## Unethical Aspects of evidence based medicine-Ethical background

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## F. Gerstenbrand

Socrates and Plato are the founder of Western ethical thinking, Aristotle developed ethics into a science. The main objective of Greek ethics was attainment of happiness. Thomas Aquinas incorporated Christian ethics with a God-given natural order. Kant gave an ethical order with his Categorical Imperative in the demand that every human person has always to act in such a way that the maxim of his action can be willed as a universal law of humanity. The Western ethical principles are not including the ethical rules of Buddhism and Confucianism, which stress the well being of the community more than the well feeling of the individual. Ethical guidelines for all of mankind have to respect social conditions, local traditions, culture and religious beliefs as well as national and regional laws. Western ethical rules have to follow the demands of modern technology and under strict observation of the basic principles of human rights and dignity.

Bioethical principles are the basis for the physician in clinical practice and his obligation and for medical research. The Declaration of Helsinki of 1964 with its amendments was initially created to regulate medical research involving human subjects. The rules of Good Clinical Practice (GCP) are now the formal basis for the use of the Helsinki Declaration.

One obligation of ethics in medicine is to create and to control guidelines for clinical trials. Under the advice of Independent Ethics Committees (IEC) helps in balancing the often delegate benefit/risk assessment for the patient. Ethical institutions in Neurology have to elaborate guidelines for brain death, end of life decision in untreatable neurological conditions, withholding and withdrawing of therapeutic activity, implantation of stem cells etc., as well as the organisation of education and training programs.

Evidence based medicine can be of valuable support for actual medical decisions by offering new diagnostic procedures and new treatment programs but also to elaborate rules for withdrawing of therapy in special conditions. Evidence based medicine on the other hand in its last consequence could miss information based on former experience. It could be the beginning of a controlled collective medical regime. The horror vision would be a "medical dictatorship", with a new type of "colonialism" in medicine.

## Programme

3. Korczyn A. D. (Israel): Treatment of patients with dementia

 Kolibáš E., Novotný V., Kořínková V., Vajdičková K. (Slovak Republic): Assessment of cognitive function in dementia – our experiences

- 5. Ruether E., Kasper S., Moessler H., Doppler E. (Germany, Austria): Cerebrolysin in Alzheimer's disease: A randomized, double-blind, placebo-controlled trial with a neurotrophic agent
- 16:00 16:15 Coffee

16:15- 17:00 UNETHICAL ASPECTS OF EVIDENCE BASED MEDICINE (Hall A) F. Gerstenbrand, Austria H. Baumgartner, Austria

- Gerstenbrand F. (Austria): Unethical aspects of evidence based medicine ethical backround
- 2. Baumgartner H. (Austria): Unethical aspects of evidence based medicine. The problems of publication bias, conflicts and fraud

17:00 - 18:00 POSTER SESSION I (Poster area) J. Polívka, Czech Republic

- 1. Yarmukhametova M. R. (Russia): The algorithm of prevention of stroke in a patient with Chiari malformation
- 2. Kesić M. J., Lovrenčić-Huzjan A., Roje-Bedeković M., Lisak M., Demarin V. (Croatia): Three-dimensional ultrasound of carotid plaque ulcers
- Matusik E., Wajgt A., Janowska J., Zahorska-Markiewicz B. (Poland): Have soluble adhesion molecule (sICAM-1 and sVCAM-1) levels an influence on clinical course of stroke?
- 4. Ochudlo S., Pawlas N., Letek M. (Poland): Low-molecular-weight heparins in the prevention of venous thromboembolism in acute ischemic stroke
- 5. Yurshevich K. A. (Belarus): TCD in determination of the risk of ischemic events
- 6. Babchenco N., Usova N., Yankelevich Y. (Republic of Belarus): The intermittent normobaric hypoxical training therapy: the influence on the oxygen-transport blood function in patients suffering from the initial manifestation of cerebrovascular insufficiency of brain
- 7. Bialiauski, M., Likhachev, S., Kuznetsov, V. (Belarus): Using of interval hypoxic training for treatment and prevention of transient ischemic attacks
- 8. Cojocaru I. M., Musuroi C. (Romania): Observations on primary intraventricular hemorrhage
- 9. Kanát D., Staudinger K., Donáth V., Okaper S. (Slovak Republic): Carotid stenosis – diagnosis and treatment
- 10. Ondrkalová M., Štofko J., Traubner P. (Slovak Republic): Cell samples in cytocentrifugal separation method

34<sup>th</sup> International Danube Symposium for Neurogical Sciences and Continuing Education

**Programme and Abstracts** 

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Bratislava, Slovak Republic August 28 - 31, 2002