First international workshop of ETHNOMEDICAL ETHICS

Organizers:
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PRACTICES at a GLANCE
August 11, 2006
TOULOUSE

Service de Génétique
Faculté de médecine et des sciences de la santé

Institut International de Recherche en Éthique Biomédicale
Biomedical ethics ensuring the respect for human beings is based on principles of Western thought and biomedicine. It ignores the moral issues that underlying the explanatory models of illness and the therapeutic strategies adopted to eliminate, prevent or cure diseases in other traditional medicine. Likewise, few studies have evaluated ethical models inherent to different systems of medicine and the influence they exert on therapeutic approaches and on the roles assigned to therapists, patients, families, and communities, in a given therapeutic space.

This workshop, through the notion of ethnomedical ethics, proposes a reflection on the possibilities of developing a new operative concept that could allow us to do the following:

1. To take into consideration ethical models inherent to different traditional systems of medicine, including biomedicine;
2. To recognize the complementarity of certain systems of medicine in a specific therapeutic space and in precise circumstances;
3. To recognize, among the large range of ethnoethics, those elements that influence therapeutic approaches and to detect the interactions between culture, society, communities, therapists, individuals, etc.;
4. To develop ethical approaches that would enhance care and treatment quality, while favouring interactions between certain traditional systems of medicine and our own biomedical programs (research, screening and care);
5. To generate human and therapeutic benefits in often difficult socio-political conditions.

In January 2006, a symposium was held in Sherbrooke (Québec, Canada) in order to initiate exchange and to open up the debate on this research field that combines ethnoethics and ethnomedicines. The testimonials of the attending experts and participants, rich with different experiences and points of views, motivated us to carry the debate forward, to the international level, which will broaden the discussion on the feasibility and validity of this new concept.

Chantal Bouffard
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ETHNOMEDICAL ETHICS: PRACTICES AT A GLANCE

Chaired by: MARIE ANGÈLE GRIMAUD, Ph.D., law, IIREB, Centre de recherche en droit public de l’Université de Montréal, Canada

13:00 - 13:20 Welcome Introduction
CHANTAL BOUFFARD, Ph.D., medical anthropology, Université de Sherbrooke, Canada
ETHNOMEDICAL ETHICS AS AN OPERATIVE CONCEPT

13:20 - 13:40 JOHANE PATENAude, Ph.D., philosophy, Université de Sherbrooke, Canada
INTEGRATED MEDICINE AND GOVERNANCE: FOR A CONSENSUAL ETHICS OF PROFESSIONAL CULTURE

13:40 - 14:00 OREN ASMAN, Lecturer at the Faculty of Law, International Center for Health, Law and Ethics, Haifa University, Israel
LEGAL AND ETHICAL ASPECTS OF TREATING THE MENTALLY ILL IN A MUSLIM SOCIETY – BETWEEN PSYCHIATRY AND TRADITIONAL HEALING

14:00 - 14:20 M. L. SOW & M. M. SOUMAH, Service de Médecine Légale et Médecine du Travail, Université Cheikh Anta Diop, Dakar, Senegal
REFLECTIONS ON BIOETHICS IN AFRICA

14:20 - 14:35 BREAK

14:35 - 14:55 PATRICK PAUL, Doctor in médecine and in education sciences, H.D.R., Associate professor at the Université de Tour, France
FROM BIOMEDICAL ETHICS TO ETHNOMEDICAL ETHICS?

14:55 - 15:45 DISCUSSIONS
CHANTAL BOUFFARD, Ph.D., medical anthropology, Faculté de médecine et des sciences de la santé, Université de Sherbrooke, Service de génétique, Département de pédiatrie, Québec, Canada. Chantal.bouffard@usherbrooke.ca

TITLE: ETHNOMEDICAL ETHICS AS AN OPERATIVE CONCEPT
Biomedical ethics insures the respect of patients, based on Western principles. Therefore, it excludes the moral surroundings that underlie other explanatory models for diseases and the therapeutic strategies developed to eradicate, prevent, or cure them in other traditional forms of medicine. In this context, an operating concept like ethnomedical ethics would allow to take into account the ethical models inherent to different traditional medical systems, including that of biomedicine. It would also allow to recognize how certain medicines complement each other in a given therapeutic setting and to improve care practices while combining ethnoethics and ethnomedicine.

JOHANE PATENAUBE, Ph.D., philosophy, Université de Sherbrooke, Faculté de médecine et des sciences de la santé, Département de chirurgie, Québec, Canada. Johane.Patenaude@USherbrooke.ca

TITLE: INTEGRATED MEDICINE AND GOVERNANCE: FOR A CONSENSUAL ETHICS OF PROFESSIONAL CULTURE
Considering biomedicine as also being an ethnomedicine is a perfect way to support the integration of some traditional medicines into our own conventional medicine. This project is an invitation to revisit the paradigm of conventional medicine and the concepts of professional ethics it has produced until now, in order to better identify the possible obstacles preventing such integration. What is being proposed here is to examine the paradigm underlying the concept of expertise and, consequently, the model expert himself at the core of the paradigm.
OREN ASMAN, Management of the International Center for Health, Law and Ethics Lecturer at the Faculty of Law, Haifa University, Israel. medlaw@research.haifa.ac.i

TITLE: LEGAL AND ETHICAL ASPECTS OF TREATING THE MENTALLY ILL IN A MUSLIM SOCIETY – BETWEEN PSYCHIATRY AND TRADITIONAL HEALING

Arab-Muslim patients and their families may attribute behavioral symptoms to bad spirits (jinn) or attribute undesirable thoughts and wrongdoings to temptation by the devil. whereas, a psychiatrist may attribute stressful behavior to psychobiological factors. Nevertheless, in many cases, considering the patient's set of beliefs and common practices, may promote the patient's well being and improve treatment's outcome. In traditional Muslim societies, Patients and families sometimes turn to a traditional/religious healer to seek help as a first choice before turning to a Doctor. This may be due to poor resource allocation and lack of treating psychiatrists, but also it is attributed to the accepted norm of traditional healing as a common practice. Traditional healing for psychiatric patients arises some important legal issues. In a case brought before the Israeli Supreme Court, a young Muslim woman, suffering from a post partum mental disturbance, died an unfortunate death in result of treatment by a traditional healer. The legal question that arose: Was the healer unlawfully practicing medicine? Were his actions reasonable?

Court's decision gives a general outline for the legal framework of the practice of the traditional healer, which will be introduced and analyzed in the following order: 1) How should the healer present himself to the patients and their families? 2) What methods of treatment should be acceptable? 3) When should the healer turn the patient to a doctor and refuse to take responsibility? 4) What are the possible civil and criminal implications of practicing traditional healing? 5) Should it be allowed legally to practice traditional medicine in a country where contemporary psychiatric treatment is available?

In the concluding part of the presentation, the issue of traditional healing from a Muslim perspective will be addressed by analyzing contemporary Muslim fatawa (legal responses); and a mid-way solution will be explored: avoiding occurrences of such tragic cases, by considering the option of gradually achieving a sort of cooperation between mental health professionals and traditional healers.
ABSTRACTS

M. L. SOW & M. M. SOUMAH, Service de Médecine Légale et Médecine du Travail, Université Cheikh Anta Diop, Dakar, Sénégal. mmsoumah@refer.sn

TITLE: REFLECTIONS ON BIOETHICS IN AFRICA

Bioethics, through a dynamic approach, tries to regulate the practice of medicine around sociological, psychological, anthropological, religious, deontological and regulatory values. The relationship between the doctor and his patient has changed due to the development of technologies and to the awareness of populations towards their rights. In the African context, bioethics is characterized by a reduced autonomy of willpower in families, which are themselves limited by community, ethnic group, society and religion.

Bioethics analyses three stages of life, namely, the beginning of life, the end of life and, during the course of life itself, the things that threaten life and health. At the beginning of life, with reproduction techniques, the genetic and social identity of children become complicated, not respecting the traditional social and mostly religious points of reference. Moreover, the possibility of implicating a surrogate mother further constitutes a bioethical difficulty. Abortion is considered a crime, but what is proposed as an alternative to young girls with an unwanted pregnancy? Determining the status of a foetus would improve the thinking process. Genetic counselling and prenatal diagnosis both help the parents to bare normal children or to foresee the appropriate care that will be needed at birth. Still, these means cannot and should not be used as methods of selection, which should remain a natural process.

The end of life requires the respect of the patient’s dignity, according to legal and deontological principles. The new effective painkilling methods should allow a lighter debate on euthanasia. Beyond survival, no transaction can be conducted over a patient’s organs. During life, the discrimination against victims of the HIV infection and carriers of the virus, can be a very strong and contemporary bioethical theme. In the same way, the care being given to the elderly, particularly in Africa, must respect the patient’s dignity. Finally, research on human subjects must meet with bioethical prerequisites. Bioethics must therefore play an important role in the organisation and operation of a health system.
TITLE: FROM BIOMEDICAL ETHICS TO ETHNOMEDICAL ETHICS?

Biomedicine rests on a determinist hypothesis, on reductionism aiming at objectivity, and on the principle of good enough reason associated with a logic that excludes all third parties. It radically opposes ethnomedicines, which have a holistic tendency and which rest on an analogical type of reasoning where human beings are in the image of their visible and invisible worlds, the latter sometimes inhabited by gods. Are these contradictions as hopelessly divergent as they seem or can there be new cross-disciplinary as well as cross-cultural epistemologies that, applied to the concept of anthropological invariance and global medicine, could lead to new approaches that would distinguish / link these oppositions?