

Impact of bioethics on evolution of Indian society

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India has a rich heritage of tradition, custom, culture and philosophy handed down from Vedic ages. The Hindu philosophy originated from the *Vedas* much earlier to the Western one which was shaped by the Greeks¹. Interestingly, besides there being many similarities between the Greek and Hindu mythology, the early philosophical surmise about soul and physical body being derived from nature's elements like earth, fire, water and air which had to return to these elements after death was again a common belief in both philosophies. The concept of rebirth being there in Hinduism, it advocates constant endeavour by a human being to get liberated (*Moksha*) from these repeat cycles of life.

Since well being of a person is closely related to health, a major portion of one of the four *Vedas* namely *Atharva Veda* contained hymns or Sanskrit couplets related to health. This portion known as *Ayurveda*, meaning the science of life, describes the human body, its disorders and cure. Thus the knowledge emanating from this oldest Indian indigenous medicine system took root from older traditions, which were a mix of beliefs in both proven science and superstition, the same way the Western World believed in during the pre-Christian era. The *Ayurvedic* system developed from the observations made on the effect of medicinal plants and minerals by both the learned and the illiterates like shepherds, from the behavior of animals and man, and the environment. Thus the influence of mind over body warranting a holistic approach to treatment took root here. Another component of older traditions, the spiritual one projecting philosophical and religious thoughts, was also included in this system of medicine.

The archaeological remains of Harappa and Mohenjodaro shows evidence that *Ayurveda* was being practiced during the ancient Indus Valley Civilization. The Dravidian and Aryan civilizations of the Indian subcontinent, had enumerated the standards that a physician had to observe while treating sickness. Prominent among the sages and saints belonging to the Dravidian culture was Valluvar whose writings in *Tamil* known as *Thirukural* are stated to have influenced writing of many *Sanskrit* treatises including *Ayurveda*². Both *Tamil Siddha* medical system and *Ayurveda*, like

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¹ D. W. Hamlyn. *The Penguin History of Western Philosophy*. London: Penguin Reprint. 1990

² P. S. Sundaram. *Thiruvalluvar The Kural*. India: Penguin Books, 1990.

elsewhere in the world then, were influenced by religion which shaped rules for ethical behavior in day-to-day life of man. Thus, the three main tenets, namely *dharma* (duty) *karma* (action) and *bhakti* (devotion mainly to God, teachers and elders) came to be accepted as guidelines for righteous behaviour.

Since a sound body leads to sound health, *Caraka*, a physician of yore, realized that suffering and ill health are attributes which had to be treated on the basis of a framework built on a strong philosophical foundation which will allow changes in the structure built on it with passage of time. This compilation came to be known as *Caraka Samhita*, compiled during the second century B.C. to first century A.D. Some of *Caraka's* advice to physicians on ethical conduct with regard to existent tradition, condition of the patient's affordability to treatment and gender bias³ are interesting. With regard to tradition he did not want a physician to come in conflict with existing tradition or regulations and forbade experimentation for hopeless and incurable conditions. According to him fee for service could be accepted with few exceptions which included teachers and sages etc. The first glimpse of differential treatment is reflected in *Caraka's* advice regarding dispensing of treatment based on patients' economic condition. He advised that for poor patients only the basic treatment may be provided which is true even today in most of the Government run hospitals of India. Although the gender bias in *Caraka Samihita* can be seen from the male vocabulary used in it reflecting the male dominant culture prevalent then, as a physician he was compassionate to female patients whose ailments he understood and managed well thus, exhibiting a deep knowledge of the same. The empathy and compassion for the patients especially the poor ones, were advocated by Buddhism and Jainism.

With the British bringing in Biomedicine, the other traditional systems took a back seat both at the societal and political level. However, while the West was laying down ethical guidelines for practice and research (the Nuremberg Code and the Helsinki Declaration), the impact percolated to India too which laid down the Code of ethics for medical practitioners in 1956. In keeping with the world trend the Indian Council of Medical Research, the Government body for funding and co-ordinating biomedical research in India, brought out its first guidelines for research in 1980 much before the proposed guidelines of CIOMS in 1982. With more than one billion population, a huge disease burden, large number of naive patients, crowded government hospital facilities with lack of desirable infrastructure, and poverty with rigid caste system, India is potentially a fertile ground for exploitative forces. On the other hand it has a rich biodiversity, expertise and cost-effective state-of-the-art technologies available which make India a hub for clinical trials in Pharma, Biotechnology and sociological studies.

³ M. S. Valiathan. The legacy of *Caraka*. 2003.

There are three other main areas – traditional medicine, tribal health and reproductive health where political decisions have led to important developments in biomedical research. The drugs of the Indian systems of medicine are regulated under Drugs and Cosmetics Act of 1940⁴ and research is under the councils of these systems formed under Central Council of Indian Medicine Act in 1970. However, most of the practitioners resisted application of Western standards in research when integration of systems for holistic approach of treatment was mooted. But with increasing international collaboration in research for use of Indian traditional systems in health care, these practitioners are realizing that the universal bioethical principles of research will have to be adopted for these systems also.

With regard to the tribal health, the Government's efforts to reach health services to them becomes too difficult a task in remote areas of the country where preservation of their primitiveness as part of biodiversity conservation drive sometimes causes dangerous situations of confrontation due to misapprehension of well intentioned health care motives. Coming to reproductive health, *Susruta Samhita* (ancient treatise on surgery) states that abortion can be allowed when a mother's life is in danger. As a family planning and welfare measure Government had legalized abortion in 1971 making both the spouses give consent for it. Later an amendment allowed woman alone to consent as it was noticed that men did not allow abortion even when woman's life was in danger. This gave some degree of autonomy to the woman in a male dominated society. Here the political decision totally superceded the traditional belief of re-birth which forbade abortion. Although rebirth does have an impact on some minds even now, the belief is totally disregarded by greed for money in the form of dowry from the bride in some male dominated societies with strong mother-in-law culture where woman is often forced to abort if she happens to beget a female child. Technological advances in the area of assisted reproductive techniques has led to female foeticide replacing female infanticide since the sex can be identified as early as *in-vitro* stage. Through the efforts of women and social activists the Government amended its law to make sex selection punishable⁵. Various activities planned for healthcare and research like legislation of Indian ethical guidelines⁶, implementing uniform curriculum in bioethics at various levels, educating ethics committee members, and training community oriented physicians would go a long way in making health research and health care safe in India.

⁴ Section 33 EE of Drugs & Cosmetics Act pertains to formulations used in the recognised traditional systems. Separate Chapters were introduced for *Ayurveda*, *Siddha* and *Unani* medicines in Section 33-C in 1982.

⁵ Pre-conception and Prenatal Diagnostic Techniques (Prohibition of sex selection) Act – 2003 came into being to prevent female foeticide.

⁶ The revised Indian ethical guidelines of 2000, accepted by Office for Human Research Protection, USA as equivalent to protective US guidelines for human participants of a trial are soon going to be legislated.

