

S55 CURRENT ETHICAL CHALLENGES IN NEUROLOGICAL PRACTICE

Franz Gerstenbrand, Bettina Matulla

Vienna, Austria

More than 2000 years ago based on the thoughts of Plato and the natural sciences of his time Aristotle found a new form of philosophy in which spiritual element- the pure spirit- was brought into biological materialistic thought. The fundamental idea of ethics in this philosophy is presented in the higher order of guiding principles. Saint Augustine and Thomas Aquinas developed the Christian ethics. Immanuel Kant laid down the most important moral definitions in the categorical imperative. Every activity of a human being should take place that it would fit into the general moral and ethical norms. Modern ethical laws have to be recognised as Western ethics. At the present stage in modern medicine ethical laws are based on the Western ethics. A harmonisation with the ethical rules of the different ethnic, religions and geographical groups and their history did not start till now.

According to the Hippocratic oath the physician has the obligation to heal but also to reduce suffering. To prolong life with special therapeutic measurement is ethically not justifiable. Till nowadays these rules together with the Helsinki Declaration are the basis of the relation of the physician and patient.

In the third millennium every member 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, he wants to be certain that all advances in research are being used to grant him a longer life. The patient in the industrialised society calls upon his presumed right to have access to all resources, which are meant for him as a member in a social welfare system. But in the recent time these wishes have to be regulated and transferred in to given possibilities of the existing health system.

The death as the end of human being is accompanied with the fear of a painful form to die, opening the way to ask for a less painful form to die in "a soft death". "Eu Thanatos", 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 life of patient earlier. The so called decision

for end of life must be seen as a form of passive euthanasia. Patients in apallic syndrome without any possibility of remission as well as patients in an advanced state of amyotrophic Lateralsclerosis and patients in end state of a progredient diffuse brain disease (Creutzfeldt-Jakob-disease, etc.) the renouncing of a "maximal therapy" can be accepted only.

An ethical problem is the diagnosis of brain death, which belongs solemnly to the responsibility of the neurologist. Only in geographical areas with lack of neurological care a specialist from a closely related field, or a specially trained general practioner can diagnose brain death, unfortunately in the United Kingdom there is such a situation.

Especially neurology depends on the transfer of results from basic research. Besides this concerns the development of new medication, the application of implantation methods (embryonic tissue, stem cells) and the development of new stimulation methods in brain as well as in the spinal cord. In all these cases a detailed ethical discussion is necessary.

In the Helsinki Declaration of the World Medical Association, first published in 1964 the experiments on humans are regulated in all details. It is declared, that the research of the functions of the human body, especially those of the brain is one of the bioethical main demands. Development of new medicaments, new diagnostic methods and new instruments have to be forced. Researches on humans have to follow the rules of GCP-EU (Good Clinical Practice-Europe) and as a next step the rules of the ICH-GCP (International Conference on Harmonisation of Good Clinical Practice).

Critic is coming up about evidence based medicine and its ruling position although in neurology. As a predictable danger the monopolization by the industry is discussed. Coloured bias can influence research programs and may lead to manipulation of the results in clinical research. A similar situation can be developing in the different forms of clinical guidelines for diagnoses and therapy.



**35th INTERNATIONAL DANUBE SYMPOSIUM
FOR NEUROLOGICAL SCIENCES
& CONTINUING EDUCATION**

COLLABORATING SOCIETY
OF THE EUROPEAN FEDERATION OF NEUROLOGICAL SOCIETIES

September 11th-14th, 2003
Belgrade, Serbia & Montenegro



Book of Abstracts