



A STUDY ON THE SIGNIFICANCE OF BIO - ETHICS

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ABSTRACT

The members of the medical team need to be aware that the patient's safety is the main focus of any and all therapy aimed at the patient. Therefore, it is of the utmost importance that the norms of bioethics be adhered to throughout any healthcare operation that involves a human being. The purpose of these research was to provide a definition of bioethics and to discuss the value of include it in educational programs for healthcare professionals in Haryana. In order to give a descriptive analysis, this research takes use of secondary data that is available to the general public. A literature search was conducted on "google machine" using the phrases "bioethics," "concept," and "healthcare education" as the major keywords. This allowed for the collection of the necessary information. A qualitative analysis was performed on the data that was obtained. The mass of raw data was reduced down to just the most important aspects by using the methodology of content analysis. After then, the remaining relevant data were put to use in order to conduct an in-depth analysis of the study's objectives. According to the conclusions of the research, the four essential principles of bioethics need to be applied to any and all circumstances that include the administration of pharmacological therapy. In order to appreciate the need of individually customized therapy that is placed on them by their patients, medical practitioners require training in bioethics. Students in today's healthcare programs are given the opportunity to learn about ethics, yet conversations on bioethics are still underrepresented.

Keywords: *bio-ethics, healthcare education*

INTRODUCTION

Taking care of one's health has become an increasingly important factor in determining one's level of happiness. The Latin phrase "mens sana in corpore sano" means "a sound mind in a sound body," and it describes a healthy mental state that is complemented by a healthy physical one. Despite the fact that the phrase was never meant to be used in a competitive setting, it was



widespread knowledge among athletes. Another contemporary use of the phrase is in the sphere of medicine. The physical health of the population was a critical factor in determining whether or not "good things" could be accomplished. Because to the work of specialists in health promotion and public health, individuals have the opportunity to keep their health at a high level. However, despite this natural tendency, it is inevitable for humans to experience illness at some point in their lives. When someone is sick, it is really necessary for them to make a speedy recovery. For a patient to make a full recovery, medical professionals need to step in and help. In hospital facilities designed to promote healing and rehabilitation, these methods are considered standard practice. During the examination, the attending physician may need to do a variety of procedures, some of which may need the patient's consent. In order to accomplish this goal, the doctor and patient will need to have an engaging dialogue. Before prescribing any drugs, it is the obligation of pharmacists, just as it is the responsibility of all other members of the healthcare team, to confer with patients.

It is vital that every possible action be carried out, even if it would be challenging to return the patient to their normal state. No matter what kind of therapy, pharmaceutical or otherwise, a pharmacist is responsible for providing to a patient, such treatment should always be administered with the patient's wellbeing in mind. Pharmacists have a responsibility to do a number of things, one of which is to stop the distribution of medications for uses other than medicinal. Because the patient is the focus of all medical care that is provided, it is essential to do regular checks on the medication that they are taking. When making choices, medical professionals and caregivers are tasked with putting the needs of their patients first at all times. Recent years have seen an explosion in the use of the phrase "patient safety" across the healthcare sector. This also suggests that members of the medical team should be aware that they should prioritize the safety of their patients whenever they are giving any kind of service to their patients. Studying bioethics should be a priority for every medical professional who places a premium on delivering the greatest possible standard of care to their patients. This study intends to give a more in-depth explanation of the concept of bioethics as it pertains to human engagement in healthcare services as well as to shed light on the value of bioethics education for healthcare professionals in Haryana. Specifically, this research will concentrate on the state of Haryana.

The development of novel technologies, made possible by advances in science, holds the promise of a better future. The unbridled pursuit of knowledge in the scientific community has led to the creation of ethical problems around the infringement of human rights, discrimination based on race or socioeconomic status, and other types of inequity. The study of bioethics is a subfield of philosophy that focuses on the moral conundrums that have surfaced as a direct



consequence of advances in medical technology and the life sciences. Choices made at the end of life, the exchange of organs, cloning, respect for human rights in research, equitable access to health care, genetic engineering, and the newly authorized technique of mitochondrial replacement treatment for in vitro fertilization are just a few examples. The word "bioethics" was coined by Fritz Jahr in 1926, and in 1971, American scientist Van Rensselaer Potter defined the concept of bioethics as "global ethics" in his book titled "Bioethics, A bridge to the future." This region has had substantial development ever since it was first established at the beginning of the twentieth century, particularly within the last half century.

The Nuremberg code, which was developed by Nazi doctors and was motivated by the Nazi trials that took place in Nuremberg, Germany (thus the phrase "Nuremberg trials"), is considered to be the foundation of modern bioethics. These inhumane examinations and tests were carried out on prisoners held in military concentration camps during World War II. In order to ensure that those responsible for the "Doctor's trial" were brought to justice, the court system in the United States came up with the Nuremberg code, which is a set of ten rules that regulate the conduct of investigations in the fields of science and medicine. Since it was adopted from the German "Guidelines on Human Experimentation" in 1931, the Nuremberg code has been criticized of being out of date and inappropriate to modern medical research and practice. This accusation has been leveled against the code ever since it was implemented. Following the conclusion of World War II, the World Medical Association (WMA) was established, and in 1964, it was this organization that drafted the Declaration of Helsinki (DoH). The declaration has been revised seven times since it was first published in 2013, when the version that is now in effect was made public. Whether or not identifying information is deleted, the declaration is a statement of the ethical standards that should be followed in research that involves people. It is written in several languages. The Nuremberg code places a greater emphasis on the participants' rights in research, while the Department of Health places a greater emphasis on the obligations that doctors have for research participants. In 1972, the unethical Tuskegee syphilis research that had been conducted in the United States was brought to light, and comparisons were drawn to the medical experimentation that the Nazis had conducted in Europe. Researchers in Tuskegee, Alabama, conducted studies on the natural progression of syphilis among African-Americans for a period of four decades, beginning in 1932 and concluding in 1972. During this time, the participants were not informed of their diagnosis, were denied treatment with penicillin even when it was available, and were prevented from serving in the military during World War II out of fear of losing data. Following the adoption of the National Research Act in 1974, a commission was created for the purpose of determining the ethical rules for conducting research involving human beings in the disciplines of medicine



and psychology. In 1976, the committee planned for a meeting to be held at the Smithsonian Institution's Belmont Convention Center for a period of four days with the purpose of drafting a report on basic research ethical guidelines. The title of this piece of writing eventually became the "Belmont Report." In this work, three guiding concepts are outlined: care for others, generosity, and justice. These four fundamental ethical principles of biomedical research are elucidated in the book "Principles of Biomedical Ethics" written by Beauchamp and Childress in 1979. These concepts are autonomy, beneficence, nonmaleficence, and justice. Since moral conduct and decision-making are built on these four principles rather than a theoretical paradigm, ethical principlism is one of the most often used frameworks for interpreting biomedical research. This is because ethical principlism is one of the most commonly utilized frameworks.

Within the past half-century, the World Health Organization (WHO) and its collaborating centers (CC), the United Nations Educational, Scientific, and Cultural Organization (UNESCO), the Council of International Organizations of Medical Sciences (CIOMS), the Council of Europe, the Nuffield Council on Bioethics, and a great number of other organizations have all developed and promulgated guidelines for biomedical research. Research ethics committees, which are comprised of individuals who adhere to the rules set by these organizations, are required to provide their stamp of approval to every biomedical study that includes human participants. In 2011, the World Health Organization (WHO) published the most up-to-date edition of its criteria for conducting ethical research. The document, which is named "Standards and Operational Guidance for Ethics Review of Health-related Research Involving Human Participants," is titled "Standards and Operational Guidance for Ethics Review of Health-related Research Involving Human Participants." The Research Ethics Review group (ERC) is a 27-member panel that is appointed by the Director-General and led by him. This group reviews biomedical research programs that obtain help from WHO (either financially or technically). The work that the ERC does is informed by the International Ethical Guidelines for Biomedical Research Involving Human Subjects (CIOMS, 2002) and the International Guidelines for Ethical Review of Epidemiological Studies (CIOMS, 2009). These guidelines assist the ERC maintain its high ethical standards and guide its work. In 2010, the "Ethics and Health Unit" of the World Health institution in Geneva founded the WHO Collaborating Center for Bioethics as an international institution. The World Health Organization (WHO) has delegated eight institutions with the responsibility of carrying out, validating, and bolstering its bioethics programs, particularly in low- and middle-income countries. The coordination centers (CCs) are dispersed across multiple continents to facilitate global resource mobilization and capacity building. There are two coordination centers in the



United States, one in Switzerland, one in Canada, one in Argentina, one in South Africa, one in Australia, and one in Singapore. CIOMS is a worldwide non-governmental organization (NGO) that was established in 1949 and has official relations to the WHO. UNESCO recognizes it as an associate partner organization. The purpose of the Council for International Organizations in the Medical Sciences (CIOMS) is to represent and communicate with the specialized parent agencies, UNESCO and WHO, in order to facilitate and promote international activities in the biomedical sciences. This mission statement was derived from the organization's official mission statement. In 2016, CIOMS identified the Indian Council of Medical Research as one of its worldwide, national, and associate member organizations. CIOMS now has 44 member organizations in total.

The United Nations Educational, Scientific, and Cultural Organization (UNESCO), which serves as the organization's intellectual arm, initiated a program on bioethics in 1993. This endeavor is part of UNESCO's program on the ethics of science and technology, which is administered by the organization's division of the social and human sciences. The Universal Declaration on the Human Genome and Human Rights (1997), the International Declaration on Human Genetic Data (2003), and the Universal Declaration on Bioethics and Human Rights (2005) are just a few of the universal declarations that have been issued since the field's inception and that deal with bioethics. The Universal Declaration on the Human Genome and Human Rights was issued in 1997. Four consultative committees have been established by the United Nations Educational, Scientific, and Cultural Organization (UNESCO) as venues for putting the interdisciplinary, cultural, and pluralistic objectives of bioethics into effect. The Intergovernmental Bioethics Committee (IGBC), which was established in 1998, the World Commission on the Ethics of Scientific Knowledge and Technology (WCEST), also established in 1998, and the United Nations Inter-Agency Committee on Bioethics, which was established in 2003 are all examples of this. The Director General selects 36 qualified individuals to serve on the IBC, which is a permanent body. The International Bioethics Committee (IBC) is responsible for developing universal declarations and recommendations in the field of bioethics. The representatives from the IGBC's 36 member states get together once every two years to discuss the IBC's recommendations and provide advice and comments on those suggestions. The General Conference of UNESCO is where new members are elected. The consultative bodies of UNESCO contribute to capacity building in the field of bioethics in two different ways: (1) at the institutional level, by assisting member states in the establishment of National Bioethics Committees and providing training for the committee members; and (2) at the professional level, by providing courses to train ethics teachers, standardizing bioethics curricula all over the world, and establishing UNESCO chairs in various locations. During the



12th session of the International Bioethics Committee that was held in Tokyo, Japan in 2005, UNESCO launched the free online network worldwide Ethics Observatory (GEObs) with the intention of increasing the worldwide transmission of bioethics. This network, which consists of six databases written in six different languages, was established for the purpose of facilitating the initiation and implementation of ethics-related activities throughout the member states. For instance, the network will create a register of bioethics experts and collect data on existing national ethics committees, ethics teaching programs, and legislative initiatives. This will be accomplished by creating a register of bioethics experts. After the 8th summit of the National Bioethics Advisory Bodies was convened in Singapore in 2010, the global health ethics branch at WHO produced a free online database of opinions supplied by the National Ethics Committees. This database may be accessed over the internet.

Experts are in agreement that the present quality control issues in bioethics may be linked back to the field's trend toward a multidisciplinary approach, which entails looking at the topic from a wide variety of perspectives. This is one of the reasons why the difficulties have arisen. This, in turn, encourages meddling from professionals in other fields, therefore watering down the integrity of the job being done. The entry of a significant number of untrained professionals each year as well as bioethics programs that have not been properly recognized also work to weaken the quality of the practice that is being carried out. The field of bioethics, both in theory and in practice, suffers from a lack of universally accepted opinions and guidelines, which makes decision-making murky. Institutions and universities need to be conversant with and led by internationally recognised standards for organizing Clinical Ethics Committees and putting bioethical notions into practice.

METHODOLOGY

This research made use of secondary data, which are data that have already been collected and are readily available. The compilation of the data makes use of Google machine literature searches. Within the scope of this research, the most important phrase was "bioethics," followed by "concept," and then "healthcare education." A content analysis was carried out on all of the data that was gathered, and only the material that was deemed to be most relevant was used in order to provide an answer to the research question. In order to conduct an analysis on the remaining relevant data, qualitative methodologies were applied. Comparative normative legal analysis served as the foundation for it. This study makes use of normative legal research in order to discover the norms that form the basis for the guiding notion of bioethics. The application of these essential bioethical principles in a variety of countries was analyzed using a comparative research technique. There was no attempt made to choose particular countries for



the purpose of this research, nor was there any attempt made to restrict the number of nations that were included. It started at an arbitrary moment and ended when the researchers had acquired enough information for their analysis. It took one and a half months to complete the data collecting and analysis for this research.

RESULTS AND DISCUSSION

According to the data that has been uncovered, there are at least three different contexts in which the term "bioethics" was first used. One report claims that Potter was the first person to use the term in the United States in the year 1970. Dr. Van Potter worked at the Center for Cancer Research while also serving as a faculty member at the University of Wisconsin Medical School. It has also been said that André Hellegers, who at around the same time as Potter was assisting the Kennedy family in constructing a center for biomedical ethics, was the first person to ever use the term. The second version, which was much older, dated back to 1926(7), which was the year when Fritz Jahr presented his results from the realm of biology. The term "bioethics" originates from the Greek terms "bios," which means life, and "ethos," which means behavior. The term "bioethics" cannot be used interchangeably with "ethics" since the two concepts do not correspond. In certain contexts, such as when discussing the ethics of doctor-patient interactions or health care, the terms "bioethics" and "medical ethics" may be used interchangeably. In contrast to ethics, which is concerned with the appropriate and inappropriate ways to behave in a specific circumstance, bioethics acts as a reminder of the significance of ethics in daily life. According to the Encyclopedia of Bioethics, bioethics is "the systematic study of the moral dimensions, including moral vision, decisions, conduct, and policies, of the life sciences and health care, employing a variety of ethical methodologies in an interdisciplinary setting." This definition describes bioethics as "the study of the moral dimensions, including moral vision, decisions, conduct, and policies, of the life sciences and health care." The study of the moral and ethical repercussions that have been brought about by biology and the uses of biology in medicine is referred to as bioethics. The study of what is morally good and wrong in current biological research and practice is known as bioethics. This may include topics such as organ transplantation and genetic engineering, but is not confined to these two areas.

In its most fundamental form, bioethics may be seen as only an additional component of morality. The subfield of ethics known as bioethics is the one that is solely concerned with the worth of all forms of life, including human life. Because of this, bioethics should be taken into account by every healthcare practitioner who deals with human patients. Concerns with ethics relate to morality, which may be seen as the investigation of good and evil. The moral notions



that drive any undertaking that touches on a basic part of the human condition are referred to under the umbrella terms of bioethics and medical ethics. These phrases are often used interchangeably. The study of bioethics involves contemplating the ethical repercussions of scientific and technical advancements in fields such as organ transplantation, genetics, and molecular biology, amongst others. Stem cell treatment, xenotransplantation, and the use of animals as study models are all examples of biomedical scientific technologies that create ethical problems. Other examples of technologies that raise ethical questions include cloning, gene therapy, human genetic engineering, modification of fundamental biology via changed DNA, and many more. The study of bioethics beginning with preexistence and continuing postmortem (the medical term for death). The ethical umbrella will include not just the connections that healthcare professionals have with patients but also the relationships they have with one another, with other healthcare professionals, with healthcare providers and institutions, and with other patients. The term "bioethics" refers to the study of morality in light of the most current advances in scientific and medical knowledge. In spite of the fact that the term "bioethics" was first used in the 1960s, the concept was not brought back into the spotlight until the year 2000. It was initially articulated by Porter in the United States in 1970, and it is reasonable to conclude that it hasn't seen widespread use since that time period. The study of bioethics is founded on a number of core principles. They are the right to be free, to aid other people, to not injure other people, and to be treated fairly. When it comes to bioethics, these four principles should be adhered to whenever healthcare practitioners decide to take action that might affect the life of a patient. These four tenets do not fall into any particular order of significance to one another. The obligations outlined in the principles come first and foremost, and they must be respected regardless of status.

To respect autonomy is to respect the right of autonomous individuals to make their own decisions, which requires providing those autonomous people the knowledge and tools they need to make decisions based on their own values and priorities. Both the Universal Declaration of Bioethics and Human Rights (Article 5) and the Convention on the Rights of Persons with Disabilities (Article 3 point a) acknowledge the significance of personal autonomy as a fundamental human right. When putting this idea into effect, it is important to take into account the preferences of the patient about his or her personal life. However, the healthcare professional is obligated to present the patient with all of the information that they need to make an educated decision about the intervention. Each and every piece of information on a medication that is available without a prescription and is offered to the general public must be understandable and comprehensive enough for the reader to make a decision regarding whether or not to buy the medication. Even if the idea of autonomy may seem slightly different in



various multicultural settings around the world and from the viewpoint of current development in comparison to its first manifestation from the point of view of historical perspective, it always starts with communication and informed consent.

The idea behind the word "benevolence" is "to do as much good as is possibly possible." In the context of providing medical care, this suggests that any action taken against a patient must be carried out while keeping the patient's best interests in mind at all times. Medical personnel have an obligation to make every attempt to give patients with the highest quality care that is within their capabilities. Included in this category are the actions made to protect the patients' rights and guarantee their safety. When interacting with patients, medical professionals should demonstrate compassion and sensitivity. This is important from the perspective of the patients. Therefore, in order to adhere to the beneficence principle, medical professionals, such as physicians and nurses, need to have the well-being of the patient as their first priority and take whatever steps are required in order to prevent any possible harm. The principle of nonmaleficence, as encapsulated in the proverb "First, do no harm," is "First, do no good." Patients and the people who care for them might be led astray by this guiding principle. During procedures, surgeons often make incisions in patients, and even when patients take their prescriptions precisely as instructed, some of them may cause harm owing to unforeseen side effects. Surgeons also frequently cut individuals open. However, this shouldn't be seen as anything that may be damaging to the patients. All of the procedures were performed within the framework of conventional medical care, which should be followed by all those working in the medical field. Before administering any kind of medical therapy to a patient, arguments on the need of getting the patient's informed permission have arisen as a direct result of the nonmaleficence principle. There may be a conflict between the idea of autonomy and the circumstance that is now being considered. According to Beauchamp and Childress, the phrase "first do no harm" means that a patient should never be placed in danger for no reason.

The core of justice is to fairly distribute resources, such as those in health care. It is necessary that hospitals and other healthcare institutions serve all patients in a fair and equitable manner due to the shortage and rarity of healthcare resources. They are accountable for developing their own standards for the treatment of all patients in an equitable manner and maintaining those standards. However, this does not indicate that any consideration at all will not be given. Priority could be given out if certain rules are followed to the letter. When there are no laws or regulations at the federal, state, or municipal level, healthcare practitioners and facilities are allowed to design their own policies and procedures. We referred to them as "Hospital bylaws" due to the fact that they were enacted inside a hospital environment. The concepts of justice and fairness may be interpreted in a number of different ways, according to Beauchamp and



Childress. They made the point that justice might be done in a way that leads to the best conceivable outcomes or the most pleasure for everyone engaged in the situation. This might indicate, depending on the particulars of the scenario, that it is better to let the death of an elderly patient who does not have any dependents as opposed to trying to save the life of a parent who has young children. A new perspective may be gained by assigning services in accordance with the relative degrees of need shown by individual patients. A research that was completed in 2018 and focused on the application of bioethics to pharma problems indicates that we drastically underestimate the capacity of the discipline to function as a cohesive body of knowledge. According to the results, ethical issues are required to be included into bioethics. A study that was conducted in 2017 and was finished in 2017 concluded that the most successful curriculum is one that places an emphasis on the ethics of research, professionalism, and the relationship that pharmacists have with their patients and other healthcare professionals. Academic subjects such as research ethics and the relationship between pharmacists and their patients are examples of areas that are connected to the practical application of bioethics. According to the findings of a research that was conducted in 2011, when students are taught about ethics in a pharmacy environment, they have greater performance while working in groups. The most intriguing component is the problem-based learning module, which centers on ethical application and the subjects that are related with it. Among them are the ideas that one should not commit murder, should not have an abortion, should not sterilise, and should not use contraception. In the same vein, the concepts of privacy and secrecy, privacy and confidentiality, informed consent, and honesty, in addition to the notion of informed consent, are all equally important. The practical implications of bioethics were at the heart of the debate that was taking on. The importance of receiving a bioethics education has been highlighted by a large number of additional research, none of which were primarily committed to the study of bioethics curriculums.

CONCLUSION

The above analysis and discussion established that the four primary principles of bioethics are ethics that healthcare practitioners should employ to solve any and all problems that may occur in the process of delivering medical treatment. In the realm of medicine, behavior has to be concentrated on the patient. It is the obligation of the individual in question to provide patients and/or their families with exactly the right amount of information for them to make an educated decision. This principle of patient autonomy ought to serve as a compass for the work of each and every physician and nurse. But carrying out the plan on its own isn't going to cut it; it has to be accompanied with a spirit of generosity and helpfulness. These two additional principles place limitations on the exercise of individual autonomy. The concept of fairness provides a



complete framework for decision-making when healthcare personnel are faced with the challenge of making judgments that impact several patients at the same time and have limited resources. In order to have a complete understanding of the requirements that patients have about patient-oriented therapy, healthcare practitioners need to not only know about bioethics but also completely appreciate the concept behind it as well as its applications. Because of this, it is very necessary for anybody working in the medical field to have a strong grounding in bioethics. Because of this, it is very important for medical professionals, such as physicians and nurses, to study bioethics. It is necessary for this topic to be included in the curriculum that college students follow. Education in bioethics should absolutely be a required part of the curriculum of all medical schools.

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