

The Role of Institutionalizing Ethics in Cervical Cancer Care in Haiti



Marc Felix Civil¹ and Axler Jean Paul^{2*}

¹Medical Doctor, Gynecologist, Doctor of Philosophy, Vice Dean of the Faculty of Medicine and Pharmacy of the State University of Haiti.

²Medical Doctor Faculty of Medicine and Pharmacy State University of Haiti, Haiti

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***Corresponding author:** Axler Jean Paul, Medical Doctor Faculty of Medicine and Pharmacy State University of Haiti, Haiti

Abstract

Introduction: Ethics is different from morals and deontology. While the latter dictates and orders, the former asks what the best decision is in a specific situation. In this sense, ethics requires the exercise of thought to judge and deliberate in a better way.

Ethics Care: This ethics traumatizes the philosophical tradition, which itself requires questioning instead of vile execution. But despite everything, we accept to create this create a model of ethics because we can defend it better. Indeed, the way care is organized There leads us to believe that medicine, in our health system, has missed its main purpose: "To heal". This word, from the Latin root, refers to "Somnium" which means "to feel concerned for". This etymology reminds us of the English verb "to care", which meaning is only fully grasped when we consider the negative form: "I don't care". In other words, to care for a person, you must first start by feeling concern for that person.

Expert Opinion: We believe that this is one of the ways to deal better with the scourge of cervical cancer among our female population. The problem with our health care system is not only related to the country's economic situation but above all to the failure of our governments to recognize the dignity of our fellow citizens. This is the reason why we intend to propose the institutionalization of ethics as a possible remedy for this tendency of irresponsibility towards others.

Highlights:

- Ethics is different from morals and deontology. While the latter dictates and orders, the former asks what the best decision is to make in this particular case.
- To care for a person, you must first start by feeling concern for that person.
- The institutionalization of ethics is indeed a disgrace to philosophy, but as things stand in our country today, we cannot expect a Haitian to deliberately do his or her ethical thinking.

Keywords: Institutionalization of ethics: Minimum ethics: Maximum ethics: Cervical cancer: Deontology.

Introduction

By institutionalizing ethics, we mean asking professionals to organize, implement and evaluate an ethical process [1]. It is like there were an ethical protocol that everyone must ensure strict application. Talking about institutionalization of ethics is tantamount to a grade-three deviation from ethics Talking about. For ethics is the first and foremost thought out. However, thought cannot be institutionalized insofar as it inevitably has, according to the philosopher Hannah ARENDT [2] and undermining effect, a destructive effect, on all the established criteria, values, and

measures of good and evil, on these costumes and rules of conduct that we deal with in morals and ethics.

Moreover, the exercise of thought is in itself solitary [2], and it requires freedom from material to practical constraints, it does not acted as its goal, and finally, it does not give rise to any rules, even to temporary. So, why are we obliged today to raise such a topic at a congress on cervical cancer? And even more so, in a country such as ours, which has rejected the unacceptability of slavery? This means that this is a country where we once believed

in humanity, in the dignity of the human being, in concern for others. A country whose practice and teaching of national scientific medicine officially dates since March 3, 1808 [3]. What happened to us? Why should the institutionalization of ethics be a condition for better management of cervical cancer in our country (we could add any other disease)? Have we lost our sense of ethics? Has medicine in Haiti forgotten its purpose, not only to treat, cure, or prevent death, but to heal?

To heal in the sense of caring for the other person in front of us. Has this ethical concern escaped of us when we were developing our public policies for care in general and women's care in particular? Where did this concern go when we were evaluating the implementation of public health care policies? Where did that concern go when we run hospitals, hospital services, particularly obstetrics and gynecology services, and then we were talking about cervical cancer? Hence our questioning of the institutionalization of ethics although traumatic for the philosophical tradition to which ethics belongs, is justified. In the following paragraphs, we will try to demonstrate this.

Ethics Care

On a macro-political level, on the pretext that we are a poor country we accept the unacceptable. Generally, we tolerate children of school-age (6 to 17 years old) begging on the streets. According to the coordinator of public rural education center, Mr. Jean Robert Chéry, there were 5,000 to 6,000 street children throughout the metropolitan area in the year 2000 [4], and now, 20 years later, this figure may have doubled or even quadrupled. That doesn't shock anyone. It goes through like a letter in the post. It becomes normal before our eyes. Moreover, the health issue of these children is never addressed. Among these children, there are little girls, teenage girls. What kind of illnesses do they suffer? No one knows.

Similarly, in so-called university hospitals, the doctor-patient relationship leaves much to be desired. Dr. Solun Jean [5] doctoral thesis carried out through the different services of the HUEH, showed that 96% ($p=0.02$) of patients have no idea of the possible side effects or toxicities of the drugs administered to them, 80% of these patients did not have to give their free and informed consent for their treatment. So, the dignity of these people has not been respected. This lack of respect for dignity explains why in such hospitals, people can be left uncaring, huddled in a corner on the floor, claiming that they do not have relatives. No one is shocked, and we keep following our daily activities in these places without denouncing this situation.

About cervical cancer, Haiti has the highest incidence compared to regional statistics in Latin America and the Caribbean. Indeed, for this type of cancer, the rate is 93.2 per 100,000 and the mortality rate is 53 per 100,000 [6]. While the prevalence of cervical cancer is increasing in the country, we do not have in our university hospitals oncological departments, chemotherapy,

and radiotherapy centers. For example, Dr. Accillus [7] and his collaborators, in their work on the epidemiology of cervical cancer from 2012-2016 at the Haitian Institute of Oncology, revealed that 2013 was the year with the most cases of cervical cancer in our country, with 25.5%. the situation may be even worse. And yet this does not shock anyone since no public policy implemented to improve the reality of these women suffering.

Annually, while we falsely talk on of cervical cancer, in the gynecology wards, there is no input to carry out a Pap test, a visual inspection with acetic acid (VIA); moreover, in these wards, women are being myomectomies and hysterectomized without investigation of their cervix under the pretext that they have no means to pay for these Screenings. For example, Dr CIVIL discharge dissertation in the Obstetrics-Gynecology Department of the University Hospital of Lapaix, showed that 62% ($p=0.11$) of the myomectomy's women did not have cervical investigation; 47.7% ($p=0.03$) of the hysterectomized women did not have cervical investigation either.

In the Pediatrics Department at HUEH, according to retrospective research conducted over the last three years [9], the majority of diarrhea cases are managed symptomatically without trying to determine their true cause. Such knowledge could allow not only better treatment but also prevention. Moreover, in our university hospitals, cases of sudden death remain without autopsies. Data on the cause of these sudden deaths could make it possible to prevent and also to improve treatment. Where has the ethic of responsibility to the philosopher Hans Jonas [10] Are we denying this philosopher who has expressed what drives us to act morally, to feel responsible for others, is our "capacity to be affected" by the distress of others? Have we Haitian doctors and caregivers, in general, lost this capacity? For if we accept to work as scientists in the conditions we have just described without the slightest continual public denunciation, it is because we lose the "feeling of being affected" by the distress of others, the feeling of feeling responsible.

It's not the knowledge that we lack. Have we gotten carried away with bad faith? Because we have never, as leaders, denounced this nonsense. On the contrary, we seem to enjoy it and we are very proud of it. Consequently, we must also admit, both ethically and morally, that we can be found guilty of silence. This was the case of the Vicar of the Catholic Church during the Second World War. The Vicar was aware of Hitler's macabre plan but fearing to cause a schism preferred to remain silent, and so he was guilty of silence [11] For knowing that 40% of the population of the Reich was Catholic [9] when the war broke out, and also that almost all the countries occupied by the Nazis as well as most of We do not have any information lack. Have we gotten carried away with bad faith? Because we have never, as leaders, denounced this nonsense. We seem to enjoy it, and we are very proud of it. Consequently, we must also admit, ethically and morally, that we can be found guilty of silence. That was the case with the Vicar

of the Catholic Church during the Second World War. The Vicar was aware of Hitler's macabre plan but, afraid of causing a breach, preferred to keep silent[11]. Knowing 40 % of the population of the Reich was Catholic [9] when the war broke out, and also almost all the countries occupied by the Nazis, as well as most of Germany's allies, had a majority of Catholics, a statement by Pope Pius XII would probably have kept the world away. This example reminds you that if you are heads of departments, medical directors, and executive directors of healthcare structures and do not make a common front to denounce what is happening through these structures to bring about real change, you will be guilty of silence. By doing this, you would be to show that you care about others. Remember that concern about others was, is, and will be the sole purpose of this discipline that we love so much, medicine.

Moreover, in our university hospitals, we often tend to drive outpatients who arrive with advanced cancer under the pretext that we cannot offer them anything, whereas this is where medicine and the ethics of care begin. The philosopher Jacques Derrida tells us: "If I know what I must do, I do not make a decision, I apply a piece of knowledge, I deploy a program. So, to be a decision, I must not know what to do. That doesn't mean you have to give up knowing you have to be informed, but you have to know as much as you can. The fact remains that the moment of the decision, the ethical moment, is independent of knowledge. That is the best moment when I do not know the rules, and the ethic question arises [12]. That means the tendency to chase away advanced cancer patients is not ethic. Because we often hear doctors on duty or even department heads say to residents: [Sa malady sa an ap fè la a toujou? Poukisa nou kenbel? Nou pa ka fè anyen pou li!] (What is this patient still doing here? Why do we hold on? We can't do anything about it!)]

Such statements seem traumatic for medicine whose purpose is to heal and care. One does not treat to keep alive; the dying people also need to be treated, including the dead. In nursing, isn't there what is called "care of the dead"? Moreover, we must also admit that treatment and healing must not take precedence over care because they are only collateral effects.

Conclusion

We hope, as caregivers, no matter at what level we act, that we feel responsible for others. This ability to be concerned for others and be affected by their distress will help us reject the unacceptable and do everything possible to ensure their dignity respected in whatever state they may find themselves.

Expert Review

The table we have just drawn up leads us to believe that there is a lack of a minimum ethical standard in our particularly public healthcare structures and the institutionalization of ethics presuppose implementation by the Ministry of Public Health and Population (MSPP) of a public policy aimed at ensuring respect

for ethical principles and making these principles minimum conditions for official recognition of these healthcare structures. It will be an ongoing task; it will not be enough to only measures but also to regularly monitored the implementation. At that point, a hospital, health center, or private clinic that has disregarded these minimum conditions will have to be sanctioned by the MSPP. The MSPP will need an ethical evaluation grid for the structures providing care throughout the national territory. This evaluation could therefore carried out quarterly. Healthcare donor organizations that objectively show that they have respected ethical principles in healthcare should be rewarded.

That will promote the ethics of care and, in turn, respect for the dignity of vulnerable men and women. The institutionalization of ethics will create in us a minimal, mechanical way, a habitus of respect for the dignity of the other, especially when the other is in the most advanced phase of his vulnerability, which is an illness. It will also encourage us to think about and develop health policies differently. It will also make us see the need to check whether public policies are designed and implemented. Moreover, institutionalization will allow us to identify the gaps that need to be fulfilled and the points that need to be improved.

The institutionalization of ethics is, indeed, a disgrace to philosophy, but as things stand in our country today, we cannot expect a Haitian to deliberately does ethical thinking. He must first get used to this institutionalized ethics. And that is the thesis we are defending here. After a few years, Haitian caregivers can hopefully begin to make the most of it. Ethics respect the philosophical tradition, namely the ability to think before deciding on a patient in the best possible way and consider the patient as a whole. Thus, this caregiver will be able to demonstrate what the philosopher Aristotle calls "phronesis" [13]. Which refers to a prudential behavior when one does not master everything. Aristotle was careful to remove from "phronesis" all theoretical meaning [14], to see in it only a kind of moral sense, capable of orienting action towards what is immediately useful and good. But in fact, with the human being, none is mastered. Therefore, to care for vulnerable human beings is also to be prudent!

References

1. Dekeuwer C, Chvetzoff R, Clouzeau C, Kopp N (2011) Reflexional éthique et institutionnalisation de l'éthique: Ethique et Santé 8(1): 125-131.
2. Arendt H (1996) Moral considerations. Rivage Poche, Paris, France, p. 77.
3. Presoit C (1926) Medicine in Haiti. Port-au-Prince, Haiti, p. 2.
4. Chery (2000) Le's enfants de rues à Port-au-Prince, Production, Haiti, p. 1.
5. Jean S (2017) Relation Médecin-Patient à l'Hôpital de l'Université d'Etat d'Haïti (HUEH): Advocacy for communication respect for dignity and empathy in the care of patients. Thesis for Doctorate in Medicine, Faculty of Medicine, and Pharmacy of the State University of Haiti, Haiti.

6. (2015) Cancer is an urgent public health problem. Published in the newspaper *Haiti Libre*. Haiti.
7. Siméus Je, Accilus, Belizaire F (2018) Marc Félix CIVIL Epidemiological profile of uterine cervical cancer: A 5-year retrospective study at the IHDO January 2012 in scientific review of the Faculty of Medicine and Pharmacy, p. 3.
8. Civil Mf (2016) Risk of finding precancerous cervical lesions in women operated on for symptomatic uterine fibroids: management, preoperative follow up after cervicovaginal smear and postoperatively. An observational, retrospective, uni-centric study carried out between January 2012 and January 2016 in the gynecology-obstetrics department of the University Hospital of Peace (HUP). Discharge thesis for the title of Obstetrician Gynecologist.
9. Damus C (2018) Epidemiological profile of acute diarrhea in children under five years of age in the Pediatrics Department of the Haitian State University Hospital over the period 2015-2017. Doctoral thesis in medicine Faculty of Medicine and Pharmacy Port au Prince USA.
10. Jonas H (1995) *Le Principe responsabilité, Une éthique pour la civilisation technologique 1979*: coll: Champs France Flammarion, p. 15.
11. Arendt H (2009) *Responsibility and judgment* Petite bibliothèque de Payot Paris, France, pp. 273-285.
12. Derrida J (2016) Interview with JA Nielsbergs.
13. Rameix S (1996) *Philosophical Foundations of Medical Ethics* Ellips, Paris, France, p. 24.
14. Aubenque P (2014) *Caution in Aristotle* Puf Quadrige Paris, France, p. 11.



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