COUNTRY REPORT

STRENGTHENING MEDICAL ETHICS BY STRATEGIC PLANNING IN THE ISLAMIC REPUBLIC OF IRAN

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ABSTRACT
To bring attention to medical ethics and to enhance the quality of health care in Iran, the Ministry of Health and Medical Education has introduced a strategic plan for medical ethics at a national level. This plan was developed through the organization and running of workshops in which experts addressed important areas related to medical ethics. They analysed strengths and weaknesses, opportunities and threats, and outlined a vision, a mission and specific goals and essential activities surrounding medical ethics. The current strategic plan has six main goals that will be reviewed in this paper. Some major activities that were carried out in recent years, and some future plans, will be also reviewed.

INTRODUCTION
The increased recognition of ethical problems has contributed to the resurgence of ethics in relation to health care and to the emergence of medical ethics as a new collaborative discipline throughout the world. In the past decade, medical and religious professions in Iran have also placed an emphasis on ethics. It is obvious that some of the cultural mores in Iran, and religious tenets in particular, have an influence on medical ethics activities and frameworks in our country. Prior to this paper, some of the activities carried out in the field of medical ethics over the last decade have been reviewed in a previous article. Current activities concentrated on medical ethics are focused on developing a comprehensive strategic plan of programs in this field, and these activities


2 Larijani, Zahedi & Malek-afzali, op. cit. note 1.
will be reviewed in this paper. The strategic plan covers major areas of management, regulation, communication, research, education, training, and the public announcement, monitoring and assessment of medical ethics activities at the national level.

**STRATEGIC PLANNING PROCESS**

Given the multidisciplinary nature of medical ethics, the establishment of a national network of medical ethics was proposed to the Research and Technology Deputy of Ministry of Health and Medical Education (MOHME) (in January 2002). After the initial discussion of this network, a strategic plan for medical ethics activities was produced as a necessary first point of action. Following from this, MOHME decided to initiate a strategic plan relating to medical ethics. In order to achieve this goal, interested authorities and stakeholders, such as, religious jurisprudents, philosophers, lawyers and physicians from MOHME, and related organizations, such as, the Legal Medicine Organization (LMO) and the Iran Medical Council Organization, as well as other interested parties, were invited to participate in two workshops that were carried out during 2002. The first workshop was held in Tabriz on 10–12 August 2002, where participants were divided to three groups. Each group contained medical, ethical, legal and religious experts. The second workshop on the strategic planning of medical ethics was carried out in Mashad on 4–5 October in the same year. The participants continued the debate in three groups and a strategic plan for medical ethics was produced after many sessions.

Initially, participants discussed important subjects relating to medical ethics. The main subjects discussed were: the physician/patient relationship; ethics in research; medical ethics philosophy; information and education in the field of medical ethics; allocation of resources (human resources, financial credits, and equipment); ethics in education; reproductive health (abortion, AIDS, infertility, and family planning); organ transplantation; medical ethics related rules and regulations; the economy and medical ethics; brain death; genetics and biotechnology; euthanasia; supervision and assessment approaches.

The identification and definition of specific stakeholders was carried out during the first workshop. The vision, mission, and an analysis of strengths, weaknesses, opportunities and threats (SWOT) of medical ethics in Iran was then discussed, followed by the definition of particular goals and activities.

**VISION STATEMENT**

The vision produced in the workshops included setting and maintaining the highest ethical and professional standards in the health care system by means of the promotion of knowledge, attitude and the practice of health care professionals in the field of medical ethics, based on Islamic values, national mores and scientific principles.

**MISSION STATEMENT**

The mission was defined as: the provision of comprehensive management (policy making, performance and evaluation) in medical ethics; the production of accurate and clear strategies; the coordination and the paving of the way for all universities and centers with an interest in medical ethics; to provide appropriate and coordinated services for education and research, so that the advancement of knowledge, insight and the moral functions of health care providers could be attained.

**STATEMENT OF VALUES**

Islamic moral values, particularly the respect of human dignity and religious jurisprudence, are core values. The respect of human rights, with due consideration to all national and international regulations, will be accompanied by a special attention to ordinary customs and social mores. Furthermore, the national advancement of learning and empowerment of knowledge is an additional valuable principle.
SWOT ANALYSIS

Strengths
The main strengths were described as: the presence of experienced managers, decision makers and specialists with Islamic insight; the presence of determined financial sources for medical ethics in MOHME; the presence of desirable controlling regulations for health care’s social functions; the paying of special attention to medical ethics subjects by managers and health care professionals; an advancement of knowledge and sensitivity of the public to new medical ethics subjects and any increase in demands; the presence of a medical ethics center in a suitable location and with appropriate potential; the inexpensive nature of medical ethics research; the possibility of centralized medical ethics policy; the presence of a defined structure for medical ethics.

Weaknesses
The weaknesses were defined as follows: the inadequacy of clarified studies about medical ethics, in spite of rich Islamic resources; the insufficient integration and continuity of medical ethics research; the insufficient partnerships with, and contributions to and from, other research centers; the shortage of medical ethics professions; the lack of efficient international collaborative relations; the rapid changes in the level of medical ethics centers’ leadership; the insufficient support of medical ethics research projects; the inadequacy of the necessary credits for supporting medical ethics activities; the weak position of medical ethics education in the universities; the nonexistence of certified academic courses in the field of medical ethics.

Opportunities
The available opportunities were: the novelty of medical ethics for researchers; the presence of a wealth of valuable Islamic resources; the potential links with active medical ethics centers (national and international); the proper attention of health managers (in various levels of ministry and universities) in the support of medical ethics centers; the presence of various appropriate backgrounds and internal and external support for medical ethics studies; the demand for a quality of promotion for medical education and research; the appropriate support for medical ethics activities by the country’s economic development plan; the presence of researchers interested in medical ethics subjects; the religious beliefs of the public and their attention to medical ethics.

Threats
The main threats consisted of: the secular understanding of medical ethics; the undesired influence of non-Islamic and Western medical ethics; a brain drain; a diminishing public confidence in medical society; diminishing assurance and motivation for attentive physicians; lack of communication with religious jurisprudence and legal centers; an inadequate justification of stakeholders, and the diversity of insight and opinions among clergymen, physicians, lawyers and philosophers; management instability in the Ministry of Health and medical education; the presence of greed in some areas of medical society; the inappropriate situation of medical ethics in the organizational structure chart; the insufficient attention of high-ranking managers and neglect in resource allocation; the inadequacy of interest and attention towards medical ethics subjects within research centers and medical universities; the excessive engagement of medical society in economic and executive matters; a disrespect towards ethical behavior by medical society; a lack of knowledge surrounding ethical concepts and philosophical approaches.

GOALS AND ACTIVITIES
In the continuing program, goals, objectives, activities and indices were presented. We will review the goals and activities here:

• Goal 1: Achievement of a uniform fundamental structure and official codes in medical ethics.
  ➢ Activities:
    a) Compilation of medical ethics charter and codes on the basis of scientific and Islamic principles.
b) Approval of necessary parts of a charter or compiled ethical codes by the authorities.

• **Goal 2**: Development of medical ethics training in medical science education.

➢ Activities:
   a) Designing the structure of medical ethics training courses and developing a licensing process in MOHME and relevant universities.
   b) Provision of medical ethics training courses for professors and students.
   c) Promotion of professors’ abilities in medical ethics content and training methods.
   d) Penetration of medical ethics education in the continual training of medical science graduates.
   e) Development of medical ethics in relevant fields within Iran.
   f) Provision of an appropriate background for relevant research projects in universities and research centers within Iran.
   g) Formation and development of relevant research units within the ministry.
   h) Support for the formation and expansion of research units in other stakeholder organs.

• **Goal 3**: Development of practical medical ethics in Iran.

➢ Activity:
   a) Support in making medical ethics practical in the health care system.

• **Goal 4**: Expansion of internal and external medical ethics relations.

➢ Activities:
   a) Provision of a system for establishing collaborative communications between those educational and research centers that have a common interest in medical ethics.
   b) Establishment of a system for connecting with medical ethics policy makers.
   c) Provision of an appropriate system for connecting with the general population (and other stakeholders that have an interest in medical ethics).
   d) Establishment of a scientific agreement with foreign scientific research centers.

• **Goal 5**: Establishment of a system for monitoring and evaluating the country’s medical ethics activities.

➢ Activity:
   a) Design and establishment of managerial and informational systems (MIS) that are to be updated each year.

• **Goal 6**: Revivification of Islamic and Iranian medical ethics heritage.

➢ Activities:
   a) Recognition of those who are the models for moral and ethical conduct and their presentation to medical society.
   b) Recognition and introduction of useful ancient and traditional medical ethics contexts.

**THE SCOPE OF GOALS ATTAINMENT**

Following the implementation of nationwide strategic planning in medical ethics, considerable plans and activities are being carried out by MOHME. The National Committee for Medical Research, established in 1998, has continued seeking responsibilities such as the guarding of human rights and the legal protection of the subjects, researchers and institutes involved in research, and the promotion of the mandatory inclusion of advisors on ethical issues in all research projects at universities, private research foundations and in industry. The National Committee has paved the way for the organization of regional committees in over 40 medical universities country-wide. These committees undertake the supervision and observation of national and international laws relating to medical ethics in research. Local ethics committees have also been established in over 70 research centers involved in biotechnology, molecular and cellular biology and other related fields. The current trend is to approve a common guideline for all ethics committees across the country.

A proposal considering updating ethical codes of research, titled *Compilation of a National Guideline on Medical Research*, was put forward by MOHME

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3 Ibid.
4 Ibid.
5 Ibid.
in cooperation with Tehran University of Medical Sciences in order to tackle Goal 1. In 2000, a code of conduct consisting of 26 National Codes of Ethics for biomedical researchers was prepared by MOHME. In addition to this, Medical Ethics with a Brief Overview of Medical History, published in 1991 by MOHME in collaboration with the faculties of the Tehran University of Medical Sciences, has been established as one of the reference books to be used by medical students in Iran. However, given the lack of appropriate educational sources for ethics courses in the medical and health care sciences, Health Care Professional and Ethical Issues published in two volumes was authorized and published during 2004, by way of addressing Goal 2 of the strategic plan. This book is intended to impart the basic principles of modern medical ethics (Volume 1) and is a step towards a new approach in medical ethics education by means of case presentation (Volume 2). Likewise, Organ Transplantation: Medical, Ethical, Legal and Religions Aspects (published in 2004) is a further attempt to this end. At the present moment, MOHME is involved in the production of a further text, Ethics in Medical Research.

Medical ethics educational courses have been designed and developed by MOHME, also by way of addressing Goal 2. A MPH course (with a medical ethics focus) has been established and educational bursaries available for study towards PhD level in medical ethics have been introduced. Furthermore, periodical workshops on Medical Ethics Education and Ethics in Biomedical Research were conducted during 2002–2004, by invitation and with the participation of medical ethics faculties. A three-day workshop for regional ethics committee members also took place in 2004.

Recent approval of the Medical Ethics and Medical History Research Center at the Tehran University of Medical Sciences is a further important step towards Goal 2. Other important activities consist of: the maintenance and strengthening of a nationwide bioethics network in collaboration with religious scholars, physicians, philosophers, legal experts, sociologists, and intellectuals; the establishment of the National Medical Ethics Information Center and Library.

CONCLUSION

Due to the importance of medical ethics issues and the presence of authentic Islamic resources, the promotion of the beliefs and behaviors of stakeholders, through the provision of an efficient national plan, has been followed in Iran in recent years. Strategic planning has been set in place and we hope this planning will be implemented correctly, thereby making Islamic medical ethics practical in our society. This process of strategic planning for medical ethics activities at the national level is a great stride that will establish high ethical standards in medicine in Iran. Strong support for the implementation, regular monitoring and systematic assessment of the plan’s progress will certainly realize its vision, mission and goals in the near future. Furthermore, a periodic review of the strategic plan will be conducted, and it is envisaged that communication with regional and international organizations must be pursued and strengthened. Establishment or empowerment of integrated Islamic and Asian medical ethics networks, given the fundamental differences in socio-cultural values with the Western world, is certainly required.

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