BIOETHICS IMPLEMENTATION ON JAMU’S SCIENTIFICATION

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4 Principles of Biomedical Ethics, requirements:

- Respect for autonomy
  - Respect for decision making capacities of autonomous person
- Non-maleficence
  - Not cause harm to others
- Beneficence
  - Prevent harm, provide benefits & balance benefits against risk & cost
- Justice
  - Fair distribution of benefits, risks & costs
Principles using pathway

Super theory
• Utilitarianism
• Deontology

HIPPOCRATESIAN MEDICAL ETHICS
+ BROAD SENSE COMMON MORALITY

Middle Range Principles
• Non Maleficence
• Beneficence
• Autonomy
• Justice

NARROW SENSE COMMON MORALITY

Conduct
• Altruism
• Accountability
• Excellence
• Duty
• Service,
• Honor,
• Integrity
• Respect for others

Specification, ballancing

Character of professionalism
SCIENTIFICATION

THE ACT OF TURNING A NON-SCIENTIFIC ENTITY INTO AN ENHANCED SCIENTIFIC PROPERTY

- (INFOLINKS)

Scientific = regulated by or conforming to the PRINCIPLES of exact science
PHILOSOPHICAL CONCEPT OF JAMU SCIENTIFICATION

A breakthrough step to ACHIEVE JAMU status as an EXCELLENCE INDONESIAN BRAND/ICON SOCIO-CULTURALLY and specific TRAD/COMPL MEDICINE PRACTICES by creating synergy with and/or integration to FORMAL HEALTH CARE and via ESTABLISHING THE NETWORKERS of DUAL FUNCTION MEDICAL DOCTOR’S as researchers and health providers as well to produce SCIENTIFIC EVIDENCES through BIOCULTURAL APPROACH.
BACKGROUNDs

UNCOORDINATED SITUATION OF HEALTH CARE SERVICES between FORMAL & TRADITIONAL MED SYSTEM

- Skepticism among (clinician) DRs as the biggest obstacles
- Weakness regulation control of TM/CM practitioners’ licensure & public advertisement

STAGNANT DEVELOPMENT OF HERBAL RESEARCH i.e. JAMU as RI’s BRAND

- research stopped at “bench” phase
- 95% RI’s import dependency of pharmaceuticals
BIOETHICAL ANALYSIS

- FRAME OF Actors: Macro level, NKRI/state – people relationship (like microlevel, Dr – Patient relationship)
- Autonomy:
  - Macro: People’s participation/choice of jamu as of self-care method nationally & empirically, esp in chronic/degenerative diseases
  - Micro: Patient’s reported outcome as ethical cooperation, assimetrical alleviation
JS AS ENERGIZER FOR SYNERGIZING BETWEEN MODERN - TM

ETHICOLEGAL ELABORATION AFTER GOVTLEGULATION NO. 103/2014

BIOMEDICAL APPROACH

CONVENTIONAL (ALLOPATHIC)

INTEGRATION MEDICINE

INTEGRATED CURATIVE

MOH DECR NO 1109/07

COMPLEMENTARY MEDICINE

MOH DECR NO. 03/10

SYNERGIZED

PROMOTIVE & PREVENTIVE = HEALTHY PARADIGM
Strategic objectives, strategic directions and strategic actions ..

4.1 Strategic objective 1: To build the knowledge base for active management of T&CM through appropriate national policies ......

4.2 Strategic objective 2: To strengthen the quality assurance, safety, proper use and effectiveness of T&CM by regulating products, practices and practitioners. ..............................................................

4.3 Strategic objective 3: To promote universal health coverage by integrating T&CM services into health care service delivery and self-health care ...........................................................................................................
NON-MALEFICENCE (MACRO): SOCIO-TECHNOLOGICAL CONCEPT

PEOPLE CENTEREDNESS as HUMAN ("safety" issues, free from chemically-poluted jamu)

- HEALTHY PARADIGM’s AFFIRMATIVE action ("proper use" issues, PEOPLE free from being exploited as disease-containing person as constructed by medical specialist who always treat with modern drugs)

- BENEFITING RI’S BIODIVERSITY (protecting RI’s genetic resources & traditional knowledge of the PEOPLE)
NON-MALEFICENCE (MACRO) (2): SOCIO-TECHNOLOGICAL CONCEPT

ALLEVIATING THE TRADITIONAL HERBS RETAILER-SELLER ("mbok Jamu") & TRADITIONAL HEALER ("hattra") in biocultural practices

- Appropriate technology for processing family’s local herbs (TOGA) by community pharmacist (or horticultural educators)
- DRs as OATH TAKING PROFESSIONs involvement to produce appropriate scientific evidences

PROTECTING THE “MARGINALIZED” PROVIDER
JAMU SCIENTIFICATION’S CIRCLE

A

B

C

UPSTREAM

UPSTREAM

DOWNSTREAM

DOWNSTREAM

Single Raw material

Jamu Formulation

SCIENTIFICATION LABEL

WELLNESS INDEX

PROMOTIVE, PREVENTIVE

PHYSIOLOGICAL ENHANCER

TH/ PATTERN VARY of EXPERT

HEALTHY PARADIGM

INFECTION PROPHYLAXIS

CURATIVE

PALLIATIVE REHABILITATIVE

ECCELECTIC – COMPREHENSIVE POLICY
IDI’s & other professional association’s role

ESTABLISHING professional standard & faculty members of interest peer group Dr as lecturers/trainers (= candidate of RI’s College of JAMUOLOGY )+ NIHRD/MoH : conducting research at HC facilities implementing sound RESEARCH PROTOCOLS

- Coordinating w/ stakeholders → forming the TRADITIONAL MED as sub-SYSTEM of SKN (national health system)
- Recommending CPD-based fit to practice
- Protecting IDI members by establishing special ethical reviewing board of MKEK
- Leading party at National/Provincial Committee of JS
EXISTING PARADIGM

AUTONOMY : FROM “PRODUCT” view

DOES RI HAS RESEARCH INDUSTRY INFRASTRUCTURE?

HIGHEST EBM LEVEL : DB, RCT, MA

VALUE :
HOW DO JAMU BECOME RI’s OWN HOST ???

ONLY 6 PHYTOPHARMACEUTICALS !!!

Government guarantee the development & maintenance of traditional raw materials – article 100 Health Act No. 36/2009 vide GR No.103/2014
Modern medicine & pharmaceuticals should not “oppressive” to the authentic development of RI’s traditional knowledge (2nd richest country w/ flora’s biodiversity)

Jamu development (mostly simplicia), standardized herbal & phyto-pharmaceuticals should enlarge the area of individual SIMILAR opportunity !!

GP/DSJ, community pharmacist, horticultural educators, mbok jamu, traditional healer
CLOSING THE GAP

Jamu + TRADITIONAL healers while being scientifically validated → free from “suppresive” EBM “IDEOLOGY” + STRONG PRECAUTIONARY PRINCIPLES which give “objective” single medical truth of modern medicine (i.e. product efficacy only)

- Patient preference as human capability (to choose jamu as treatment modality) → be respected & protected
- Be sustained by the endorsement of networkers of Dr Saintifikasi Jamu (as principles of tolerancy and democracy)

Using prima facie’s principle from non maleficence to autonomy
Awareness of potentially ethical misconduct

- Stigmatization & bad stereotyping of GP w/ herbal competencies
- Unawareness of clinicians who “sing”: all of modern medicine complexes are value free while ignoring the biopiracy of raw herbal materials, developing (modern & translational) research infrastructures & sustaining the ecosoc dependencies from developed countries
- (= ignoring the Amartya Sen’s term: “comprehensive opportunity”)
Potentially Clinicians’ misconduct

- Tarnishing the well-being of the patients/community by doing an Multi-level-marketing of foreign herbal products
- Not improving the herbal farmer
- Neglect the “local wisdom” containing of jamu practices (as plurality of moral sources in society) = ignoring the promotive & preventative behaviours and participations as cultivating healthy paradigm
Indonesian Conditional Initial Offer
(CPC 9311)

Request:
1. Nursing and physiotherapy services
2. Public health medical services w/ herbal medicine (jamu competencies)

One mode of action against the Invasive foreign herbal flow to RI
Potentially unethical behaviour

- Sustaining the oligopolistic practices among the self-interest group of “bad” medical specialists–pharmaceutical industries – regulators = “parochialism” (Amartya Sen, The Idea of Justice, 2009)

- Not sensitive to RI’s vulnerability of being not having the pharmaceutical/herbal industry who produce raw materials)
THE “OUGHT” PARADIGM

Prima facie: non maleficence – justice - autonomy

RI’s authentic Development INFRA-STRUCTURAL RESEARCH + MARKET creating program

NATIONAL JAMU SUBSYSTEMN
As COMPREHENSIVE OPPORTUNITY

Obat Herbal

Dual role OPINION EXPERTs NETWORKING As RI’s heros

Duo “SINGERS” – SONGS inter-subjectivity
Potentially unethical conduct from JS’s DRs (DSJ)

- Using jamu combination for treating patient with the specific & clear disease known as gold standard treatment
- Overclaiming jamu’s efficacy or using the undisclosed formula
- Other fraudulent practices:
  - legitimating placebo effect without clear scientific backgrounds or practicing quacks ("terkun")
Biocultural Approach (Beyond Medicine)

Not yet recognized by
IDI as CONVENTIONAL RULER

BIOETHICAL BALLANCING of CROSS CUTTING ISSUES OF JS

PATIENT’S PREFERENCE

CONTEXTUAL FEATURES

Quality of Life

REHABILITATIVE

PALLIATIVE CARE

Biomedical Approach

Empirical = peer review

Dual role of JS Dr

PREPATHOGENESIS

GOLD STANDARD
= phyto-pharmaceuticals

JAMU (SIMPLICIA)

STANDARDIZED HERBAL

Conventional pathophysiological condition
Bioethical cross cutting issues

Beneficence: Benefit & harm assessment of public/patients are at stake

- Autonomy: capacities/individual responsibility of patients are weakens by excessive-fragmented conventional medical system

- Informed consent process of JS practitioner > conventional Dr (patient = research subject)

- Justice: Healthy side (biocultural) of patient’s research & not intervening gold standard as subject’s selection
Bioethical issues (2)

- Respect for human vulnerability & personal integrity:
  - Using “inter-subjectivity” approach as Pellegrino advice, constructing together “jamu” as product
  - will be done by S-1 TM profession as oath taking profession and DSJ/ASJ as scientific evidence producers using sound RI’s body of knowledge on TM/CM
  - Support by Indonesia College of TM/CM association – upholding the pillar of bioethics & humanities of medical sciences
Bioethical issues (3)

- **Equality, justice and equity**
  - Alleviating and improving jamu as RI’s brand to decrease import dependency

- **Non-maleficence**:
  - Non-discrimination and non-stigmatization
  - Affirmative action to protect biocultural approach ie. beliefs of local genius & traditional knowledge
  - Sensitization the ethics of care among DSJ as part of conventional Dr
Bioethical issues (4)

- Respect for cultural diversity & pluralism
  - TM’s body of knowledge incorporate anthropologist & local wisdom practice of traditional healers & jamu sellers

- Solidarity & cooperation
  - Many professional association working together transdisciplinary with inter-governmental sectors
Bioethical issues (5)

- Social responsibility & health
  - Incorporate with healthy paradigm underpinning promotive & preventive health program

- Protection of the environment, biosphere and biodiversity
  - In line with biocultural approach of research and medical practices
Conclusion

Implementation of bioethics principles to Jamu Scientification program is the Indonesian unique and strategic health care concept by incorporating research and services.

- Indonesian government via DSJ and future TM/CM professional association dealing with cross cutting bioethical issues will advance TM/CM as part of National Health System.