic of the ownership of the human body is highly complex in ethical and legal terms. This section of the article examines a collection of litigation cases in human biological material, whether the body or body parts or tissues, in various common law jurisdictions. Currently, there is no legal precedent on the issue of proprietary rights of stem cells.

In the case of a corpse or body parts that have been removed and processed, the legal principle is that no one can legally own a dead body. In Haynes'

<sup>2</sup> US FDA, Relating to the regulation of human cells, tissues, or cellular or tissue-based products. Docket ID: FDA-2015-D-3719 [www.regulations.gov/docketBrowser?rpp=50&po=0&dct=PS&D=FDA-2015-D-3719&refD=FDA-2015-D-3719--0018](http://www.regulations.gov/docketBrowser?rpp=50&po=0&dct=PS&D=FDA-2015-D-3719&refD=FDA-2015-D-3719--0018)

<sup>3</sup> See Coroners Court New South Wales, *Inquest into the death of Sheila Drysdale* (2016) <http://www.coroners.justice.nsw.gov.au/Documents/Findings%20Drysdale.pdf>.

<sup>4</sup> <https://www.tga.gov.au/autologous-human-cells-and-tissues-products-regulation>.

<sup>5</sup> For more information, read Patrick Foong, 'Stemming the Tide of Unproven Autologous Stem Cell Therapies in Australia' (2018) 3 *UNSW Law Journal Forum*.

Case (1613) 12 Co Rep 113; 77 ER 1389, the courts held that there could be no property in a corpse. This case offered the foundation of the concept of ownership of a dead human body. Over time, this antiquated rule has been eroded. It remained unchanged until 1908. In *Doodeward v Spence* (1908) 6 CLR 406, the Australian High Court held that a person could obtain a possessory interest in biological material by the lawful application of work and skill to preserve it. Doodeward bought a preserved corpse of a two-headed fetus (still-born) in an auction in order to display it in a public exhibition. When the police confiscated the fetus, Doodeward sued for its return. According to the prosecution, as there is no right of ownership in human corpses, Doodeward had no legal right to possess it. The High Court held that the fetus should be returned to Doodeward as lawful work or skill has been bestowed on it and accordingly, it has attained attributes which distinguished it from a mere corpse awaiting burial. The fetus had been preserved in a bottle with spirits (paraffin oil) by Dr. Donahoe; it cannot be treated as a non-entity and was accordingly legally protected. This principle is known as the Doodeward exception or the work & skill exception.

The line of cases (of US jurisdiction) analyzed below concern a different type of scenario to those that are of interest in this discussion. They concern the donation of human tissue to be used in a research context, i.e.; where the human biological material/ waste is removed from a living person. Nevertheless, these cases offer meaningful interpretations in the debate. First, in *Moore v the University of California* (1990), Moore, a cancer patient (hairy-cell leukemia), underwent a splenectomy at the University of California Los Angeles (UCLA) Medical Center. His attending physician, Dr. John Golde, requested him to return to UCLA for several appointments. During these visits, the doctor withdrew samples of blood, blood serum, skin, bone marrow aspirate and sperm from Moore. Dr. Golde established a cell line from Moore's biological material which was subsequently patented. Between 1984 and 1990, the patent generated more than \$3 billion. Moore sued Dr. Golde and other defendants, alleging that his physician did not disclose economic interests in his cells prior to obtaining his consent to the procedures. Moore also claimed the right to a share in the profits made from the biological material excised from him. The Supreme Court of California rejected Moore's claim. The courts deemed that the patented cells were different from those taken from Moore and therefore could no longer be regarded as his property. Moreover, there was a lack of judicial precedent in California to support Moore's claims.

Another case, *Greenberg v Miami Children's Hospital (MCH) Research Institute* (2003) concerns a legal suit brought by Daniel Greenberg and other patients, against Dr. Rueben Matalon, who was researching the genes linked with Canavan disease

(a rare genetic condition that occurs most frequently in Ashkenazi Jewish population) to establish a prenatal diagnostic test. Using various biological materials such as urine, blood and tissue samples donated by Greenberg and other patients, Dr. Matalon and his team successfully isolated the gene responsible for the Canavan disease. Unknown to the plaintiffs, MCH applied and obtained a patent for the genetic sequence. The plaintiff alleged that they had generated huge royalties from Canavan disease testing. Greenberg and other donors sued Dr. Matalon and MCH, asserting that they had not been told of the commercial developments. If they had been informed of Dr. Matalon's intention of exploiting their genetic material, they would not have donated their biological material. While the court recognized that a doctor/researcher is under a legal duty to provide information and to seek the patient's informed consent, the responsibility does not extend to cover a researcher's economic interests. To impose a duty could 'chill medical research' and it may pressure researchers always to assess whether a disclosable occurrence had arisen. The court stated that the obligation to obtain informed consent could have detrimental effects on medical research; it would give research subjects total control over how medical research progresses and who gains from the study. Similar to *Moore* case, the court stated that a research product developed from human tissue is distinctive from the original tissue; it becomes the property of the researcher/research institute and the donor retains no legal rights to it.

Finally, in *Washington University v Catalona* (2007), Dr. William Catalona who was a highly respected urologist/researcher requested his patients for their consent to use their biological materials, such as blood and tissue, excised in prostate surgery in order to conduct medical research on urologic diseases. The patients had to complete an informed consent form in which they acknowledged they were aware that they were contributing to research that could benefit society and further, they had waived their rights to body tissues donated and developed in any product through research. The biological samples were housed in the biological bank of Washington University (WU). Owing to a dispute, Dr. Catalona resigned from WU. He was offered a position at the Northwestern School of Medicine (Northwestern). He then notified his patients by letter of his departure and requested for their authorization to transfer their biological samples to Northwestern. While many patients agreed, WU refused to authorize the transfer and brought an action against Dr. Catalona, seeking to establish ownership of the biological samples. Some patients supported the removal of their biological samples to Northwestern to enable Dr. Catalona to continue his research on prostate cancer. They claimed to retain their rights of ownership in the biological material. The court held that the patients had contributed their biological

materials to research and therefore no longer retained either property rights in it or the right to authorize its transfer. In short, they had donated their biological materials to WU as valid *inter vivos* gifts. Thus, a donor loses their legal rights to ownership of their biological material the moment it is donated to the researcher for research purposes.

Taken together, these cases acknowledge that the right to control biological material excised from a donor terminates at the time of donation. Donors then cannot insist on any legal rights of ownership in their biological material removed as they had abandoned any possessory interest in their tissue. And the researchers who have used the tissue to create a fresh product may acquire a proprietary interest in it while the progenitor will have no interest.

### **Recent cases: ownership of human tissue (sperm, stored or extracted)**

There are several relatively recent cases, especially in Australia, that raise the question of ownership of the semen, whether stored or extracted. The courts in these cases recognized that sperm is capable of being considered as property. First, with reference to a UK court of appeal case, in *Yearworth v North Bristol NHS Trust* [2009], six men sued as their semen (which contained their sperm) in frozen storage was damaged in the medical facility. This group of men were cancer patients and were undergoing chemotherapy. They had intentions of starting a family and there was a risk of infertility for patients who are undertaking chemotherapy. The stored semen was destroyed as the amount of liquid nitrogen in the tanks fell below the required level. The men did not provide a fee, thus there is no contract in the absence of consideration. The Court of Appeal criticized and rejected the Doodeward principle, due to its lack of logic. The court held that the men had ownership of their sperm which they had ejaculated under both bailment and negligence. For a claim in the tort of negligence, the men had ownership of their sperm. And they too had a property interest in the sperm that could be protected through the contract of bailment. This decision was made despite the fact the men had exercised no skills over the storage of their sperm. This case was a first in multiple respects: It was the first time that property rights had been acknowledged in favor of the originators/progenitors of human bodily substances, i.e. the men who ejaculated their semen despite the absence of an application of work and skill. It was also the first time that bailment had been applied as the basis for recognizing such rights. The men's stored semen is differentiated from other bodily material removed to be abandoned, e.g. amputated limbs and cut hair.

In Australia, there are several recent cases that raise the question of access to the sperm, whether stored or extracted, of the deceased by his widow/co-executors of the deceased's estate. In contrast to *Yearworth*, the plaintiffs were not men who

generated and ejaculated their sperm but their widows who sought a court order for the extraction of their late husbands' sperm. In this type of cases, known as posthumous conception, the widow wishes to use her late husband's sperm for fertilization. In this line of cases, there is ongoing disinclination of Australian courts to acknowledge rights in the tissue where there is no work and skill.

In *Bazley v Wesley Monash IVF Pty Ltd* [2011], the plaintiff (Mrs. Bazley) was the widow. Like the *Yearworth* case, Mr. Bazley was diagnosed with cancer and deposited his semen. He subsequently passed away. The unit storing the semen then informed the widow that it could no longer retain the semen without a court order authorizing the storage. The issue was whether the stored semen was property. If it was, rights in relation to it could vest in the widow as his personal representative under Queensland succession law. The Doodeward exception was applied and the court stated that the stored sperm of the husband could be property. The court adopted a broad view of what amounted to work and skill and that this notion included mere freezing, so the sperm would be considered as property.

Collectively, the recent legal cases in the UK and Australia may suggest a likely move from the 'no property' rule to a fresh approach to the status of human tissue, e.g. the *Yearworth* case (Skene, 2013). But it is noted that these cases involve a unique and unusual set of circumstances and the discussion is limited to semen, whether stored or extracted. Accordingly, it is a challenge to envisage to what extent a similar approach might in the future be applied in the case of regenerative tissue.

### **The agency argument in *Re Edwards***

An interesting point is the agency issue raised in *Re Edwards* (2011). In that case, following the death of her husband, the widow (Mrs. Edwards) sought a court order for the extraction and preservation of her husband's sperm. Unlike *Bazley*, the husband, in this case, did not deposit his semen before he died. Hulme J applied the Doodeward principle to the sperm. In conjunction with the other decisions similar to *Bazley*, the court stated while the sperm was capable of being property, the deceased had no right to his semen while he was alive and as a result, it could not pass to his estate upon death. The judge explained that despite the widow herself had not applied any work and skill, the task performed (i.e. the sperm removal) by the technicians was done on her behalf. He said, "... the property lay in the doctors and technicians who lawfully exercised the work or skill, such as was the case with Dr. Donahue in *Doodeward v Spence*. However, the better view is that the doctors who removed the sperm and the doctor and technicians who then preserved and stored it did not do so for their own purposes but performed these functions on behalf of Ms. Edwards. In effect, they were acting as her agents and thus did not

acquire any proprietary rights for their own sake.”<sup>6</sup> Thus, the technicians obtained no property rights for their own purpose since they were acting as Mrs. Edwards’ agents. The technicians’ work granted the widow an interest under the Doodeward principle, which was sufficient to give her possession of her late husband’s sperm. In this case, the court considered only the right of possession to the deceased’s sperm and not more. It has not extended to resolve property issues on human tissue.

In a similar case, *Re H (no 2)* [2012], the Supreme Court of South Australia affirmed *Re Edwards* case. In this case, the widow applied for a declaration that she was entitled to possession of her deceased husband’s sperm soon after his death. The judge stated: “The Repromed staff who exercised work and skill did so not for their own purposes, but performed these functions as a consequence of the orders of the Court. They were acting as agents and did not acquire any entitlement to the sperm in their own right ... In substance, I agree that the applicant is the only person in whom entitlement to the sperm could lie. The sperm was removed on her application. In my view, the applicant has a prima facie entitlement to possession of the sperm ...”<sup>7</sup> In other words, the staff performed as an agent to the widow in principle and she is the genuine holder of the property.

These cases involve the discussion of the widow’s right to possession of her deceased husband’s semen and it is uncertain whether the judges might apply this agency argument to the case of regenerative cells.

### **Performing autologous stem cell treatments: lawful application of work and skill and the agency argument**

In the case of autologous cells, it is difficult to foresee what approach the courts might adopt. As Loane Skene stated: “It remains to be seen whether the principles in the stored semen cases will be extended to other types of bodily material or confined to reproductive materials ... the cases to date have all involved stored semen and we do not know if the same principles will be applied to other stored bodily material such as cord blood and autologous blood banks, or even organs for transplant and tissue in biobanks and other research repositories ...” (Skene, 2012). This section of the article explores the possible application of the Doodeward exception as well as the agency argument raised in *Re Edwards* to autologous stem cell treatments.

In autologous cell therapies, the patients become their own stem cell donor. These cells are collected in advance from the patient and returned to the patient at a later stage. The processes involved are often long and complicated. The doctor collects the patients’ cellular material, processes it in a way

intended to elicit a therapeutic effect and reintroduces it into the patient’s body.

Stem cells could be recognized as property by judges on the basis that human tissue (e.g. sperm) has been accepted as property in recent cases (*Yearworth*, *Bazley*, *Edwards*). Like the men’s stored semen for future use, stem cells which are processed and reinjected are differentiated from other bodily material removed in order to be abandoned, e.g. tissue/waste donated for research purposes such as excised tissue and amputated limbs (*Moore*).

To perform the highly complex autologous cell procedure involves a great deal of work and high skill, as explained above. The processed cellular material possesses different attributes compared to its original state. The Doodeward work and skill exception is very likely to apply in the case of stem cell treatments. This is a highly skillful procedure requiring great expertise of appropriately qualified medical practitioners. The rights generally vest in the individual or establishment that take on the work and skill, e.g. Dr. Donahoe who preserved the two-headed stillborn fetus in paraffin oil in *Doodeward* or the fertility center that froze the semen in tanks of liquid nitrogen in *Yearworth*. Thus, it can be argued that in the case of autologous stem cell therapies, the doctor who performs the treatment has property rights over the patient’s cells.

Another possible argument is that in performing the stem cell procedure, the doctor is considered as an agent who performs the service on behalf of his/her patient (*Re Edwards*). The patient visits the medical professional to be treated via this medical procedure. The patient’s autologous cells are harvested, processed and reinjected into their bodies on their behalf and for their purposes and no other person would have any interest in them. The work and skill are executed by the physician in the service of the requesting party, the patient. Based on this agency argument, it can then be contended that the patient may have property rights over their stem cells. Accordingly, this would suggest that the patient has a right to sue in civil cases, e.g. the law of tort of conversion and negligence if it is negligently lost or harmed.

### **Conclusion**

Currently, it is uncertain and speculative whether the Doodeward work and skill exception might be extended to apply in the case of regenerative tissue. There is a significant scope of reconsideration of this specific area of law. Based on recent cases, it can be interpreted that in performing autologous cell therapies, the doctor has applied lawful work and skill, and further, the doctor acts as an agent on behalf of their patient. Thus, the patient has property rights over their own autologous cells.

<sup>6</sup> *Re Edwards* (2011) 81 NSWLR 198, [88].

<sup>7</sup> *Re H (no 2)* [2012] SASC 177, [60].

Nevertheless, regardless of who the autologous cells belong to, it is argued that the TGA, as a regulatory body, has an ethical function in imposing and enforcing strict laws to curb unproven autologous stem cell therapies. Even if the court acknowledges the patient as the legal owner of their autologous cells, the TGA has a critical role in the stringent regulation of untested autologous stem cell therapies. While patients may insist that government regulatory authorities should not interfere by imposing strict laws on the industry that denies or limits their access to these innovative medical treatments, it is counter-argued that it is TGA's crucial responsibility to protect vulnerable patients in such unproven stem cell-based therapies. And this is irrespective of who legally owns the autologous cells.

To provide clarity in the law, there may be persuasive arguments to legislate<sup>8</sup> but before determining revisions in the law, it is essential to conduct public deliberations and debates in Australia to explore the scientific, medical, ethical and societal issues. A legislative review which entails in-depth and insightful discussions among various stakeholders and public submissions are long overdue. Since the release of the Report of the Independent Review of the *Prohibition of Human Cloning for Reproduction Act 2002* and *Research Involving Human Embryos Act 2002* (Heerey Review) in 2011, there has been no review on the existing regulatory framework on stem cells. As a thorough legislative review is overdue, I strongly propose that it ought to be conducted to explore the need for possible law reform on stem cell issues, including ownership of stem cells. Furthermore, a thorough law review will also enable the discussions of many other critical, controversial matters, e.g. mitochondrial replacement therapy (MRT), human genome editing, etc. where there have been recent developments overseas. It is time to conduct an overdue thorough law review of the Australian law where this specific issue of ownership of autologous cells could be addressed along with many other ethically controversial issues surrounding research involving human embryo.

## References

- Barbro Bjorkman and SO Hanson, 'Bodily Rights and Property Rights' (2006) *Journal of Medical Ethics*.  
 Ben White, Fiona McDonald and Lindy Willmott, *Health Law in Australia* (2018) Thomson Reuters.  
 Carlo Petrini, 'Ethical and Legal Considerations regarding the Ownership and Commercial Use of Human Biological Materials and their Derivatives' (2012) *Journal of Blood Medicine*.  
 Coroners Court New South Wales, *Inquest into the death of Sheila Drysdale* (2016)  
<http://www.coroners.justice.nsw.gov.au/Documents/Findings%20Drysdale.pdf>.

- Department of Health Therapeutic Goods Authority  
<https://www.tga.gov.au/autologous-human-cells-and-tissues-products-regulation>.  
 Douglas Sipp, 'Identity and Ownership Issues in the Regulation of Autologous Cells' (2017) *Regenerative Medicine*.  
 Essentially Yours: The Protection of Human Genetic Information in Australia (ALRC Report 96).  
 Patrick Foong 'Stemming the Tide of Unproven Autologous Stem Cell Therapies in Australia' (2018) 3 *University of New South Wales Law Journal Forum*  
 Israel Berger et al., 'Global Distribution of Business Marketing Stem Cell-based Interventions' (2016) *Cell Stem Cell*.  
 Loane Skene, 'Arguments against People Legally Owning their Own Bodies, Body Parts and Tissue' (2002) *Macquarie Law Journal*.  
 Loane Skene, 'Proprietary Interests in Human Bodily Material: Yearworth, Recent Australian cases in Stored Semen and their implications' (2012) *Medical Law Review*.  
 Megan Munsie, Cameron Stewart, Ian Kerridge, 'Finally Unproven Stem cell Practice Might be Curtailed' (2017) *The Conversation* <https://theconversation.com/finally-unproven-stem-cell-clinic-practices-might-be-curtailed-86388>.  
 Megan Munsie, et al., 'Open for Business: A Comparative Study of Websites selling Autologous Stem Cells in Australia and Japan' (2017) *Regenerative Medicine*.  
 Nicholas Rolf, 'Making Something into Nothing: Reforming the "No Property" Rule for Human Tissue' (2013) 21 *Journal of Law and Medicine*.

---

## The right to privacy vs. the right to know

- Nader Ghotbi, Ph.D.

Ritsumeikan Asia Pacific University (APU), Beppu city, Japan

Email: [nader@apu.ac.jp](mailto:nader@apu.ac.jp)

### Abstract

There are times when two essential human rights may appear to be in conflict, or need to be balanced against one another. This paper examines the right of a party, such as officials, a group of people or an individual, to 'privacy and confidentiality' when others may have a conflicting 'right to know' about them. Although this conflict has already been studied by other researchers, there is a lot of controversy about a rightful balance in new technology driven situations. I conducted a survey on the views of college students over an actual case of a university associate professor whose immoral conduct had been reported to a few of the faculty by a PhD student who had given birth to his child on the promise of marriage while the teacher was already

<sup>8</sup> Not all authors agree with statutory reform; see Nicholas Rolf, 'Making Something Into Nothing: Reforming the "No Property" Rule for Human Tissue' (2013) 21 *Journal of Law and Medicine*.

married and had a child. I asked the students if they believed protecting the privacy of the teacher was more important than the school's right to know. I also asked if they believed a child born to the single mother in such a relationship has the right to know about his father, or the single mother has the right to keep that information confidential. Finally I asked the students if they believed in general that the 'right to privacy and confidentiality' was more important than the 'right to know'. This paper reports on the results of this survey on 222 students at an international university in Japan.

## **Introduction**

In USA, the public 'right to know' was first suggested as a specific legal concept by Cooper (1956) who was the director of a news agency at the time. The right to know in his view meant ensuring that citizens would have access to information essential for protecting democracy. Emerson (1976) emphasized on the right to know as the basis for acquiring the needed information, and the communication of the information to others so that the freedom of expression would be realized. John De Mott (1978) discussed the necessity of citizens' access to governmental and public information for scrutiny while protecting the privacy of citizens from unwanted exposure. He also emphasized that there could be situations of conflict between the two in which finding a balance could be a difficult task. However, according to him, the US constitution did not provide assurance for neither of these rights and courts could have their own interpretation, except for one general rule: citizens' privacy must be protected unless disclosure of information is in the public interest. Situations may change; therefore, setting laws may not satisfy the dynamic need to balance the right to privacy against the right to know in every instance. An example is provided by Baker (1987) who referred to the need of the schools to access students' data to deal with increasing acts of violence in school while a recent law had limited such access to ensure educational data of students would not be misused by third parties.

Viano (1992) pointed at factors that influenced the activity of media regarding criminal information related to individuals who needed to protect themselves against unwarranted exposure. Viano emphasized on the role of social, cultural, and political forces in moving the balance to one way or the other which underscores the need of the society to develop policy based on a code of ethics. It can be said that the media play a significant role in gauging the public view as well as the legal system's ruling over an acceptable line between the right to know versus the right to privacy.

As Harris (1997) has noted, Hippocrates stressed on the physicians' responsibility over the confidentiality of their patients' medical issues in the 4-5<sup>th</sup> century B.C. That is why the Hippocratic Oath includes a statement on the privacy of patients' medical information. Without this sort of medical

privacy, it is hard to create the needed trust in patients to provide the physician with all private information needed to make a diagnosis. However, the modern systems for management of medical information are far too complex to be maintained by a physician's oath; meanwhile, these systems help provide the benefit of integrated access to the information by various healthcare departments. Wyld et al. (1992) discussed the challenges in the delicate balance of the privacy and confidentiality rights of HIV positive people versus the right to know of other patients and anyone else who might be affected by the risk of exposure to HIV.

Pape (1997) examined the situation where the public may benefit from access to more information about their doctors' record of practice, while that might cause a change in the practice of physicians towards defensive medicine and finally leave the patients worse off, with a general decline in healthcare quality. Borna and Avila (1999) discussed the issue of the need for confidentiality of citizens' genetic information and its delicate balance, including the right of insurance companies to know about them to manage their risk. However, access to such information might lead to significantly higher cost of health insurance or its denial from high-risk individuals because of their genetic makeup.

Gross (2004) discussed the fragility of democracies and the need for continuous vigilance to protect them through the right to know and access to information, though that may conflict with the citizens' right to privacy in some instances. The important issue would be finding the right balance to the periled situation of safety and security in countries where terrorism became a real threat after the September 11 terrorist attacks on the US. On the other hand, many countries around the world have used the terrorism threat as an excuse to downplay the citizens' right to privacy and confidentiality over their personal information and in some cases even legal entities have infringed on the rights of citizens. Such examples demonstrate the challenges facing ethical philosophers in balancing the right to privacy versus the right to know in a dynamic, modern and technologically driven world where information plays an important role in every aspect of the life of citizens.

Deloney (2007) pointed to the result of studies that showed most adopted children as well as their birth parents wanted to have access to birth records while many US states limited such access to protect the privacy rights envisioned by law. Banisar (2011) has suggested that the right to privacy and the right to know may together help hold governments accountable to citizens, but the potential conflict between them may lead to controversial situations where mechanisms are needed to reduce conflict and balance the rights. Symons (2017) discussed the 2016 change in Australian law whereby donor-conceived children were given the right to access information of anonymous donors, including their name, date of birth, ethnicity, physical characteristics



and genetic conditions, even if the donor had requested anonymity. Apparently, the right to know won over the right to privacy in this case. But there are other cases arising in both the healthcare sector as well as social policy, information security and governance.

Some laws may already exist to help clarify the rightful balance in situations where a conflict arises between the right to privacy versus the right to know, such as leaning on the right of the community 'to know' about a sex offender having a criminal history who takes residence in a neighborhood. However, the law may not specify what should be done in countless other examples. For instance, researchers in Pakistan examined whether a nurse should notify others to sexual abuse of a housewife by her husband when the hospital and local tradition insisted on keeping silent about it to presumably protect the privacy of the married couple (Hirani and Rafiq, 2019). This example demonstrates the role of culture and cultural differences in determining the right balance, and other complex issues which need to be considered before arriving at an ethical decision.

### Research method

A survey was electronically distributed among 229 college students enrolled in the course of Bioethics in 2018. They were asked to examine an actual case and answer three essay questions that followed the description of the case study. The survey was designed to require responders to reflect on the case and use arguments in order to support their answer, rather than immediately choosing from among 4 or 5 possible choices. The essay format was an attempt to receive well thought responses rather than reflex answers. The description of the case was as follows:

"Assume you are a university professor. A female student from a different school has contacted you to report that your colleague, a married man with a child, has deceived her into an affair and then left her with nothing after getting her pregnant. She is now a single mother with little income to support her child and, at the same time, to keep studying at the university until graduation while she cannot ask her family to support her because in her culture (as a Kazakh) it is shameful to have a child without a father. She is heart-broken and resource-less."

**Question 1:** With enough proof that she is telling the truth, is the right of the teacher to privacy and confidentiality more important, or the right of the school to know? Explain your choice.

With a little investigation, you realize the same story happened to a Japanese lecturer by the same man. She is also a single mother now working in another school in Tokyo but is upset that she was deceived into an affair with a married man teaching at your university. Both women have chosen not to reveal the identity of the father to

their child because they don't want their children to have any relation with an evil man, as they say, in the future.

**Question 2:** Do you think the children have a right to know who their father is, or the mothers have the right to keep this matter as a private issue and keep it confidential? Explain your choice.

**Question 3:** With this case as an example among tens of other examples, how would you discuss the right to know versus the right to privacy and confidentiality? Which one is more important and why?

The use of an actual case study helped motivate the students to discuss it seriously and work on arguments that would support their view on the matter. By providing two different perspectives, the privacy right of the teacher (toward the school) and the privacy right of the mothers (toward their children) against the right of the school and the children to know, respectively, the survey enabled the students to consider the conflict from many angles. Finally, they would suggest which right seemed more fundamental to them in general.

### Findings and Discussion

Out of 229 students, 222 (97%) responded to the survey questions. The results of the survey have been summarized in Table 1. As seen in Table 1, the majority of students believed that the school's right to know dominated the right of the teacher to his privacy; 148 students (66%) considered the right of the school to know more important. Their arguments included the potential of harm to other students including a similar risk to female students, the responsibility of the school to provide a safe environment and to protect students from possible abuse, the social responsibility of teachers to demonstrate higher standards of moral behavior considering the special merits of a professor's position in a university, and the use of deceptive behavior that could have legal ramifications. However, 64 students (29%) considered the right of the teacher to his privacy more important. Their arguments included the fact that the student was an adult and thus responsible for her own actions, the matter had not happened on the campus and was thus a personal matter, and that law had not envisioned similar cases of deception as illegal, even though they may not be ethical behavior. There were 10 (4%) students who wanted both the school to know and the privacy of the female student to be protected. Five students (2%) believed that the right to privacy and the right to know as in case of the first question were equally important, and thus suggested using a third approach where mediation could be used to reach a satisfactory compromise solution for both the teacher and the single mother, including teacher's financial support for the child. The responses of 5 students were not clear and were thus disregarded.

**Table 1:** Results of a survey on 222 college students over the right to privacy and confidentiality vs. the right to know

***Q1: Teacher's right to privacy and confidentiality vs. School's right to know about teacher's actions***

<p><b>64 (%29)</b> students support teacher's right to privacy</p>	<p><b>138 (%62)</b> students support school's right to know  <b>10 (%4)</b> students also want extra care for victim's privacy in total <b>148 (%66)</b> students want the school to know</p>
--	---

**5 (%2)** students consider both rights equally important and suggest mediation instead (5 students provide no clear answer)

***Q2: Mothers' right to privacy and confidentiality vs. Children's right to know their father***

<p><b>59 (%26)</b> students support mothers' right to privacy</p>	<p><b>116 (%52)</b> students support children's right to know their father  <b>28 (%13)</b> students recommend waiting for child maturity in total <b>144 (%65)</b> students want the children to ultimately know their father</p>
---	--

**16 (%7)** students consider both rights equally important and suggest counseling instead (3 students provide no clear answer)

***Q3: Right to privacy and confidentiality in general vs. Right to know in general***

<p><b>34 (%15)</b> students see right to privacy as more important</p>	<p><b>50 (%22)</b> students see the right to know as more important</p>
--	---

**125 (%56)** students consider both rights equally important and suggest case by case decisions (13 students provide no clear answer)

As for the second question regarding the right of the mothers to keep the identity of the father hidden versus the right of the children to know the identity of the father, 144 students (%65) in total believed that children had the right to know their father. Their arguments included the inalienable right of every individual to know both their parents, the emotional strain on a fatherless child, and the potential of keeping good relations between a father and his children in the future. Among this group of students, 28 (%13) students believed that children should know their father but only later when they reached a level of maturity that enables them to understand the complicated situation. However, 59 students (%26) believed the mothers' right to privacy dominated the children's right to know their

biological father. Their arguments included protecting the mother from more emotional burden and stress, the futility of a father who would not financially support his biological children, and possible further risks to both the mothers and children. Sixteen (%7) students considered both rights to be equally important and thus recommended the use of counselling for the mothers (and also children) to help them make a decision. Three students did not provide a clear response to this question.

As for the third question over the choice of the right to privacy and confidentiality versus the right to know, in general, an overwhelming number of students (125 students, %56) responded that both rights were important and the decision in each case needs to be reached after careful consideration of circumstances especially the possible consequences, the parties involved, and the nature of conflict. For example, many students referred to the right of privacy over the use of the Internet by people versus the right of the governments to search for terrorism suspects, and the right of people to know about corrupt officials and businesses free of governmental interference. Having stated their concerns, 34 students (%15) believed that in general the right of individuals to privacy would be a more important issue, and 50 students (%22) believed that the right to know would provide more benefits and would thus be more important than the right to privacy. Thirteen students (%6) provided no clear response to the third question, which might be related to the difficulty they had in choosing a side; however, their answers were too vague and were thus disregarded.

A question in this research was whether students would be able to discuss and argue over the complexity of balancing the right to privacy against the right to know. I hypothesized that the extremely common use of social media platforms such as Facebook among college students would enable them to be familiar with the privacy versus publicity issues over the Internet. The rich arguments and debates submitted by the wide majority of students confirms this point. In the case of Facebook, as an example, when a user determines the level of privacy of his/her own page, and every time he/she decides to confirm or reject a friend request for access to his/her page, and so on and so forth, there is a need to balance privacy against the will to publicize one's personal information, sociopolitical views, interests and friendships. The majority of college students in this survey demonstrated their familiarity and recognition of the significance of a balance between the right to privacy and the right to know. However, no student referred to another approach for achieving such balance which is in fact a basic discussion when the general topic of rights versus responsibilities is debated. Let me elaborate.

One may try to balance the right to privacy against the responsibility one has regarding transparency. It is not only the government which should be transparent about its policies and financial

transactions. For example, any individual who engages in starting intimate relations with another individual should be transparent about his/her marital status, and gradually other aspects of his/her life that is needed in an intimate relationship. Also, one may try to balance the right to know (by publicizing information) against the responsibility to respect other individuals and their autonomy to live as they choose. Following on this approach may help us avoid the conflict between the two rights, while maintain a healthy balance in the execution of these rights regarding the responsibility that comes with them.

## Conclusion

This survey demonstrates the ability of college students to engage in serious discussions over complex and controversial situations where the right to privacy and the right to know are in conflict. The majority of students (65%) stated that both the right to privacy and the right to know are important, and a balanced decision would depend on the specific situation in each case and the possible consequences that may be envisioned. Interestingly, the students had come up with various lines of argument including a reference to the existing laws, social norms, and a consideration of possible consequences to any decision. For example, some students referred to the futility of informing the school system as it would probably just try to cover it up to protect its image which turned out to be true. It can be claimed that college students are well aware of the many instances that the right to privacy may be challenged by the right to know, as they are facing such decisions on an everyday basis using social media platforms such as Facebook, Instagram and etc.

It is important to consider that while the majority of students had picked a side answering to the first and second question, they had realized that it was not possible to make a general ruling on the third question without having the specifics of the case and the situation in hand. As the majority of students have stated, both of these rights are important in a democratic society and when conflicts appear, the specific circumstances and particularly the consequence of a decision need to be carefully examined. The responses also show that law does not provide an answer in many instances and therefore, ethical debate and decision-making are needed to resolve conflicts.

## References

- Baker, M. (1987). The teacher's need to know versus the student's right to privacy. *Journal of Law Education*, 16(1), 71-92.
- Banisar, David. (2011). *The Right to Information and Privacy: Balancing Rights and Managing Conflicts*. The World Bank. Governance Working Paper Series.
- Borna, S. & Avila, S. (1999). Genetic Information: Consumers' Right to Privacy versus Insurance Companies' Right to Know a Public Opinion Survey. *Journal of Business Ethics* 19(4): 355-362.
- Cooper, Kent. (1956). *The Right to Know: An Exposition of the Evils of News Suppression and Propaganda*. New York: Farrar, Strauss and Cudahy.
- Crane, A. E. (1986). The right to know versus the right to privacy. *Annual Survey of American Law*, 1986(3), 645-666.
- Deloney, W. (2007). Unsealing adoption records: The right to privacy versus the right of adult adoptees to find their birthparents. *Whittier Journal of Child and Family Advocacy* 7(1): 117-144.
- De Mott, John. (1978). *The People's Right to Know Versus Right of Privacy*. Speech: talk presented to the Fineman Discussion Group. (Philadelphia, PA, March 11, 1978.)
- Emerson, Thomas I. (1976). *Legal Foundations of the Right to Know*, Wash. U. L. Q. 1.
- Gross, E. (2004). The struggle of democracy against terrorism protection of human rights: The right to privacy versus the national interest the proper balance. *Cornell International Law Journal* 37(1): 27-94.
- Harris, R. E. (1997). The need to know versus the right to know: Privacy of patient medical data in an information-based society. *Suffolk University Law Review* 30(4): 1183-1218.
- Hirani, Afshin A. A. and Rafiq, Nasreen. (2019). Silence in violence: a curse or a goodwill? *Eubios Journal of Asian and International Bioethics* 29 (3): 109-112.
- Pandiani, John A, Banks, Steven M. and Schacht, Lucille M. (1998). Personal privacy versus public accountability: A technological solution to an ethical dilemma. *The Journal of Behavioral Health Services Research* 25(4): 456-463.
- Pape, J. (1997). Physician data banks: The public's right to know versus the physician's right to privacy. *Fordham Law Review*, 66(3), 975-1028.
- Symons Xavier. (2017). The right to know versus the right to privacy: donor anonymity and the Assisted Reproductive Treatment Amendment Act 2016 (Vic). *The Medical Journal of Australia* 207 (9): 377-378.
- Viano, E. C. (1992). The news media and crime victims: The right to know versus the right to privacy. In E. C. Viano (Ed.), *Critical issues in victimology: International perspectives* (pp. 24-34). New York, NY, US: Springer Publishing Company.
- Wyld D. C., Cappel S. D., Hallock D. E. (1992). The right to know and the right to privacy: HIV testing and health care management. *The Health Care Supervisor* 10(3):56-66.

## Current challenges in the healthcare system of Pakistan

- Sumaira Khowaja-Punjwani, Ph.D.

Saifee Burhani School of Nursing, Saifee Hospital Trust, Karachi, Pakistan

Email: skpunjwani@sbson.edu.pk

### Abstract

The healthcare sector plays a significant role in shaping human happiness and well-being. It also has a significant impact on the economic progress of the country as healthy populations live longer, are more productive, and health is tied to human welfare. This paper evolved out of my PhD Dissertation titled "Past, present and future trends of nursing workforce migration: analysis and policy implications". This article provides an overview about the healthcare delivery system of Pakistan with demographics and health indicators comparative to regional countries. Moreover, it provides a 5-year analysis of healthcare facilities in Pakistan with respect to population. An attempt has been made in this article to highlight challenges that healthcare system of Pakistan is currently facing, with recommendations and conclusion.

### Overview of healthcare system of Pakistan

The healthcare system of Pakistan can be categorized in to two sectors i.e. private and public. The public sector caters for 27% of the population, mostly government employees and members of armed forces, who are either governed by the Federal Government or a Provincial Government. Federal Government encompasses Ministry of Defense under which military healthcare system and cantonment boards function, and Ministry of Health under which research institutes, hospitals and vertical programs function. In the Constitution of Pakistan, the responsibility to provide healthcare is of provincial governments except in federally administered areas.

The healthcare delivery system of Pakistan is three-tiered, consisting of primary, secondary and tertiary healthcare. Primary healthcare includes basic health units (BHUs) and rural health centers (RHCs) and provides the first level of healthcare. It provides curative and preventive health services. Secondary healthcare includes Tehsil headquarters (THQs) and district headquarters (DHQs). It is an intermediate level of healthcare mainly concerned with provision of technical, therapeutic and diagnostic services. Also, specialist consultation and inpatient admissions are part of secondary healthcare. Referrals from primary and secondary healthcare services are sent to tertiary healthcare for more specialized inpatient care, which includes teaching hospitals. In Pakistan, the public health sector expenditure is 2.689% of GDP (World Bank, 2015). Private sector serves the remaining 73% of the population on out of pocket payments and

includes major hospitals, individually practicing general practitioners (GPs), dental clinics, *Hakeem*, homeopathies, healthcare facilities from non-governmental organizations (NGOs) or philanthropic organizations (Hassan, Mahmood, & Bukhsh, 2017) (See Figure 1).

### Demographics and health indicators of Pakistan

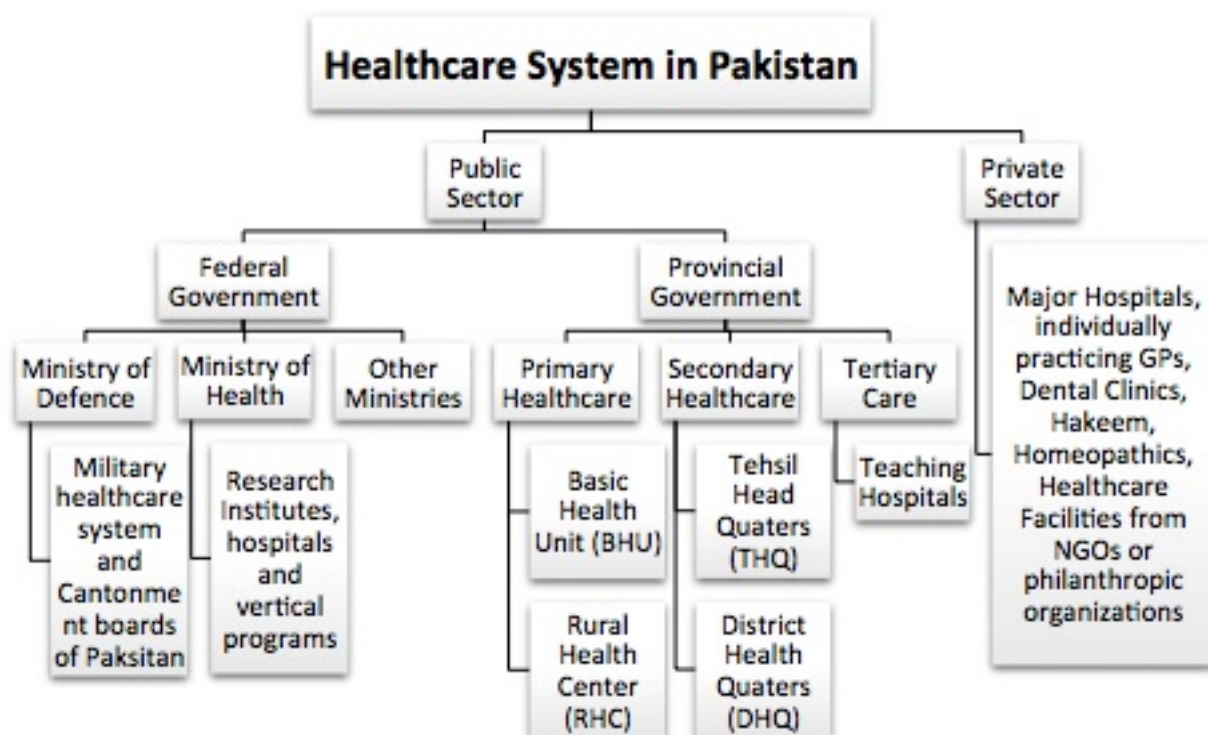
Pakistan is categorized as a low-to-middle income developing country with annual per capita income of USD 1,580 (World Bank, 2017). Population census illustrates Pakistan as the 6<sup>th</sup> largest populous country with a population estimate at 197 million (World Bank, 2018). 41.61% of the total population belongs to age group of 0 to 14 years, 55.10% are 15 to 59 years, and 3.30% are over 60 years of age (Demographics of Pakistan: Wikipedia, 2019). As far as the health indicators of Pakistan are concerned, the regional countries Human Development Indicators are much better than Pakistan (See Table 1). As per World Bank, Pakistan had the highest population growth rate of 2.0% followed by Philippines 1.5% in 2017. Pakistan is at the top of the ranking in the regional life expectancy 67 years, Infant Mortality Rate (IMR) per 1,000 births of 61 and Under 5 Mortality Rate per 1,000 live births of 75. In Maternal Mortality Ratio per 100,000, only Nepal is below to Pakistan with the difference of 80 in 2015.

As per World Bank reports for regional countries, Pakistan has the 2<sup>nd</sup> lowest health expenditures (% of GDP) which was 2.75 in 2016 after Bangladesh of 2.37 in the same year. Highest among the region is Nepal which is 6.29 (% of GDP) in 2016 (See Table 2).

**Table 2: Regional Countries Health Expenditure % of GDP**

Country	Year 2016
Pakistan	2.75
India	3.66
Bangladesh	2.37
Sri Lanka	3.89
Nepal	6.29
Bhutan	3.45
China	4.98
Malaysia	3.80
Indonesia	3.12
Philippines	4.39
Thailand	3.71

Source: World Bank



**Table 1: Health Indicators Regional Countries Comparison**

Country	Life Expectancy (2017)	IMR per 1,000 (2017)	Under 5 Mortality rate per 1,000 live births (2017)	MMR per 100,000 (2015)	Population growth rate (2017)
<b>Pakistan</b>	67	61	75	178	2.0
<b>India</b>	69	32	39	174	1.1
<b>Bangladesh</b>	73	27	32	176	1.0
<b>Sri Lanka</b>	75	08	09	30	1.1
<b>Nepal</b>	71	28	34	258	1.1
<b>Bhutan</b>	71	26	31	148	1.2
<b>China</b>	76	08	09	27	0.6
<b>Malaysia</b>	75	07	08	40	1.4
<b>Indonesia</b>	69	21	25	126	1.1
<b>Philippines</b>	69	22	28	114	1.5
<b>Thailand</b>	75	08	10	20	0.3

Source: World Bank

### Healthcare Facilities in Pakistan 2013-2017

Data on the resources available to the health system is essential for government to formulate policies and actions to meet the health related needs of the population. Hospital beds are used as a parameter to identify the availability of inpatient services to population.

There is no global norm for the density of hospital beds in relation to total population. In the European region, there are 63 hospital beds per 10,000 population whereas in the African region the ratio is 10 beds per 10,000 population (WHO, 2009). As per Pakistan Bureau of Statistics 2018 data (See Table 3), the total number of healthcare institutions is around 14,224 with 128,167 beds which means there is 1 bed for 1,537 persons residing in Pakistan.

**Table 3: Healthcare Facilities in Pakistan**

Facilities for Health	2013	2014	2015	2016	2017
Number of Institutions	13680	13802	14101	14219	14224
Total Number of Beds	118378	118170	119548	122769	128167

Source: Pakistan Bureau of Statistics 2018

### Current scenario of the healthcare workforce in Pakistan

The resources for healthcare in Pakistan are in a critical stage because of workforce deficiency. In the WHO Health report 2006 Pakistan was one of the 57 countries with a critical health workforce deficiency. Currently, there are no well-defined policies or plans for human resource development in the healthcare sector. The National Health policy for Human resources for health (HRH) in Pakistan was developed in 2000. The health policy of Pakistan (2009) states that they will develop a "comprehensive health workforce policy by 2010", but so far, no such policy has been published.

Globally, there are 13 physicians per 10,000 population, ranging from a low of 2 physicians per 10,000 in the African region to a high of 32 per 10,000 in European region (WHO, 2009). As per Pakistan Bureau of Statistics 2018 data, there are a total 208,007 registered doctors which means in terms of ratio Pakistan has 1 doctor for every 947 population. However, international standards are 2 doctors per 1,000 population which means Pakistan has a shortfall of 47%. Global data suggests that there are 28 nurses and midwives per 10,000 population with huge variations amongst the countries and regions. In the African region, there are 11 nurses per 10,000 compared with 79 per 10,000 in the European region (WHO, 2009).

Considering 2018 data provided by Pakistan Bureau of Statistics 2018, there are a total of 103,777 registered nurses, 38,060 registered midwives and 18,400 registered lady health visitors in Pakistan. Talking in ration terms, there is 1

registered nurse for 1,898 population, 1 registered midwife for 5,176 population and 1 registered lady health visitor for 10,707 population (See Table 4). However, the international standard is 4 nurses per 1 doctor which means there should be 1,576,000 nurses and currently, Pakistan has 93% shortfall of nurses (See Table 5). Considering the above statistics, it can be said that the healthcare system of Pakistan is facing severe challenges in terms of scarcity of resources. The problem needs to be recognized as a superseding impediment for which immediate action is required as health workers especially nurses are an important part of the mission to achieve MDGs on time.

**Table 4: Human Resources for Health in Pakistan**

Human Resource for Health	2013	2014	2015	2016	2017
Registered Doctors	167759	175223	184711	195896	208007
Registered Dentists	13716	15106	16652	18333	20463
Registered Nurses	86183	90276	94766	99228	103777
Registered Midwives	32677	33687	34668	36326	38060
Registered Lady Health Visitors	14388	15325	16448	17384	18400

Source: Pakistan Bureau of Statistics 2018

### Current challenges

Currently, there are many weaknesses and challenges facing the healthcare system of Pakistan. As evidenced in the literature, major challenges include the double burden of disease, vertical service delivery structure, lack of monitoring in health policy and health planning, growing population outburst, poverty, illiteracy, lack of health education in community, poor housing, poor sanitation and sewerage. Moreover, poor governance, scarcity of resources, inequity, insufficient and untrained human resources, and absence of well-defined policy on human resource development, compromised training and lack of formal in-service training, migration of skilled workers, structural mismanagement, and maldistribution of workforce and gender insensitivity present major challenges in the way to provide quality healthcare services in Pakistan. The severe shortage of healthcare professionals and inadequate allocation of funds to primary healthcare sector, lack of access and affordability of healthcare services especially for the rural population of the country is a great concern.

The unavailability of an efficient national health information management system at primary and secondary level, lack of medical research and technology at national level is also a reason for substandard service delivery. Health policies are

insalubrious with feeble implementation. The major factors of these inefficiencies are that the healthcare system of Pakistan has been designed by politicians whereas implemented by the health professionals on the ground, insufficient healthcare financing in public sector, ineffective utilization of

allotted finances due to corruption and political intrusions, and lack of accountability resulting in poor or no performance (Hassan, Mahmood, & Bukhsh, 2017; Punjani, Shams, & Bhanji, 2014; Kurji, Zohra, Premani, & Mithani, 2016).

**Table 5: Human Resource for Health in Pakistan – Standards and Shortfall**

Human Resource for Health	Total Registered	Per Population (2017)	International Standard	Required for a population of 197 million	Shortfall	Shortfall (%)
Doctors	208,007	947	2 per 1,000 population	394,000	185,993	47.20
Dentists	20,463	9627	1 per 1,000 population	197,000	176,537	89.61
Nurses	103,777	1898	4 per 1 doctor	1,576,000	1,472,223	93.41
Midwives	38,060	5176	1 per 5,000 population	39,400	1,340	3.40
Lady Health Visitor	18,400	10707	1 per 10,000 population	19,700	1,300	6.59

Source: WHO Global Code of Practice on International Recruitment of Health Personnel Implementation Strategy Report 2011 – Pakistan; Pakistan Bureau of Statistics 2018

## Conclusion

Health statistics in Pakistan show serious gaps in public service delivery. There is a dreadful need to explore the array of opportunities, which can benefit the sector many folds, once adequate attention and resources are allocated. Similarly, multiple layers of health sector, stemming from assisting staff to skilled staff to highly skilled professionals require solid reforms. Policy makers should prioritize their focus towards adequate and quality provisioning of public education and health services in order to build a solid foundation for long-term economic growth. However, higher allocation of budget to a specific sector will not necessarily bring improvement in health indicators, unless specific measures are implemented to correct the underlying inefficiency in spending. In order to have a meaningful outcome in terms of comparable parameters, priority should be to follow international best practices. There is no quick fix that can be obtained by spending money, bringing foreign aid, investing in infrastructure etc., if standards in human capital are not enhanced and maintained at that level.

## References

Demographics of Pakistan: Wikipedia. (2019, April 21). Retrieved May 08, 2019, from Wikipedia: [https://en.wikipedia.org/wiki/Demographics\\_of\\_Pakistan](https://en.wikipedia.org/wiki/Demographics_of_Pakistan)

- Hassan, A., Mahmood, K., & Bukhsh, H. A. (2017). Healthcare System Of Pakistan. *International Journal of Advanced Research and Publications*, 1(4), 170-173.
- Kurji, Zohra, Premani, Z., & Mithani, Y. (2016). Analysis of the Health Care System of Pakistan: Lessons Learnt and Way Forward. *J Ayub Med Coll Abbottabad*, 28(3), 601-604.
- Punjani, N., Shams, S., & Bhanji, S. (2014). Analysis of Health care Delivery Systems: Pakistan Verus United States. *International Journal of Endorsing Health Science Research*, 2(1), 38-41.
- WHO. (2009). Health workforce, infrastructure, essential medicines. World Health Organization. Retrieved May 09, 2019, from [https://www.who.int/whosis/whostat/EN\\_WHS09\\_Table6.pdf](https://www.who.int/whosis/whostat/EN_WHS09_Table6.pdf)
- World Bank. (2017). Retrieved April 03, 2019, from <https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=PK>
- World Bank. (2018). Retrieved May 08, 2019, from World Bank: <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=PK>
- World Bank. (2015). Retrieved April 03, 2019, from <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=PK>

## Love of science needs to be tempered with humanity

- D. S. Sheriff, Ph.D.

Member of National Academy of Medical Sciences

Professor and independent Research Worker

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

### Introduction

'Is man an ape or an angel?' asked Charles Darwin. One could say that Man is an angel in technology and an ape in social life. Sitting in an unknown corner of a computer room with a humble experience of teaching Biochemistry to many sets of medical students, a moral fear seemed to grip at the dawn of my life. Scientific achievements, medical marvels, space travel and a great journey of human life have resulted in a better standard of living. It has also created weapon wielding, trigger happy rebellious individuals with a confused frame of mind.

As we try more to saturate the curiosity of human mind with more knowhow and greed to conquer all avenues of knowledge, time and again. Nature teaches humanity lessons through natural disasters and calamity in the form of a virus to a fury of five elements air, water, atmosphere, fire and earth. The glorious capsules of science housing artificial intelligence to robotic science have made the basic human values of family, friendship, love and social responsibility to take a backseat. Our children in posterity may have the company of children born out of science. They may have families one with biological parents and other with engineered parents. Science with its great scientific minds, intellectuals, philosophers and thinkers sharing their experiences in the journal need to be reminded of human nature which is at stake with many challenges apart from climate change and nuclear threat. It is just an apprehension of a teacher of science who with his limited vocabulary and scientific ability shares his moral fear. The question that haunts our mind is:

*"Are we on the edge of Moral degradation and disintegration with the human mind dancing to the tunes of science and technology pushing humans to sideline? In spite of nature's lessons humans are living in the soap bubbles of pomp, pleasure and plunder."*

We are witnessing chaos and confusion everywhere with violence in many forms crippling the human spirit. The world is under the influence of leaders with tunnel vision and narrow thinking. Gandhiji, Nelson Mandela, Martin Luther King have become monuments erected on the pedestal of arrogance of human power and intolerance. Peace and tranquility have become hide-outs of ordinary people with military might and political power hovering around like drones with scant respect for human life and dignity. Humanity is trying to embrace technology over nature like the Pharaohs

and followers choosing their God, wine and women: the vast Expanse of the sea, limitless reach of space, but the limited vision of human mind and the greatness of nature, and the magic of God's will that can control the five elements on Earth.



**Figure 1.** Conflicts around the world threaten the peace in the world: Syria, Afghanistan, Palestine, Mexico, Korean Peninsula, Yemen, Iraq, Kurds, South China Sea, East China sea, Pakistan, Lebanon, Republic of Congo, Somalia, India, South Sudan, Egypt, Central African Republic, Ukraine, Nigeria, Libya, Mali.

Religious doctrines seem to dictate and hypnotize the thought process of many young minds. Doctored dogmas, and lists of do and don'ts, have made the human mind a closed chamber. It is said that "*Chance favors the prepared mind*". How do we describe the prepared mind? A mind that has been influenced by didactic studies, religious indoctrination and social structure that harm the inherent intellectual curiosity of the youngsters. Few have realized the futility of such doctrine based life style and resorted to a corporate culture of fast food and high-tech life.

They say keep your mind open. An open mind is necessary to receive information nascent, new and innovative. Therefore, we need to create an unpolluted sterile environment to fine tune the mindset of youngsters so that they could evolve their thought processes, develop independent thinking and nurture a life that respects the five elements of nature and protects the Earth from pollution of air, water and atmosphere.

Alvin Toffler said: "*Our moral responsibility is not to stop the future, but to shape it ... to channel our destiny in humane directions and to ease the trauma of transition.*"

It is our duty to shape our science, give direction and temper it with humanity so that posterity could still reap the benefits of science, keeping our Earth safe with love of our family, and respect humanity.



## Attitudes and eating habits among Pakistani undergraduate medical students

- Zoheb Rafique

Department of Community Medicine, Liaquat University of Medical and Health Sciences (LUMHS), Jamshoro Sindh, Pakistan

Email: scorpionzoheb@hotmail.com

- Aqsa Fatima

Liaquat University Hospital (LUH) Hyderabad, Sindh, Pakistan

### Abstract

Poor eating habits among students are a contemporary problem faced by a huge chunk of population like students at schools, colleges, and universities. Students have unhealthy habits of eating junk food and skipping meals at regular intervals which in turn put negative effects on their health. Several studies are being conducted to assess the eating pattern among students at various stages. This study was conducted at a medical university to determine the attitude of medical students towards their eating habits. A total of 246 students responded to the questionnaire to find out their attitudes. This study was conducted in September 2018 and it was shown that the majority of students were having healthy eating habits and were taking meals regularly and also using fruits and vegetables, though some of the students were eating junk food also.

### Introduction

Poor eating habits are often linked with poor health among young adults. The majority of population of any country especially the third world in developing countries is comprised of young adults specially students from school to university life. University students are well known to become involved in risky lifestyle behaviors which include risky eating habits.

Students are often stressed due to study and also the hormonal changes at this age due to puberty that increase their caloric need and requirement. The students use junk food and skip meals and suffer from health issues<sup>2</sup>. This is also a major concern for public health. Students use less fruits and vegetables and more snacks and junk food and unhealthy soft drinks. Some research shows that the most pivotal factors predicting selection of food among adults comprise: taste, nutrition, cost, convenience, weight control and pleasure. It is because of this reason that students and young adults often go outside to eat and have independent decisions of eating as they have transition from adolescents and go through the university period which is a significant event<sup>3</sup>. Unhealthy dietary habits together with lack of physical activity are often associated with an increased ratio of obesity and other health problems like

osteoporosis<sup>4</sup>. This study was also conducted to assess the attitude of undergraduate medical students towards their eating pattern and behavior.

### Research methods

To assess the attitude of undergraduate medical students at LUMHS Jamshoro regarding their eating habits, a self-report structured questionnaire was designed. The study population included the 4<sup>th</sup> year MBBS students. A total of 246 students participated in this study; 42 students didn't return the questionnaire and 65 students were absent. There were 353 students enrolled in the batch. The questionnaires were distributed among students at the end of their community medicine demonstration classes. It took 4 working days to complete the study which was conducted in September 2018. The students took 15 to 20 minutes to fill the questionnaire. All the students willingly consented and took part in this study. The questionnaire which was used in this study consisted of 21 questions in Total.

### Results

A total number of 246 Undergraduate MBBS Students participated in this study. There were 98 males and 148 females. Table 1 shows the responses of students to the questionnaire.

### Discussion

This study was done to assess the attitude of undergraduate students regarding their eating habits. One pivotal part of everyday nutritional intake is breakfast<sup>5</sup>. Regular consumption of breakfast is necessary for students to combat the fatigue due to a tough teaching schedule. In this study 67% of students had breakfast taken daily. In other questions about daily consumption of lunch and dinner, 85% and 88% of students responded that they have taken daily lunch and dinner, respectively. But 49% of students were taking less than 3 meals per day, and 29% of students responded that they took more than 3 meals daily. Vegetable and fresh fruits are considered rich sources of vitamins, minerals and dietary fibers. Daily consumption of vegetables was reported by 39% of students, while 33% of students responded that they rarely used vegetables and 66% of students responded that they often ate vegetables. In this study 41% of students consume fruits daily and 66% eat fruits one or two times per week. Other data in this study show that 46% of students consume fruits rarely in a week. In this study 56% of students had taken fast food once or twice per week.

Responses to some other questions show that 69% of the students rarely use fast foods and 8% eat fast foods daily. The consumption of snacks is a well-known aspect of young adults and teenager's food habits and behavior.

**Table 1: Attitude of undergraduate students towards eating habits**

Statement and Response	(1) Yes	(2) No
1. Do you take breakfast daily	164	82
2. Do you take lunch daily	210	36
3. Do you take dinner daily	216	30
4. Frequency of meals less than 3 times daily	120	126
5. Frequency of meals more than 3 times daily	72	174
6. Daily consumption of Vegetables	96	150
7. Consumption of Vegetable rarely in a week	82	164
8. Consumption of Vegetable frequently	162	84
9. Daily consumption of Fruits	100	146
10. Consumption of Fruits rarely in a week	112	134
11. Consumption of Fruits once or twice in a week	164	82
12. Consumption of Fast food daily	20	226
13. Consumption of Fast food rarely in a week	170	76
14. Consumption of Fast food once or twice in a week	138	108
15. Meat (protein) consumed in a week	206	40
16. Vegetables consumed in a week	204	42
17. Frequency of having snacks daily	120	126
18. Frequency of having snacks once in a week	130	116
19. Frequency of having snacks twice or more per day	74	172
20. Intake of Water up to 2 liter per day	184	62
21. Intake of Water more than 2 liter per day	86	160

This study shows that 49 % of students use snacks daily and 53% of students have taken snacks once in a week. In response to other questions, 30% of students responded that they have consumed snacks two times or more per day. This study also shows that meat was consumed by 84% of students in a week. In this study 75% of students had consumed up to 2 liters of water per day and 35% consumed more than 2 liters per day.

### Conclusion

The results of this study conclude that the majority of undergraduate medical students have good and healthy eating habits and they take meals regularly. The results also show that students have a tendency towards eating fruits and vegetables but not daily and in fact they eat them few times in a week. In other results students took fast food and snacks sometimes in a week, some students took snacks daily. The majority of students consumed some meat or protein in a week time and they drank up to 2 liters of water per day. This study concludes that students and especially medical students need better awareness of healthy eating habits and more use of fruits and vegetables instead of junk food, snacks and fast food.

### References

- Elijah Dacy. (2012). Breakfast Consumption Habits of Youth Living in Low Income Neighborhoods in a Large Three County Metropolitan Area. Nutrition & Health Sciences Dissertations & Theses. Paper 29.
- JinaTanton Et al. (2015). Eating Behaviours of British University Students: A Cluster Analysis on a Neglected Issue. *Advances in Preventive Medicine*. <https://doi.org/10.1155/2015/639239>.
- Nasrin Sultana Chowdhur. (2014). Eating habits and Nutritional status among the Bangladeshi Medical Students Depending upon BMI. *Updat Dent. Coll Journal* 4(1):10-14
- Sameer Deshpande, Michael D. Basil & Debra Z. Basil (2009). Factors Influencing Healthy Eating Habits Among College Students: An Application of the Health Belief Model, *Health Marketing Quarterly*, 26:2, 145-164. DOI: 10.1080/07359680802619834
- Silvia Lupi Et al. (2015). Assessment of lifestyle and eating habits among undergraduate students in northern Italy. *Ann Ist Super Sanità* 51(2): 154-161. DOI: 10.4415/ANN\_15\_02\_14.

## The ethical nihilism of hedonistic posthuman sex

- Jan Gresil S. Kahambing

Leyte Normal University, Tacloban City, Philippines

Email: vince\_jb7@hotmail.com

### Abstract

This paper presents the ethical nihilism that looms in the condition of sex in the posthuman. It takes over from the backdrop of Hauskeller's description of the singularity as having a "glorious sex life." While such a condition is heavily leaning towards hedonistic ethics, the paper critiques that it merely masks nihilistic ethics. The pleasurable picture of 'happy rapists' and 'masturbatory sex' in post-humanity with sexual affluence faces a disturbing nothingness that caters to the extreme possibility of being sexless. Following from Žižek's exposition of Houellebecq's novel *The Elementary Particles* (2000), which runs counter to Houellebecq's later novel *The Possibility of an Island* (2005), the posthuman poses paradoxes that point to a nihilistic ethical domain. Later, the paper presents two paradoxes: first, the paradox of hedonism or happiness, and second, the paradox of wealth or nothingness.

### The end of the human as ethical nihilism

In 1932, Aldous Huxley published his dystopian novel *Brave New World*, insinuating the darker than Kafkaesque Huxleyian possibility that 'maybe' this world is another planet's hell. Although the other dark perspective is associated to George Orwell in his novel *1984*, the way theorists view the future seems too shadowy, as if the mode of negation (or *Aufhebung* in a Hegelian sense) becomes a spectral object fascinating the interests of any thinker who wishes to view 'the future'. And is it not the so-called *contemporary* era 'today', pointed already as 'the future' from the past, also bombarded by dark insinuations, so that an apt phrasing can only be formulated through the nuances of a deadlock such as *death* – 'the death of God' à la Nietzsche (1974), 'the death of the author' à la Barthes (1967) or 'the death of philosophy' à la Hawking (2010) – and, the other term, *end* – 'the end of history' (Fukuyama, 1992), 'the end of literature' (Coover, 2018), or 'the end of man' (Foucault, 1994)? Such an 'end' of man opens the consciousness of the nihilistic backdrop of his fate. In Chuck Palaniuk's *Fight Club*, one can already read in literature the looming nihilism and meaninglessness (and consequently, anxiety) of the end of the 20th century in transition to the 21st century:

*"We're the middle children of history, man. No purpose or place. We have no Great War. No Great Depression. Our Great War's a spiritual war... our Great Depression is our lives. We've all been raised on television to believe that one day we'd all be millionaires, and movie gods, and rock*

*stars. But we won't. And we're slowly learning that fact. And we're very, very pissed off."* (Palahniuk, 1996)

Realizing this depressing condition, humanity projects of a post-humanity that shall transcend the inherent limitations of the human. The posthuman project allows for the movement of by-passing the gaps and hindrances of human experiences in order to achieve a more accurate, intensified, and willed result. The current project in all its ambiguous engagements and processes, capped in the transhumanist persuasions, understands the human as something that can be improved. Post-humanity hence imagines the contemporary era as an ongoing forecast of a far better locus of one's less restricted freedom. However, in Žižek's lens, the consciousness of nihilism becomes fully conscious in this current era. In *Like a Thief in Broad Daylight: Power in the Era of Post-humanity* (2018), Žižek describes the full form of contemporary nihilism. To quote at length:

*"Today's nihilism – the reign of cynical opportunism accompanied by permanent anxiety – legitimizes itself as the liberation from the old constraints: we are free to constantly re-invent our sexual identities, to change not only our job or our professional trajectory but even our innermost subjective features like our sexual orientation. However, the scope of these freedoms is strictly prescribed by the coordinates of the existing system, and also by the way consumerist freedom effectively functions: the possibility to choose and consume imperceptibly turns into a superego obligation to choose. The nihilist dimension of this space of freedoms can only function in a permanently accelerated way – the moment it slows down, we become aware of the meaninglessness of the entire movement"* (Žižek, 2018, p. 8).

If anything can be inferred from today's nihilism, it is that the human in this regard faces a devastating realization at the end of his rapid progressive freedoms. The swift movements of man's choices are left with a paradoxical mark in the end. The paradox of freedom here does not point to the inability to achieve the horizon of vast choices ahead but the inability to confront the nothingness that happens after. What if, because in a Huxleyian new world, the serious problems are 'diseases of plenty: Drugs and food and porn are omnipresent, and so are opioid overdose, type II diabetes, and loneliness (Smith, 2018)', does one have to reevaluate again the paradoxical choices of one's freedom?

Ethical nihilism therefore points to the abysmal character of freedom. The emptiness that underlies within one's ethical choices cannot in any way dispel the fact that once the realization of the meaninglessness of the whole path sets in, the game is over and the optimism that radically exposes the recognition of anything human or even posthuman

becomes a vain attempt at transcendence. That is to say, we enter into ethical nihilism precisely when the human is set against a paradoxical relation of his freedom to the nothingness of his desires.

What is telling of the mention of desire in his nihilistic backdrop is the notion of sex. Žižek points that desire in the posthuman era can alter even “innermost subjective features like our sexual orientation” and reinvent sexual identifications. What this means in Hauskeller’s understanding is that the posthuman condition will have to deal more about sex with the prospect of hedonistic or more intensified pleasure.

### **Glorious hedonism: Hauskeller’s happy rapist and masturbatory posthuman sex**

Hauskeller (2014) situates that the posthuman condition is associated to having more and intensified sex in his *Sex and the Posthuman Condition* while discussing such relationship in arguments as ‘the Glorious Sex Life of the Posthuman’, ‘Sexbots on the Rise’, ‘the Engineering of Love’, ‘Synthetik Love’, and ‘Kissengers and Surrogates.’ Machines, robots, and AI are playing major roles in the redefinition of sex and its function. For instance, a Kissinger as a device can enable a person to kiss his romantic partner even on the other side of the world. The resurgence of sex dolls with fleshy synthetic skin and AI controlled reflexes in sexual movements also govern this landscape. Another would be the insertion of sex in virtual reality platforms. The common thread that unites these topics is that arguably, in the future that is today, sex will still reside in the condition of the posthuman. Even if technology will evolve in a fast-paced manner, sex will still be there and humans will still find ways to insert sexuality into technological advances.

Hauskeller here exposes that in the literal advent of post-humanity where anything can happen, the event is referred to as the “singularity,” that is, when humanity is conjoined altogether, following Kurzweil (2005). Kurzweil, “when being asked whether we will still have sex after the singularity... stresses the importance of sex as an established way of communicating with others” (Hauskeller, p. 85). This allows, he says, for an “expansion of human relationships” able to “switch from one form” to “a very different form.” Hauskeller emphasizes the comment of a Youtube watcher on Kurzweil’s presentation that the best scenario of future sex:

*“Will be through mind uploading when we can make thousands of copies of our creative brains assisted by an advanced AI cloud, then they would each think up a sexual fantasy and send them back to you. Then you’d pick the best out of those fantasies, go into VR, and get on with it. And they can be with any person, face, body, voice, behavior, an empath, whatever. Can’t get better than that.”* (Cf. Hauskeller, p. 86).

When this happens, “sex and porn become in fact indistinguishable because all things (including other persons) are reduced to being just another sexual titillation device” (Hauskeller, p. 86). Because of this, the body is no longer organic but artificial, replaceable, so that the “transhumanist fantasies of a sexual future” – herein understood as “sublimated rape fantasies” – can be concluded on a happiness that makes us all “happy rapists” (p. 87). With the prospect of mind-uploading, virtualization of venereal pleasures becomes a norm and the consideration for an ‘other’ – a being not the same as oneself – dissipates into the background. If there is, therefore, an acknowledgment that follows from a rapist style posthuman sexualization, it is that “the glorious sex life of the posthuman is essentially masturbatory” (p. 7).

Moreover, what makes this masturbatory glorious is the possible detachment of sex from the machinations of the body – herein acquiring the function of the ‘other’ that loses its significance in the virtualization scheme of events. The basic assumption is that “a single body is a deadly fate” (Hauskeller, p. 6). In order to acquire an immortalization that allows for a full exploration of sexual possibilities, one has to consider the disregard for one’s body as the sole and conventional perfect matter of an intended form. Here, Hauskeller says:

*“the body as a meat puppet has its expiry date written all over it. The metaphor is designed to express and invite disgust, to persuade us that the body is a despicable thing that we cannot get rid of soon enough”* (pp. 7-8).

This is a result of a juxtaposition that happens when we are confronted with the ability to replenish and acquire material constitutions for more pleasure found in machines. Putting flesh to our desires and making them real becomes the prioritized criterion of this glorious hedonism:

*“whatever we can imagine, we will be able to do. Or rather, whatever we can imagine, we will be able to imagine in a way that makes it feel real”* (p.8). *This is the case so that “what we really need is sexual pleasure (as often as much as possible), but without sex, that is without the need to engage our own body (or certain parts of the body) and to engage with one another”* (p.8).

In contrast to the human body that is deteriorating, machines are immortal and are capable of replacing their own parts for new experiences (e.g. sex dolls replaced with more advanced human-like features). Moreover, “mind-uploading, for instance, to a computer or to a new body, is the achievement of immortality by making the body replaceable” (p. 45). This feature of replaceability in terms of bodily constitutions is simply not the case with humans wanting to rejuvenate old and weak parts. But the machines

and merchandises for these can easily replace broken connections:

*“Our products partake in a new version of immortality: “industrial re-incarnation.” They have a serial existence. This light bulb or washing machine may give up its ghost after a few years, but then we can easily get a new one that is exactly like the old one... Their very reproducibility and replaceability guarantees their immortality”* (p.45).

If placed side-by-side with machines, what we feel, says Hauskeller, is Promethean shame. It is:

*“what we feel when we compare ourselves to the wonderful machines that we have created and realize how inferior we really are. This shame is one of the reasons why we are so keen on transforming ourselves into machines”* (p. 40).

Machines acquire material realization of desire and the posthuman as a product and not only a consumer of such machines as they can achieve better pleasure experiences. To situate this, Hauskeller says that “we can imagine our posthuman successors to be able to erect their penises and moisten their vaginas at will, always assuming they will still *have* genitals” (p. 46). Here, the glorious sex within the posthuman condition is inherently linked for the acquisition of more pleasure. In this glorious condition for the posthuman:

*“pleasure is both intrinsically valuable, and thus an end in itself, and an important tool aiding our ascent to ever-higher levels of existence”* (p. 9).

### **Houellebecq contra Houellebecq: nihilistic ethics in the posthuman**

What is problematic, however, in the hedonism of sex in posthuman affairs is that subjectivity here becomes a matter of material construct. Says Hauskeller:

*“It is not really the fact that we are essentially alone when we are having sex with a robot, that we are in fact just using a particularly sophisticated masturbation device. What disturbs me about it is rather that at the same time we are persuading ourselves that we are not alone, that we really are with someone.”* (p. 13).

The first critique that can be hurled then against the posthuman glorious sex is that even if there would be a “happiness machine” that can produce the glory of sex in the singularity, such machine that Hauskeller recalls from Bradbury is:

*“all a lie. Nothing of it is real. The happiness machine is in fact a sadness machine. The problem is that we have to go back to reality, and reality is not like that”* (Hauskeller, p. 89).

This thought dispels the notion that “we humans were free and the machines we constructed determined and unfree” because “this is no longer

so.” “Today, in a curious contortion, we are the ones who appear unfree, and the machines enjoy the freedom that we lack” (Hauskeller, p. 44).

Hauskeller relies one of his core arguments on Michel Houellebecq’s 2005 novel, *The Possibility of an Island* where, in a post-apocalyptic future, cloning has pervaded reproduction and Daniel the main character with his clones, despite being successful, are questioning the integrity of the whole setting. For Hauskeller:

*“the series of Daniels from today to the distant future represents the endless cycle of rebirths or rather, to be more precise, our various phenomenal existences that do not allow a real escape from this life of suffering”* (p. 59).

However, this is not to be seen for him as a deeply negative thing. In fact, the body as a sole locus of transformation provides a surer way of entering into a more satisfied state, so that “the very tragedy of our bodily existence is also its one redeeming quality” (Hauskeller, 2014, p. 59). And yet this redeeming quality is directed towards the viability of sexual pleasure. To quote from Houellebecq (2005), sexual pleasure is:

*“in truth the sole pleasure, the sole objective of human existence, and all other pleasures—whether associated with rich food, tobacco, alcohol, or drugs—were only derisory and desperate compensations, mini-suicides that did not have the courage to speak their name, attempts to speed up the destruction of a body that no longer had access to the one real pleasure.”* (p. 341).

That is to say, sex is the only thing that matters and it must not be in any way detached from life. Acknowledging that the novel has an immersion into Schopenhauerean philosophy, Hauskeller notes that “we truly live only through our sexual bodies” (p. 63).

But a second critique can still be made even with using Houellebecq again as frame of reference. In Houellebecq’s ‘nihilistic classic’ novel *The Elementary Particles* (2000), Žižek contrasts a different picture. There, Houellebecq compares the two dispositions of the half-brothers Bruno and Michel Djerzinski, against a domain in which any particular man can be represented from humanity in general. In such a dark picture, the modernity that signals the air of contemporariness in their time is one that is fraught with a humorless, meaningless, tragedy. As Houellebecq describes:

*“Humor won’t save you; it doesn’t really do anything at all. You can look at life ironically for years, maybe decades; there are people who seem to go through most of their lives seeing the funny side, but in the end, life always breaks your heart. Doesn’t matter how brave you are, how reserved, or how much you’ve developed a sense of humor, you still end up with your heart broken. That’s when you stop laughing. In the end there’s just*

*the cold, the silence and the loneliness. In the end, there's only death.*" (Houellebecq, 1998).

Bruno is an "undersexed hedonist high school teacher who ended up in a psychiatric asylum after he tried to grasp the utter meaninglessness of sexual permissiveness looming in their time, the license of almost any emancipatory act that caters to collective orgies" (cf. Kahambing, 2018, Žižek, n.d.). He and his half-brother continue to grapple with an existential exile that cannot be redeemed even by the study of philosophy, or marriage, or an amassing consumption of pornography. Modern society has made such that the nihilistic regime cannot in any way be penetrated even by the painful truths of philosophy's musings, the intimacy tied to the traditional but often tedious recuperations of marriage, and the excess point of an extreme visionary of one's sexual desire to cater to one's venereal pleasures.

Michel, a brilliant biochemist, "invented a considerable panacea to the grotesque practices of sexual rampage at hand. He invents a gene that self-replicates, capable of sustaining a new humanity but with a twist in its genetic codification": this self-replicating gene allows for the birth of a 'desexualized entity,' or 'genetically modified asexual humanoids' but, similar to the realization of the clone Daniels in *The Possibility of an Island*, they are also devoid of passion (cf. Kahambing, 2018). Žižek caps the rationale of the present predicament:

*"the novel ends with a prophetic vision: in 2040, humanity collectively decides to replace itself with genetically modified asexual humanoids in order to avoid the deadlock of sexuality - these humanoids experience no passions proper, no intense self-assertion that can lead to destructive rage (ZNS)."*

What Žižek thereby offers here is that Houellebecq's novels *The Possibility of Island* and *The Elementary Particles* can present two different scenarios. On the one hand, a hedonistic ethics of sex via Hauskeller's argument can possibly supplant the enduring problem of the body's limitation. The posthuman experience of sex can rely on such limitation as a jumping board for a more pleasurable option. On the other hand, Žižek opens the thought of a possible asexual experience in dealing with desire in the posthuman. Meaning to say, the critique that counters Houellebecq through Houellebecq himself finds an argument against the hedonistic ethics of the posthuman when such relies on another ontological injunction as an escape while not fully acknowledging the posthuman future of glorious sex as a *real* event. Hence, no matter how one inserts technology into sex, this argument still belongs to the argument of the abyss or can be rerouted again on the nihilistic ethics of the times. To be able to critique the sexual rampage of post-humanity, one must argue against the position of the affluence of sex as an abyss. The nihilism that underlies it is not a future recognition,

but is already an underlying element in the ongoing wealth of posthuman sex. Two paradoxes can be roused here.

### **Paradox of hedonism or happiness**

First, the nihilistic ethics of the posthuman moves forward from the *paradox of hedonism*. Accordingly, it is self-defeating to make pleasure "the only thing that we desire for its own sake." The two conventional reasons are the following:

*"one claims that we are systematically incompetent at predicting what will make us happy, while the other claims that the greatest pleasures for human beings can be found in certain special goods which hedonists cannot enjoy"* (Diez, 2019).

Here, the basic utilitarian injunction is that:

*"a real human lover can be replaced by a robot without loss if and only if other people can already never be more than means for us, if they already are, for all intents and purposes, merely sexbots in disguise"* (Hauskeller, p. 14).

But it can also be argued, as a first claim, how the intensity of pleasures cannot guarantee happiness in itself, or that happiness is an "unethical category" since "we don't really want what we think we desire" (Žižek, 2012). The second claim is equally important, namely, that having more important and rewarding things is not necessarily credited to pleasure in a sense of the material, bodily, or instinctive tangible attainment of desire. The posthuman project might even go beyond not just our understanding of the conventional hedonist pleasure practices, i.e. with harem and orgies – but also intellectual quests or noble pursuits like the achievement of happiness as higher pleasures. The crucial point that constantly gets reiterated for Žižek is that:

*"Happiness was never important. The problem is that we don't know what we really want. What makes us happy is not to get what we want. But to dream about it. Happiness is for opportunists. So I think that the only life of deep satisfaction is a life of eternal struggle, especially struggle with oneself. We all remember Gordon Gekko, the role played by Michael Douglas in Wall Street. What he says, breakfast is for wimps, or if you need a friend buy yourself a dog, I think we should say something similar about happiness. If you want to remain happy, just remain stupid. Authentic masters are never happy; happiness is a category of slaves."* (Žižek, 2014)

### **Paradox of wealth or nothingness**

Second, the counter-argument for the extreme of sexness is nihilistic since affluence or abundance also does not guarantee completeness but nothingness. The broad wealth of posthuman sex, seen in the intensified new forms of pleasure, must

then confront with the other extreme of sexlessness. How can this be radically possible? In *Incontinence of the Void*, Žižek goes through the paradox of abundance:

*“The paradox of wealth resides in the fact that the more you have, the more you feel the lack—it is again the superego paradox (the more you follow the injunction, the more guilty you are), discernible also in the paradox of anti-Semitism (the more Jews are destroyed, the more powerful are those who remain)”* (Žižek, 2017, p. 205).

If there is then a post-humanism that will reside into the future, it will only be radically possible within the coordinates of paradoxes: it does not only need an abyss but also the paradox of another extreme, the extreme of sexlessness. That is to say, that this goes back again to the predicament of Houellebecq's *The Elementary Particles* regarding the abundance and hedonistic widespread practices of sex: people are having threesomes, orgies, and so on. But even if such argument will be put in the posthuman era where we have sex robots, sex dolls – this extreme of sexness is still a symptom of an abyss. And there is an obvious paradox in such hedonistic practice which cannot simply be solved by a mediocre, slow, change. Society is growing more and more in its divisions of the sexes, which currently expands sexual differences into 33 (hence, the “+” in LGBT+) – albeit for Žižek this means subjectivity itself – so that it needs the event of an end of sexuality that can fracture this abyss of plenty. Proceeding to the possibility of an asexual post-humanism, all the retroactive musings of the past will be dealt with as radical breaks setting the stage of the event.

## Conclusion

The hedonistic ethics of posthuman sex is herein paradoxical. It essentially points to the lack that subsists in a happy or affluent condition. The ethical junction remains nihilistic since the scope of freedom accorded for the transition towards the posthuman opens contradictory interpretations. Authors that may provide openings for posthuman sources like Houellebecq in this case can be interpreted differently so that the diversity of references imply a variety of arguments as well.

In Žižek's *Sex and the Failed Absolute* (2019), he recapitulates five steps in the evolution of sexuality. The last one is a posthuman consideration that prospects on an asexual state: “with the prospect of posthumanity... the scientifically engineered asexual reproduction cancels sexuality, which is also threatened by the prospect of asexual symbolic identifications” (p. 159). This perhaps conjectures on a higher probability that posthuman sex is leaning not towards more sex but in its extreme, asexuality. Such a forecast is inherently philosophical, or more particularly, ethical since it reflects as an attitude of the current ethos (Huxley, 1957). What it faces, however, is a consistent set of paradoxes offering no linear path ahead.

## References

- Barthes, R. (1964). *The Death of the Author*. Retrieved from [http://www.ubu.com/asp/asp5and6 / threeEssays.html#barthes](http://www.ubu.com/asp/asp5and6/threeEssays.html#barthes)
- Coover, R. (2018). *The End of Literature*. *The American Scholar*. Retrieved from <https://theamericanscholar.org/the-end-of-literature/#.W-3QnDhKjIU>
- Dietz, A. (2019). Explaining the Paradox of Hedonism. *Australasian Journal of Philosophy*, 97(3), 497-510.
- Fukuyama, F. (1992). *The End of History and the Last Man*. Free Press.
- Hauskeller, M. (2014). *Sex and the Posthuman Condition*. UK: Palgrave Macmillan.
- Hawking, S., and Mlodinow, L. (2010). *The Grand Design*. Bantam Books.
- Houellebecq, M. (2000). *The Elementary Particles*. New York: Knopf (Originally published: 1998)
- Houellebecq, M. (2005). *The Possibility of an Island*. London: Phoenix.
- Huxley, J. (1957). Transhumanism. In Huxley, J. (Ed.), *New Bottles for New Wine: Essays* (pp. 13-17). London: Chatto & Windus.
- Kahambing, J. G. (2018). Without Sex: An Appraisal of Žižek's Posthumanism. *International Journal of Žižek Studies* 12(2), 1-16.
- Kurzweil, R. (2005). *The Singularity Is Near: When Humans Transcend Biology*. New York: Duckworth Overlook.
- Nietzsche, F. (1974). *The Gay Science* (W. Kaufmann, Trans.). New York: Vintage Books. (Original work published 1882).
- Palahniuk, C. (1996). *Fight Club*. New York: W.W. Norton & Company.
- Smith, K. (2018). We Live in Huxley's Dystopia, Not Orwell's. *National Review*.
- Žižek, S. (2012). Don't Act. Just Think. *Big Think*. Retrieved from <https://www.youtube.com/watch?v=Igr6uaVqWsQ>
- Žižek, S. (2014). Online Guardian Q&A Webchat. *The Guardian*. Retrieved from <https://www.theguardian.com/books/live/2014/oct/06/slavoj-zizek-webchat-absolute-recoil#block-54353764e4b0cd82a095ef42>
- Žižek, S. (2017). *Incontinence of the Void: Economico-Philosophical Spandrels*. Cambridge: The MIT Press.
- Žižek, S. (2018). *Like a Thief in Broad Daylight: Power in the Era of Post-Humanity*. Penguin.
- Žižek, S. (2019). *Sex and the Failed Absolute*. Bloomsbury.
- Žižek, S. (n.d.). No Sex, Please, We're Post-human! Retrieved from <http://www.lacan.com/nosex.htm>

## Pragmatic Organ Donation: Reinterpreting Vroom's Expectancy Theory

- Osebor Ikechukwu Monday

Department of General Studies (Arts and Humanities)  
Delta State Polytechnic Ogwashi-Uku PMB 1030 Nigeria.  
[osebordarry@yahoo.com](mailto:osebordarry@yahoo.com) [osebormonday1@gmail.com](mailto:osebormonday1@gmail.com)

### Abstract

Organ transplantation is one area in which scientists have achieved amazing results in the 21st century. The shortage of organs remains a serious problem facing medical science, yet, thousands of human organs buried every day, especially from the victims of brain-dead. Organ grafts are important in order to the treatment of organ failure such as liver disease, kidney failure and so on, occasioned by acute medical conditions. This paper contends that the root cause of organ shortages is the reliance solely on altruistic organ donations. The altruistic organ donation is good, as far as they go, but they do not leave far enough. We further argue that Victor Vroom's Expectancy Theory if successful should expand the organ pool for transplantation.

**Keywords;** Motivation, Organ commerce, deceased donor, posthumous organ sale altruism, organ pool

### 1. Preface

Altruism is a philosophy of the happiness of others. In addition, altruism is a traditional philosophy in many cultures, religion, and it is a secular understanding of morality. In the extreme sense, altruism is a selflessness attitude and its opposite is selfishness. Suzanne (2012) maintains that Auguste Comte used his 1851 coinage "altruism" (from the Italian adjective altruism, meaning others' or other people's) to mean reflective emotions whose impulses worked to benefit others, with ethical consequences. It is fundamental to have unselfishness in our lives with the goal that our locale can flourish and prevail overall. Without benevolence, a network does not flourish together. This absence of unselfish endeavors towards a superior network will result in a narrow minded society spiraling into catastrophe. This is the reason while altruism is important for organ donation. Furthermore, Helping other people and participating in the network of organ donation will permit a promising future for all, because we are parts of a whole. Getting the message out of benevolence can guarantee this, give some assistance to other people and others will tail us in the walk towards a more brilliant, charitable future especially, to save life among candidates on the waiting list for organ transplantation and recovery.

"To live for others," Comte (1852) writes in his Catechism writes "Afford[s] the only means of freely developing the whole existence of man. . . . None but the sympathetic instincts can have an unimpeded scope, for in them each individual finds himself aided by all others, who, on the contrary, repress his self-regarding tendencies". Titmuss (1970) argued that altruism is a system of reliance on voluntary donation; the donation of blood

should be largely in the hands of non-market system, which is more effective than one that treats human blood as another commodity. Critics would say that Titmuss's postulation is a protected principle of non-market supply of human organs.

Moorlock et al. (2014) cite the Nuffield Council of Bioethics Report, that altruism as entailing a selfless gift to others without expectation of remuneration. Steve, (2014) asserts that altruism is a matter, which sets humans apart from almost all other species. Although there are examples of altruism in certain animal behavior, they do not appear to exist at the same level of cognition and consideration as in Man. Greg Moorlock, et al. further viewed altruism as a long taken guiding principle, for the management and expansion of the organ pool. It is an ethical principle of selflessness, which does not qualify the doer but another individual, who may not be genetically related. Altruism holds that the individual has an ethical commitment to help, serve others; if important at the penance of personal circumstance. Charitableness is the unbiased and sacrificial worry for the prosperity of others. It is a demonstration to advance another person's welfare, even at a hazard or cost to oneself. Although altruistic acts remain unclear whether and how rates would organ donation increased. A mind boggling scenario arises; would altruism go far enough to supply the needed organs for human transplantation? (Steve, 2013)

Considering the relevance of altruism and the current organ crises around the world, the interest for organ transplantation has quickly expanded everywhere throughout the world amid the previous decade because of the expanded rate of indispensable organ disappointment, the rising achievement and more noteworthy improvement in post transplant results. However, the unavailability of adequate organs for transplantation to meet the existing demand has resulted in major organ crises. In this sense, one would make a case for the insertion of incentive into the organ pool, in order to expand the pool of organ donations. Altruism is good, but it does not leave far enough to match the high demand for viable organs among candidate on the waiting list for organ transplant and recovery. Gneezy and Rustichini (2000) argued that if incentive is inserted into the organ pool, further performance will improve organ donations into the organ pool (Sharp and Randhawa, 2014).

Moorlock et al (2014) also cite the Nuffield Council on Bioethics and reiterated the importance of altruism to expand the organ pool. Altruism, long promulgated as the only principled basis for the donation of bodily material, and will continue to play a central role in moral philosophy. While some of the claims made for altruism may be overblown, the notion of altruism as underpinning important communal values expresses something very significant about the kind of society in which we want to live.

Sharp et al (2014) argues that organ donation from the altruistic standpoint seems problematic, because, it cannot motivate the intending organ donors to register with the organ pool, without the individual opting out. In this sense, altruism is a philosophy of goodwill and



volition. Humankind continues reliance on altruism for the expansion of organ pool will fail because altruism had failed to provide the needed surplus organs to match the high demand of organ grafts, for the treatment of organ failure, among candidates on the waiting list for organ allocation and recovery. We contend that the continued reliance on altruism for organ supply is one among the cause of organ crisis, in this sense, incentives would increased organ donation.

In America and Israel 1999-2010, the efforts of these governments to increase organ donation in their states have persisted, because they rely much on altruistic donors, without applying the business philosophy of motivations/incentives. Osebor cites Heather that in 1999, some 40,000 Americans were on the waiting list for kidney transplantation. By 2009, the list had grown to nearly 83,000 people, whereas only 16,500 people received a transplant. In Israel, the number on the waiting list for kidney donors has increased from 490 in 2006 to 690 in 2010, while the number of kidney transplants from deceased donors decreased from 87 to 65. At the same time, there was stepped up live kidney donations from 54 to 78. Thus, taking into account transplants from both deceased and living donors, there is only about one donor for every five potential recipients, both in Israel and in the USA, 2010 (Osobor, 2018). Gohh et al. (2011) would support the above assertion that *"currently, approximately 35000 patients wait for kidneys in the United States, which represents a 2.5-fold increase from 1988 to 1997"*

This review focus on the expansion of the organ pool through motivation not altruism, we argue that Victor Vroom's Expectancy Theory of motivation if successful could help to expand the organ pool for transplantation and recovery.

## 2. Survey Of Victor Vroom's Expectancy Theory Of Motivation

Motivation has been defined and explained by various philosophers, theologians, and managers. Pranav and Shilpi (2013) cites the *Cambridge Dictionary of Psychology*, define motivation as the willingness to make an effort in the pursuit of a goal. Motivation is the possible utilization of resources, co-operation in work environment, employees and employer goal-directed, and achieving co-ordination in the work environment.

Pranav and Shilpi (2013) further assert that there are various theories of motivation. These theories can be divided into two broad groups which are Content theories that focus on individual needs and Process theories that focus on cognitive processes (that occur in the minds of employees) which motivate them. Examples of Content Theories are -Maslow's Hierarchy of Needs Theory, Herzberg's two Factor Theory, and McClelland's Theory of Needs. Instances of Process Theories are - Cognitive Evaluation Theory, Reinforcement Theory Goal Setting Theory, Equity Theory and many others<sup>14</sup>.

Victor Harold Vroom is a Canadian business philosopher; he is currently at Yale school of management. Vroom was born August 9, 1932, and his research interest concentrates on the expectancy theory of motivation, work motivation, leadership, and decision-

making. Victor Vroom's expectancy theory of motivation is a cognitive philosophy, which explains individual distinction in work motivation (Lunenburg, 2011; Vroom, 1964). The Expectancy Theory explains the behavioral patterns of people, to choose a particular action among different alternatives. For Vroom, expectancy is the effort to choose a particular action, and performance is the instrumentality for rewards (valence). Here, the individual believes that his/her efforts are in relationships between performance and outcomes. The expectancy theory says that individuals have distinct sets of goals and can be motivated if they have certain expectations. This theory is about choice. It explains the processes that an individual undergoes to make choices. Motivation, according to Vroom, boils down to the decision of how much effort to be applied in a specific task situation. This choice is based on a two-stage sequence of expectations (effort leads to performance and performance lead to a specific outcome/reward). The motivation in work environment is important because it will lead to a good public image in the market which will attract competent and qualified people into a concern..

Pranav and Shilpi (2014) argue that Vroom's Expectancy theory provides an arrange approach, for the motivation of individual (employee), through a motivated type of calculations (rewards), that would be beneficial/ attractive to the employee. This will no doubt motivate the employee to work toward achieving his/her personal goals.

In our view, it's an assumption but true, that Individual joining an organization is because of vital need, attracted by motivation, and the previous experience or skill. The vital need will always influence the behavior patterns/choice of the individual, especially when chosen from different alternatives. In addition, the behavioral patterns or choice of the individual will go a long way to affect how they relate with the organization they had joined. In spite of the fact that, there are charges imposed against the idea of vital needs. Crucial necessities approach needs logical meticulousness since it excessively individualistic. It is hostile to development and utilization situated; it is a formula for propagating financial backwardness, which makes class and individual objective to be satisfied. We argue that vital needs are our most basic needs of survival; food to eat, water to drink, clothing for security, shelter for security, acquiring all these we argue that they are not a hedonistic attitude, but a necessary need for humanity

The personal goals of the staff can be fulfilled, through the organizational valence, master plan or work outcomes. Therefore, the relationship between organizational valence, master plan, and work outcomes, should be tailored to the imperative need of the employee. Thus; "what extent organizational reward fulfils an employee's personal goals, and how attractive are those rewards to the worker. This relationship can also be expressed as the value, the worker gives to the work outcomes". Additionally, it is also important to note that the organizational rewards/ valence or work outcomes are dependent on the performance of the staff. The level of the valence of the individual worker has to

do with his/her performance. The higher the performance/efforts, results could lead to a higher reward, vice-versa. Lastly, the perception of the individual staff that personal effort will lead to rewards for performance is again important.

### 3. Philosophical constructs of Vroom's expectancy theory

***There are three key constructs of the expectancy theory of motivation;***

#### Valence:

The valence is the effort, and it is a reward for performance. When the recognized effort is low, then motivation will reduce, in this sense, human expectancy and the instrumentality may be constant, one could say that the value of effort is depended on the vital need of the individual. The individual can be motivated to work better if he knows that 'better performance will lead to a satisfactory rating (rewards) in the form of recognition for performance. Valence, Vroom will say that it is the value or strength, which individual/organization places on a noteworthy effort<sup>20</sup>.

#### Expectancy:

Expectancy means effort which is related to performance for a reward. "The expectancy is the subjective evaluation of the degree of effort really related to the performance and is the estimate of the probability to reach such performance" (De Simone, 2015). The factors that affects human perceptions of expectancy in the organization include the self-esteem, the self-efficacy, the support of colleagues, the availability of information for the work activities, the availability of tools to perform the work

#### Instrumentality:

The instrumentality is the "personal assessment of how the reward is related to the quality of the performance" Instrumentality is the objectives, which an individual ought to achieve (rewards). Thus, Vroom's motivation theory can also be analyzed using mathematical equations thus, Motivation = Valence x Expectancy x Instrumentality<sup>22</sup>

### 4. Reinterpretation of Vroom's Expectancy Theory for Organ Donation

A concise survey of Victor Vroom expectancy theory, one could say that it is a philosophy of reciprocity in the management of the organ pool. Pranav and Shilp (2014) assert that "*many experts in the field of organizational and behavioral psychology holds that the Expectancy theory is one of the most accepted theories of motivation, and that there are substantial evidence to support the claim*". The theory sees motivation as a philosophy that inspires the intending organ donors, to apply for the expansion of the organ pool, instead of sole reliance on altruistic organ donation, which has contributed to organ crisis. Although Richard Titmuss (1970) argued that monetary compensation for donating blood might reduce the supply of blood donors. In our view, the "crowding out," philosophy of Titmuss is not without skepticism among economists and business philosophers, because the role of motivation is significant to the business of organ donation, since

altruism has failed to close the gap between the demand and supply of organs for candidates on the waiting list for organ transplant and recovery. In this sense, we argue that motivation of organ donors is necessary.

Victor H. Vroom (1964) defines motivation as a process governing choice among alternative forms of voluntary activities. However, motivation is a process regulated by the choice of the individual. The individual makes choices based on the estimates of how well organized the expected outcome, consequences, and the behavioral patterns of the individual to match the eventually of the desired results. Additionally, Motivation is a product of the individual's expectancy that a certain effort will lead to the intended performance, the instrumentality of this performance is to achieve a certain result, and the desirability of this result, is as known as valence<sup>25</sup>. Motivation could be Internal or outer variables that animate want and vitality in individuals to be consistently intrigued and focused on an occupation, job or subject, or to try to achieve an objective. Motivation results from the communication of both cognizant and oblivious factors, for example, the (1) power of want or need, (2) motivator or reward estimation of the objective, and (3) desires for the individual and of his or her companions

A critical question arises "*Would people get their desired rewards, even when they agree to donate organs in order to save candidates on the waiting list for an organ transplants and recovery?*" The insertion of motivation into the organ pool is the expectancy that represents the potential organ donors' confidence, trust for registration, the instrumentality for reward, agreement with consistencies, and without default.

In my view, motivation is the confidence and the ingredient for the expansion of the organ pool. Ioan Moise et al. (2013) argue that "*Motivation is the art of getting people to do whatever you want them to do because they want to do it*". Stefania De Simone (2015) maintains that Expectancy theory is more concerned with the cognitive antecedents that go into motivation and the way they link to each other. It deals with a cognitive process based on the idea that people appear to be in relationships because the effort they put at work, the performance they achieve from that effort and the rewards they receive from their effort and performance. In other words, people will be motivated if they believe that a strong effort will lead to good performance and good performance will lead to desired rewards.

The expectancy theory will be a dream in the pipeline, without the active and a sincere participation of the managers of the organ pool. Vroom over assumed in his postulation that all the potential organ donors are already been known. The theory also seems lacking because it fails to come up with grips- fact about donors needs. Some donors may be more interested in intrinsic rewards and not extrinsic rewards vice visa<sup>28</sup>. Vroom could not expand the scope of rewards to accommodate the unique needs of the potential organ donors. This is our view makes the theory more idealistic and probabilistic, instead of a utilitarian moral philosophy. In this sense, individuals will pick among options in order to streamline results for them identity. Vroom's

hypothesis accept that conduct results from cognizant decisions among choices whose reason it is to expand delight and limit torment.

I argue that, it would be misleading to assume that all potential organ donors desire the same type of rewards in order to register with the organ pool without opting out. Pranav and Shilpi (2014) would support the above assertion that Vroom did not provide the exact solutions to the motivation problems, the model also assumes that people are rational and logically calculations therefore, there is no need to expands the scope of incentive to make a choice, such assumption in our view, makes the theory to be too idealistic instead of a practical business philosophy. In this sense, the expectancy model attempts only to mirror the motivational complex prices. It does not attempt how motivational decisions are actually made.

However, if one could reinterpret Vroom correctly, valence means reward for performance, and it is an instrument of performance. Here organ donors may value promotion in the workplace or a pay raise, whereas others may prefer additional vacation days, improved insurance benefits, daycare, or eldercare facilities etc., so it depends on what are the vital needs of the individual<sup>30</sup> To expand the scope of organ pool, rewards should accommodate different vital needs; these we argue that it would lead to more registration of potential donors, without opting out from the organ pool (Lunenburg,, 2011). The above view would encourage more transplantable organs from donors and would improve health outcomes for those with end stage renal disease and reduce the annual cost per patient. Donating organs is no walk in the park, but the medical risks are very low because it is a posthumous organ donation. The managers of organ pool should think outside the box, and making visible studies, about the needs of the potential organ donors, to ascertain their value as rewards (valence). They must also accurately assess the potential donors' capabilities (expectancy) and make available all of the appropriate resources to help them live a happy life in the society. *"The managers can be benefitted from the expectancy theory as it assists them to understand the psychological processes that cause motivation. The thinking, perceptions, beliefs, estimates of chances and probabilities and other such factors of workers strongly influence their motivation, performance and behaviour".* The Expectancy Theory to candid is psychologically appealing, which is built on common sense theory. The theory explained the scope of motivation, through the linkages of efforts, performance, rewards and personal goals

Therefore, managers of the organ donor pool should create a conducive environment/climate and culture that will increase the motivation levels of the potential donors, by understanding the factors that motivate and de-motivate organ donors. Managers of organ donation pool should expand the scope of incentives for organ donors to make choice. Amitai (n.d.) asserts that the financial incentive approach to increasing rates of organ donation has gained support from several groups and individuals, including some segments of the medical community. The American Medical Association (AMA)

has expressed support for partial financial incentives, and the United Network for Organ Sharing and Organ Procurement and Transplantation Network (UNOS/OPTN) have also recently released a statement endorsing the study of potential financial incentives for organ donation. (Some proponents of commodification hold that donors should be paid but that organs should not be sold. (Osobor, 2018).

Critics of organ procurement of incentive would say that the applying incentive in organ harvesting, would lead to organ marketing. Carl would say that the economic incentives may sometimes backfire. To some moral philosophers incentives for organ donation would actually decrease because of backlash from current donors who may feel that financial compensation undermines their altruistic organ donations. We may not refute the above assertion but we argue that organ procurement for incentive would be regulated by law to avoid malpractices, otherwise, the sole reliance on altruism for organ donations, would lead to more human organs been buried without registration into the organ pool. The purpose of incentive is to mitigate financial loss which living donors and an encouragement to register with the organ pool for posthumous donation.

The shortage of cadaver organs imposes a severe limit on the number of patients who could potentially benefit from transplantation. Osebor opines that unfortunately numerous organs are buried rather than donated; the reason for this loss is because, inter alia, potential donors and their families fear that the distribution of donated organs is unfair, and also that potential donors may receive less aggressive medical care. This fear, of course, has contributed to worsening the organ crisis.

Montana and Charnov (2008) contend that theory emphasizes the need for organizations to relate rewards directly to performance and to ensure that the rewards provided are those rewards deserved and wanted by the recipients Pranav and Shilpi (2014). cite Koontz and Weihrich that *"the expectancy theory recognizes the importance of various individual needs and motivation. It thus avoids some of the simplistic features of other motivational theories such as Maslow and Herzberg approaches. It appears to be more realistic. It serves to harmonize individual goal with organizational objectives. And it is compatible with the system of managing by objectives"*<sup>35</sup>

Vroom's Theory of Expectancy theory is not a philosophy of Organ commerce, presumed consent, posthumous organ sale but posthumous organ donations by expressed consent. It is a philosophy of explicit consent of the individual. Osebor cites Segen that "explicit consent is a clear and intentional indication of preference or choice, usually oral or written, and freely given in circumstances where the available options and their consequences have been made clear (informed consent). As set out in the UK, express consent constitutes formal permission to undergo a diagnostic or therapeutic procedure or to allow the use of personally identifiable information for research, epidemiology, financial auditor administration, publication and/or to release into the public domain, without express consent,

the use of such materials is limited to teaching and training”.

However, intending donors are motivated to register, either as a living donor or as a posthumous organ donation. Regrettably, we do not see living organ donations' as totally altruistic, because it amounts to putting one's life at risk for the survival of another. Fortin et al. (2010) argues that wanting to donate one's heart while still alive, or donating a portion of one's lung or liver would not qualify as altruistic intentions or acts because it would involve sacrificing or risking one's life in order to contribute to another person (Osebor, 2018, p. 18).

For some moral philosophers, there are three situations which will not be considered as altruistic acts; helping someone while harming another person, dying for a cause, and neglecting loved ones in order to bail out strangers. In this sense, the value of individual life is worthy and should be safeguarded from any kind of harm. Donating organs, while still alive, in our opinion is an act of inviting harm to oneself. The Nuffield Council on Bioethics Report on Critical Care Decisions on for the "sanctity of life." (Sarah and John, 2014). Here, all human lives are of equal (and possibly absolute). Living organ donation is a calculated exchange of life with another. We submit that donating bodily material while still alive is unethical and must not be called altruism but organ commerce, in this, we subscribed to posthumous organ donations by expressed consent.

Critics like Porter and Lawler (1968) argued that the expectancy theory is a cognitive hedonism, which proposes the distinct cognition to choose a course of action for the greatest degree of pleasure and with smallest degree of pain. Yes of course! The principle of pleasure is to gratify ones "immediate needs and wants" and "avoid pain." "We, humans, are seeking the pleasure! It is our very nature as human beings. We seek pleasure because it can make us happy and can give us enjoyment. Through pleasure sensations, we assume that our needs will be met (Kristoffer, 2011). Pleasure could be viewed as an incentive for organ donation, but not hedonism, in the actual sense, pleasure means motivation of the potential organ donors, to register with the organ pool and save humankind that are on the waiting list for organ transplants and recovery.

Further interpretations of vroom expectancy theory, one would argue that he is a neoclassical business philosopher, who tends to explore the materialistic aspect of human cognition through the assertion that people's preferences from different alternative is based on taste, attracted by incentives. Incentive is interpreted in form of money to buy the vital need. The vital need is the primary concern of all beings (including animals) for "survival. Mellström and Magnus (2011) cite Frey and Oberholzer argued that the introduction of monetary payments may reduce the intrinsic motivation to behave altruistically or perform one's civic duty.

Furthermore, the high and progressively neglected requirement for transplantable organs prompts numerous eyewitnesses – including us – to trust that now is the ideal opportunity to reexamine motivation of organ donors. I subscribe to the fact that unregulated

organs would be morally wrong. A superior option is needed and would be an open organization with sole specialist to give incentives and related motivations to organ donors, after would-be benefactors are screened for good physical wellbeing as well as to guarantee that they are settling on an educated choice after cautious reflection. Indeed, even with shields, some state that putting a cost on body parts will undoubtedly be dehumanizing (Cook and Krawiec, 2014). However the buy or closeout of human organs isn't permitted by law, as indicated by the National Organ Transplant Act (NOTA) and the Uniform Anatomical Gift Act. At present, the main type of incentive that is lawfully admissible incorporates repayment for living organ donors' and costs related with "travel, lodging, and lost wages (Shaikh and Bruce). We argue that compensation and reimbursement of living organ donors' is the philosophy of vroom's expectancy theory.

In conclusion, Vroom expectancy theory is an incentives philosophy, which attracts potential organ registration. With the application of expectancy philosophy into the organ pool, organ donors are boosted by rewards and incentives. This is a committed effort, for the management of the organ pool. In this sense, I argue that more potential organ donors, who are willingly and happily participating in the project of organ registration, will expand the organ pool, in order to save more candidates on the waiting list for organ transplants and recovery.

## References

- Amitai E (n-d). Organ Donation: A Communitarian Approach. [https://www2.gwu.edu/~ccps/Organ\\_Donation.pdf](https://www2.gwu.edu/~ccps/Organ_Donation.pdf)
- Comte, A. (1852). Catechism positivist or Catechism of Positivism, trans. R. Congreve, London: Kegan
- Philip J. Cook and Kimberly D. Krawiec, "A Primer on Kidney Transplantation: Anatomy of the Shortage." *Law and Contemporary Problems* 77, no. 3 (2014).
- Marie-Chantal Fortin, Marianne Dion-Labrie, Marie-Jose Hbert, Hubert Doucet. (2010). The Enigmatic Nature Of Altruism In Organ Transplantation: A Cross-Cultural Study Of Transplant Physicians' Views On Altruism. *BMC Res Notes*. doi: 10.1186/1756-0500-3-216
- Gneezy, Uri, and Aldo Rustichini (2000). "A Fine is a Price." *Journal of Legal Studies*, 29, 1-17
- Ioan Moise Achim, Larisa Dragolea, George Balan (2013). The Importance Of Employee Motivation To Increase Organizational Performance. *Annales Universitatis Apulensis Series Oeconomica*, 15(2), 685-691685
- Kristoffer, I. (2011). Man as "Pleasure-Seekers": The Nature of being civil". <http://besoy013.weebly.com/academic-requirements-papers/man-as-pleasure-seekers-the-nature-of-being-human>
- Lunenburg, F. C. (2011). Expectancy Theory of Motivation: Motivating by Altering Expectations. *International Journal of Management, Business and Administration*, 15(1), 1-6.
- Carl Mellström and Magnus Johannesson (2011) Crowding Out in Blood Donation: Was Titmuss Right? Department of Economics, Gothenburg University, Box 640, SE-450 30 Gothenburg, Sweden
- Montana, P. Charnov, B. (2008). Management. Barron's Educational Series, Inc. ISBN 978-0-7641-3931-4
- Moorlock, Greg; Jonathan Ives, Heather Draper (2014) *Altruism in organ donation: an unnecessary requirement?* *Journal of*

medical ethics, vol40(2) available at <http://dx.doi.org/10.1136/medethics-2012-100528>

- Osebor I M. (2018) Is Organ Farming a Panacea to Organ Crisis? Ethical Implications. Eubios Journal of Asian and International Bioethics 28 (May) p.104-108
- Porter, L. W, Lawler, E. (1968). Managerial Attitudes and Performance Homewood, IL: Dorsey Press and Richard D. Irwin.
- Pranav, P. Shilpi, B. (2014). Victor Vroom's Expectancy Theory of Motivation Evaluation. IRJBM Volume No VII September Issue [www.irjbm.org](http://www.irjbm.org)
- Reginald Y, Gohh Paul E, Morrissey Peter N, Madras Anthony P. Monaco. (2011) Controversies in Organ Donation: The Altruistic Living Donor, Nephrology Dialysis Transplantation, Volume 16, Issue 3, 1 619621, <https://doi.org/10.1093/ndt/16.3.619>
- Saba S. Shaikh, B.S. and Courtenay R. Bruce, J.D., M.A. An Ethical Appraisal of Financial Incentives for Organ Donation. <https://aasldpubs.onlinelibrary.wiley.com/doi/pdf/10.1002/cld.548>
- Sarah, C. John, H (2014). The Nuffield Council on Bioethics: Ethical Review of Publications internet June cited June 2018 Available from <http://nuffieldbioethics.org/wp-content/uploads/2014/06/Nuffield-ethics-review-final>
- Sharp C Randhawa G. (2014) Altruism, gift giving and reciprocity in organ donation: a review of cultural perspectives and challenges of the concepts, journal of [Transplant Rev \(Orlando\)](http://Transplant Rev (Orlando)). 2014 Oct;28(4):163-8. Available at doi: 10.1016/j.trre.2014.05.001. Epub 2014 May 27
- Steve W. (2013) Altruistic organ donation. Word press, Available <https://profstevewigmore.wordpress.com/2013/01/24/altruistic-organ-donation/>
- Suzanne, K. (2012). Altruism<sup>1</sup> Makes a Space for Empathy. Editor Dino Franco Felluga. Net-Web Publishers.
- Titmuss, R. (1970). The Gift Relationship. Allen and Unwin.
- Vroom, Victor (1964). Expectancy Theory (Process Theory) <http://smallbusiness.chron.com/motivate-people-using-expectancy-contingency-theory-38189.html>

**Open for signature from 1 March 2002**

## **Eubios Declaration for International Bioethics**

**[The Eubios Ethics Institute and the Tsukuba Bioethics Roundtable Declaration on International Bioethics; Reprinted from *EJAIB* 12: 46-48 (March 2002)]**

### **Preamble**

The life and medical sciences present many important educational, ethical, legal and social issues, which need to be considered at local, national and international levels. Following the closure of the Seventh International Tsukuba Bioethics Roundtable (TRT7), and the discussion at the preceding six TRT meetings, and consistent with the stated goals of the *Eubios Journal of Asian and International Bioethics (EJAIB)* and the decade of debate that has appeared in *EJAIB*, the members of Eubios Ethics Institute, and the further undersigned persons, wish to highlight the following principles for international bioethics:

### **Descriptions of Bioethics**

Bioethics is an interdisciplinary field that needs to be nourished by debate among all disciplines and people, not limited to any academic specialty or professionals.

There are a variety of definitions of bioethics, and this variety is part of the intrinsic value of the field of bioethics. We consider bioethics to be the process of reflection over ethical issues raised in our relationships with other living organisms; the consideration of the ethical issues in spheres including environmental ethics, health care ethics, social ethics, and in the use of technologies that affect life; and the love of life.

Bioethics has grown rapidly throughout the world, and should play a central role in professional and public discussions and debates, and bioethical issues feature prominently in legal, medical, scientific, and policy agendas worldwide.

Bioethical principles proposed by bioethicists may vary in their number, names, and organization, yet sufficient convergence exists to allow us to endorse the ethical values of respect for persons, doing good (beneficence), doing no harm (non-maleficence), and justice. Moreover, the virtues of the moral agent and his/her relationship to others and the environment are emphasized. The examination of these principles is part of bioethics.

5. There are different ways to view bioethics and in discussions of bioethics we should be clear which approach we are addressing. These include:

**Descriptive bioethics** – understanding the way people view life, their ethical interactions and responsibilities with living organisms in their life.

**Prescriptive bioethics** or normative bioethics examines what is ethically good or bad, or what principles are most important in making such decisions. It may also be to inquire into when to say something or someone has rights, and others have duties to them.

When one person tells another what is ethically good or bad they are prescribing bioethics. If prescriptive bioethics leads to paternalistic elitism, then we reject it.

6. There are at least two essential approaches to bioethics:

**Interactive bioethics** is discussion and debate between people, groups within society, and communities about descriptive and prescriptive bioethics.

**Practical bioethics** is action to make the world more bioethical, for example, health projects for medically deprived populations, and environmental activism.

**Personal and Global Bioethics**

7. Every person has a lifelong responsibility to develop his or her own bioethical maturity and values. We could define bioethical maturity as the ability to balance the benefits and risks of ethical choices, considering the parties involved and the consequences. At the societal level, public policy and law need to be developed, which requires a social mechanism for balancing conflicting ethical principles.

8. International cross-cultural bioethics should be developed, including studies and discussions, which respect individual cultures as long as they do not conflict with fundamental human rights, as outlined in the United Nations Declaration of Human Rights. Nations and members of every society (communities) should honestly reflect on the bioethical lessons of the past. Honest reflection on the bioethical lessons of the past should be encouraged together with efforts to promote reconciliation on all levels.

9. Research on the thinking and reasoning of all people should be more emphasized in order to understand the diversity of people's thinking. This is necessary for determining the degree of universality that is possible, and should be used to complement other research approaches in bioethics. There is no inherent reason to believe a priori that the views of one person are intrinsically more valuable than another, based on gender, age, educational background, physical, mental, or psychological condition or life experience.

10. Such ethical understanding is necessary to develop international cross-cultural bioethics, and no one culture should claim to be the dominant source of the concept of bioethics.

**Freedom of dialogue**

11. Freedom of discussion is necessary for bioethical reflection and an essential feature of democratic life. We uphold the value of free, open and reasoned discussion, so that any position is worthy of consideration. In public discourse, no individual or group can claim to have exclusive knowledge of the right ethical solution. Only open discussion can lead to justifiable conclusions.

12. All nations and communities are encouraged to vigilantly defend the basic freedom of open discussion and disagreement. Often, this freedom is imperiled and there is widespread reluctance to discuss problems openly, the reasoned solution of which may run counter to received opinions and traditions.

**Life as a Whole**

13. We recognize the dependence of all life (biota) on intact, functioning ecosystems, and the essential services that ecosystems provide. We urge action to halt environmental damage by humans that reduces biodiversity or degrades ecosystem processes.

14. Whereas wildlife provide numerous free services that make our life possible and pleasant, cleaning the air, water, and the soil of pollutants, providing food, medicines and a beautiful place to live, wildlife are in grave danger from the loss of habitat, the spread of exotic species, pollution, and direct consumption by humans. Wildlife often cannot protect themselves from humans, so without our help they cannot survive. The presence of humans greatly reduces the usefulness of a habitat to wildlife. Wildlife reserves act as sources for replenishing our supplies of animals and plants. Therefore, we urge all nations and peoples to make the protection of wildlife and wildlife habitat a top priority. In particular we urge them to set aside a large portion of their territory, interconnected by the wildlife travel corridors, for the exclusive use of wildlife, off limits to humans.

**Intellectual Property**

15. We believe that life is the common heritage of life, and no one group of persons can claim to own a living organism so as to stop others growing similar organisms.

16. No part of the human body (DNA, gametes, genes, cells, tissues or organs) should be exploited as a source of profit. We oppose exploiting people from some countries or groups to do things that are unacceptable in other countries, for example trade in human organs, unethical or dangerous drug trials, or dumping of hazardous wastes, including nuclear wastes.

**Technology assessment**

17. We applaud the development of science and technology if for the betterment of all, and urge the better sharing of the benefits of technology with all. Practical methods for appropriate technology (both new and traditional) transfer should be effected, together with mechanisms to assess the cultural, environmental, ethical, social and health impacts of such technology. Encouraging simpler technologies can often be preferable to transfer of advanced scientific technology.

18. In particular, we call upon all those in the research community to use any appropriate technology to reduce the burden of diseases and afflictions, both mental and physical, that afflict persons in all societies, and in particular in developing and least developed countries.

19. We do not think that any one technology with the same general goals, like feeding hungry people or curing a given individual patient, should be singled out for more critical examination, rather that bioethical principles should be applied to protect the interests of living organisms today, and the future generations.

**Ethics Committees and Consent**

20. In order to effect this, ethics committees with full community and ethnic representation, for the purpose of reviewing research proposals, and monitoring the impact of science and technology, should be established immediately.

21. In principle, all research on humans that has the rational potential to harm should be validated by the documented, informed consent from competent participants, which is voluntary and noncoerced. There are important issues to discuss regarding consent from communities, and we urge further study on these issues. We must devote more research to the topic of research on human subjects who lack the capacity for fully informed consent, such as in pediatric and psychiatric medicine.

**Human reproduction and genetic heritage**

22. Somatic cell gene therapy for treatment of disease is a useful medical therapy and may be used when needed and chosen by patients. However, germ-line gene therapy should not be attempted until it is technically safe, and a truly international public consensus has been sought and achieved for what specific cases would be considered ethical.

23. Therapeutic cloning, for example of tissues or organs, may be a useful medical therapy and may be used when needed and chosen by patients. However, human reproductive cloning should not be attempted until it is technically safe, and a truly international public consensus has been sought and achieved for what specific cases would be considered ethical.

**Duties to all persons**

24. We respect the life of all living organisms. When considering organisms we have to think of not only those on the planet Earth now, those that will be brought back to alive from the state of being extinct, those made in the future through natural or deliberate creation, and those that exist in other places. We should consider all persons, no matter their body or mental composition, for their intrinsic value and not their makeup. Society should consider the use of technology to reintroduce extinct species or introduce new species to the ecosystem.

25. We urge reflection on the way that we will treat non-organic (e.g. robots) or hybrid (e.g. cyborgs) persons, before they are made. All persons who work towards the love of others should be valued as a member of the moral community. Many persons in this world are not valued because of speciesism and we uphold the rights of all Great Apes and other beings capable of loving others and conscious thought.

**Bioethics Education**

26. To work towards a social consensus requires participation of informed citizens, which requires education about issues of bioethical importance. We applaud the public discussion on bioethics that has started to emerge in a number of countries, but these efforts need further support.

27. In order to achieve the above goals, greater effort is required to educate all members of society about the scientific and clinical background, and the ethical principles and social and legal problems involved, in the life and medical sciences. This will enable the active collaboration of all individual members of society, many academic disciplines, and the international community.

28. Education of bioethics is to empower people to face ethical dilemmas. Ethical challenges come to everyone. The process of debate and discussion is important for developing good minds to face bioethical dilemmas. It also develops tolerance and respect of others. In these troubled international times, it is very important to develop tolerance of others, and to learn that everyone as a human being is the same regardless of race, sex or religion. Same in this sense means equally diverse, it does not mean identical.

29. The process of debate and discussion in classrooms is particularly valuable and we urge all persons, organizations, institutions and countries to take appropriate measures to promote the principles set out in the Declaration, through promotion of education in bioethics.

**A call to practical ethics now**

30. States and institutions should take appropriate measures to encourage all forms of research, training and information dissemination conducive to raising the awareness of society and all of its members of their responsibilities regarding the fundamental issues relating to bioethics, in an open international discussion, ensuring the free expression of various socio-cultural, religious and philosophical opinions.

31. These goals require the cooperation of all, particularly in those with more resources, such as multinational corporations, and rich countries. We urge all to work together for all.

**Open to improvement and signature**

32. We note that progress towards reflection of bioethics can be made by every person, in both official and unofficial ways, and the undersigned endeavour to help all who want to progress the development of bioethics through the social network of members of the ever diverse, growing and non-exclusive Eubios family.

33. This Declaration will be open to signature and text agreement until a period two months after the publication of the draft Declaration in *EJAIB* (March issue), when the Declaration will be published. Further persons and organizations are welcome to endorse, second, or otherwise use the principles in this Declaration to promote bioethics in the spirit of this Declaration. This Declaration will also be known by its simple form, the *Eubios Declaration for International Bioethics*. As knowledge and experience progress, this Declaration will always be open to revision.

We invite the world to participate.

Declared on the 1 March 2002, and open to signature. On-line: <http://www.biol.tsukuba.ac.jp/~macer/eeidec.htm>

Please return your comments and support by Email to:

Dr. Darryl Macer, Director, Eubios Ethics Institute, Japan and New Zealand ([darryl@eubios.info](mailto:darryl@eubios.info))

**For forthcoming conferences see:  
[www.eubios.info](http://www.eubios.info)**

<https://www.eubios.info/>

[youth\\_peace\\_ambassadors\\_international/  
ypa20\\_kitami\\_hokkaido](https://www.eubios.info/youth_peace_ambassadors_international_ypa20_kitami_hokkaido)

[20th Youth Peace Ambassadors Training  
Workshop \(YPA20\) and Indigenous Leaders Global  
Summit](https://www.eubios.info/20th_Youth_Peace_Ambassadors_Training_Workshop_YPA20_and_Indigenous_Leaders_Global_Summit), Kitami, Hokkaido, Japan, 17-22 August 2020.

Followed by the [Second AUSN-Tohoku University  
Bioethics Roundtable: Cross Cultural Bioethics  
Addressing Advanced Technology: The first 20 years  
into the 21st Century](https://www.eubios.info/Second_AUSN-Tohoku_University_Bioethics_Roundtable_Cross_Cultural_Bioethics_Addressing_Advanced_Technology_The_first_20_years_into_the_21st_Century), 24-27 August 2020. Details and the draft agenda of these two conferences are on the linked website. Contact: [darryl@eubios.info](mailto:darryl@eubios.info)

[Email to Darryl@eubios.info.](mailto:darryl@eubios.info)

**EJAIB Editor:**

Darryl Macer (Chair, Accredited Universities of Sovereign Nations)

**Associate Editor:**

Nader Ghotbi (Ritsumeikan Asia Pacific University, APU)

**Editorial Board:** Akira Akabayashi (Japan), Sahin Aksoy (Turkey), Martha Marcela Rodriguez-Alanis (Mexico), Angeles Tan Alora (Philippines), Atsushi Asai (Japan), Alireza Bagheri (Iran), Gerhold Becker (Germany), Rhyddhi Chakraborty (India/UK), Shamima Lasker (Bangladesh), Minakshi Bhardwaj (UK), Christian Byk (IALES; France), Ken Daniels (New Zealand), Ole Doering (Germany), Amarbayasgalan Dorjderem (Mongolia), Hasan Erbay (Turkey), Soraj Hongladarom (Thailand), Dena Hsin (Taiwan), Rihito Kimura (Japan), Abby Lippman (Canada), Umar Jenie (Indonesia), Nobuko Yasuhara Macer (Japan), Masahiro Morioka (Japan), Anwar Nasim (Pakistan), Jing-Bao Nie (China, New Zealand), Pinit Ratanakul (Thailand), Qiu Ren Zong (China), Hyakudai Sakamoto (Japan), Sang-yong Song (Republic of Korea), Takao Takahashi (Japan), Noritoshi Tanida (Japan), Ananya Tritipthumrongchok (Thailand), Yanguang Wang (China), Daniel Wikler (USA), Jeong Ro Yoon (Republic of Korea).

## ASIAN BIOETHICS ASSOCIATION MEMBERSHIP 2019/2020

### & 2019/2020 subscription to *Eubios Journal of Asian and International Bioethics (EJAIB)*

I wish to pay my annual membership fees of Asian Bioethics Association (ABA), and receive the 2019/2020 (Circle which one or both) issues of *Eubios Journal of Asian and International Bioethics (EJAIB)* (The Official Journal).

**Regular Price Per Year:** US\$100 Euro 80 ¥12000 (=Credit card price NZ\$150)

I wish to make a reduced contribution of \_\_\_\_\_

I wish to register as a member of Asian Bioethics Association, but am not in the position to pay a fee. I understand that I should be satisfied with Internet access to *Eubios Journal of Asian and International Bioethics (EJAIB)* <<http://eubios.info/EJAIB.htm>>.

I wish to also make a donation to Eubios Ethics Institute of \_\_\_\_\_

Exchange subscription with journal, newsletter, etc. (Name \_\_\_\_\_ )

I agree /  do not agree to my name being listed on the ABA www site

List Research **Interests** to be included:

All renewals either in person or via **E-mail** with your address\* (you can simply email the necessary information, it is not necessary to use this renewal form; and you can also simply state to continue to use your current address)

To: E-mail: [asianbioethics@yahoo.co.nz](mailto:asianbioethics@yahoo.co.nz)

Please charge my VISA / MASTERCARD card (circle) for **NZ\$** \_\_\_\_\_

Account # \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web site: <<http://eubios.info/ABA.htm>>