

When preparing to invite these members to the workshop there was great difficulty in making contact with the ethics review committee members. After many weeks of searching for members' contact information in different countries, we were able to reach a few in the region. These included Jordan, Egypt, Libya, Afghanistan, Yemen, Syria and Sudan. Unfortunately, we could not reach all national committees in the targeted countries; and some participants could not attend for visa reasons. The Palestinian colleagues from Gaza could not join because of the many reasons already mentioned by Dr Jafarey.

The discussion during the workshop was exhaustingly interesting and rich. The challenges the ERC members face range from basic bioethics issues, lack of ethics guidelines in their local language, the need to build local expertise in the field of bioethics and research ethics, the need for context specific and flexible guidelines; in addition to other specific local challenges. The participants discussed the role and powers of ERCs in their countries and institutions and raised several ethical issues related to research conducted by international bodies and institutions in their countries. An important part of the discussion was allocated to the influence of political instability on the health professional's daily practice and the research conducted on mainly vulnerable groups; as well as the role of the ERC. The members indicated that they are struggling to make bioethics and research ethics a priority in fragile and conflict settings, where safety and humanitarian issues are the priority. As mentioned by one participant, "this workshop allowed us to identify people who appreciate and understand the importance of research ethics — we are not talking to ourselves."

The Palestinian case is very attractive for all types of researchers. They all want to understand not only how the Palestinian population has survived the occupation for more than seventy years, but also how they have the best health and education indicators (2). Learning from the Palestinian experience is very important especially with the recent so-called Arab spring in the last decade. Several Arab countries are living in unstable conditions due to direct war and armed conflict and other Arab countries are experiencing fragile conditions due to hosting a large number of refugees from

neighbouring countries. Even countries with supposedly "finished" wars such as Iraq and Afghanistan, or areas with a potential for war such as Kashmir; are all facing humanitarian challenges and unstable conditions. Lessons learnt should include how to protect people, provide the right health, social and economic interventions that are ethical, appropriate and preserve people's identity and dignity.

Given all these challenges, the importance of investing in local national ethics review committee members and institutional review members is essential and should be a priority. These people will be the safe guards and whistleblowers who will try to prevent misuse or abuse of research in fragile and unstable settings. These members need to work together to prepare their own context specific adapted guidelines that encourage and promote research as well as protect their people, especially those considered to be vulnerable. It is also important to highlight the need to integrate bioethics into all university programmes and institutional trainings, especially in conflict zones and fragile settings.

Finally, I have lived all my life in the abnormal conditions of the Israeli occupation, thinking this is a normal life. I hope the new generation of Palestinians and people in fragile settings can live a normal life and feel the meaning of freedom.

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References

1. Jafarey A. The meaninglessness of doing bioethics: Reality check from a conflict zone. *Indian J Med Ethics*. Published online on September 5, 2019. DOI:10.20529/IJME.2019.054.
2. Giacaman R, Khatib R, Shabaneh L, Ramlawi A, Sabri B, Sabatinelli G, et al. Health status and health services in the occupied Palestinian territory. *Lancet*. 2009;373(9666):837-49.

Is bioethics meaningless in conflict zones?

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In his reflections on "The meaninglessness of doing bioethics: Reality check from a conflict zone" (1), Aamir Jafarey sharply criticises the role of both academic bioethicists, and the "bioethics discourse" more broadly, in their attempts to bring action-guiding ethical reflection to conflict zones. He describes the provision of bioethics workshops for researchers in conflict zones as little more than meaningless, self-serving academic exercises. Drawing on his recent experience of a bioethics

workshop involving researchers from Gaza and the West Bank, he writes, damningly, that bioethics “looks more like an esoteric philosophical exercise for academics sitting in comfortable conference rooms in faraway luxury hotels, rather than an instrument to protect the vulnerable.”

Jafarey’s criticisms are wide ranging. Attacks on the venality and self-interest of academic bioethicists mingle with accusations of naiveté, of misguided beliefs that somehow ethical guidelines will “make all the evil things go away.” More cogently perhaps, he talks of a gulf between the exhortations of bioethicists – and their guidelines – and the reality to which they try, and in his view woefully fail, to speak. He also writes of a certain, I assume patronising, tendency among “parachute bioethicists”, to nod to the sometimes wide cultural distance between bioethicists and their audiences by adding a “sprinkle” of “some local masala” to “indigenise” the discussion.’

As someone who has worked for many years in the ethics of humanitarian crises, including conflict zones, and as a fair example of Jafarey’s “parachute bioethicist,” I am interested in, and alert to, his criticisms. If we set aside questions of the virtues of individual bioethicists, it seems to me that, underlying his approach there are two possible arguments at play. The first is that there is something wrong with the bioethics we are practising. If there is the gulf Jafarey describes between the available bioethics, and the harsh reality of conflicts, then we need to do our bioethics differently. We don’t need, and, assuming conflict zones remain a never-ending supply of harsh ethical questions, cannot afford, to abandon bioethics. Health professionals will continue to struggle to bring relief to victims, researchers will continue to puzzle over what works, and all will confront, at times, wrenching moral challenges. Instead of abandoning bioethics, we need to bring our thinking closer to the reality it addresses, whatever the intellectual or moral challenge. Bioethics is not futile – it is awry, or underpowered. As someone who works in bioethics, someone who has “conducted more research ethics workshops than (he) cares to remember,” it is a shame that Jafarey doesn’t address this question. It would be good to hear his views on bridging the divide he identifies.

To speak of the “futility” of bioethics in war zones is to evoke the shades of another argument—Thucydides’ account of the dialogue between the Athenian generals and the besieged Spartan colony of Melos during the Peloponnesian war – the Melian Dialogue. To paraphrase – and to risk disastrously oversimplifying – the argument, which is a species of realism, states that when it comes to armed conflict, morality in any ordinary understanding simply does not apply. As Werner

Jaeger puts it “the principle of force forms a realm of its own, with laws of its own.” (2)

Among the reasons for the enduring appeal of the realist argument is surely that it speaks to the awful confusion of war. For ordinary moral actors – health professionals, researchers, humanitarian responders, even civilians – the outlandishness and anarchy of warfare must inevitably, as a matter of lived experience, at least call into question the adequacy of ordinary moral norms. What place for the niceties of fully-informed consent where cities are being strafed, gassed and barrel-bombed? Research ethics developed for the hushed and white-coated order of a modern research facility will surely be mocked in the chaos of armed conflict. What point is there to rules in the absence of enforcement? What place for moral niceties where tanks are on the street? There has to be some, possibly a great deal, of truth in this. Where ordinary moral injunctions against killing are torn apart in the general devastation, when our deepest moral convictions seem violated, what place can there be for something as luxurious, as ephemeral, as research ethics? When Jafarey speaks of the scepticism around the room regarding the self-serving “parachute bioethicists” at his bioethics seminar for Palestinians, some form of this disjuncture may have been on their minds. Bioethics is futile because morality itself, upon which bioethics is parasitic, has been swept aside.

But there is a problem. War may upend the world, but human beings caught up in the maelstrom still need to make decisions – and some of them will be ethical. Consider a doctor serving with the military in a combat zone. Following a firefight, some seriously injured local insurgents are brought into the camp. The doctor’s commanding officer demands that she prioritises her own, much less seriously injured colleagues. Like it or not she has a decision to make, and it is a moral one – and one to which the ethics of her profession – and international law – speak. Yes, there will be times in war where choice disappears, where people act under extreme duress, where they are driven by overwhelming circumstance. But it is not universally so. Anybody seeking to bring care to those wounded by war, anyone trying to bring relief to those displaced by it will face ethical decisions. And hence the need for guidance remains. Bioethics is not futile – it is inescapable.

References

1. Jafarey A. The meaninglessness of doing bioethics: Reality check from a conflict zone. *Indian J Med Ethics*. Published online on September 5, 2019. Available from: <https://ijme.in/articles/the-meaninglessness-of-doing-bioethics-reality-check-from-a-conflict-zone/?galley=html>
2. Jaeger W. *Paideia: The ideals of Greek culture*. Trans, Highet G. Quoted in: Walzer M. *Just and Unjust Wars*. NY: Basic Books; 2015. p 7.