

Bioethics in Peru

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To date the application of bioethics in Peru has been rudimentary. The discipline has not yet acquired a distinct identity; only a few committees review ethical problems that arise in the course of medical practice, and bioethics is still taught mainly at schools of philosophy and theology.

At the same time, situations in various health fields have raised bioethics questions or indicated areas where bioethical approaches might be effectively applied. Among others, the activities involved include research on human subjects, interventions relating to human reproduction, treatment of AIDS patients, treatment of dying patients, organ transplants, and management of handicapped children. This article reviews developments in each of these areas, with an eye to specific matters of ethical concern.

Medicine is three-dimensional: It is a science, a profession, and a form of assistance. As such it has a decisive role to play in the technologic and axiologic changes in our culture. Bioethics is the rational response to the moral, political, and social problems posed by health care, with the sole purpose of producing benefits through biomedical interventions.

Biomedical technology has become extremely costly to apply, ambiguous in its authority, and uncertain in its efficacy, which is why it sparks great debates from an ethical point of view; its regulation is urgently required.

Peru is not excluded from those countries which are aware of this urgency. The three dimensions of medicine gave rise to bioethics or medical ethics, which viewed from another angle is the systematic study of human behavior in the field of the life sciences and health care, in the light of moral principles and values.

EDUCATION IN BIOETHICS

Bioethics has existed as a discipline for 20 years, during which time it has gained ground, broadening its scope and increasing the depth of its theory and methodology. In the process, it has been taking on a distinctive identity, one that bears some resemblance to medical philosophy supplemented with elements of medical anthropology and medical epistemology, and has gained increasing recognition as a separate discipline.

The situation of bioethics in Peru, however, is somewhat different. Here it has not become so generally recognized or so widespread. There are still no signs on the horizon that the study of bioethics may give rise to an independent profession, and there is at present a conflict between two approaches to medical ethics—one of which places medical ethics under bioethics, while the other places it under professional ethics.

In the late 1960s, in Peru and the rest of the world, bioethics was taught in departments of philosophy and theology. Later there was a general tendency to incorporate it into the teaching of medi-

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cine. In Peru, however, it is still being taught in the same university departments as previously, and there are relatively few signs of major changes underway.

ETHICS COMMITTEES

The Ethics Committee of the Peruvian Medical Association is in charge of reviewing all ethical problems that arise in the practice of medicine. There is also a National Commission of the Campaign against AIDS that concerns itself with regulations designed to prevent transmission of the AIDS disease agent and protect the quality of life of AIDS patients. In addition, it is expected that a committee on transplants will be formed to help regulate the operation of a recently passed law dealing with this subject. Moreover, virtually all major scientific bodies in Peru have bylaws providing for creation of ethics committees, though this does not necessarily mean bioethical principles are being applied.

Overall, Peru does seem to be reaching a stage where the discipline of bioethics is recognized to the extent that committees are being formed to put its theoretical principles into practice. It is to be hoped that this will serve to promote the quality of life of individuals, rather than mere indiscriminate "lifesaving," the former being appropriate for countries like Peru with growing populations and scarce resources.

RESEARCH ON HUMAN SUBJECTS

Little research on human subjects is conducted in Peru, and the technology typically used in such research is not very advanced compared to that employed in highly developed countries. For example, it was only recently that Peru's first

"test tube baby" was born, an event that precipitated considerable discussion about the ethical aspects of that medical practice.

When research on human subjects is conducted, the usual procedure of obtaining patient consent and publishing the aims of the experiment is not always followed. In this same vein, the author's experience suggests that Peru's requirements for pharmaceutical research on human subjects are less restrictive than those prevailing in European countries such as Germany.

Likewise, from a technical standpoint it is easier to get permission to sell a new medication in Peru than it is in Europe. On the other hand, research on new medications in Peru does not necessarily imply monetary compensation for the physician, a circumstance tending to diminish the reliability of the results obtained. For similar reasons, doubts have also been raised regarding quality control of medications being investigated in the country.

Like people everywhere, Peruvian patients tend to feel ambivalent when health professionals show a scientific interest in their diseases. They especially fear being research subjects when a multitude of analyses and technological interventions are performed. In this they are supported by the insurance companies, which are continually asking physicians not to order any more tests than absolutely necessary, even when the nature of the patient's disease stirs scientific interest and requires further investigation.

BIOETHICS AND REPRODUCTION

There are several institutions in Peru concerned with human reproduction—among them the National Institute for Sexual Education (*Instituto Nacional para*

la Educación Sexual—IMPARES) that seeks to foster responsible parenthood and encourages women to limit the size of their families. Their activities include periodic campaigns and publication of guides in Lima newspapers that help make women aware of their fertile days. Despite such work, the number of adolescents getting pregnant is very high (almost 15% in the capital), and many Peruvian women reach adulthood only after delivering two or three children and having perhaps one or two abortions.

A discussion is currently underway in the media regarding male vasectomies and their potential for regulating reproduction. This is a subject confronting numerous cultural prejudices—including the concept of *machismo*, which dictates that a male's image is better the more children he has. (Besides being popular among males, this attitude is shared by many Peruvian women.)

The birth control pill is quite expensive, and there are no plans for free distribution to women who request it. Very few institutions implant intrauterine devices at cost, meaning that in practice this method is available only to the middle and upper classes. The number of women receiving injections of slow-absorption contraceptives is very small. Condoms are sold almost exclusively in pharmacies; some, of uncertain quality, are distributed by roving street-vendors, as are herbs that "regulate" reproduction.

Abortion

Abortion is illegal in Peru except for medical reasons, in which case there must be two medical certificates (sometimes three) attesting to the need. There are no legislative bills pending on abortion, such as are pending in certain other countries, nor have the leading political

parties chosen to deal with the issue in their health plans.

Despite this, illegal abortion is very common. So it is not surprising to find that certain herbs and medications are widely regarded as abortifacients, or that certain neonatal encephalopathies are suspected of being related to maternal attempts at abortion. Nor is it unusual to see newspaper stories reporting the deaths of young women as a result of abortion-related manipulations, or to find that women in critical condition from the same cause are frequently seen in the emergency rooms of large hospitals. The available evidence indicates that nearly all these abortions are performed without benefit of sterile procedure and pose grave dangers to the woman's life.

Other Gynecology Problems

In seeking to attain social and professional autonomy, it is not unusual for Peruvian women to find themselves working simultaneously as housewives, employees, supporters of dependent parents, and teaching assistants for their children. When they become ill or pregnant, they are obliged to establish priorities among their various duties in order to determine which must be set aside.

Even so, social attitudes toward gynecologic problems are such as to constitute a significant added burden. Practically any gynecologic problems that may arise are considered secondary and unrelated to the affected woman's work. The media do not commonly discuss the ethical aspects of gynecologic disorders. Medical procedures such as hysterectomy and tying the fallopian tubes produce heated family arguments and are regarded as socially unfashionable. Therefore, women who experience such procedures must keep quiet about them and must generally overcome any psychological prob-

lems provoked or aggravated by these prevailing social attitudes on their own.

***In Vitro* Fertilization**

This and comparable reproductive procedures are extremely expensive and out of reach of the general Peruvian population. Nevertheless, the recent delivery of Peru's first "test tube" baby spurred considerable debate in the media. Whatever the outcome of this debate, it has served to publicize various bioethical concepts related to human reproduction, as well as to improve public knowledge of reproductive anatomy and physiology. Thus, however indirectly, it may have helped to work against the many reproduction-related prejudices existing in our society.

HUMAN GENETICS

Genetic research is extremely costly and can only be conducted in Peru with the help of foreign institutions. For this reason, most genetic studies within the country have been of a theoretical nature. However, because of the frequency of Down's syndrome, a foundation will soon be created to encourage research in this field. Also, restricted application of prenatal genetic testing has begun, a development that could pose religious problems when detection of an abnormal fetus suggests the advisability of abortion.

AIDS

Ministry of Health regulations explicitly state that AIDS patients must be accepted by state hospitals. Nevertheless, Peru's special AIDS program has received unofficial reports that some hospitals or clinics are still turning away patients with this disease.

TERMINATION OF LIFE

In Peru, as elsewhere, there is currently debate about whether legislation permitting "compassionate murder" would create more problems than it would solve; whether "living wills," through which people can clearly express their desire to be allowed to die under certain conditions, should be accepted; and whether the shortage of medical resources and their high cost will push some people to choose to end their lives so as not to burden their families.

Resuscitation

The "living will," drafted like any other testament at a time when the testator is of sound mind, instructs the person's family and physician not to use extraordinary efforts to "resuscitate" him or her in the event of a terminal and irreversible disease. Besides debate over use of such documents, there is also discussion of whether the dying person's family should be able to have the physician turn off artificial life support apparatuses (resuscitators, artificial heart/lung machines, artificial kidneys, etc.). In considering this question, it is important to understand that "resuscitation" does not mean restoration of the brain to life, because although the patient's heart may stop beating briefly, his or her brain remains alive throughout the resuscitation process.

Interruption of Artificial Life Support

It is of course possible in some cases to maintain life processes artificially, even after the patient's conscious mind is dead. This has prompted discussion in Peru about whether or not the practice of applying machines, probes, cables, etc. to a human "vegetable" implies loss of respect for the human person. In this

same vein, passive forms of euthanasia (such as suspended nutrient intake) have sparked debate in Peruvian medical circles. However, both the law and the Code of Ethics of the Peruvian Medical Association clearly forbid helping another person to commit suicide.

ORGAN TRANSPLANTS

The new aforementioned law on transplants has raised questions about health professionals' role in defining death. Among other things, there is public concern that with death being defined in terms of brain function, physicians may be tempted to declare patients dead when they are not, in order to obtain the patients' organs for possible transplants.

HANDICAPPED CHILDREN

Bioethical questions relating to handicapped children include, among other things, their acceptance by society, creation and availability of special schools, integration of the handicapped into regular schools, and creation of sheltered workshops. Of course, in nearly all cases society should not expect the affected children's diminished faculties to be recovered. It is rather a case of becoming accustomed to living with human beings not in full possession of their faculties. Experience has shown, however, that the proper setting and training can awaken rudimentary abilities in many handicapped children, enabling them to make good use of their potential.

Several years ago, Dr. Verna Alva

stated that only 2% of the handicapped children in Peru received adequate health care. I personally believe that this figure remains essentially unchanged.

Several parents' associations and institutions have been making tireless efforts to help handicapped children deal with social prejudices. This is not easy in a country where many fear "catching" disabilities such as Down's syndrome, a fear reinforcing rejection of the handicapped.

Most private learning centers make it clear that they do not accept handicapped children, while the remainder use more subtle means to block admission. The situation is complicated by the fact that some schools administer an entrance examination to children applying for admission, and there are even "preparatory academies" for children applying to such schools. In addition, it is extremely difficult for pre-school-age handicapped children to be accepted among children without defects, and virtually impossible for handicapped adolescents to try to learn a trade together with other teenagers.

At present, the city of Lima with its seven million inhabitants has only one private learning center for adolescents with physical handicaps and normal intelligence, together with two or three sheltered workshops. Indeed, the whole country, with a population of roughly 20 million people, has only six or seven such centers.

Overall, Peru clearly needs many more schools for handicapped children. It also needs to train professionals in this field and to enforce labor protection laws for the handicapped.