2013

Ethics International

Sheila P. Davis

Follow this and additional works at: <https://aquila.usm.edu/ojhe>

Recommended Citation

Davis, S. P. (2013). Ethics International. *Journal of Health Ethics*, 9(1). <http://dx.doi.org/10.18785/ojhe.0901.12>

This Front Matter is brought to you for free and open access by The Aquila Digital Community. It has been accepted for inclusion in Journal of Health Ethics by an authorized editor of The Aquila Digital Community. For more information, please contact Joshua.Cromwell@usm.edu.

ETHICS INTERNATIONAL

Ethical issues and concerns presented in this issue represent some of the most diverse of any of the prior issues. Yet, there is a certain connectivity to that which involves humans. In Ghana, Appiah-Agyekum and Kayi explore the concept of vicarious liability among 400 healthcare workers in healthcare facilities. Their study revealed that healthcare workers in Ghana had limited knowledge of vicarious liability. As a result, in some instances, patients were subjected to treatment without consent and wrong diagnoses, to name a few. Authors share that patients' rights are still not as protected as they should be. In Bangladesh, a country with over one third of the population living in poverty and another one third living just above the poverty level, authors Walton and Schbley, through a systematic review of the literature, conclude that the need for socio-economic relief for women living in rural Bangladesh remains one of the core issues that needs addressing. They assert that until the profound poverty of the country is addressed, mortality and morbidities faced by Bangladesh women will remain a serious barrier to gender equity and equality. Closer to home, Lauriden challenges health care providers to ensure that patients experiencing heart failure are fully informed not only of treatment options, but of the full gamete of treatment effects prior to commencing treatment. She contend that this is 'not a trivial matter.' Solutions suggested are use of shared decision making to ensure that proper goal setting, reevaluation with changes in prognosis, and end of life preparedness planning are properly addressed in these patients. Moving to the other end of the continuum of patients, Eads breaks the silence of unreported child abuse in health care settings. While national statistics confirm that child abuse is on the rise, reporting by healthcare providers is on the decline. Eads presents possible reporting barriers and solutions in which to overcome barriers to underreporting. Gunn, Rikabi and Huebner call for the public to open their eyes and see the Homeless all around us. Researchers present a graphic qualitative study of the homeless in the metropolitan city of New Orleans, Louisiana, USA. Presented, is an exploration of the awakening and enlightenment, researcher submit, that occurs when the researcher truly sees the homeless, not just as research participants, but also as humans. Could it be that an *awakening* is available for each of when our eyes are opened as to the common kinship links we share globally as members of the human family? Red, brown, yellow, black or white.....

Chuckling it up to peanuts is certainly not as simple as the phrase suggests. Given the pervasive peanut allergy among school children, researcher David Resnik of the National Institute of Health, affirms that protecting children with peanut allergies from harm poses difficult ethical dilemmas for school administrators. While some schools have responded to the allergy by banning peanuts and peanut products from school, this has resulted in outrage by some parents and advocacy groups. Not only with peanuts, but with a growing list of other allergies, Resnik concludes that school administrators should give careful consideration as to how best to protect allergic children while taking into consideration the interests of non-allergic children, their parents and practical considerations. Although writhe with horrific images of experiments carried out by the Josef Mengele in concentration camps of Nazi Germany, researcher Aboul-Enein, reminds us that the dietetic sciences in Nazi public were considered one of the most aggressive public health movement in the world. Their health promotion agenda and education were involved in activities that are deemed by today's standards as socially responsible within the fields of preventive medicine. This commentary examines aspects of prevention nutrition

under Nazi Germany against the current public health framework and dietetic practices. Use of these data may not be as morally incomprehensive as other research stemming from the Third Reich, authors suggest.

From Nigeria, Chimakonam strongly argues that the *feed the world* rationale as a basis for use of biotechnology/genetic engineering in the mainstream of agriculture has collapsed and is more appropriately termed the traitor technology. He insists that financial gain is at the heart of the technology and not a desire to feed the world as originally propagated. Chimakonam traces the historical evolution of genetic engineering to its present position and its devastating impact on developing countries. This article reeks with passion and concern of the researcher for the world's citizens.

Last, do you hear what I hear; or, do you care? Kemker, Goshorn, and Sumrall present results of research conducted in nursing schools to determine the extent to which curricula included content related to hearing impaired patients and/or hearing devices given the rapidly growing population of aging hearing impaired individuals. Results revealed sufficient evidence to recommend inclusion of this content in nursing curriculum. Editors would also challenge other health schools to do the same inquiry to determine if you are meeting the needs of the hearing impaired.

To conclude, whether you are the child who is abused, the poor disenfranchised female in Bangladesh, a patient in health care in Ghana, a heart failure patient in the US, a homeless person on a park bench in New Orleans, a child with a peanut allergy, a participant in the health promotion experiments in Nazi Germany, an individual who is hearing impaired, or a farmer in an undeveloped country who finds that he is now wholly reliant on expensive genetically altered grain for planting, we are knitted together as a human family. Victimization has no one face. At the same token, rescuers of victims are those who dare to speak up and challenge the accepted norm. I champion the authors who spoke up through their scholarship in the Online Journal of Health Ethics. We sincerely welcome your perspective and applaud your courage. While editors and staff of the Online Journal of Health Ethics do not necessarily agree with all views presented, we present these articles as a basic freedom of speech enjoyed in our country. We wish you every success.

Editors and Staff of *The Online Journal of Health Ethics*.