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**THE 2<sup>ND</sup> BIOETHICS SOCIETY OF KENYA CONFERENCE REPORT**

**1<sup>ST</sup> -2<sup>ND</sup> DECEMBER 2017.**

**VENUE: THE NAIROBI HOSPITAL ANDERSON CONVENTION CENTRE**

**THEME: BIOETHICS AND HEALTH IN KENYA**

## ABBREVIATIONS

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BSK	-	Bioethics Society of Kenya
CBEC	-	Centre of Biomedical Ethics and Culture
COMEST	-	Commission on the Ethics of Scientific knowledge and Technology
GMO	-	Genetically Modified Organisms
ILAR	-	International League of Associations for Rheumatology
IRB	-	Institutional Review Board
IREC	-	Institutional Research Ethics Committee
KEMRI	-	Kenya Medical Research Institute
MBE	-	Masters in Bioethics
NACOSTI	-	National Commission for Science, Technology and Innovation
PGD	-	Post Graduate Diploma
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
WHO	-	World Health Organization

## ACKNOWLEDGEMENTS

This report has been made possible by the efforts and contributions of various stakeholders, researchers and partners who supported the 2<sup>nd</sup> Bioethics Society of Kenya Conference. We take this opportunity to express our sincere gratitude to all those who participated and supported this conference. We especially wish to thank;

- The National Research Fund
- The Bioethics Society of Kenya Committee
- The Chief Rapporteur and all the rapporteurs of the conference
- All the presenters who presented their work at the Conference
- The Conference Organizing Secretariat Team
- All the Conference Participants
- The Nairobi Hospital Anderson Convention Centre

We are also very grateful to the Chief Guest, Prof. Jude Mathooko, the Former Vice Chancellor, Egerton University and First UNESCO Bioethics Chair, Egerton for taking time out of his busy schedule to come and grace the occasion. We further wish to express our sincere gratitude to the following institutions that provided invaluable support: Kenya Medical Research Institute, Moi University and the National Commission for Science, Technology and Innovation. Finally, we would like to sincerely thank the CBEC-KEMRI Bioethics Training Initiative, a project funded by the National Institutes of Health, for supporting the conference through Grant Number R25TW010509-01 which supported trainees from the Clinical and Research Ethics Courses to attend the Conference.

## FOREWARD

The Bioethics Society of Kenya successfully organized and hosted the 2<sup>nd</sup> Bioethics Society of Kenya Conference on 1<sup>st</sup> and 2<sup>nd</sup> December, 2017. The Conference theme was “**Bioethics and Health in Kenya**”. The conference provided a platform to share and disseminate information in the field of bioethics.

This report is an overview of the conference proceedings and has attempted to extract some of the scientific and technical aspects from the conference presentations.

The report has been structured based on the Programme of the Conference which focused on the following topics:

- Healthcare Ethics
- Faith, Fertility and Free Choice
- Education and Research
- Traditional Medicine, Faith and Law

The purpose of this report is to disseminate evidence and information from the conference proceedings.

**Prof. Elizabeth Anne Bukusi**  
**Chairperson,**  
**Bioethics Society of Kenya.**

## EXECUTIVE SUMMARY

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BSK was established with a mission to support the development of ethics in the life sciences and diffusion of knowledge for equity and progress in health. This was the 2<sup>nd</sup> Conference hosted by the Bioethics Society of Kenya, themed **Bioethics and Health in Kenya**.

The Conference provided a fertile academic brainstorming ground for over 100 professionals from different institutions and countries including Kenya, Tanzania, Pakistan and Scotland. This was through presentations and thought-provoking discussions on matters bioethics.

Bioethics is still a growing field in Kenya, thus this conference was important for the development and a positive influence on the development of our beloved motherland. We strongly believe that participants were challenged to think more clearly about the matters of ethics.

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## PLENARY SESSION 1

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### **Faith Healing and Ethics: Faith, fiction and/or fallacy? -By Prof. Peter Mageto**

Prof. Mageto's presentation addressed the ethical issues arising from faith healing in both Christianity and Islam. He argued that in the African traditional setup, illness results from factors such as affliction and witchcraft while in the traditional Hebrew society it is as a result of disobeying God.

Life was however restored through faith healing which involved prayer and rituals. Faith healing is also evident in the Christian tradition where Jesus Christ (founder of the church) is viewed as its main commissioner. Faith healing has continued in the modern and the contemporary church as a way of fulfilling Jesus's intentions.

For Prof. Mageto, the main ethical issues arising from faith healing are those that capture the relationship between faith healing and the principles of medical ethics such as moral integrity, doctor-patient relationship, autonomy, non-maleficence, beneficence and justice, among others. In his view, for instance, faith healers have the call to ensure that whatever they do in faith healing practices is morally acceptable (moral integrity). Moreover, viewed as an alternative form of healing, the relationship between the scientific doctor and the patient must be viewed as analogous to the relationship between the pastor (faith healer) and the patient (doctor-patient relationship). The presentation concluded with the argument that: "Human beings must be brought to bear responsibility in every action that touches other human beings. Consequently, Bioethics remains our discipline of inquiry that must entertain religion as a central pillar in attending to humanity".

### **Cost and Access to Health Care- By Dr. Majid Twahir**

In his presentation, Dr. Twahir argued that inadequate health care financing is the greatest barrier to health care access in Kenya. Other factors that impact upon quality health care include geographical access and lack of essential services in the existing health care centres. He further went on to discuss the concept of "Universal health coverage" which translates to "Nobody gets left behind". For this to be realised, he suggested an increase in insurance cover through the National Health Insurance Fund (NHIF), an introduction of micro-insurance products for health and catastrophic insurance cover.

## OPENING CEREMONY SPEECH BY PROF. JUDE MATHOOKO

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In his opening remarks, Prof. Jude Mathooko emphasised the need to enhance the visibility of BSK in Kenya and beyond.

In order for bioethics to benefit the society, recommendations and key issues should be disseminated to various stake holders including UNESCO as it is the organization with authority to push forward issues on bioethics. It is imperative to get links/association with UNESCO through the Kenyan UNESCO office. He also noted that there is need for members to acquaint themselves with the universal declaration on bioethics and human rights.

There is need for inclusion of other aspects into the bioethics discourse, examples being traditional medicine, health, climate change, etc. and establishing their linkage with bioethics and especially how they impact upon a person's health. He further pointed out that it is

necessary to include bioethics into educational curricula as this will be instrumental in the creation of social awareness on bioethics.

Prof. Mathooko concluded by urging research institutions, universities and international organizations to take concrete steps in bioethics education, such as pushing for a common course on bioethics in Kenyan/ Regional universities.

## KEY NOTE ADDRESS

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### **Is Ethics Training relevant for Health Sciences? By Prof. Walter Jaoko**

In this presentation, Prof. Jaoko underscored the importance of introducing medical ethics to undergraduate medical students as there is need to acquaint medical students with ethics. He noted that doctors have a moral duty to uphold and maintain high moral and professional standards while dealing with patients. He highlighted that in the healthcare environment, upholding the mission to care for patients while maintaining high ethical standards and abiding codes of conduct is paramount. Therefore, students and healthcare workers need guidance on the importance of ethics and code of conduct.

He observed that medical/clinical ethics is not identified as a separate discipline. Furthermore, this course was not examined thus not valued like other courses. He therefore emphasized that there is need to introduce bioethics teaching throughout the medical courses. He noted that the teaching of bioethics is faced with various challenges that include financial constraints which hinder continuation of training. Moreover, the bioethics curricula lacked national standards, as this was a fairly new field. The programs are not well developed as other aspects of medical education. He also noted that Bioethics courses are often meager in content. Despite this, he underscored the importance of Bioethics as Patient care may suffer if physicians are not educated about bioethical issues. Thus, for the way forward he suggested that BSK has an important role in raising awareness; there is need for more formal training in bioethics and its various aspects; there is need for curriculum development and materials for teaching and learning for the health sciences; and finally, Professional bodies should take more active roles in Continuing Medical Education (CME) for those trained.

### **From Karachi to KEMRI: A long Leap of Faith- By Prof. Aamir Jafarey**

In this presentation, Prof. Aamir Jafarey surveyed the evolution of bioethics in Karachi, starting with individual initiatives to an institution (Centre of Biomedical Ethics and Culture -CBEC). He outlined the focus of CBEC which includes offering formal education on bioethics, outreach events, international collaborations, and being a WHO collaborating Centre for Bioethics. As part of its programs, CBEC offers ethics to secondary schools. In 2012, CBEC began a collaboration with KEMRI to find a common ground for the diverse cultures through the similar problems they face. The two institutions were funded by the National Institutes of Health to establish a bioethics training program, to build capacity in Bioethics for both Kenya and Karachi; The CBEC-KEMRI Bioethics Training Initiative (CK-BTI). The objective for this collaboration is to benefit from CBEC strengths and plant the seed for a self-sustaining broad based bioethics training program at KEMRI. This includes the task to adapt the CBEC teaching strategies in the local context, and make relevant and contextual programs to fit the African needs. The approach taken started with Certificate Courses, then will evolve to offer a Postgraduate Diploma, and finally a Masters in Bioethics (MBE). There have been several challenges that have been encountered so far, which include the fact that CK-BTI needs to be broader than a research ethics focus. In addition, there is need to get a broader mix of faculty

and scholars from outside KEMRI and finally to get anchored to a Degree-awarding institution. There is also a challenge in terms of quality especially for the Supervision of PGD projects and MBE thesis. Also pointed out was the challenge of sustainability as the program needs to be locally driven both in funds and human resource. Despite these challenges, the future of the collaboration is bright and promising.

## **CBEC SESSION- EDUCATION IN ETHICS**

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### **Evaluating a short course on Biomedical Ethics Conducted as a teaching project- By Dr. Abeer Salim**

Abeer Salim began this session by noting that the Pakistan Medical and Dental Council had suggested that a course on bioethics be taught at the undergraduate level. The objective of the course was to create awareness on biomedical ethics and to enable the participants identify ethical issues and ensure that the requirements were met satisfactorily. The course comprised of seven sessions customized to the organization. The topics handled included: Introduction to Bioethics, Privacy & Confidentiality, Informed Consent, Plagiarism, Research Ethics, Physician-pharmaceutical Interaction, and Ethical Dilemmas. The mode of teaching included Case scenarios, group discussions, PowerPoint presentations and videos mainly produced by CBEC. The students had to do an evaluation at the end of the course. At the end of the course the students were very appreciative and asked that the course be made available to others as it was very important in identifying ethical issues that are not so obvious when attending to patients. The end result of this trial program was that Dr. Salim was invited by the Core Academic Group of the hospital to develop a biomedical ethics course as a permanent part of the hospital's residency program.

### **“Ethics” Sessions in “School Volunteer Program” - By Dr. Naima Zamir**

This presentation sought to share the experiences that Dr. Zamir had in conducting sessions on ethics among O and A level school children. The aim was to create awareness among school children on the pattern / burden of diseases with which children are admitted to public sector hospitals, and to develop the concept of social “responsibility” at an early stage.

Students in the study were aged between 17 and 18 years. The participants gave responses after discussions on various ethical issues such as informed consent, equity and equality, social determinants of health, patient-doctor relationship, pharmaceutical industry-physician relationship, sympathy/empathy and euthanasia. In her analysis of student responses, Dr. Zamir demonstrated the ability of the students to internalize ethical concepts discussed as well as their ability to apply this understanding in their daily life. She concluded that the introduction and awareness about the social issues in hospital environment go great miles in developing awareness and understanding in school children. In so doing, a society moves miles in becoming more humane and sensitive to ethical concerns.

The main issue emerging from this presentation revolved around nurturing a culture of bioethics in the society. It was observed that introducing ethical debates even at lower academic levels would go a long way in nurturing bioethics in Pakistan

### **Biomedical Ethics Training in Medical Schools- By Dr. Nazli Hossain**

In her presentation, Dr. Hossain observed that bioethics is not formally taught to medical students at both undergraduate and postgraduate levels in Pakistan, although there are efforts

to introduce it at the undergraduate level. Her journey into the field of bioethics started in 2014. Her presentation focused on:

- Approach towards patients and their family members in decision making
- Physician-Pharma relationship
- The Institutional review board

In the approach towards patients and their family members in decision making, she observed that she had developed a different approach after her studies at CBEC. This had helped in her decision making as well as involving and educating the patients and their families on the decisions they were to make and their consequences. She also pointed out that her experience of the physician-pharma relationship involved funded foreign trips, Gifts, Stationery, support for Seminars & symposia, all in a bid to entice the physicians to prescribe their products. This had resulted in unnecessary use of antibiotics and other medicines. After her training with CBEC, she had changed her approach which led to a strained relationship with pharma companies as she now required that there be a strict adherence to international guidelines for prophylactic use of antibiotics. She was grateful for the education she received at CBEC.

### **Establishing an IRB in Teaching Hospitals in Lahore, Pakistan- By Dr. Farkhanda Ghaffoor**

The presenter emphasised the need to establish IRBs in teaching hospitals in Pakistan so as to promote the protection of the rights and welfare of human research participants. This is coupled with the need to vigorously evaluate and offer guidelines regarding the conduct of research involving human subjects. She outlined the components and the mandate of the review board.

## **BIOETHICS CAFÉ 1**

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### **Teaching Clinical and Research Ethics in Medicine and allied Sciences.**

#### **Panellists: Prof. David Ayuku, Prof. Marion Mutugi, Mr. Ambrose Rachier and Dr. Edwin Were**

This session sought to engage both the panellists and the audience in an intellectual debate regarding the need to teach ethics in medicine and allied sciences. In opening the discussion, the panellists argued that research and clinical ethics in Kenya has evolved as a result of the emerging needs. For instance, the increase in the number of medical schools in Kenya and the increase in health research has prompted the need to teach ethics courses related to these needs. However, it was observed that research ethics has been given preference at the expense of clinical ethics, which ought to take first preference, in Kenya and in Africa which could be attributed to the increase in funding for research.

Some of the crucial questions that were handled during the discussion included:

- What concepts should be highlighted in teaching clinical and research ethics?
- Who should be taught clinical and research ethics?
- Who should teach clinical and research ethics?
- At what level of study should clinical and research ethics be taught?
- Which are the most effective ways of teaching clinical and research ethics?

In deliberating the above issues, it was argued that the concepts to be highlighted in teaching research and clinical ethics depend on the discipline in question. However, the principles of bioethics must be applied in the concepts being handled. This implies that a topic about ethical considerations ought to be included in every discipline in question. This move seemed to have been embraced in Moi University which was claimed to be offering common courses such as medical ethics, research ethics, bioethics and international research ethics among others throughout the various levels of study. It was, therefore, pointed out that clinical and research ethics ought to be taught progressively at all levels of study. In other opinions, it was argued that professional ethicists ought to train instructors of other disciplines, who might not be well versed with the principles of ethics, so that they are able to effectively apply these principles in the ethical debates in those specific disciplines.

## ABSTRACT DRIVEN SESSIONS

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### SESSION 1: -HEALTHCARE ETHICS

#### **Ethical Issues at End of Life Care- By Dr. John Weru**

This presentation was premised on the fact that decision making at the end of life care presents moral dilemmas where two or more ethical principles conflict. The main questions that the presenter sought to address were:

How applicable are the principles of medical ethics in end of life care?

Does autonomy override all other principles?

According to Dr. Weru, some of the scenarios in end of life care include;

- Question involving significant others and who makes decisions for the patient.
- Disagreement between care providers or between providers and patients/families regarding a patient's care.
- Question on physician's roles & responsibilities.
- Advance directives.
- Decisions that involve withholding or withdrawal of life-sustaining treatment.
- The futility of care

Through a case scenario, Dr. Weru demonstrated that the principle of autonomy takes a central place in decision making in the end of life care. While all other principles of medical ethics are important in decision making in the end of life care, seemingly, the final resort is in the autonomy of the patient in giving the final word. However, in many situations in end of life care, the patient is unable to consent to any decisions due to his health circumstances. Dr. Weru argued that the principles of medical ethics are in themselves inadequate for the medical practitioner to make decisions. Even though autonomy is central to decision making, Weru urged that there is need to incorporate and appeal to cultural and spiritual factors that affect the patient. Consequently, decision making ought to be based on the context of the patient in addition to what the principles prescribe. Moreover, there is need for frequent communication

between the medical practitioner, the patient, and the patient's family. In addition, there is need to advance directives to prevent conflicts. For instance, such directives would guide on what ought to be done should the patient be unable to consent.

One of the issues that arose during the discussion was that spiritual and cultural factors have been neglected by medical doctors in their practice. It was deemed the high time that medics took to account the spirituality and culture of their patients especially in end of life care.

### **Beyond Afflicting the Afflicted: Understanding A Psychiatric Nurse's Ethical Dilemmas in Decision Making within a Mental Hospital- By Dr. Irene G. Mageto**

Dr. Irene Mageto's paper focused on the ethical dilemmas that nurses working in mental institutions face. Drawing from her experiences as a health practitioner at Mathari Mental Hospital in Nairobi, where she works, Dr. Mageto argued that the ethical decision making in psychiatric nursing is more challenging than decision making in other areas of nursing practice.

She pointed out that ethical dilemmas remain one of the priority concerns in the nursing profession that require urgent attention in Kenya. This is occasioned by the fact that the role of the nurse has changed from one of legal dependency to one of legal accountability. Therefore, the dilemmas in psychiatric nursing demand an analysis of such issues as freedom of choice versus coercion, helping versus imposing values, focusing on cure versus prevention, scarcity versus sanctity.

In order to tackle the problem, Dr. Mageto posed the following research questions:

- What factors influence ethical decision-making among psychiatric nurses at Mathari hospital?
- What differences exist in the way nurses of various cadres make ethical decisions at Mathari hospital?

The conclusions drawn at the end of the study included:

- Nurses at Mathari Hospital face difficulties while making patient care decisions.
- Nurses who have a long psychiatric nursing experience (over ten years) found it easier to handle ethical issues than those who had a short experience (1 to 10 years).

The study recommended the formation of a set of guidelines for ethical decision-making tailored specifically for psychiatric nursing practice. She also noted that nurses with specialized psychiatric nursing training should be given preference during posting to Mathari Hospital.

### **The Doctors' Dilemma: To Strike, or not to Strike, that is the Question- By Prof. Karori Mbugua**

This presentation investigated the rights of the doctor to strike versus the duty to treat. The main ethical questions emerging in this presentation included:

1. Does a physician's duty to treat override the duty to strike or does the physician's right to strike override the duty to treat?
2. Can a doctors' strike be morally justified?

Prof. Mbugua argued that doctors find themselves in a moral dilemma where their need to pursue their wellbeing and improved salaries and conditions of work conflict with the principles of medical ethics, such as non-maleficence, which they swore to abide by.

Prof. Mbugua contended that like any other right, the doctors' right to strike is protected under several legal prescriptions both National and International. In Kenya, the bill of rights acknowledges the right to strike and to picket. However, strikes bring suffering and even death to patients thus violating the ethical principle of non-maleficence.

From a utilitarian point of view, he argued that a strike is morally justified if it leads to long-term benefits that outweigh the short term inconveniences impacted on the patients and society as a result. To the opponents of utilitarianism who argue that by striking the doctors would be violating the principle of non-maleficence, the author observed that some studies have shown that the number of deaths reduce during the strike. Furthermore, emergency care mechanisms can be put in place to ensure that patients do not experience unnecessary suffering in the period of the strike.

In their defence, he contends that under certain circumstances adversely unfavourable to the working conditions of the doctors, it would be immoral not to strike. When asked to establish whether studies have shown reducing deaths during the major doctors' strikes in the third world, Prof. Mbugua intimated that, to his knowledge, such studies have not been conducted in the third world but in the developed nations. This raised the question of the moral legitimacy of doctors' strikes in low income countries which share the biggest burden of disease. It was pointed out that the reducing number of deaths during the strike could be as a result of many patients keeping off the hospitals dying in their homes in the period of doctors' strike.

### **Practicing Medicine in the Twenty-first Century: The Challenges- By Prof. Omondi Oyoo**

In this paper, Prof. Oyoo highlighted the WHO predictions for the 21<sup>st</sup> century which included:

- Healthier life
- Better life
- Longer life

He maintained that this has been realized through the technological advances that are being witnessed globally. Advances have been made in drugs, expensive and sophisticated appliances and in medical procedures. This has led to reduction /changes in prevention of diseases, disease diagnosis, therapy and rehabilitation, organization and management of health care. Despite the immense growth in technology across the world, the medical field still is faced with a number of challenges currently witnessed in the developing world either as a result of aping western lifestyles, continued burden of infectious diseases and lack of technological advancements among others. Nonetheless, the situation is not hopeless and can be remedied, especially in Kenya by embracing:

- Holistic approach to patients
- Improved patient education
- Provision of high quality comprehensive and continuous care
- Ethical application of appropriate and cost-effective health technology
- Promotion of healthy life styles
- Reconciliation of individual and community health

- Harmonization of private and public health services to meet health needs of the community

## **SESSION 2: FAITH, FERTILITY AND FREE CHOICE**

### **Perceptions of Benefit among Research Participants in Kenya: Ethical Implications-By Dr. Stuart Rennie**

The presentation was centred on risks and benefits to the ethics of research involving human participants. The main issue raised in the discussion was the ethical implications arising from the perceptions of benefit by research participants; at which point the distinction between three types of benefits which are: aspirational, direct and benefits of inclusion. Whereas researchers understand that it is unethical to offer any treatment to research participants and that they ought to participate in the research process voluntarily, the participants perceive the selection to participate, interaction with researchers and exposure to research tools as a benefit in themselves. The issue for ethics is that perception of benefit among participants may impact on the research outcomes and may impact on the outcomes of the study.

### **Fertility Industry in the Developing World: What are Bioethicists up against? - By Dr. Nighat Khan**

The discussion raised various issues on the current fertility health services in the developing world using Pakistan as a case study. The paper noted that there is an increase in fertility health services in the country and hence the rise of the facilities offering this services. The ethical concern in this emerging phenomena is that there is no regulation on these service providers and the quality of services are left entirely to the good will of the practitioners. The question of pharmaceutical companies funding the setting up of these fertility health facilities as a marketing strategy and their obvious need to sustainably remain in business is a contemporary ethical question that needs to be addressed by all.

### **In Search of Health: The Tragedies of Sanctity and Scarcity in Faith Healing Ethics- By Prof. Peter Mageto**

The essence of this paper was that when there is an encounter between sanctity and scarcity, identity, character and virtue are threatened. It therefore becomes challenging to ensure holistic health, which cannot be achieved in isolation without taking into consideration the social and economic aspects of our lives. Scarcity therefore remains a fundamental ethical problem since it hinders access to health services regardless of their availability.

## **PLENARY SESSION 2**

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### **One Health and Ethics- By Dr. Abdul Rahman Lamin**

The presenter noted that 2013 marked the 20<sup>th</sup> anniversary of UNESCO's Bioethics Programme. Within the 20 years, there have been notable and unique achievements which include:

- Universal Declaration on Bioethics and Human Rights (2005)
- International Declaration on Human Genetic Data (2003)
- Universal Declaration on the Human Genome and Human Rights (1997)

There was also the establishment of International Bioethics Committee, Intergovernmental Bioethics Committee and COMEST. These are consultative committees that help connect science and policy-making.

In addition, during this period, they have realised the creation of National Bioethics Committees around the world, pushed for the introduction of Bioethics Core Curriculum in universities and training ethics teachers around the world and setting up of the Global Ethics Observatory.

In this area, the work of UNSECO is anchored upon the Universal Declaration on Bioethics and Human Rights.

### **Ethics of Genetically Modified Agricultural Products- By Prof. Moses Limo**

This presentation was based on the ethical issues surrounding genetically modified crops in Kenya. He argued that in the production of GMOs, considerations include Policies, laws, regulations, decisions, technological innovations and actions that ought to promote the greatest good for the greatest number of people, ensuring the promotion of public good (human needs) which does not endanger other goods, and confirming that values and ethical principles should drive technologies. He noted the positive impacts of genetically modified foods which included:

- Disease resistance
- Insect tolerance
- Herbicide tolerance
- Improved nutrition
- Stress tolerance
- Toxin removal.

He gave an assurance that in the production of GMOs in Kenya, care was taken to ensure that there was an integration of ethical and social issues in agricultural value chains. He also observed that apart from ethical concerns, there were other social issues that played a role in the manufacture and supply of GMOs. He also noted that the sector faced some challenges that included lengthy time to review applications and communicate decisions, the high cost and uncertainties of regulation and both political and social objections.

## **BIOETHICS CAFÉ 2**

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### **Ethics of Industrial Action in Health care.**

This session sought to engage both the panelists and the audience in debate on the ethical issues that surround industrial action executed by health care workers. The immediate and perceived ethical and health implications were discussed.

In the preliminary remarks, some panelists argued that industrial action causes harm, even death, to the patients and therefore, is in violation of the principle of non-maleficence. In Kenya, the 1997 nurses' strike was cited as one of the most harmful strikes to the health of the nation. As such, industrial action by health workers is not only unethical but also inhumane. Moreover, it is expected that health workers must always put the wellbeing of the patients

before their own interests. Some panelists argued that in the event that industrial action is inevitable, it ought to be executed for a reasonable period of time. In such a period, other healthcare mechanisms must be put in place to ensure that the patients are not disadvantaged by the industrial action.

In reaction to the above opinions, there was objection, citing that such industrial action would not realize meaningful results. It would be preferable to have a strong and painful industrial action that realizes the intended outcomes.

Another issue that arose from the discussion is the fact that the management does not participate in industrial action while aware of the benefits that they fetch in the occasion that the intended outcomes are realized. The moral legitimacy of not participating in such industrial action as a manager is therefore questionable.

The Hippocratic Oath was also subjected to interrogation. It was argued that the oath is outdated on the grounds that it requires the medical practitioners to take their professions as a “calling” thus ought to shun pursuing their economic and personal interests in a time where economic circumstances have drastically changed. “The circumstances at which the oath was incepted (before Christ) are dissimilar to today’s circumstances”. Medical practitioners face the same economic challenges as those faced by other civil servants. The free market economy does not favour their “calling”. Most importantly, it doesn’t offer “calling” rates for goods and services that medical practitioners require. In this regard industrial action for health workers is legitimate.

“The right to strike distinguishes work from slavery”

The question of moral responsibility was also pursued. It was contended that in many instances health workers go on strike as the last resort after those that should listen and act on their grievances fail to. Consequently, it was argued that in such instances moral responsibility for the adverse consequences of the industrial action must shift from the striking health workers to those that were expected to listen to and act on the health workers’ grievances.

As a way forward, it was recommended that:

- There is need to rethink the reasons that lead to health workers’ industrial action
- The health workers’ conditions of work have to be addressed
- There is need for progressive and effective mechanisms of articulating the concerns of the health workers before resorting to industrial action
- There is need to look at the policy options for addressing industrial action
- Governments should provide reasonable incentives such as access to loans, housing and land to health workers
- There is need to train more doctors to avoid overwhelming the existing doctors
- The health workers’ employers ought to listen and act on the grievances raised by health workers’ representatives in reasonable time and terms to avoid health worker industrial actions in future.

### **SESSION 3: -EDUCATION AND RESEARCH**

#### **Engaging Schools with Health Research, and its Contribution to a Research Institute's Ethical Practice- By Alun Davies; Nancy Mwangome; Betty Yeri; Rebecca Hanlin; Chris High; & Caroline Jones**

This paper contended that engaging communities who host research is increasingly being recognized as essential for ethical research. Using the case study of Kilifi, the researchers demonstrated that they engaged the local community through the inclusion of health stakeholders, local secondary schools, community leaders and through a network of community advisory board. For instance, through schools' engagement they aimed at building community-wide awareness of health research as a fundamental goal of community engagement, strengthening awareness and interest in science among schools was a form of benefit sharing, and nurturing a respect for communities involved in research among researchers. From their experience they encounter some challenges such as the risk of potential for misinterpretation of for instance, increased funding as a benefit. In conclusion, they found that despite the challenges faced and those envisaged to occur, research institutions are well placed to:

- Provide benefits for local schools – in terms of nurturing an interest in science and science careers
- Strengthen the self-efficacy of school students for future engagement with biomedical research.

#### **Developing Capacity of Moi Teaching and Referral Hospital/ Moi University Institutional Research Ethics Committee (MTRH/ MU IREC), Kenya to Prevent and Manage Research Misconduct- By Edwin Were and Jepchirchir Kiplagat**

This paper focused on issues surrounding research misconduct and its challenges in Kenya. The authors argued that many countries and institutions do not have frameworks for addressing the problem of Research Misconduct. In this study therefore, the researchers described a project to contribute to the development of a framework to manage Research Misconduct. The presenter outlined the major aim of the research which was to develop a modular National Framework for Managing Research Misconduct. It is envisaged that the pilot for this program will be conducted at Moi University focusing on prevention, detection, investigation and enforcement.

#### **Closing Gaps between Accreditation and Performance of Institutional Ethics Review Committees in Kenya to Improve Service Delivery- By Dr. Otieno-Omutoko, Lillian and Amugune, Beatrice K.**

The focus of this paper was the IRECs in Kenya. The presenter observed that many African governments have enacted legislative procedures requiring review of research involving human participants. In Kenya, NACOSTI spearheads the development and accreditation of ethics committees.

The functions of the IRECs include:

- Receiving, reviewing and adjudicating submitted research protocols
- Providing advice on scientific and ethical issues to the research community

- Monitoring the implementation of approved protocols
- Taking action against those who breach the research ethics
- Encouraging proper management and dissemination of research findings

The presenter further observed that accreditation standards for IRECs in the country had been set with the aim of improving their performance. Often these are standards set by NACOSTI as the national body charged with that responsibility. There are standards for institutional ethics review bodies. These bodies are assessed to ensure compliance.

### **Health Care Worker Training Programs: Sharing the Kenyan Experience- By Prof. Omondi Oyoo**

This paper noted that Kenya faces a challenge of adequate rheumatologists. He observed that there are ten qualified rheumatologists for a population of 41 million. Assisting them are 250 internists. This situation was causing a lot of suffering and disability which in essence is avoidable. Thus, to remedy this, the presenter recommended training of mid-level providers in detection, diagnosis and management of disease, and the development and utilization of the skills and experience of patients. In an attempt to bridge the gap, there is the Uwezo musculoskeletal health training programme and ILAR-East Africa Rheumatology Initiative. The UWEZO programme enables early access to musculoskeletal health care by bringing together physicians, allied healthcare workers and patients from various regions across Kenya and training them to become “musculoskeletal health trainers”. This has led to whole communities receiving better assessment, diagnosis, treatment and management of musculoskeletal conditions. On the other hand, the ILAR initiative aims at Rheumatology education and provision of Clinical rheumatology services.

### **SESSION 4: -TRADITIONAL MEDICINE FAITH AND LAW**

#### **Bioethics and Health in Kenya: Faith Healing Ethics- By Dr. Hassan Kinyua and Dr. Edith Kayeli**

This paper discussed the ethical issues arising from Islamic and Christian faith healing practices in Kenya. The presenter observed that a portion of the country’s population sought the services of faith healers because of various reasons which include, affordability of the services, human face of the healers, the belief of supernatural agents of illness and treatment, and efficacy of the treatment. The problems that led patients to the Faith healers included both physical and physiological problems. The presenter observed that there were ethical implications involved in the process of faith healing. These included issues of autonomy, beneficence, non-maleficence and justice. In conclusion, the presenter argued that for the patient, the overall goal of healing was seen to supersede the evident or implied ethical issues involved in faith healing.

#### **Ethical Issues in Traditional Medicine use in Nairobi: A Religious perspective- By Dr. Edith Kayeli**

The presenter argued that it was essential to interrogate ethical issues surrounding the use of traditional medicine in Nairobi as the practice was on the increase. From research conducted, it had been established that there is an increase in the number of patients preferring to use alternative or traditional medicine in Nairobi. The reasons cited for this trend included affordability and less prevalence of side effects. The presenter observed that the patients not only got herbal concoctions but in some instances were subjected to some ritual practices believed to bring about healing. The driving force in this practice was the holistic treatment that took care of not only the physical but also the spiritual aspect. Hope was cited as a key

component of this healing method. The argument brought forth was that ethical issues in play here included beneficence, hope, social, consent, justice and trust. In conclusion, the presenter argued that Religion and bioethics are not and should not necessarily be on the opposite ends of the spectrum as they are both concerned with issues of sanctity of life.

### **Legal and Ethical Governance Challenges in e-health South to South collaboration- By Dr. Nighat Khan**

The argument of this paper centered on the use of information and communication technologies (ICT) for health. These include mobile wireless technologies for public health (mHealth) which has been shown to increase access to health information, services and skills, as well as promote positive changes in health behaviors and manage diseases. It was observed that eHealth-led initiatives generate of huge volumes of data that if well managed could lead to an improved and timely delivery of health services. Despite these positive gains, there is need to ask critical questions about what all this data means, who gets access to it, how it is deployed, and to what ends.” There are also some dangers involved in this which could include misinterpretation of the data. There is also the danger that people’s privacy will be breached as unauthorized people could gain access to it.

### **The Categorical Imperative in Religion- By Conrad Nyanza and Christine Buluma**

This presentation focused on Incorporating Kant’s ethical principles as outlined in his Categorical imperative as a means to tame the ‘extreme’ practices that pose danger to children-strictly in faith healing practices. This is because there is need to address the ethical issues that patients face as a challenge in faith healing practices.

The paper also addressed the challenge that people face in society in trying to universalize ethical/ moral standards. The paper suggests that religion cannot and should not be blamed for the ill practices in its dealings but rather how much ethics has been incorporated into our societies. In conclusion, the presenters suggested that Bioethics Society of Kenya stands as that bridge that will help redeem the society from the many ethical dilemmas people face and mainly in the faith healing practices.

### **CONFERENCE CLOSING SPEECH BY THE DIRECTOR, KEMRI (Read by Dr. Evans Amukoye)**

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All protocols observed;

Ladies and gentlemen; It is a great honor for me to bring this important conference to a close. I want to sincerely thank the conference organizers for their effort that went into successfully planning the conference. I also thank all the speakers and participants for gracing this event and contributing to discussions and sharing knowledge on ethics and healthcare.

Over the course of the two days, we have heard interesting discussions on various issues of healthcare and ethics, including ethical issues affecting the workforce, issues of capacity building and ethics education as well as issues of the faith and tradition in health. These are all important issues that need continuous deliberations so that as we conduct health research and provide healthcare to the population, we do so ethically, always ensuring the patients’ and health research participants’ rights and wellbeing are protected.

Ethical issues in healthcare constitute every day’s work for healthcare providers; each decision and judgment made by healthcare personnel has an ethical implication. The implications are

even greater considering the health and lives of patients are at stake. Cases of litigation on doctors perceived to have flouted or acted in contravention to their duty to protect life have been on the rise. It is therefore prudent to have platforms such as the BSK conference for engagement for clinicians, academicians, researchers and members of the public.

In the two days that you have been here, different presenters have shared their experiences and best practice. There have been enriching discussions on various ethical issues with divergent views among the local and international counterparts. We hope these discussions will be helpful and provide guidance in many ethical issues that you encounter in your profession as we all seek to provide the best level of healthcare in a way that upholds the ethical principles that govern medical profession.

One of the key issues that have been highlighted in this conference is the issue of ethics education in health science training institutions. There is clearly a need for collective effort from the health and education stakeholders to increase ethics capacity in health institutions. I believe there is more that can be done to ensure that health workers, especially clinicians, get adequate grounding on clinical ethics while undergoing medical training. Clinical ethics training in medical school will improve how doctors treat their patients and minimize cases of negligence that may lead to litigation. The issue of health work force was also heightened and this is an issue that the government of Kenya has grappled with in the past two years. It is a challenge that requires wide consultation and dialogue that includes input of ethicists in order to address the ethical implications on the patients and the rights of workers to agitate for better remuneration. More other important issues of ethics in healthcare have been discussed and I am sure we have gained a lot as participants.

This conference that is being held for the second time in our country, is a testimony of the growth of bioethics in Kenya. We thank the founders of BSK for having a vision of being a vibrant platform for multidisciplinary debate on bioethical issues despite the many challenges they have encountered in building the structures for the society. We also thank the Universities and Hospitals represented here, NACOSTI and KEMRI, NRF and other partners for the goodwill and support accorded to the society. We also appreciate our collaborators from Pakistan, and other international participants for the contribution to the discussions and sharing their experiences, we hope you also learnt something from us. I am confident that through being members of the Bioethics Society of Kenya, we shall work together to uphold spirit as envisaged by the founders of the Society, to foster the development of bioethics in Kenya. I urge all to be members of the society.

I once again salute everyone seated here for their time and effort towards this conference and I strongly believe and hope each one of us goes away more knowledgeable ethically, more than when we came for this conference. I also urge you to be ambassadors of Bioethics wherever you go.

It is my honor to declare the 2nd BSK Conference of 2017 closed. We hope to see you again in December 2019. Thank you and God Bless.

## ANNEXES

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### LIST OF BSK MEMBERS

	NAME
1.	Prof. Elizabeth Anne Bukusi
2.	Dr. Simon Langat
3.	Dr. Wambeti Njiru
4.	Ms. Margaret N Mbuti
5.	Dr. Lucy Maina
6.	Prof. Karori Mbugua
7.	Prof. David Ayuku
8.	Rev. Joseph Katwa
9.	Prof. Adiel Magana
10.	Koskei Alfred
11.	Henry Iodea
12.	Linah Jepkoech Chesir
13.	Frankline Bosire Ogeto
14.	Dr. Patrick Oyaro
15.	Dr. Charles Timothy Muga
16.	Prof. Naanyu Violet
17.	Felishana Cherop
18.	Eunice Kamaara
19.	Mary Sala
20.	Catherine Wahome
21.	Irene Jao
22.	Kevin Oware
23.	Prof. Elizabeth Wanjiku Njenga
24.	Elizabeth Ochola
25.	Dr. Moses Mahugu Muraya
26.	Dr. Emily Too Jepkosgei
27.	Dr. Veronica K Nyaga
28.	Dr. Betty Njoroge
29.	Dr. Pauline Mwinzi
30.	Dr. Festus Tolo Mururi
31.	Dr. Elizabeth Echoka
32.	Dr. Bryson Ndenga
33.	Dr. Luna Kamau
34.	Rev. Philip Owuor
35.	Dr. Evans Amukoye Nyangala
36.	Dr. Vincent Omondi Were
37.	F. Amolo Okero
38.	Miranda Barasa
39.	Lucia Kabui Waithira

40.	Joseph Oloimooja
41.	Dr. Lilian Omutoko
42.	Dr. Stephen Muhudhia
43.	Olwala Tess Pamela Achieng
44.	Joseph Osoga
45.	Prof. Anne Kagure Karani
46.	Dr. Joan Wairimu Maluki
47.	Dr. Serah Gitome
48.	Ms. Everlyne Ombati
49.	Mrs. Caroline Kithinji
50.	Dr. Dorcas Mwikali
51.	Prof. Francis Muregi
52.	Geoffrey Ngasura
53.	Alfred Kirui
54.	Peter Gisore
55.	Amina Salim
56.	Dr. Majid Twajir
57.	Gideon Cornel Msee
58.	Timothy Kipkosgei
59.	Enock Kebenei

## **CONFERENCE ORGANIZING SECRETARIAT**

1.	Everlyne Ombati
2.	Rachel Mwakisha
3.	Salome Ngamau
4.	Timothy Kipkosgei
5.	Gibson Musyoka
6.	Elizabeth Muga
7.	Mercy Wache
8.	Joy Waiharo

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4.	Prof. Adiel Magana	Chuka University
5.	Dr. Agnes Cyril Msoka	AKUSONAM- Tanzania
6.	Alun Davies	KEMRI Wellcome Trust Research Programme
7.	Dr. Amar Jesani	Indian Journal of Medical Ethics- Pakistan
8.	Angeline Maina	AMREF Health Africa
9.	Prof. Anna Kagure Karani	University of Nairobi
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21.	Cyrus Munene Muriithi	Technical University of Kenya
22.	Daisy Chebet Cheruiyot	Kenya Medical Research Institute
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24.	Prof. David Ayuku	Moi University
25.	Dynesius Nyangau	University of Nairobi
26.	Dr. Edith Kayeli Chamwama	University of Nairobi
27.	Prof. Edwin Were	Moi University
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34.	Dr. Evelyn Nganga	Nairobi Hospital
35.	Everlyne Ombati	Kenya Medical Research Institute
36.	F. Amolo Okero	Kenya Medical Research Institute
37.	Prof. Farhat Moazam	Centre of Biomedical Ethics and Culture

38.	Farkhanda Ghafoor	Pakistan Kidney and Liver Institute & Research Center
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41.	Geoffery K. Sang	Kenya Medical Research Institute
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45.	Dr. Grace Kaguthi	Kenya Medical Research Institute
46.	Dr. Grace Wang'ombe	Kenya Medical Research Institute
47.	Dr. Irene G. Mageto	University of Nairobi
48.	Prof. Jameela Hassanali	Pwani University
49.	Dr. James Biria Ndiso	Pwani University
50.	James Mburu Kang'ethe	Kenyatta National Hospital / University of Nairobi
51.	James Nguya	Kenya Medical Research Institute
52.	James Orwa	Aga Khan University
53.	Janet Langat	University of Nairobi
54.	Janet Medza Kahindi	Pwani University
55.	Dr. John Weru	Aga Khan University Hospital
56.	Josephine Wangari Kabutu	US Army Medical Research Directorate - Kenya (USAMRD-K)
57.	Joy Waiharo	Kenya Medical Research Institute
58.	Prof. Jude Mathooko	GRAMS
59.	Dr. Julius Ecuru	UNCST- Uganda
60.	Julius Otieno Ochieng	Great Lakes University of Kisumu
61.	Prof. Karori Mbugua	University of Nairobi
62.	Kimani Bridget Wanjiku	Kenya Medical Research Institute
63.	Kipkalum Anne Jemosop	University of Nairobi
64.	Prof. Kirana Bhatt	University of Nairobi
65.	Lameck Omwoyo Momanyi	University of Nairobi
66.	Leelgo Mary Kimetto	KEMRI WARP CRC
67.	Lilian Achacha	Kenya Medical Research Institute
68.	Lilian Chebichi Cheruiyot	Great Lakes University of Kisumu
69.	Dr. Lillian Otieno-Omutoko	University of Nairobi
70.	Lucia Kabui Waithira	Kenya Medical Research Institute
71.	Dr. Majid Twahir	Aga Khan University Hospital Nairobi
72.	Margaret Mbuthi	SPA
73.	Margaret Wambui Maigwa	Giraffe Education Centre
74.	Mariam Wanjiru Macharia	Kenya Medical Research Institute
75.	Mary Mutua	Aga Khan University
76.	Mary N. Aligonda	Great Lakes University of Kisumu
77.	Maryanne Metto	Kenya Medical Research Institute

78.	Prof. Marion Mutugi	University of Kabianga
79.	Maison Dikirr	Technical University of Kenya
80.	Mathew David Ndomondo	Muhimbili University of Health and Allied Sciences
81.	Melba Katindi Katsivo	Kenya Medical Research Institute
82.	Mercy Wache Mwakisha	Kenya Medical Research Institute
83.	Prof. Moses Limo	Egerton University
84.	Dr. Naima Zamir	National Institute Of Child Health/ Jinnah Sindh Medical University Karachi Pakistan
85.	Dr. Nazli Hossain	Dow University of Health Sciences
86.	Nebert Mchidi	The Nairobi Hospital
87.	Dr. Nighat Khan	Edinburg University
88.	Ochiba Lukandu	Moi University
89.	Dr.Okenwa Vincent Emmanuel Elochukwu	Masinde Muliro University of Science and Technology
90.	Dr. Paul Makenzi	Egerton University
91.	Prof. Peter Mageto	Formerly Kenya Methodist University
92.	Petronilla Njenga	Kenya Medical Research Institute
93.	Rev. Philip Owuor	Kenya Medical Research Institute
94.	Rachel Mwakisha	Kenya Medical Research Institute
95.	Dr. Rahma Udu Yusuf	Technical University Of Mombasa
96.	Raphael Nakitare Kituyi	University of Nairobi
97.	Dr. Renatha Sillo Joseph	Muhumbili University of Health and Allied Sciences
98.	Rose Evalyne Aseyo	Great Lakes University of Kisumu
99.	Salome Ngamau	Kenya Medical Research Institute
100.	Sarah Karanja	AMREF Health Africa
101.	Dr. Serah Gitome	Kenya Medical Research Institute
102.	Dr. Simon Langat	National Commission for Science, Technology and Innovation
103.	Solomon Ogachi Mosomi	Great Lakes University of Kisumu
104.	Stafford Ondego	Media
105.	Dr. Stephen O. Muhudhia	The Nairobi Hospital
106.	Dr. Stuart Rennie	University of North Carolina
107.	Susan Achieng Mbanda	Egerton University
108.	Dr. Susan Keino	Moi University IREC
109.	Tara Wakariti Imalingat	Kenya School of Law (student)
110.	Timothy Kipkosgei	Kenya Medical Research Institute
111.	Rev. Tom Joel Obengo	Moffat College Kijabe & Kabarak University
112.	Victoria C. Soi	Kenya Medical Research Institute
113.	Dr. Vincent Muturi Kioi	International AIDS Vaccine Initiative (IAVI)
114.	Prof. Violet Naanyu	Moi University
115.	Prof. Walter Jaoko	University of Nairobi

116.	Dr. Wambeti Njiru	University of Nairobi
117.	Wanzala Maximila Namukuru	Masinde Muliro University of Science & Technology (MMUST)
118.	Winnie Atieno Alando	Great Lakes University of Kisumu
119.	Yvonne Opanga	AMREF Health Africa

## CONFERENCE PROGRAM

Friday 1<sup>st</sup> December, 2017

TIME	TITLE OF TALK	SPEAKERS
8:00 – 9:30 AM	PLENARY SESSION-1 1. Faith Healing and Ethics 2. Cost and Access to Healthcare 3. The Politics of Pharmaceutical Practice	1. Prof. Peter Mageto 2. Dr. Majid Twahir 3. Dr. Edward Abwao <i>Chair: Prof. David Ayuku</i>
9:30 – 10:00 AM	<b>TEA</b>	
10:00 – 11:00 AM	OPENING CEREMONY	Prof. Jude Mathooko <i>Chair: Dr. Simon Langat</i>
11:00 – 12:00 PM	KEY NOTE ADDRESS 1. Is Ethics Training relevant for Health Sciences? 2. From Karachi to KEMRI: A Long Leap of Faith	1. Prof. Fredrick Were 2. Dr. Aamir Jafarey <i>Chair: Dr. Simon Langat</i>
12:00 – 1:30 PM	<b>LUNCH</b>	
1:30 – 3:00 PM	BIOETHICS CAFÉ 1 <b>Teaching Clinical and Research Ethics in Medicine and Allied Sciences</b>	<b>Moderators</b> Prof. Karori Mbugua/Ms. Caroline Kithinji <b>Panelists:</b> 1. Prof. David Ayuku 2. Prof. Marion Mutugi 3. Mr. Ambrose Rachier 4. Dr. Andrew Were
3:00 – 4:00 PM	<b>CBEC Session- Education in Ethics</b>	
3.00- 3.15 PM	Abeer Salim- Patel Hospital, National Institute of Cardiovascular Diseases Karachi, Pakistan  Title: <i>Evaluating a short course on Biomedical Ethics conducted as a teaching project</i>	<i>Session Chair : Prof Elizabeth Bukusi</i>

3.15- 3.30 PM	Nazli Hossain- Dow University of Health Sciences Karachi, Pakistan  Title: <i>Biomedical Ethics Training in Medical Schools</i>	
3.30- 3.45 PM	Naima Zamir- National Institute of Child Health Karachi, Pakistan  Title: <i>“Ethics” Sessions in “School Volunteer Program”</i>	
3.45- 4.00 PM	Farkhanda Ghafoor- Pakistan Kidney and Liver Institute & Research Centre  Title: <i>Establishing an IRB in Teaching Hospitals in Lahore, Pakistan</i>	
<b>4:00 – 5:00 PM</b>	<b>ABSTRACT DRIVEN SESSIONS:</b>  <b>Parallel session 1 and 2</b>  <b>Room 1: Healthcare Ethics</b>	
4.00- 4.12 PM	Karori Mbugua- University of Nairobi.  Title: <i>The Doctor's Dilemma: To Strike, or not to Strike, that is the question</i>	<b>Moderators:</b> <b><u>Room 1: Dr. Wambeti Njiru</u></b>
4.12- 4.24 PM	John Weru- AKU Hospital Nairobi  Title: <i>Ethical issues at End of Life Care</i>	
4.24- 4.36 PM	G. Omondi Oyoo- University of Nairobi  Title: <i>Practicing Medicine In The Twenty First Century-The Challenges.</i>	

4.36- 4.48 PM	Irene G. Mageto- University of Nairobi  Title: <i>Beyond Afflicting the Afflicted: Understanding A Psychiatric Nurse's Ethical Dilemmas In Decision Making Within A Mental Hospital</i>	
4.48- 5.00 PM	Penina Jerotich Biwott- Moi University  Title: <i>Disclosure Of Sickle Cell Disease Results To Parents/Guardians Participating In Research At Hemato-Oncology Clinic In Eldoret, Kenya</i>	
<b>4.00- 5.00 PM</b>	<b>Room 2: Faith, Fertility &amp; Free choice</b>	
4.00- 4.15 PM	Nighat Khan- University of Edinburgh.  Title: <i>Fertility Industry In The Developing World: What Are Bioethicists Up Against?</i>	
4.15- 4.30 PM	Stuart Rennie- University of North Carolina  Title: <i>Perceptions Of Benefit Among Research Participants In Kenya: Ethical Implications</i>	<u>Room 2: Dr. Lillian Otieno-Omutoko</u>
4.30- 4.45 PM	Peter Mageto- Immediate Former DVC Academics- Kenya Methodist University  Title: <i>In Search Of Health: The Tragedies Of Sanctity And Scarcity In Faith Healing Ethics</i>	

4.45- 5.00 PM	Alfred Kirui- Moi University, School of Medicine  Title: <i>Attitudes And Knowledge About Biobanks Among Health Researchers at Moi Teaching And Referral Hospital</i>	
<b>5.00PM – 7:00 PM</b>	<b>EVENING MIX AND GREET /COCKTAIL</b>	

**Saturday 2<sup>nd</sup> December, 2017**

<b>TIME</b>	<b>TITLE OF TALK</b>	<b>SPEAKERS</b>
<b>8:00 – 9:30 AM</b>	PLENARY SESSION-2 1. One Health and Ethics 2. Ethics of Genetically Modified Agricultural Products 3. Plastics Pollution and Health	1. Dr. Abdul Lamin 2. Prof. Moses Limo 3. Dr. Geoffrey Wahungu <b>Chair: Dr. Lucy Maina</b>
<b>9:30 – 10:00 AM</b>	<b>TEA</b>	
<b>10:00 – 11:00 AM</b>	<b>Guest Speakers (Pakistan) Policy and Practice</b>	<b>Chair: Prof Violet Naanyu</b>
10.00- 10.20 AM	Drs. Mustafa Aslam and Marriam Gul Thaheem- AKU, Karachi Pakistan  Title: <i>Ethical Issues in Healthcare: Health Equity, Policy &amp; Ethics</i>	
10.20- 10.40 AM	Dr. Sarosh Saleem- Shalamar Medical & Dental College, Lahore, Pakistan  Title: <i>Views of Healthcare Providers on Medical Errors in Karachi, Pakistan</i>	
10.45- 11.00 AM	Dr. Sarosh Saleem- Shalamar Medical & Dental College, Lahore, Pakistan	

	Title: <i>Socio- Cultural and Spiritual Influences on Ante-natal Decision-making</i>	
<b>11:00 – 12:00 PM</b>	<b>ABSTRACT DRIVEN SESSION- Parallel session 3 and 4</b>  <b>Room 1: Education and Research</b>	
11.00- 11.15 AM	G. Omondi Oyoo- University of Nairobi  Title: <i>Health Care Worker Training Programs: Sharing The Kenyan Experience</i>	
11.15- 11.30 AM	Davies Alun- KEMRI-Wellcome Trust Research Program Kilifi  Title: <i>Engaging Schools With Health Research, And Its Contribution To A Research Institute's Ethical Practice</i>	<b>Moderators:</b> Room 1: <b>Mrs. Margaret Mbuthi</b>
11.30- 11.45 AM	Dr. Edwin Were- Moi University  Title: <i>Developing Capacity of Moi Teaching and Referral Hospital / Moi University Institutional Research Ethics Committee (MTRH/MU IREC), Kenya to Prevent and Manage Research Misconduct</i>	
11.45- 12.00 PM	Dr. Otieno- Omutoko Lillian- University of Nairobi  Title: <i>Closing Gaps between Accreditation and Performance of Institutional Ethics Review Committees in Kenya to Improve Service Delivery</i>	
<b>11.00- 12.00 PM</b>	<b>Room 2: Traditional Medicine, Faith and Law</b>	

11.00- 11.15 AM	Dr. Omari Hassan Kinyua- University of Nairobi  Title: <i>Bioethics and Health in Kenya: Faith Healing Ethics</i>	
11.15- 11.30 AM	Dr. Nighat Khan- University of Edinburgh.  Title: <i>Legal and Ethical Governance Challenges in e-health S-S collaboration</i>	
11.30-11.45 AM	Dr. Edith Kayeli Chamwama- University of Nairobi  Title: <i>Ethical Issues in Traditional Medicine Use in Nairobi: A Religious Perspective.</i>	
11.45- 12.00 PM	Nyanza Conrad- University of Nairobi  Title: <i>The Categorical imperative in Religion</i>	
<b>12:00 – 1:30 PM</b>	<b>LUNCH</b>	
<b>1:30 – 3:00 PM</b>	<b>BIOETHICS CAFÉ 2</b> <b>Ethics of Industrial Action in Healthcare</b>	<b>Moderators</b> Dr. Stephen Muhudhia/ Prof. Walter Jaoko <b>Panelists:</b> 1. Ms. Naomi Njuguna 2. Prof. Moni Wekesa 3. Prof. Kirana Bhatt 4. Prof. Anna Karani
<b>3.00 -4.00 PM</b>	<b>CLOSING CEREMONY</b>	<b>Dr. Yeri Kombe</b>