

EDITORIAL*VISITING CARIBBEAN BIOETHICISTS*

Those of us located in Canada or other usually-cold parts of the world rarely say 'no' when we are invited to visit the Caribbean. Imagine my delight when representatives of the Bioethics Society of the English-speaking Caribbean (BSEC) asked me to attend their most recent get-together, held in the volcanic island nation of Dominica in November 2011.

It was an interesting few days for me. The topics the presenters and attendees were concerned with overlapped to some extent with what might be found on the agenda of any international bioethics conference. There were papers on conscientious objection, the ethics implications of climate change, HIV and AIDS, stigma and access to health services, and aging. A half-day was dedicated to strengthening research ethics capacity in the region. The event itself was generously hosted by Ross University, a private US medical school located in Dominica. It was superbly organized by Paul Ricketts and Rosana Emmanuel and their Ross University organizing committee.

Several things struck me: Some issues that do not usually feature in Western bioethics conferences' debates preoccupied the minds of many a delegate and presenter at this BSEC conference. Sexuality, surprisingly, was one of these issues. In his keynote presentation, the Dominican health minister, The Honorable Julius Timothy, stated explicitly that no patient would be discriminated against because of his or her sexual orientation in the Dominican health care system. Of course, one cannot help but wonder how he advises health care professionals experiencing dual loyalties conflicts in Dominica to act, given that same sexual relations among consenting adults remain illegal in that country. Being a democratic society, a local gay political activist duly attended the conference and was permitted to have his say, too. There were rumblings of discontent among some religious delegates and speakers with regard to this issue. They were keen to see their governments reject 'outside interference' in their internal affairs on this matter. That notorious phrase traditionally reserved for dictators not wanting to be criticized by outside powers was deployed against UK Prime Minister David Cameron, who had threatened shortly before the meeting to withhold aid from countries violating the human rights of gay people. Other speakers used human rights or equality based normative frameworks to argue essentially for the decriminalisation of same sex relations between consenting adults. Importantly, these speakers flagged the damaging public health

implications of the status quo. What surprised me was not so much that this is an issue of intense public interest in the Caribbean, but that local bioethicists also engage in debates about this matter during their academic meetings. It is reassuring that they brought the analytical, critical tools ethical analysis offers to this sensitive subject. It was also reassuring to see that the debates remained civilized throughout given how strongly people feel about this issue on both sides of the divide in the Caribbean.

Presentations on HIV/AIDS in the ICU focused on the occupational risks associated with needle-stick injuries and the question of whether it is ever acceptable to test patients for HIV without their first person voluntary informed consent. These ethical debates occurred in the Western world 15 or so years ago, and yet clinicians and regulators understandably continue to grapple with this issue. Unsurprisingly perhaps, chronic non-infectious diseases contribute very significantly to the disease burdens in not only the developed world but increasingly so also in the developing world. Some presenters rightly focused on some of the important ethical issues raised by chronicity.

As I mentioned at the beginning of this Editorial, several speakers at the conference spoke about the ethics of climate change. They should be delighted to learn that an innovative initiative at New York University brings together bioethics and environmental ethics in one research and teaching centre led by philosophers Bill Ruddick and Dale Jamieson. I suspect we will see more groundbreaking work at the intersections of bioethics and environmental ethics in years to come. Hopefully Caribbean bioethicists will take to the world stage and present their work at international congresses such as those organized by the International Association of Bioethics. Their insights on this particular subject matter should prove invaluable.

Discussions among delegates focused on the need for a Caribbean-based graduate level bioethics degree program. Such a capacity building program would be highly desirable and I, for one, hope that our Caribbean colleagues will be able to find a reputable academic institution prepared to set up such a program designed to meet local needs.

I have been delighted with the opportunity to attend this meeting and grateful to learn more about the issues that are of concern to bioethicists in the English-speaking Caribbean.

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