

Unethical aspects of evidence based medicine-ethical background

Unethical Aspects of evidence based medicine-

Ethical background

34 Danube Symposium (August 27 till September 1, 2002)

F. Gerstenbrand

Socrates and Plato are the founders 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 do not include 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 follow the demands of modern technology under observation of the basic principles of human rights and dignity. The Western ethical rules are increasingly influenced by materialistic values.

Bioethical principles are the basis for the physician and his responsibility for patients as well as 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 basis to practise the Helsinki Declaration.

One obligation of ethics in medicine is to create and to control guidelines for clinical trials. The advice of Independent Ethics Committees (IEC) helps to balance the often delicate benefit/risk assessment for the patient. The elaboration of guidelines for brain death, end of life decisions in untreatable neurological conditions, withholding and withdrawing of therapeutic activity, questions about implantation of stem cells

etc., as well as the organisation of education and training programs in ethics are the main obligations in neuroethics.

Evidence based medicine is an instrument influencing the research and the daily practice even in Neurology. Medical decisions about offering new diagnostic procedures but also about to change the existing rules for withdrawal of therapy under special conditions will in future be based on evidence based medicine. Evidence based medicine on the other hand in its last consequence could miss information gained by former experience or elaborated on other platforms as modern technical medicine. The incorrect use of evidence based medicine could be the beginning of a global controlled medical regime.

Published bias, conflicts of interests and fraud endanger the results in research and the daily practise obtained by the evidence based medicine. It is the responsibility of ethical institutions to highlight this problem.

Programme

3. Korczyn A. D. (Israel): Treatment of patients with dementia
4. 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

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

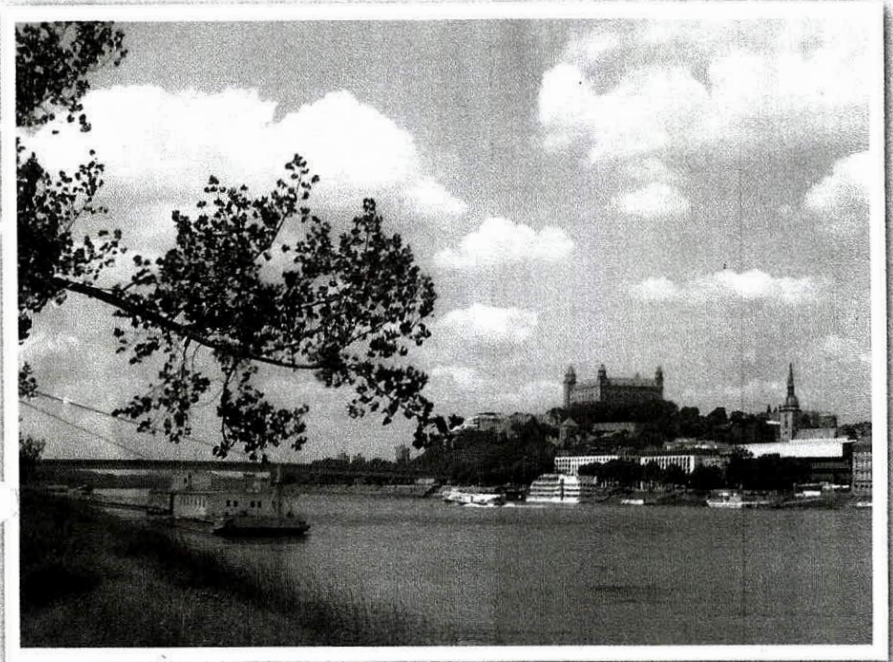
17:00 - 18:00 **POSTER SESSION I** (Poster area)
J. Polívka, Czech Republic

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
3. 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. Babchenko N., Usova N., Yankelevich Y. (Republic of Belarus): The intermittent normobaric hypoxic 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. Cojocar 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



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Programme and Abstracts



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