

Background and Current Status of Bioethics in Colombia

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Colombia in recent decades has been exposed first-hand to a broad spectrum of important medical advances ranging from organ transplants to techniques for assisting human reproduction. It has also confronted an array of modern problems—including the abortion issue and the AIDS epidemic.

Many of these matters have bioethical implications. This article describes the more important measures that have been and are being taken in Colombia to deal with those implications.

Bioethics first emerged as an intellectual discipline in the 1970s, so it is not yet even 20 years old. Rapid advances in medicine, boosted by the contributions of other biological sciences such as molecular engineering and biochemistry, have placed man toward the end of the twentieth century in a perplexing situation—and, Why not say so?—one of dangerous confusion. It was Van Rensselaer Potter of the United States, Professor of Oncology at the University of Wisconsin, who called attention to the need to analyze these developments and measure their negative effects on individuals and society in his book, *Bioethics: Bridge to the Future* (1). This work gave currency to the term bioethics, which became a rapidly evolving discipline in some countries—although in others, such as Colombia, it has barely begun to be recognized.

The curiosity and daring of men of science who have plumbed the depths of biology, particularly in areas involving human reproduction, have created great

expectations for their discoveries and the applications thereof. Now that science and technology have surpassed all estimates and predictions, it is impossible to imagine what the generations of the twenty-first century will know and see. But it is clearly worthwhile for the person who holds cherished spiritual values to be prepared for these new situations.

Within this context, it is the specific task of bioethics to examine the effects of the "authentic biological revolution"—as this collection of new developments has been called by the Spanish theologian Mariano Vidal (2)—in the light of moral principles and values.

Colombia is a country of about 28 million inhabitants with 21 medical schools, from which a little over 2,000 new professionals graduate each year. There are currently 23,000 doctors of medicine, a number that is not expected to exceed 45,000 by the end of the present century. Because of the way Colombia's health system is organized, however, 43% of the recently graduated physicians fail to find jobs; and, as may well be imagined, the competition is stiff in private practice. The need to survive under such conditions has made it tempting for physicians to go astray, forgetting the moral princi-

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ples that underlie the ethical practice of medicine.

At the same time, Colombia is no stranger to advanced scientific and technological devices. Although it may not originate and produce them, it most definitely buys and uses them. New technology is the order of the day. It is not unusual to enlist computers, nuclear medicine, and sonar devices. Modern care facilities, both state and private, have sophisticated diagnostic and therapeutic equipment for performing various procedures—including computerized tomography, magnetic resonance imaging, and extracorporeal lithotripsy.

ORGAN TRANSPLANTS

The practice of transplanting organs and other anatomic parts is growing steadily, as is the complexity of the procedures used. The city of Medellín has become the hub of this activity. Both the San Vicente de Paúl University Hospital and the Santa María Clinic have the necessary technical equipment and human resources to perform various types of transplant surgery, and they lead the country in heart, liver, and kidney-pancreas transplants (3-5). Similar procedures are also performed in other cities, notably Bogotá and Cali. In Bogotá a homologous transplant of an adrenal medulla to the encephalon was carried out in 1987 as a treatment for Parkinson's disease (6). Currently, embryonic and fetal tissues are being used experimentally to treat this condition and also Alzheimer's disease.

This progressive surge in transplant activity created a need for the Government to take regulatory measures. In the *National Health Code (Código Sanitario Nacional)* designated Law 09 of 1979, "through which health measures are prescribed," Title IX deals with "the donation or transfer of organs, tissues, and organic

fluids from cadavers or living persons for transplantation and other therapeutic users." Later, in 1986, the Ministry of Health issued Decree 2363, which supplemented this law. Among other things, this decree establishes a definition of "brain death." And most recently, in 1988, the National Congress passed Law 73, which refines some of the preceding provisions, especially those relating to organ donation, removal, and utilization.

HUMAN REPRODUCTION

It is especially in the area of human reproduction that research and technology have made far-reaching strides. Matters relating to abortion and contraception aside, the list includes development of sperm and ova banks, homologous and heterologous artificial insemination, *in vitro* fertilization and transfer of the embryo to the uterus, intrafallopian gamete transfer, examination of the amniotic fluid and biopsy of the chorionic villi for early detection of congenital alterations, *in utero* surgery, etc.

All of these new procedures are used in Colombia. Among other things, a "test tube baby" delivered in Bogotá in 1985 was the first such infant born in Latin America. From then up to March 1989 the Colombian Fertility and Sterility Center recorded 92 such births, 11 of which were produced from frozen embryos (7, 8).

Despite the medical, legal, social, and ethical implications of these new human reproductive procedures, however, the Government of Colombia has not yet issued any standards to regulate their practice. Therefore, in dealing with related ethical issues, Colombian physicians must rely on guidance issued by the World Medical Association, as set forth in Article 54 of Law 23 (1981), which is discussed below.

TERMINAL PATIENTS

The establishment of intensive care units at university hospitals and private clinics in Colombia's major cities has unquestionably resulted in great benefits for the critically ill. At the same time, however, the tenet of some physicians, "while there's life there's hope," has also led to unjustified prolongation of suffering for those who can no longer be helped by medicine. Not infrequently, unconscious terminal patients, many of them brain dead, are subjected to heroic efforts and connected to machines to give them artificial life, creating false hopes for their families and unjustly burdening the budget available to cover the cost of the illness.

In response, at the initiative of individuals outside the medical profession in Colombia, movements have emerged to support the wishes of patients who want to be allowed to die in a dignified and peaceful manner. This is the origin of the Foundation for the Right to a Dignified Death, a nonprofit organization established in Bogotá in 1979 that has had a significant impact upon both the medical profession and society (9). It should be pointed out that in Colombia euthanasia, or mercy-killing, is considered a crime under the Criminal Code. It is currently being debated whether a physician who abstains from using extraordinary life-support measures, or even basic ones like provision of food and liquids, may be deemed to be practicing a passive form of euthanasia, which would be punishable under Colombian law.

ABORTION

Abortion, without exception, is punishable by law. But virtually everyone, including the health authorities and police, know that the large cities harbor abortion clinics staffed by physicians and

nurses, and no corrective action is taken. There thus appears to be a widespread conviction that abortion is a social necessity and that punitive measures alone will not solve the problem. Thus, a laissez-faire policy has been institutionalized.

AIDS

In Colombia, as in all countries, acquired immunodeficiency syndrome (AIDS) is a major concern of health authorities. As of April 1987 the Ministry of Health had registered 100 confirmed AIDS cases; by September of that year the number had reached 153; and by March 1989 the Ministry's Department of Epidemiology had recorded 350 cases. These figures could be low; for even though the reporting of AIDS is mandatory, its stigma may cause some cases to go unreported out of fear that the patient's identity will be discovered.

Government education and health agencies have undertaken broad information campaigns on AIDS prevention. As part of a program of community education, television broadcasts frequently include messages warning against sexual promiscuity and encouraging the use of condoms for couples in unstable unions. Also, Colombia's blood bank program exercises strict nationwide control over all blood and blood products to be used in transfusions by subjecting all donated blood to the ELISA test for antibodies to HIV.

The obvious ethical questions that AIDS poses for physicians and other health professionals have given rise to a number of conferences and forums within Colombia. Among other things, these have invariably concluded that from an ethical standpoint, patients cannot be abandoned or ostracized by those who are supposed to care for them solely out of fear of contracting the disease.

BIOETHICAL STANDARDS

Most Colombian physicians have taken an interest in the ethical questions raised by these and other contemporary situations. Forty years ago, when there were only six medical schools, the subject of ethics (deontology) was included in the curriculum but over time was gradually dropped. Similarly, in 1954 the Colombian Medical Federation approved a code of medical ethics that was soon forgotten.

More recently, following proliferation of the medical schools and development of new technology, the Medical Federation proposed a new code and urged the National Congress to give it legal status. After extensive discussion, the Legislature approved Law 23 of 1981, which "set forth standards in matters of medical ethics." Under this law, tribunals have been set up in the departmental capitals to deal with ethical and professional disciplinary matters arising as a consequence of medical practice.

Regarding education, Article 47 of this same law made the teaching of medical ethics in medical schools mandatory. And in 1987 the Colombian Association of Medical Schools established a program directed at teaching and explaining ethics to their students, and also at preparing instructors in this sensitive subject.

OTHER MATTERS

The period following promulgation of Law 23 saw emergence of considerable interest in both bioethics and medical ethics. At present it is common to find articles and commentaries on these subjects in medical and legal journals, as well as the daily press. In 1988 two books published on these subjects in Colombia received wide acclaim, these being *Ética médica (Medical Ethics)* by L. A. Vélez (10) and *Bioética: Principales problemas (Bioethics: Principal Problems)* by A. C. Varga

(11). Before these volumes appeared, the only local source on the subject was G. Paz-Otero's *Deontología médica general (General Medical Deontology—12)*.

In 1985, at the initiative of the present author, the Colombian Institute of Bioethical Studies was founded in Bogotá. This brought together distinguished professionals from various disciplines—including physicians, lawyers, priests, nurses, psychologists, and biologists. The Institute's main goals were to stimulate interest in bioethics, provide in-depth analysis of various problems posed by the "biological revolution," and disseminate the results of such analysis.

Since its founding, the Institute has only partially realized its aims. That is not surprising, since it is hard to maintain institutions on a strong and productive footing when they deal with matters that are not economically productive and lack official recognition and support. Nevertheless, the enthusiasm of the Institute's members bodes well for its survival and for a stable and productive future.

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Guide for AIDS Prevention among Hispanic Women

An Education Leadership Council made up of 30 Hispanic women leaders and activists from around the United States has produced the *Latina AIDS Action Plan and Resource Guide* to help combat AIDS in Hispanic communities. The guide spells out criteria for planning prevention strategies and developing programs that encompass women and bear in mind cultural and linguistic differences. According to the U.S. Centers for Disease Control, Hispanic women constitute 20% of the total number of AIDS cases reported among females.

The guide is a self-help educational tool designed to assist community leaders, service providers, and government officials. It includes a summary of the proceedings of the council's planning workshop, evaluations of existing programs, directories of AIDS organizations and agencies that serve Hispanics, and an extensive bibliography of AIDS prevention and education materials. A Spanish translation of major sections of the publication is provided.

For more information or to receive a copy of the guide (price: US\$15.00), write to HDI Projects, 1000 16th Street, N.W., Room 504, Washington, D.C., 20036, or telephone (202) 452-0092.

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