

Thessaloniki, Aristotle University, June 27, 2003

Ethical demands in modern neurology

Franz Gerstenbrand

In the third millennium every man who is part of the western industrial society demands that all possibilities of modern medicine have to be available to him. He expects to be relieved of his physical and mental illness as fast as possible and, at the same time, wants to be certain that all advances in research are being used to grant him a longer life. The modern human claims his right to be treated everywhere and at any time, at an advanced age with incurable diseases as well as for mental decline. The modern human calls upon the progress in diagnosis and in therapy, which are reported nearly everywhere and all the time. He calls upon his presumed right to have access to all resources, resources, which are meant for him as a member in a social welfare system. The phrase freedom of the individual human is used as important pawn. This feeling of freedom is equalized with the presumed right for personal well-being. But this right for personal well-being is separated from the well-being of the community.

Historically seen, the cause of this misunderstanding of the individual right goes back to the French Revolution. The freedom for the individual humans was transferred by the revolutionary thoughts to all of mankind, the well-being of the individual was separated from the community's well-being. The concept of Human Rights as a defined in the 20th century acts as a regulator over the concepts of the modern western community and is an integral part of the western democratic rules.

Different civilizations developed in the temperate regions of the earth with different religious systems, and special ethical and moral rules. Based on the Greco-Roman culture, a Christian dominated life form developed in Europe. In China, Confucianism ruled the social and religious

life form. Through confrontation with the Hinduism, Buddhism was born. The Islamic culture and religion originated through assimilation of the Judeo-Christian thoughts. The American Indian civilization and culture was destroyed by western ideological commands. Ethical rules of the western world cannot be transferred, neither to the basic ethics of Islamic laws nor to the so called Neoconfucianism developing in confrontation with the Marxist - Leninist ideology.

At the present stage in modern medicine, especially Neurology tried to establish basic ethic law, which can be generally used in harmonization with the ethical rules in other ethnic, geographical, climatic and historical regions, which are socially and biologically valid until now.

Bound by the Hippocratic Oath, every physician is obliged and to heal. He has to treat the diseases of his patients, but on the other hand he has to interrupt the treatment of patients that suffer from incurable illness and those who suffer from advanced age or mental disabilities. To prolong life over hours and days with special therapeutic measurement is not ethically justifiable according to the oath. According to the content of Hippocratic Oath, the physician has the obligation to heal but also to reduce suffering. The ancient maxim never to hurt and always to help has till nowadays a great normative weight when it comes to issues such as aiding suicide.

The death as the end of human being is accompanied with the fear of a painful death this opens the way to ask for a less painful form to die to get "a soft death". This is the beginning of the wish for medical help and a medication while dying. *Euthanasia*, the soft dying, has got a certain ambiguity in the concept of euthanasia. Euthanasia has to be differentiated in passive euthanasia, which means no intervention while dying and the active euthanasia as a planned intervention to end the patient life earlier. During the Nazi-Regime it had its negative climax in the ordered euthanasia "*Zwangseuthanasie*" as an instrument of a twisted moral.

Active euthanasia is prohibited in most of the civilized countries except for the Netherlands and Belgium which have made regulations that allow it under certain circumstances. In Austria and Germany euthanasia is legally prosecuted, active euthanasia is according to §75 murder and if convicted, then one could receive a sentence of 10 to 20 years or even lifelong. Help leading to suicide and killing on demand is judged as a criminal act and is prosecuted and heavily sentenced.

The end of life decision as a form of euthanasia can be found. Patients, who are in a stable vital state, but their illness will neither improve nor is there a chance of healing. A discussion has to be initiated about the continuation of their treatments. From the neurological side, these are mostly patients in apallic syndrome, the vegetative state in Anglo-American literature. Apallic syndrome is the consequence of a massive acute cerebral damage, like traumatic brain injury, encephalitis etc. or is caused by a diffuse progredient cerebral disease like the Jakob-Creutzfeldt disease, Morbus Alzheimer etc. Apallic patient without remission needs full care and special nursing homes. The economic expense is enormous. If state's institutions do not help, then families are charged the expenses. The purpose of continuing the care is often doubted by the family and even from the responsible physician. In the USA and also in Great Britain trials are fought, to interrupt the care of these patients. In certain cases, this has even been allowed in few cases. Trials like these have been rejected in Central Europe so far.

Euthanasia in the USA is fulfilled by withdrawing the liquid and nutrition. But this is a method which was used during the Nazi-Regime in the so called "ordered euthanasia". It is shocking that the withdrawing of liquid and nutrition for patients in apallic syndrome in the USA is still done through starvation and dying from thirst.

For neurological patients one form of the end of life decision, which can be called passive euthanasia is the renouncing the "maximal therapy".

Patients in apallic syndrome and without any possibility of regeneration or in cases with an advanced amyotrophic Lateral sclerosis can dispense with special antibiotic therapy when complications occur like a pneumonia, sepsis etc. The deciding factors for not applying special therapeutically interventions are prognosis of the basic diseases, the omission of possibilities for recovery, as well as the "Putative will of the patient" not to be released in this unacceptable state. It is necessary that the relatives or the solicitor are fully informed. The decision can be in the hands of the responsible physician.

An essential ethical problem of the modern neurology is the diagnosis of brain death. The diagnosis of brain death with total breakdown of all brain functions including the brain stem belongs solemnly to the responsibility of the neurologist. Only in geographical areas with a lack of neurological care is it allowed by the guidelines of the World Federation of Neurology, that a specialist from a closely related field like a neurosurgeon or a specially trained general practitioner can diagnose brain death. In the UK and in some other literary dependent countries, brain stem death instead of brain death is used as diagnostic criteria. In UK the diagnoses of brain stem death is performed by an anesthetist. The proposal of the Research Committees on Neuroethics of the World Federation for Neurology was sharply rejected by the British Society for Anesthesiology. But the recommendation of WFN was only meant as a minimal standard for developing countries, where they have a lack of qualified neurologists.

The ethical problem of the brain death concerns the organ receiver too. The transplantation of non-transplantable suited organs is ethically unacceptable. The diagnosis of the brain death has to be done on time and precisely. The possibility of organ dealing should not be ignored even in Europe.

Especially in neurology the development of the diagnosis and the therapy

created new dimensions in the medical care and the responsibility of the physicians. The possibilities of modern intensive medicine replaced the fear of dying too early with the worry of dying too late. The fear of medical oversupply and the resulting prolonged suffering is lately confronted with the reverted trend of the "differently discussed health-economical measures". The restriction on treating old people with expensive operations and costly medications, or the renunciation of medical treatment for cancer patients with an uncertain outcome creates a certain fear of a shortage of medical supply. In the UK and in Belgium for example, the treatment of patients who are over 70 years old and who have a serious acute neurological disease in single cases will not be continued. One has to fight not to have the acute treatment cancelled, which is a medic's behavior that especially stands in contradiction to the Jewish attitude of fighting for the human life until the end.

The fear of suffering, combined with the fear of pain and the fear to lose the integrity of the body, is for every human being a severe threat. In the last years the numbers of institutions and centers which are specialized in pain not to search deadening have greatly increased. The programs of the pain therapy are meant to minimize the pain, only sometimes getting rid of the pain, only for the origin of a pain-syndrome. The neurology was pushed aside from the pain-centers or was at least maneuvered to the edge. This happened because of the minor effort in pain medications and a too little knowledge about mechanical methods of pain therapy, just as well, because of the too strong tendencies towards psychiatric explanations.

At the periphery of neurology duties to include special fields are not taken that serious. Beside pain therapy, this concerns like the gapless creation of stroke units, the supply in the neurorehabilitation, the intense effort in the neuro-orthopedics and the pediatric neurology and as well the improved cooperation with the neurosurgery. It is the ethical

duty in neurology to have all modern treatments and diagnostic methods available, even when it means to rearrange existing medical structures.

In the Helsinki Declaration of the World Medical Association, published in 1964 with various amendments, beside rules for the therapy of patients, the experiments on humans are regulated in all details. The Helsinki Declaration states that for the treatment of the patient all available methods can be demanded, nothing should be neglected that can diminish suffering. The research of the functions of the human body, especially those of the brain, is one of the bioethical main demands of the Helsinki Declaration. The development of new medicaments, as well as the reliability of new diagnostic methods and new instruments is declared as a binding obligation.

Researches on humans have to follow the rules of GCP-EU (Good Clinical Practice-Europe) and the further developed rules of the ICH-GCP (International Conference of Harmonization of Good Clinical Practice). An independent Ethic-Commission (IEC Independence Ethics Committee) is necessary for the acceptance of the research protocol of a clinic trial. The Risk-Benefit-Ratio has to be weighed up, the benefit of the treatment for the individual patient and the patient-collective, as well as the risk for the individual of the test group has to be judged.

At clinical trials for a new therapy there is the risk that besides the ambition and the competition of researchers, mercantile factors could gain influence. An exact Working ethics committee, well trained investigators, a continuous monitoring and the obligation to report serious adverse events are far-reaching security measures for the patients during the experiment.

There is a danger in Clinical Trials in the export of risky experiments into so called "Low Price-Countries". Financially weak research centers can widen their research program with financial contributions from outside. Personal allowances are possible. The danger is that risky experiments

are run by inexperienced researchers and are expected by superficially working ethics committees are accepted.

The evidence based medicine is a not yet a predictable danger for monopolization by the industry, as well for the medication field and just as well for the new treatment methods. Bias influenced research programs can lead to manipulation. The evidence based medicine also means an extinction of the experience based medicine and therefore centuries-old empirically established figures from different medical schools in Europe, China and in Africa. A pharmaceutical Neo-Colonization by big concerns is more often critically mentioned.

The neurology depends like no other medical special field on progress and the transfer of results from the basic research. This concerns the development of new medications, the application of implantation methods, like the implantation of embryonic tissues and stem cells and the development of new stimulation methods in the brain as well as in the spinal cord.

The ethical demands in the modern neurology are far reaching. The practical neurologist has to know his ethical duties and just as well, the attitude of his entrusted patients. The Hippocratic Oath is understood as the basis in the European medicine and is still valid, but the exact wording nearly not present. The Hippocratic Oath has gained a new relevance due to the scientific advances, which has reached the borders of ethics. Confronted with the patient, the physician increasingly has to ask himself, if he is allowed to do everything that is medically possible. The modern version of the basis of medical work is written down in the Helsinki-Declaration. Based on the Proclamation of the Human Rights, the patient has a demanding attitude towards the physician, who is filled with doubt towards the modern medicine. The patient's basic understanding is that modern medicine has to be available to the individual, the well-being of the whole human community is neglected.

The duty of medical board is to take ethical responsibility for certain

medical questions. The rules for interruption of a treatment as well as for the beginning of a treatment program for a patient in a hopeless state and also concerns decisions like euthanasia and brain death. Basic ethical norms are of significant importance in human experiments. Research programs on humans are necessary for the development of new therapies and new diagnosis methods. Revised regulations are binding and written down in the guidance of the Good Clinical Practice (GCP). The guidance in the commandments of the GCP was settled worldwide by international harmonization. On the other side in the rules of the GCP, one can see the huge distance between the humanistic thoughts of the ancients and the mercantile attitude in the age of globalization. Despite detailed ethical guidelines for the treatment of the ill human and all the juristically preventions for the safety of the patient, the tendency to make profit from disease and suffering can be seen.

It is not acceptable that ethical regulations of the western world hidden behind the aliases democracy and reform are used as a binding globalization present for other cultures and religions. The evidence based medicine could be used in that way. From the scientific side, a demand rises for religious institutions all over the world to confront the materialistic research ideology with a transcendental thinking.

More than 2000 years ago Aristotle found a new form of philosophy based on the thoughts of Plato and the natural sciences of his time.

In his philosophy a spiritual element- the pure spirit- was imported into the biological-materialistic thought. It was an overriding principle, however without any concept of God. The fundamental idea of ethics is presented in the higher order of guiding principles. It was the Christian philosophy, which Saint Augustine and Thomas Aquinas used to build the Christian ethics.

Immanuel Kant in "Reflections of Aristotle's Philosophy" laid down for European society the most important moral definitions in the "categorical

imperative" with this principle: Every human activity should so take place that it would fit into the general moral ethical norms. The philosophy of Aristotle is reflected in Kant's phrase: " I am amazed about 2 things: the vastness of the heavens above and greatness of the moral laws inside of me."

I thank you for awarding me the great honor of an honorary doctorate from the Aristotle University. I could give my promise, that though this great honor there will be a close cooperation and promotion of the research goals of the University.

I say thank you to Prof. Stavros Baloyannis for his efforts, which led to the honorary doctorate. I know that I have a soul mate and believe that through the continuation of the work program in the area of "Ethics in Medicine and its Responsibilities", there will be a contribution to the revisions in the material age for medical practices.



ARISTOTLE UNIVERSITY OF THESSALONIKI

The Medical Aristotle University of Thessaloniki

is inviting to join the ceremony of awarding the

Honorary Doctorate to

Univ.-Prof. Dr. Franz Gerstenbrand

on June 27th, 2003

for his outstanding merits in the field of Neurology

both in Europe and worldwide.