



Diversity of Experience and Perspective in Bioethics

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This April 2022 issue of the Asian Bioethics Review is a showcase of diversity of experience and perspective in bioethics across the Asian region. The geographical reach of this issue is particularly extensive, as is the range of types of scholarship that can be found herein, covering theoretical work, empirical analysis, and case studies all involving the lived experience of ‘doing’ bioethics within—or with a focus on—Asia.

Regrettably, it is now well established that health inequalities have been exacerbated across the globe as a result of the COVID-19 pandemic. And, while it is trite to observe that different groups are adversely affected in myriad different ways, some groups are easier to ignore than others. This is particularly true of refugees and migrant workers who can all too easily slip below the radar of governments’ attention and the operation of public health policies. It is this topic that serves as the introduction to this issue. We are very pleased to support the work of Shu Hui Ng who has contributed the paper as a Student Article. Capacity building is a very important part of the strategic objectives of the Asian Bioethics Review, and this paper by Ng is a very good example of the kind of work that the editorial team is keen to support. In this paper (<https://link.springer.com/article/10.1007/s41649-021-00198-8>), the author examines the situation in Malaysia where almost 180,000 refugees and asylum seekers are registered with the UN High Commissioner for Refugees, of which over 150,000 are from Myanmar as a result of the growing crisis in that country. Using a case study approach that exposes the vagaries of inequalities resulting from chronic disease as opposed to acute disease, the paper illustrates only too well the concerns of refugees and migrant workers seeking healthcare in a foreign land. The ethical imperative to act is grounded in just such experiences.

As a counterpoint to this perspective, the first original article of this issue by Seino et al. (<https://link.springer.com/article/10.1007/s41649-021-00194-y>) examines the experiences of Japanese healthcare providers working in intensive care units in in the early stages of the COVID-19 pandemic. Through the use of a questionnaire survey with 200 respondents, the research reveals not only a detailed picture of the range of ethical and social issues to arise while working

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under such conditions but also, most revealingly, the moral distress experienced by the professionals during these times. A significant part of this moral distress was caused by the challenges and frustrations of trying to deliver patient-centred care in the face of unprecedented practices of social distancing and arms' length decision-making that was proscribed by public health policies.

The theme of decision-making in Japan is continued in the paper by Asai, Okita, and Bito (<https://link.springer.com/article/10.1007/s41649-021-00201-2>). Here, the authors adopt a psychocultural-social perspective that reveals five tendencies in thinking and action that are said to be characteristic of many Japanese people living in contemporary Japan. The argument is made that such tendencies can militate against shared decision-making (SDM) as between healthcare professionals and patients. To the extent that SDM can be cast as a universal ethical 'ideal', then this paper has important implications for the training of healthcare professionals and their future relationships with patients in promoting full respect for patient autonomy.

The experiences of Pakistan when faced with the globalisation of clinical research are the focus of the paper by Fazal [<https://link.springer.com/article/10.1007/s41649-021-00196-w>]. While it is now well recognised that the conduct of clinical trials in lower income countries gives rise to a plethora of ethical issues, the added value of this article to the debate is in its efforts to reveal the particular ways in which the population of Pakistan is made vulnerable by such practices. The paper also offers an important set of recommendations that seeks to align good research conduct with an understanding of local cultural practices, experiences, and expectations. In this way, the article is a good example of ethics in action—taking the well-rehearsed concerns about research in lower income countries to offer practical ways forward both to promote good research and to protect the populations involved in ways that show appropriate respect and concern for local culture.

The final original article in this issue continues the cross-cutting theme of *perspectives*. Here, Sachdev makes a plea to take the perspective of developing countries seriously in on-going debates about human enhancement (<https://link.springer.com/article/10.1007/s41649-021-00193-z>). This open access piece argues that current debates are framed too much in the neoliberal tradition and that, accordingly, much is lost as a result. More practically, however, using the example of Thailand as a developing country, the author seeks to demonstrate concrete ways in which such a country could benefit from certain types of human enhancement, as well as revealing specific ways in which risks or harms might be exacerbated.

The four perspective articles in this issue demonstrate very well the second cross-cutting theme in this issue concerning *diversity*. In the paper 'Reducing the Ethical Burdens of Antimicrobial Stewardship Using a Social Determinants Approach' (<https://link.springer.com/article/10.1007/s41649-022-00202-9>), Gopichandran tackles the global phenomenon of antimicrobial resistance through an argument that requires us to take into account the role and impact of up-stream social determinants of health (SDH) in any given country or context. As with many other papers in this issue, the central point is that context is key; self-evidently, and by definition, contexts are diverse and varied. In particular, SDH can have ethical implications on effective antimicrobial

stewardship in practice. Only by taking a holistic approach can stewardship from the global to the local have any real hope of success.

In the article, ‘Exploring the Ethical Dilemmas in End of Life Care and the Concept of a Good Death in Bhutan’, Dorji et al. offer profound insights into social attitudes and values in Bhutan towards dying (<https://link.springer.com/article/10.1007/s41649-021-00199-7>). Just as there has been socio-economic growth in the country, so too the focus of death and dying has shifted from the home to the hospital. But as with all other countries, socio-economic development brings its own host of issues for healthcare, including a rise in certain kinds of diseases and a population that is increasingly more aged. Against this backdrop, the authors offer the first paper of its kind that reflects their own observations and anecdotal evidence of how these social and cultural shifts have impacted on perspectives on death in Bhutan.

The idea of the lived experience of bioethics permeates this issue. This is continued in the paper by Lumagbas who writes on ‘Exploring the Ethics of Space in Slum Research during COVID-19 through the Lens of Merleau-Ponty’ (<https://link.springer.com/article/10.1007/s41649-021-00187-x>). Building on the foundations of Merleau-Ponty’s phenomenology of perception, Lumagbas explores the diverse ways in which human experiences of, and perceptions of, space have been altered during the extreme lockdown moments of the COVID-19 pandemic; these experiences were made all the more extreme for inhabitants of slum properties where basic necessities are often absent and public health policies of social distancing are all too often an impossibility. Yet, as well as describing these likely changes, the paper also goes on to make a normative point about the increased role of the virtual space as a place where humans can enjoy different experiences away from the physical and can also enjoy the opportunity to make their own place.

Our final paper comes from colleagues in Sri Lanka, one of whom has written previously in this journal about the enduring negatives impacts of colonialism on contemporary healthcare provision and the delivery of sound ethical care, see ‘Ethics and Health Communication in English: Tackling the Consequences of Colonial Era Linguicism and Racism’ (<https://link.springer.com/article/10.1007/s41649-021-00172-4>). In this issue, the theme of racism is continued, this time with respect to medical images in teaching materials, newspapers, and health-related websites (<https://link.springer.com/article/10.1007/s41649-021-00195-x>). The research reveals a significant preponderance of white Caucasian images that in turn gives rise to at least two sets of concern: (i) it could re-enforce a false view that the legitimacy of medical knowledge is to be found predominantly in the West, and (ii) it may affect healthcare professional skills in visual diagnosis for individual patients. It is a source of considerable concern that the theme of diversity is not continued into more areas of life.