

# Towards WHO Guidance for Clinical Ethics (CE)



2024 AABHL  
CONFERENCE  
FRESH INSIGHTS  
ON CHALLENGES  
OLD AND NEW

**Ehsan Shamsi Gooshki M.D./Ph.D.**

WHO Consultant

Lecturer, Monash Bioethics Center, Monash University

THE UNIVERSITY OF SYDNEY  
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Australasian Association of  
Bioethics & Health Law

# Panellists and program



13:30 - 13:35

Introduction of panel

13:35 – 13:50

Presenting the process structure  
and outline of WHO guidance on CE

13:50 – 14:10

Panelists' interventions

14:10 – 14: 30

Feedback and question from  
audience and

# Rationale for WHO

- Interconnectedness of healthcare ethics approach: Integration of RE, PHE, CE a COVID-19 trajectory.
- Clinical ethics plays a significant role in the provision of healthcare within all health systems.
- Underdevelopment of CE infrastructure in many member states, in comparison with research ethics, impacts their health system.
- Increasing demand and requests from member states and WHO departments.
- Considering the role of WHO in global health; this organisation is suited to advise or recommend various stakeholders, mainly the member states with specific guidance to improve the healthcare delivery and health systems as WHO has played a similar role in research and public health ethics.

RESEARCH ARTICLE

Open Access

# COVID-19 underscores the important role of Clinical Ethics Committees in Africa



Keymanthri Moodley, Siti Mukaumbya Kabanda\*, Anita Kleinsmidt and Adetayo Emmanuel Obasa

RESEARCH ARTICLE

Open Access

# Clinical Ethics Committees in Africa: lost in the shadow of RECs/IRBs?

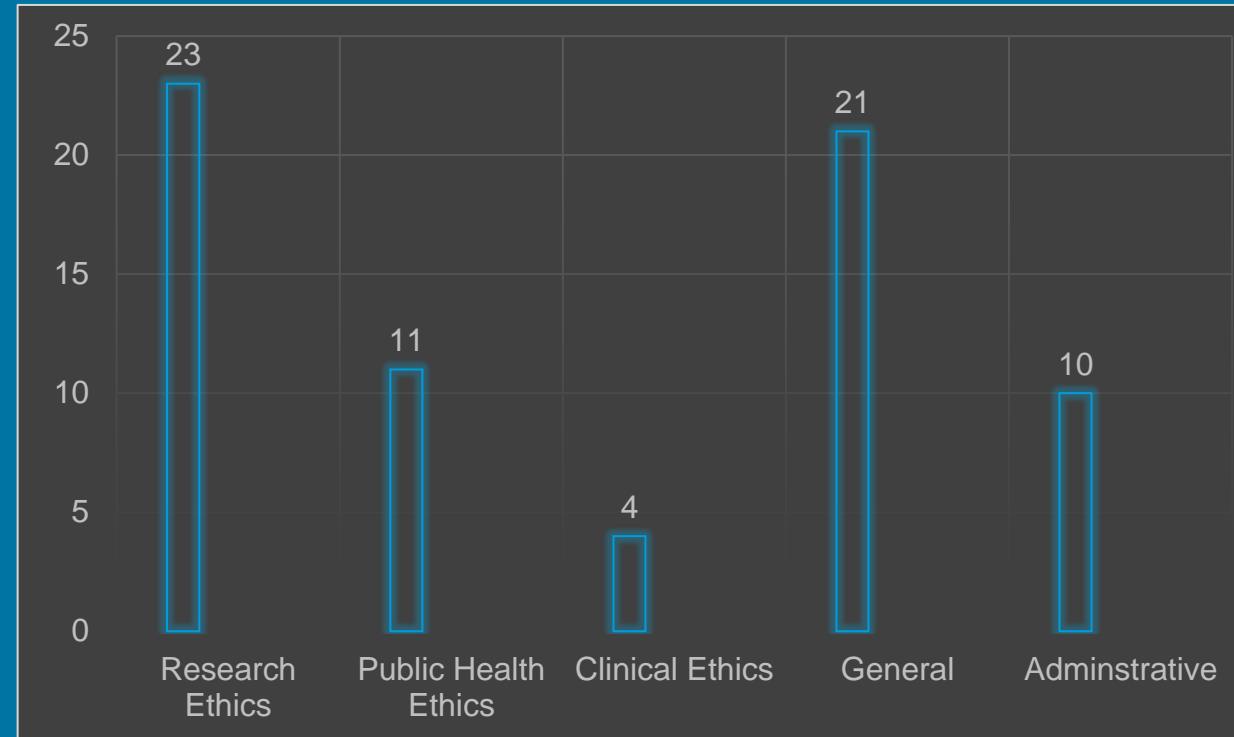


Keymanthri Moodley<sup>1\*</sup>, Siti Mukaumbya Kabanda<sup>1</sup>, Leza Soldaat<sup>1</sup>, Anita Kleinsmidt<sup>1</sup>, Adetayo Emmanuel Obasa<sup>1</sup> and Sharon Kling<sup>1,2</sup>

Underdevelopment of CE infrastructure in many member states in comparison with RE

# Background

- Until the start of this project in Q4 of 2022, WHO's ethics guidelines have more focused on research ethics and public health ethics & only occasionally addressed specific clinical ethics issues
- A lack of comprehensive, general WHO guidance on clinical ethics.



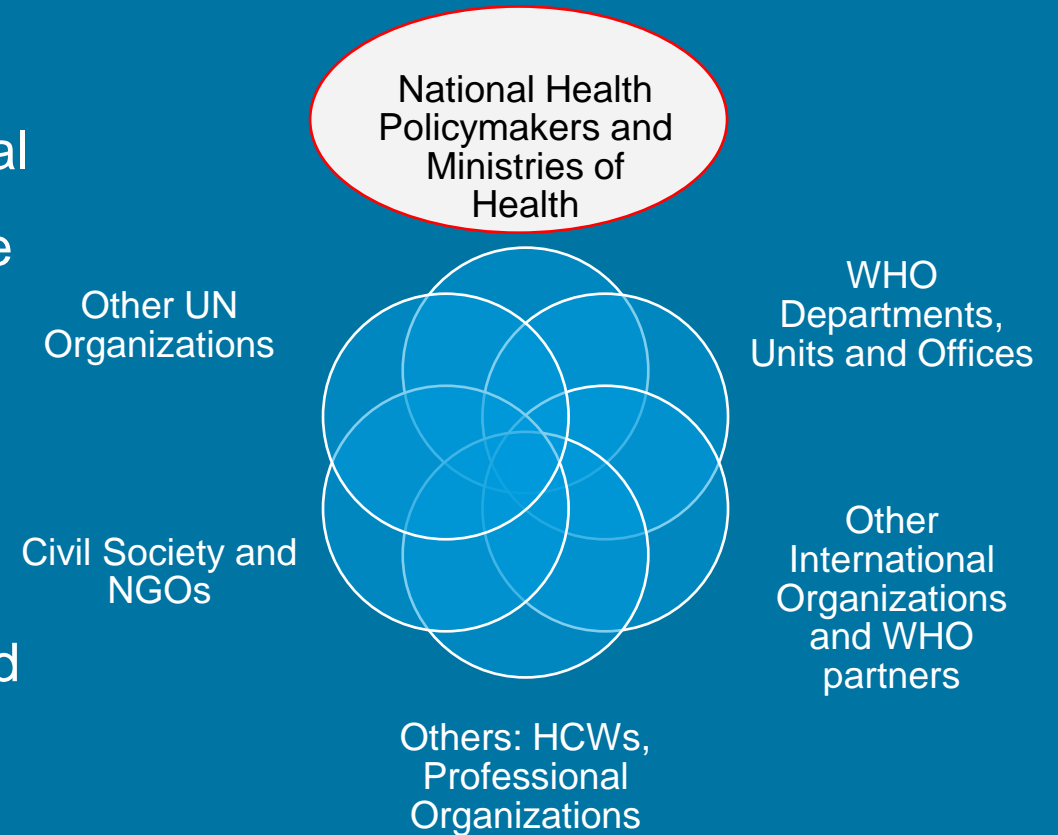
Main Scope of WHO Ethics Documents (69)

# Adopted Definition

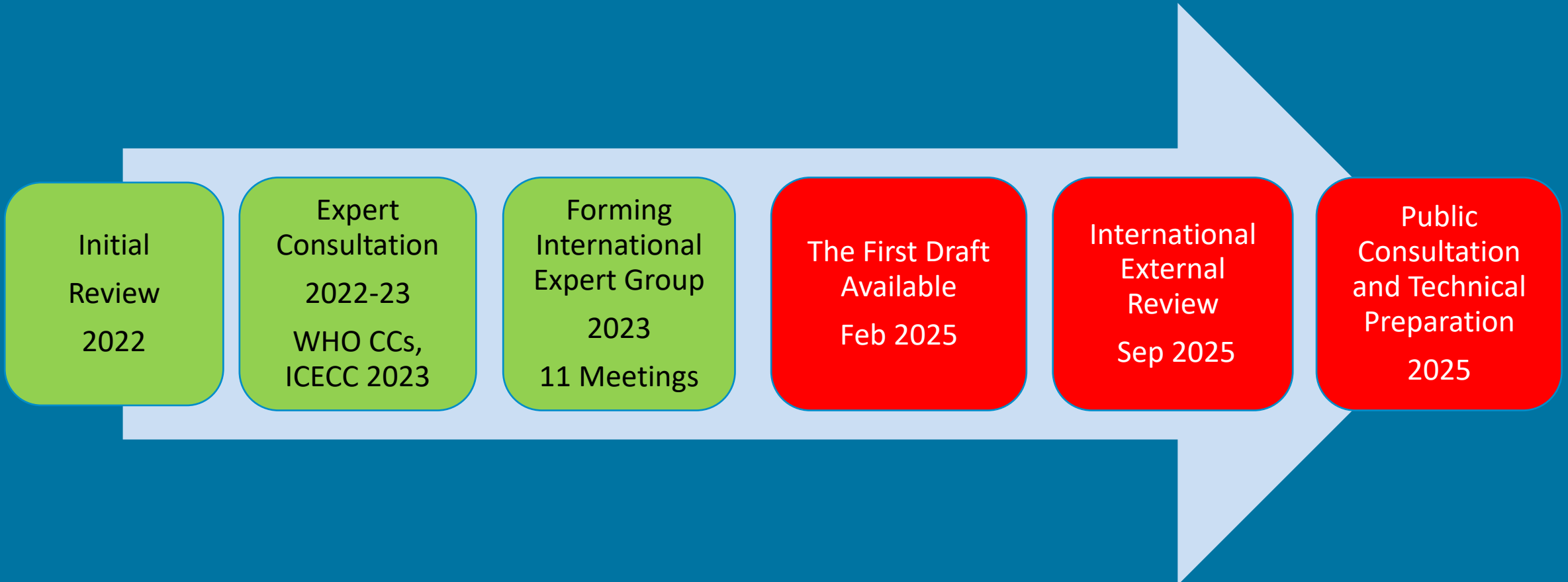
- Fletcher and Brody's description of clinical ethics in the Encyclopedia of Bioethics focuses on this field's concern about the *"ethics of clinical practice" and with ethical questions while "caring for the patients"*.
- Jonsen, Siegler, and Wins: Clinical Ethics tries to identify, analyse, and resolve ethical issues around the *"care of a particular patient"*. It could be structured as it is in CEC or
- "Clinical relationship" or "clinical encounter" as an objective patient-professional direct interaction as the core element, distinguishes clinical ethics from public health ethics or research ethics.
- This guideline defines clinical ethics beyond "clinical ethics consultation"

# Target Audience: focus on governance and implementation

- Role of WHO in global health that mainly works with member States' Ministry of Health;
- A wide range of bioethics issues in a context of global diversity, which makes it impossible to develop one comprehensive normative document;
- Significant disagreement around many issues in clinical ethics.
- Role of other players as WMA - avoid duplication and contradictions



# Guidance Development Steps:





WORLD  
MEDICAL  
ASSOCIATION



**ICN**  
International  
Council of Nurses  
*The global voice of nursing*

Observer Organizations



World  
Patients  
Alliance

# WHO Guidance for Clinical Ethics

## General Outline

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- Section I** Introduction and Background
- Section II** Clinical Ethics Education
- Section III** Clinical Ethics Consultation & Support Services
- Section IV** Policy Development for Promoting Ethical Practice in Healthcare Delivery
- Section V** International Coordination and Governance
- Section VI** Recommendations

# Section I: Clinical Ethics: History, evolution, and definition

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- *Definition*
- A brief historical overview
- Globality & contextuality of CE

# Section II: Clinical Ethics Education

- ❖ Challenges and complexities of CE education, etc.
- ❖ Who should be taught
- ❖ When should it happen? (undergrad, post-grad, CME, CPD, special
- ❖ What can be the core content in teaching programs, courses and capacity-building strategies? (Knowledge, skill and attitude)
- ❖ How can the teaching be done? (Pedagogical considerations, Methods, Organization of teaching
- ❖ Where to start? The starting point for developing and improving the teaching and capacity building in clinical ethics.
- ❖ Case: International Medical Education and Clinical Electives

# Section III: Clinical Ethics Consultation & Support Services

## Modalities and models

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- ❖ Clinical ethics consultation and support services: definitions, complexities, challenges
- ❖ Various modalities (CECs, CERSs, MCD, non-structured models, specific services e.g., OT and PwP,..) and pros and cons of each modality
- ❖ General standards and requirements for implementing of each model (possible composition, responsibilities, ...)

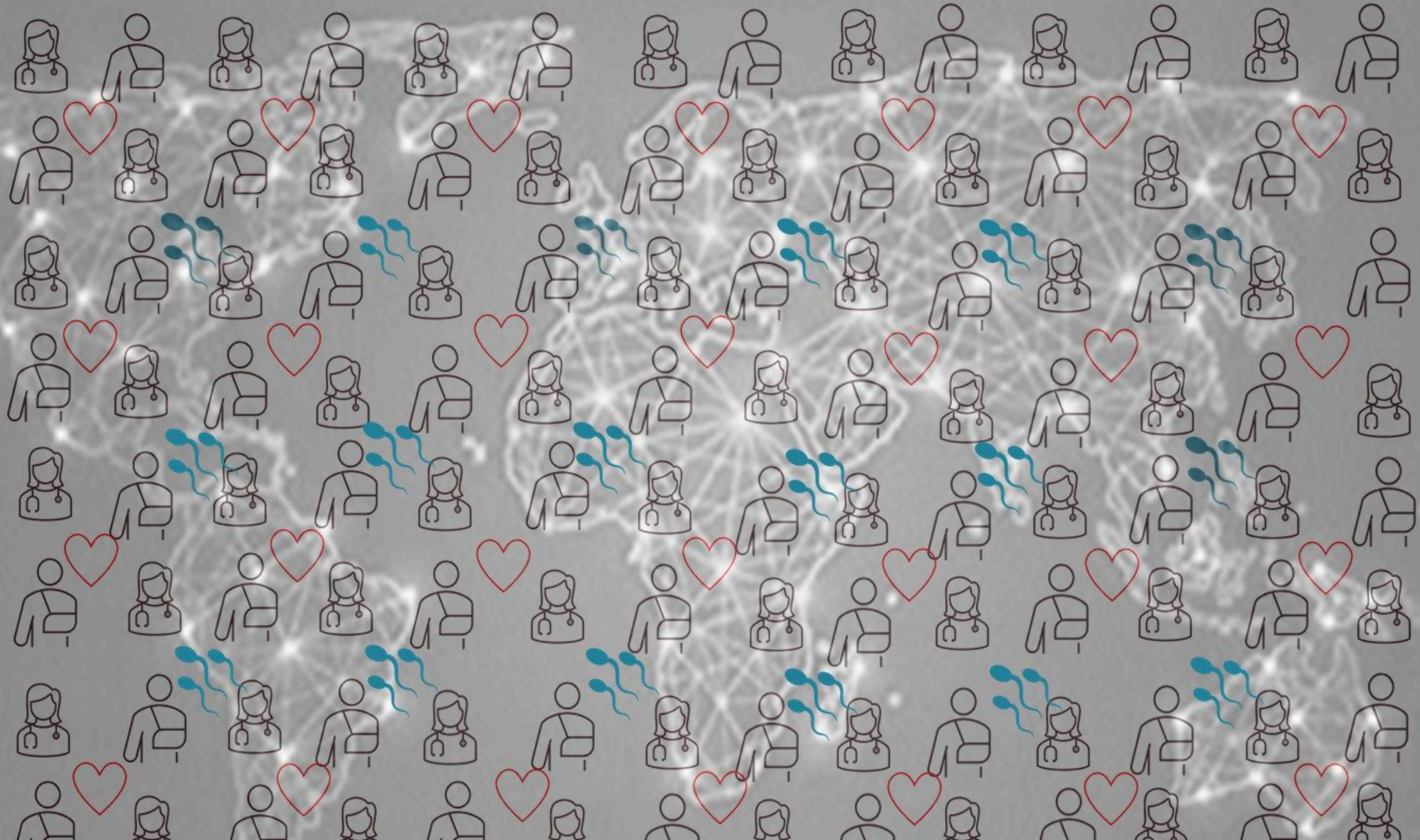
# Section IV: Policy Development for Promoting Ethical Practice in Healthcare Delivery at National and Institutional Levels

- ❖ Various levels and types of policy development (national/state, local, and institutional) and possible challenges and complexities.
- ❖ Procedural ethical values (inclusion, accountability, transparency, evidence-oriented,..)
- ❖ Different policy-making approaches: Bottom-up, Top-Down and integrated approach.
- ❖ Some possible methods: strategic planning, **establishment of national committees**, patient advocacy NGOs, and related standards such as their possible composition, etc..)
- ❖ Standard setting: using accreditation, monitoring, oversight, evaluation, and certification tools for CE
- ❖ Examples of well-established case studies

# Section V: International Coordination and collaboration at bilateral, multilateral, regional, international and global levels

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- Main stakeholders and their relationship
- Clinical Ethics Issues of Global Concerns: Possible areas for international cooperation and collaboration
- Infrastructures and mechanisms for coordination and governance including binding and non-binding international guiding documents and regulations



# Medical Travel/Tourism



## Internal migration of HCWs as a consequence of medical tourism: Thailand Experience

*In Thailand, salaries of medical doctors in private hospitals are reportedly between six and eleven times greater than what are offered by public institutions*

*Only from one hospital in Bangkok's 70 medical specialist, between 2005 and 2010, migrated to private hospitals that serve foreign patients. Medical practitioners who have moved from the public to the private sector tend to be those with the most experience.*

HICs

LMICs

S. Wibulpolprasert and C.A. Pachanee, "Addressing the Internal Brain Drain of Medical Doctors in Thailand: The Story and Lesson Learned," *Global Social Policy* 8, no. 1 (2008): 12-15

# International Recruitment of HCWs

## Ghana patients in danger as nurses head for NHS in UK - medics

6 June 2023

Share

By Naomi Grimley & Camilla Horrox, BBC News, Accra



BBC

ws/world-africa

## Thousands of foreign nurses a year leave UK to work abroad

**Exclusive: Surge in nurses originally from outside the EU moving overseas prompts concern Britain is a 'staging post' in their careers**



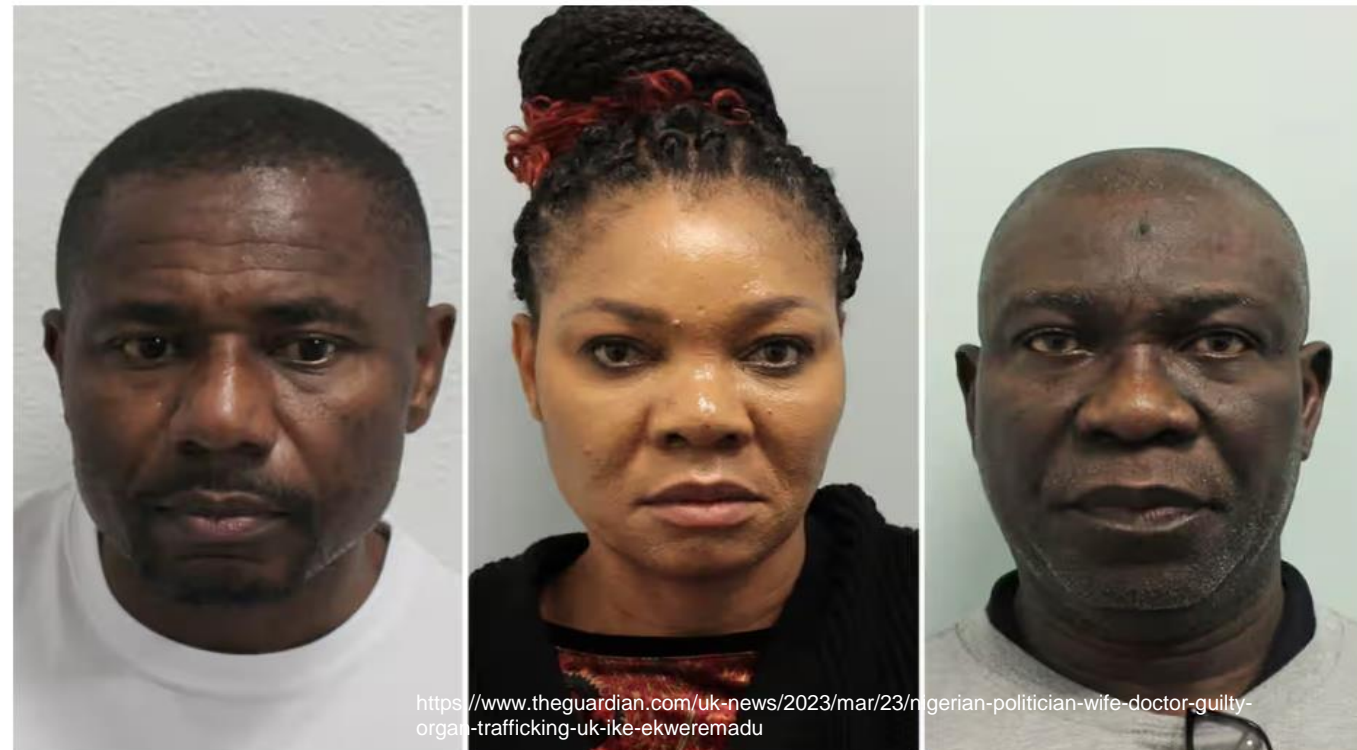
The Guardian  
A decade of making a difference

# Organ Transplantation

## Nigerian politician, wife, and a doctor guilty of organ trafficking to UK

**Three convicted of conspiring to exploit a man for his kidney in first verdict of its kind under Modern Slavery Act**

- **Trail exposes UK's vulnerability to organ harvesting**



<https://www.theguardian.com/uk-news/2023/mar/23/nigerian-politician-wife-doctor-guilty-organ-trafficking-uk-ike-ekweremadu>

### A proposal for expanding Paired Kidney Transplantation

*This program operates by matching donor-recipient pairs across HICs and LMICs. For instance, a recipient in a HIC who cannot find a compatible donor within their own country but has a willing donor, such as a partner with an incompatible blood type, could exchange a kidney. Simultaneously, this exchange enables a pair from a LMIC to receive a transplant along with the necessary post-operative care, which they would otherwise be unable to afford.*

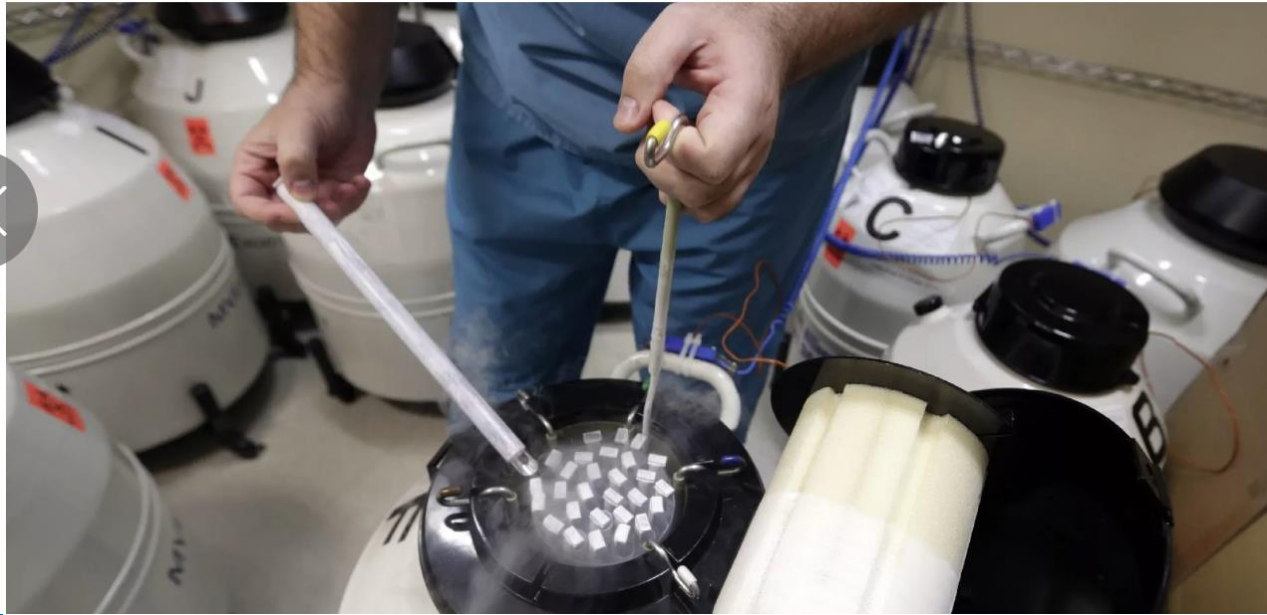
*In HICs, the primary obstacle to kidney transplantation is the shortage of organs from both living and deceased donors. In many LMICs, however, the major barrier is the inability to afford the procedure, particularly the cost of post-operative immunosuppressant drugs. While LMIC-LMIC or HIC-HIC pairings can be beneficial in finding compatible donors, LMIC-HIC pairings may offer more complementary advantages.*

*A practical example of HIC-HIC pairing is the Trans-Tasman Australian and New Zealand Paired Kidney Exchange (ANZKX) program, which was established in 2019.*

# International Transfer of Human Gametes

**Across Europe, a lot of women turn to Danish sperm to get pregnant. Here's why** [euronews.](#)

“The only continent we don’t ship to is Antarctica,” Schou told Business Insider. “But perhaps there's not such a high demand over there.”



"Whereas Dutch sperm banks only allow you to select for four external traits, being hair and eye colour, ethnicity and posture, Danish sperm banks provide you with much more extensive profiles, including a baby picture, handwriting, and voice sound," she told Euronews.

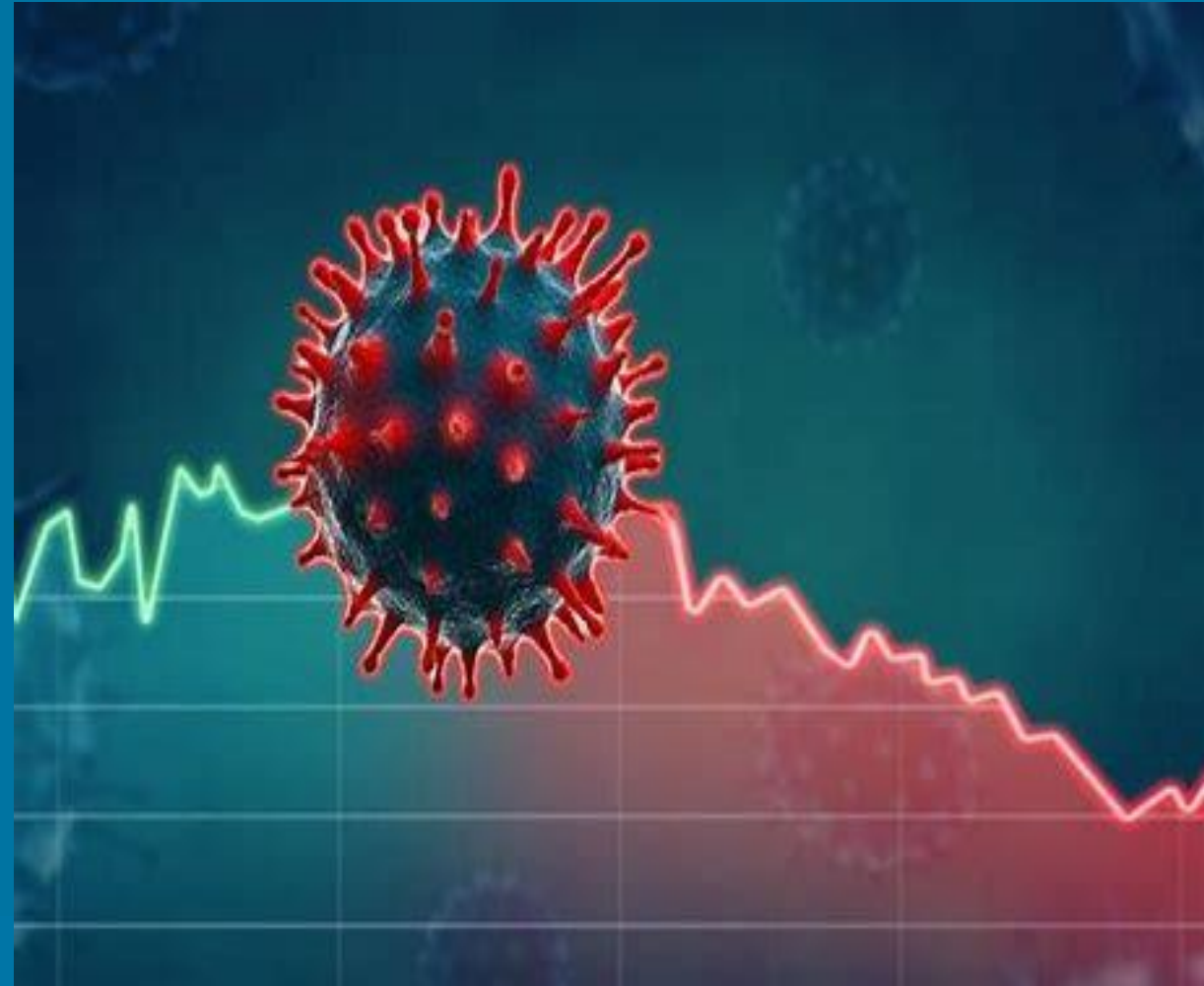


**BUSINESS INSIDER**  
NEDERLAND

# Health emergencies in large populations

## WHO Guidelines for the Monitored Emergency Use of Unregistered and Investigational Interventions (MEURI)

*“Emergency use of unproven clinical interventions outside clinical trials – including “off-label” interventions – has surged during the COVID-19 pandemic, with unjustified, unconstrained use of unproven interventions, which raises serious ethical concerns. This document is intended to provide a reminder and an updated version of the ethical framework for emergency use of unproven clinical interventions outside clinical trials, the MEURI ethical framework, which is a collaborative project of WHO that began in 2014 and a normative product of WHO for its Member States”.*



# Section VI: Recommendations

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Hospital and other health facilities

National health authorities, policymakers and  
Ministries of Health

Professional organisations

Civil society and NGOs

Other WHO departments and regional offices

Other UN agencies and international  
organizations

Professor Lynn Gillam:

Member of WHO International Expert Group  
for Development of Clinical Ethics Guidance

- What is your personal experience of being a member of the WHO Working Group developing this guidance? What do you see as the main challenges of the process?

Professor Linda Sheehan:

Palliative care specialist, clinical ethicist and  
the President of Clinical Ethics Society  
Australia

- As a clinical ethicist working in the Australian context and your position as the president of CESA, what are your expectations from the WHO clinical ethics guidance? What aspects would you like to see included? What should perhaps be avoided? How do you anticipate using this guidance?

Professor Julian Savulescu:

Professor in Medical Ethics  
Director, Centre for Biomedical Ethics,  
National University of Singapore

- How might this document address the diversity of clinical ethics practices and values? How do you evaluate the role of international cooperation and collaboration in clinical ethics?

# Annexes: Glossary/ Definitions

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Thank you!  
[reisa@who.int](mailto:reisa@who.int)  
[ehsan.shamsigooshki@monash.edu](mailto:ehsan.shamsigooshki@monash.edu)