

journals (*IJP, IJPP*) and the international journal (*BJP*) was done with the help of Chi –Square test through excel sheet.

Our study revealed that 79% of animal studies published in the two Indian journals reported permission from an ethics committee, which is more than the comparator international journal (62% in *BJP*). Information related to various guidelines was reported more often in *BJP* (58%) as compared to the Indian journals (38%). Regarding ethics committee approval and information related to ethical guidelines, there was no significant difference between the two journals.

Our findings show that reporting of ethical parameters such as institutional ethics committee approval is better in animal studies published in Indian journals as compared to clinical studies published in Indian journals. In a study by Chaturvedi et al of articles published in the *Indian Journal of Psychiatry*, it was observed that permission from an ethics committee was reported in 25% of the articles (5). In a similar study undertaken for articles published in two Indian paediatrics journals, permission from an ethics committee was reported in 29.5% of the articles (4).

In a new guideline ARRIVE (Animal Research: Reporting In Vivo Experiments) for reporting animal studies, authors of articles reporting research are instructed to report on: the nature of ethics review permission; the relevant licence, and the national and institutional guidelines related to the care and use of animals (7). This study shows that though reporting of ethical parameters is better in animal studies as compared to clinical studies, there is room for improvement and authors should be encouraged to report these ethical parameters in the articles.

Though efforts have been made by journal editors towards improving the reporting of ethical parameters (8), there is a need for more in animal as well as clinical studies. Young researchers and students working in the field of biomedical research involving animal studies should be trained in ethical aspects of research while conducting experiments and reporting the same in publications. Journal editors and peer reviewers should make sure that information regarding ethical parameters is incorporated in the manuscript.

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## Bridging the ethics gaps

“Sir, I have already collected 15 cases in my research project, and have not taken consent from any of the participants. What should I do now?” asked a postgraduate student in an ethics committee meeting that I happened to be attending, several years ago. Promptly came the reply from the head of the institution, who also happened to be the chairperson of the ethics committee there: “No problem, just go to any patient who is admitted in the ward and take his thumb print on the consent form.” This encounter rudely awakened me to the huge gap between knowledge and practice in medical ethics.

In keeping with the advances in medical technology, the world has moved forward in the area of bioethics, but in India we are still rooted in outdated concepts. In the four and a half year MBBS course, students cover a very limited ethics syllabus, inadequate in today's context. The course content in ethics at the undergraduate level stresses deontological theories and lacks in applications or skill development. The focus is on the doctor-patient relationship, issues of negligence and the Consumer Protection Act. In other words, medical ethics is taught on the premise that the law is breathing down a medical practitioner's neck and one should be careful not to cross the legal boundary.

The past decade has seen an astronomical rise in clinical research in India. The lure of money that has inevitably accompanied this has not only attracted human participants from vulnerable populations, as research participants, but also many graduates of medicine or related disciplines, who decide to engage in a career in clinical research. Many of them come from disciplines like homeopathy, and other Indian systems of medicine, besides allopathy. These youngsters lack the exposure to and competence in research ethics. Even principal investigators of clinical trials are not well grounded in the basic issues of research ethics. Often, ethics committees, which give ethical clearance to myriad clinical research protocols involving human subjects, lack qualified or even knowledgeable members.

The undergraduate curriculum should be covering areas

of skill-building in ethics such as identifying ethical issues and violations, and focusing on remedies and ethical case resolutions. Currently, this is not being done. At the postgraduate level, ethical deliberations, end-of-life decisions, ethical conflicts resolution and clinical ethics consultation are not touched upon.

To bridge this gap, the Centre for Ethics was established by Yenepoya University, in Mangalore, Karnataka. The first programme launched by the Centre was the Postgraduate Diploma in Bioethics and Medical Ethics, a year-long course with six contact programmes, supplemented by projects, online assignments and group discussions, culminating in a summative written exam. The course exposes the student to the basics of ethics, morality, theology and philosophy and their inter-relatedness in healthcare, technology and research involving human subjects. The main objective is to train enough people in the basics of healthcare and research ethics issues so as to do justice to their positions on institutional ethics committees or as members of clinical research teams.

In 2011, the Centre signed a memorandum of understanding with the Department of History, Philosophy and Ethics in Medicine at the Johannes Gutenberg Medical University, Mainz, Germany, and another with the Duquesne University, Pittsburgh, USA. These collaborations promote staff and student exchange and take up joint research ventures in the field of trans-cultural clinical ethics. The six-month certificate course in clinical ethics consultation conducted by our centre utilises the services of the faculty members of both these universities. Two one-week long intensive contact programmes in each trimester are supplemented with online assignments and group discussions. This is designed to train participants in the basics of ethics, its applications in healthcare and how to conduct a clinical ethics consultation. The objective is to bring into India the concept of clinical ethics consultation that will have an impact on the ethics of healthcare practices in our country.

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## Through a nurse's eyes

I sincerely appreciate the editorial "Life and Death after Aruna Shanbaug" written by Dr Roop Gursahani in the *Indian Journal of Medical Ethics (IJME)* dated April-Jun 2011. The editorial is very well written and articulated and the author has very aptly discussed every part of the judgment delivered by Justices Markandey Katju and Gyan Sudha Misra of the Supreme Court of India. I would like to add that had the euthanasia plea been granted it would have led not only to intense resentment among all the doctors and nurses of KEM hospital, but would have opened a new avenue for unscrupulous people in our society, who for the sake of property and money, could go to the extent of getting their parents and relatives killed by bribing and conspiring with unethical, and greedy doctors. Hence, there are strong chances of euthanasia being prone to misuse. Moreover, there may be a cure in future for a medical state perceived as incurable today. I strongly oppose the plea by Ms. Pinki Virani. One must understand that in all these years, the nurses caring for her have not tired, but in fact, feel greatly privileged to care for her. Why, then, should the views of a third party, who has not even cared her for a single day, be considered? Hence, there is no point in worrying unnecessarily about Aruna, writing a book on her life story, or even paying visits to her, as all these things cannot be a substitute for the high quality, holistic nursing care being rendered to her by our fellow nurses working ceaselessly day and night. I must agree with Dr Sanjay Oak, Dean, KEM Hospital, when he said, in his testimony, "I must put on record that in the world history of medicine there would not be another single case where such a person is cared and nurtured in bed for 33 long years and has not developed a single bed sore. This speaks volumes of the excellence of nursing care that KEM nursing staff has given to her" (1). Once again I salute the spirit of all the nurses of KEM Hospital, Mumbai.

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