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Editorial: Public Health and Society

This issue starts with a paper highlighting some of the ethical concerns surrounding the 2015 MERS outbreak in Korea by the former President of the Korean Bioethics Association, Prof. Bang-Ook Jun. There are a number of recommendations, including transparency between the public and government in identifying hospitals where cases are being treated, and enhancing and equitable protection for health care workers. Although the outbreak has ended, there are ongoing cases in Saudi Arabia and Jordan with concerns that the increased pilgrims of persons in September will challenge public health practices.

The paper examines the Indian court case involving a religious practice of Sathara by Jain’s and its similarities in the eyes of a Court to suicide which is currently not ‘legal’. Norman K. Swozo explores these links, and we note that there is ongoing legal attention being paid to this distinction. It has some implications for cultural practices that arise in several cultures and in meditative practices that were seen also in the Samurai tradition, and other places. It is surely part of an evolution in the way that we treat end of life. A paper arguing that an Incapacitated Patient has a right to Refusal of Treatment by Hiroko Ishimoto, Sakiko Masaki, Atsushi Asai, examines a hypothetical case from ethical principles.

Three papers from Malaysia are descriptive in methods and include a study on the halal certification of medical devices in Malaysia by Nur Farhani Zarnani et al. A nurturing model of ethics and medical education at USM is presented by analyzing student diaries as they accompanied practitioners by Nor Azwany Yaacob et al. Angeline Patrick Olesen, Siti Nurani Mohd Nor and Lallath Amin present a Qualitative Study of the Attitudes of Three Selected Groups in Malaysia on ethical implications of Pre-implantation Genetic Diagnosis (PGD), finding generally positive religious and medical attitudes to the practice, and supporting informed consent by parents. Yuanyuanc Liu explores through some Chinese cases challenges in researchers use of ethics committees and appropriate informed consent forms.

We look forward to publishing more papers soon, and will be including some from the forthcoming 16th Asian Bioethics Conference, to be held 3-8 November in Manila. EJAIB has signed an agreement with EBSCO to include EJAIB papers in the EBSO journals service, although all the contents are available on the web through browser searches, this may increase the visibility of the papers through another platform.

- Darryl Macer

DO NOT MISS:
Bioethical Challenges and Responses to the New Global Knowledge Economy: 16th Asian Bioethics Conference (ABC16)
3-8 November 2015, Quezon City, Philippines
See ABA website for draft agenda and details!
essential to Jain religion, thereby to find this practice morally permissible when voluntary and according to customary deliberative vow justified by the metaphysical rationality that governs Jainist religious beliefs and practices.

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The ethical aspects of halal certification of medical devices in Malaysia

Nur Farhani Zarmani1, Mohd Anuar Ramli2, Shahid Mohd Suffuddinah Shahid Mohd Saleh3

1Master Candidate, Department of Fiqh & Usul, Academy of Islamic Studies, University of Malaya, Kuala Lumpur
2Lecturer, Department of Fiqh & Usul, Academy of Islamic Studies, University of Malaya, Kuala Lumpur, Malaysia
3Consultant Expert, Programme of Applied Sciences with Islamic Studies, Academy of Islamic Studies, University of Malaya, Kuala Lumpur, Malaysia
E-mail: farhanif46@ymail.com

Abstract
The medical devices industry is one of the fastest growing sectors of healthcare industry with a large market, a wide variety of products and growing applications. In Malaysia, this industry is a major contributor to the economy and government initiatives support its growth to position Malaysia as a medical device manufacturing hub in the Asia-Pacific region. There are more than 180 manufacturers of medical devices in Malaysia involved in the production of sophisticated devices such as orthopedic products, surgical instruments and dialysis machines. Local companies are moving towards complying with internationally recognized quality standards such as ISO 13485 as an attempt to penetrate the global market. However, there is a religious need to provide medical devices that are certified halal in order to cater to the needs of Muslim consumers who make up 64.3% of the Malaysian population. It is an advantage that Malaysia's halal certification industry is well-developed and recognized as a model all around the world. Malaysia shows a strong industrial manufacturing potential for a wide range of halal products. The availability of supporting industries thus provides Malaysia with the ideal conditions to develop into a medical device hub in Asia as well as to establish a global acceptance model for halal medical devices.

This paper will discuss the ethical aspects of developing halal medical devices for the needs of Muslims in Malaysia and other Islamic nations.

Keywords: halal, certification, medical devices, Malaysia, stakeholder

Introduction
Issue on halal authenticity is one of the major concerns for Muslims today. In Islam, an important factor for Muslim consumers is whether a product is halal (lawful) or haram (unlawful) (Ramin Jorfi et al., 2012). Malaysia is heading towards becoming a main player in the world Halal market.

Demands for products with halal certification are escalating, in line with the growth of population (Ahmad Nizam Abdullah, 2006). Extensive literature often debate on the determinants of halal authentication of halal food product, cosmetics and pharmaceuticals (Mohammad Aizat Jamaludin et al., 2011). However, up to the best knowledge of the authors, there is still no specific study on halal medical devices. Hence, there is a religious need to provide medical devices that are certified halal in order to cater to the needs of Muslim consumers who make up 64.3% of the Malaysian population.

The total value of Malaysia medical device export was RM 15.35 billion (USD 4.76 billion) in 2013 representing a 7% increase over RM 14.35 billion recorded in 2012 (AMMI, 2014). In the medical device industry, there are a number of stakeholders who need to have their voices heard throughout the process. Each stakeholder has diverse and unique needs relating to the medical device, the needs of one may highly affect the needs of another, and the relationships between stakeholders may be tenuous (de Ana, Umstead, Phillips, & Conner, 2013).

This study, however, differs from the other as the aim is to identify two distinct types of stakeholders involved in developing halal certification of medical devices in Malaysia: either direct stakeholder or indirect stakeholder. This paper demonstrates how these stakeholder attributes differ for two distinct categories of stakeholders. This study would be useful for all players in this industry as the findings would help to develop strategies to promote halal certification of medical devices in Malaysia.

Methodology
The framework proposed in this study is based on two types of data collection; interviews and electronic references. Preliminary interviews were conducted to the local sutures manufacturer. It took about an hour covering semi-structured questions. The manufacturer was asked about the process of catheter production in order to determine the halal-built-in through the production chain and also the procedure to comply the international standard as well as the shari'ah.

Interview was also conducted to the Medical Device Authority (MDA) in order to have the details on acts and standards related to medical devices to follow as a
Discussion

Malaysia is fully committed to strengthening the Halal industry and achieving the vision of making Malaysia a global Halal hub. Halal is part of Shariah principle and is mentioned in The Holy Quran. Shariah is the code of conduct for the Muslims to follow and apply in every activity (Ab Talib & Mohd Johan, 2012). The definition of halal is permitted, permissible and lawful. Haram (non-halal) is the opposite of halal, which means forbidden and unlawful in the context of Islamic law. In present, halal aspect has become a concern in the production and application of various products. For example meat products, cosmetics products, pharmaceuticals products, services such as banking and finance and tourism. Unfortunately, halal certification for medical devices has not been discussed intensely in the literature.

From a strategic perspective, stakeholder management urges corporation to consider the impact of their action and decision making on the various stakeholders. Stakeholder management, with its underlying business ethics component, focuses on the fair treatment, by the “firm”, of its various group of stakeholders: especially of sultane manufacturers, doctors, and patients. However, beside these primary stakeholders, there are also important indirect stakeholder such as civil society and pressure groups who defend the interest of specific stakeholder groups. There are also regulators such as law, official institutions and control organisations; and finally the press and other. The approach has to focus on the need for corporations to inform transparently and through dialogue, especially in its approach to pressure groups.

According to Freeman et al., (2004), stakeholder theory has primarily focuses on corporate responsibility towards a firm’s stakeholders. The literatures suggest many classification of stakeholders using various criteria (Vasi & King, 2012). Most classical categorisation, based on priority, refer to primary versus secondary stakeholders (Donaldson, et al., 1995) or normative versus derivative stakeholders (Phillips, 2003).

Stakeholders are those groups or individuals with whom the organization interacts or has interdependencies and any individual or group who can affect or is affected by the actions, decisions, policies, practices or goals of the organization. Primary stakeholders are those who have a formal, official, or contractual relationship, and all others are classified as secondary stakeholders (Gibson, 2000). Primary stakeholders enjoy a direct and contractually determined relationship with the organization whereas secondary stakeholders are at the boundaries of the organization who may be affected on by its actions but lack any contractual connection (Fassin, 2012). The secondary stakeholders are capable of influencing whether the operation is effective (Gibson, 2000). The implication is that a stakeholder is any individual or group with power to be a threat or benefit. Secondary stakeholders include nongovernmental organizations (NGOs), civil society groups, activist groups, outsiders or social movements (G. A. de Bakker & den Hond, 2008).

Normative stakeholders are those stakeholders to whom the organization has a moral obligation (Phillips, 2003). However, derivatives stakeholders are those stakeholders to whom the organization has no direct moral obligation as stakeholders. These groups consist of the competitors, activist, terrorist and the media (Phillips, 2003). They can affect the organization even with no legitimate relationship with it.

According to the perspective of promoting halal certification for medical device in Malaysia, this attempt involve ethics responsibility. Ethically, this duty should be a concern to large groups of stakeholders. In order to promote halal medical devices, there is a need to build a platform for a discussion between both direct and indirect stakeholders for halal medical device standardization (Idamazura, 2014).

Primary stakeholders who should directly be involved in the application of halal medical devices are the manufacturers (local or international), doctors, nurses, and patients. Basically, the manufacturers are responsible to ensure that medical devices manufactured meet or exceed the required standards of safety and performance (Norshakira Ramli, 2014).

The major users of medical devices include the doctors and nurses who employ the medical device only for the intended indications. They also ensure the proper use of medical devices by being a competent user (having appropriate qualification training and experience). Besides that, doctors and nurses are encouraged to share experience gained with medical devices with others (users, distributors and manufacturers) by reporting any incidents to a coordinating centre from which warnings can be issued (Norshakira Ramli, 2014). The users also need to ensure proper maintenance of medical devices during active use and safe disposal of obsolete medical devices (Medical Device Authority (MDA), 2013).

Patients and healthcare providers embody the engagement of religion with modern medicine on a daily basis. Patients' salient health beliefs and health care choices are often informed by religious values and understandings. Religion also influences the practice patterns of healthcare professionals in both visible and unconscious ways (Curlin, 2008).

However, the secondary stakeholders cover the responsibility carried by the policy maker, which is the Medical Device Authority (MDA), Department of Islamic Development Malaysia (JAKIM), consumer association, and researchers. MDA serves to address issues of health and safety of people associated with the medical devices (Jabatan Perdana Menteri, 2012). Generally, MDA is responsible in establishing and implementing policies and regulations to control medical devices to ensure safe and effective medical devices sold or made available in the country (Nor Idamazura, 2014).
JAKIM is the authority responsible for Halal certification in Malaysia. There is a high potential in promoting halal medical devices in Malaysia since Malaysia’s Halal certification issued by JAKIM is globally recognised for its stringent criteria and is regarded as having a strong industrial and commercial set up to produce and market Halal products as well as having strong relationships with the major trading nations of the world, and strong government support (Badruldin et al., 2012). The process of awarding Halal certificates involves not only an official site inspection of production plants but also the examination on the Halal status of raw materials (Badruldin et al., 2012). In order for us to promote halal certification of medical devices in Malaysia, this attempt has to take into account the needs of its various stakeholders and balance their divergent interest (Frooman, 1999).

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Revisiting Peter Singer’s Controversial Argument in Animal Liberation

Christopher Ryan Mabolo, MA, MA Applied Ethics Ateneo de Davao University, Davao City, Philippines. Email: ryanmabolo75@yahoo.com

In this paper, I will question Peter Singer’s position on the moral equality of all species. In order to highlight how mistaken he is, I will apply this issue in the use of animals in medical research. Lastly, I will offer a softer position compared to Singer that advances animal well-being without Singer’s prejudice against the other members of the human species.

Human Dignity and Moral Equality

According to Peter Singer, the idea that human beings and only human beings possess an inviolable value is unfair. He writes in Animal Liberation: "The belief that human life and only human life is sacrosanct is a form of speciaism... The only thing that distinguishes the infant from the animal, in the eyes of those who claim it has a right to life, is that biologically, it is a member of the species Homo sapiens."34