

IN MEMORY OF ETHICS

A DISSECTION OF ETHICAL AND SOCIAL ISSUES IN
PAKISTANI PROFESSIONAL HEALTHCARE PRACTICE

Editor:

Shiza Malik

Co-Editors:

Yasir Waheed

Maham Khan

Tahreem Zaheer

Bakhtawar Sahar



Bentham Books

In Memory of Ethics: A Dissection of Ethical and Social Issues in Pakistani Professional Healthcare Practice

Editor

Shiza Malik

*Atta-ur-Rahman School of Applied Biosciences
National University of Sciences and Technology
Islamabad, Pakistan*

Co-editors

Yasir Waheed

*Office of Research, Innovation, and Commercialization
(ORIC)
Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU)
Islamabad, 44000, Pakistan*

*Gilbert and Rose-Marie Chagoury School of Medicine
Lebanese American University
Byblos, Lebano*

Maham Khan

*Department of Liberal Arts and Human Sciences
Virginia Tech, Blacksburg, Virginia
24060, USA*

Tahreem Zaheer

*Atta-ur-Rahman School of Applied Biosciences (ASAB)
National University of Sciences and Technology (NUST)
44000, Islamabad, Pakistan*

&

Bakhtawar Sahar

*Atta-ur-Rahman School of Applied Biosciences (ASAB)
National University of Sciences and Technology (NUST)
44000, Islamabad, Pakistan*

**In Memory of Ethics: A Dissection of Ethical and Social Issues in
Pakistani Professional Healthcare Practice**

Editor: Shiza Malik

Co-editors: Yasir Waheed, Maham Khan, Tahreem Zaheer & Bakhtawar Sahar

ISBN (Online): 978-981-5223-85-9

ISBN (Print): 978-981-5223-86-6

ISBN (Paperback): 978-981-5223-87-3

© 2024, Bentham Books imprint.

Published by Bentham Science Publishers Pte. Ltd. Singapore. All Rights Reserved.

First published in 2024.

BENTHAM SCIENCE PUBLISHERS LTD.

End User License Agreement (for non-institutional, personal use)

This is an agreement between you and Bentham Science Publishers Ltd. Please read this License Agreement carefully before using the book/echapter/ejournal (“**Work**”). Your use of the Work constitutes your agreement to the terms and conditions set forth in this License Agreement. If you do not agree to these terms and conditions then you should not use the Work.

Bentham Science Publishers agrees to grant you a non-exclusive, non-transferable limited license to use the Work subject to and in accordance with the following terms and conditions. This License Agreement is for non-library, personal use only. For a library / institutional / multi user license in respect of the Work, please contact: permission@benthamscience.net.

Usage Rules:

1. All rights reserved: The Work is the subject of copyright and Bentham Science Publishers either owns the Work (and the copyright in it) or is licensed to distribute the Work. You shall not copy, reproduce, modify, remove, delete, augment, add to, publish, transmit, sell, resell, create derivative works from, or in any way exploit the Work or make the Work available for others to do any of the same, in any form or by any means, in whole or in part, in each case without the prior written permission of Bentham Science Publishers, unless stated otherwise in this License Agreement.
2. You may download a copy of the Work on one occasion to one personal computer (including tablet, laptop, desktop, or other such devices). You may make one back-up copy of the Work to avoid losing it.
3. The unauthorised use or distribution of copyrighted or other proprietary content is illegal and could subject you to liability for substantial money damages. You will be liable for any damage resulting from your misuse of the Work or any violation of this License Agreement, including any infringement by you of copyrights or proprietary rights.

Disclaimer:

Bentham Science Publishers does not guarantee that the information in the Work is error-free, or warrant that it will meet your requirements or that access to the Work will be uninterrupted or error-free. The Work is provided "as is" without warranty of any kind, either express or implied or statutory, including, without limitation, implied warranties of merchantability and fitness for a particular purpose. The entire risk as to the results and performance of the Work is assumed by you. No responsibility is assumed by Bentham Science Publishers, its staff, editors and/or authors for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products instruction, advertisements or ideas contained in the Work.

Limitation of Liability:

In no event will Bentham Science Publishers, its staff, editors and/or authors, be liable for any damages, including, without limitation, special, incidental and/or consequential damages and/or damages for lost data and/or profits arising out of (whether directly or indirectly) the use or inability to use the Work. The entire liability of Bentham Science Publishers shall be limited to the amount actually paid by you for the Work.

General:

1. Any dispute or claim arising out of or in connection with this License Agreement or the Work (including non-contractual disputes or claims) will be governed by and construed in accordance with the laws of Singapore. Each party agrees that the courts of the state of Singapore shall have exclusive jurisdiction to settle any dispute or claim arising out of or in connection with this License Agreement or the Work (including non-contractual disputes or claims).
2. Your rights under this License Agreement will automatically terminate without notice and without the

need for a court order if at any point you breach any terms of this License Agreement. In no event will any delay or failure by Bentham Science Publishers in enforcing your compliance with this License Agreement constitute a waiver of any of its rights.

3. You acknowledge that you have read this License Agreement, and agree to be bound by its terms and conditions. To the extent that any other terms and conditions presented on any website of Bentham Science Publishers conflict with, or are inconsistent with, the terms and conditions set out in this License Agreement, you acknowledge that the terms and conditions set out in this License Agreement shall prevail.

Bentham Science Publishers Pte. Ltd.

80 Robinson Road #02-00

Singapore 068898

Singapore

Email: subscriptions@benthamscience.net



CONTENTS

PREFACE	i
ABOUT THE EDITORS	iv
ACKNOWLEDGEMENTS	vi
LIST OF CONTRIBUTORS	vii
PART 1 SECTION I: ETHICAL ISSUES IN HEALTHCARE SECTOR WORKPLACE BEHAVIORS AND ETHICS	
CHAPTER 1 HEALTHCARE SECTOR FRAUD AND CORRUPTION	1
<i>Amina Shahid, Mariam Fatima and Shiza Malik</i>	
INTRODUCTION	1
What Leads to Public Health Sector Corruption?	3
Other Forms of Health System Frauds	3
The Most Common Committed Fraud Types	3
The Infrastructure of Health in Pakistan	4
Health Sector Corruption in Pakistan	4
Healthcare Sector Fraud in Pakistan	5
Whistle Blowing against Corruption and Fraud in the Healthcare System	6
Consequences of Health Care Fraud on Society and State	7
How to Overcome this Dilemma?	8
CONCLUSION	9
CHAPTER 2 MISUSE OF AUTHORITY: ETHICAL CONCERNS	10
<i>Tahreem Zaheer, Naila Nasir Mehmood and Syed Hashaam Ahmed</i>	
INTRODUCTION	10
The Ethics of Authority Use	11
Misuse of Authority in the Department of Police	13
Bullying at the Workplace (Hospital)	14
Bullying Incidents Among Trainee Doctors in Southern India: A Questionnaire-Based Study	15
Misuse of Power in the Political System	15
Ethical Challenges Related to the Misuse of Authority	16
RECOMMENDATIONS	17
CONCLUSION	17
CHAPTER 3 UNETHICAL DECISION MAKING AT WORKPLACE: PSYCHOLOGICAL ISSUES AND ETHICS	19
<i>Anibah Khalid, Samra Babar and Shiza Malik</i>	
INTRODUCTION	19
Unethical Decision Making	20
Ethical Decision Making	21
Difference Between Unethical Decision Making and Moral Conflict in the Workplace	21
<i>Nature and Definition</i>	21
<i>Intent</i>	21
<i>Outcome</i>	21
<i>Resolution</i>	22
When Ethics Fail, Unethical Decision Making Occurs	22
Constituents of Unethical Decision Making	22
<i>Pressure</i>	22
<i>Opportunity</i>	23

<i>Rationalization</i>	23
Unethical Decision Making – Around the Globe	23
Unethical Decision Making in Workplace in Pakistan	23
Surveys on Decision Making in the Workplace in Pakistan	24
What Causes Unethical Decision Making?	25
Unethical Decision Making–The Impacts	26
<i>Impact on the Individual</i>	26
<i>Impact on the Organization and Society</i>	26
<i>Strategies for Ethical Decision Making</i>	27
Phases Leading to Ethical Decision Making	27
<i>Think Ahead</i>	27
<i>Identifying Ethics</i>	27
<i>Collect Facts</i>	27
<i>Consult Existing Guidelines</i>	28
<i>Seeking Advice</i>	28
<i>Generate Alternative Decisions</i>	28
<i>Enumerate and Consider the Consequences</i>	28
<i>Make The Decision</i>	28
Organizational Strategies	28
<i>Establishing a Code of Conduct</i>	28
<i>Leading by Lessons</i>	29
<i>Bolster the Consequences</i>	29
<i>Acknowledgement of Employees</i>	29
<i>Welcome An Ethics Elocutionist</i>	29
<i>Hire for Values, Train for Skills</i>	29
CONCLUSION	29
CHAPTER 4 THE ETHICAL DILEMMA BEHIND DISHONESTY IN MEDICAL PROFESSION	30
<i>Javeria Mehboob, Maha Kaiser and Shiza Malik</i>	
INTRODUCTION	30
Historical Preview	31
Types of Ethical Dilemmas in the Medical Profession	31
Theoretical Perspective on Medical Fraudulence	32
What Constitutes this Ethical Issue?	32
Some Methods of Medical Dishonesty	33
Prevalence in Pakistan	33
Causative Factors	34
Potential Consequences	34
<i>Individual Level</i>	34
<i>Organizational Level</i>	34
Methods to Counter the Ethical Issue	35
Some Measures Adopted Worldwide	35
CONCLUSION	36
CHAPTER 5 UNETHICAL BEHAVIOR OF PHARMACEUTICAL COMPANIES	37
<i>Syeda Faria Batool, Sara Qureshi and Shiza Malik</i>	
INTRODUCTION	37
Prevalence	38
Causative Factors	39
Consequences	40
Methods to Counter the Issue	41

LIMITATIONS	43
CONCLUSION	43
CHAPTER 6 WORKPLACE HARASSMENT (BULLYING) AND ITS HEALTH AND ETHICAL CONCERNS	44
<i>Maleeha Arshad, Maryam Abbas and Shiza Malik</i>	
INTRODUCTION	44
Different Types of Workplace Harassment	45
<i>Sexual</i>	45
<i>Ethnic and Racial</i>	45
<i>Gender</i>	45
<i>Blow for Blow</i>	45
<i>Bullying</i>	46
Workplace Bullying: A Re-Occurring Phenomena	46
Causative Factors	46
Impacts at the Individual and Organizational Level	47
Survey Reports	47
Survey Analysis	48
<i>Dr. Sadia's Research in 2011</i>	48
<i>AWARE Survey in 2008</i>	49
<i>WBI Survey in 2010</i>	50
<i>WBI Survey in 2014</i>	50
Strategic Planning and Implementation Following Survey Result	52
Workplace Harassment in Healthcare Organizations	52
<i>Types of Harassment</i>	52
Unique Gender Harassment Issues in Hospital Environments	53
<i>Sexual Harassment from Patients and Visitors</i>	53
<i>Gender Stereotyping</i>	53
<i>Underrepresentation</i>	53
<i>Invasive Procedures and Vulnerability</i>	53
<i>Pregnancy and Motherhood Discrimination</i>	54
<i>Uniforms and Dress Codes</i>	54
<i>Transgender and Gender Non-Conforming Employees</i>	54
<i>Intersectionality</i>	54
<i>Power Dynamics</i>	54
Impact of Workplace Harassment on Healthcare Professionals	54
<i>Emotional and Psychological Distress</i>	55
<i>Mental Health Effects</i>	55
<i>Physical Health Consequences</i>	55
<i>Reduced Job Satisfaction</i>	55
<i>High Turnover Rates</i>	55
<i>Negative Impact on Patient Care</i>	55
<i>Collaboration and Teamwork</i>	55
<i>Stigmatization and Isolation</i>	56
<i>Career Advancement</i>	56
<i>Damage to Reputation</i>	56
What to Do Next: Suggestions	56
<i>Suggestions</i>	57
DISCUSSION	58
LIMITATIONS	58
CONCLUSION AND SUGGESTIONS	58

CHAPTER 7 PATIENT-DOCTOR RELATIONSHIP AND ETHICAL CONCERNS REGARDING NON-DISCLOSURE OF MEDICAL INFORMATION	60
<i>Aqsa Batool, Warda Batool and Shiza Malik</i>	
INTRODUCTION	60
Prevalence in the World	62
Prevalence in Pakistan	62
Causes of Withholding Information	63
Implications of Inadequate Bioethical Practices	64
Ethical Concerns in Clinical Research Experiments	64
RECOMMENDATIONS FOR FUTURE RESEARCH	65
CONCLUSION	67
PART 1 SECTION II: MEDICAL PROCEDURES AND THE ETHICAL CONCERNS	
CHAPTER 8 ETHICAL ISSUES RELATED TO HUMAN RADIATION EXPERIMENTS	68
<i>Mehreen Tahir, Zehra Abbas and Shiza Malik</i>	
INTRODUCTION	68
Prevalence of Radiation Experiments in the World	69
Nuclear Testing	71
Human Radiation Experiments in Pakistan	71
Ongoing Radiation Experimentation in Pakistan	71
Causative Factors	72
<i>Lacks Subjects' Consent</i>	72
<i>Lack of Awareness about Side effects and Long-Term Consequences</i>	72
<i>Scarcity of Proper Equipment</i>	72
<i>Lack of Proper Disposal of Radiation Waste</i>	72
<i>The Workers and Lab Technicians</i>	72
<i>Testing of Bioweapons</i>	72
<i>Health Versus Economics</i>	72
<i>Individual Rights Versus Social Benefits</i>	73
<i>Uniform Versus Dual Standards</i>	73
Risks of Developing Cancer by Radiation Exposure	73
Misuse of Radiation Experiments	73
Counter of the Issue in the Light of Literature	74
Methods Adopted by the National Institute of Health (NIH) Pakistan	75
CONCLUSION	75
CHAPTER 9 EUTHANASIA AND ETHICS: 'THE GOOD DEATH' DEBATE	77
<i>Sabahat Munawer, Rizwana Fatima, Areej Sohail, Zunaira Qureshi and Shiza Malik</i>	
INTRODUCTION	77
Types of Euthanasia	78
Euthanasia Practice Across the World	78
Legal Status of Euthanasia in Pakistan	80
The Religious Point of View	81
<i>Christianity</i>	82
<i>Hinduism</i>	82
<i>Sikhism</i>	82
Buddhism	83
Cultural Connotations for Euthanasia	83
<i>Worldwide Cultural Connotations</i>	83
<i>Cultural Connotations in Pakistan</i>	83
Attitude of Physicians and Healthcare Providers Towards Ethunasia	84

<i>Opposition to Euthanasia</i>	84
<i>Support for Euthanasia</i>	84
<i>Neutral Position</i>	85
<i>Involvement and Decision-Making</i>	85
<i>Palliative Care and Alternatives</i>	85
Factors Leading to Euthanasia	85
Legalization of Euthanasia and its Possible Impacts	86
Potential Consequences of Euthanasia	88
Methods to Counter Euthanasia	89
Major Ethical Concerns Related to Euthanasia	91
<i>Sanctity of Life</i>	91
<i>Autonomy and Informed Consent</i>	91
<i>Beneficence and Nonmaleficence</i>	91
<i>Slippery Slope Argument</i>	91
<i>Vulnerable Populations</i>	92
<i>Professional Ethics</i>	92
<i>Palliative Care and Alternatives</i>	92
<i>Cultural and Religious Diversity</i>	92
<i>Legal and Regulatory Frameworks</i>	92
LIMITATIONS TO LEGALIZING EUTHANASIA- BIOETHICS	92
CONCLUSION	93
CHAPTER 10 PHYSICIAN-ASSISTED SUICIDE - THE ETHICAL INSIGHTS	94
<i>Aiman Farzeen, Areeba Mubashir and Shiza Malik</i>	
INTRODUCTION	94
Physician-Assisted Suicide and Euthanasia - Difference	95
PAS Practices	95
Worldwide Practices	96
<i>Countries Where PAS is Legal</i>	96
<i>Assisted Suicide Organizations</i>	96
<i>Legal Safeguards</i>	96
Pakistan's Position on PAS	96
Lawful Implications towards PAS	97
Religious Point of View on PAS	97
<i>Christianity</i>	98
<i>Judaism</i>	98
<i>Islam</i>	98
<i>Hinduism</i>	98
<i>Buddhism</i>	98
Causative Factors Leading to PAS	99
Potential Consequences of Legalizing PAS	99
Ways to Encounter PAS-Alternative Options	100
Ethical Debate Regarding PAS	101
<i>Limits on Patient Autonomy</i>	101
<i>The "Slippery Slope" to Social Depravity</i>	101
<i>Violation of the Hippocratic Oath</i>	101
CONCLUSION	102
CHAPTER 11 ASSISTED REPRODUCTIVE TECHNOLOGY – SURROGACY: AN ETHICAL DILEMMA	103
<i>Maria Rashid, Shiza Navaid, Taskeen Aman, Zunaira Bano and Shiza Malik</i>	
INTRODUCTION	104

Contractual Connotation of Surrogacy	104
<i>Uncompensated</i>	104
<i>Compensated</i>	105
History	105
Types	106
<i>Genetic/Traditional (Partial)</i>	106
<i>Gestational (Full)</i>	106
Prevalence	106
<i>India</i>	106
<i>United States</i>	107
<i>Pakistan</i>	107
What Makes it a Controversial Issue?	108
<i>Legal Issues</i>	108
<i>Social Issues</i>	109
<i>Religious Issues</i>	109
<i>Ethical Issues</i>	110
<i>Some Other Issues</i>	113
Bioethics Principles	114
<i>Non-Maleficence</i>	114
<i>Beneficence</i>	114
<i>Autonomy</i>	114
<i>Justice</i>	115
RECOMMENDATIONS AND CONCLUSION	115
CHAPTER 12 <i>IP'XKVTQ</i> FERTILIZATION - AN INSIGHT INTO ETHICAL ISSUES	117
<i>Anushe Munir, Arooj Arshad and Shiza Malik</i>	
INTRODUCTION	117
ICSI (Intra Cytoplasmic Sperm Injection)	118
Causative Factors	119
Practices of IVF Around the World and Pakistan	120
IVF- The Ethical Debate	120
<i>Embryo Status and Personhood</i>	121
<i>Selective Reduction and Multiple Pregnancies</i>	121
<i>Parental Responsibilities and Rights</i>	121
<i>Access and Equity</i>	121
<i>Designer Babies and Genetic Manipulation</i>	121
<i>Frozen Embryos and Disposition</i>	121
<i>Egg and Sperm Donation</i>	122
<i>Ethics of Research</i>	122
<i>Regulation and Oversight</i>	122
Consequences of Improvising IVF	122
<i>Experimentation & Destruction of the Embryos</i>	122
<i>ICSI</i>	123
<i>Single Parents</i>	123
<i>Homosexuality</i>	124
<i>Gender Discrimination</i>	124
Alternative Methods to IVF	124
CONCLUSION	124
CHAPTER 13 UNETHICAL CLINICAL TRIALS AND THE THIRD-WORLD COUNTRIES	126
<i>Fatima Tahir and Walifa Waqar</i>	
INTRODUCTION	126

Overview of Clinical Trials	128
The Role of Developing Countries in Clinical Research	128
Notable Historical Cases of Unethical Clinical Trials: World Scenerio	128
Vulnerable Populations in Developing Countries	129
Historical Cases of Unethical Clinical Trials in Pakistan	129
The Violence Against Bioethical Principles During Unconscionable Trials	130
Practices of Unethical Clinical Trials	131
Causative Factors of Unethical Exploitation	132
Effects of the Breach of Ethics	134
<i>Inferiority Complex Among Individuals</i>	134
<i>Mistrust in the Healthcare System and Disrespect towards the Laws</i>	134
<i>Degrading Image of Pharmaceutical Companies</i>	134
Methods for Minimizing Unethical Clinical Trials	135
Overview of International Guidelines and Regulations	135
<i>Purpose and Background</i>	136
<i>Ethical Principles</i>	136
<i>Informed Consent</i>	136
<i>Vulnerable Populations</i>	137
<i>Ethical Review</i>	137
<i>Global Applicability</i>	137
<i>Ongoing Revisions</i>	137
Impact of Unethical Trials on Global Health Equity	137
Strategies to Improve Ethical Standards in Clinical Research	138
<i>Enhanced Informed Consent Process</i>	138
<i>Ethics Training and Education</i>	139
<i>Ethics Review Committees</i>	139
<i>Transparency and Accountability</i>	139
<i>Monitoring and Auditing</i>	139
<i>Research Ethics Guidelines</i>	139
<i>Community Engagement</i>	139
Strengthening Regulatory Mechanisms and International Cooperation	139
<i>Harmonization of Regulations</i>	139
<i>International Collaboration</i>	140
<i>Capacity Building</i>	140
<i>Data Sharing and Transparency</i>	140
<i>Sanctions and Penalties</i>	140
<i>Whistleblower Protection</i>	140
<i>Ethical Research Partnerships</i>	140
OTHER SUGGESTIONS	140
CONCLUSION AND FUTURE SUGGESTIONS	141
CHAPTER 14 ABORTION–THE ETHICAL PREVIEW	142
<i>Ammara Arif, Bushra Ahmad, Hina Sharif and Shiza Malik</i>	
INTRODUCTION	142
The Unethical Procedures	143
Reasons/ Causes of Abortion	143
Other Factors Leading to Abortion	143
Factors to be Considered Before Opting for Abortion	144
Lab Tests Required	144
Types of Abortion	145
<i>Medical Abortion</i>	145

<i>Surgical Abortion</i>	145
LIMITATIONS	146
Potential Medical Complications Following an Abortion	146
Follow-Up Instructions	146
Abortion- The Religious Debate	147
<i>Islam</i>	147
<i>Christianity</i>	148
<i>Judaism</i>	148
<i>Hinduism</i>	148
<i>Buddhism</i>	148
<i>Sikhism</i>	149
<i>Other Religions</i>	149
CONSEQUENCES OF ABORTION- INDIVIDUAL LEVEL	149
Psychological Counseling, Help, and Healing	150
CONSEQUENCES OF ABORTION- SOCIETAL LEVEL	150
Different Religious Points of View on Abortion	151
<i>Islam</i>	151
<i>Hinduism</i>	151
<i>Judaism</i>	151
<i>Buddhism</i>	152
<i>Catholicism</i>	152
Worldwide Prevalence of Abortion	152
Abortion Prevalence in Pakistan	152
Organizations Working On the Cause	153
<i>BAPSA (Bangladesh Association for Prevention of Septic Abortion)</i>	153
<i>Society for the Protection of Unborn Children (SPUC)</i>	153
Steps to Control Abortion Practices	153
CONCLUSION	154
CHAPTER 15 DEFINING THE MORAL STATUS OF AN EMBRYO? OR DEFYING THE MORAL STATUS OF A WOMAN?	155
<i>Bakhtawar Sehar and Syeda Zahra Shahid</i>	
INTRODUCTION	155
Elucidation of Stem Cells	156
<i>Embryonic Stem Cells</i>	156
<i>Somatic Stem Cells/Adult Stem Cells</i>	157
Causative Factors of Embryonic Stem Cell Research	157
Different Moral Stances Regarding Embryonic Research	158
<i>Potentiality and Personhood Argument</i>	158
<i>Enoulment</i>	158
<i>Gradual Development</i>	158
<i>Viability</i>	158
<i>Sentience and Consciousness</i>	158
<i>Religious Beliefs</i>	159
<i>Bodily Autonomy</i>	159
<i>Consequentialism</i>	159
<i>Secular Ethics</i>	159
<i>Pragmatic Approaches</i>	159
Embryonic Stem Cell Therapy - The Religious Debate	159
<i>Roman Catholicism</i>	160
<i>Protestant Christianity</i>	160

<i>Islam</i>	160
<i>Judaism</i>	160
<i>Buddhism</i>	161
<i>Hinduism</i>	161
<i>Secular Ethical Frameworks</i>	161
Embryonic Stem Cell Research Prevalence-Facts and Statistics	161
Consequences of Embryonic Stem Cell (ESC) Research	162
Moral Status of an Embryo-- an Ethical Concern	162
Women at Risk for Stem Cell Research	163
Organizations-ESC Research and Political Influence	163
Consequences of ESC Research on Society	164
<i>Therapeutic Misconception</i>	164
<i>Women Exploitation-Egg Commercialization</i>	164
<i>The Unethical Methods to Obtain Embryonic Stem Cells (ESC)</i>	164
CONCLUSION	165
CHAPTER 16 HUMAN CLONING- A FAR-FETCHED IDEA OR A GENETIC DISASTER?	166
<i>Fatima Khurazmi and Shiza Malik</i>	
INTRODUCTION AND HISTORICAL BACKGROUND	166
Definitions-Concept of Human Cloning	167
Types of Cloning	167
<i>Therapeutic Cloning</i>	167
<i>Reproductive Cloning</i>	167
Experiments of Cloning	167
Ethical Issues Related to Human Cloning	168
Religious Viewpoint	169
Islamic Point of View	169
Other Islamic Ethical Concerns Related to Human Cloning	170
<i>Creation and Imitation of Life</i>	171
<i>Playing God</i>	171
<i>Preservation of Genetic Diversity</i>	171
<i>Familial and Social Dynamics</i>	171
<i>Reproductive Cloning vs. Therapeutic Cloning</i>	171
<i>Ensuring the Well-being of Cloned Individuals</i>	171
<i>Ethical Oversight</i>	172
CONCLUSION	172
PART 1 SECTION III: COVID-19 ERA AND ETHICAL ISSUES	
CHAPTER 17 A PRACTICAL, ETHICAL, AND LEGAL GUIDELINE FOR PROFESSIONAL THERAPISTS AND COUNSELLING PRACTICES DURING THE COVID-19 OUTBREAK ...	173
<i>Muhammad Aqeel, Aqsa Chaman and Hina Shahid</i>	
INTRODUCTION	174
Appropriate Ethical Principles	176
Ethical Challenges	177
Framework for Ethical Decision Making During COVID-19	177
Ethical Standards	178
Standard 1: Resolving Ethical Issues	178
Standard 2: Competency	179
Standard 3: Human Relations	179
Standard 4: Privacy and Confidentiality	179
Standard 5: Public Statements and Advertising	180

Standard 6: Fees and Record-Keeping	180
Standard 7: Education and Training	180
Standard 8: Publication and Research	180
Standard 9: Assessment	181
Standard 10: Therapy	181
Ethical Guidelines in Favor of Online Psychotherapy	181
<i>Enhanced Adaptability, Access, and Availability</i>	181
<i>Communication Enhancement and the Benefits of Therapy</i>	181
<i>Client Characteristics</i>	182
<i>Accessibility, Contentment, Acceptance, and Increased Demand</i>	182
<i>Economic Benefits</i>	182
<i>Anonymity, Privacy, and Accountability</i>	182
<i>Getting Rid of Engagement Barriers</i>	183
<i>Therapeutic Alliance</i>	183
<i>Online Learning and Supervision</i>	183
<i>Emergency and Crises</i>	183
<i>Research Opportunities</i>	183
<i>Therapist Protection</i>	184
<i>Inform Consent</i>	184
Waning Intimacy	184
<i>Health Care Workers' Psychological Disorders</i>	184
<i>Proscription Against the Free Market</i>	184
Ethical Considerations Against Tele Psychotherapy	184
<i>Security, Autonomy, and Privacy Issues</i>	184
<i>Competency and Professional Training</i>	185
<i>Communication Problem</i>	185
<i>Crises Issues</i>	185
<i>Law Concern</i>	185
<i>Therapeutic Relationship Issues</i>	186
<i>Access and Availability Issues</i>	186
<i>Unethical and Malicious Behavior</i>	186
<i>Cost</i>	186
<i>Loss of Therapeutic Control and Adherence Issues</i>	186
CONCLUDING REMARKS	187
CHAPTER 18 COVID-19 PANDEMIC AND ETHICS OF MANDATORY VACCINATIONS	188
<i>Sanaa Masood Aslam and Yasir Waheed</i>	
INTRODUCTION	188
Impact of Securitizing COVID-19 on Human Societies	190
The Threat Behind Covid-19 Outbreak	192
Vaccine Mandates	194
<i>What do Compulsory Vaccinations Entail?</i>	194
The Strong Case for Mandatory Covid-19 Vaccinations	195
<i>Justification 1: There is a Grave Threat to Public Health</i>	195
<i>Justification 2: The Vaccine is Safe and Effective</i>	196
<i>Justification 3: Mandatory Vaccinations have a Superior Cost/Benefit Profile</i>	
<i>Compared with other Alternatives</i>	197
<i>Assumption 4: Level of Coercion is Proportionate</i>	198
COVID-19 Policies on Vaccine Mandates- A Global Perspective	201
Ethics of Mandatory Immunization	203
<i>Framing the Controversy Over the Choice of Ethical Values</i>	203

<i>Ethical Acceptability of Vaccinations</i>	204
Vaccine Hesitancy	205
<i>COVID-19 Vaccine Hesitancy</i>	207
Strategies to Improve Vaccine Compliance	208
CONCLUSION	209

PART 1 SECTION IV: ETHICS AND SOCIAL HEALTH

CHAPTER 19 THE ETHICAL PROBLEMS ASSOCIATED WITH THE IMPACTS OF SOCIAL MEDIA ON HEALTHCARE 210

Aleema Moin, Mahnoor Majid and Shiza Malik

INTRODUCTION	210
Ethical Challenges	212
Cybercrimes	213
Cyberstalking	213
Hacking	213
Advertisement	213
Cyberbullying	213
YouTube	214
Consequences and Effects	214
Prevalence in Pakistan	214
Causative Factors Behind Unethical Crimes	215
Methods	215
Opinions	216
LIMITATIONS	216
CONCLUSION	217

CHAPTER 20 ETHICAL DILEMMAS IN JOURNALISM AND THEIR IMPACTS ON MENTAL HEALTH OF THE SOCIETY 218

Umme Swaiba, Zoya Siddique and Shiza Malik

INTRODUCTION	218
DIMENSIONS	219
Misinformed Piece of News	219
Falsified Information	219
Insensitivity Towards Subjects	219
Religious and Cultural Disrespect	220
Oversimplification and Overgeneralization	220
Incidents Around the Globe	220
The Pentagon Papers	220
The Anderson Newspaper Incident	221
Juvenile Identity Issue	221
Prevalence in Pakistan	221
Public Breach of Rights	221
Religious Disregard in a TV Show	222
SENSITIVE REPORTING ON SUICIDES- A GLOBAL AND NATIONAL DILEMMA	222
Privacy and Sensitivity	222
Avoiding Romanticization	222
Providing Resources and Support	222
Responsible Language	223
Avoiding Blame	223
Diverse Perspectives	223
Cultural Sensitivity	223

Community Impact	223
Mental Health Stigma	223
Government Regulations	223
PEMRA RULES	224
CONSEQUENCES	224
Hatred Toward Minorities and Religions	224
Sense of Insecurity and Danger	225
Reflected Impacts on Journalists	225
Control Measures to Counter the Issue	225
Three Principles to be Followed by Journalists	226
Pakistan Federal Union of Journalists (PFUJ)	226
RECOMMENDATIONS	227
CONCLUSION	227
CHAPTER 21 THE PSYCHOLOGICAL AND ETHICAL DEFAULT LINES BEHIND	
GENDER DISCRIMINATION	229
<i>Mahnoor Ali and Momina Hayat</i>	
INTRODUCTION	229
Gender Discrimination Scenario in Developing Countries	230
Prevalence	230
Causes	231
<i>Lack of Strict Rules</i>	231
<i>Influence of Culture/Norms</i>	231
<i>Role of Media</i>	232
<i>Religious Extremism</i>	232
<i>Scientific Reference</i>	232
CONSEQUENCES	232
Counter Methods	233
CEDAW Bill	234
CONCLUSION	235
CHAPTER 22 INSANE PUNISHMENTS OR HUMANE REHABILITATION? MENTAL	
HEALTH OF PRISONERS AND ETHICAL ISSUES ASSOCIATED WITH LACK OF	
REHABILITATION	236
<i>Shiza Malik and Maham Khan</i>	
INTRODUCTION	237
Positives of Rehabilitation	237
Rehab Centers Around the Globe	238
Rehabilitation Centers in Pakistan and their Influence	238
Basic Purpose Behind Rehabilitation Centers	239
The Ethical Issues and Arguments Related to Rehabilitation Programs	239
Torture as an Element of Imprisonment and the Ethics of Torture	240
<i>Illegality and International Condemnation</i>	240
<i>Ethical Implications</i>	240
<i>Effectiveness and Reliability</i>	240
<i>Moral and Legal Duties</i>	240
<i>Dehumanization and Desensitization</i>	241
<i>Long-term Psychological Consequences</i>	241
<i>Alternatives to Torture</i>	241
<i>Accountability</i>	241
Ethical Concerns Related to Torture	241
<i>Human Dignity</i>	241

<i>Prohibition of Cruelty and Inhumanity</i>	242
<i>Moral Rights</i>	242
<i>Utility and Effectiveness</i>	242
<i>Slippery Slope</i>	242
<i>Normalization and Desensitization</i>	242
<i>Duty to Prevent Harm</i>	242
<i>Healthcare Ethics</i>	242
<i>Rule of Law</i>	243
<i>Accountability and Impunity</i>	243
<i>International Human Rights</i>	243
Potential Consequences of Imprisonment on the Offenders	243
Effects of Rehabilitation on the Offenders	244
Effects on the Offender’s Family and Organization	244
Impacts of Rehabilitation on Society	245
Methods to Counter this Issue in Light of Literature	245
<i>Victim Offender Mediation (VOM)</i>	245
<i>Boot Camp for Minors</i>	246
<i>Prison S.M.A.R.T Program</i>	246
<i>Cornell Prison Educational Program Washington</i>	247
A Few Other Successful Methods for Rehabilitation	247
CONCLUSION	247
PART 2 ESSAYS ON ETHICAL ISSUES	
ESSAY 1 BODY SHAMING	249
<i>Arooj Liaqat and Shiza Malik</i>	
THESIS STATEMENT	249
OUTLINE	249
ESSAY	249
ESSAY 2 ETHICAL ISSUES IN SMALL BUSINESSES	254
<i>Asad Ullah and Shiza Malik</i>	
THESIS STATEMENT	254
OUTLINE	254
ESSAY	254
ESSAY 3 IS FREE HEALTHCARE GOOD OR BAD?	259
<i>Muhammad Bilal and Shiza Malik</i>	
THESIS STATEMENT	259
OUTLINE:	259
ESSAY	259
ESSAY 4 HUMAN AND ANIMAL CLONING	264
<i>Ghulam Ahmed and Shiza Malik</i>	
THESIS STATEMENT	264
OUTLINE	264
ESSAY	264
ESSAY 5 CYBERBULLYING LEADS TO MISDIRECTED FRUSTRATION	270
<i>Hajra Shafqat and Shiza Malik</i>	
THESIS STATEMENT	270
OUTLINE	270
ESSAY	270
ESSAY 6 WEIGHT LOSS SURGERY	275

<i>Momina Ather and Shiza Malik</i>	
THESIS STATEMENT	275
OUTLINE	275
ESSAY	275
ESSAY 7 VIRTUAL HEALTHCARE RESHAPES HEALTHCARE DELIVERY	
WORLDWIDE	281
<i>Sophia Rahman and Shiza Malik</i>	
THESIS STATEMENT	281
OUTLINE	281
ESSAY	281
ESSAY 8 LEGALIZATION OF ABORTION	288
<i>Hadia Arshad and Shiza Malik</i>	
THESIS STATEMENT	288
OUTLINE	288
ESSAY	288
ESSAY 9 EUTHANASIA-SHOULD IT BE LEGAL?	293
<i>Fatima Shafiq and Shiza Malik</i>	
THESIS STATEMENT	293
OUTLINE	293
ESSAY	293
ESSAY 10 RESPECT FOR GENDER AND GENDER EQUALITY	299
<i>Zoha Saeed and Shiza Malik</i>	
THESIS STATEMENT	299
OUTLINE	299
ESSAY	300
ESSAY 11 EDUCATION SYSTEM WITHOUT MORAL EDUCATION	306
<i>Zahra Fatima and Shiza Malik</i>	
THESIS STATEMENT	306
OUTLINE	306
ESSAY	306
ESSAY 12 PATIENT PRIVACY AND CONFIDENTIALITY	311
<i>Aima Khalid and Shiza Malik</i>	
THESIS STATEMENT	311
OUTLINE	311
ESSAY	311
APPENDIX A	317
References	317
APPENDIX B	344
Some Important Links	344
SUBJECT INDEX	351

PREFACE

In the complex and interconnected world of healthcare, ethics plays a pivotal role in guiding the actions and decisions of individuals and institutions. This book delves into the intricate web of ethical dilemmas and moral quandaries that permeate the healthcare sector, offering a comprehensive exploration of issues that span from the patient's bedside to the corporate boardroom, from the laboratory bench to the therapist's office.

This book specifically presents an overview of different ethical issues within the medical, biotechnology, pharmaceutical, and healthcare industries. In addition, some of the general ethical issues of society have been discussed with a view of how they directly or indirectly affect the psychological development and mental health of society. The writers have tried to gather ethical issues with a special focus on third-world countries, including Pakistan, where resources are immense, yet their utilization is meager and unsatisfactory to the needs of a large-scale population.

The book contains a variety of sections, subsections and chapters, each representing a different issue, yet they are all connected to the overall debilitating healthcare system and the enervating professional ethical outcomes. Some sections indicate theoretical approaches to healthcare management and ethical concerns. A slight focus has also been given to religious views to govern the moral aspects within the scope of ethical behaviors.

The chapters have been meticulously crafted to reveal the profound connections and coherence that bind them together, painting a vivid tapestry of ethical challenges and considerations that professionals, policymakers, and society at large must confront. A total of four subsections are included in the first section that includes categories such as workplace ethics, medical procedural ethics, COVID era, ethics and lastly, the social and ethical issues. More specifically, the first chapter, 'Healthcare Sector Fraud and Corruption', elaborates our journey that begins with an examination of the dark underbelly of the healthcare sector, where financial improprieties and corruption can undermine patient care and public trust.

The chapter, Unethical Decision-Making in the Workplace, revolves around psychological issues and ethics. Ethical decision-making is not confined to healthcare. We delve into the psychological factors that can drive unethical behavior in the workplace. Then comes the chapter The Ethical Dilemma Behind Dishonesty in the Medical Profession that allows us to delve deeper. We scrutinize the moral tensions that can arise within the medical profession, challenging the principles of honesty and integrity. The spotlight then shifts to the pharmaceutical industry, where we uncover the ethical lapses that can occur in the quest for profit and innovation. We highlight workplace harassment that emerges as a critical ethical issue with profound implications for both individual well-being and corporate responsibility. In the next chapter, the sacred bond between patients and doctors is examined, with a focus on the ethical implications of withholding medical information.

Then, the second subsection begins with medical procedural ethics from financial fraud. We transition to the ethically murky waters of human experimentation, exploring the historical and contemporary dilemmas surrounding the use of radiation on humans. Then begins the contentious debate surrounding euthanasia and the right to die with dignity takes center stage, highlighting the ethical complexities of end-of-life decisions. In the chapter, Building upon the euthanasia debate, we explore the ethical considerations surrounding physician-assisted suicide, an increasingly relevant topic in modern healthcare. Shifting gears, we navigate the uncharted territory of assisted reproductive technology, dissecting the ethical dilemmas that

arise in the context of surrogacy. Our exploration continues into the world of *in vitro* fertilization, where we analyze the ethical issues surrounding conception and parenthood. Then, the ethical boundaries of clinical trials in vulnerable populations are brought into sharp focus, raising critical questions about justice and exploitation. Furthermore, the age-old debate over abortion resurfaces, offering a fresh perspective on the ethical implications of reproductive rights. We also highlight the juxtaposition of embryo rights and women's autonomy in reproductive choices, pitting moral status against moral agency. The book then ventures into the realm of science fiction as we contemplate the ethical implications of human cloning and genetic experimentation.

The third section delves deeper into the COVID-19 pandemic era and the associated ethical concerns in the wake of the global pandemic. We address the ethical challenges faced by therapists and counselors as they adapt to the changing landscape of mental healthcare. Moreover, the ethical dilemma of mandatory vaccinations during the COVID-19 pandemic is scrutinized, highlighting the balance between public health and individual rights. The fourth subsection focuses on social ethics, where our examination of the modern age takes a turn toward the digital realm as we explore the ethical challenges posed by social media's influence on healthcare. The far-reaching effects of ethical lapses in journalism are examined, illustrating the media's power to shape public perception and mental health. Additionally, gender discrimination is dissected, shedding light on the psychological and ethical underpinnings of inequality in society. We conclude our exploration by delving into the misuse of authority, assessing its impact on health, and highlighting the ethical imperative to rectify such abuses.

Throughout these chapters, we will navigate the intricate ethical terrain that underlies the multifaceted world of healthcare. Each topic not only stands on its own but also forms a vital thread in the larger tapestry of ethical considerations that define the healthcare landscape. We invite you to embark on this journey, where ethical questions are explored, debated, and illuminated, ultimately guiding us toward a more conscientious and compassionate future in healthcare and beyond.

In the last section, some essays have been compiled to advance the knowledge pertaining to ethical problems of society in general and of healthcare in particular. The purpose is to make the authorities and healthcare professionals aware in terms of reminders to follow and formulate rules, regulations, and duties implicit in their work environment aligned to their social behavior. It has also been attempted to educate the general public regarding malpractices and unethical deviations that they may get involved in accidentally or intentionally, as well as the serious consequences these practices can have on individuals and society.

On a wider level, this book will enable the readers to have a much better understanding of various peculiar ethical concerns within the healthcare industry and the righteous accounts that should be practiced to make a better and ethically sound professional standing. After reading this book, students in the fields of medicine, healthcare, biotechnology, pharmacy, and healthcare management will be able to comprehend a more comprehensive understanding of the importance of ethical practices in their relevant fields.

Shiza Malik

Atta-ur-Rahman School of Applied Biosciences (ASAB)
National University of Sciences and Technology (NUST)
Air University; and Bridging Health Foundation
44000, Islamabad, Pakistan

Yasir Waheed

Office of Research, Innovation, and Commercialization (ORIC)
Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU)
Islamabad, 44000, Pakistan
Gilbert and Rose-Marie Chagoury School of Medicine
Lebanese American University
Byblos, Lebano

Maham Khan

Department of Liberal Arts and Human Sciences
Virginia Tech, Blacksburg, Virginia
24060, USA

Tahreem Zaheer

Atta-ur-Rahman School of Applied Biosciences (ASAB)
National University of Sciences and Technology (NUST)
44000, Islamabad, Pakistan

&

Bakhtawar Sahar

Atta-ur-Rahman School of Applied Biosciences (ASAB)
National University of Sciences and Technology (NUST)
44000, Islamabad, Pakistan

ABOUT THE EDITORS

Editor

Shiza Malik

Shiza Malik graduated from the National University of Sciences and Technology (NUST) in Pakistan with a postgraduate research degree in Healthcare Biotechnology. She has served as a Lecturer (Healthcare Ethics and Values) at Air University. She is currently serving as a research writer at Bridging Health Foundation, Rawalpindi. She has some publications related to the field of biotechnology and cancer studies in international journals. Besides writing, she is passionate about painting as a hobby. She believes colors and words have a deep connection. Her goal is to become an influencer whose work speaks for itself. Shiza is working on two other books in the philosophical domain that she has planned to get published soon.

Shiza proposed the idea for this book. She succeeded in working out the piece of literature with the combined effort of contributing authors from the healthcare background. She has contributed majorly to compiling this book. She has contributed as a co-author for most of the chapters of this book. Shiza believes that a participatory approach is the most effective way to harness the potential and dedication of people. In her view, any issue can be addressed as long as the community takes into account its peculiar responsibilities and deals with them appropriately. Throughout her career, Shiza has worked to contribute to the field and institutions that work to make students shine. On the basis of the observations she has made about the practices of her country's healthcare system, she wants to raise public awareness and make sure that firm and timely decisions are made to make ethical practices more prevalent.

Co-editors

Yasir Waheed

Yasir Waheed is working as the Director of Research, Innovation and Commercialization at Shaheed Zulfiqar Ali Bhutto Medical University. He earned his PhD degree in Virology and Immunology from the National University of Sciences and Technology, Pakistan. His research area includes multidisciplinary medical sciences, including virology, molecular biology, diagnostics, medicine, bioinformatics and disease burden estimation. He has over 160 research publications, including papers published in top-tier journals, *e.g.*, Lancet, British Medical Journal, Nature, JAMA, *etc.* His research work has been cited more than 40,000 times, and he has been included in the list of Top-2% scientists in the world in the last two consecutive years (2020 & 2021).

Maham Khan

Maham Khan is currently a Fellow Graduate Researcher at the Department of Liberal Arts and Human Sciences in the domain of Human Development and Family Sciences, with a specialization in Adult Development and Aging at Virginia Polytechnic Institute and State

University, Blacksburg, VA, USA. She has earned her bachelor's and master's degrees in healthcare biotechnology from the National University of Sciences and Technology, Pakistan. Her current research areas include Risks and Health Consequences of Functional Limitations Among Older Adults, Healthcare Outcomes Among Older Adults who do not Receive Sufficient Healthcare, Care intervention Strategies across Adult Day Service Centers, and Creative Aging. She has previously served as a Lecturer at Air University, Islamabad, Pakistan.

Tahreem Zaheer

Tahreem Zaheer is a Marie Sklodowska-Curie Early Stage Researcher (ESR) and alumnus of the National University of Sciences and Technology. Tahreem is interested in interdisciplinary sciences, and so far has published research work in the journals Elsevier and Nature. Using her diverse experience, Tahreem served as a co-editor of this book and has given flavor of the importance of bioethics in various fields of biological sciences. She also contributed to a chapter named Misuse of Authority: Health Impacts and Ethical Concerns.

Bakhtawar Sehar

Bakhtawar Sehar received her B.S. degree in applied biosciences and M.S. degree in biomedical sciences from the National University of Sciences and Technology, Pakistan, in 2017 and 2021, respectively. Her research interests include prosthetic devices and rehabilitation engineering. She has worked on the mechanical properties of carbon fiber composites to investigate their suitability for prosthetic foot manufacturing in Pakistan. Currently, she is working as a content writer in the marketing department of Riphah International University Islamabad, Pakistan. She has proofread and edited several chapters in this book. She and her colleague, Syeda Zahra Shahid, worked on the ethical concerns related to embryo transfer techniques included in this book.

ACKNOWLEDGEMENTS

Special thanks to all my teachers, especially Prof. Salik Hassan, who taught the subject of Professional Ethics from where the idea of this book originated.

Huge respect and regard for Prof. Dr. Yasir Waheed who helped as a Co-Editor of this book and as a constant motivation in my scientific journey.

I'm thankful for the coordinated work, time and effort put forth by all the other co-editors: Maham Khan, Tahreem Zaheer and Bakhtawar Sahar.

A bundle of thanks to the contributing authors from Atta-ur-Rahman School of Applied Biosciences-NUST and Air University Islamabad Pakistan, who helped extensively to generate this piece of literature.

List of Contributors

Amina Shahid	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Anibah Khalid	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Aqsa Chaman	Department of Psychology, Government College University, Lahore, Pakistan
Aqsa Batool	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Areej Sohail	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Areeba Mubashir	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Aiman Farzeen	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Anushe Munir	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Arooj Arshad	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Arooj Liaqat	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Asad Ullah	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Aima Khalid	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Aleema Moin	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Ammara Arif	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Bushra Ahmad	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Bakhtawar Sehar	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Fatima Shafiq	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Fatima Khurazmi	Department of Management Studies, Air University, Islamabad, Pakistan
Fatima Tahir	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Hina Sharif	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

Ghulam Ahmed	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Hina Shahid	Department of Arts and Media, Foundation University School of Science and Technology (FUSST), Foundation University, Islamabad, Pakistan
Hajra Shafqat	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Hadia Arshad	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Javeria Mehboob	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Muhammad Bilal	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Momina Ather	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Mariam Fatima	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Maha Kaiser	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Maleeha Arshad	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Maryam Abbas	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Mehreen Tahir	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Maria Rashid	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Muhammad Aqeel	Department of Psychology, Foundation University School of Science and Technology (FUSST), Foundation University, Islamabad, Pakistan
Mahnoor Majid	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Mahnoor Ali	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Momina Hayat	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Maham Khan	Department of Liberal Arts and Human Sciences, Virginia Tech, Blacksburg, Virginia, 24060, USA
Naila Nasir Mehmood	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Rizwana Fatima	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Shiza Navaid	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

Shiza Malik	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Syeda Zahra Shahid	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Sanaa Masood Aslam	Foundation University College of Dentistry and Hospital, Islamabad, Pakistan
Syed Hashaam Ahmed	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Samra Babar	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Sophia Rahman	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Sabahat Munawer	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Syeda Faria Batool	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Sara Qureshi	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Tahreem Zaheer	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan Department of Biological Physics, Eotvos Lorand University, Budapest, Hungary
Taskeen Aman	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Umme Swaiba	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Warda Batool	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Walifa Waqar	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Yasir Waheed	Gilbert and Rose-Marie Chagoury School of Medicine, Lebanese American University, Byblos, Lebanon Office of Research, Innovation, and Commercialization (ORIC), Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU), Islamabad, 44000, Pakistan
Zoya Siddique	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Zoha Saeed	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Zahra Fatima	Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan
Zehra Abbas	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan
Zunaira Qureshi	Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

x

Zunaira Bano

Atta-ur-Rahman School of Applied Biosciences, National University of Sciences
and Technology, Islamabad, Pakistan

PART 1

Section I: Ethical Issues in Healthcare Sector

Workplace Behaviors and Ethics

CHAPTER 1

Healthcare Sector Fraud and Corruption

Amina Shahid¹, Mariam Fatima¹ and Shiza Malik^{1,*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Health sector corruption and fraud are rising not only in developing countries but also in well-developed countries. Up-coding of bills, identity theft, and quackery are some of the major kinds of fraud in this sector. In this chapter, major causes and types of healthcare fraud have been discussed, and how they are affecting the society, with special reference to Pakistan's conditions. Moreover, a gist of methods to reduce this issue has been proposed. The data suggests that the foremost issue conducive to the poor impact of public investments in the healthcare sector seems to be corruption and an observation system based on butcherly. The need is to overcome the dilemma through diverse approaches that necessitate collaboration and mutual work among politicians, citizens, policymakers, and every person within the community. Only then the cults of health sector fraud and corruption could be curtailed.

Keywords: Anti-Fraud association, Corruption, Current procedural terminology (CPT) codes, Embezzlement, Fraud, Healthcare sector, Millennium declaration, Public health, Whistle-blowing.

INTRODUCTION

The data gathered from various research and review papers highlights corruption issues in the health sector all around the globe, with special mention of Pakistan's state of affairs. It suggests that the foremost issue conducive to the poor impact of public investments in the healthcare sector seems to be corruption and an observation system based on butcherly. Corruption can affect countries just like "cancer" that invades the body slowly and gradually and ultimately destroys it. Such a "cancer" requires proper dedication and well-planned political efforts to treat it.

Health sector corruption and fraud are rapidly rising in developing countries. The most developed country, the USA, has the highest budget for health but is also

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

affected extensively by corrupt practices. It is estimated that fraud and corruption cover a wide percentage of annual expenditures for healthcare in the United States and are continuously rising annually. Reports by agencies like the National Healthcare Anti-fraud Association, the GAO (U.S Government Accountability Office), the Congressional Budget Office, the National Health Care Anti-Fraud Association (NHCAA), and the U.S. Chamber of Commerce indicate a high monetary coverage to tackle the cost associated with this issue. Trillions are spent on healthcare expenditures, and billions are recovered from fraudulent insurance and other sorts of corrupt practices, but the race between ethics and corruption goes on (Thornton *et al.*, 2015).

Corruption is outlined as the use of public or government property for personal gains. Corruption within the health sectors in the Asian nations is outlined as “Actions of stakeholders at intervals the health system mandated with governance and restrictive roles, or people who have a stake within the delivery of services or providing inputs to the system, that does not seem to be de-jure provided for and that do or have the potential to try and do injury to the general public or its interests (Closser, 2020)”.

Health Care Fraud- Definition

“Knowingly and willfully executes or attempts to execute a scheme...to defraud any healthcare benefit program or to obtain by means of false or fraudulent pretences, representations, or promises any of the money or property owned by any healthcare benefit program.”

-- Health Insurance Portability and Accountability Act (HIPAA).

What Leads to Public Health Sector Corruption?

When talking about its causes, corruption prevails due to many reasons. Lack of good and dedicated governance can be labeled as the first main cause of corruption. National Corruption Perception Surveys and Transparency International Pakistan reports often highlight the “*lack of accountability*” as one of the major causes of health sector fraud and corruption (Verasiya, 2013). The commitment to fraud can be said to be based on individual beliefs, personal moral values, and social ethics.

After playing neatly with the ethical state of affairs, people typically rationalize and justify their illegal acts through their values and beliefs instead of lingering on social and moral conduct. For example, considering bribe not as a bribe but an exchange of “gifts”. Another important issue that instigates the evil of healthcare fraud, especially in developing nations, is the low wages of workers, which contributes greatly to this unfortunate quandary of corruption. When people are not paid enough and are unable to meet the needs of their families, they are compelled to indulge in such corrupt activities due to forced circumstances they have to deal with and manage.

Other Forms of Health System Frauds

A small minority of dishonest healthcare suppliers are primarily involved in the majority of healthcare frauds. The actions of these few gilded ultimately affect the integrity and name of the most revered and trusted members of the society, *i.e.*, healthcare practitioners. They are assigned the most sensitive task of dealing with the lives of people to ascertain their good health; however, they end up jeopardizing the same lives due to unethical healthcare conduct. The main tool utilized by these traders of fraud is to take advantage of the confidence that has been entrusted to them to commit ongoing fraud on a very broad scale for self-benefit.

The Most Common Committed Fraud Types

- Charging for services that were never provided through victimization of real patient data, typically obtained through fraud or fabricating the complete claims.
- Upcoding of billing, *i.e.*, charging for over-expensive procedures than those carried out or provided. It may require assisting inflation of the patient’s diagnosis code to a more threatening condition in accordance with the false service code (Nicholas *et al.*, 2020).
- Providing unnecessary medical services solely for the reason of generating insurance payments (Nicholas *et al.*, 2020).
- Falsifying a patient's diagnosis to justify tests, surgeries, or other procedures that

Misuse of Authority: Ethical Concerns

Tahreem Zaheer^{1,2,*}, Naila Nasir Mehmood² and Syed Hashaam Ahmed²

¹ Department of Biological Physics, Eotvos Lorand University, Budapest, Hungary

² Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

Abstract: Pakistan is confronted with one of the most common ethical concerns that is prevalent worldwide - the common occurrence of abuse of authority. This chapter primarily delves into a pervasive ethical issue in Pakistan, as well as globally – the widespread abuse of authority. Through a comprehensive literature review and qualitative survey methods, this chapter examines instances of authority abuse across different sectors, with a primary focus on the police department, the political system, and workplace misconduct. It seeks to shed light on the factors contributing to such misuse, its consequences, and potential preventive measures. In recognizing the extent of authority abuse, this chapter underscores the urgency for our society to devise effective strategies to combat this unethical behavior, emphasizing the importance of ethical conduct in positions of power.

Keywords: Bullying, Cronyism, Dictatorship, Ethical concerns, Gender equality, Misuse of authority, Misuse of power, Metropolitan system, Recommendations, Workplace abuse.

INTRODUCTION

Each occupation has its own specific set of regulations. While it is essential to understand the authorities and influence within any occupation, maintaining an ethical workplace environment requires individuals to also be aware of their profession's ethical limitations. The abuse of authority is a prevalent ethical dilemma in Pakistan, and its proliferation is akin to that of a contagious disease, intensifying with each passing day. In Pakistan, it is a frequent occurrence to utilize resources, connections, and money to achieve any illicit objective through official means. Corruption is commonly used to describe the abuse of authority (Pardo, 2017). McCarthy (1996) defines corruption as “the violation of rules for personal gain.” Corruption, in a broad sense, includes abuse of power, theft, on-

* Corresponding author Tahreem Zaheer: Department of Biological Physics, Eotvos Lorand University, Budapest, Hungary & Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: tahreem_zuheer@yahoo.com

and off-duty misconduct, sexual harassment, and abuse of colleagues. Depending upon the extent of the threat, misuse of authority may be considered a crime (Ross, 2012).

“I believe the root of all the evil is the abuse of power.” -- Patricia Cornwell

Corruption through abuse of public office is a more prevalent type of ethical and moral concern that exists in many sectors, including police, psychiatric institutions, charities and various pillars of democratic systems in government as a whole. This malevolent practice impedes the advancement of the state by solely benefiting individuals rather than serving the greater good of the masses, thus creating a disparity between the principle of beneficence and the utilitarian approach. Most people are unaware of the importance of this problem and either consciously or unconsciously contribute to it (Šumah & Šumah, 2018).

A global survey indicates that abuse of power by senior officials in government services and public sector departments is primarily driven by three factors: favoritism, cronyism, and nepotism. (Nadler & Schulman, 2015). Favoritism refers to the practice of showing preferential treatment to an individual based on external factors, such as belonging to a favored group or personal affinity, rather than evaluating their performance solely based on their ability to perform their job to the best of their abilities. Favoritism in government has been a persistent source of dispute.

The second prominent factor, namely cronyism, is a form of favoritism that specifically involves giving preferential treatment to one's personal friends and acquaintances. As stated in an older saying, *“It's not what you know but who you know”*. Favoritism is a more general term for nepotism. Favoritism toward family members is included. When candidates are recruited for a job, both nepotism and cronyism are at work. Because of these factors, qualified candidates are unable to compete for the job. These issues arise as a consequence of higher officials misusing their power, which impedes a country's progress by hiring unqualified candidates, leading to the deterioration of the merit-based system and a decline in the department's competency and effectiveness.

The Ethics of Authority Use

The ethics of authority use encompass the principles, values, and moral considerations that guide individuals or institutions in positions of power when exercising their authority. It involves ensuring that authority is wielded responsibly, fairly, and for the greater good while also adhering to ethical standards. Several key aspects characterize the ethics of authority use:

- **Accountability:** Authorities must be answerable for their actions and decisions. Accountability helps deter abuses of power and ensures that those in authority can be held responsible for any wrongdoing.
- **Transparency:** The decision-making processes of authorities should be transparent and accessible to those they affect. Transparency fosters trust and allows for scrutiny to ensure ethical conduct.
- **Fairness and Equity:** Authorities should treat all individuals fairly and without discrimination. It is imperative to uphold principles of justice and equality, considering the diverse needs and perspectives of the people they serve.
- **Integrity:** Ethical authority use demands honesty, integrity, and a commitment to ethical values. Authorities should not engage in deception, fraud, or unethical conduct.
- **Beneficence:** Authorities should act in ways that promote the well-being and benefit of the individuals or communities under their authority. Decisions and actions should prioritize the greater good.
- **Respect for Rights:** Authorities must respect the rights, freedoms, and dignity of individuals. This includes protecting civil liberties, privacy, and human rights.
- **Consistency and Impartiality:** Ethical authority use requires consistent application of rules and regulations. Authorities should not show favoritism or bias in their decisions.
- **Ethical Decision-Making:** Authorities should engage in ethical decision-making processes, which may involve weighing potential benefits and harms, considering alternatives, and consulting with relevant stakeholders.
- **Conflict of Interest Management:** Authorities should actively manage and disclose any conflicts of interest that may compromise their impartiality or integrity.
- **Legal and Ethical Alignment:** Compliance with both legal and ethical standards is essential. While something may be legally permissible, it may still raise ethical concerns.
- **Continual Self-Reflection and Improvement:** Individuals in positions of authority should engage in ongoing self-assessment and self-improvement to ensure that their decisions and actions align with ethical principles.
- **Accountability Mechanisms:** Establishing effective mechanisms for reporting ethical violations and addressing them is crucial in maintaining ethical authority use.

The ethics of authority use are critical in various domains, including government, business, healthcare, education, and law enforcement. Ensuring that those in positions of power act ethically helps maintain trust in institutions and promotes a just and equitable society. Ethical behavior by authorities sets a positive example and encourages responsible citizenship and ethical conduct in society as a whole.

CHAPTER 3

Unethical Decision Making at Workplace: Psychological Issues and Ethics

Anibah Khalid¹, Samra Babar¹ and Shiza Malik^{1*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: People find it hard to make ethical decisions in their lives. They often make unethical decisions in certain situations due to several factors and end up with dire consequences. In recent years, organizations have been applying different strategies to create an ethical atmosphere in the workplace. In this chapter, we have discussed unethical decision making at the workplace, its causes, consequences, and how this dilemma can be dealt with. Special insights will be drawn upon the impact of unethical decision making on the behavior of people. The purpose of this data is to elaborate on the importance of ethical decision making in every profession to run the workplace smoothly without causing psychological and behavioral stress among the task forces.

Keywords: Behavioral stress, Causes, Decision-making at workplace, Healthcare sector, Impacts, Organizational strategies, Psychological issues, Prevalence, Phases, Pakistan institute of management, Rationalization, Surveys, Unethical practices.

INTRODUCTION

It is 10:30 am, another hectic day at Shanon's Real Estate Company. People are busy with their work, and there sits Sarah, the Manager Director of the company, all tensed and depressed about the financial issues she is facing at home. She is a single parent and has two children to look after, and it is getting hard for her since she has no partner to support her family. Sarah is occupied in her thoughts when she receives two applicant profiles who have applied for an executive job in the company. Sarah needs to assess these files and recommend the best one to higher authorities for further processing.

She evaluates both the files and comes to a temporary conclusion that both the candidates are equally eligible for the post. In the meantime, her personal assistant

* **Corresponding author Shiza Malik:** *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com*

enters and hands over a brown sealed envelope to Sarah. She has received a letter from one of the candidates who have applied for the job, asking her for an unusual favor. Inside the envelope also lies a cheque worth Rs. 1 lac. Sarah thinks about the offer for a while and then decides to recommend the one who has offered her money. She rationalizes her action by convincing herself that since both of the candidates were equally eligible for the job and she, whatsoever, had to choose one of them, then why not the one who has something to offer her as well?

Here, Sarah makes an unethical decision. What Sarah does is not much surprising since most people would have done the same thing in this particular situation. But the question is, why do people make such unethical choices? Life is all about facing challenges and coping with them. What Sarah did was the best she could think of because, under certain pressures in situations, a person often makes irrational decisions that leave a big question mark on his/her decision making ability. Usually, people find themselves baffled when they have to decide while keeping ethics in the frame of reference.

Unethical Decision Making

Unethical decision making refers to the process of making choices or taking actions that go against established moral principles, ethical standards, or accepted codes of conduct. These decisions typically involve behavior or actions that are considered morally wrong, dishonest, unfair, or harmful to individuals, organizations, or society as a whole.

Unethical decision making can take various forms, such as lying, cheating, stealing, fraud, manipulation, discrimination, harassment, and other behaviors that violate ethical norms. It often results from a lack of integrity, a disregard for the rights and well-being of others, or a pursuit of personal gain at the expense of ethical principles.

Factors that can contribute to unethical decision making include moral relativism (the belief that there are no universal moral truths), pressure to achieve specific goals or outcomes, a culture that tolerates or encourages unethical behavior, personal rationalization or justification of wrongdoing, and the absence of effective ethical guidance or oversight.

Unethical decision making can have significant consequences, both for individuals and for organizations. It can lead to reputational damage, legal and regulatory issues, loss of trust, and harm to individuals and communities. Therefore, ethical decision making is a critical aspect of responsible and moral conduct in personal, professional, and societal contexts.

Ethical Decision Making

Ethical decision making requires a firm mindset and makes a person elect between alternative options with the best ethical results and eliminate unscrupulous choices. Then only, a person would be able to make effective decisions. A person must have moral awareness to make moral judgments that would ultimately lead to an effective decision. Humans tend to elect better choices when they try to go through the issue with other people's support, which makes a person think in a much broader perspective, enhancing the overall decision making process(O. Ferrell & Fraedrich, 2021a).

Difference Between Unethical Decision Making and Moral Conflict in the Workplace

Nature and Definition

- **Unethical Decision Making:** Unethical decision making refers to making choices or taking actions that violate established ethical standards, principles, or accepted codes of conduct. These decisions are typically considered morally wrong or unethical, involving actions such as lying, cheating, fraud, or harm to others for personal gain.
- **Moral Conflict at the Workplace:** Moral conflict, on the other hand, occurs when individuals or groups within an organization face a situation in which there is a clash or dilemma between different moral values, principles, or beliefs. Moral conflicts can arise even when individuals are genuinely trying to act ethically but are torn between conflicting moral obligations or principles.

Intent

- **Unethical Decision Making:** Unethical decisions often involve a deliberate choice to act unethically, either to gain personal benefit or due to a disregard for ethical norms.
- **Moral Conflict at the Workplace:** In moral conflicts, individuals may genuinely want to act ethically, but they find themselves in a situation where they must make a difficult choice between competing ethical considerations.

Outcome

- **Unethical Decision Making:** Unethical decision making usually leads to actions that are considered unethical or wrong and can result in negative consequences for individuals and organizations.
- **Moral Conflict at the Workplace:** Moral conflicts do not necessarily result in unethical actions. Instead, they represent situations where individuals are grapp-

The Ethical Dilemma Behind Dishonesty in Medical Profession

Javeria Mehboob¹, Maha Kaiser¹ and Shiza Malik^{1,*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: It has been rightly said that greed is a curse. Medical professionals who are either underqualified to treat their patients or are avaricious often prove to deal with the profession with dishonesty. Such doctors or physicians are not only causing harm to the patient's life, but they are also proving to be havoc to society. Quackery is the term used for such doctors who promote deceitful and oblivious medical practices. Such practices are adopted by individuals who have a blinding ambition to excel, and in most cases, it is the drive to amass as much wealth as possible in a short period until they are caught or else for long. Such practices compel fake and uncompassionate doctors to lose all compassion and empathy for fellow humans, both of which lie at the heart of their sensitive profession. This chapter will evaluate the dishonest practices that are adopted within the medical profession and the ethical issues that arise out of them. A detailed insight will be put forth towards understanding the root causes of these unethical practices and how to deal with them. The basic understanding will help the readers acknowledge the importance of honesty, especially since the healthcare profession is the most sensitive profession in society.

Keywords: Academic integrity, Causative factors, Consequences, Ethical dilemma, Federal laws, Medical fraudulence, Marxists, Marxists, Quackery, Types of ethical issues, Theoretical perspective.

INTRODUCTION

Human beings are the only blessed creatures that have the right to have their own free will. This free will has served all mortals a gigantic purpose. They have been allowed to make their own choices; they are destined to find their paths, right or wrong. However, what cannot be ignored is that this free will entails greater responsibility on the part of all those who possess it. History is filled with stories of man's great struggles in trying to differentiate right from wrong. This differentiation is not easy and there arises perplexity for those in the situation.

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

Such dilemmas are all-encompassing and are faced by all humans in their personal and professional life spheres. Where adopting a wrong code of ethics in personal life does not affect a lot of people, it is hazardous for the entire society when adopted in a professional structure such as a bureaucratic institution or a healthcare system. This is the topic of this chapter, in which the fraudulence in medical practice and its repercussions will be discussed.

Historical Preview

The history of fraudulence in the medical profession is as old as the profession itself. Fraudulence in the medical profession is a grave problem people have been facing since antiquity. Illiteracy was prevalent then. Recent past and contemporary eras also have not been free of such malpractices. There are many examples of fraud and gruesome incidences in medical examination and practices, but the most important and horrific examples are those from the mid-19th century. For *e.g.*, Doctor John Brinkley's case of attempting to cure psychosis by implanting goat testicles in the body of a patient suffering from a psychological problem (Lee, 2002). Similarly, the case of Doctor Walter Freeman who performed a lobotomy without having any surgical experience (Caruso & Sheehan, 2017). Where Brinkley was someone who bought his doctoral degree for \$500 and never attended a medical school, Freeman was an acclaimed researcher who worked at places like Georgetown and Yale Universities.

Types of Ethical Dilemmas in the Medical Profession

There are many types of ethical dilemmas in the medical profession; a few are explained below:

- Attaining and selling fraudulent medical degrees followed by practicing.
- Doctors who lie either about the patient's disease or about the treatment the hospital will provide the patient with; for example, if a person has an incurable disease, and the doctor lies to the patient's family that a transplant will provide the ailing with longevity.
- Overstating or fabricating a patient's condition while acquiescing claims.
- When the whole healthcare facility staff is a part of the fraud. In such institutions, the dead who are brought to the emergency are not declared dead immediately but are pronounced "seriously ill" until monetary gains by the staff have been made.
- Drug and pharmaceutical frauds play with the lives of people for financial benefits.

Theoretical Perspective on Medical Fraudulence

This ethical issue is all-encompassing. It can be studied from deontological and utilitarian viewpoints. The utilitarian approach weighs the balance of benefits and harms and implies that both must justify the action so that the end validates the means. The deontological approach asserts the importance of duties and obligations and devices ways as to how best they can be met. The outcome of the deontological approach may not be sufficient to justify the actions of the practitioner. For medical ethics to go in the right direction, both these approaches must go hand in hand. Practicing one and leaving the other side gives rise to multiple problems. This way, the problem gains momentum and spreads in all possible dimensions (Noble, 2007).

It can have moral implications on society when such individuals (doctors and every other healthcare professional) do not adhere to the ethical code of conduct that is given to them by the organization. A patient who goes through a procedure that has been performed by a dishonest doctor is at a higher risk of dying because the doctor might use substandard techniques, which could lead to disastrous results. Culturally, it sets an unscrupulous trend for other doctors living in that community. These doctors, through their acts, encourage other physicians to adopt unfair means to earn more money. Such a society becomes a place that has its social fabric torn and becomes disastrous for people who are a part of it.

Another example best suited for fraudulence in the medical profession is that of a plastic surgeon, who takes advantage of models and actors, self-conscious individuals, and other people (Sterodimas *et al.*, 2011). Such doctors use fraudulent advertising to attract customers. One plastic surgeon went as far as sponsoring a crooked-nosed teenager's music video and gave him a free rhinoplasty to advertise himself and his clinic.

What Constitutes this Ethical Issue?

Mostly, the greed for money, doctors' drive to embezzle fortune and power, and hunger for a higher position in the medical profession lead to practitioners adopting unfair means and indulging in dishonesty. These individuals avoid their responsibility only because they want easiness in their lives. In most cases, dishonest doctors bring capitalistic ideology into medicine. Marxists would argue that since capitalism demands that more money is made out of the available wealth, it gives the practitioner a reason to bring unethical means of making money. Such physicians treat humans as raw materials that can be used to enhance the resources and exploit them to expand the means of production, which in this case would be the establishment of new clinics and facilities for healthcare where more wealth can be generated. Other people such as the nurses, medical

CHAPTER 5

Unethical Behavior of Pharmaceutical Companies**Syeda Faria Batool¹, Sara Qureshi¹ and Shiza Malik^{1,*}**¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Malpractices of pharmaceutical companies in marketing their products are widely becoming common. These practices not only involve the pharmaceutical companies but are also associated with other professions. These may include nurses, doctors, technicians, pharmacists, and cosmetic sellers, among others. Traders of pharmaceutical companies give these professionals handsome incentives and subtly ask them to market their products without letting them know about the actual performance of the product whether it is a drug, cosmetic product, food, *etc.* Such products can have many damaging side effects ranging from minor to major. They can even sell their low-cost products by doubling the actual retail price just to have some extra money. Such practices compromise the doctor-patient relationship of trust and mutual understanding and thus raise questions on the sanctity of the healthcare system. This piece of literature has been created to discuss issues related to the unethical behavior of pharmaceutical companies. The data shed light on the required steps for mainstreaming ethical practices. It is required to implement proper ethical guidelines within each sector of healthcare, primarily the pharmaceutical domain.

Keywords: Cardiac arrhythmias, Drug side effects, Glaxo smith kline, Pharmaceutical companies, The food and drug association, World health organization.

INTRODUCTION

Of all the misconduct occurring in the healthcare world, this issue is one of the most unethical as it is concerned with the doctors who are meant to serve humankind and the patients who need the right medicine, not the ones who play with their lives. Patients rely on doctors, and doctors recommend medicine through reliance upon pharmaceutical companies (Mohrman *et al.*, 2012). Thus, a whole circle of unethical practices keeps on occurring in the community. Following such unethical practices, the whole structure of the drug industry gets

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizzza874@gmail.com

shattered, and trusts are broken because the mark on which it is grounded is thoroughly distorted by the pharmaceutical company (F. Malik *et al.*, 2020).

As research says, dishonest distributors easily find room to employ the prices of medicines and use bribery to secure illegal advantages in business and other unprincipled methods to lift sales or to make retrievals on time. Pharmaceutical companies carry out all these unethical techniques just to make surplus money. Now, professionals, especially doctors, do not know about the wiles played on them. They prescribe that certain drug because people keep on coming to them as they are attracted and simultaneously affected by the fiddly ads and campaigns, such as disease awareness programs and stress and depression counseling.

This forces the individuals to seek doctors' advice, and they ask them for the drug they have seen in the ads (Tyrawski & de Andrea, 2015). If the doctor is aware of the adverse side effects of the drug asked to sell, it is then his moral responsibility whether he will go with the spur or take the right path and reject the drug if it is unsafe.

If they try to do what is right and refuse to prescribe the wrong drug, some pharmaceutical companies may take actions against the doctors (Rader *et al.*, 2014). They can take over their property, such as their clinics, they may put false allegations on doctors, and using their powers, they can trap them in wrong cases because of which they can also go to jail. Considering all these fears, the doctors forget their morals and follow unethical paths (Kondro, 2002).

This ethical issue constitutes the following: pharmaceutical marketing and sales laborers, doctor's community, retail and wholesale pharmacies, government and private hospital workers, government officials, patients and their assistants. These disreputable issues have been started by pharmaceutical companies, but the community of doctors have helped in the promotion and continuation of these unscrupulous practices because either they get frightened by the threats given to them or they get fascinated by the expensive gifts. They can also have morals that do not allow them to blow the whistle.

Prevalence

Different reports tell us about the occurrence of this issue across the world, mainly in Pakistan, where overall management of the healthcare industry is weak. For example, a case was reviewed against GlaxoSmithKline (GSK) from the Italian and German forums for hypothetical exploitation of distributing illegitimate gifts to doctors and other official members from 1992 to 2002 (Tuffs, 2002). After that, GSK made official marketing ethical codes for its workers, which are mandatory for all new and old workers to pass an evaluation test. In

2001, a report was publicly announced and pointed out that 87 employees were fired or willingly left the company after the violation of these rules (R. H. Ahmed, 2012).

Another example is that of Johnson and Johnson, which improperly, illegally, and fruitfully upheld Propulsid off-label for babies, irrespective of the objections made by inner authorities complaining about the safety measurements (Gardiner, 2005). These products kept on selling in the markets of Pakistan. The side effects of this drug include serious cardiac arrhythmias, including ventricular tachycardia, ventricular fibrillation, and other diseases observed in the patients taking Propulsid (Common name: Cisapride). This product is not being marketed in the United States of America anymore. However, Johnson and Johnson's products are still marketed in many countries, including Pakistan (R. H. Ahmed, 2012).

A study observed and explained an incident that took place in Rawalpindi during one of the international gastroenterology conferences. At this conference, many of the local doctors' presentations were on a specific drug that had its place in the pharmaceutical company that was funding the event. The foreign delegates became so frustrated with the process that they walked out of the conference room by saying that their purpose of visiting was to acquire a vision about the uses of drugs and to share their part on the issue of "gastroenterology". However, the conference seemed one-sided in endorsing the drugs of the company backing up the conference (Mehmood, 2016). One other major unethical practice in Pakistan involves the phenomenon of forged drugs in which so many renowned industries are involved. This imitation process of making drugs is also very common in Ukraine and other well-developed countries of the world (Zaidi, 1995).

Causative Factors

These dishonorable practices are gaining hype day by day and are affecting individuals of every age, organization, and society. Gradually people are losing their trust in the industries and are getting frustrated by the fakeness of useless products they have been using. All this happens because of the captivating ads, text messages, emails, social media posts, banners, billboards, brochures, newspapers, *etc.* The causative factors of these glitches implicate various causative factors and subsequent impacts (Rader *et al.*, 2014).

Drugs are tested by the people who made them in poorly planned trials on miserably small numbers of unreliable patients. These patients and drugs are examined using defective techniques in such a way that they amplify the benefits of treatments. Unfortunately, these trials are inclined to produce results in the favor of the manufacturer for the most important cause of financial benefit. Some other beneficial outcomes that come at the cost of such unethical practices are

Workplace Harassment (Bullying) and its Health and Ethical Concerns

Maleeha Arshad¹, Maryam Abbas¹ and Shiza Malik^{1,*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: One of the pressing issues in any workplace environment is not only optimizing working and maintaining a healthy environment of the workplace but also keeping a check and balance of employee relationships and maintenance of peerless interaction among the employee, head, and other staff members of the organization. Workplace harassment is one of the imperative issues in the workplace throughout the world, regardless of geographical discrimination. Obnoxious and biased conduct is lawfully considered harassment when it is distressing enough to adversely affect a workplace habitat. There is a general lack of awareness among the masses in a working environment about workplace harassment; people often fail to recognize the harassment until and unless they find themselves at the receiving end of extreme delinquency and abuse. This chapter will elaborate upon the ethical concerns underlying workplace attitude with special reference to bullying in the workplace and its outcome. Some ways to tackle these abnormalities will also be made part of the discussion to let the readers know the right way out, whether they are the boss, the subordinate or a colleague suffering from bullying at a workplace.

Keywords: Association of women for action and research, Bullying, Causative factors, Ethical dilemmas, Human resource management, Impacts, Limitations, Professional discrimination, Survey reports, Strategic planning, Suggestions, Workplace harassment, Workplace bullying, Workplace bullying institute.

INTRODUCTION

Harassment is believed to be a continuously inclining and escalating ethical issue in the sight of Global Human Rights, as it comes in different forms and shapes. According to an international survey, approximately 53.5 million people (37% of workers) get harassed (bullied) at the workplace repeatedly, resulting in health-concerning conditions. However, the percentage further mounted up to 65.6 mill-

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

ion, when witnesses were also indulged in the study in the U.S.(Himmer, 2016). It not only assassinates a person's personality but also affects work efficiency, which ultimately leads to a ripple effect engulfing the reputation as a whole of the complete organization (Aman *et al.*, 2016).

Different Types of Workplace Harassment

Workplace harassment could be physical or verbal importune and is considered to be of different types having different domains and dimensions. Some of the more common ones are as follows (Qayyum *et al.*, 2021):

Sexual

Sexual harassment at a workplace constitutes co-workers making suggestive and sexual comments on other employees (females most commonly), asking for sexual favors, blackmailing a particular co-worker by using social media and IT-related means, unwanted and unwelcoming interactions, forceful implications and intimidation.

Ethnic and Racial

Co-workers at a workplace often single out people from minority ethnic backgrounds or commit racial discrimination by making an employee feel unwanted, making foul comments about a person's ethnic background, and not socializing with an employee just because he/she is not from the same social status or background as the other majority employees are. Discrimination based on religion and skin color is often a cause of racial harassment in the workplace.

Gender

Women are often objectified in many workplace environments; employers may hire a woman over an equally capable man just because she is a woman. However, a more common form of gender harassment is when in a male-dominant work habitat where women employees are scarce, women are continuously made to realize their work incapability, and lack of decision-making power, stereotyping is subjected towards women, and suggestive comments are implemented upon them. These are a few components of gender-based harassment in the workplace.

Blow for Blow

Often, after disclosure of a suspected employee who might plan to file or has filed a complaint against any harassment, an employer usually retaliates and do verbal harassment followed by unjustified allegations, extra workload, unnecessary comments and showing great vengeance, making the situation even worse.

Bullying

Bullying is the most common and prevalent form of workplace harassment. It comprises indirect and direct encounters among co-workers. Bullying is imposing unnecessary dominance over less dominant co-workers. It involves grapevining about a fellow worker, taking credit, unnecessary shouting, and certain other unethical behaviors. The driving force for this kind of bullying is jealousy, inferiority complexes, mental illness, psychological conditions, ambitions, lack of knowledge, incapability, and financial empowerment.

Workplace Bullying: A Re-Occurring Phenomena

Workplace bullying is the most constantly re-occurring form of workplace harassment where one co-worker shows indifference towards another co-worker, which impends psychological and emotional distress (Zapf & Vartia, 2020). Workplace bullying involves targeting an employee or group of employees with disrespectful and suggestive comments, sidelining, and displaying rude behavior. Harassment through bullying is of two types: work-oriented bullying and individual-targeted bullying (Matthiesen & Einarsen, 2010). The person-targeted bullying involves derogatory commenting, mocking, rumor dissemination, and judgmental analysis. Work-oriented bullying involves irrational workload, unnecessary deadlines and taking false credit for someone else's work.

Causative Factors

The most common causative factors leading to workplace bullying involve both psychological and behavioral factors. Some of these are listed as follows:

- i. Bullies take pleasure in dominating and getting the feeling of owning the world. The submissive behavior of an employee usually triggers the bullying behavior of a bully. However, women take no stand when bullied; they turn themselves away from bullying as compared to the reaction by men.
- ii. Competence and capability threaten bullies the most in a workplace environment. They usually try to nip a victim in the bud by threatening him/her before he/she unleashes the incompetency of a bully.
- iii. Nit-picky personalities and self-obsession make the best bullies.
- iv. Bullies often bully only when they are under the workload and want to outshine and outdo themselves with less labor.
- v. Mental issues and multiple personality disorders lead to forming a bully.

Patient-Doctor Relationship and Ethical Concerns Regarding Non-Disclosure of Medical Information

Aqsa Batool¹, Warda Batool¹ and Shiza Malik^{1,*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Patients have a fundamental right to be informed about their medical treatments and the implications of anesthesia. Failing to disclose such crucial information is ethically unacceptable. However, there are instances where physicians, concerned about the psychological distress that comes with awareness of a severe illness, opt to keep patients in the dark. In such cases, the responsibility of decision-making often falls upon the patient's family or the clinicians themselves. Additionally, concerns about medical confidentiality and patient comprehension can lead to incomplete disclosures regarding surgical procedures. This chapter delves into the ethical dilemmas arising from the withholding of information by healthcare professionals and its profound impact on patients, their families, and healthcare workers. It also explores how these practices influence the public perception of healthcare practitioners. The pressing need in this context is to establish comprehensive regulations and standardized guidelines for information privacy and disclosure within the healthcare sector, ensuring the long-term delivery of satisfactory healthcare services.

Keywords: American medical association, Ethical concerns, Information withholding, Non-disclosure of information, Non-disclosure agreement, Patient-doctor relationship, Therapeutic privilege.

INTRODUCTION

The vast majority of anesthesiologists and surgeons lack bioethical decision-making training and education. Patients are generally unaware of what happens during operations. Healthcare professionals face ethical challenges when it comes to patient information disclosure and informed consent. These dilemmas encompass several critical issues, including withholding information about medical procedures, insufficiently explaining surgical risks, withholding diagnostic details from terminally ill patients, and performing invasive exams on

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

anesthetized patients without consent (Bostick *et al.*, 2006). Addressing these ethical quandaries is a paramount responsibility of physicians.

The concept of “therapeutic privilege”, often employed by doctors to withhold medical information from patients, is contentious and runs counter to the principles of patient autonomy (Bostick *et al.*, 2006). However, exceptions exist when patients are in emergency situations or afflicted with mental disorders, rendering them incapable of comprehending medical information.

This common practice of withholding information not only raises ethical concerns but also reflects the persistence of paternalism within the medical profession. Patients possess an inherent right to be fully informed about their treatments and what transpires during anesthesia (Nong *et al.*, 2022). Failing to disclose essential information is ethically unacceptable, although physicians may argue that keeping patients unaware of the severity of their illness helps alleviate psychological distress. In such circumstances, decision making often falls on family members or clinicians.

Regarding surgical procedures, patients are frequently not fully informed due to concerns about medical confidentiality and the assumption that patients may struggle to comprehend the complexities, potentially causing confusion in both patients and their families (Nong *et al.*, 2022).

Conversely, while the risks of anesthesia are not extensively discussed, patients are typically asked for their consent to undergo anesthesia. However, a distinct ethical issue arises with unauthorized pelvic and rectal exams, especially in gynecological settings, performed on patients who are under anesthesia (Hammoud *et al.*, 2019). Patients are often unaware that such exams will take place after their initial surgery, which raises questions about informed consent. Physicians may argue that patients would refuse if asked beforehand, assuming that patients who consent to surgery at a university hospital automatically consent to all student-performed exams.

Participation in medical procedures on living human subjects is undeniably essential for the training and skill development of medical students. Additionally, performing examinations during anesthesia is facilitated by the relaxation of all muscles, ensuring ease and comfort of the patient who is already asleep. However, it is imperative that these examinations only proceed with the prior written consent of the patient.

Physicians often encounter challenges in conveying medical information, which can sometimes justify nondisclosure. Situations where patients are not in a suitable mental state, do not agree with the doctor's recommendations, lack trust

in the physician, or face similar circumstances that may prompt the involvement of family members in decisions regarding medical procedures. Research has shown that in many of these cases, physicians sharing specific medical details can alleviate patient anxiety and lead to improved health outcomes. Conversely, when patients receive inaccurate information, they may feel disconnected and incapable of making informed treatment decisions.

The ethical principles of patient autonomy underscore the importance of providing patients with the right information at the right time, empowering them to comprehend their symptoms and effectively manage their health condition. Patients have a rightful expectation to be fully informed about their medical care, and healthcare professionals must navigate these dilemmas with the utmost respect for patients' rights and dignity (Bostick *et al.*, 2006; Nong *et al.*, 2022; Hammoud *et al.*, 2019).

Prevalence in the World

The basic texts of Western medical ethics, which advocated concealing health information for the benefit of the patient, frequently supported this confidentiality clause. Medical professionals have a “holy duty to avoid all things which serve to disappoint the patient and dampen his morale,” according to the American Medical Association's (AMA) Code of Medical Ethics from 1847. This formed the basis for the development of legal precedents that permitted doctors to hide patient information that could be detrimental in circumstances when public transparency could prove damaging in unexpected ways (Bostick *et al.*, 2006).

To illustrate the ethical nature of the problem, 102 women who were clients of the Calgary Pelvic Floor Disorders Clinic were surveyed in 2010 by Dr. Sara Wainberg, a resident at Calgary's Foothills Hospital. Less than one-fifth of the women were aware that a student might perform a pelvic exam in the operating theatre, according to their research. In addition, 72% thought they would be questioned about permission prior to the assessment. Furthermore, 62% of patients stated they would consent to such a test, and 5% more indicated that they would consent only if a female student conducted it. According to the report, women are mostly ready to have these gynecological tests performed as long as they are requested prior to the procedure. (Epstein *et al.*, 2010).

Prevalence in Pakistan

The Pakistan Medical and Dental Council does not provide enough bioethics education in their curriculum, which leads to elevated violations of these ethics by Pakistani physicians. As a result, only a few medical schools in Pakistan offer official bioethics training. Hence, the trainees can only learn from the examples in

PART 1

Section II: Medical Procedures and the Ethical Concerns

Ethical Issues Related to Human Radiation Experiments

Mehreen Tahir¹, Zehra Abbas¹ and Shiza Malik^{1*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Human radiation experiments have been utilized for a long time for dealing with healthcare complications. Their usage is undeniably acceptable for diagnosis, treatment, and preventive and detection processes. However, the dilemma attached to unethical practices in radiation experiments compromises its beneficiary accounts. The health sector throughout the world is facing the dilemma attached to radiation experiments. The problems associated with unwanted radiation exposure and excessive and unnecessary application of radiation experiments are a major concern for scientific and healthcare authorities to deal with. This chapter gathers data regarding ethical issues that arise out of such human radiation experiments. It is required to learn lessons from case studies and research and to devise better experiments for future radiation experiments.

Keywords: Atomic energy commission, Advisory committee on human radiation experiments, Bioweapons, Hypercalcemia, National institute of health, Radiation, Thematic health program.

INTRODUCTION

For the past few decades, human radiation experiments have been excessively used worldwide. Ultraviolet and Gamma radiations used in these experiments are highly energized with low wavelength and high penetration power. This type of experimentation includes a nuclear and radio-therapeutic agent, radioisotope testing, prenatal diagnosis, CT scan, Ultrasound, and X-rays, among others. Besides their beneficial aspects in treating or visualizing hazardous diseases, these radiations can also affect the normal biosynthetic mechanisms of individuals by causing mutations and denaturation of fundamental proteins and enzymes (Durante *et al.*, 1996).

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

The researchers, scientists, and doctors conducting these types of radiation experiments usually do not follow the SOPs and the precautionary measures related to the therapy. These misconducts, in turn, result in various unethical issues within the healthcare community and society in general. More than half of human radiation exposure occurs due to medical research and treatments. This not only brings health-related problems but raises ethical concerns for people as well.

The ethical dilemma that exists regarding this issue is based on a difference of opinion; that is, some might think it to be beneficial for the advancement of biomedical research and diagnostics because testing would provide them with preventive measures, efficacy, and methodology regarding that radiation experiment. But, the rest think that it may cause detrimental effects on the subjects' health, thus resulting in a biological metabolic imbalance. In this chapter, light will be shed on the harmful effects of human radiation experiments and the ethical concerns associated with such experiments.

Prevalence of Radiation Experiments in the World

A few examples of unethical radiation experimentation with subjects are listed below. The details can be drawn through the reference section for each example.

- ***Vanderbilt U. Study (1963-1971)*** shows that 829 pregnant women were treated with radioactive iron without taking their consent, around 188 children were fed with radioactive iron-laced lemonade, and the testicles of 64 prisoners in Washington were targeted with x-rays to examine what makes them infertile (Tampa Bay Times, 1998).
- ***The study by Fernald State School (1994)*** depicted that radioactive iron and calcium were fed to children with intellectual disabilities without informing their parents regarding the lethal consequences of radiation. Moreover, radioactive iron was introduced through injections into patients with psychological issues (LaForge, 2013; West, 1998).
- ***FDA Modernization Act (1997)*** financially assisted pharmaceutical companies to conduct drug testing and radioactive ions testing on children without informing them of the potential long-term consequences (West, 1998).
- ***Ellen Roche (2001)***, a healthy 27-year-old volunteer, died in a challenging study at Johns Hopkins University in Baltimore, Maryland (Ogilvie, 2001).
- ***NASA and the National Space Biomedical Research Institute (NSBRI)***: It funded new research projects every now and then to better understand and reduce health risks from exposure to space radiation.
- ***Bioweapons (2010-2021)***: These are biological threat agents that are introduced into the bodies of test subjects and cause potential threats to plants, animals or people. Different conspiracy theories exist for COVID-19, categorizing it as a

bioweapon. The use of biological weapons is much forged as compared to nuclear weapons and can cause more damage to the economy (Nie, 2020).

- **Israel (Radiation Experiments on Ringworm Patients):** As previously mentioned, Israel conducted radiation experiments on children with ringworm from the 1920s to the 1940s. In some cases, doctors exposed patients to radiation without their informed consent to study the effects of the disease. This was part of a broader program to study radiation treatment (Shvarts *et al.*, 2013).
- **Germany (Radiation Experiments on Tumor Patients):** During World War II, Nazi doctors conducted unethical radiation experiments on cancer patients. They exposed patients to high levels of radiation to test the effects on tumors. The patients, who were often prisoners, were subjected to extreme suffering without their consent (Eckert *et al.*, 2018).
- **Sweden (Radiation Therapy on Uterine Cancer Patients):** In the 1920s and 1930s, Swedish researchers led by Dr. Carl-Henry Koch conducted unethical experiments on uterine cancer patients. They exposed these patients to high doses of radiation in an attempt to study the effects of radiation therapy. Many of the patients suffered severe injuries, including radiation burns and tissue damage, as a result of these experiments.
- **Canada (Radiation Therapy on Inuit Patients):** In the 1940s and 1950s, Canadian researchers conducted unethical experiments on Inuit tuberculosis patients. These experiments involved exposing patients to large doses of radiation to test the effectiveness of new treatments. Many patients were not adequately informed about the risks, and some suffered serious health consequences.
- **India (Radiation Experiments on Cancer Patients):** In the 2000s, an unethical radiation experiment was uncovered in India. Doctors at a hospital in Indore administered high doses of radiation to cancer patients without their knowledge or consent. The experiments aimed to test the effectiveness of a new radiation therapy technique but patients were put at significant risk.
- **Russia (Semipalatinsk Test Site):** The Soviet Union conducted numerous nuclear tests at the Semipalatinsk Test Site in Kazakhstan from the late 1940s to 1980s. Nearby residents and military personnel were exposed to significant levels of radiation without their informed consent. Many of these individuals suffered from health problems, and the long-term consequences of radiation exposure were not adequately studied or disclosed.
- **France (Radiation Experiments on Algerian Troops):** During the Algerian War of Independence (1954-1962), the French military conducted radiation experiments on Algerian troops. These experiments involved exposing soldiers to radiation from nuclear weapons tests in the Sahara Desert, often without their knowledge or consent.

CHAPTER 9

Euthanasia and Ethics: ‘The Good Death’ Debate

Sabahat Munawer¹, Rizwana Fatima¹, Areej Sohail¹, Zunaira Qureshi¹ and Shiza Malik^{1,*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Euthanasia is a burning ethical issue as some people have an opinion that it is better for a person to die than suffer from a painful and incurable disease. Murderers hide behind euthanasia and cause the death of a human no matter what the reason is against human dignity. This chapter revolves around the topic of critical ethical issues pertaining to the ‘end of life’, which includes euthanasia and physician-assisted suicide (PAS). Information that can help society cope with this ethical issue (Euthanasia) is explained, as nowadays, people are more careless towards weak, old and ill people. The concept of long-term care for terminally ill patients seems to have become very rare, and people have started considering death better than life. This piece of information will help create public understanding regarding euthanasia as a professional, ethical issue, its prevalence across the world, causative factors, and some strategies to overcome euthanasia.

Keywords: Bioethics, Euthanasia in pakistan, End of life care, Good Death, Passive euthanasia, Physician assisted suicide, Palliative care, Religion and euthanasia.

INTRODUCTION

Euthanasia, also called ‘mercy killing’ or physician-assisted suicide, is a controversial issue in the field of medicine. In the Oxford Dictionary, it is defined as “the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma” (Oxford Dictionary, 2006). This term was derived in the 17th century from the Greek word Euthanatos, which means ‘easy death’ (Twycross, 1974). The English word for it is Euthanasia, which means “good death”. Euthanasia brings an end to the life of a person intentionally, usually performed on the patient’s demand or when a family member asks to do so only if a person is suffering from a terminal illness. Euthanasia can be carried out by a

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

person who is aware of the patient's condition and knows that the patient wants to die (Niebrój, 2005).

Euthanasia is a burning ethical issue as some people have an opinion that it is better for a person to die than suffer from a painful and incurable disease (Niebrój, 2005). On the other side of the debate are people who consider euthanasia an unethical act as it can help a murderer to hide behind euthanasia and cause the death of a human no matter what the reason is against human dignity. Some people have the opinion that when someone is suffering from a terminal illness, it is time for his family to show him their love and how important he is to them through palliative care. Palliative care is the practice of mitigating the pain of a patient who is suffering from an incurable disease by taking good care of him. Palliative care does not include medical care it is just improving a patient's psychological and physical condition through affection and good care. In certain conditions, the patient demands another person, mostly a physician, to help him in killing himself. Suicide is not a crime, while suicide assisted by another person (physician) or making a suicidal decision due to illness is unethical and illegal in most parts of the world (Dierickx *et al.*, 2018).

There are several reasons why people want to end their lives. Some old age people consider their lives complete and can not bear the further pains of old age and are afraid of nursing homes; therefore are compelled to use euthanasia instead. People suffering from pain and those who are paralyzed want to end their lives. Those suffering from incurable illnesses such as cancer end their lives voluntarily to get out of misery.

Types of Euthanasia

Euthanasia is divided into four types (Abohaimed *et al.*, 2019):

1. ***Voluntary Active Euthanasia:*** Approved by the patient, an overdose of painkillers is intentionally given to the patient.
2. ***Involuntary Active Euthanasia:*** If the patient is unconscious and unable to make a meaningful decision (young baby), someone else decides on their behalf.
3. ***Passive Euthanasia:*** Withholding or withdrawing treatment to let the patient die.
4. ***Physician-Assisted Suicide:*** The patients ask the physician to help them die.

Euthanasia Practice Across the World

The practice of euthanasia is prevailing worldwide in countries like Luxemburg, Belgium, Netherlands, as well as in Islamic countries, but there are some issues

regarding Islamic values and laws about voluntary or involuntary death in general in Islamic states (Emanuel *et al.*, 2016). Euthanasia was permitted for the first time in Oregon, which is a state in the USA, in the 20th century (Chin *et al.*, 1999). Researchers from Penn State found a dynamic trend in the United States regarding support for euthanasia and physician-assisted suicide (PAS). From 1947 to the early 1970s, support gradually rose from 37 percent to 53 percent. This upward trajectory continued, reaching a peak in 1990 when approximately 66 percent of the U.S. population endorsed one of these practices. However, in the early 2000s, there was a resurgence in support, peaking at 75 percent in 2005 but subsequently declining to 64 percent in 2012. In contrast, Europeans' attitudes toward euthanasia and PAS have followed a different pattern. Unlike the U.S., Europe has not experienced a plateau in public support. Between 1999 and 2008, Western European countries generally saw an increase in support for euthanasia, while Central and Eastern European nations witnessed a decline in support for these practices. The data suggest a possible link between individuals' views on these practices and their religious beliefs. The analysis implies that attitudes toward euthanasia and PAS have fluctuated over time, with the United States experiencing periods of growth, decline, and resurgence in support, while Europe exhibits a more diverse regional response. Additionally, the correlation between these attitudes and religious beliefs suggests that cultural and religious factors may influence public opinion on end-of-life choices (Penn Med News, 2016).

In countries like the Netherlands, among other developed countries, the rules for promoting euthanasia have been defined. The guidelines state that euthanasia is allowed only if a physician is asked for euthanasia more than once and if he follows the guidelines established in 1981 by Rotterdam Court, which are given below:

1. Pain is unbearable.
2. Patient should be in his senses and able to make the right decision.
3. Physician must be requested by the patient more than once.
4. Patient must be provided with the appropriate environment and care to make an appropriate decision.
5. Death should be the only option left with no other solution.
6. Patient must know about alternatives and be provided time to consider these alternatives.
7. Other family members of patients, as well as doctors committee, must be involved in the euthanasia decisions. It should not be only between the doctor and the patient.
8. Others should not suffer from the death of the patient.
9. Physician must euthanize the sufferer.

Physician-Assisted Suicide - The Ethical Insights

Aiman Farzeen¹, Areeba Mubashir¹ and Shiza Malik^{1,*}

¹ Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

Abstract: PAS is opted for when the patient is terminally ill and he/she no longer wants to continue life-supporting treatments that are often excruciating, financially unaffordable and offer no hope for survival to terminally ill patients. This chapter talks about the ethical concern of physician-assisted suicide (PAS), which is one of the perennial ethical problems of medicine, how it can be distinguished from euthanasia, and what are the different types of practices that constitute end-of-life procedures. It talks about the factors that make PAS a legal and ethical issue. Furthermore, PAS's prevalence across the world, especially in Pakistan, is discussed, and also the causative factors leading to PAS have been shed light upon. Moreover, the influence it has on individuals and society and the ways by which we can address issues encountered as a result of physician-assisted suicide are made part of this discussion.

Keywords: Alternative options, Causative factors, Ethical debate, End-of-life decision making, Healthcare sector, Hippocratic oath, Lawful implications, Physician-assisted suicide, Prevalence, Potential consequences, Patient autonomy, Religious teachings, Social depravity, Terminal illness.

INTRODUCTION

One facet of end-of-life judgment call that poses many ethical and legal questions is physician-assisted suicide (Materstvedt *et al.*, 2003). It raises several ethical issues because even though it is not often discussed, it is widely understood that the primary role of physicians is to always abate the pain of their patients and provide comfort whenever possible (Wittwer, 2013). This is particularly important when the treatment offers little or no benefit to the patient. Ethics have never permitted suicide. Doctors often try to help patients by giving them high doses of sedatives to ease their pain (Raus *et al.*, 2011). However, some physicians pay heed to the pleas of their pain-stricken patients and assist them in dying if the patients are medically hopeless. They do this solely because of their humanitarian instincts.

* Corresponding author Shiza Malik: Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

Physician-Assisted Suicide and Euthanasia - Difference

It is often seen that the term ‘Physician-Assisted Suicide’ is confused with some other related terms such as ‘Euthanasia’. To understand what PAS means, we have to look at all the commonly used terms and analyze them separately. ‘Aid in dying is a broader concept of assisting someone in dying’ (Materstvedt *et al.*, 2003). Doctor-assisted death is one element of this broad idea. All forms of euthanasia, including voluntary active, voluntary passive, involuntary active, and involuntary passive, fall under the umbrella of physician-assisted suicide. In this context, voluntary refers to a person's free will to die; involuntary refers to a person who cannot or has not given their informed consent but who is assumed to have a desire to die. When something is done actively to expedite death, it is more accurately referred to as killing. When nothing is done actively to accelerate death, the disease progresses naturally and results in death. (Curtin, 2018). Moreover, other types of euthanasia include providing comfort, care, and pain control.

Physician-assisted suicide is different from physician-assisted death; it is an act that is voluntary and active. In PAS, the doctor provides advice and means of committing suicide, enabling a patient to commit suicide (Pronk *et al.*, 2021). Simply put, in euthanasia, the physician acts directly, for instance, by personally giving a lethal dose, such as an injection, to end the patient's life. In the case of physician-assisted suicide, the patient takes the lethal dose rather than the doctor delivering it, who often provides the means of death *via* a prescription. It should be noted that PAS is done only after a physician has thoroughly screened those who are seeking to commit suicide, for example, determining the mental state and desire. Still, it is considered highly unethical because physicians are not supposed to administer deadly drugs to deliberately cause death, even if the patient wants it and even if it is for a noble cause of relieving pain (Emanuel *et al.*, 2016).

PAS Practices

Physician-assisted suicide is a highly contested topic that is frequently discussed around the globe. Islamic traditions strongly oppose suicide, hence, PAS is not generally thought of in Muslim nations like Pakistan, where suicide or attempts at suicide are regarded as crimes (Malek *et al.*, 2018). The concept of “Sanctity of life,” according to the Roman Catholic viewpoint, forbids suicide even when a patient is terminally ill. They believe that surgeries like this can be prevented with better psychological and medical treatment for those who are terminally sick and that mental diseases are one of the main causes of suicidal intentions (Gula, 1987). Physician-assisted suicide (PAS) practices vary widely around the world, with some countries legalizing and regulating PAS under specific conditions

while others continue to prohibit it.

The German Medical Association announced revised guidelines for providing end-of-life care in September 1998. Procedures like PAS and euthanasia were strongly rejected and considered to be a violation of professional medical rules by many physicians of the German Association for Palliative Medicine (Müllerbusch *et al.*, 2005). It has been established that patients' religious and spiritual views may affect discussions about end-of-life choices, and healthcare professionals must take these beliefs into consideration when deciding how best to treat terminally ill patients.

Worldwide Practices

Countries Where PAS is Legal

Several countries have legalized PAS under specific conditions. These conditions often include stringent safeguards to protect vulnerable individuals. Examples of countries where PAS is legal include the Netherlands, Belgium, Luxembourg, Colombia, Canada, and some U.S. states.

Assisted Suicide Organizations

In some places where PAS is not explicitly legal, organizations may provide assisted suicide services under certain circumstances. For example, Switzerland allows assisted suicide when performed by a non-physician, and organizations like Dignitas and Exit International provide such services.

Legal Safeguards

In countries where PAS is legal, there are typically strict legal safeguards in place. These safeguards often require the patient to meet specific criteria, such as having a terminal illness, being of sound mind, and making a voluntary request.

Pakistan's Position on PAS

Like euthanasia, Pakistan has not legalized PAS, and it generally falls under the category of illegal or prohibited practices. Pakistan's legal system is influenced by Islamic principles and ethics, which prioritize the preservation of life. It is essential to note that laws and regulations can change over time, and public opinion and medical practices may evolve. Therefore, it is advisable to consult the most recent legal resources and updates on the current status of PAS practices in Pakistan or any other country. It is also important to distinguish between PAS and other end-of-life care practices, such as palliative care and withholding or withdrawing life-sustaining treatments, which may be legally and ethically

CHAPTER 11

Assisted Reproductive Technology – Surrogacy: An Ethical Dilemma

Maria Rashid¹, Shiza Navaid¹, Taskeen Aman¹, Zunaira Bano¹ and Shiza Malik^{1,*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: It has long been assumed that a woman's most important right is to be a mother, but today, it takes quite a bit of proof to be called the mother of a child. Who came first, the parent who became a parent or the parent who gave birth? Or do both need to be present in order for it to be referred to as one? Such repugnant arguments are the outcome of internalized societal shifts. Regrettably, it has come time for authorities and ethics committees to decide who the mother of the child is. Simply insert a needle and perform a DNA or birth test. These tests are pointless. The transformations that society is experiencing now have both benefits and drawbacks. Both positive and negative developments are absorbed by society. To determine if something is excellent or harmful, society even sets the scale. But, it seems somewhat terrible to go through the anguish of bearing a child inside of oneself for nine months and then give the baby away after delivery. Renting a mother's womb is not permissible under any circumstances, regardless of the contracts that have been written, the amount of money that has been spent, or the number of prior unsuccessful attempts. For the very cause, surrogacy is creating an ethical dilemma, especially in Pakistan. Assisted Reproductive Technology (ART) techniques being employed in surrogacy are increasingly common infertility alternatives. The introduction, historical context, types, and popularity of surrogacy, as well as several ethical concerns it raises and how it deviates from bioethics, are all briefly covered in this chapter. The information will help in finding answers to various surrogacy-related questions on dignity, exploitation, rights, and the use of women's bodies as commodities.

Keywords: Assisted reproductive technology, Adoption laws, Abortion, Bioethics principles, Commercialization, Child custody, Ethical issues, Healthcare sector, History, *In vitro* fertilization, Prevalence, Pre-designed babies, Recommendations, Religion, Surrogacy, Surrogacy, Test tube baby.

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

INTRODUCTION

Surrogacy was a term that was commonly used in developing societies in the twentieth century. Surrogacy refers to the process of becoming pregnant in order to give birth to a child for infertile couples. Either a woman (host) becomes naturally pregnant through it, or the fertilized embryo is implanted (by *in-vitro* fertilization) within the host's uterus. Previous decades have seen the use of natural surrogacy to help infertile women conceive. With natural or conventional surrogacy, the surrogate becomes naturally pregnant, becoming genetically connected to the kid (Jadva, 2003a).

In-vitro fertilization, which creates the embryo in a lab before implanting it in the surrogate's uterus, is more popular today. Although she is not the biological mother of the child, the surrogate carries the embryo from conception to birth. Leasing one's body could result in abuse, especially in third-world nations with bonded labor and a significant income gap. First, agreements are prepared to stipulate that the host will deliver the kid to the intending couple as soon as possible after birth. Situations where couples who are experiencing trouble getting pregnant or either or both parents are infertile have shown that surrogacy can be advantageous (Atkinson *et al.*, 2022).

In today's world, having children who are genetically related to an older couple is widely accepted. However, besides so much progressivism, surrogacy is still widely seen as an ethical dilemma because of many reasons. According to the 1998 Commission of Review report, which amended the UK Surrogacy Act, if you hire a couple, you must not offer surrogacy for more than the actual cost of the pregnancy. This ended the commercialization of previously practiced activities that were seen as a form of prostitution (Alghrani *et al.*, 2015). However, many schools of thought still consider surrogacy and *in vitro* fertilization as a violation of nature. So, the usage of surrogacy tends to be a multifaceted social transformation, and depending on infinite considerations relating to ethnicity, culture, and religion of a particular region, many groups either support or reject it.

Contractual Connotation of Surrogacy

Surrogacy, using a woman's body, is now being practiced in business and commercial contracts. The contract is of two types:

Uncompensated

It is a legal contract between intended parents and a willing surrogate mother identifying which party is going to be the legal guardian of the child. The

contracting couple pays for all the medical expenses of the surrogate mother.

Compensated

In this contract, the surrogate receives money beyond medical and other reasonable expenses.

Surrogacy potentiates different kinds of clashes between surrogate mothers and intended parents and thus is a serious bioethical issue (Swanson *et al.*, 2020).

History

The concept of surrogacy is rather too old, having its roots back in Biblical times, Prehistoric times, the time of American Indians and Spanish Royals, and the Modern era. The modern concept of surrogacy started when Louise Joy Brown successfully produced the first test tube baby in 1978 through IVF (*in-vitro* fertilization). It was not exactly a case of surrogacy but it contributed much to the core concept. In 1980, Noel Keane, a Michigan lawyer, wrote the first surrogate contract. Later, a woman was able to carry her first surrogate pregnancy in 1985 (Keane, 1989).

Nowadays, the concept of surrogacy is being practiced around the globe, including Australia, Asia, and Western and Eastern Europe, while it is prohibited in countries, such as France, Spain, Pakistan, Portugal, Germany, Italy, and Bulgaria. There exist great variations in the legality of surrogacy in the United States, varying from state to state.

OPTS: OPTS (The Organization of Parents through Surrogacy) is a US based national, profit-free and a volunteer organization with a success rate of 99% surrogate agreements. It aims at providing support and advocacy for families built through surrogate parenting and it functions as a community resource.

CHAPTER 12***In vitro* Fertilization - An Insight into Ethical Issues****Anushe Munir¹, Arooj Arshad¹ and Shiza Malik^{1,*}**¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: IVF (*In vitro* fertilization), by definition, is a complex series of procedures used to treat fertility or genetic problems and assist with the conception of a child. Reproduction is a basic human right and an inborn instinct, the existence of which no one can deny; however, sometimes nature does not allow a man to fulfill this desire. In this modern world, people no longer take ‘No’ for an answer to nature and fate incidences, and for this reason, many who are unable to conceive naturally opt for medical procedures like IVF to become parents artificially. The initial concept behind IVF aimed to help married couples have children, but as times progressed, numerous ethical issues have emerged. This chapter briefly explains some aspects of *in vitro* fertilization, including its introduction, historical background, types, prevalence, different ethical issues related to it and its deviation from the bioethics principles.

Keywords: Alternative methods, Causative factors, Consequences, Ethical issues, Gamete intrafallopian transfer, Healthcare sector, Human embryo stem cell, *In vitro* fertilization, Intra cytoplasmic sperm injection, Intrauterine insemination, Prevalence, Tubal embryo transfer, Zygote intrafallopian transfer.

INTRODUCTION

The primary ethical issue that has been observed in most IVF clinics is the destruction of “extra” embryos. The procedure involves the production of a couple of embryos, out of which only one is successfully implanted. A recent study in the US journal *Fertility and Sterility*, conducted by researchers at Yale University School of Medicine, has determined that out of every 100 embryos created, only 5 will become live births, meaning 95% of all IVF embryos are discarded, perish in the Petri dish or die in the womb (von Wolff & Haaf, 2020). Many argue that the embryo is the first stage of human life and should thus be respected and not treated like an inanimate object. Since it can create life, destroying it should be considered no less than murder. The fact that an embryo is human does not change with the wishes of the potential parents, *i.e.*, embryos are

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

thought of as babies or humans when wanted by parents and immediately discarded and regarded as a lifeless entity when unwanted. Another alternative to destroying these innocent embryos is using them for scientific research and experimentation.

It is believed that techniques, once tested on human embryos, will allow breakthrough discoveries to be made that would help save countless lives. One such example is that of the HESC (Human Embryo Stem Cell) research that is thought to revolutionize medical treatment by allowing scientists to identify mechanisms that are responsible for cell differentiation and to turn these stem cells into specific cells types that can be used for treating lethal diseases and injuries. Many people are of the view that carrying out experiments on embryos is a better substitute than destroying or disposing them of, but again, the argument remains the same that such research, regardless of its untapped potential, is inhumane as it involves the killing of innocent “potential” human lives (Lyerly *et al.*, 2010).

ICSI (Intra Cytoplasmic Sperm Injection)

ICSI (Intra Cytoplasmic Sperm Injection) is a sub-branch of IVF; it is mostly used when the male sperm is incompetent and has to be directly injected into the ova. This is mostly opted for when the couple wants a child who is biologically related to them, even if the sperm is substandard, without going for a sperm donor. Such techniques have been reported to make the child more susceptible. The risk is almost twice as high in comparison to a naturally conceived child in terms of major birth defects like malformations and chromosomal abnormalities, *etc.* The reason is that the egg is fertilized using poor-quality sperm (Pandian *et al.*, 2013).

Even in this so-called “Technically Advanced” world, there are many societies that consider the bond of marriage to be the most sacred association and these children are something a married couple is to be blessed with. IVF has created doubt in the minds of people as it suggests that one no longer needs a male in their life to become a parent. Such treatments have now allowed attaining a child for single and homosexual parents, which are considered to be unethical in many societies around the world. A child is meant to grow up in a balanced environment with a mother and a father; depriving a child of such a right is no less than unethical. Same-sex marriages may have become very popular in the West, and people may have started to revert to being single parents, but the truth remains the same. It has been proved time and again that anything that defies the laws of nature has been subjected to dire consequences.

IVF can also be used to control the gender of children, allowing many couples to decide which sex they prefer for their unborn child. The procedure involves the

fertilization of a few embryos; these are then grown *in vitro* and biopsied on the 3rd or 5th day of embryo life to check the chromosomes and decide which gender the embryo is. In this case, ethics come into play when one gender is preferred over another for reasons pertaining to societal pressures.

There are still certain societies and cultures where women are bound to have children using the sperm of their husbands regardless of whether it is substandard or not. Even the consideration of using donor sperm will be greatly frowned upon in these societies whether conceived through ICSI or IVF; even if there is a high risk of having children with abnormalities, the option of donor sperm does not exist for them. This is believed to create a barrier between many married couples who no longer feel the need to marry to have children.

Causative Factors

Since different ethical issues have been discussed, each with its different causes, it is imperative to discuss each one of them. If we consider IVF as the major factor from which all these ethical issues originate, we need to understand the mental state of the couples that opt for such procedures. If a couple cannot naturally conceive, societal pressures force them to look for help, and so the state of desperation is unimaginable. It is due to this reason that parents overlook the numerous risks and ethical issues that are part and parcel of IVF.

The causative factors, however, differ with each ethical issue when discussed in isolation, with infertility being the main cause. People who have trouble conceiving end up approaching IVF clinics; this involves the fertilization and formation of numerous embryos to increase the chances of implantation. As a result, more embryos are formed than necessary, and after successful implantation, the rest are considered “useless”. They may be kept frozen, but the chances of those embryos being adopted are very small, which is why they are either destroyed or experimented upon.

In today’s world, people are becoming more independent. They focus more on their careers and prefer to remain unmarried, or at times, they become a part of dysfunctional marriages that end in separation. The trend of single parents has been on the rise, and women, mostly in Western countries, prefer to have children without a father. Concerning homosexual couples, the legalization of same-sex marriages has encouraged them to indulge in such activities, which are regarded as unethical and something that challenges the natural way of life.

Even in today’s world, there are certain areas of the world where the birth of a male child is celebrated while that of a female child is mourned. Social pressures have forced people to go for these measures that ensure the birth of a male child.

Unethical Clinical Trials and the Third-World Countries

Fatima Tahir¹ and Walifa Waqar^{1,*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Although human experimentation has greatly increased our understanding of the human body and diseases, there are still occasions when limits of morality are crossed during clinical trials. Illiteracy, poverty, corrupt health practitioners, and lack of law enforcement in developing countries have led to an increase in the exploitation of people as guinea pigs for trial purposes. These unethical clinical trials in Third World countries have caused an inferiority complex and a general mistrust in the healthcare system. It is the duty of the physician and scientists involved in medical research to protect the life, health, and integrity of research subjects, for which strict regulations are a necessity.

Keywords: Bioethical principles, Causative factor, Effects, Healthcare sector, Institutional review board, Mortality rates, Prevalence, Suggestions, Third-world countries, Third world countries, The belmont report, The declaration of helsinki, The nuremberg code, Unethical clinical trials.

INTRODUCTION

The Healthcare system of the world relies mostly on the pharmaceutical industry and healthcare professionals. Patients benefit from this relationship as long as it remains within the ethical boundaries guided in *The Belmont Report* (Miracle, 2016). These ethical confines have been contravened, especially by the pharmacological companies in recent years, because of the cut-throat competition to develop and market new drugs in less time and for gaining financial and economic dominance over the industry that has tremendously increased in the past decade. This issue of corrupt clinical trials has occurred globally, but Third World countries are severely affected by it.

* **Corresponding author Walifa Waqar:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: walifawaqar@yahoo.com

A significant amount of research and clinical studies are conducted due to the rapidly evolving pharmaceutical industry in developed as well as developing countries. Human testing- an integral part of the laborious task of drug development- is notorious for its dark history of widespread unethical practices in developing countries. Many would argue that human experimentation is a necessity for the improvement of healthcare facilities and to counter diseases. But a significant percentage of the drug trials that have successful results *in-vitro* and in animals fail in human trials (van Norman, 2019). So, are there any defining principles that guide moving from animal to human experimentation? Why they are not being applied equally on a global level rather than just focusing their enforcement in the developing world is a question that remains unanswered even by pharmacological tycoons because they fail to give a proper justification for the injustices being carried out in underdeveloped countries.

Though medical research has been going on for centuries, its ethical aspects were brought into the limelight only after World War II, when German physicians pioneered unscrupulous, deadly experiments on prisoners that resulted in substantial deaths (Rothman, 2017). The long list of immoral acts includes the trials done by U.S. public Health researchers who deliberately infected about two dozen prisoners with Gonorrhea. The bacterium was pumped directly into the urinary tract through the penis. The patients were encouraged to pass it on (Rogers, 2018).

Another textbook example is the Tuskegee Study on Untreated Syphilis, sponsored by the U.S. (1932-1972), in which subjects did not give informed consent, and they were denied the available effective treatment despite its availability just for the sake of study continuation. Forced consent, bribed subjects, uninformed use of placebo controls, no surety of post-trial treatments to the subjects and unapproved trials by ethical review boards are the most common factors that constitute this issue (Paul & Brookes, 2015).

Thus, the matter of such iniquitous acts has been known for long, Citizens of Third World countries have suffered a great deal in this regard. Bayer, GlaxoSmithKline, and Pfizer are leading pharmaceutical companies outsourcing their clinical trials to developing countries (Anand, 2015). Moreover, the ethical code enactment is unequivocal in the West and the developing world mainly due to the inclination of drug-developing companies towards organizational benefit instead of subjects' welfare, and the agglomeration of trials in underdeveloped countries.

Overview of Clinical Trials

- **Global Clinical Trials:** According to ClinicalTrials.gov, a database maintained by the U.S. National Library of Medicine, as of September 2021, there were over 390,000 clinical trials registered worldwide. These trials covered a wide range of medical conditions and interventions.
- **Clinical Trial Phases:** Clinical trials are typically conducted in four phases. Phase 3 trials, which involve larger groups of participants, make up the majority of registered trials, accounting for around 35% of all trials.
- **Therapeutic Areas:** Clinical trials are conducted across various therapeutic areas. Cancer research has consistently been a major focus, with a significant number of trials dedicated to oncology, followed by cardiovascular diseases, infectious diseases, and neurological disorders.

The Role of Developing Countries in Clinical Research

- **Global Clinical Trial Sites:** Developing countries have played a crucial role in providing clinical trial sites. According to the World Health Organization (WHO), developing countries have become increasingly important locations for clinical trials, with more than 50% of global clinical trials conducted in these regions.
- **Access to Clinical Trials:** Clinical trials conducted in developing countries have offered access to experimental treatments and therapies for local populations. This can be especially important for patients who may not have access to these treatments otherwise.
- **Challenges and Ethical Concerns:** The involvement of developing countries in clinical research has raised ethical concerns related to informed consent, patient protection, and the potential for exploitation. Ensuring the ethical conduct of trials in these regions remains a significant challenge.
- **Economic Impact:** Hosting clinical trials can have economic benefits for developing countries, including increased revenue from the pharmaceutical industry, job creation, and infrastructure development in the healthcare sector.
- **Capacity Building:** International collaborations often involve capacity building in developing countries, which includes training local healthcare professionals and improving research infrastructure to conduct trials safely and ethically.

Notable Historical Cases of Unethical Clinical Trials: World Scenerio

1. **Tuskegee Syphilis Study (1932-1972):** While not conducted in a developing country, this study is a well-known example of unethical research. In the United States, researchers conducted a study on African American men with syphilis without their informed consent, and they withheld treatment even after the discovery of penicillin as an effective cure.

Abortion–The Ethical Preview

Ammara Arif¹, Bushra Ahmad¹, Hina Sharif¹ and Shiza Malik^{1,*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: The deliberate termination of a pregnancy before a fetus can live independently is called abortion. On the other hand, the natural ending of pregnancy is called a miscarriage. This chapter describes abortion descriptively, along with its types, causative factors, risks associated with it, and the potential consequences it can have on the individual and society. It also discusses the different religious points of view on abortion and the worldwide prevalence of abortion, with special reference to Pakistan. Some organizations are also mentioned that are working to prevent it. An extensive discussion has also been carried out regarding its ethical concerns. In the ending, keeping in mind all the factors, a brief conclusion has been drawn.

Keywords: Abortion, Consequence, Dilation and curettage, Ethical preview, Healthcare sector, Limitations, Medical complications, Miscarriage, Prevalence, Post-abortion syndrome, Reasons, Religious points of view, Steps to control abortion, Suction aspiration, Society for the protection of unborn children, Types of abortion, Unethical procedures.

INTRODUCTION

The deliberate termination of a pregnancy before a fetus can live independently is called abortion. On the other hand, the natural ending of pregnancy is called a miscarriage. Most abortions are carried out in the first trimester. According to an approximate estimate worldwide, 20-30 million legal abortions are performed yearly, and 10-20 million are performed illegally. In simple terms, abortion is the termination of a pregnancy. Termination refers to the act of putting an end to something, and in this case, you end something by killing it. We can only “kill” something alive, so the question now is whether or not a fetus is alive. Some argue that it is a living being because it has the blueprint for life and is a human. Others argue that it is a collection of human cells and not a human, just as an egg

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizzza874@gmail.com

is not a chicken. Humans have emotions, and they can be happy, sad, or in pain. Several studies have shown that a 20-week-old fetus can feel pain.

The Unethical Procedures

Abortion procedures are extremely inhumane and painful for both the fetus and the mother unless she is sedated. The debate over whether a fetus is human will continue, but one thing we can all agree on is that these methods are cruel. This is a significant ethical issue. Suction aspiration, Dilation and Curettage (D&C), Partial Birth Abortion, Prostaglandin Chemical Abortion, Hysterectomy or Caesarean Section, and Salt Poisoning are some well-known methods.

In suction aspiration, a suction tube with a knife-edged tip is used, and the pressure is 29 times greater than that of a standard vacuum cleaner. The fetus is divided into small fragments that are sucked by the tube. Other methods are crueler than this one. In partial-birth abortion, for example, the fetus is fully developed, and the child's brain is sucked out, resulting in death.

Reasons/ Causes of Abortion

The main causes that may result in opting for abortion are:

- Unplanned pregnancy
- Child is abnormal/ with birth defects
- Health concern of mother/ mother is at risk
- Financial problems
- Victim of rape/ incest
- Single parent
- For personal convenience
- Forced abortions
- Gender selection
- Family size is big
- Teenage parents
- Poverty
- Failure of contraceptives
- Relationship problems
- Job insecurities
- Over-age parents

Other Factors Leading to Abortion

Some of the reasons are understandable, but they are still not justified to end a life, *e.g.*

- Rape victims are in physical and mental trauma, it is difficult for them to live a normal life again, but the child should not be punished for someone else's crime. As ethicist Dr. Michael Bauman has said: "A child does not lose its right to life simply because its father or its mother was a sexual criminal or a deviant."
- When the health of the mother is at risk, it is a choice between two human beings. If the child survives and the mother dies, it will be difficult for the child to survive without a mother.
- Doctors suggest abortion if the child has health issues and would lead a difficult life *e.g.*, many genetic diseases, syndromes, *etc.*
- Parents go for abortion due to financial instability; they prefer to get an abortion rather than face the trouble of fulfilling their child's needs.
- People also go for abortions for their convenience. They just do not want a child or do not have time to tend to it.
- In some countries, forced abortions are common. In China, they have a policy of one child to control the population rate, therefore, studies show that China has the highest rate of abortions worldwide.
- If the gender of the child is not the parents' choice, they might get the abortion

Factors to be Considered Before Opting for Abortion

The following factors are given due consideration when someone opts to pursue the abortion procedure:

- History of Anemia, Diabetes, Hypertension, or Heart disease in parents
- Medical history of the mother, father, and family
- Number of weeks passed after the pregnancy
- Genetic diseases in the family
- Medication used by the mother
- Local medical facilities
- Prior pregnancies
- Health of mother
- Prior surgeries
- STDs

Lab Tests Required

The following tests are carried out before the decision to abort:

- Ultrasound to check the week, number, and size of fetuses, condition of ovaries and uterus.
- Pelvic exam to check the size and shape of the uterus.
- Test for detection of Rh-negative antigen.
- Smear to check cervical cell abnormalities.

CHAPTER 15

Defining the Moral Status of an Embryo? Or Defying the Moral Status of a Woman?

Bakhtawar Sehar^{1,*} and Syeda Zahra Shahid¹

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Embryonic Stem Cells (ESC) are pluripotent cells that give rise to all cell types and are used for cell replacement and regenerative therapies. However, ethical, social, and legal controversies have questioned the morality of the procedures to obtain ESC lines, and the moral status of an embryo is oscillating in the debate about the origin of life, whether it originates at the totipotent stage or at the point of syngamy. Ironically, the moral status of women is also being defied by inadequate informed consent for medical procedures and their life-threatening consequences. In response to the ESC controversy, an alternate approach of using low-grade embryos for obtaining ESC lines has been proposed. This study aims to define the moral status of an embryo, question the defined status of a woman, and find new ethical-based medical procedures to obtain ESC lines.

Keywords: Causative factors, Consequences, Consequences, Embryonic stem cell research, Ethical concerns, Embryonic stem cells, Healthcare sector, Moral status, Organizational work, Prevalence, Pluripotent, Statistics, Somatic stem cells, Somatic nuclear transfer, Women exploitation-egg commercialization.

INTRODUCTION

With scientific advancement, reproductive technologies, alongside increased controversies, have raised some serious moral and ethical questions. Pluripotent stem cells are neither differentiated nor specialized cells. They can differentiate into different cell types (Okka, 2015). Differentiating and regenerating potential make stem cells significant from the research point of view and are used for cell replacement and regenerative therapies. Ethical concerns show that pre-implanted embryos from *in vitro* fertilization (IVF) can derive Embryonic Stem Cells (ESC).

Controversy does not lie in the treatment (ESC) provided but in the techniques through which ESC is harvested, *i.e.*, through human embryo destruction. To

* **Corresponding author Bakhtawar Sehar:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: bakhtawar_sahar@yahoo.com

obtain ESC, an embryo, a potential life, needs to be demolished, which demands a defined moral status of an embryo. Portraying the moral status of an embryo, it is considered to have all the characteristics that constitute its individuality and that differentiate it from non-human animals. But it also gives birth to an argument that mere individuality does not assign a moral right of life to an embryo. The definition of the moral status of human embryonic life does not stick to its scientific definition but also adheres to the versatile religious definitions from one pole of this world to another.

It also raises serious questions regarding women's health. Unapproved drugs with unknown long- and short-term consequences are given to harvest these embryos and provide a potential threat to women's health, which is not given much attention (Tober *et al.*, 2021). Thus, embryonic stem cell (ESC) research, acting as a transdisciplinary topic, has forced all scientists, thinkers, philosophers, and lawyers to define the moral status of an embryo and seek an alternate path to harvest stem cells from an embryo.

Alternate techniques, oocyte-assisted reprogramming, embryonic biopsy, and altered nuclear transfer, for producing remodeled and modified human embryos to harvest stem cells, are also being presented (Bellver Capella, 2015). But these techniques also raise some ethical concerns. Somatic cell nuclear transfer (SCNT) gave evidence of successful experimentations on non-human animals to harvest ESC from embryos without accessing IVF. But, the recent allegations of fraud and scientific misconduct have created doubt about the success of SCNT (Brooks, 2017). Some also suggest low-grade embryos to harvest ESC.

Elucidation of Stem Cells

ESCs are unspecialized cells that can renew themselves by cell division. Due to this property, in some organs, such as the gut and bone marrow, they divide and replace worn-out or damaged cells regularly. They can be induced to become specialized organs or tissues under certain physiological conditions.

Embryonic Stem Cells

ESC is pluripotent, capable of differentiating into any other cell type you can think of in the body. They differentiate after proper fertilization. After 4-5 days of fertilization, blastocyst from its pluripotent cell lineage *i.e.*, Inner cell mass (ICM), originate ESC (Damdimopoulou *et al.*, 2016).

Somatic Stem Cells/Adult Stem Cells

Adult stem cells, sometimes called somatic stem cells are undifferentiated

regenerative cells in the body, capable of repairing damaged cells and tissues and replenishing them (Schöler, 2016). Adult stem cells, either organ-specific or non-hematopoietic and hematopoietic, derive from bone marrow, cartilage, peripheral blood, *etc.*

Causative Factors of Embryonic Stem Cell Research

Once these embryonic pluripotent cell lines are derived from embryonic cells in the body, they can be used again and again by regenerating them and storing them by freezing. Scientists prefer to use these stem cell lines because they do not have to produce these ESC lines from embryos by conducting the same procedure again.

ESC is referred to as totipotent because, at the earliest stage, they are capable of producing an entirely new organism. They are also referred to as pluripotent, as they can differentiate into different types of specialized cells, such as brain and heart cells. Understanding the line-up transformation of ESC into an organism and different cell types would help in understanding the causative factors of serious rare disorders.

Acting as a self-renewing system, ESC replaces damaged cells and tissues and replenishes them. Highly regenerative stem cells are used to treat serious diseases such as spinal cord injuries, stroke, diabetes, heart diseases, and certain neurological disorders like Alzheimer's and Parkinson, by controlling the differentiation of pluripotent stem cells into particular cell types (Liu *et al.*, 2021). They are also created for reproductive processes through IVF and, when no longer required, donated for research by individual consent.

Since cancer, other birth defects, and rare disorders occur because of abnormality in proliferation and differentiation, embryonic stem cells, being pluripotent, are used to combat these diseases and are used in research to find a cure for incurable disorders.

From a drug testing point of view, pluripotent cell lines are of prime importance. They are used by testing drugs on differentiated cells produced from pluripotent cell lines, like anti-tumor drugs are tested on cancer cell lines derived from pluripotent stem cells. On religious and ethical grounds, the procedures of viable embryo destruction for obtaining these stem cell lines are considered ethically unacceptable.

Different Moral Stances Regarding Embryonic Research

The moral status of an embryo is a subject of intense debate, and various moral

Human Cloning- A Far-Fetched Idea or a Genetic Disaster?

Fatima Khurazmi¹ and Shiza Malik^{2,*}

¹ Department of Management Studies, Air University, Islamabad, Pakistan

² Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

Abstract: The world is a natural heritage where everything is revolving in a balanced way. The whole universe is moving in a way that is not disturbing the flow of life, the stars, the moon, the planets, seasons, and the process of life and death. But when something disrupts the nature of this cycle, the outcome of that will be seen in the world as a whole. With the evolution of science, man has made and produced things that people were not aware of. However, with every advantage comes its drawbacks and disadvantages. Similarly, the process of human cloning was once a farfetched idea but now has become a genetic disaster for humans. But, many oppose this and talk in favor of human cloning, mostly those who can afford it. However, if one looks at all the aspects of human cloning, then it is a genetic disaster. To create or not to create is the question. Do they serve the human race by human cloning? This chapter has been devised to answer this question and to elaborate on the ethical concerns that arise out of human cloning experiments. The purpose is to make the reader aware of the sensitivity of this medical topic and to elaborate on what limitations could be there to deal with in such medical procedures.

Keywords: Advanced cell technology, Ethical issues, Healthcare sector, Human cloning, Historical perspective, Infertility, Religious viewpoint, Reproductive cloning, Religious viewpoint, Surrogate, Therapeutic cloning.

INTRODUCTION AND HISTORICAL BACKGROUND

The end of the twentieth century was significant in terms of many scientific findings. Genetics is the study of heredity in organisms, and based on this area of knowledge, the advancement of genetic engineering has paved the way for a new field of research that is known as cloning. Human cloning was once viewed as a farfetched idea, but it all took a turn when, in November 1998, the first hybrid human clone was made (Nabavizadeh *et al.*, 2016). This experiment was carried

* Corresponding author Shiza Malik: Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

out with the advancement of Advanced Cell Technology in which a nucleus was taken from a man's leg cell and introduced into a cow's egg from which the nucleus had been taken out. The hybrid cell was cultivated and developed into an embryo. The sheep named Dolly was cloned in 1996(García-Sancho, 2015). Its birth was not disclosed until 22 February 1997 and 4 clones of the same Dolly were subsequently made, and this incident drew the entire world's attention.

Definitions-Concept of Human Cloning

Cloning is a procedure that describes several different methods that are used to create genetically identical copies of a biological creature. Cloning involves the formation of a creature that is genetically alike to another one without sexual contact (Dolma *et al.*, 2022). This procedure involves removing the nucleus of an egg cell and substituting the nucleus taken from the cell of another being. Cloning of genes or DNA is usually done in many genetics and pharmaceutical laboratories throughout the world.

Types of Cloning

There are two cloning techniques (Matoba & Zhang, 2018):

Therapeutic Cloning

This involves cloning cells from a human for use in medicine, transplants and other health purposes. It is not involved in the development of organisms.

Reproductive Cloning

Reproductive cloning involves the use of somatic cell nuclear transfer (SCNT) to acquire eggs that could grow into an adult individual. Reproductive cloning creates an exact copy of an organism that exists or existed.

Experiments of Cloning

The first practical offspring formed from fetal and adult mammalian cells was reported on 27 February 1997. The British Nobel Prize winner, Joseph Rotblat, explained it as a discipline that can generate problems similar to nuclear weapons (The Herald, 1997). Dolly the sheep experiment is one of the most noteworthy animal experiments in contemporary biomedicine. The embryo from which the Dolly sheep was made was acquired by placing the nucleus of a mammary gland cell of a different sheep into an egg, making Dolly the first animal to be cloned from adult genetic material.

In February 1997, six months after her birth, Dolly's public presentation sparked heated discussions about the limitations of cloning technology and its future use in making accurate copies of human beings (García-Sancho, 2015). However, little is known about the aims of the scientists who produced the sheep and the particular background of the cloning experiments.

Ethical Issues Related to Human Cloning

The use of cloning for the duplication of living organisms is morally and ethically incorrect as it would violate some of the basic principles that guide medically-assisted fertilization. These include the dignity of the human being and the preservation of human genetic information (Chan, 2015). The breach of human integrity, both in the case of human cloning and reproductive cloning, is one of the most contentious topics. The development of embryos to extract specialized cells, in the case of therapeutic cloning, entails violating the integrity of the unborn human being and, therefore, of the entire human race. This is because human life is no longer considered of supreme value, denying the individual the right to his own life. The principle of nonmaleficence is violated in this context.

The issue of the right of ownership over a human being in reproductive cloning has been raised. The subsequent growth of the embryo in an artificial uterus raises concerns about parental rights and responsibilities in relation to the created human being (Holm, 2017b). The embryo's guarantee time is calculated before it is destroyed, and the human being is considered to be a consumer good in this respect, then intended to be killed.

The answer to why someone may want to reproduce through cloning is to have a heritably related child who is a cure for infertility (Daar *et al.*, 2016). Presently, those who want to have a child but cannot reproduce because they are infertile can also use a donor embryo or have it conceived by a surrogate mother, or they can also adopt a child. Human cloning will also allow parents to have a child with a genome matching that of a healthy individual or other desirable features.

On the other hand, many say that cloning is an unnatural process. It also threatens autonomy and complex family relationships (Shafique, 2020). Other doubtful motives are that people would want to have a child having particular characteristics, causing people to view them as substances, objects or commodities, just like a car or a new house. People would want to have a good-looking child, like a clone of a celebrity or a child with some particular talent, mostly to show off.

Kantian ethics are normally related to the concept of human dignity. An example that appears to provide some basis for human dignity-based objections to cloning

PART 1

Section III: COVID-19 Era and Ethical Issues

CHAPTER 17

A Practical, Ethical, and Legal Guideline for Professional Therapists and Counselling Practices During the COVID-19 Outbreak

Muhammad Aqeel^{1*}, Aqsa Chaman² and Hina Shahid³

¹ *Department of Psychology, Foundation University School of Science and Technology (FUSST), Foundation University, Islamabad, Pakistan*

² *Department of Psychology, Government College University, Lahore, Pakistan*

³ *Department of Arts and Media, Foundation University School of Science and Technology (FUSST), Foundation University, Islamabad, Pakistan*

Abstract: Professionals who consult online should understand the limitations of digital consults and comprehend the numerous legal and ethical concerns that apply to this task to maintain quality of service, prevent potential challenges, and support public safety. This chapter discusses contemporary ethical guidelines in online mental health care practice. The professional internet counselling ethical framework is explored in this chapter. The different principles of ethical issues in counselling and psychotherapy make it easy to understand the ethical responsibilities of online practice. It is important for online professionals to keep in mind that not all clients and/or problems should or can be resolved online. Some cases need in-office assessment or treatment. Online communication and pseudonyms provide some level of privacy for receiving services; therefore, it would be challenging for professionals to engage in therapeutic contact with clients whose identities they do not know. A trained professional should insist on knowing the identity of the online clients for two reasons. The client's safety is the primary priority. It is important for the practitioner to be able to provide concrete intervention if and when it is required. The main reason online professionals have to verify their clients' identities is to prevent dual relationships. Professionals must follow the limits of their professions and malpractice insurance policies when providing professional services online. In simple words, online practitioners are only permitted to provide professional care to customers who live in the state where the practitioner is certified or licensed.

Keywords: COVID-19 outbreak, Ethical issues, Online psychotherapeutic interventions, Online psychotherapeutic counselling.

* **Corresponding author Muhammad Aqeel:** Department of Psychology, Foundation University School of Science and Technology (FUSST), Foundation University, Islamabad, Pakistan; E-mail: Aqeel.1924@gmail.com

INTRODUCTION

In December 2019, the World Health Organization received information about cases of influenza of an unknown origin in Wuhan, China (Livingston *et al.*, 2020; World Health Organization, 2020a, 2020b). Shortly after, the underlying problem of pneumonia in these patients was recognized as a coronavirus, originally called COVID-19, a zoonotic illness comparable to but much more contagious than the SARS coronavirus (M Aqeel *et al.*, 2022; Muhammad Aqeel *et al.*, 2021; Chaman *et al.*, 2022; Commodari *et al.*, 2021; Commodari & La Rosa, 2020; Ghebreyesus, 2020; Mahvia Gul & Aqeel, 2021; Islam *et al.*, 2020; Kaparounaki *et al.*, 2020; Khan, 2022; Liu *et al.*, 2020; Naeem & Chaman, 2022; Shuja, 2022; Shuja, Aqeel, *et al.*, 2020; Shuja, Shahidullah, *et al.*, 2020; Zahid & Goth, 2022). The World Health Organization (2020b) declared COVID-19 a public health problem of global significance by the end of January 2020. Cases of COVID-19 substantially increased in various countries around the world. Most patients who encountered COVID-19 had a minor disease, as per the World Health Organization (2020a). People who are elderly or have underlying medical problems (for example, diabetes, cardiovascular disease, and chronic respiratory or lung disease) are at a higher risk for serious disease (Muhammad Aqeel *et al.*, 2021; Chang *et al.*, 2020; N. Chen *et al.*, 2020; Chenneville & Schwartz-Mette, 2020; Qiu *et al.*, 2020; Rajkumar, 2020; Robert *et al.*, 2020; Rodríguez-Rey *et al.*, 2020; Savage *et al.*, 2020; Stoll *et al.*, 2020; UNESCO, 2020; Yao *et al.*, 2020; Zhai & Du, 2020)

COVID-19 does not only have a substantial impact on healthcare systems, but it also influences people and their communities. Stay-at-home orders were issued in many countries around the world in accordance with the World Health Organization (2020a) and Centers for Disease Control and Prevention (2020) recommended the use of social distancing to prevent the spread of COVID-19. As a consequence, many people have become unemployed or underemployed, which has serious economic and mental health consequences (Atkeson, 2020; Covid *et al.*, 2020; Maital & Barzani, 2020; Sarfraz *et al.*, 2021), not to consider the psychosocial consequences of COVID-19. Those people who have been directly affected by the coronavirus are struggling with personal diseases in addition to the death of loved ones, which causes grief. Meanwhile, several individuals have become terrified that they and their families will become infected with the virus (Ahorsu *et al.*, 2020; Bhuiyan *et al.*, 2021; Ornell *et al.*, 2020; Rashid *et al.*, 2021). Furthermore, people are experiencing pressure as a result of sudden and unexpected changes in their everyday lives. Since educational institutions have shifted to online teaching, several families must balance the need to have children attend classes at home with the detrimental impacts of social isolation (Muhammad Aqeel *et al.*, 2021; Mahvia Gul & Aqeel, 2021).

Many countries issued “stay-at-home” orders, resulting in a large number of long-term unemployed people and those with mental health issues during the global COVID-19 pandemic (M Aqeel *et al.*, 2022; Muhammad Aqeel *et al.*, 2021; Chaman *et al.*, 2022; Commodari *et al.*, 2021; Commodari & La Rosa, 2020; Ghebreyesus, 2020; Islam *et al.*, 2020; Kaparounaki *et al.*, 2020; Khan, 2022; Liu *et al.*, 2020; Naeem *et al.*, 2021; Naeem & Chaman, 2022; Shuja, 2022; Shuja, Aqeel, *et al.*, 2020; Shuja, Shahidullah, *et al.*, 2020; Zahid & Goth, 2022). Since the start of the COVID-19 outbreak, there has been an increase in the need for people affected by COVID-19 to receive psychosocial and therapeutic interventions. This is related to how COVID-19 affects people both emotionally and physically (Alavi-Moghaddam, 2020; Muhammad Aqeel *et al.*, 2021; Chaman *et al.*, 2022; Mateus *et al.*, 2014; Saif *et al.*, 2021; Scott *et al.*, 2022; Shahzad *et al.*, 2021; Tusino & Furfaro, 2022). Sadly, the psychological consequences of COVID-19 are probably going to persist far beyond the ongoing situation as people around the world strive to rebuild their homes after the virus has been controlled and vaccines are produced. As a result, there has never been a greater need for psychologists (World Health Organization, 2020b). In 130 countries around the world, 67% of people experience difficulty maintaining counseling, psychotherapy, and psychosocial interventions. These challenges are being resolved by various health professionals, including psychologists, psychiatrists, and medical experts, through research, practice, education, and advocacy (Ahmed *et al.*, 2021; I.-H. Chen *et al.*, 2020; Gao *et al.*, 2020; Jaffri *et al.*, 2021; World Health Organization, 2020b). Further, mental health professionals, especially psychologists and psychiatrists, are considered necessary to provide services using clients' preferred ways of communication, including telepsychology in all parts of the world (World Health Organization, 2020b). Telepsychology is defined as “any non-face-to-face delivery of psycho-social, mental health, medical, or psychiatrist services to a client by a licensed practitioner.” (Feniger-Schaal *et al.*, 2022; Mbunge & Muchemwa, 2022). It could include the usage of “virtual reality, augmented reality, intelligent wearable gadgets, and artificial intelligence applications.” (Abbaspur-Behbahani *et al.*, 2022; Barker & Barker, 2022; Feniger-Schaal *et al.*, 2022; Hafsa *et al.*, 2021; Yaseen & Fatima, 2022). This chapter is designed to look into potential ethical challenges and provide guidance to mental health professionals on professional ethics in the contemporary COVID-19 crisis and even beyond. Licensing, competence, confidentiality, and control are all critical concerns for medical and mental health professionals. Moreover, both mental health professionals and clients are considering the best option of online psychotherapy. Clients should be permitted to have an ethical discussion with their therapists about the risks and benefits of using such valuable mental health facilities (Abbaspur-Behbahani *et al.*, 2022; Barker & Barker, 2022; Feniger-Schaal *et al.*, 2022; Toqeer *et al.*, 2021; Yaseen & Fatima, 2022).

Covid-19 Pandemic and Ethics of Mandatory Vaccinations

Sanaa Masood Aslam¹ and Yasir Waheed^{2,3,*}

¹ Foundation University College of Dentistry and Hospital, Islamabad, Pakistan

² Office of Research, Innovation, and Commercialization (ORIC), Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU), Islamabad, 44000, Pakistan

³ Gilbert and Rose-Marie Chagoury School of Medicine, Lebanese American University, Byblos, Lebanon

Abstract: In recent years, vaccines have been found to be the most effective tool for mass protection of people against infectious communicable diseases. Despite technological advancements, the obligation of these essential preventive healthcare treatments, to date, remains a subject of debate and, to an extent, opposition arising from vaccine hesitancy and/or vaccine opposition. The COVID-19 pandemic exacerbated shortages in resources and personnel owing to its rapid spread globally. With little known about this uncommon disease, efforts for early development of vaccines to achieve herd immunity, control disease transmission and reduce morbidity and mortality were undertaken. The emergence and administration of vaccines raised ethical concerns about loss of liberty and autonomy under mandatory provisions. This chapter aims to highlight the processes through which an infectious disease such as COVID-19 is politicized and securitized in the global policy arena, driving the development and administration of vaccines as specific protection. It further discusses the ways in which COVID-19 vaccine sufficed ethical standards for mandatory vaccination programs.

Keywords: Bio-medical ethics, COVID-19, Securitization, Vaccine hesitancy.

INTRODUCTION

The 21st Century witnessed terrorism, war, financial crises, social activism, poverty, deprivation and other devastating social encounters to which people and governments eventually became accustomed. COVID-19 was, however, a “once in a century” surprise, a global pandemic that quickly became a securitizing threat to governance and political systems all around the world because of its challeng-

* **Corresponding author Yasir Waheed:** Office of Research, Innovation, and Commercialization (ORIC), Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU), Islamabad, 44000, Pakistan & Gilbert and Rose-Marie Chagoury School of Medicine, Lebanese American University, Byblos, Lebanon; E-mail: yasir_waheed_199@hotmail.com

ing health, social, and economic implications for disease control behaviors and policies. Effective resolution of the pandemic and its associated crises became a top priority for many governments and international organisations as mitigating the effects of the disease meant smoother, faster recovery of the socio-economic frameworks globally. The emergence of SARS-CoV2 also stimulated scientists all over the world to work relentlessly and develop vaccines to stop the spread of this novel virus, which was followed by several highly effective COVID-19 vaccines rolled out in most parts of the world, with work continuing in many others.

Much of the published literature and scientific evidence available acknowledges vaccinations against transmissible diseases as effective mass population measures to control and mitigate the spread of communicable diseases. However, the recent stagnation in statistics of immunization numbers within many countries has given rise to deliberations over legal, constitutional, and ethical implications of mandatory mass vaccination requirements, particularly in the control and prevention of transmissible diseases such as COVID-19, on decision-making forums. The primary concern lies in developing best practices while remaining sensitive to and compliant with recognized principles of human security and constitutional legal principles in democratic systems across many countries.

Governance and policy-making mechanisms in a society are often weaved around core values, which are ethically justified, formally included in the legal and legislative systems and disseminated through public policy(ies). Hence, for the well-being, security and an overall common good of the public, governments and state institutions mandate many actions/ behaviors. Many countries have legally enforced wearing seatbelts, restaurant owners are required to submit to food inspection services, medical assessments and evaluations prior to public sector jobs, provisions such as wearing contact lenses or corrective glasses for motorists, and helmets as a safety and preventive measure against adverse outcomes of road traffic accidents are a few examples of these behaviors which individuals must oblige with for greater benefit and the common good of the public at large.

The world of public policy is fragmented, which becomes a major source of stress and tension when these values conflict with other fundamental rights such as autonomy, liberty, functional integrity, territorial freedom, and other such moralities.

For instance, the vaccine-common good argument in opposition to liberty, autonomy, vaccine skepticism and cultural/ traditional values and practices in health for the prevention of communicable diseases have resulted in a rocky road to recovery and containment of these transmissible diseases as seen in the case of Polio eradication. Although public policies that intervene with individual

independence may be the need of the hour and justified, however, they become a target for controversy and propaganda.

The ethical and moral justification of vaccines is often contingent upon other social values and goals, such as the promotion of health and prevention of disease in public and societies. This chapter identifies the conditions, considerations, and context in which COVID-19, a 21st-century surprise, became a securitizing threat to the world, calling for immediate intervention and rapid resolution through immunization strategies. This chapter articulates the salient ethical considerations for mandatory vaccine campaigns and the explicit policy decisions with their ethical and moral justifications for mandating COVID-19 vaccinations. It touches upon the institutional analysis of policy briefs published and programs initiated using case studies from around the globe pertinent to the COVID-19 vaccine landscape, authorization for children, public experiences and challenges. This chapter also investigates the potential role of a selective mandate of COVID-19 vaccination for high-risk populations to avoid vaccine hesitancy and skepticism of mass mandatory vaccinations.

Impact of Securitizing COVID-19 on Human Societies

“Health itself is a power, a fundamental capacity for the development or maintenance of all other capacities” (Berlinguer, 2003). The notion of securitization initially developed by Ole Waever at the end of the Cold War is a major contribution to the “widening and deepening” debate on ethical and moral dimensions of health and human security. The inclusion of global health, environment, and human security widened the traditional dimensions of “security” and a deepened discussion is reflected in the question whether entities other than states, such as the society and global population at large, can claim a security threat (Krause and Williams, 1996).

COVID-19 was first identified in China in December 2019 and was followed by four strong waves with complications associated with the rapid, unprecedented spread and transmission of the disease (Huang *et al.*, 2020). In many unexpected ways, COVID-19 unveiled the fragilities and shortcomings of current dominant political, economic, and healthcare systems globally, raising debates over the sustainability of these prevalent systems and models.

Within a few weeks following its emergence, the social fabric of human societies was eroded, and orderly structured institutions in many developed countries were dismantled, with over 1.3 million infections and over 73,000 deaths. A few authors labelled COVID-19 as the 9/11 of health security, a turning point in global health governance and healthcare systems (Daoudi, 2020). Years-long neglect and deep-rooted inequalities and disparities in healthcare surfaced,

PART 1

Section IV: Ethics and Social Health

The Ethical Problems Associated with the Impacts of Social Media on Healthcare

Aleema Moin¹, Mahnoor Majid¹ and Shiza Malik^{1*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Social media is a useful innovation of the 21st Century, which has provided mankind with a wide range of facilities and comforts. It is a benchmark of communication, technology, and business which comes with several risks. Different countries and organizations have adopted various strategies such as the enactment of bills to reduce the unethical acts being done on social websites such as Facebook, Twitter, MySpace, *etc.* Through guidance and strict regulations, such online unethical misconduct can be restricted ensuring a safe working environment for the users.

Keywords: Bullying, Cybercrimes, Consequences, Causative factors, Cyber security, Cyber stalking, Ethical problem, Ethical issues, Healthcare sector, Limitations, Methods, National response center, Opinions, Prevalence in Pakistan, Plagiarism, Social media.

INTRODUCTION

The recent advancement and transformation of mainstream media into social media have reformed the world. It includes all the online web applications that allow people to communicate and share different kinds of content made by them on platforms such as, Facebook, Twitter, MySpace, YouTube, Blogs, *etc.* (Oravec, 2018). Because of the various advantages of social media, people are now more inclined towards it as it gives free information to everyone without any cost and enables everyone to easily share and record their routines online. It targets a large number of people ensuring speed and quality content. Besides its numerous pros, there are cons as well. This type of media is open and interactive and has no boundaries when personal information comes into play (Rahman *et al.*, 2020). Despite its superiority, automation, and advanced communication, it causes prospective concerns in society related to privacy, confidentiality, probity, and valued information.

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizzza874@gmail.com

“If consent has not been obtained, researchers must ensure that they report only depersonalized data from social media sources. If researchers are using automated data collection services, they are recommended to use filters and controls to remove personal identifiers such as user names, photos, links to the user’s profile, etc.”

Esomar: Market & Social Research

To avoid such types of threats, there should be a proper code of conduct that can regulate all the working of the media platform. Social media is a very vast range of social sites that need to be regulated (Dube, 2021). Therefore, different organizations and institutions have their own set of ethical codes to follow. Generally, ethics are the rules that ensure equality, justice, impartiality, and responsibility. The ethical code makes sure that every action is being done according to the given framework. These ethics are as important as any other code because the platform of social media is very delicate and one wrong action can make the whole community or sometimes the country suffer.

Social media websites are important means of research and analysis of data. They provide users attainable approach and save time as a researcher does not need to leave his office and conduct field research. So, social media makes research easy, reliable, time-saving, and accomplishable. However, there are ethical barriers in this domain as well, such as falsification, fabrication, and plagiarism of online available data which can hinder the ethical and moral research workflow system and pose serious privacy issues of important analyzed information. Additionally, some researchers extract information from social media in unethical ways (Golder *et al.*, 2017). There are many public profiles on Facebook, Instagram, or Myspace which are “open” and not “private”. Although the information is public, it does not mean that someone’s profile should be used for research purposes without their proper consent.

There is a general perception we found online that most social site workers are unethical in behavior, but this does not necessarily fit into the identity of an online worker because ethics is related to the morality of a person. It depends on his thoughts, traditions, norms, and religion. Ethics and its degree of intensity vary from one person to another. So, it is not true that all social site workers are

unethical. There are also people who are promoting goodwill and working actively on social media in a professional ethical manner. This chapter will focus on the different ethical issues related to this online realm and the various preventive measures that need to be implemented to ensure a safe and secure online working environment for everyone.

Ethical Challenges

Facebook has become one of the easiest ways of interacting with people online. It provides an open interactive platform where everyone can share their information. But, if Facebook is used in an unethical or immoral way, it can prove to be a devil in disguise. Many people are guilty of posting their personal valued information. Many a time people are held under custody due to posting criminal data on social sites. There is a limit to which we can protect ourselves and save our data but beyond this boundary, it is unsafe out there (Nemec Zlatolas *et al.*, 2015).

Recent studies have also shown that sometimes it becomes necessary to disclose yourself and your personal information to build your identity in this online tech world (Ma *et al.*, 2016). Many people will not know a person in the real world if he is not included in their friend list which is a moral dilemma created by social media. Other potential ethical challenges which we have reviewed here are cybercrimes and ethical hacking which have become one of the biggest security and ethical risks of Social Networking Sites (SNS).

“While the decision to post videos, pictures, thoughts, experiences, and observations to social networking sites is personal, a single act can create far-reaching ethical consequences for individuals as well as organizations.”

Deloitte, Social Networking And Reputational Risks In The Workplace, 2009.

Ethical Dilemmas in Journalism and their Impacts on Mental Health of the Society

Umme Swaiba¹, Zoya Siddique¹ and Shiza Malik^{1,*}

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Journalists all across the world regularly violate journalistic ethics, which has a detrimental effect on societal peace and order. Due to unrestricted and independent media, there is a serious problem with journalists misreporting, making up news, inventing facts, and revealing improper material. The frequency, probable causes, and effects of this situation are all covered in detail in this chapter, along with international instances of poor journalism. There are also some recommendations in this chapter for addressing this problem at the individual and organizational levels.

Keywords: Anderson newspaper incident, Consequences, Control measures, Dimensions, Digital age, Ethical dilemmas, Falsified data, Impacts on society, Journalism, Mental health, Misinformation, Prevalence, Principles to follow, Pentagon papers, PEMRA, Pakistan federal union of journalists (PFUJ), Recommendations, Society of professional journalists.

INTRODUCTION

The communication tools available to modern man are quick, dependable, and effective. The “Digital Age” is characterized by expertise, dexterity, efficiency, and adroitness. The moguls of today's era have developed new techniques for reporting and disseminating news to the public as a consequence of advancements in communication and information-sharing methods. Development in methods of communicating with the general public is a result of globalization and digitization. It is a form of communication that uses two different media: print and broadcast. Print media includes newspapers and magazines; it is the oldest and the most primitive way of reporting incidents and happenings. Broadcast media is an advanced and novel form of communication that includes the exchange of information *via* television and radio. The internet, which includes social media

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

platforms like Facebook, Twitter, and others, is the third method of communication that is currently the most common and modern means of intercultural engagement between continents and nations (Anderson *et al.*, 2016).

DIMENSIONS

This new paradigm of knowledge and communication has unavoidable benefits and drawbacks. The use of media has countless benefits, but there are also several social and ethical issues (Wahl-Jorgensen & Hanitzsch, 2019).

Some of the dimensions of such issues are described below:

Misinformed Piece of News

Several societal components may be disturbed by the fact that news is published or transferred without the necessary authentication and validation. As a result, the issue primarily affects investigative journalism and raises ethical questions. Reporters for news organizations are morally obligated to reveal the truth, hence they are not allowed to give the public any made-up or false information. Spreading misinformation increases the likelihood of misunderstandings, commotion, and chaos in society. The British newspaper Guardian is one such example. It has previously discussed employing unauthorised access to user-generated content and integrating it into its reportage (Curran & Seaton, 2018).

Falsified Information

One illustration is the British newspaper Guardian. It has talked about using unauthorized access to user-generated content and included it in its reporting in the past (Díaz-Campo & Segado-Boj, 2015). By working freely and adopting the moral obligations that come with the profession, journalists can avoid such situations. People ought to be aware of advertising or donors who attempt to bribe them with perks and gifts in exchange for press coverage. Journalists ought to respect their vocation and be aware of how much of an impact they have on society.

Insensitivity Towards Subjects

Individuals are frequently exposed to numerous risks and threats because of the violation of their private boundaries. Journalists must understand that their subjects are people and they should be dealt with respect. They should not disrespect and infringe on human rights in search of newsworthy items that might rank high in the news channels' highlights. Journalists have freely reported about adolescents, rape victims, and other victims of sex crimes in a number of cases around the world without filtering the information or even getting the victims'

permission (Díaz-Campo & Segado-Boj, 2015). This lack of compassion, sensitivity, and empathy causes serious problems for the victims, alienating them from society and even causing them to commit suicide.

Religious and Cultural Disrespect

Reporting news that disparages a particular faith or culture is another aspect of this problem. The disparities between specific social groups are widened, and a hostile climate is produced. Religious and cultural values must always be honored (Rupar, 2021). Information should be rigorously screened before publication, and everyone should have free access to it. Breaking news' effects and outcomes must be considered. Journalists must be cautious and attentive since sometimes the hostility and discomfort among the public are the result of poor depiction and carelessness on their part. The holy duty to find and report the truth is one that journalists are entitled to. Many societies have developed and outlined a code of ethics for journalists in light of this. These societies assert that journalists provide the public with information that is suitable, precise, and unbiased.

Oversimplification and Overgeneralization

Summarizing or paraphrasing a particular tale frequently leads to oversimplification, misrepresentation, and overgeneralization of a particular subject (Hassan N, *et al.*, 2015). Different conclusions and assumptions may be drawn from a single generalized report of an incident, resulting in the distortion of the original facts. Journalism, therefore, is a profession laden with responsibilities.

Incidents Around the Globe

It is crucial that news reporters, publishers, and journalists follow a precise set of criteria when reporting/publishing news because numerous occurrences involving this ethical dilemma have taken place all over the world. Sincerity, public responsibility, and harm minimization are the most widely shared ethical standards for journalists across all nations.

A few examples of interest may include:

The Pentagon Papers

A significant instance of an ethical conundrum in American history is Daniel Ellsberg's publication of "The Pentagon Papers" in 1971, which revealed American political-military involvement in the Vietnam War (Cornelius, 2015). The New York Times' front page featured this secret information. These articles were published despite government involvement because the publishers valued the public's interest over the privacy of the government.

CHAPTER 21

The Psychological and Ethical Default Lines Behind Gender Discrimination

Mahnoor Ali^{1,*} and Momina Hayat¹

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

Abstract: Since the evolution of life on Earth, there has been a great expression of gender discrimination. Women have always been its prime and more susceptible target. Be it the absence of rights to property or the limited acceptance in the education field, *etc.*, women have always been the constant victims of this issue. This chapter explores the ethical issue of gender discrimination against women in general, particularly in workplaces. It sheds light on the prevalence of gender biases with special reference to Pakistan. The basic causes of gender disparity and discrimination against women have been stated in the light of various studies that were conducted. Some of the methods and efforts that are being made to minimize this ethical issue are stated with examples of some well-known organizations from all around the world. Moreover, the consequences of gender discrimination against women in society and especially in workplaces have been analyzed.

Keywords: Causes, Consequences, Counter methods, CEDAW (Convention on the elimination of all forms of discrimination against women), Ethical dilemmas, Gender discrimination, Prevalence, Religious extremism, Social norms.

INTRODUCTION

Women have been denied basic human rights simply because of their gender. History is witness to such examples where the ugliness of gender biases has made headlines through innumerable heinous acts of men against women. It is significant to note that gender discrimination does not arise only when an individual steps into a professional environment. This starts way earlier, and the mindset of our societies is constantly being fed, which causes its occurrence in almost all walks of life. This is a very strong reason to believe that people's minds become attuned to the problem at an early stage in their lives, either through expe-

* **Corresponding author Mahnoor Ali:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: mahnoor.ali.fazal@gmail.com

riences or by witnessing it around them, and this goes with them in their professional lives as well.

Gender Discrimination Scenario in Developing Countries

A problem faced by masses all around the world, gender discrimination is more prominent in developing countries such as Pakistan. The first relative study published in Pakistan on the gender wage gap was conducted back in 1993 (Ali *et al.*, 2020). Data from the four provinces were considered. According to this study, NWFP, while earning more than Punjab, still exhibited a male-female wage differential, although a drop was observed. Baluchistan, however, boasted an opposite scenario where females earned more than their male counterparts. The province of Sindh held the highest difference though literacy did appear to impact it positively.

Due to differences in pay, women tend to stick to female-oriented occupations where they are likely to be paid more as compared to men if they were to work in male-dominated areas. As stated by Barack Obama, for every dollar that a man earns, a woman earns 77 cents. Men in female-oriented jobs are frowned upon and highly discouraged. Nursing, for example, is considered to be a feminine job, and society stereotypes the men who choose to enter this profession. It is unfathomable why men would go into an occupation that is designed for females and is, hence, supposedly easier. Not only having men in nursing will bring more attention and recruitment, but it will also increase the professional value within other health professions (Yi & Keogh, 2016).

Women face the brunt of poverty in Pakistan. They are deprived of basic resources of health and education, which is their due right. According to the Pakistan Social and Living Standards Measurement (PSLM) survey, out of 57% of the literate people in Pakistan, only 45% of females can claim to be educated and knowledgeable. For men, this rate is as high as 69%(PBS, 2013).

Prevalence

Sexism is prevalent not only in developing countries, but the developed countries also grapple with this issue. Although women in Britain have increased their qualifications and minimized the problem of discrimination, it can still be found in feminizing occupations such as medicine and accountancy, where women believe they have to make compromises in their jobs to manage their household responsibilities, which results in them not have as successful careers as men. However, gender segregation might be a hazard to providing females with family-friendly jobs. (O'Reilly *et al.*, 2015)

Studies show that in South Africa, women employed in male-dominated professions face severe forms of bias and condescension, which leads to them having doubts about their capabilities (Bhatasara & Chirimambowa, 2018). The men are unaccommodating, and the women cope by assuming masculine characteristics and mentorship as a mechanism to survive the hard work conditions.

Banks fail to maintain a level ground on granting loans and charge higher interest rates when faced with the opposite sex. Female entrepreneurs have rejected loans more frequently than their male counterparts. In Pakistan, these females need to have a male relative to serve as a guarantor to secure microfinance loans (The World Bank, 2012).

Causes

Gender discrimination has not surfaced recently. Rather this vice has been penetrating its way into society for hundreds of years. Thus, there are a lot of factors that serve to contribute to this issue. Listed below are the prime causes of why gender discrimination exists in societies and, more essentially, in the workplaces:

Lack of Strict Rules

The major cause is the non-existence of strict punishment laws against people who commit gender discrimination. Women all around the world have experienced gender discrimination in one way or another. Many women have reportedly been subjected to remarks that suggest gender discrimination against them, but there are no strict rules or punishments devised against people who commit it.

Influence of Culture/Norms

A second very important aspect is the influence of culture/norms. In other terms, it can also be stated as a society's mindset. A very basic reason for the existence of gender segregation, especially in countries like Pakistan, India, Bangladesh, *etc.* (under-developed or developing countries), is their cultural influence. Men in these countries are considered to be the heads of the families and everything else. Naturally, this mindset tends to provoke discrimination against women.

For example, there is a lot of spending of money and resources on a boy child because he “needs” it more since he is required to feed a family in the future while the girl child is mostly her future husband's responsibility. Due to the dominance of male autocracy in Pakistan, female responsibilities are considered to lie with

Insane Punishments or Humane Rehabilitation? Mental Health of Prisoners and Ethical Issues Associated with Lack of Rehabilitation

Shiza Malik^{1,*} and Maham Khan²

¹ *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

² *Department of Liberal Arts and Human Sciences, Virginia Tech, Blacksburg, Virginia, 24060, USA*

Abstract: Ethical debates over rehabilitating prisoners have been in discussion since imprisonment began. Rehabilitating prisoners is meant to restore a person who is incarcerated for some crime back to a beneficial life. The interpretation of rehabilitation is that if anyone commits a crime, it does not necessarily prove him to be a permanent criminal and there is always a possibility that they might quit those illegal acts and get back to normal life and become a functional member of society. Researchers have shown that these rehabilitation programs have proved to be practically handy in bringing out something better for the prisoners themselves and upright for society. Rehabilitation programs help to comprehend societal behavior and psychological needs. This piece of literature has been adopted through a comprehensive data analysis approach. Data regarding successful rehabilitation services has been gathered, including the world's successful practices. The purpose is to make the scientific, social, healthcare and justice-associated public aware of the positives of rehabilitation on the behavior of people. The need is to ensure the implementation of rehabilitation programs on a wider scale in countries where punishment is preferred to control crimes.

Keywords: Basic purpose, Boot camp for minors, Criminon rehabilitation programme, Ethical issues, Effects of rehabilitation, Lack of rehabilitation, Punishments, Prisons, Pros of rehabilitation, Potential consequences, Prison S.M.A.R.T program, Prison rehabilitation camps, Rehabilitation, Rehab centers, Rehabilitation in Pakistan, Successful methods, Victim offender mediation program.

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

Shiza Malik, Yasir Waheed, Maham Khan, Tahreem Zaheer & Bakhtawar Sahar (Eds.)
All rights reserved-© 2024 Bentham Science Publishers

INTRODUCTION

Rehabilitation programs help to comprehend societal behavior and psychological needs. The rehabilitation programs comprise several dimensions. If considered on a bigger scale, it necessarily needs an explanation about the nature of the crime committed by the person and the related consequences upon society (Gul, 2018). Considering a hypothetical scenario that a person has been driving drunk or maybe gambling around or picking pockets; in such a situation, the punishment is not preferably followed by rehabilitation because these crimes do not have far-reaching effects on the prison or the society, also these crimes do not create the scenario in which rehabilitation can be implemented to help the criminals to stop such crimes, but if these crimes are executed repeatedly, and he is being punished on a small scale again and again, then the person can be rehabilitated by counseling sessions with some mentor or an alternate job that would provide him enough for his living and might keep him away from such crimes (Mutanana & Gasva, 2016).

Taking into account another scenario in which the person has committed a big-scale robbery or inhumanely murdered someone, in such cases, the punishment is usually many years or maybe lifetime imprisonment. In such a situation, the psychological and practical effects of this punishment are very intense on the person as well as on the society; in such cases, rehabilitation becomes implacable (Collica-Cox & Sullivan, 2017). The criminals encounter such severe and extreme punishments, which can either force them to be revengeful and be inclined towards recidivism or may severely affect them psychologically to such an extent that they will not only be incapable of committing a crime but will become unable to live a normal life.

Positives of Rehabilitation

Research has shown that prison education has been very effective in stopping the repetition of crime. Prisoners who attend educational programs in such rehabilitation centers during their punishments are supposedly less likely to return to the same crime; only if they go through a complete series of that program which teach them specific skills of reading, writing or performing different skills to earn for themselves (Mohammed & Mohamed, 2015). In these cases, the rehabilitation environment creates an environment that is not psychologically very pressurizing and is a more humane and tolerable prison environment, and these programs create a break from the normal prison routines, thus attracting potential learners and providing them useful training and technical skills.

Rehab Centers Around the Globe

A few of the modern prison rehabilitation programs from all over the globe are listed below in Table 1.

Table 1. Rehabilitation Centers Around the Globe.

S.No.	Rehabilitation Program	Year of Establishment	Methodology	Achievements and Goals
1	Victim Offender Mediation Program (Government of Canada, 2020).	1970, Ontario, Canada.	Face-to-Face meetings in the presence of a trained mediator between the victim of the crime and the person who committed that crime.	Studies have concluded that this program has high client satisfaction rates, victim participation rates, and restitution completion rates and result in reduced fear among victims and reduced criminal behavior by offenders.
2	Boot Camp for Minors((Williams, 2016).	Since 1984 in 33 States across the world.	Offer job training, high school classes along with substance abuse treatment, military-style basic training.	Researchers have shown that a few participants who attended these classes are running their private boot camps focusing on their military structure, training and self-control techniques, and respect for authority.
3	Prison S.M.A.R.T Program (THE ART OF LIVING, 2022).	2002 South Africa.	Provides practical knowledge on how to handle negative emotions.	So far, the lives of more than 3,50,000 prison inmates have been transformed.

Rehabilitation Centers in Pakistan and their Influence

Pakistan is an underdeveloped country, and most of the people belong to the lower class who are forced towards crime because of their poverty (N. Khan *et al.*, 2015). Studies show that the majority of the common prisoners are from a poor background, and they commit such crimes under family pressure. If a breadwinner gets imprisoned in jail, then his family suffers from hunger, and their living standards even decline in society. So, to provide basic rights to the prisoners and help their families, Pakistan has certain programs like “Prison’s Mission Society,” which arranges conferences on the role of society in the rehabilitation of prisoners and their families. Their main goal is to minister healing and restoration to individuals and families affected by imprisonment and injustice. Similar other programs being carried out for prisoner’s rights include “the Easter program 2015 for the prisoners of Pakistan”, “The Criminon rehabilitation programme” and “drug rehabilitation programs”(Hasan, 2021). In the province of Punjab, “CM’s

PART 2

Essays on Ethical Issues

Body Shaming

Arooj Liaqat¹ and Shiza Malik^{2,*}

¹ *Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan*

² *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

THESIS STATEMENT

Social culture has largely exaggerated the culture of body shaming. It has become common to idealize certain body traits while disliking others. Youngsters are especially prone to these practices. These immoral practices of body shaming need to be discouraged.

OUTLINE

- I. Introduction
- II. Body shamming culture
- III. Body shamming effects on:
 1. Adolescence
 2. Fat people
 3. Skinny people
 4. Workplace harassment
- IV. Role of the media
- V. Islamic point of view
- VI. Suggestion to prevent body shamming acts
- VII. Conclusion

ESSAY

Like all other idealizations in life, people around the world have made specific qualities for the bodies of humans. They encourage people who maintain a figure while discourage others based on what is called body shaming. Body shaming is basically throwing humiliating comments about a person's body, size, and weight. Everyone has their uniqueness in terms of personality, physical traits and thought patterns, but the media is continuously putting pressure on the generation about

* **Corresponding author Shiza Malik:** *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com*

beauty stereotypes and the importance of fair color and body size. Beauty standards can cause a great risk to the people in society and it is becoming a major and crucial part of life. Instead of body shaming, people should see others in a way that they are beautiful and unique, and also remove these unrealistic things from their lives because the very diversity of patterns makes everyone unique, unlike other creatures.

“Body shaming. AH! The in-trend blaming that ugly double chin or the dark skin. Shames!

**Your Brain is a trash bin! For beauty lies in the Soul within.” -
---Franz Kafka**

Body shaming is not a new concept. It has been an old but common practice in societies for a long time. The impacts of this immoral act can be experienced by people in the form of emotions, anger, behaviors or distress of mind, and even the discouragement of one's personality traits. Shaming is rooted very deeply in societies. Body shaming is a huge ethical issue that has led to many different problems. Everyone in the society is getting affected by this at the hands of their families, friends, peers, and other people. Those people who are affected by body shaming feel that they have failed to meet societal standards and expectations. It also lowers self-esteem and confidence, which affects mental health and causes physical illness in humans. Due to body shaming, when people get stressed and depressed, they often commit suicide. Apart from this, there are many other ill-suited implications of body shaming upon society that harm the individual and society as a whole in unimaginable ways.

Adolescence is the phase in which individuals are conscious of their looks and outside appearance. With the advent of influencers, this concept of the way one should look is getting worse. In adolescence, individuals have an immature mind and are more affected by the idea of body shaming due to the demand for an ideal body by society and social media. Thus, it influences and shapes the mindset of individuals in terms of unhealthy expectations of body shape. This may, in turn, account for the teasing of healthy-weight youngsters. The exposure of the individuals to the idealized body images in the media leads them to be teased or tease others, alongside suffering from many psychological outcomes. Body shaming often leads to low self-esteem, low body satisfaction, and depressive symptoms, which are consistent with the growing body.

The most commonly involved practice in body shaming is the criticism and humiliation of overweight people about their fatness, weight, and eating

behaviors. People often make them feel embraced and ashamed. Some people say that it will help people in motivating them to change their body weight by doing exercise or eating less and finally start losing weight. Others do it just for fun. On the contrary, those who are the prey of body shaming start to get stressed and as a result, some of them start eating more and gain more weight, while others stop eating, and as a result, they become weak, which also affects their health. They start suffering from different problems related to health. Some suffer to a greater extent because, despite their attempts to lose weight, they might not lose any due to some health problem they are unaware of. Thus, alongside suffering from mental trauma from body shaming, they fall to the effect of physical trauma as well.

The second important category of people who get affected by body shaming is the skinny ones. They often get sarcastic taunts about their body, that they look like a skeleton. With only bones and no mass. They also get suggestions like they should eat a lot to gain some weight. These harsh phrases create a deep impact on their psychology. The same scenario goes for people who are a little small or extra smaller in height than the standard perception of ideal bodies. This scenario is getting worse with the advent of the advanced internet world.

A similar kind of body shaming also persists for emotional standing, like telling the coworker that they should eat more or less, telling them their clothes look tighter on them, giving them emotional education by furthering their uneasiness, and telling them that they cry over little things or get angry in every situation. Maybe someone is under stress and does not talk much, and they start pointing out that he/she has an attitude. This creates a series of stress at the workplace and motivates a culture of workplace harassment. In short, everyone is doing body shaming by wearing a mask of concern and consolation. If a person is tall, people say, "You have a tall height, so do not wear heels because then it will be difficult to find a groom for you"; if a person is short in height, then people say, "Do wear heels"; and if a person is skinny, so people say, "Do eat more" and make fun of his/her by commenting like "OMG... please carry a heavy object with yourself otherwise you will be flown in the air"; if you are fat than people say, "Do you eat a lot of potatoes or football. Hence, body shaming will happen in every situation, from dark complexion to fair complexion, on hairs, lips, teeth, nose, and what not.

Moreover, these practices are furthered by social media. By depending heavily upon social media for news and information, media has taken full custody of emotions in society. However, the issue of body shaming can be dealt with right measures instead of giving negative knowledge to people. Social media plays an important role in controlling the issue of body shaming. The showing of thin or fat models in their advertisements creates an unwanted bad impact on people's minds.

Ethical Issues in Small Businesses

Asad Ullah¹ and Shiza Malik^{2,*}

¹ Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan

² Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

THESIS STATEMENT

Ethical issues have now become common in small business set-ups. The employees of these businesses keep on working in their organization while compromising the weak ethical culture, and thus, it poses a threat to the businesses' success.

OUTLINE

- I. Introduction
- II. Causes of unethical behaviors in the workplace
- III. Unethical issues in businesses:
 - a. Paying unfair wages to the employees
 - b. Not using safe and stationary working protocols
 - c. Health and safety issues
 - d. Employee theft
 - e. Abusive behavior
 - f. Lying to employees and others
- IV. Effect of unethical acts on businesses
- V. Methods to overcome these ethical issues
- VI. Conclusion

ESSAY

Unethical issues are the actions and words that someone performs or says in the workplace that are considered wrong. Small businesses are privately owned corporations and usually have fewer employees. They include utility stores, clothing shops, healthcare centers, clinics, beauty parlors, barber shops, hotels and restaurants, small woodworking factories, small furniture factories, boutiques, and

* Corresponding author Shiza Malik: Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

many more. Small businesses are the places where unethical acts like misconduct by both genders, either male or female, despite the factors of age, color, race, and disability take place. The people who perform unethical acts are usually senior or powerful people working there. Mostly these actions are performed when no third person is watching. Unethical behavior can be presented at the workplace or outside the workplace by an individual or an entire business (organization or company). Such unethical behaviors in a business are actions that fail to raise the standards of business practices. It is mostly a common observation in small businesses that they conduct unethical acts that are morally wrong, and they might be illegal as well. Not to forget that an illegal act is always unethical while an unethical act might or might not be illegal, but it ultimately brings an action to the verge of illegal activities in business and workplaces. The need is to identify these issues and make rules and regulations to control them before they take control of the business's success.

There are various causes of unethical acts in small businesses, and the first cause is the absence of a 'code of ethics'. Employees will do wrong if they are not aware of what is right. A code of ethics is a policy or approach that allows employees to understand unethical acts or behavior in the workplace. Although large businesses have a policy and culture of ethics that define the value of their business, a small business does not have any policy or code of ethics, so there are no boundaries of ethics in these businesses. Another cause of unethical acts is fear of reprisal from the employees of small businesses. They worry about their job and their career, so they let it happen to them and say no word to the offender. They might not know how to report and who to inform because they have no one to trust, and they fear that if they tell someone about an unethical act that is conducted, people will make fun of them and ignore their report, or they might lose their job and position.

Moreover, colleagues and co-partners tend to misbehave with other people. When one sees that someone is behaving or acting unethically with someone else without getting caught, they might get motivated to act similarly. This cause is most likely to range from senior members to junior members. Yet another cause of unethical behavior in the organization is the communication gap. Companies that have a gap in communication with their employees and do not provide or share the norms and values of ethics with their employees conduct poor ethical behavior. All these causes result in widespread unethical behavior in business which leads to multiple bad impacts on the success of an organization.

To devise a controlling strategy against unethical practices at the workplace and in business, it is important to fully know their effects. Small businesses in today's world have many unethical issues, such as paying unfair wages to employees,

hiring children under the legal working age, and not using safe and stationary working protocols. If looked further, some other issues can be noticed easily in businesses, such as workplace harassment and discrimination, health and safety issues, using technology for inappropriate means, social media, employee theft, abusive behavior, and lying to employees. When these activities are performed in a group constantly, then the organization bears the outcomes shortly because they always result negatively for the person or the organization.

These unethical acts or behaviors in small businesses are always conducted for the means of gaining more. This may be because these small-scale businesses give unfair wages to their employees and usually hire underage children to make more profit. Overburdening the staff and giving them unfair wages are unethical acts that are conducted in almost every small business. There are no tools for safety measurements and safety precautions to protect the employees in case of any hazardous or life-threatening situations, e.g., when small business shops catch fire, there are no fire extinguishers to control the fire. There are no health and safety measurements in small businesses. The employees are not aware of using the fire extinguisher or computers for security purposes, and there is no concept of cleanness of clothes, hands, hair, and face.

There are no tools and medicines for the workers in case of any injury or harm to them. The male employees harass female employees at work because there is no policy for unethical acts and behaviors. The harassment could be physical, verbal, or sexual. Harassment and discrimination are based on color, race, religion, age, disability, and gender. Often, new employees face bullying and discrimination from older employees. The senior employees use abusive language with the junior employees to communicate with them and often treat them badly, as if they are their slaves and not their colleagues. The employees lie to the owners about the product sales and total earnings because they steal the money, so they have to lie about the sales. Employees are not taught the business goals and their target to be achieved, so the employees are working on their own to run the business. They are given zero motivation and appreciation, which includes incentives and certificates for their performance, so they become less productive. They have no goal to achieve and no aim of doing the job. All these unethical measures and acts collectively bring about the end of organizations or small-scale businesses in the long run.

These unethical acts bring about negative outcomes for both individuals and businesses. For the individual, it includes that the employees become mentally ill as they start believing that their workplace is not safe for them. Overburdening the employees deteriorates their physical health and makes them physically ill and weak. Workplace discrimination makes them feel poor and less productive, so

Is Free Healthcare Good or Bad?

Muhammad Bilal¹ and Shiza Malik^{2,*}

¹ *Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan*

² *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

THESIS STATEMENT

Approaching free healthcare and its services is a basic right of every person as this improves public health without developing chronic disease conditions and reduces overall healthcare expenditure. Therefore, free healthcare delivery is a good approach.

OUTLINE

- I. Introductions
- II. Free healthcare is a basic right
- III. Free healthcare is beneficial because ;
 - a. It is easier to access treatment
 - b. Reduces financial crisis
 - c. Improves overall health
 - d. Increases demand for health services
 - e. Customer care, regardless of status
 - f. Controlled pandemic situations
- IV. Conclusion

ESSAY

Every day, many homeless people sleep on the roads and streets. Most of them seem unhealthy because they do not have access to basic healthcare facilities. If they have access to healthcare, they may get healthy and can start working and make their lives better. According to “The New York Times” reports, in the year 2017, a survey was conducted of 45.6 million people were not insured and were not getting health facilities from hospitals. The situation is much worse in countries like Pakistan, where the health insurance concept is still new, and no

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

such facilities are available except for some temporary schemes introduced by every changing government. The most important thing is that if such a huge number of people do not take timely precautions, they will suffer from a greater risk of more diseases. Furthermore, if they are left in that downtrodden situation, they will be greatly affected by the negative consequences of diseases, and it will lead them to even more costly treatment. Because with time, the uncertainty of disease increases, and it takes greater time to get rid of these diseases. It is, therefore, imperative to determine the provision of basic healthcare facilities as the utmost need of the citizens in every nation of the world so that overall spending on healthcare can be managed timely with an accurate response. It is imperative because only a nation with healthy individuals can prosper on the path to a healthy future.

**“Nothing can be more important to a state than its public health”
-- President Theodore Roosevelt.**

Health care should be free, and every person should be benefited from healthcare facilities. Getting healthcare is the right of every person because it would lead to saving many individuals' lives. According to one survey, “60% of the population received healthcare facilities and services. Many of them stopped taking medicine or went without it because healthcare services were too costly and they could not bear the expenses.” This thing greatly matters because they will drag their lives toward more danger by remaining untreated. Being unfair to them will ultimately cause more negative consequences. The risk of disease will become higher. People will go toward the wrong means to get treated. According to Mill's theory, “Give the greatest benefits to the greatest number of people.” The meaning that can be derived from the present scenario is that people should be provided with the benefits of basic free healthcare, and providing a high quality of life to most people in society is of prime importance. Combinedly, it brings happiness, progress, and healthy growth to the community on a wider scale.

Additionally, availing healthcare services by lower-class people of society is becoming totally like a dream because they have no access to any type of treatment. These people do not have enough resources to get proper medication and get treated. In today's healthcare system, it is a reality that elite-class people have access to every type of medical treatment through the passage of money. This is because they have enough resources available and can get highly expensive treatments. On the other hand, poor people who do not have access to enough resources, healthcare facilities are inaccessible to them. They are not treated like rich people who can do anything on the basis of the resources they

have. On one hand, these poor people who need healthcare facilities are not getting them even if they must get health services, and it is only because they cannot afford them, while on the other hand, people who are rich benefit from all these services. This unhealthy treatment of people based on elitism creates further disparities in minds. So, it is the prime duty of the government to come up with planning and implementation of proper healthcare services for people of any class without any discrimination so that these people can have access to medical treatments.

“Give people what they need: food, medicine, clean air, pure water, trees and grass, pleasant homes to live in, some hours of work, more hours of leisure. Don't ask who deserves it. Every human being deserves it.” - Howard Zinn

Moreover, if one simply applies the rule of John Rawl's theory, he says that if people live in a society with peace and justice, they must follow the rules and these rules John named as Liberty principles, which mean that all people in the society have the same basic rights as others in the society. As in this case, if rich people have the right to access treatment, then poor people must also be treated and given the right to the treatment they need. Only then can a nation prosper on the grounds of healthcare as a whole being.

Furthermore, healthcare services are becoming unaffordable, especially for middle and lower-class families, due to high costs. “The New York Times” reports that 18,000 people die because they cannot get medical intervention on time due to insufficient expenses. Lower and middle-class families face economic and financial problems because they do not have any type of insurance through which they can take medical services. Owing to this negligence and not giving attention to diseases, this grows to an advanced level and causes chronic problems. People go towards curative care because healthcare services are beyond their affordability, and they cannot even go for checkups or any type of medical facility. All these rising costs are due to the financial crisis that have happened in recent years and have badly affected many people.

Owing to these economic realities, the cost of medical services goes beyond its level. Due to this problem of rising costs, people are becoming less productive and more frustrated. They waste most of their time worrying and hence lose productivity at work. They do not engage in any type of progressive activity. Owing to these factors, the country's GDP decreases and does not lead to the prosperity of a nation on collective grounds of success. On the contrary, free healthcare services will allow individuals to enjoy basic facilities of health. This

Human and Animal Cloning

Ghulam Ahmed¹ and Shiza Malik^{2,*}

¹ Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan

² Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

THESIS STATEMENT

Cloning is detrimental because of the uncertainty of science and technology and the extinction of the original species. Therefore, the cloning of humans and animals both is problematic for the cloned species in terms of their rights infringement as research tools, confusing identity issues with the original species, and technical and medical safety.

OUTLINE

- I. Introduction
- II. Cloning:
 - i. Historical perspective
 - ii. Objectives
 - iii. Developments
 - iv. Benefits:
 - a. Food industry
 - b. Pharmaceutical industry
 - c. Disease treatment
 - d. Healthier sports animal
 - Arguments against cloning
 - Religious point of view
 - Effects and consequences
 - Conclusion

ESSAY

Cloning is quickly evolving as the most debatable and emotional topic of the present era. Should cloning be done or not is a question that affects millions.

* Corresponding author Shiza Malik: Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

Against cloning, several ethical, legal, and social challenges should be taken into consideration. So, is it right or wrong to do cloning? Are there any benefits of it? These questions require serious consideration. A clone is defined by Merriam-Webster dictionary as “the aggregate of the asexually produced progeny of an individual” as well as “an individual grown from a single somatic cell of its parent and genetically identical to it.” In simple words, it is an asexually reproduced offspring that will be the same and will have the same genetic information as its parents. The issue of cloning always remains a conflict because the cloning of animals can be done to help humans in a very serious issue, not just for the sake of science. However, the concern about cloning should be dealt with, before availing the option.

“Suppose that every prospective parent in the world stopped having children naturally and instead produced clones of them. What would the world be like in another 20 or 30 years? The answer is: much like today. Cloning would only copy the genetic aspects of people who are already here.” -----Nathan Myhrvold

If the historical perspective of cloning is taken into account, the scientists at the Roslin Institute in Scotland achieved the first successful cloning in 1995 by cloning two lambs, named Megan and Morag, from the cell of an early embryo. The following year, they made another breakthrough by cloning Dolly, a sheep, using a cell from an adult sheep. Since then, scientists have not only cloned other species but also made significant advancements in the field of cloning. These experiments contribute to genetic modifications that have specific pharmaceutical or agricultural objectives. Another form of modification involves creating transgenic animals, where genetic material from a different species is incorporated into their genome. As an example, scientists have developed sheep that produce a human protein that assists in blood clotting.

A goal of cloning studies is to create animal organs that have been genetically modified to be compatible with a human recipient. Scientists in Korea have initiated a cloning initiative aimed at developing pigs with genetically modified hearts. Likewise, agricultural researchers are currently undertaking similar projects to clone animals that can produce milk and organic meat and have greater resistance to diseases. Researchers are considering the possibility of cloning goats that produce milk with lower fat content. Additionally, they are testing the cloning of featherless chickens in an effort to reduce the environmental impact of poultry farming. Experiments are being conducted to breed pigs that require less phosphorus in their diet, potentially reducing environmental pollution.

Furthermore, scientists are anticipating the use of therapeutic cloning to produce tissues and organs suitable for transplantation in the near future. It is hoped that soon, a whole organ may be developed from a single cell or may be able to produce a healthy cell that is transplanted within a diseased or dead cell, such as Alzheimer's or Parkinson's. For this purpose, DNA is taken and injected into the egg; when it starts replicating, it is implanted into the patient. It is said that a cloned organ is not rejected by the recipient. If it is so, then organ donation would be refused.

Another benefit attached to cloning comes from animal cloning, which can be done to produce clones that are very useful for sports. One efficient aspect of cloning techniques is that they can be used to clone animals like racehorses. Maximum animal cloning projects are intended only for human-beneficial ends, like the treatment of diseases, healthier food production, and entertainment. Many recent projects are designed for cloning endangered or even extinct species. The development of disease-resistant animals through various cloning projects has the potential to improve the health of animals and increase the yield of animal products.

Moreover, it is important to highlight the negative consequences of animal cloning, which can be both narrowly and broadly taken into account. Animal cloning has severe consequences, mainly the physical and emotional distress the animals undergo during the process. Additionally, cloning can have negative effects on other animal populations, including livestock, unwanted pets, and endangered species. Moreover, there is a possibility of harm to humans as cloning techniques are perfected on animals, and there may be attempts to use them for human reproductive cloning. Furthermore, there are concerns about the safety of food production livestock. Animal cloning, whether for agricultural or conservation purposes, can have a significant impact on the environment. This impact may arise from the cloned animals breeding with non-clones or expressing unexpected genes that could affect the broader ecosystem.

Moreover, animal cloning raises serious ethical concerns, particularly regarding the pain and suffering experienced by the animals involved. There are four areas of concern regarding the physical and emotional distress that animals may endure as a result of animal cloning. Furthermore, an ethical concern arises from recent research indicating low success rates in cloning procedures and poor health and survival rates among animal clones. There are high rates of miscarriage, stillbirth, early death, genetic abnormalities, and chronic diseases in cloned animals. Animal cloning has traditionally exhibited an efficiency rate of only 1 to 2%. This means that out of every 100 embryos implanted in surrogate animals, only 1 or 2 embryos develop into clones, with the vast majority of attempts resulting in

Cyberbullying Leads to Misdirected Frustration

Hajra Shafqat¹ and Shiza Malik^{2,*}

¹ Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan

² Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

THESIS STATEMENT

Cyberbullying is a destructive tool that causes low self-esteem, stress, and depression in the targeted audience, which makes a person hopeless and frustrated. It brings multiple negative impacts upon an individual; therefore, it should be dealt with heavy-handedly.

OUTLINE

- I. Introduction
- II. Statistical analyses
- III. Awareness of cyberbullying
- IV. Various methods to troll
- V. How it affects people:
 - a. Mentally
 - b. Physical
- VI. Why is it ethically wrong?
- VII. How to protect oneself from cyberbullying?
 - I. Conclusion

ESSAY

A few decades ago, people used mobiles only for news transfer, but then social media was built for interaction. Its main goal is to increase one's circle and make friends worldwide and grow one's social circle, but the problem arises when it is used for threatening someone. What is cyberbullying? Is it worse than physical bullying? Should someone who is being cyberbullied go to the police? Is social media only a platform for cyber or online bullying? How does it affect others? All these questions come to mind when one looks at the negative effects of social

* Corresponding author Shiza Malik: Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

media. Cyberbullying is a type of bullying that is done by using social media and electronic means of communication. Cyberbullying is when one makes jokes or threatens someone by using the internet. Any type of bullying can lead to self-harm. For example, in March 2010, Alexis Skye Pilkington, a 17-year-old girl, was discovered dead in her room by her parents, who alleged that cyberbullying had driven her to commit suicide. Following her death, trolling attacks on the Facebook memorial pages of other teenagers resumed. The trolls used banana pictures as their profile images and posted comments expressing delight over the death. In response, the victim's family and friends created Facebook groups condemning cyberbullying and trolling. This comprehends the seriousness of the issues. These circumstances make cyberbullying an important topic to talk about because, over time, the involvement of technology increases, so there is a need to understand the effect and take precautionary measures against cyberbullying.

Social media has become part of almost everyone's life. The awareness about cyberbullying in Pakistan, as well as in other countries, is slightly low compared to physical abuse or physical bullying. This practice is common for kids and teenagers, but it affects people mostly by both physical and mental means. According to research in 2018, 36.5% of individuals become victims of cyber abuse, but only 17% report it due to a lack of awareness. This has a very severe effect on mental health because it causes stress and depression, which may lead to suicide and self-harm.

Online harassment has been experienced by 53% of US internet users, with mean comments being the most common form (22.5%), followed by sharing screenshots of someone's status or photo for ridicule (35%). Appearance was cited as the reason for bullying by 61% of bullied teenagers. Of the victims of online harassment, 56% reported being harassed on Facebook. Before reaching the age of 18, seven out of ten young individuals have been subjected to cyberbullying. It may lower the self-esteem and may emotionally damage the victim. It also has a bad impact on others, like family and friends. It causes the worst impact on an introvert who stops sharing their feelings with others, which leads to depression and anxiety.

“If you're insulting people on the internet, you must be ugly on the inside.” -- Phil Lester

Some other aspects of cyberbullying may include abusing someone and harassing them by using social media. It may also include wrong calls, trolling, counterattack, *etc.*; so it is often easier to bully using technology because of the greater physical distance. The person bullying does not see an immediate response

from the person being targeted. Cyberbullying is worse because people may lose their manners, and they think that bullying does not hurt as compared to physical bullying. They think people forget such abusive behavior, but in reality, continuously abusing leaves a negative impact on their thinking patterns. People think that it is not bad to harm someone verbally; there are no marks or scars on the other person's face or body because they abuse them by using words. But it is well acquainted that words have the power to heal or hurt someone. That is why it is the responsibility of these social media platforms to take measures to control such activities in order to save the future of kids and teenagers because this practice is common in Generation Z.

Cyberbullying has served as a destructive tool because trolling and threatening to harass others can change one's future. For this reason, the cyber security department has become very powerful in controlling such activities. They have a right to punish those who perform such activities. Moreover, there are very strict rules and punishments being devised for those who violate these rules in various countries. This is because this type of treatment not only destroys the future but also destroys the personality of the victim, and they become mentally sick and can not give proper concentration on their daily activity because of overthinking. In the absence of preventive measures against cyberbullying, children, as well as teenagers, will experience increased feelings of loneliness and depression. They may also exhibit marked changes in their sleeping and eating habits and lose interest in their usual activities.

Additionally, cyberbullying causes many serious problems in humans at a general level. Because of being frequently abused, they get mentally disturbed, which leads them to stress and depression. Research has demonstrated that several serious causes occur in these victims. Experiencing lower self-esteem can lead to various emotional reactions, such as frustration, anger, and depression. These people may limit themselves to homes and avoid social gatherings. They do not get involved in some activities because they prefer to be alone and waste their time overthinking to escape from the world of bullying. They do not share their issues with their family and friends, which makes the situation worse.

According to the research by Lucie Russell, "Cyberbullying can contribute to the development of mental disorders in some young people". The Cyberbullying Research Center reports that numerous instances have arisen where adolescents have committed suicide as a result of being bullied and mistreated on the internet. This phenomenon is known as "cyber bullycide," which refers to suicide that is influenced directly or indirectly by experiences of online aggression. Compared to traditional bullying, cyberbullying is a severe type of psychological abuse that

Weight Loss Surgery

Momina Ather¹ and Shiza Malik^{2,*}

¹ Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan

² Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

THESIS STATEMENT

Weight loss surgery is a good option for those who are obese and facing weight issues. It is an uncomplicated, safe, and easy method to reduce weight. It can be utilized to adopt a permanent way of a good lifestyle.

OUTLINE

- I. Introduction
- II. Case study
 - I. Procedures in a weight loss surgery
 - a. Sleeve gastrectomy
 - b. Gastric banding
 - c. Gastric bypass
 - II. Evidence supporting the weight loss surgery
- III. The perfect aid: Benefits
- IV. How much does this surgery cost?
- V. Weight loss surgery in Pakistan
- VI. Is it safe?
- VII. Myths vs. Facts
- VIII. Life after weight loss surgery
- IX. Conclusion

ESSAY

Many people believe that weight loss surgery is not a fixed and permanent way of losing weight, but the reality is weight loss surgery is the quickest and safest yet simplest procedure for individuals having weight issues and those who are facing morbid obesity. Weight loss surgery is also known as “Bariatric surgery”. Baria-

* Corresponding author Shiza Malik: Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

tronic surgery is offered to those people who have tried all other methods to reduce poundage but could not reduce weight, and their weight is creating various other health problems for them. It helps the person to get rid of long-term and extra fat from their bodies; some fats are very rigid and cannot be reduced with the help of exercises and diets only. So, bariatric surgery is one of the solutions for weight loss reduction. For this reason, a number of people are attracted to this surgery. It is mostly done in countries like the United States, Mexico, the UK, France, Pakistan, and Germany. Bariatric surgery is the most popular procedure for those patients whose obesity is a major health issue. Weight loss surgery was introduced by Dr. Mason at the University of Iowa in 1960. He is also known as the “father of obesity surgery”. Bariatric surgery was first done by Dr. AJ in 1964. First, he used Jejunio-ileal bypass on patients, but this procedure caused many health issues. Later, Dr. Payne added modern techniques and developed various procedures. Several changes have occurred in weight loss procedures, and with time, this weight loss surgery has become universal, and surgeons have started using the same techniques and procedures for every patient. Now, bariatric surgery is being utilized on a large scale because of the positive effects on patients’ lives; moreover, psychological and behavioral changes are also very visible in these patients.

As a case study, the story of Ashley can be taken into account to perceive the benefits of bariatric surgery. Ashley was a 44-year-old man from the United States, belonging to a financially weak family. Ashley had poor eating habits. He used to consume free food from the restaurant his father worked at. He was over 500 lbs at the age of 44. He had faced several health issues since his childhood and quit his job as well. After some time, a huge mass started growing on his left leg. This mass weighed almost 130 lbs, and it was very difficult for him to walk or even sit. Ashley hired a caretaker, Carli. She started taking care of Ashley, and he was dependent on her for every small task. She stated that having six boxes of pizza and 3 pastries for breakfast was just a part of his daily routine. By the time, Ashley realized that he might die soon and his body had started breaking down. This made him contact Dr. Barli, a bariatric surgeon, who helped Ashley throughout his weight loss journey and made him ready for the weight loss surgery. After the weight loss surgery, many diets, and exercises, he made great progress and dropped 350 lbs within 7 months, which was a very massive amount. This shows the positive side of weight loss surgery.

To add to this, studies report that weight loss surgery is the most efficient way of achieving weight loss. There are a variety of procedures of bariatric surgery that can be applied to people who are in life-threatening situations. For the surgery, the patient must be between 16-75 years of age to be eligible for weight loss surgery, and the patient’s weight must be higher than 30 lbs. Before the surgery, every

patient is evaluated by a team of medical, nutritional, and surgical experts. They evaluate the condition of the patient and then inform the patient about the type of surgery he is capable of. There are three types of bariatric surgeries; the first one is sleeve gastrectomy, which is a surgery where a surgeon removes 80-90 percent of the stomach and then staples the remaining portion of the stomach together. It limits the amount of food intake. Kallista, a lady from California, was 30 years old, and her weight was 596.7 lbs. She was facing a high risk of mortality due to obesity. After the sleeve gastrectomy, she ended up on 349.9 lbs, and her total weight loss was 248 lbs, which helped her to save her life.

The second is Gastric Banding surgery, which involves placing a band around the upper part of the stomach. It decreases the size of the stomach, limits the amount of food and creates a feeling of plumpness, whereas, in Gastric Bypass surgery, a surgeon cuts the stomach from the top to make it a nut size pouch, then attaches the pouch to the small intestine so that food enters directly into the small intestine without passing through the stomach. It decreases the absorption of calories in the intestine. Mario, an 18-year-old boy who went through a gastric bypass surgery, noticed visible changes in himself and ended up at 55 kg from 105 kg. Initially, the patient loses 10 to 15 percent of their original weight, and then gradually, their weight decreases, but there are several cases in which patients regain, and usually, they stop taking treatments and related exercises and diets. All these surgeries are used when exercise, medicines, and diet fail in an obese person. These surgeries depend on the condition of a person, and also these surgeries take several months or years, but at the end of the day, the person receives a healthier lifestyle.

Furthermore, in these modern times, several new procedures, high-quality instruments, medicines, and machines are being used to reduce the death rate due to bariatric surgeries. Statistics show that there is only a 9.9 percent chance of death due to weight loss surgery; 95 percent of surgeries are done successfully. 40 percent of the world population is still in a life-threatening situation due to morbid obesity, and according to the survey, 75 percent of obese patients support bariatric surgery. In 2017, 22,000 bariatric surgeries were done on the eligible population, around 252,000 weight loss procedures were performed in America in 2018, and around 25,000 bariatric surgeries were performed yearly in Pakistan. Obesity is considered an epidemic in America; it affects 58 percent of the American population and there is a high rate of obese patients. Therefore, the use of obesity surgery has increased widely.

Moreover, it is wrong to state that patients die after bariatric surgery, but the truth is it increases the patient's life span and increases the level of physical activity in patients. Weight loss surgery helps a person to improve body functions and changes the body shape. It helps a person overcome conditions like obesity,

Virtual Healthcare Reshapes Healthcare Delivery Worldwide

Sophia Rahman¹ and Shiza Malik^{2*}

¹ *Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan*

² *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

THESIS STATEMENT

Virtual health care has reconstructed the delivery of health care in many ways and has proven that there are no limits to providing care and services to the public at large through mediums that were not known a decade ago. For its benefit, it should be largely promoted worldwide.

OUTLINE

- I. Introduction: what is virtual care?
- II. Case study
- III. Virtual care worldwide
- IV. Education
- V. Remote access
 - i. Scope and reach
 - ii. Virtual care in Pakistan
- VI. The advantages of VHC
- VII. The disadvantages of VHC
- VIII. Conclusion

ESSAY

Virtual health care is not new, but it has been around for quite some time now. It can be seen as a stepping stone into humankind's new beginnings and evolution. Telehealth came into being after the evolution of technology worldwide. New and fast operating software and accessible systems have produced healthcare guidance and consultations online. It is a two-way communication process that allows the

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

physician and patient to reach others without physically being in one place, which is mostly a clinic or healthcare institute. The consultant can be on a trip abroad but still meet his patients and listen to them from his flight, hotel room, or beach. Both parties need a good internet connection and a smartphone or laptop to go on a virtual call *via* any platform to consult. It can be telehealth software provided by the institute or social media apps such as WhatsApp, Skype, Zoom, IMO, and Viber. These are virtual meetings that occur in real time from any location. Patients now prefer services that come to them rather than the opposite. The telehealth concept makes possible the delivery of healthcare services at your doorstep, allowing easy access and less time consumption. For all these benefits, the technological dimensions of virtual healthcare should largely be promoted in the world.

A case study can be taken into account as an example to elaborate the concept clearly to those readers for whom virtual healthcare is a new concept. Allison came down into the kitchen to see her mother unconscious and lying on the kitchen floor with blood flowing from her left arm. Allison immediately dialed 911 from her iPad and waited for the operator to pick up her call while she desperately held her mother's head in her tiny lap. The nearest hospital was at least 15 km away. And they both were alone at home. The operator answered her call of distress, but Allison could barely explain her mother's condition. The 911 operator quickly determined that the nearest hospital was far away from the location and that the emergency services would take too long to reach them. She immediately connected the call to the telehealth department of the emergency center and ensured that a trauma supervisor guided Allison on what measures needed to be taken. The trauma specialist calmed Allison down *via* a group video call from her iPad and told her to tie tight a knot on her mother's arm where she was bleeding from. The doctor then guided Allison to listen to her mother's breathing and heart rate. She affirmed that she was breathing after every second. The emergency service reached their home after half an hour, and that time was the most crucial as Allison's mother was in danger of excessively bleeding to death. The virtual guidance from a doctor on video call saved that time and the life of her mother till the emergency service took her to the hospital, which was another half-hour ride. The above-mentioned scenario is just a glimpse of how the telehealth service can save many lives in a critical emergency.

The benefits and importance of VTH can be accustomed to the pandemic scenario faced by the world quite recently. This whole period of the worldwide pandemic gave awareness and access to virtual health care in some countries. 2020 came with a dead virus that forced everyone to stay home in quarantine and led to the revival and birth of new aspects of living life in a newly formed world order. The virtual healthcare business came into being during this time and has been here to

stay for a very long time now. During this time, the whole world resorted to online businesses and online services. Subsequently, it became inviable and inconvenient to go to hospitals with booming cases of Covid-19. The health education system and training were also forced to go online. All medical schools and training centers had to develop their online teaching courses and provide better access to the students to be fully aware of and learn even in solitude. Students could connect to their instructors *via* audio and video calls. Thus, the VTH concept took bloom right from the medical schools to the playgrounds of hospitals and clinics.

Moreover, during the pandemic scenario and afterward, the importance of VTH became visible when remote access was proven to be unavailable and a working phenomenon for the care provider as well as the seeker was always standing around the emergency. During this scenario, doctors who could not visit areas due to transport, pandemic, location, accessibility, and safety reasons chose to connect with their patients and people in need *via* virtual reality calls. They could do meetings, consultations, check-ins, and view status reports as there was also a travel ban worldwide, and many patients and doctors were unable to follow up and conduct regular checkups. They also resorted to chatting and connecting *via* virtual platforms provided by the hospitals or personal sites of use.

Further, to add to the VTH, the scope and reach of this practice are from North to South and from West to East. New research and treatment techniques are shared and performed *via* video calls for doctors and nurses to practice and learn from specialists situated and practicing in different locations worldwide.

This setup has increased the spread of knowledge and opened doors to learning new methods and techniques that were not possible before. Virtual Health is an advanced form of telehealth and has produced new innovative roots in health care. Virtual healthcare delivery is now a designated department and skills need to be adopted by all healthcare delivery professionals, providers, and institutes if they want to remain in the industry of medicine as an evolving and active part.

In addition, if the case of Third-World countries such as Pakistan is taken into account, the practice has not taken a fast pace here. Virtual care in Pakistan is a very new concept and a new beginning for the healthcare system. It will take time to be adopted, but during the pandemic of COVID-19 in 2020, it was adopted by all tertiary healthcare providers. All their departments were obligated to consult and take appointments *via* Zoom or Skype calls. The doctors were obligated to be online during their duty hours and be available for on-call consultations as it was strictly prohibited for patients to come for regular services to the hospital, and

Legalization of Abortion

Hadia Arshad¹ and Shiza Malik^{2,*}

¹ *Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan*

² *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

THESIS STATEMENT

Killing one person means killing the whole of humanity. Abortion is not considered ethical because everyone is born free and has the right to live, so abortion should not be allowed in any state by the legislation; otherwise, it will become a normal act worldwide.

OUTLINE

- I. Introduction
- II. Religious perspective
- III. Legislation for abortion
- IV. Reasons for abortion
- V. V- Ways to avoid abortion
- VI. Pro-life and pro-choice
- VII. Conclusion

ESSAY

It is a matter of common observation that movies, TV dramas, and news channels often discuss the topic of “Abortion”. Many news channels highlight the religious, moral, ethical, and social disasters caused by the issue of abortion. The purpose of showing this thing on TV channels is to highlight the destructiveness that is caused by the excess of abortions in our society. Abortion is a controversial issue worldwide. The meaning of abortion is “to remove the fetus from the uterus of the mother”. Abortion is a common experience for women worldwide. The rate of abortion is highest in developed nations, where it is considered the right of women. It is estimated that at the age of 40, one in every three women in the US

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

undergoes an abortion. In 2018, it was reported that 15 out of every 100 women undergo abortions during their reproductive age.

This means abortion is common in developed nations, but still, people face social and cultural barriers to this phenomenon. In this case, difficulties are faced by women because, due to such barriers, only 5% of clinics provide the service of abortion, which means that about 55% of women are left suffering without clinics. Abortion has become the most discussed ethical issue and has become a controversial argument. According to an estimation, there are 2 million unwanted pregnancies; out of these, about 1.5 million are ended by abortions. Each day, about 5000 abortions are performed. Unsafe abortions lead to increased mortality and chances of infertility in mothers. According to WHO, about 4500 deaths are caused by unsafe abortions each year. The women who survive after unsafe abortions are attacked by certain infectious diseases. It is estimated that about 56 of the women who had abortions in their lives are the victims of infectious diseases and traumas. This causes an increase in maternal mortality rate owing to practices like abortion. For this and various other causes, abortion is considered an unethical practice and must be controlled if not completely stopped.

First of all, it is important to identify the major causes of abortion. Unemployment, deflation, and inflation are some major causes of abortion. People find it difficult to feed an additional child in their family, so the best option they choose is abortion. The sense of responsibility and lack of responsibility is another important factor that creates the situation for opting for abortion. In the case of poverty, if the pregnant woman is not given a proper diet, then her body is not capable of supporting another life; hence, resulting in abortions. Many pregnant women consume drugs that damage their health and can cause certain diseases in the newborn. The drugs consumed by pregnant women can enter the blood of the baby. If the mother is a smoker or consumes alcohol, then nicotine is passed to the baby. The baby can be abnormal or infected by dangerous diseases like cancer, therefore, the healthcare provider recommends a solution like abortion. An increase in the divorce rate is also the reason behind many abortions. After the separation, the pregnant woman cannot afford to be a single parent, so she goes for an abortion.

To take into account the religious perspective, many religions are against abortion. Religions like Buddhism and Christianity are strictly against the rule of abortion. In Buddhist countries like Thailand, legal restrictions are imposed against abortion. According to Christians, abortion is an unethical act. The fetus is murdered, and the mother faces post-traumatic stress disorder. It is seen that the women feel guilty after abortions for the rest of their lives. God's plans are different from man's plans, so no one can decide whether the baby should stay

alive or not. Christianity says that God has set plans for humans before they were born. God has created every soul for a specific purpose and life and death are in control of God. The mother should give her child an opportunity to live. In the Islamic point of view, abortion is considered murder.

Muslims believe that abortion is like interfering in the role of Allah. According to the Quran, Allah created the fetus in the womb, not the humans; Allah has given a spirit to that fetus, not the human. From a historical perspective, before Islam emerged, people of Arab used to bury their baby girls alive. After the advent of Islam, this practice was strictly prohibited. Ibn Taymiyyah, who was an Islamic scholar, said that every happening is the act of God, particularly the beginning of a new life. According to the rules of an Islamic state like Turkey, if a person is found to be involved in the process of abortion, then that person should be punished hard and should be imprisoned for two to twelve years along with hard labor.

“On that account: We ordained for the Children of Israel that if anyone slew a person unless it is for murder or for spreading mischief in the land it would be as if he slew the whole people: and if anyone saved a life it would be as if he saved the life of the whole people”. – Al Quran.

In light of the highlighted verse, it can be predicted that killing one person means that a person is killing the whole of humanity. Islam was spread to preserve life. According to some scholars, abortion is allowed, but within 20 days of pregnancy, the period in which the heartbeat of the fetus is not detected. A pregnant woman is permitted to abort her baby with the informed consent of her husband. According to the Fatwa Committee of the National Council for Muslim Affairs, abortion is discouraged if it is not harmful to the mother. If the fetus is diseased or is showing deformities, then it threatens the life of the mother. It says that if the abortion is done after four months, then it is against the laws set by Quran and Sunnah.

‘And do not kill your children for fear of poverty. We provide for them and you. Indeed, their killing is ever a great sin.’ – Al Quran.

In 1973, the act of abortion was legalized in the US. Abortion was allowed in the first trimester when the heartbeat of the fetus was not detected. After that, about 34 million women had legal abortions. Just because abortion was legal, it was

Euthanasia-Should it be Legal?

Fatima Shafiq¹ and Shiza Malik^{2,*}

¹ *Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan*

² *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

THESIS STATEMENT

Several opinions on legalizing euthanasia exist worldwide. The ethical debate, healthcare perspective and societal views often interact and complicate decision-making in the health sector. Thus, a deeper view of ethical concerns can enlighten and ease the decision-making for the healthcare community.

OUTLINE

- I. Introduction
- II. Supporting arguments for euthanasia
 - a. Opinionated view on legalizing euthanasia
 - b. Freedom of choice-principle for life and death
 - c. Financial reasons behind euthanasia
 - d. Irresponsibility of healthcare organizations
 - e. The only option left scenario
 - f. Emotional handling with planned decision
 - g. From the healthcare perspective
- III. Arguments against euthanasia- the major ethical perspective
- IV. Conclusion

ESSAY

The subject of euthanasia is covered with much ethical discussion and uncertainty. Euthanasia is when one ends their or someone else's life with the purpose of putting that person out of their misery and ending their pain or suffering; this is also known as assisted suicide. It is practiced in some places around the world, performed by separate foundations, companies, healthcare set-ups, and even in hospitals. Doctors are sometimes requested to perform eutha-

* **Corresponding author Shiza Malik:** *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com*

anasia on people with an unending or painful illness. There is no specific way to euthanize a person; it depends on a lot of factors like their mental health, physical health, religious point of view, and even their comfort and preferences. For example, a common way to euthanize someone is a doctor prescribing a drug for the patient that would end their life (a dosage of the drug that would end up being lethal). Euthanasia also differs between voluntary and involuntary. Voluntary is when the person whose life is in question is in all their senses agreeing to this and acknowledging the consequence of it, and involuntary is when another person decides to end someone's life; this would usually be a close family member or a spouse of the person in question.

Many people believe that euthanasia should be legalized in Pakistan. Many existing diseases in the world are long-term, painful, and take away the essence of the person suffering from them. Diseases like Alzheimer's, Parkinson's, Schizophrenia, Huntington's and Chorea, make the patient slowly but surely lose themselves. They reach a point where they cannot do the simplest of tasks like talking, eating, and walking. These diseases, as of now, are incurable and stay with the person till they eventually kill them, but before reaching the point of death, the person is constantly in a state of suffering. The person that was once the best version of them no longer exists, and they are at the point where they have to depend on others for even the smallest of tasks in the process. They lose their self-respect and dignity and feel like a burden on their caretakers. People do not want to be remembered as the worst version of themselves when they die; they do not want their loved ones associating them with memories of them suffering. Everyone wants to die being remembered as the best version of themselves and associate them with good things and happy memories, and not have all that ruined by their illness.

Supporters of euthanasia contend that a patient has the privilege to settle on the choice about when and how they should die, in view of the standards of self-sufficiency and self-assurance. Autonomy is the idea that a patient has the privilege to settle on choices identifying with their life as long as it creates no problem for others. They relate to the idea of self-governance to control their own body, and they should reserve the option to settle on their own choices concerning how and when they will end their life. It is said that easing a patient from their torment and suffering by performing euthanasia will accomplish better than harm. Advocates of euthanasia express the view that the central virtues of a society, empathy and leniency, necessitate that no patient be permitted to endure intolerably, and mercy killing should be allowed.

Additionally, the 'freedom of choice' principle is often applied by the advocates of euthanasia. According to their perspective, people are allowed to choose what

they want to eat, who they want to marry, where they want to study, and all kinds of things in life; this should not be a choice taken away from the person. They believe that if a person wants to end their life with dignity and grace, the law should not forbid them from it. If people want to end their suffering years before they gradually pass away, they should not be stopped. If people want to die because they cannot bear the mental, physical, and emotional torture on themselves and their loved ones, they should have the option to. If people have unbearable symptoms or they just cannot simply handle the fact that they are losing themselves and want to die before they become a distant memory, they should be allowed to have the option to euthanize. Imagine keeping a person alive against their will and justifying it.

Another reason in favor of euthanasia is because of financial reasons. Over time, hospitals and doctors have become exorbitant. There are options of government hospitals that are cheaper or some organizations that help people with their medical expenses like Shaukat Khanam or other places or NGOs that run on donations, but because of such surplus such patients and diseases, it is hard to rely on these secondary options because one cannot be certain. So, ultimately, one should keep a traditional hospital in mind if they ever need one. This can be costly, and the majority of the people in Pakistan do not fall in the upper class. It is hard for the middle or lower class to manage medical expenses, especially for long-term illnesses, which are usually the only ones that require the need for euthanasia.

Dealing with all these expenses can put the patient and family of the patient in a state of constant mental stress, which will be the last thing they need whilst going through emotional stress as well. People put themselves in lifelong debts; they put their future generations in lifelong debts. They take dangerous measures to arrange the money, and some people resort to obtaining it illegally. Their need for money is justified, as it is a person's life on the line, but in the cases where a patient has been in a coma for years, and the family just cannot afford it anymore, there are no possible means for them to keep the patient admitted in the hospital till they either regain consciousness or die or the patient is brain dead and has been for a long time, and there is no hope for them.

In addition to that, patients at the same time are still alive for the time they are in the hospital. In these cases, rather than shifting the patient between hospitals to find a cheaper alternative, juggling medicines to cut costs, or taking the patient out of the hospital into their home, putting them in more misery, the family of the loved ones should have an option. They should be allowed to let their loved ones rest in peace and be in peace themselves. Mental torture is a completely different story in these cases where one has to hang on to a sliver of hope that the person

Respect for Gender and Gender Equality

Zoha Saeed¹ and Shiza Malik^{2,*}

¹ *Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan*

² *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

THESIS STATEMENT

Nondiscrimination and giving equal rights to all genders in society are important aspects of every country. The progress of a state, its growth, and the decrease in ethical issues depend on giving equal opportunities to every gender.

OUTLINE

I. Introduction

II. Gender equality meaning

III. Importance

IV. The third gender aspect

V. Educational sector inequality

VI. Gender inequality in health

VII. Justice for everyone

VIII. Applying ethics and deontological approaches

IX. Effects of gender disparity

X. The impact of inequality on children, transgender, and adults.

XI. Conclusion

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

ESSAY

In the twenty-first century, do men, women, and the third gender have equal rights? If so, what causes discrimination to develop in a society? The answer to this question is that gender discrimination, as well as social and environmental disparities, is the main cause of judgment in a society. Gender equality refers to giving respect and equal chances to men, women, and the third gender in areas such as politics, economics, education, and health. Gender differences are a global concern. According to the 2018 Global Gender Gap study, Iceland is the most progressive country when it comes to gender equality. Iceland has gained recognition for enacting many laws that protect women and the third gender by improving corporate board regulations. The gender gap in politics, health, and education will take approximately 108 years to close at the current rate, while the gender gap in the workplace will take approximately 202 years, according to a report. Since equal opportunities for all genders are the only thing that can make a state flourish, nondiscrimination and granting equal rights to all genders in society are crucial features of every nation.

“Gender equality is more than a goal in itself. It is a precondition for meeting the challenge of reducing poverty, promoting sustainable development, and building good governance.”— Kofi Annan

The primary and most important fundamental liberty is gender equality. The right to live in freedom should be likewise granted to women and the third gender along with men. Gender equality is the state in which individuals of all genders enjoy the same opportunities, rights, and obligations in society. The profitability of the entire family can be significantly increased by empowered men, women, and other genders, creating better opportunities specifically for those who are still to come. Consider a company where gender equality is strictly enforced. The manager of the company does not care about the gender of other employees, whether they are male, female, or the third gender; instead, they allow them to work in the company according to their skills and provide them with equal opportunities and benefits. Such an organization holds only a view of growth, and they flourish within the premises of gender equivalence.

Moreover, women and members of the third gender are often barred from the same educational opportunities, business opportunities, and dynamics as men when it comes to human rights and remuneration. Women have historically not had the same possibilities as males in terms of mutual growth. Women are typically the family's protectors. Accordingly, women typically take care of home duties. Although women dedicate themselves more modestly to pursuing higher education, engaging professions, and influential responsibilities, their limited role

at home and disparities in sexual orientation impede the advancement of their countries. As the percentage of women in the labor force increases, the nation's financial development rate also increases. Regarding the third gender, the same holds true. Together with financial prosperity, gender equality raises a nation's level of overall happiness. In addition, third gender features are also discussed when discussing gender instead of only men and women. This raises the question: what is the third gender, and who are they? Certain types of individuals who identify as neither male nor female are seen as belonging to the third sexual orientation. The models to end confusion about transsexuals and third sexual orientation are provided. Transsexuals also include those who identify as a third sex or, more often than not, who think of transgender people as a third sex. Sexual orientation and transgender identity are not the same thing; however, as fellow humans, they should have the same rights as everyone else.

Human rights and social ethics are destroyed and violated when the third gender is not recognized as a legitimate gender and is not accorded equal rights despite the fact that they must be allowed to enjoy the same civil liberties as everyone else. Furthermore, most civilizations discriminate against the third gender in education, healthcare and work. They are not entitled to the same rights. They suffer from economic and social abuse and torment. The third gender issue is considerably more problematic and convoluted. They endure abuse and bullying, and people make fun of them. They are not permitted to work, vote, or attend educational institutions to gain basic human rights. It must be ascertained that when rights and gender nondiscrimination in society are applied, no one will face depression, and no more violence will occur. When individuals are granted equal rights and protected from discrimination based on their gender, it creates a more inclusive and harmonious society. This not only prevents the occurrence of depression and violence but also fosters a sense of belonging and empowerment for all members of the community.

Gender equality is, therefore, a fundamental human right and a prerequisite for achieving more ambitious goals in the areas of social, political, and economic growth. Addressing gender-based violence and transforming male-centric social structures into ones that value equity, balance, consideration, and respect can be accomplished in large part through education. Regardless, this calls for a comprehensive methodology, acknowledging that no exercise in isolation will stimulate gender-transformative learning. Furthermore, it is an undeniable fact that no country has managed to eradicate the gender gap in all spheres of public life. This implies that sexual orientation disparity is nothing but a programmed effect of destitution, as this imbalance has been generally reported in evolved nations, where transients and pariah women were challenged.

Education System Without Moral Education

Zahra Fatima¹ and Shiza Malik^{2,*}

¹ Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan

² Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan

THESIS STATEMENT

An education system without moral education has no value and must be designed to inculcate moral and ethical obligations in the masses rather than just pieces of information.

OUTLINE

- I. Introduction
- II. Natural values of morality
- III. Life experiences
- IV. Educational institutions
- V. Devastating educational systems
- VI. Islamic perspectives of morality
- VII. Conclusion

ESSAY

“A man is a social animal” - Aristotle

Life is a process of learning new things, making experiences, and understanding their consequences. Experiences are attained through actions and guidance, which are given by our surroundings and institutions to make a person a better human and make a just society for every single person. Every human being on this planet Earth spends his life in a certain way, somehow according to the norms and values of the society. When a newborn baby comes into this world, doctors provoke them to cry, making them learn the basic phenomenon of life at the very beginning.

* Corresponding author Shiza Malik: Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

Life is a process of learning, experiences, trials, errors, and failures. No one is born with perfection or accurate innate qualities. There is always room for learning in a person's life. Survival in this world is possible when people know how to live and why they are in this world. The process of learning starts from one's home and from one's parents. Children learn the basic values and ethics from them, see their actions and then delineate them in their lives. Some parents inculcate odious things in the minds of children, and they never clarify the doubts and concerns of the child. Thus, parents are the first teachers, and the home is the first institute for kids. When the parents fail to clarify the purpose of learning, they only provoke their children to get degrees that are best suited to society. From the initial stages, they make their mind and thoughts morally resistant to humanistic behavior and moral values. Then, the next phase of education begins, from where the obligation is drawn upon the institutes to shape the moral values in children.

When the children enter the primary school system, they are three to four years old; this is the stage of intensive learning. Now, it has become the standard in society that is followed by the people but not the actual process that is necessary for building character and developing ethical qualities in the child's personality. However, in today's world, people in society are only busy making their image better in other people's minds. These things are only symbols in society but not in the learning institutes. Teachers in primary school excessively burden the child and expect more from them than their age allows. Resultantly, from the very beginning, their attitude towards schooling is nonserious since they find it boring.

The ethical concepts and morality of the character are somehow not part of their teaching methods. Teachers are busy fulfilling their duties assigned to them, and the institutions are only busy making money. The gap in the ethos of education institutes is also adding more fuel to the confusion in the minds of children as well as parents. The concept of private schooling is only for those who can afford it. These types of teaching methods, in the end, ruin the students' integrity when they go to higher institutes. They feel complex, and their personality is intermingled between these useless things.

The concept of morality is deeply rooted in men. When people live a life without moral values and ethical actions, they will become a threat to society. When people put morals on priority, no matter how difficult the situation is, they get through it without being immoral. Morality in the institutions can guide them through simple things. This concept is not a complex idea. What are the things that make an action or behavior moral and proper rather than immoral or improper? For example, if a certain student sees money on the playing field and picks it up, the mere picking it up may be moral or immoral. If he eventually

gives the money to the teacher for the announcement, then the action is moral, but if he decides to spend the money on his own, the action may be seen as immoral. And this sort of habit eventually grows to dictate a child's whole personality that he practices throughout his life. Therefore it is the responsibility of institutions to teach basic moralities to children.

Moreover, in the past, the teachings of morality were confined to the family's environment, and the place of worship, mainly the mosque and church, but now various other institutions are taken into consideration for inculcating moral values in children. These may include the primary level schools, colleges and universities. Now, morality and ethical concepts are considered interchangeable with each other. Certain theorists propose this concept and clarify its hidden meanings. Immanuel Kant's concept of morality is basically from the ethical point of view and is derived from the integral idea that rationality serves as the basis for actions. He describes that the ultimate aim of education should be moral character building. According to Rawl's concept, "man" is the only biological entity capable of reason and controlling natural impulses in favor of a logical process that enables the consequences of an action to be predicted. When time passes, and people face hardships and challenges in life, they behave differently according to their learning and concepts they had built in their learning process throughout their lives.

On a wider scale, the education system in which society is stuck is totally curriculum-centered, and it focuses only on syllabus-orientated approaches. This line of approach related to morality indulgence gets less attention from the students, and they only take it as a burden. Education must endeavor to guide them about their goals and personal development towards their adulthood responsibilities, making them clear about their identity. Most of the students, even at the university level, are still confused about their lives and also about the careers they have chosen for themselves because no one at home, school, or college can counsel them regarding their careers. The basic dilemma of our education system is increased diversity in the educational setup, and the institution's unethical policies and untrained, unprofessional professors in higher institutes can make the students rebellious.

The kind of attitude the teacher imposes on students makes or breaks them. This imparts that teachers are also in severe need of moral education to be delivered to their subordinates. They are not fully trained, and they constantly impose the practices that have happened to them to be carried to the next generation. They are unaware of the new techniques and strategies for learning. Countries like the Netherlands, UK, Germany, and Japan focus primarily on teacher training programs. It is the norm of life that teachers make the personality of a student.

Patient Privacy and Confidentiality

Aima Khalid¹ and Shiza Malik^{2,*}

¹ *Air University School of Management (AUSOM), Air University, 44000, Islamabad, Pakistan*

² *Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan*

THESIS STATEMENT

The ethical imperative of safeguarding patient privacy and confidentiality in healthcare not only respects fundamental individual rights but also cultivates trust in the healthcare system, thus ensuring the delicate balance between necessary information sharing and protecting the intimate details of a patient's medical history, ensuring ethical handling of patient's privacy.

OUTLINE

- I. Introduction
- II. Doctor-patient relationship
- III. Data protection
- IV. Patient crime
- V. Confidentiality
- VI. Professional behavior
- VII. Conclusion

ESSAY

Why is patient security important? What are the ethics of secrecy? How do you maintain patient protection? Should doctors safeguard outright privacy during treatment, after treatment and even after a patient's death? The responses to these inquiries are that it is the precedent-based law obligation of a specialist to regard

* **Corresponding author Shiza Malik:** Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology, Islamabad, Pakistan; E-mail: shizza874@gmail.com

the patient's secrecy. Specialists are required to protect total confidentiality regarding all that they think about their patients. This applies not only during the treatment but also after the treatment and even after the patient's death. This is a method for communicating concerning the patient's rights to protection, and it assists the patient in talking to the specialist. Confidentiality is the principal part of the traditional oath that all specialists take. A doctor's enlistment with medical authorities can be dropped and canceled, and he can be charged in a courtroom whenever he is found to be responsible for an unapproved breach of confidentiality.

At all things I see or hear, in my participation on the debilitated or even separated there from, which under no circumstances one should spread abroad, I will mind my own business holding such things as sacred secrets.-- Hippocratic Oath, 4th century, B.C.E.

Firstly, privacy ensures data is given with certainty. It is a vital component of the doctor-patient relationship ensured in value, customary law, and legal guidelines, with the affirmation that a specialist or other well-being expert will not reveal private data given by a patient. A few people may retain significant data about their medical condition, which they discover humiliating, or their way of life propensities that may affect their health. The obligation of classification is not essential in special cases, such as when public health or security is threatened. Security is connected, however, with a separate idea. The data considered secret under customary law may likewise be private. Privacy legislation has a much more extensive reach.

In addition, respect for patient privacy and guaranteeing understanding of classification have been viewed as the basic commitment of health suppliers and essential responsibilities of medical services establishments. The emergency department in medical clinics, in contrast to other units, does not have private and semi-private rooms to ensure security and classification. Several examinations have revealed incessant encroachments on the protection and privacy of patients in clinics. The absence of protection and privacy makes communication between patients and medical services suppliers difficult, particularly when they discuss delicate ailments and significant therapy choices. This may result in misdiagnosis or clinical mistakes by medical care suppliers and ineffective therapies for patients. It might disintegrate patients' trust and make it difficult to fabricate a decent patient-doctoral relationship.

Secondly, there are situations where a medical worker is legitimately expected to penetrate a patient's confidentiality by announcing the crimes committed by such a patient. In any case, the health specialist is not obliged to unveil any such data,

and in such a case, they can be effectively sued for not ensuring protection. Revealing a patient's crime is supported when the activities of the patient can probably harm another recognizable individual. The doctor should decide how much danger a society suffers from the patient's crimes. In the situation when the danger to the network is high, at that point, the doctor ought not to ensure the patients' right to certainty and should give all essential data to the specialists. If such a danger to the network is low or if a crime occurs on the property, patient security should be ensured. To accommodate his commitment, the medical care laborer should have an open conversation with the patient before making any choice. He should consider the situation of the general public, all in all, just as that of the individual patient.

One reason why medical care suppliers ought not to generally report violations submitted by their patients is to urge people to visit clinics and for them to have the option to uncover significant data when looking for clinical consideration. For example, if the physician suspects that his patient is a sexually guilty party, he should initially complete some exploration to determine if an individual has been insulted before reporting the patient. Another thought that the medical services supplier should have at the top of the priority list before announcing any crime is whether the influenced people need the kind of criminal protection that is generally provided. If not, the patient's protection and classification should be maintained. There is no reason to infringe on a patient's security if the influenced individual does not need protection.

Moreover, when there are no set standards on whether to answer or report crimes, the doctor should be guided by moral standards as what he feels is ethically correct and has a more noteworthy advantage. In a situation where a patient commits a crime and an outsider wishes to report it, the supplier of the medical service should not report but rather look after classification. The doctor may likewise arrange for the patient to get help, for example, directing to keep the crime from proceeding without essentially encroaching on the patient's protection. This ought to be done anyway after the patient has provided the informed consent and is comfortable with the thought.

A patient approves of doing so while looking for work, a clinical report or a report arranged for the second assessment. At the point when divulgence is to the greatest advantage of the patient, as if there should arise an occurrence of physical and sexual maltreatment, does confidentiality imply a continuation of perpetual hazards? In a situation of a critically ill patient who does not know or needs to know the guess completely, the specialist feels the family should be made mindful of the result. At this point, the revelation is to the greatest advantage of the public, for example, in HIV-positive cases when the patient's spouse is in danger. During

APPENDIX A

References

Abohaimed, S., Matar, B., Al-Shimali, H., Al-Thalji, K., Al-Othman, O., Zurba, Y., Shah, N. (2019). Attitudes of physicians towards different types of euthanasia in kuwait. *Med. Princ. Pract.*, 28(3), 199-207. [http://dx.doi.org/10.1159/000497377] [PMID: 30703772]

Available from: <https://www.nation.com.pk/12-Jun-2022/national-electronic-health-record-system-hlds-key-to-future>.

Available from: <https://mohr.gov.pk/SiteImage/Misc/files/PrisonsReforminPakistan.pdf>.

Ahmad, S., Kalim, R., Kaleem, A. (2017). Academics' perceptions of bullying at work: Insights from Pakistan. *Int. J. Educ. Manag.*, 31(2), 204-220. [http://dx.doi.org/10.1108/IJEM-10-2015-0141]

Ahmari Tehran, H., Tashi, S., Mehran, N., Eskandari, N., Dadkhah Tehrani, T. (2014). Emotional experiences in surrogate mothers: A qualitative study. *Iran. J. Reprod. Med.*, 12(7), 471-480. [PMID: 25114669]

Ahmed, A. (2017). Assisted reproduction in pakistan and the alternative discourse. *LUMS LJ*, 4, 178.

Available from: https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Ahmed%2C+A.%2C+%26+Khan%2C+D.+S.+%282015%29.+Cyber+Security+Issues+and+Ethical+Hacking+in+Pakistan.+Department+of+Computer+Science+Karachi+University&btnG=#d=gs_cit&t=1668364677916&u=%2Fscholar%3Fq%3Dinfo%3Anfdhaq13RdkJ%3A%3Ascholar.google.com%2F%26output%3Dcite%26scirp%3D0%26hl%3Den.

Ahmed, R., Ahmed, Q.M. (2012). Estimation of petty corruption in the provision of health care services: Evidence from slum areas of Karachi. *J Economic Sustain Develop*, 3(8), 99-110.

Ahmed, R.H. (2012). Pharmaceutical drug promotion. *Pakistan: Issues In Ethical And Non-Ethical Practices..* Pakistan: Hamdard University Karachi.

Ahmer, S., Yousafzai, A. W., Siddiqi, M., Faruqi, R., Khan, R., Zuberi, S. (2014). Bullying of trainee psychiatrists in pakistan: A cross-sectional questionnaire survey. *Academic Psychiatry*, 33(4), 335-339. [http://dx.doi.org/10.1176/appi.ap.33.4.335]

Al Rabadi, L., LeBlanc, M., Bucy, T., Ellis, L.M., Hershman, D.L., Meyskens, F.L., Jr, Taylor, L., Blanke, C.D. (2019). Trends in medical aid in dying in oregon and washington. *JAMA Netw. Open*, 2(8), e198648. [http://dx.doi.org/10.1001/jamanetworkopen.2019.8648] [PMID: 31397857]

Alghrani, A., Griffiths, D., Brazier, M. (2015). Surrogacy law: From piecemeal tweaks to sustained review and reform. *In Law in Society: Reflections on Children, Family, Culture and Philosophy*, 425-451. [http://dx.doi.org/10.1163/9789004261495_022]

Ali, L., Khan, M.K.N., Ahmad, H. (2020). Education of the head and financial vulnerability of households: evidence from a household's survey data in pakistan. *Soc. Indic. Res.*, 147(2), 439-463. [http://dx.doi.org/10.1007/s11205-019-02164-2]

Allmark, P. (2002). Death with dignity. *J. Med. Ethics*, 28(4), 255-257. [http://dx.doi.org/10.1136/jme.28.4.255] [PMID: 12161582]

Aman, T., Asif, S., Qazi, A., Aziz, S. (2016). Perception of sexual harassment at workplace, knowledge of working women towards workplace harassment act. *Khyber Journal of Medical Sciences*, 9(2).

American occupational therapy association educator's guide for addressing cultural awareness, humility, and dexterity in occupational therapy curricula. (2020). *The American Journal of Occupational Therapy*, 74(3). [http://dx.doi.org/10.5014/ajot.2020.74S3005]

Available from: <https://www.yalejournalmedlaw.com/perspectives01/anand-testing-drugs-in-the-devoping-world>

Available from: <https://books.google.com/books?hl=en&lr=&id=DU-sDAAAQBAJ&oi=fnd&pg=PP1&dq=related:FCRV-tdrA7IJ:scholar.google.com/&ots=QJn-FeR5AI&sig=zR4oblJAWdz05XO6ZZNKa2j1Mpo>

Aronie, J., Lopez, C.E. (2017). Keeping each other safe. *Police Q.*, 20(3), 295-321. [http://dx.doi.org/10.1177/1098611117710443]

Aronson, J. (2003). TV: Dying for drugs. *BMJ*, 326(7396), 990-990. [http://dx.doi.org/10.1136/bmj.326.7396.990]

Arshad, S., Ali, A. (2016). Trade-off between inflation, interest and unemployment rate of pakistan: Revisited. *Bulletin of Business and Economics*, 5(4), 193-209. <https://bbejournal.com/index.php/BBE/article/view/260> [BBE].

Ashfaq, T., Ishaq, A., Shahzad, F., Saleem, F. (2021). Knowledge and perception about bioethics: A comparative study of private and government medical college students of Karachi Pakistan. *J. Family Med. Prim. Care*, 10(3), 1161-1166. [http://dx.doi.org/10.4103/jfmpe.jfmpe_103_21] [PMID: 34041144]

Asplund, K. (2020). Use of *in vitro* fertilization—ethical issues. *Ups. J. Med. Sci.*, 125(2), 192-199. [http://dx.doi.org/10.1080/03009734.2019.1684405] [PMID: 31686575]

Atkinson, R.B., Castillo-Angeles, M., Kim, E.S., Hu, Y.Y., Gosain, A., Easter, S.R., Dupree, J.M., Cooper, Z., Rangel, E.L. (2022). The Long Road to Parenthood. *Ann. Surg.*, 275(1), 106-114. [http://dx.doi.org/10.1097/SLA.0000000000005253] [PMID: 34914662]

AWARE. (2008). *Research study on workplace sexual harassment 2008 aware sub-committee on workplace sexual harassment*. Available from: www.aware.org.sg

Aziz, A., Hashmi, R., Ogawa, Y., Hayashi, K. (1999). Tc-99m-MIBI scintimammography; SPECT versus planar imaging. *Cancer Biotherapy & Radiopharmaceuticals*, 14(6), 495-500. [http://dx.doi.org/10.1089/cbr.1999.14.495]

Abbaspur-Behbahani, S., Monaghesh, E., Hajizadeh, A., Fehrest, S. (2022). Application of mobile health to support the elderly during the COVID-19 outbreak: A systematic review. *Health Policy Technol.*, 11(1), 100595. [http://dx.doi.org/10.1016/j.hlpt.2022.100595] [PMID: 35018280]

Ahmed, A., Aslam, N., Ahmed, B., Salim, S. (2021). Indigenous mental health perspective in the representation of vertigo symptoms: A cross sectional study of vestibulocochlear disorder patients. *Nature-Nurture Journal of Psychology*, 1(2), 22-32.

Ahorsu, D.K., Imani, V., Lin, C-Y., Timpka, T., Broström, A., Updegraff, J.A., Årestedt, K., Griffiths, M.D., Pakpour, A.H. (2020). Associations between fear of COVID-19, mental health, and preventive behaviours

across pregnant women and husbands: An actor-partner interdependence modelling. *Int. J. Ment. Health Addict.*, 1-15.
[PMID: 32837427]

Alavi-Moghaddam, M. (2020). A novel coronavirus outbreak from Wuhan City in China, rapid need for emergency departments preparedness and response; a letter to editor. *Arch. Acad. Emerg. Med.*, 8(1), e12.
[<http://dx.doi.org/10.22037/AAEM.V8I1.565.G717>] [PMID: 32185368]

Aqeel, M, Rehna, T., Shuja, K. H., Abbas, J. (2022). Comparison of students' mental wellbeing, anxiety, depression, and quality of life during COVID-19's full and partial (smart) lockdowns: a follow-up study at a five-month interval. *Frontiers in Psychiatrist.*

Aqeel, M., Abbas, J., Shuja, K.H., Rehna, T., Ziapour, A., Yousaf, I., Karamat, T. (2022). The influence of illness perception, anxiety and depression disorders on students mental health during COVID-19 outbreak in Pakistan: A Web-based cross-sectional survey. *Int. J. Hum. Rights Healthc.*, 15(1), 17-30.
[<http://dx.doi.org/10.1108/IJHRH-10-2020-0095>]

Atkeson, A. (2020). *What will be the economic impact of COVID-19 in the US? Rough estimates of disease scenarios.* National Bureau of Economic Research.
[<http://dx.doi.org/10.3386/w26867>]

Barker, G.G., Barker, E.E. (2022). Online therapy: Lessons learned from the COVID-19 health crisis. *Br. J. Guid. Coun.*, 50(1), 66-81.
[<http://dx.doi.org/10.1080/03069885.2021.1889462>]

Bhuiyan, A.K.M.I., Sakib, N., Pakpour, A.H., Griffiths, M.D., Mamun, M.A. (2021). COVID-19-related suicides in Bangladesh due to lockdown and economic factors: Case study evidence from media reports. *Int. J. Ment. Health Addict.*, 19(6), 2110-2115.
[<http://dx.doi.org/10.1007/s11469-020-00307-y>] [PMID: 32427168]

Baijnath, N., Singh, D. (2019). Examination cheating: Risks to the quality and integrity of higher education. *S. Afr. J. Sci.*, 115(11), 12.
[<http://dx.doi.org/10.17159/sajs.2019/6281>]

Bairy, K.L., Thirumalaikolundusubramanian, P., Sivagnanam, G., Saraswathi, S., Sachidananda, A., Shalini, A. (2007). Bullying among trainee doctors in Southern India: A questionnaire study. *J. Postgrad. Med.*, 53(2), 87-90, 90A-91A.
[<http://dx.doi.org/10.4103/0022-3859.32206>] [PMID: 17495372]

Banerjee, A., Das, A., Chakrabarti, G. (2011). Tricks and truths of drug marketing: An insider's experience of an indian pharmaceutical organization on JSTOR. *Asian J. Soc. Sci.*, 39(5), 581-604.

Banker, M., Garcia-Velasco, J.A. (2015). Revisiting ovarian hyper stimulation syndrome: Towards OHSS free clinic. *J. Hum. Reprod. Sci.*, 8(1), 13-17.
[<http://dx.doi.org/10.4103/0974-1208.153120>] [PMID: 25838743]

Barnhoorn, P.C., Essers, G.T.J.M., Nierkens, V., Numans, M.E., van Mook, W.N.K.A., Kramer, A.W.M. (2021). Patient complaints in general practice seen through the lens of professionalism: A retrospective observational study. *BJGP Open*, 5(3), BJGPO.2020.0168.
[<http://dx.doi.org/10.3399/BJGPO.2020.0168>] [PMID: 33589467]

Bellver Capella, V. (2015). Biotechnology, ethics, and society: The case of genetic manipulation. *Boston Studies in the Philosophy and History of Science*, 315, 123-143.
[http://dx.doi.org/10.1007/978-3-319-21870-0_7]

- Berkebile, C. (2018). The puzzle of whistleblower protection legislation. *Indiana Int. Comp. Law Rev.*, 28(1), 1-30.
[<http://dx.doi.org/10.18060/7909.0054>]
- Bhandari, N., Rongsen-Chandola, T., Bavdekar, A., John, J., Antony, K., Taneja, S., Goyal, N., Kawade, A., Kang, G., Rathore, S.S., Juvekar, S., Muliylil, J., Arya, A., Shaikh, H., Abraham, V., Vrati, S., Proschan, M., Kohberger, R., Thiry, G., Glass, R., Greenberg, H.B., Curlin, G., Mohan, K., Harshavardhan, G.V.J.A., Prasad, S., Rao, T.S., Boslego, J., Bhan, M.K. (2014). Efficacy of a monovalent human-bovine (116E) rotavirus vaccine in Indian infants: A randomised, double-blind, placebo-controlled trial. *Lancet*, 383(9935), 2136-2143.
[[http://dx.doi.org/10.1016/S0140-6736\(13\)62630-6](http://dx.doi.org/10.1016/S0140-6736(13)62630-6)] [PMID: 24629994]
- Bhatasara, S., Chirimambowa, T.C. (2018). The gender and labour question in the future of work discourses in Southern Africa. *J Women Experiences*, 9, 23-28.
- Bishop, L., Loff, B. (2013). The rights of the gestational mother and child in surrogacy: A Bill to regulate surrogacy in India. *Australian Journal of Adoption*, 7(3).
- Blazovich, J.L., Smith, K.T., Smith, L.M. (2018). Mother-friendly companies, work-life balance, and emotional well-being: is there a relationship to financial performance and risk level? *In Int. J. Work Organisation and Emotion*, 9(4).
[<http://dx.doi.org/10.1504/IJWOE.2018.097153>]
- Bolsin, S., Pal, R., Wilmschurst, P., Pena, M. (2011). Whistleblowing and patient safety: The patient's or the profession's interests at stake? *J. R. Soc. Med.*, 104(7), 278-282.
[<http://dx.doi.org/10.1258/jrsm.2011.110034>] [PMID: 21725092]
- Bostick, N.A., Sade, R., McMahon, J.W., Benjamin, R. (2006). Report of the american medical association council on ethical and judicial affairs: Withholding information from patients: rethinking the propriety of "therapeutic privilege". *J. Clin. Ethics*, 17(4), 302-306.
[<http://dx.doi.org/10.1086/JCE200617402>] [PMID: 17330719]
- Branch, W.T., Jr, Kern, D., Haidet, P., Weissmann, P., Gracey, C.F., Mitchell, G., Inui, T. (2001). The patient-physician relationship. Teaching the human dimensions of care in clinical settings. *JAMA*, 286(9), 1067-1074.
[<http://dx.doi.org/10.1001/jama.286.9.1067>] [PMID: 11559292]
- Braun, E. (2022). An autonomy-based approach to assisted suicide: A way to avoid the expressivist objection against assisted dying laws. *J. Med. Ethics*, 0, 1-5.
[<http://dx.doi.org/10.1136/jme-2022-108375>] [PMID: 36190931]
- Bromet, E.J. (2012). Mental health consequences of the Chernobyl disaster. *J. Radiol. Prot.*, 32(1), N71-N75.
[<http://dx.doi.org/10.1088/0952-4746/32/1/N71>] [PMID: 22394694]
- Bialek, S., Gierke, R., Hughes, M., McNamara, L.A., Pilishvili, T., Skoff, T., Hughes, M., McNamara, L.A., Pilishvili, T., Skoff, T. (2020). Coronavirus disease 2019 in children—United States, february 12–april 2, 2020. *MMWR Morb. Mortal. Wkly. Rep.*, 69(14), 422-426.
[<http://dx.doi.org/10.15585/mmwr.mm6914e4>] [PMID: 32271728]
- Brooks, M. (2017). Stem cell research: Time for a dose of realism. *BMJ*, 356, j443.
[<http://dx.doi.org/10.1136/bmj.j443>] [PMID: 28143810]
- Broyde, M.J. (1988). The establishment of maternity and paternity in Jewish and American law. *Natl. Jew.*

Law Rev., 3, 117-158.
[PMID: 11659032]

Campbell, L. (2017). Kant, autonomy and bioethics. *Ethics Med. Public Health*, 3(3), 381-392.
[http://dx.doi.org/10.1016/j.jemep.2017.05.008]

Available from: <https://hbr.org/2016/12/why-ethical-people-make-unethical-choices>. (2016).

Caruso, J.P., Sheehan, J.P. (2017). Psychosurgery, ethics, and media: A history of Walter Freeman and the lobotomy. *Neurosurg. Focus*, 43(3), E6.
[http://dx.doi.org/10.3171/2017.6.FOCUS17257] [PMID: 28859561]

Centers for disease control and prevention american society for reproductive medicine, & society for assisted reproductive technology. (2017). *American Society for Reproductive Medicine, & Society for Assisted Reproductive Technology*.

Chadwick, A.J., Baruah, R. (2020). Gender disparity and implicit gender bias amongst doctors in intensive care medicine: A ‘disease’ we need to recognise and treat. *J. Intensive Care Soc.*, 21(1), 12-17.
[http://dx.doi.org/10.1177/1751143719870469] [PMID: 32284712]

Chakrapani, P., Whitten, L., Calvasina, G., Dunphy, S., Heilmann, S., Smith, S., Andrew Demirdjian, Z., Kehoe, W.J., Baugher, D., McCabe, M., Vogel, T., Said Jonathan, R. (2020). Cybersecurity indices and cybercrime annual loss and economic impacts. *Journal of Business and Behavioral Sciences*, 32(1), 63-71. http://asbbs.org/files/2020/JBBS_32.1_Spring_2020.pdf#page=63

Chan, D.K. (2015). The concept of human dignity in the ethics of genetic research. *Bioethics*, 29(4), 274-282.
[http://dx.doi.org/10.1111/bioe.12102] [PMID: 24909591]

Chattopdhyay, S. (2013). Corruption in healthcare and medicine: Why should physicians and bioethicists care and what should they do? *Indian J. Med. Ethics*, 3(3).
[http://dx.doi.org/10.20529/IJME.2013.049]

Chernow, S. (2015). To publish or not to publish charlie hebdo – that is the question. the answer is in the code of ethics - ethical journalism network. ethical journalism network. Available from: <https://ethicaljournalismnetwork.org/to-publish-or-not-to-publish-charlie-hebdo-t-at-is-the-question-the-answer-is-in-the-code-of-ethics>

Chin, A.E., Hedberg, K., Higginson, G.K., Fleming, D.W. (1999). Legalized physician-assisted suicide in Oregon--the first year's experience. *N. Engl. J. Med.*, 340(7), 577-583.
[http://dx.doi.org/10.1056/NEJM199902183400724] [PMID: 10021482]

Cippitani, R. (2019). Human embryo. *Dictionary of Statutes within EU Law*, 289-296.
[http://dx.doi.org/10.1007/978-3-030-00554-2_37]

Closser, S. (2020). The corruption game: Health systems, international agencies, and the state in South Asia. *Med. Anthropol. Q.*, 34(2), 268-285.
[http://dx.doi.org/10.1111/maq.12549] [PMID: 31573104]

Cohen, D. (2002). Netherlands legalise euthanasia. *BMJ*, 324 (Suppl. S5), 0205138a.
[http://dx.doi.org/10.1136/sbmj.0205138a]

Cohen, E. (2013). Netherlands legalise euthanasia. *BMJ*, 324 <https://edition.cnn.com/2013/03/04/health/surrogacy-kelley-legal-battle/>

- Collica-Cox, K., Sullivan, L. (2017). Why retribution matters: Progression not regression. *Theory Action, 10*(2).
[<http://dx.doi.org/10.3798/tia.1937-0237.1710>]
- Cornelius, M. (2015). How the leaking of the pentagon papers was framed by mainstream, conservative, and liberal print media. *Colloquy, 11*, 6-84.
https://www.calstatela.edu/sites/default/files/users/u2276/colloquy_2015_cornelius.pdf
- Cornell university our history | cornell prison education program. (2022). Available from: <https://cpep.cornell.edu/about-us/our-history/>
- Curran, J., Seaton, J. (2018). *Power Without Responsibility*. Routledge.
[<http://dx.doi.org/10.4324/9781351212298>]
- Curtin, K. (2018). A case for active euthanasia. Available from: http://katiecurtin.agnesscott.org/wp-content/uploads/2018/11/KCurtin_PHI106_ConstructiveEssay_SP18.pdf
- Caner Yam, F. (2022). Investigation of the effectiveness of professional ethics and legal issues course on ethical competencies of counselor candidates. *International Journal of Ethics Education, 1*-13.
- Chaman, A., Shuja, K.H., Rani, M. (2022). A web-based cross-sectional survey of coping mechanisms, psychological symptoms, and mental health in pakistan during the Covid-19 outbreak. *Nature-Nurture Journal of Psychology, 2*(2), 1-10.
- Chang, G-C., Huong, L.T., Moumne, R., Bianchi, S., Rondin, E. (2020). COVID-19: A glance of national coping strategies on high-stakes examinations and assessments. In education sector. Available from: https://en.unesco.org/sites/default/files/unesco_review_of_high-stakes_exams_and_assessments_during_covid-19_en.pdf
- Chen, I.H., Chen, C.Y., Pakpour, A.H., Griffiths, M.D., Lin, C.Y. (2020). Internet-related behaviors and psychological distress among schoolchildren during COVID-19 school suspension. *J. Am. Acad. Child Adolesc. Psychiatry, 59*(10), 1099-1102.e1.
[<http://dx.doi.org/10.1016/j.jaac.2020.06.007>] [PMID: 32615153]
- Chen, N., Zhou, M., Dong, X., Qu, J., Gong, F., Han, Y., Qiu, Y., Wang, J., Liu, Y., Wei, Y., Xia, J., Yu, T., Zhang, X., Zhang, L. (2020). Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: A descriptive study. *Lancet, 395*(10223), 507-513.
[[http://dx.doi.org/10.1016/S0140-6736\(20\)30211-7](http://dx.doi.org/10.1016/S0140-6736(20)30211-7)] [PMID: 32007143]
- Chenneville, T., Schwartz-Mette, R. (2020). Ethical considerations for psychologists in the time of COVID-19. *Am. Psychol., 75*(5), 644-654.
[<http://dx.doi.org/10.1037/amp0000661>] [PMID: 32437180]
- Commodari, E., La Rosa, V.L. (2020). Adolescents in quarantine during COVID-19 pandemic in Italy: Perceived health risk, beliefs, psychological experiences and expectations for the future. *Front. Psychol., 11*, 559951.
[<http://dx.doi.org/10.3389/fpsyg.2020.559951>] [PMID: 33071884]
- Commodari, E., La Rosa, V.L., Carnemolla, G., Parisi, J. (2021). The psychological impact of the lockdown on Italian university students during the first wave of COVID-19 pandemic: psychological experiences, health risk perceptions, distance learning, and future perspectives. *Mediterr. J. Clin. Psychol., 9*(2).
- Cosh, S., Rice, K., Bartik, W., Jefferys, A., Hone, A., Murray, C., Lykins, A.D. (2022). Acceptability and feasibility of telehealth as a training modality for trainee psychologist placements: A COVID-19 response

- study. *Aust. Psychol.*, 57(1), 28-36.
[<http://dx.doi.org/10.1080/00050067.2021.1968275>]
- Daar, J., Amato, P., Benward, J., Collins, L.R., Davis, J., Francis, L., Gates, E., La Barbera, A., McCullough, L., Klipstein, S., Koenig, B., Sauer, M., Reindollar, R., Sokol, R., Tipton, S. (2016). Human somatic cell nuclear transfer and reproductive cloning: An ethics committee opinion. *Fertil. Steril.*, 105(4), e1-e4.
[<http://dx.doi.org/10.1016/j.fertnstert.2015.12.041>] [PMID: 26746137]
- Dahl, G.B., Mogstad, M. (2020). The benefits of rehabilitative incarceration. <https://www.nber.org/reporter/2020number1/benefits-rehabilitative-incarceration>
- Damdimpoulou, P., Rodin, S., Stenfelt, S., Antonsson, L., Tryggvason, K., Hovatta, O. (2016). Human embryonic stem cells. *Best Pract. Res. Clin. Obstet. Gynaecol.*, 31, 2-12.
[<http://dx.doi.org/10.1016/j.bpobgyn.2015.08.010>] [PMID: 26602389]
- Daniel, A.E., Burn, R.J., Horark, S. (1999). Patients' complaints about medical practice. *Med. J. Aust.*, 170(12), 598-602.
[<http://dx.doi.org/10.5694/j.1326-5377.1999.tb127910.x>] [PMID: 10416431]
- de Vries, U. (2004). A Dutch perspective: The limits of lawful euthanasia. *Ann. Health Law*, 13(2), 365-392.
[PMID: 15281482]
- DeAngelis, C.D., Fontanarosa, P.B. (2008). Impugning the integrity of medical science: The adverse effects of industry influence. *JAMA*, 299(15), 1833-1835.
[<http://dx.doi.org/10.1001/jama.299.15.1833>] [PMID: 18413880]
- Deonandan, R. (2020). Thoughts on the ethics of gestational surrogacy: Perspectives from religions, Western liberalism, and comparisons with adoption. *J. Assist. Reprod. Genet.*, 37(2), 269-279.
[<http://dx.doi.org/10.1007/s10815-019-01647-y>] [PMID: 31897847]
- Deora, R. S., Chudasama, D. M. (2021). *Brief Study of Cybercrime on an Internet Information Systems Audits for eCommerce View project Grocery Deals View project*.
- Devroey, P., Van Steirteghem, A. (2004). A review of ten years experience of ICSI. *Hum. Reprod. Update*, 10(1), 19-28.
[<http://dx.doi.org/10.1093/humupd/dmh004>] [PMID: 15005461]
- Díaz-Campo, J., Segado-Boj, F. (2015). Journalism ethics in a digital environment: How journalistic codes of ethics have been adapted to the Internet and ICTs in countries around the world. *Telemat. Inform.*, 32(4), 735-744.
[<http://dx.doi.org/10.1016/j.tele.2015.03.004>]
- Dierickx, S., Deliens, L., Cohen, J., Chambaere, K. (2016). Euthanasia in Belgium: Trends in reported cases between. *CMAJ: Canadian Medical Association Journal = Journal de l'Association Médicale Canadienne*, 188(16), 407-414.
[<http://dx.doi.org/10.1503/cmaj.160202>]
- Dierickx, S., Deliens, L., Cohen, J., Chambaere, K. (2018). Involvement of palliative care in euthanasia practice in a context of legalized euthanasia: A population-based mortality follow-back study. *Palliat. Med.*, 32(1), 114-122.
[<http://dx.doi.org/10.1177/0269216317727158>] [PMID: 28849727]
- Dolma, P., Ali, A., Sobti, R. C., Chauhan, A. (2022). Animal cloning: Perspectives for futuristic medicine. *Advances in Animal Experimentation and Modeling: Understanding Life Phenomena*, 53-67.

[<http://dx.doi.org/10.1016/B978-0-323-90583-1.00008-8>]

Douglas, T., Savulescu, J. (2009). Destroying unwanted embryos in research. *EMBO Rep.*, 10(4), 307-312. [<http://dx.doi.org/10.1038/embor.2009.54>] [PMID: 19337299]

Available from: <https://www.forbes.com/sites/robdube/2021/01/14/why-ethics-matter-for-social-media-silicon-valley-and-every-tech-industry-leader/?sh=e01e78416f2a>.

Dunne, K., Sullivan, K., Kernohan, G. (2005). Palliative care for patients with cancer: District nurses' experiences. *J. Adv. Nurs.*, 50(4), 372-380. [<http://dx.doi.org/10.1111/j.1365-2648.2005.03402.x>] [PMID: 15842444]

Durante, M., George, K., Wu, H., Yang, T.C. (1996). Rejoining and misrejoining of radiation-induced chromatin breaks. I. experiments with human lymphocytes. *Radiat. Res.*, 145(3), 274-280. [<http://dx.doi.org/10.2307/3578982>] [PMID: 8927694]

Eagly, A.H., Carli, L.L. (2007). Women and the labyrinth of leadership. *Harv. Bus. Rev.*, 85(9), 62-71. 146 [<http://dx.doi.org/10.4324/9780429494000-17/WOMEN-LABYRINTH-LEADERSHIP-ALICE-EAGLY-LINDA-CARLI>] [PMID: 17886484]

Ecklund, E.H., Lincoln, A.E., Tansey, C. (2012). Gender segregation in elite academic science. *Gend. Soc.*, 26(5), 693-717. [<http://dx.doi.org/10.1177/0891243212451904>]

Ejaz, I., Shaikh, B.T., Rizvi, N. (2011). NGOs and government partnership for health systems strengthening: A qualitative study presenting viewpoints of government, NGOs and donors in Pakistan. *BMC Health Serv. Res.*, 11(1), 122. [<http://dx.doi.org/10.1186/1472-6963-11-122>] [PMID: 21609480]

Ekberg, M.E. (2014). Ethical, legal and social issues to consider when designing a surrogacy law. *J. Law Med.*, 21(3), 728-738. [PMID: 24804538]

Emanuel, E.J., Onwuteaka-Philipsen, B.D., Urwin, J.W., Cohen, J. (2016). Attitudes and practices of euthanasia and physician-assisted suicide in the united states, canada, and europe. *JAMA*, 316(1), 79-90. [<http://dx.doi.org/10.1001/jama.2016.8499>] [PMID: 27380345]

Epstein, R.M., Korones, D.N., Quill, T.E. (2010). Withholding information from patients--when less is more. *N. Engl. J. Med.*, 362(5), 380-381. [<http://dx.doi.org/10.1056/NEJMp0911835>] [PMID: 20130252]

ElHawary, H., Salimi, A., Gilardino, M.S. (2022). Ethics of facial transplantation: The effect of psychological trauma associated with facial disfigurement on risk acceptance and decision making. *Ann. Surg.*, 275(5), 1013-1017. [<http://dx.doi.org/10.1097/SLA.0000000000004156>] [PMID: 32649465]

Faden, R.R., Feinberg, K.R., Oleinick, N.L., Glatstein, E., Royal, H.D., Katz, J. (1995). Advisory committee on human radiation experiments: Final report. *Washington, DC*.

Fairman, N. (2020). Physician-assisted dying. *The American Psychiatric Association Publishing Textbook of Suicide Risk Assessment and Management*, 335.

Farhi, P. (2013). Newspapers face death threats over requests for public records on gun ownership - The Washington Post. *The Washington Post*. https://www.washingtonpost.com/lifestyle/style/2013/02/27/49e935b6-8117-11e2-b99e-6baf4e42df_story.html

FDA. (2014). *CLINICAL TRIALS REALITIES IN ZIMBABWE Dealing with Possible Unethical Research*. <http://www.fda.gov/Safety/MedWatch/HowToReport/ucm053087.htm>

Ferrell, B., Virani, R., Grant, M., Coyne, P., Uman, G. (2000). Beyond the Supreme Court decision: Nursing perspectives on end-of-life care. *Oncol. Nurs. Forum*, 27(3), 445-455. [PMID: 10785899]

Available from:

https://books.google.com/books?hl=en&lr=&id=o38xEAAAQBAJ&oi=fnd&pg=PP1&dq=Ethical+Decision+Making+and+Behavior+chapter+7&ots=VzYD5O6Mwd&sig=POrLHEsLRQzbU_w42nMkiO3VIIM. (2021).

Available from:

<https://books.google.com/books?hl=en&lr=&id=o38xEAAAQBAJ&oi=fnd&pg=PP1&dq=how+unethical+d+ecisions+destroy+reputation+of+a+company&ots=VzYD5P7LV7&sig=qP3WtQ0qUzFEewndgDjisyGvILCM>.

Fickweiler, F., Fickweiler, W., Urbach, E. (2017). Interactions between physicians and the pharmaceutical industry generally and sales representatives specifically and their association with physicians' attitudes and prescribing habits: a systematic review. *BMJ Open*, 7(9), e016408. [<http://dx.doi.org/10.1136/bmjopen-2017-016408>] [PMID: 28963287]

Fothan, A., Eshaq, A.M., Bakather, A.M. (2019). Medical students' perceptions of the doctor-patient relationship: A cross-sectional study from Saudi Arabia. *Cureus*, 11(7), e5053. [<http://dx.doi.org/10.7759/cureus.5053>] [PMID: 31511805]

Feniger-Schaal, R., Orkibi, H., Keisari, S., Sajjani, N.L., Butler, J.D. (2022). Shifting to tele-creative arts therapies during the COVID-19 pandemic: An international study on helpful and challenging factors. *Arts Psychother.*, 78(23), 101898. [<http://dx.doi.org/10.1016/j.aip.2022.101898>] [PMID: 35221415]

Gao, J., Zheng, P., Jia, Y., Chen, H., Mao, Y., Chen, S., Wang, Y., Fu, H., Dai, J. (2020). Mental health problems and social media exposure during COVID-19 outbreak. *PLoS One*, 15(4), e0231924. [<http://dx.doi.org/10.1371/journal.pone.0231924>] [PMID: 32298385]

Ghebreyesus, T. A. (2020). World Health Organization. *WHO Director-General's opening remarks at the media briefing on COVID-19*, 19-25.

Gul, M., Aqeel, M. (2021). Acceptance and commitment therapy for treatment of stigma and shame in substance use disorders: A double-blind, parallel-group, randomized controlled trial. *J. Subst. Use*, 26(4), 413-419. [<http://dx.doi.org/10.1080/14659891.2020.1846803>]

Gul, Mavia (2022). A parallel-group, double-blind, randomized controlled feasibility trial in Pakistan for treatment of self-stigma and shame in substance use disorders through acceptance and commitment therapy. *Nature-Nurture Journal of Psychology*, 2(1), 1-11.

Gaitonde, R., Oxman, A.D., Okebukola, P.O., Rada, G. (2016). Interventions to reduce corruption in the health sector. *Cochrane Libr.*, 2016(8), CD008856. [<http://dx.doi.org/10.1002/14651858.CD008856.pub2>] [PMID: 27528494]

Gan, C., Yang, L., Guo, W., Wang, D. (2020). Unethical peer behavior and employee performance: A moderated mediation model of deontic justice and ethical climate. *Ethics Behav.*, 30(3), 197-212.

[<http://dx.doi.org/10.1080/10508422.2019.1631165>]

García-Sancho, M. (2015). Animal breeding in the age of biotechnology: The investigative pathway behind the cloning of dolly the sheep. *History and Philosophy of the Life Sciences*, 37(3), 282-304. [<http://dx.doi.org/10.1007/s40656-015-0078-6>]

Gauthier, S., Mausbach, J., Reisch, T., Bartsch, C. (2015). Suicide tourism: A pilot study on the Swiss phenomenon. *J. Med. Ethics*, 41(8), 611-617. [<http://dx.doi.org/10.1136/medethics-2014-102091>] [PMID: 25142806]

Gebeyehu, R. (2018). Sacrificing the Poor to Heal the Wealthy. *Stanford Journal of Public Health*, 7[<https://ojs.stanford.edu/ojs/index.php/sjph/article/view/1200>]

Ghias, K., Lakho, G.R., Asim, H., Azam, I.S., Saeed, S.A. (2014). Self-reported attitudes and behaviours of medical students in Pakistan regarding academic misconduct: A cross-sectional study. *BMC Med. Ethics*, 15(1), 43. [<http://dx.doi.org/10.1186/1472-6939-15-43>] [PMID: 24885991]

Gilligan, T., Salmi, L., Enzinger, A. (2018). Patient-clinician communication is a joint creation: Working together toward well-being. *Am. Soc. Clin. Oncol. Educ. Book*, 38(38), 532-539. [http://dx.doi.org/10.1200/EDBK_201099] [PMID: 30231336]

Gillon, R. (1987). Refusal to treat AIDS and HIV positive patients. *BMJ*, 294(6583), 1332-1333. [<http://dx.doi.org/10.1136/bmj.294.6583.1332>] [PMID: 3109643]

Giorgi, G., Perminienė, M., Montani, F., Fiz-Perez, J., Mucci, N., Arcangeli, G. (2016). Detrimental effects of workplace bullying: Impediment of self-management competence via psychological distress. *Front. Psychol.*, 7, 60. [<http://dx.doi.org/10.3389/fpsyg.2016.00060>] [PMID: 26913013]

Glick, S.M. (2000). The morality of coercion. *J. Med. Ethics*, 26(5), 393-395. [<http://dx.doi.org/10.1136/jme.26.5.393>] [PMID: 11055045]

Golder, S., Ahmed, S., Norman, G., Booth, A. (2017). Attitudes toward the ethics of research using social media: A systematic review. *J. Med. Internet Res.*, 19(6), e195. [<http://dx.doi.org/10.2196/jmir.7082>] [PMID: 28588006]

Goligher, E.C., Ely, E.W., Sulmasy, D.P., Bakker, J., Raphael, J., Volandes, A.E., Patel, B.M., Payne, K., Hosie, A., Churchill, L., White, D.B., Downar, J. (2017). Physician-assisted suicide and euthanasia in the ICU: A dialogue on core ethical issues. *Crit. Care Med.*, 45(2), 149-155. [<http://dx.doi.org/10.1097/CCM.0000000000001818>] [PMID: 28098622]

Available from: <https://www.csc-sec.gc.ca/restorative-justice/003005-1004-en.shtml>.

Grove, G., Lovell, M., Best, M. (2022). Perspectives of major world religions regarding euthanasia and assisted suicide: A comparative analysis. *J. Relig. Health*, 61(6), 4758-4782. [<http://dx.doi.org/10.1007/s10943-022-01498-5>] [PMID: 35092533]

Gul, R. (2018). Our prisons punitive or rehabilitative? an analysis of theory and practice. *Policy Perspectives: The Journal of the Institute of Policy Studies*, 15(3). [<http://dx.doi.org/10.13169/polipers.15.3.0067>]

Gula, R.M. (1987). Euthanasia: A catholic perspective. *Health Prog.*, 68(10), 28-34, 42. [PMID: 10285411]

- Hafeez, K., Khan, M.L.Z., Jawaid, M., Haroon, S. (2013). Academic misconduct among students in Medical Colleges of Karachi, Pakistan. *Pak. J. Med. Sci.*, 29(3), 699-702. [http://dx.doi.org/10.12669/pjms.293.3300] [PMID: 24353611]
- Haidet, P., Dains, J.E., Paterniti, D.A., Hechtel, L., Chang, T., Tseng, E., Rogers, J.C. (2002). Medical student attitudes toward the doctor-patient relationship. *Med. Educ.*, 36(6), 568-574. [http://dx.doi.org/10.1046/j.1365-2923.2002.01233.x] [PMID: 12047673]
- Hammoud, M.M., Spector-Bagdady, K., O'Reilly, M., Major, C., Baecher-Lind, L. (2019). Consent for the pelvic examination under anesthesia by medical students. *Obstet. Gynecol.*, 134(6), 1303-1307. [http://dx.doi.org/10.1097/AOG.0000000000003560] [PMID: 31764743]
- Hansen, T., Umbreit, M. (2018). State of knowledge: Four decades of victim-offender mediation research and practice: The evidence. *Confl. Resolut. Q.*, 36(2), 99-113. [http://dx.doi.org/10.1002/crq.21234]
- Hardt, S., Stöckl, H., Wamoyi, J., Ranganathan, M. (2022). Sexual harassment in low- and middle-income countries: A qualitative systematic review. *Trauma Violence Abuse*, 152483802211272. [http://dx.doi.org/10.1177/15248380221127255] [PMID: 36239553]
- Harris, D., Richard, B., Khanna, P. (2006). Assisted dying: The ongoing debate. *Postgrad. Med. J.*, 82(970), 479-482. [http://dx.doi.org/10.1136/pgmj.2006.047530] [PMID: 16891435]
- Harris, J. (2017). History and philosophy of the life sciences. *Genetics and Gene Therapy*, 443-450.
- Hasan, S. (2021). Rehabilitation programme in Karachi's Central Jail proving game-changer for prisoners - pakistan. *DAWN.COM. DAWN*. Available from: <https://www.dawn.com/news/1620406>
- Hassan, N. (2015). *The quest to automate fact-checking proceedings of the 2015 computation+ journalism symposium*. Available from: <http://cj2015.brown.columbia.edu/papers/automate-fact-checking.pdf>
- Hassan, W., Ahmad, F., Malik, A., Ali, S. (2013). Knowledge and attitude regarding euthanasia among medical students in the public and private medical schools of Karachi. *J. Pak. Med. Assoc.*, 63(2), 295-299. [PMID: 23894920]
- Hildreth, J.A.D., Anderson, C. (2018). Does loyalty trump honesty? Moral judgments of loyalty-driven deceit. *J. Exp. Soc. Psychol.*, 79, 87-94. [http://dx.doi.org/10.1016/j.jesp.2018.06.001]
- Himmer, R.P. (2016). *The Effect of Target Demographics and Emotional Intelligence on Workplace Bullying. Doctoral dissertation, Walden University.*
- Hoel, H., Cooper, C. L., Einarsen, S. V. (2020). Organizational effects of workplace bullying. *Bullying and Harassment in the Workplace*, 209-234. [http://dx.doi.org/10.1201/9780429462528-7]
- Holm, S. (2017). Going to the roots of the stem cell controversy. *Genetics and Gene Therapy*, 477-491.
- Holm, S. (2017). Going to the roots of the stem cell controversy. *Genetics and Gene Therapy*, 477-491.
- Hook, C.C., Mueller, P.S. (2005). The Terri Schiavo saga: The making of a tragedy and lessons learned. *Mayo Clin. Proc.*, 80(11), 1449-1460.

[<http://dx.doi.org/10.4065/80.11.1449>] [PMID: 16295025]

Hughes, J.R. (2022). History's Opening Act – A Commentary on Genesis 1-11 | James R. Hughes Available from: http://epctoronto.org/Press/Publications_JRHughes/History_Opening_Act_Main.htm

Hussain, B., Sultana, I., Fatima, K., Nadeem, M.T., Hussain, Z. (2022). Advancement of biotechnology and family laws in pakistan: An analytical study. *Multicult. Educ.*, 8(6).

Hafsa, S., Aqeel, M., Shuja, K.H. (2021). The moderating role of emotional intelligence between inter-parental conflicts and loneliness in male and female adolescents. *Nature-Nurture Journal of Psychology*, 1(1), 38-48. <https://thenaturenurture.org/index.php/psychology/article/view/5>

Hall, S.B., Bartley, A.G., Wenk, J., Connor, A., Dugger, S.M., Casazza, K. (2022). Rapid transition from in-person to videoconferencing psychotherapy in a counselor training clinic: A safety and feasibility study during the COVID-19 pandemic. *J. Couns. Dev.* [PMID: 35942200]

Hughes, M.T., Rushton, C.H. (2022). Ethics and well-being: The health professions and the COVID-19 pandemic. *Acad. Med.*, 97(3S), S98-S103. [PMID: 34789657]

Iqbal, R.K., Nasrullah, , BiBi, S., Muneer, S., BiBi, S., Anwar, F. (2020). Ethical issues of human cloning. *Yixue Yanjiu Zazhi*, 40(3), 103. [PMID: 33111111]

Imran, M., Faisal, M., Islam, N. (2019). Problems and vulnerabilities of ethical hacking in pakistan. 2019 2nd international conference on latest trends in electrical engineering and computing technologies, intellect. [PMID: 33111111]

Imran, N., Jawaid, M., Haider, I.I., Masood, Z. (2010). Bullying of junior doctors in Pakistan: A cross-sectional survey. *Singapore Med. J.*, 51(7), 592-595. <http://www.smj.org.sg/sites/default/files/5107/5107a8.pdf> [PMID: 20730401]

International Atomic Energy Agency. (2003). *Randomised clinical trial of radiotherapy combined with Mitomycin C in the treatment of advanced head and neck tumours*. <https://www.iaea.org/projects/crp/e33013>

Iovan, S., Iovan, A-A. (2016). From cyber threats to cyber-crime. in journal of information systems & operations management.

Islam, M.A., Barna, S.D., Raihan, H., Khan, M.N.A., Hossain, M.T. (2020). Depression and anxiety among university students during the COVID-19 pandemic in Bangladesh: A web-based cross-sectional survey. *PLoS One*, 15(8), e0238162. [PMID: 32845928]

Jacob, S., Decker, D.M., Lugg, E.T., Diamond, E.L. (2022). *Ethics and law for school psychologists*. John Wiley & Sons.

Jadva, V., Murray, C., Lycett, E., MacCallum, F., Golombok, S. (2003). Surrogacy: The experiences of surrogate mothers. *Hum. Reprod.*, 18(10), 2196-2204. [PMID: 14507844]

Jadva, V., Murray, C., Lycett, E., MacCallum, F., Golombok, S. (2003). Surrogacy: The experiences of surrogate mothers. *Hum. Reprod.*, 18(10), 2196-2204.

[<http://dx.doi.org/10.1093/humrep/deg397>] [PMID: 14507844]

Jafri, M.A., Farrukh, S., Zafar, R., Ilyas, N. (2022). A survey on radiation protection awareness at various hospitals in Karachi, Pakistan. *Heliyon*, 8(11), e11236. [<http://dx.doi.org/10.1016/j.heliyon.2022.e11236>] [PMID: 36353163]

Jakovovits, I. (1960). Jewish medical ethics. *BMJ*, 2(5203), 946. [<http://dx.doi.org/10.1136/bmj.2.5203.946-b>]

Jaquet-Chiffelle, D.O., Loi, M. (2020). Ethical and unethical hacking. *international library of ethics. Law and Technology*, 21, 179-204. [http://dx.doi.org/10.1007/978-3-030-29053-5_9/FIGURES/8]

Javed, A., Ahmed, V., Amal, B.K. (2021). The social safety nets and poverty alleviation in pakistan: An evaluation of livelihood enhancement and protection programme. *britain international of humanities and social sciences (BioHS). Journal*, 3(1), 21-36.

Jawaid, S.A., Jawaid, M. (2018). How to ensure effective use of media to communicate with healthcare professionals and general public. *Pak. J. Med. Sci.*, 34(5), 1054-1057. [<http://dx.doi.org/10.12669/pjms.345.16172>] [PMID: 30344549]

Available from: <https://www.spj.org/ecs10.asp>.

Jaffri, A.B., Mukhtar, S.A., Rizvi, S.Z.H. (2021). Indigenous mental health perspective in cognitive distortions: a cross-sectional study of coping strategies, cognitive distortions and depression in university students. *Nature-Nurture Journal of Psychology*, 1(2), 45-54.

Karklins, R. (2016). *The System Made Me Do it: Corruption in Post-communist Societies..* Routledge. [<http://dx.doi.org/10.4324/9781315698939>]

Keane, N.P. (1989). Perspectives on surrogacy: Risks, rewards and personal choices. *Nova Law Rev.*, 13(2), 487-490. [PMID: 11650353]

Kelly, B., Handley, T., Kissane, D., Vamos, M., Attia, J. (2020). "An indelible mark" the response to participation in euthanasia and physician-assisted suicide among doctors: A review of research findings. *Palliat. Support. Care*, 18(1), 82-88. [PMID: 31340873]

Khan, A. (2021). Pakistan's national commission on the status of women: A sandwich strategy initiative. collective for social science research/accountability research center. [Http://Researchcollective.Org/Publicationshttps://researchcollective.org/Documents/Khan_Ayesha_2021_Pakistan_NCSW_A%20Sandwich_Strategy_Initiative.pdf](http://Researchcollective.Org/Publicationshttps://researchcollective.org/Documents/Khan_Ayesha_2021_Pakistan_NCSW_A%20Sandwich_Strategy_Initiative.pdf)

Khan, N., Ahmed, J., Nawaz, M., Zaman, K. (2015). The socio-economic determinants of crime in pakistan: New evidence on an old debate. *Arab Econ. Bus. J.*, 10(2), 73-81. [<http://dx.doi.org/10.1016/j.aebj.2015.01.001>]

Khan, R. (2009). *Situational Analysis and Mapping of Women's Human Rights in Pakistan*.

Khan, R.I. (2009). Ethical issues in anesthesia and surgery practice in pakistan. *J. Surg. Pak.*, 14(3), 101-102.

Khan, U.P., Anwar, M.W. (2020). Cybersecurity in pakistan: Regulations, gaps and way forward. *Cyberpolitik Journal*, 5(10). <https://mro.massey.ac.nz/handle/10179/16061>

- Khizar, B., Iqbal, M. (2009). Perception of physicians and medical students on common ethical dilemmas in a Pakistani medical institute. *Eubios J. Asian Int. Bioeth.*, 19(2). <https://philpapers.org/rec/KHIPOP>
- Klein, R. (2017). *Surrogacy: A human rights violation..* Spinifex Press.
- Knoche, J.W. (2014). Health concerns and ethical considerations regarding international surrogacy. *Int. J. Gynaecol. Obstet.*, 126(2), 183-186. [<http://dx.doi.org/10.1016/j.ijgo.2014.03.020>] [PMID: 24834850]
- Kondro, W. (2002). Threats to medical professionalism tackled in Canada. *Lancet*, 360(9329), 316. [[http://dx.doi.org/10.1016/S0140-6736\(02\)09569-7](http://dx.doi.org/10.1016/S0140-6736(02)09569-7)] [PMID: 12147383]
- Kontoghiorghes, G.J. (2021). Ethics in medicines: Exposing unethical practices and corruption in all sectors of medicines is essential for improving global public health and saving patients' lives. *Medicines*, 8(9), 54. [<http://dx.doi.org/10.3390/medicines8090054>] [PMID: 34564096]
- Kaparounaki, C.K., Patsali, M.E., Mousa, D.P.V., Papadopoulou, E.V.K., Papadopoulou, K.K.K., Fountoulakis, K.N. (2020). University students' mental health amidst the COVID-19 quarantine in Greece. *Psychiatry Res.*, 290, 113111. [<http://dx.doi.org/10.1016/j.psychres.2020.113111>] [PMID: 32450416]
- Khan, S. (2022). The association of maladaptive coping strategies with adverse parenting styles and symptoms of mood swings, stress, anxiety, and depression in patients with conversion disorder: A cross-sectional study. *Nature-Nurture Journal of Psychology*, 2(2), 11-222.
- LaForge, J. (2013). Inhuman radiation experiments. nuclear monitor issue: Wise international. <https://www.wiseinternational.org/nuclear-monitor/764/inhuman-radiation-experiments>
- Lamba, N., Jadva, V., Kadam, K., Golombok, S. (2018). The psychological well-being and prenatal bonding of gestational surrogates. *Hum. Reprod.*, 33(4), 646-653. [<http://dx.doi.org/10.1093/humrep/dey048>] [PMID: 29566176]
- Larkin, M. (2017). Avoiding the slippery slope of unethical behavior. *javma-journal of the american veterinary medical association*. 250(4), 347-350. <https://avmajournals.avma.org/view/journals/javma/250/4/javma.250.4.346.xml>
- Lařáková -, A., & Remišová, A. (2017). On organisational factors that elicit managerial unethical decision-making. 334-354. <http://zbw.eu/econis-archiv/bitstream/11159/3882/1/1688535861.pdf>
- Lee, R.A. (2002). *The Bizarre Careers of John R. Brinkley - The University Press of Kentucky..* The University Press of Kentucky.
- Lewandowski, J., Kurpisz, M. (2016). Techniques of human embryonic stem cell and induced pluripotent stem cell derivation. *Arch. Immunol. Ther. Exp.*, 64(5), 349-370. [<http://dx.doi.org/10.1007/s00005-016-0385-y>] [PMID: 26939778]
- Lexchin, J. (2012). Sponsorship bias in clinical research. *Int. J. Risk Saf. Med.*, 24(4), 233-242. [<http://dx.doi.org/10.3233/JRS-2012-0574>] [PMID: 23135338]
- Lim, C.R., Zhang, M.W.B., Hussain, S.F., Ho, R.C.M. (2021). The consequences of whistle-blowing: An integrative review. *J Patient Saf.*, 17(6), e497-e502. [<http://dx.doi.org/10.1097/PTS.0000000000000396>] [PMID: 28671913]
- Liu, D., Bobrovskaya, L., Zhou, X.F. (2021). Cell therapy for neurological disorders: The perspective of

- promising cells. *Biology*, 10(11), 1142.
[<http://dx.doi.org/10.3390/biology10111142>] [PMID: 34827135]
- Lo, B., Field, M.J. (2009). Conflicts of interest and medical practice. *Conflict of interest in medical research, education, and practice*. US: National Academies Press.
- Lowry, P.B., Zhang, J., Wang, C., Siponen, M. (2016). Why do adults engage in cyberbullying on social media? An integration of online disinhibition and deindividuation effects with the social structure and social learning model. *Inf. Syst. Res.*, 27(4), 962-986.
[<http://dx.doi.org/10.1287/isre.2016.0671>]
- Lyerly, A.D., Steinhauser, K., Voils, C., Namey, E., Alexander, C., Bankowski, B., Cook-Deegan, R., Dodson, W.C., Gates, E., Jungheim, E.S., McGovern, P.G., Myers, E.R., Osborn, B., Schlaff, W., Sugarman, J., Tulskey, J.A., Walmer, D., Faden, R.R., Wallach, E. (2010). Fertility patients' views about frozen embryo disposition: results of a multi-institutional U.S. survey. *Fertil. Steril.*, 93(2), 499-509.
[<http://dx.doi.org/10.1016/j.fertnstert.2008.10.015>] [PMID: 19061998]
- Liu, Y., Gayle, A.A., Wilder-Smith, A., Rocklöv, J. (2020). The reproductive number of COVID-19 is higher compared to SARS coronavirus. *J. Travel Med.*, 27(2), taaa021.
[<http://dx.doi.org/10.1093/jtm/taaa021>] [PMID: 32052846]
- Livingston, E., Bucher, K., Rekito, A. (2020). Coronavirus disease 2019 and influenza 2019-2020. *JAMA*, 323(12), 1122.
[<http://dx.doi.org/10.1001/jama.2020.2633>] [PMID: 32207769]
- Luk, J.W., Pruitt, L.D., Smolenski, D.J., Tucker, J., Workman, D.E., Belsher, B.E. (2022). From everyday life predictions to suicide prevention: Clinical and ethical considerations in suicide predictive analytic tools. *J. Clin. Psychol.*, 78(2), 137-148.
[<http://dx.doi.org/10.1002/jclp.23202>] [PMID: 34195998]
- Maital, S., Barzani, E. (2020). The global economic impact of COVID-19: A summary of research. *Samuel Neaman Institute for National Policy Research*, 2020, 1-12.
- Maki, K.E., Kranzler, J.H., Wheeler, J.M. (2022). Ethical dilemmas in school psychology: Which dilemmas are most prevalent today and how well prepared are school psychologists to face them? *School Psych. Rev.*, 1-12.
- Mateus, A.L.P., Otete, H.E., Beck, C.R., Dolan, G.P., Nguyen-Van-Tam, J.S. (2014). Effectiveness of travel restrictions in the rapid containment of human influenza: A systematic review. In *Bulletin of the World Health Organization*, 868-880.
[<http://dx.doi.org/10.2471/BLT.14.135590>]
- Mbunge, E., Jiyane, S., Muchemwa, B. (2022). Towards emotive sensory Web in virtual health care: Trends, technologies, challenges and ethical issues. *Sensors International*, 3, 100134.
[<http://dx.doi.org/10.1016/j.sintl.2021.100134>]
- Ma, X., Hancock, J., Naaman, M. (2016). Anonymity, intimacy and self-disclosure in social media. *Conference on Human Factors in Computing Systems - Proceedings*, 3857-3869.
[<http://dx.doi.org/10.1145/2858036.2858414>]
- Mackey, T.K., Miyachi, K., Fung, D., Qian, S., Short, J. (2020). Combating health care fraud and abuse: Conceptualization and prototyping study of a blockchain antifraud framework. *J. Med. Internet Res.*, 22(9), e18623.
[<http://dx.doi.org/10.2196/18623>] [PMID: 32909952]

Available from: <http://www.accessdata.fda.gov/>. (2012).

Malek, M.M., Abdul Rahman, N.N., Hasan, M.S., Haji Abdullah, L. (2018). Islamic considerations on the application of patient's autonomy in end-of-life decision. *J. Relig. Health*, 57(4), 1524-1537. [<http://dx.doi.org/10.1007/s10943-018-0575-5>] [PMID: 29417395]

Malik, F., Junaid, M., Sharif, I. (2020). Exploring the role of pharmaceutical marketing on physician ethical behaviors: A grounded theory study. *Arch. Med. Res.*, 36(6), 697-705. [<http://dx.doi.org/10.1016/j.arcmed.2005.06.009>]

Malik, F., Shah, S., Shah, S. M. (2021). The role of drug regulatory authority in ethical promotion of pharmaceuticals in Pakistan: A grounded theory study. *City University Research Journal*, 11(1).

Malik, S., Farooqi, Y.N. (2011). Workplace harassment and posttraumatic stress symptoms among pakistani female doctors and nurses. *Interdisciplinary Journal of Contemporary Research in Business*. Available from: <https://www.researchgate.net/publication/290982318>

Manzi, F. (2019). Are the processes underlying discrimination the same for women and men? a critical review of congruity models of gender discrimination. *Front. Psychol.*, 10, 469. [<http://dx.doi.org/10.3389/fpsyg.2019.00469>] [PMID: 30894831]

Marzotto, T., Alt, P.M. (2017). *Stem Cell Research*. CRC Press. [<http://dx.doi.org/10.1201/9781315152943>]

Mat, S.R., Ahmad, A., Ibrahim, M.A. (2017). Molecular cloning: Is it permitted in islam. *Al-Qanadir: International Journal of Islamic Studies*, 5(2), 34-41.

Materstvedt, L.J., Clark, D., Ellershaw, J., Førde, R., Gravgaard, A.M.B., Müller-Busch, H.C., i Sales, J.P., Rapin, C.H. (2003). Euthanasia and physician-assisted suicide: A view from an EAPC Ethics Task Force. *Palliat. Med.*, 17(2), 97-101. [<http://dx.doi.org/10.1191/0269216303pm673oa>] [PMID: 12701848]

Mathur, A. (2022). Indian Legislature and Legislate Approach to Commercial Surrogacy: Commodification of Human. *SSRN*. [<http://dx.doi.org/10.2139/ssrn.4242174>]

Matoba, S., Zhang, Y. (2018). Somatic Cell Nuclear Transfer Reprogramming: Mechanisms and Applications. *Cell Stem Cell*, 23(4), 471-485. [<http://dx.doi.org/10.1016/j.stem.2018.06.018>] [PMID: 30033121]

Matthiesen, S.B., Einarsen, S. (2010). Bullying in the workplace: Definition, prevalence, antecedents and consequences. *Int. J. Organ. Theory Behav.*, 13(2), 202-248. [<http://dx.doi.org/10.1108/IJOTB-13-02-2010-B004>]

McGonagle, T. (2017). "Fake news". *Neth. Q. Hum. Rights*, 35(4), 203-209. [<http://dx.doi.org/10.1177/0924051917738685>]

McLanahan, S., Sandefur, G.D. (2009). *Growing up with a single parent: What hurts, what helps*. Harvard University Press.

Mehlman, M.J. (2005). Quackery. *Am. J. Law Med.*, 31(2-3), 349-363. [<http://dx.doi.org/10.1177/009885880503100209>] [PMID: 16146294]

Mehmood, M. I., Zafar, N. (1990). Artificial Insemination in Shari'ah: A case of test-tube baby in shari'ah

and its legal status in pakistan. *Pakistan Annual Research Journal*.

Mendo-Lázaro, S., León-del-Barco, B., Polo-del-Río, M.I., Yuste-Tosina, R., López-Ramos, V.M. (2019). The Role of Parental Acceptance–Rejection in Emotional Instability During Adolescence. *Int. J. Environ. Res. Public Health*, 16(7), 1194. [http://dx.doi.org/10.3390/ijerph16071194] [PMID: 30987100]

Miracle, V.A. (2016). The Belmont Report. *Dimens. Crit. Care Nurs.*, 35(4), 223-228. [http://dx.doi.org/10.1097/DCC.000000000000186] [PMID: 27258959]

Moghimi, Y. (2006). The “PharmFree” campaign: Educating medical students about industry influence. *PLoS Med.*, 3(1), e30. [http://dx.doi.org/10.1371/journal.pmed.0030030] [PMID: 16435890]

Mohammed, H., Mohamed, W.A.W. (2015). Reducing recidivism rates through vocational education and training. *Procedia Soc. Behav. Sci.*, 204, 272-276. [http://dx.doi.org/10.1016/j.sbspro.2015.08.151]

Mohiuddin, M., Rashid, S.F., Shuvro, M.I., Nahar, N., Ahmed, S.M. (2015). Qualitative insights into promotion of pharmaceutical products in Bangladesh: How ethical are the practices? *BMC Med. Ethics*, 16(1), 80. [http://dx.doi.org/10.1186/s12910-015-0075-z] [PMID: 26625723]

Mohrman, S.A., Shani, A.B.R., McCracken, A. (2012). Organizing for sustainable health care: The emerging global challenge. *Organizing for Sustainable Effectiveness*, 2, 1-39. [http://dx.doi.org/10.1108/S2045-0605(2012)0000002005/FULL/XML]

Moosa, E. (2003). Human cloning in Muslim ethics. *Voices Across Boundaries*, 2(2), 23-26.

Moreno, J.D., Schmidt, U., Joffe, S. (2017). The nuremberg code 70 years later. *JAMA*, 318(9), 795-796. [http://dx.doi.org/10.1001/jama.2017.10265] [PMID: 28817743]

Morewitz, S. (2019). Nonfamily juvenile abduction. *Kidnapping and Violence*, 41-46. [http://dx.doi.org/10.1007/978-1-4939-2117-1_5]

Muffitt, E. (2013). The old debate: punish prisoners, or rehabilitate them? The telegraph. Available from: <https://www.telegraph.co.uk/news/uknews/crime/10514678/The-old-debate-punish-prisoners-or-rehabilitate-them.html>

Müller-busch, H.C., Oduncu, F.S., Woskanjan, S., Klaschik, E. (2005). Attitudes on euthanasia, physician-assisted suicide and terminal sedation -- A survey of the members of the German Association for Palliative Medicine. *Med. Health Care Philos.*, 7(3), 333-339. [http://dx.doi.org/10.1007/s11019-004-9349-9] [PMID: 15679025]

Murphy, T.E. (1970). Female wage discrimination: A study of the equal pay act 1963-1970. *Univ. Cincinnati Law Rev.*, 39 <https://heinonline.org/HOL/Page?handle=hein.journals/ucinlr39&id=633&div=&collection=>

Mutanana, N., Gasva, D. (2016). An evaluation of the nature and effectiveness of counselling services offered to prison inmates at kadoma prison in zimbabwe. *North Asian International Research Journal of Social Sciences and Humanities*. Available from: https://www.researchgate.net/publication/314117542_An_Evaluation_of_the_Nature_and_Effectiveness_of_Counselling_Services_Offered_to_Prison_Inmates_at_Kadoma_Prison_in_Zimbabwe/citation/download

Nabavizadeh, S. L., Mehrabani, D., Vahedi, Z., Manafi, F. (2016). Cloning: A review on bioethics, legal, jurisprudence and regenerative issues in iran. *World Journal of Plastic Surgery*, 5(3), 213.

- Nadler, J., Schulman, M. (2015). *Favoritism, Cronyism, and Nepotism*. Available from: <https://www.scu.edu/government-ethics/resources/what-is-government-ethics/favoritism-cronyism-and-nepotism/>
- Nafees, R., Khan, H.L., Zareen, H., Imran, Z., Sher, S.J. (2020). Myths and controversies in assisted reproductive techniques: gynecologist's perspective. *BioMedica*, 36(3), 300-305. [<http://dx.doi.org/10.24911/BioMedica/5-115>]
- Namie, G. (2010). WBI U.S. Workplace survey.
- Namie, G. (2014). *Funding from & 93 Indieogo Contributors*.
- Nauman, S., Zheng, C., Imam, H. (2022). Fake it or make it to stay? A case of Pakistani frontline emergency rescue workers. Available from: <https://doi.org/10.1080/09585192.2022.2054286> [<http://dx.doi.org/10.1080/09585192.2022.2054286>]
- Neaves, W. (2017). The status of the human embryo in various religions. *Development*, 144(14), 2541-2543. [<http://dx.doi.org/10.1242/dev.151886>] [PMID: 28720650]
- Nemec Zlatolas, L., Welzer, T., Heričko, M., Hölbl, M. (2015). Privacy antecedents for SNS self-disclosure: The case of Facebook. *Comput. Human Behav.*, 45, 158-167. [<http://dx.doi.org/10.1016/j.chb.2014.12.012>]
- Niazi, A.K., Kazi, A., Ahmad, A. (2021). Public policy of als: A pakistani perspective. *In Public Policy in ALS/MND Care* Springer Singapore. [http://dx.doi.org/10.1007/978-981-15-5840-5_15]
- Nicholas, L.H., Hanson, C., Segal, J.B., Eisenberg, M.D. (2020). Association between treatment by fraud and abuse perpetrators and health outcomes among medicare beneficiaries. *JAMA Intern. Med.*, 180(1), 62-69. [<http://dx.doi.org/10.1001/jamainternmed.2019.4771>] [PMID: 31657838]
- Nie, J.B. (2020). In the shadow of biological warfare: Conspiracy theories on the origins of COVID-19 and enhancing global governance of biosafety as a matter of urgency. *J. Bioeth. Inq.*, 17(4), 567-574. [<http://dx.doi.org/10.1007/s11673-020-10025-8>] [PMID: 32840850]
- Niebrój, L. (2005). Dignity of human life: Euthanasia and suicide. *Pol. Merkurisz Lek.*, 19(109), 122-124. [PMID: 16194045]
- Noble, R. (2007). Introduction to medical ethics | medical ethics in the 'global village.'
- Nong, P., Williamson, A., Anthony, D., Platt, J., Kardia, S. (2022). Discrimination, trust, and withholding information from providers: Implications for missing data and inequity. *SSM Popul. Health*, 18, 101092. [<http://dx.doi.org/10.1016/j.ssmph.2022.101092>] [PMID: 35479582]
- Naeem, B., Aqeel, M., de Almeida Santos, Z. (2021). Marital conflict, self-silencing, dissociation, and depression in married madrassa and non-madrassa women: A multilevel mediating model. *Nature-Nurture Journal of Psychology*, 1(2), 1-11.
- Naeem, B., Chaman, A. (2022). The association of adverse self-silencing and marital conflict with symptoms of depression and dissociation in married madrassa and non-madrassa women: A cross-sectional study. *Nature-Nurture Journal of Psychology*, 2(2), 30-40.
- Ornell, F., Schuch, J.B., Sordi, A.O., Kessler, F.H.P. (2020). "Pandemic fear" and COVID-19: Mental health burden and strategies. *Br. J. Psychiatry*, 42(3), 232-235.

[<http://dx.doi.org/10.1590/1516-4446-2020-0008>] [PMID: 32267343]

Ogilvie, R. I. (2001). The death of a volunteer research subject: Lessons to be learned. *CMAJ: Canadian Medical Association Journal = Journal de l'Association Medicale Canadienne*, 165(10), 1335-1337.

Okka, B. (2015). Ethical conflicts in stem cell research and education. *Procedia Soc. Behav. Sci.*, 176, 1071-1077.

[<http://dx.doi.org/10.1016/j.sbspro.2015.01.580>]

Oravec, J. A. (2018). Don't Be Evil" and beyond for high tech organizations: Ethical statements and mottos. *IGI Global*, 220-237.

[<http://dx.doi.org/10.4018/978-1-5225-4197-4.ch013>]

O'Reilly, J., Smith, M., Deakin, S., Burchell, B. (2015). Equal pay as a moving target: International perspectives on forty-years of addressing the gender pay gap. *Camb. J. Econ.*, 39(2), 299-317.

[<http://dx.doi.org/10.1093/cje/bev010>]

Dictionary, O. (2006). euthanasia. In the oxford dictionary of phrase and fable (2nd ed.). oxford university press.

Available from: <https://www.oxfordreference.com/view/10.1093/acref/9780198609810.001.0001/acref-9780198609810-e-2515# Pakistan>

Pandian, Z., Marjoribanks, J., Ozturk, O., Serour, G., Bhattacharya, S. (2013). Number of embryos for transfer following *in vitro* fertilisation or intra-cytoplasmic sperm injection. *Cochrane Libr.*, 2013(7), CD003416.

[<http://dx.doi.org/10.1002/14651858.CD003416.pub4>] [PMID: 23897513]

Pardo, I. (2017). Introduction: Corruption, morality and the law. *In Between Morality and the Law Routledge*

[<http://dx.doi.org/10.4324/9781315261683-6>]

Parness, J.A. (2016). Federal Constitutional Childcare Parents. *John's L. Rev.*, 90, 965.

Paschke, A., Dimancesco, D., Vian, T., Kohler, J.C., Forte, G. (2018). Increasing transparency and accountability in national pharmaceutical systems. *Bull. World Health Organ.*, 96(11), 782-791.

[<http://dx.doi.org/10.2471/BLT.17.206516>] [PMID: 30455533]

Patil, A.M. (2014). Embryonic stem cell research ethical and legal controversies. *J. Indian Forensic Med.*, 36(2), 188-194.

Paul, C., Brookes, B. (2015). The Rationalization of unethical research: revisionist accounts of the tuskegee syphilis study and the new zealand "unfortunate experiment". *Am. J. Public Health*, 105(10), e12-e19.

[<http://dx.doi.org/10.2105/AJPH.2015.302720>] [PMID: 26270295]

PBS. (2013). Pakistan social and living standards measurement survey (pslm) 2012-13 provincial / district | pakistan bureau of statistics. Available from: <https://www.pbs.gov.pk/publication/pakistan-social-and-living-standards-measurement-survey-pslm-2012-13-provincial>

Peonidis, F. (2019). Freedom of expression, secularism and defamation of religion: The case of charlie hebdo. *Soc. Sci.*, 8(10), 276.

[<http://dx.doi.org/10.3390/socsci8100276>]

Plomer, A. (2013). The law and ethics of medical research: International bioethics and human rights. *The Law and Ethics of Medical Research: International Bioethics and Human Rights*, 1-158.

[<http://dx.doi.org/10.4324/9781843146773>]

- Potla, C. (2013). *CLRA 695 FDA Clinical Site Inspections: Rates for Foreign Sites vs. Domestic Sites*.
- Pronk, R., Willems, D.L., van de Vathorst, S. (2021). Do doctors differentiate between suicide and physician-assisted death? a qualitative study into the views of psychiatrists and general practitioners. *Cult. Med. Psychiatry*, 45(2), 268-281. [http://dx.doi.org/10.1007/s11013-020-09686-2] [PMID: 32833142]
- Qayyum, S., Rafiq, H. (2021). Harassment: Causes, effects, solutions. thesis. researchgate.
- Qidwai, W., Qureshi, H., Ali, S., Alam, M., Azani, S. (2001). Physician assisted suicide perceptions among patients presenting to family physicians at a teaching hospital in karachi, pakistan. *Family Medicine Corner*, 51(6).
- Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations. *Gen. Psychiatr.*, 33(2), e100213. [http://dx.doi.org/10.1136/gpsych-2020-100213] [PMID: 32215365]
- Rajkumar, R.P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian J. Psychiatr.*, 52, 102066. [http://dx.doi.org/10.1016/j.ajp.2020.102066] [PMID: 32302935]
- Rashid, A., Aqeel, M., Malik, D.B., Salim, D.S. (2021). The prevalence of psychiatric disorders in breast cancer patients; a cross-sectional study of breast cancer patients experience in pakistan. *Nature-Nurture Journal of Psychology*, 1, 1-7. https://thenaturenurture.org/index.php/psychology/article/view/1
- Robert, R., Kentish-Barnes, N., Boyer, A., Laurent, A., Azoulay, E., Reignier, J. (2020). Ethical dilemmas due to the Covid-19 pandemic. *Ann. Intensive Care*, 10(1), 84. [http://dx.doi.org/10.1186/s13613-020-00702-7] [PMID: 32556826]
- Rodríguez-Rey, R., Garrido-Hernansaiz, H., Collado, S. (2020). Psychological impact and associated factors during the initial stage of the coronavirus (covid-19) pandemic among the general population in spain. *Front. Psychol.*, 11(5), 1540. [http://dx.doi.org/10.3389/fpsyg.2020.01540] [PMID: 32655463]
- Radbruch, L., Leget, C., Bahr, P., Müller-Busch, C., Ellershaw, J., de Conno, F. (2016). Euthanasia and physician-assisted suicide: A white paper from the european association for palliative care. *Palliative Medicine*, 30(2), 104-116. [http://dx.doi.org/10.1177/0269216315616524]
- Rader, C.S., Subhan, Z., Lanier, C.D., Brooksbank, R., Yankah, S., Spears, K. (2014). CyberRx: Emerging social media marketing strategy for pharmaceuticals. *Int. J. Pharm. Healthc. Mark.*, 8(2), 193-225. [http://dx.doi.org/10.1108/IJPHM-05-2013-0027]
- Rahman, H.U., Rehman, A.U., Nazir, S., Rehman, I.U., Uddin, N. (2020). Privacy and security—limits of personal information to minimize loss of privacy. *Lecture Notes in Networks and Systems*, 70, 964-974. [http://dx.doi.org/10.1007/978-3-030-12385-7_65]
- Ranganathan, M., Wamoyi, J., Pearson, I., Stöckl, H. (2021). Measurement and prevalence of sexual harassment in low- and middle-income countries: A systematic review and meta-analysis. *BMJ Open*, 11(6), e047473. [http://dx.doi.org/10.1136/bmjopen-2020-047473] [PMID: 34168030]
- Raus, K., Sterckx, S., Mortier, F. (2011). Is continuous sedation at the end of life an ethically preferable

- alternative to physician-assisted suicide? *Am. J. Bioeth.*, 11(6), 32-40.
[<http://dx.doi.org/10.1080/15265161.2011.577510>] [PMID: 21678215]
- Rehman, H., Ahmed, Z. (2017). Missed opportunities in pakistan: The never-ending struggles and challenges in clinical research. *Ann. Clin. Lab. Res.*, 5(1).
[<http://dx.doi.org/10.21767/2386-5180.1000160>]
- Rogers, K. (2018). Guatemala syphilis experiment | American medical research project | britannica. Available from: <https://www.britannica.com/event/Guatemala-syphilis-experiment>
- Ross, J. (2012). *An introduction to political crime*. Available from: <https://books.google.com/books?hl=en&lr=&id=c32GRo3zBdEC&oi=fnd&pg=PR1&dq=An+introduction+to+political+crime&ots=MEJGPIgoEy&sig=nmyQL4Urwsr7EgvKgZLSpioH8w>
[<http://dx.doi.org/10.2307/j.ctt1t898f9>]
- Roszkowska, P., Melé, D. (2021). Organizational factors in the individual ethical behaviour. the notion of the “organizational moral structure”. *Humanistic Management Journal*, 6(2), 187-209.
[<http://dx.doi.org/10.1007/s41463-020-00080-z>]
- Rothman, D. J. (2017). Strangers at the bedside: A history of how law and bioethics transformed medical decision making. *Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making*, 1-313.
[<http://dx.doi.org/10.4324/9781315130286>]
- Rozée, V., Unisa, S., de La Rochebrochard, E. (2019). Sociodemographic characteristics of 96 Indian surrogates: Are they disadvantaged compared with the general population? *PLoS One*, 14(3), e0214097.
[<http://dx.doi.org/10.1371/journal.pone.0214097>] [PMID: 30908500]
- Rudman, W.J., Eberhardt, J.S., III, Pierce, W., Hart-Hester, S. (2009). Healthcare fraud and abuse. *Perspect. Health Inf. Manag.*, 6(Fall), 1g.
[PMID: 20169019]
- Rudrappa, S. (2021). The impossibility of gendered justice through surrogacy bans. *Curr. Sociol.*, 69(2), 286-299.
[<http://dx.doi.org/10.1177/0011392120972419>]
- Rupar, V. (2021). Ethics and reporting religion: From public interest to public good. *Inclusive Journalism*. Available from: https://www.researchgate.net/publication/349158183_Ethics_and_reporting_religion_From_public_interest_to_public_good
- Sajjad, M., Studies, J.J.-J. (2018). undefined. (2018). News content on private tv channels in pakistan: pemra standards and international best practices. Available from: <https://jcs.ndu.edu.pk/site/article/view/136>
- Schadenberg, A. (2013). Euthanasia represents 4.6% of all deaths in Flanders Belgium in 2013 - Hope Australia. HOPE. Available from: https://www.no euthanasia.org.au/euthanasia_represents_4_6_of_all_deaths_in_flanders_belgium_in_2013
- Schanbacher, K. (2014). India’s gestational surrogacy market: An exploitation of poor, Uneducated Women. *Hastings Womens Law J.*, 25, 201.
- Schöler, H. R. (2016). The potential of stem cells: An inventory. *Humanbiotechnology as Social Challenge*, 45-72.
[<http://dx.doi.org/10.4324/9781315252933-11>]

Schwartz, M.S., Carroll, A.B. (2018). *Corporate social responsibility: A three-domain approach*. Business Ethics and Strategy.

Semantics, J. (2016). Why journalists lie: The troublesome times for janet cooke, stephen glass, jayson blair, and brian williams. *Etc.*, 73(1), 71-76.

Serour, G.I. (1998). Reproductive choice: A muslim perspective. In: Harris, J., Holm, S., (Eds.), *In The Future of Human Reproduction: Ethics, Choice and Regulation*. Clarendon Press. [http://dx.doi.org/10.1093/oso/9780198237617.003.0012]

Shafique, S. (2020). Scientific and ethical implications of human and animal cloning. *International Journal of Science, Technology and Society*, 8(1), 9. [http://dx.doi.org/10.11648/j.ijsts.20200801.12]

Shamim, M. S., Shamim, M. S. (2010). *Medical Ethics: A slow but sustained revolution in Pakistan's healthcare*.

Shaw, G. (2015). Unbundling hearing healthcare pricing. *Hear. J.*, 68(9), 28. [http://dx.doi.org/10.1097/01.HJ.0000471624.21855.f2]

Shiwani, M.H., Gadit, A.A. (2010). Whistleblowing: Do we have courage? *J. Pak. Med. Assoc.*, 60(2), 75-76. [PMID: 20209687]

Shrestha, B., Dunn, L. (2020). The declaration of helsinki on medical research involving human subjects: A review of seventh revision. *J. Nepal Health Res. Counc.*, 17(4), 548-552. [http://dx.doi.org/10.33314/jnhrc.v17i4.1042] [PMID: 32001865]

Snyder Sulmasy, L., Mueller, P.S. (2017). Ethics and the legalization of physician-assisted suicide: An american college of physicians position paper. *Ann. Intern. Med.*, 167(8), 576-578. [http://dx.doi.org/10.7326/M17-0938] [PMID: 28975242]

Sokol, D.K. (2013). "First do no harm" revisited. *BMJ*, 347(oct25 3), f6426. [http://dx.doi.org/10.1136/bmj.f6426] [PMID: 24163087]

Spielberg, A.R. (1998). On call and online: Sociohistorical, legal, and ethical implications of e-mail for the patient-physician relationship. *JAMA*, 280(15), 1353-1359. [http://dx.doi.org/10.1001/jama.280.15.1353] [PMID: 9794317]

SPJ code of ethics - society of professional journalists. Available from: <https://www.spj.org/ethicscode.asp>

Sterodimas, A., Radwanski, H.N., Pitanguy, I. (2011). Ethical issues in plastic and reconstructive surgery. *Aesthetic Plast. Surg.*, 35(2), 262-267. [http://dx.doi.org/10.1007/s00266-011-9674-3] [PMID: 21336881]

Stevens, F., Nurse, J.R.C., Arief, B. (2021). Cyber stalking, cyber harassment, and adult mental health: A systematic review. *Cyberpsychol. Behav. Soc. Netw.*, 24(6), 367-376. [http://dx.doi.org/10.1089/cyber.2020.0253] [PMID: 33181026]

Stewart, M.A. (1984). What is a successful doctor-patient interview? a study of interactions and outcomes. *Soc. Sci. Med.*, 19(2), 167-175. [http://dx.doi.org/10.1016/0277-9536(84)90284-3] [PMID: 6474233]

Street, R.L., Jr, Makoul, G., Arora, N.K., Epstein, R.M. (2009). How does communication heal? Pathways

- linking clinician–patient communication to health outcomes. *Patient Educ. Couns.*, 74(3), 295-301. [http://dx.doi.org/10.1016/j.pec.2008.11.015] [PMID: 19150199]
- Sultana, I., Ahmed, H., Mahmood, R. (2021). *State of Media Independence and Journalists' Struggle*. (pp. 286-291). Pakistan: Global Social Sciences Review. [http://dx.doi.org/10.31703/gssr.2021(VI-II).28]
- Šumah, Š., Šumah, Š. (2018). *Corruption, Causes and Consequences*. Trade and Global Market. [http://dx.doi.org/10.5772/intechopen.72953]
- Swanson, K., Ayala, N.K., Barnes, R.B., Desai, N., Miller, M., Yee, L.M. (2020). Understanding gestational surrogacy in the United States: a primer for obstetricians and gynecologists. *Am. J. Obstet. Gynecol.*, 222(4), 330-337. [http://dx.doi.org/10.1016/j.ajog.2020.01.037] [PMID: 31982386]
- Syed, R., Awais Khaver, A., Yasin, M. (2019). *Cyber Security: Where Does Pakistan Stand?*. Available from: <https://think-asia.org/handle/11540/9714>
- Saif, J., Rohail, D.I., Aqeel, M. (2021). Quality of life, coping strategies, and psychological distress in women with primary and secondary infertility; a mediating model. *Nature-Nurture Journal of Psychology*, 8-17. <https://thenaturenurture.org/index.php/psychology/article/view/6>
- Sarfraz, R., Aqeel, M., Lactao, D.J., Khan, D.S. (2021). Coping strategies, pain severity, pain anxiety, depression, positive and negative affect in osteoarthritis patients; a mediating and moderating model. *Nature-Nurture Journal of Psychology*, 1, 18-28.
- Savage, M.J., James, R., Magistro, D., Donaldson, J., Healy, L.C., Nevill, M., Hennis, P.J. (2020). Mental health and movement behaviour during the COVID-19 pandemic in UK university students: Prospective cohort study. *Ment. Health Phys. Act.*, 19, 100357. [http://dx.doi.org/10.1016/j.mhpa.2020.100357]
- Scott, T.M., Marton, K.M., Madore, M.R. (2022). A detailed analysis of ethical considerations for three specific models of teleneuropsychology during and beyond the COVID-19 pandemic. *Clin. Neuropsychol.*, 36(1), 24-44. [http://dx.doi.org/10.1080/13854046.2021.1889678] [PMID: 33761834]
- Sellers, B.G., Arrigo, B.A. (2022). The narrative framework of psychological jurisprudence: Virtue ethics as criminal justice practice. *Aggress. Violent. Behav.*, 63, 101671. [http://dx.doi.org/10.1016/j.avb.2021.101671]
- Shahzad, M., Munawar, K., Riaz, F. (2021). Understanding prevalence and association of suicidal ideation, deliberate self-harm, stress, anxiety depression, and mood swings in pakistan university students: A multilevel analysis. *Nature-Nurture Journal of Psychology*, 1(2), 12-21.
- Shuja, K.H. (2022). Criminal recidivism in pakistan: a grounded theory of social & environmental causes and psychological consequences. *Nature-Nurture Journal of Psychology*, 2(2), 41-53.
- Shuja, K.H., Aqeel, M., Jaffar, A., Ahmed, A. (2020). Covid-19 pandemic and impending global mental health implications. *Psychiatr. Danub.*, 32(1), 32-35. [http://dx.doi.org/10.24869/psyd.2020.32] [PMID: 32303027]
- Shuja, K.H. (2020). Letter to highlight the effects of isolation on elderly during COVID-19 outbreak. *In International Journal of Geriatric Psychiatry*, 35(12), 1477-1478.
- Singh, S., Sagar, R. (2022). Online psychotherapy during the COVID-19 pandemic: The good, the bad, and

the ugly. *Indian J. Psychol. Med.*, 44(2), 177-180.
[PMID: 35655984]

Singh, S., Sagar, R. (2022). Tele mental health helplines during the COVID-19 pandemic: Do we need guidelines? *Asian J. Psychiatr.*, 67, 102916.
[PMID: 34781242]

Situmorang, D.D.B. (2022). "When the first session may be the last!": A case report of the implementation of "rapid tele-psychotherapy" with single-session music therapy in the COVID-19 outbreak. *Palliat. Support. Care*, 20(2), 290-295.
[PMID: 34399867]

Stoll, J., Müller, J.A., Trachsel, M. (2020). Ethical issues in online psychotherapy: A narrative review. *Front. Psychiatry*, 10, 993.
[PMID: 32116819]

Tampa Bay Times. (1998). *Vanderbilt apologizes, settles radioactive iron lawsuit*. Available from: <https://www.tampabay.com/archive/1998/07/28/vanderbilt-apologizes-settles-radioactive-iron-lawsuit/>

Ten Have, H., Patrão Neves, M. (2021). CIOMS. In *Dictionary of Global Bioethics* Springer International Publishing.
[http://dx.doi.org/10.1007/978-3-030-54161-3_2]

THE art of living. (2022). prison smart program - south africa | the art of living south africa. Available from: <https://www.artofliving.org/za-en/prison-smart-program-south-africa>

The herald. (1997). controls on cloning call by scientist | heraldscotland. Available from: <https://www.heraldscotland.com/news/12332896.controls-on-cloning-call-by-scientist/>

The world bank. (2012). less than 25% of pakistani women entrepreneurs use microfinance loans, finds the world bank. Available from: <https://www.worldbank.org/en/news/press-release/2012/10/17/less-than-25percent-of-pakistani-women-entrepreneurs-use-microfinance-loans-finds-the-world-bank>

Thornton, D., Brinkhuis, M., Amrit, C., Aly, R. (2015). Categorizing and describing the types of fraud in healthcare. *Procedia Comput. Sci.*, 64, 713-720.
[<http://dx.doi.org/10.1016/j.procs.2015.08.594>]

Tober, D., Garibaldi, C., Blair, A., Baltzell, K. (2021). Alignment between expectations and experiences of egg donors: What does it mean to be informed? *Reprod. Biomed. Soc. Online*, 12, 1-13.
[<http://dx.doi.org/10.1016/j.rbms.2020.08.003>] [PMID: 33024845]

Tonk, C.H., Witzler, M., Schulze, M., Tobiasch, E. (2020). Mesenchymal. *Learning Materials in Biosciences*, 21-39.
[http://dx.doi.org/10.1007/978-3-030-33923-4_2]

Twycross, R.G. (1974). A plea for "Euthanatos". *World Med. J.*, 21(4), 66-69.
[PMID: 11663453]

Tyrawski, J., de Andrea, D.C. (2015). Pharmaceutical companies and their drugs on social media: A content analysis of drug information on popular social media sites. *J Med Internet Res.*, 17(6), 130.
[<http://dx.doi.org/10.2196/jmir.4357>]

Toqeer, S., Aqeel, M., Shuja, K.H., Bibi, D.A., Abbas, D.J. (2021). Attachment styles, facebook addiction, dissociation and alexithymia in university students; a mediational model. *Nature-Nurture Journal of Psychology*, 1(1), 28-37.

Tusino, S., Furfaro, M. (2022). Rethinking the role of Research Ethics Committees in the light of Regulation (EU) No 536/2014 on clinical trials and the COVID-19 pandemic. *Br. J. Clin. Pharmacol.*, 88(1), 40-46. [PMID: 33891323]

Available from: <https://en.unesco.org/covid19/educationresponse>

Ullah, F., Hussain, S., Alam, H., Akhunzada, Z.U. (2016). Factors influencing police image in public (A study of university students perception in KPK Pakistan). *Pakistan Journal of Criminology*, 8(3), 134-148. <http://www.pjcriminology.com/wp-content/uploads/2019/01/9-5.pdf>

UNICEF. (2022). Cyberbullying: What is it and how to stop it | unicef. Available from: <https://www.unicef.org/end-violence/how-to-stop-cyberbullying>

Vallaster, C., Kraus, S., Merigó Lindahl, J.M., Nielsen, A. (2019). Ethics and entrepreneurship: A bibliometric study and literature review. *J. Bus. Res.*, 99, 226-237. [<http://dx.doi.org/10.1016/j.jbusres.2019.02.050>]

Van de Wiel, L. (2020). Oocyte futures. *Womens Stud. Int. Forum*, 53, 119-128. [<http://dx.doi.org/10.1016/j.wsif.2014.10.019>]

Van Norman, G.A. (2019). Limitations of animal studies for predicting toxicity in clinical trials. *JACC Basic Transl. Sci.*, 4(7), 845-854. [<http://dx.doi.org/10.1016/j.jacbts.2019.10.008>] [PMID: 31998852]

Verasiya, S.S. (2013). August 18. Corruption in the health sector – causes and possible solutions. journal of pioneering medical sciences blogs. Available from: <https://blogs.jpmsonline.com/2013/08/18/corruption-i-the-health-sector-causes-and-possible-solutions/>

Von Soest, C., Grauvogel, J. (2018). Identity, procedures and performance: How authoritarian regimes legitimize their rule. *Justifying Dictatorship*, 37-55.

Von Wolff, M., Haaf, T. (2020). *In Vitro* fertilization technology and child health: Risks, mechanisms and possible consequences. *Dtsch. Arztebl. Int.*, 117(3), 23-30. [PMID: 32031509]

Women, U.N. (2016). *Convention on the elimination of all forms of discrimination against women (CEDAW)*. UN Women. [<http://dx.doi.org/10.1002/9781118663219.wbegs274>]

Wahl-Jorgensen, K., Hanitzsch, T. (2019). The handbook of journalism studies. *The Handbook of Journalism Studies*, 1-573. [<http://dx.doi.org/10.4324/9781315167497>]

West, D., Div, D. (1998). Radiation experiments on children at the Fernald and Wrentham schools: Lessons for protocols in human subject research. *Account. Res.*, 6(1-2), 103-125. [<http://dx.doi.org/10.1080/08989629808573922>] [PMID: 11660586]

Wheeler, M., de Bourmont, S., Paul-Emile, K., Pfeffinger, A., McMullen, A., Critchfield, J.M., Fernandez, A. (2019). Physician and trainee experiences with patient bias. *JAMA Intern. Med.*, 179(12), 1678-1685. [<http://dx.doi.org/10.1001/jamainternmed.2019.4122>] [PMID: 31657839]

Whelan, C. (2020). The importance of prison rehabilitation programs before and after release | independent women's forum. independent women's forum. Available from: <https://www.iwf.org/2020/06/29/the-importance-of-prison-rehabilitation-programs-before-and-after-release/>

Wihbey, J., Walter Kille, L. (2016). *Excessive or reasonable force by police? Research on law enforcement and racial conflict. The Journalist's Resource*. Available from: <https://journalistsresource.org/criminal-justice/police-reasonable-force-brutality-race-research-review-statistics/>

Wilkinson, S. (2003). The exploitation argument against commercial surrogacy. *Bioethics*, 17(2), 169-187. [<http://dx.doi.org/10.1111/1467-8519.00331>] [PMID: 12812183]

Williams, G. (2016). The effectiveness of juvenile boot camps and their impact on minority youth. dissertations. Available from: <https://digitalcommons.nl.edu/diss/165>

Wittwer, H. (2013). The problem of the possible rationality of suicide and the ethics of physician-assisted suicide. *Int. J. Law Psychiatry*, 36(5-6), 419-426. [<http://dx.doi.org/10.1016/j.ijlp.2013.06.009>] [PMID: 23830025]

Wofford, M.M., Wofford, J.L., Bothra, J., Kendrick, S.B., Smith, A., Lichstein, P.R. (2004). Patient complaints about physician behaviors: A qualitative study. *Acad. Med.*, 79(2), 134-138. [<http://dx.doi.org/10.1097/00001888-200402000-00008>] [PMID: 14744713]

Worley, V.B. (2018). Smart use of smart weapons: Jail officer liability for the inappropriate use of tasers and stun guns on pretrial detainees. *Secur. J.*, 31(3), 726-748. [<http://dx.doi.org/10.1057/s41284-018-0127-4>]

Williams, D.J., Prior, E.E., Vincent, J. (2022). Positive sexuality as a guide for leisure research and practice addressing sexual interests and behaviors. *Innovation and Impact of Sex as Leisure in Research and Practice.*, Routledge. 21-34.

World health organization. (2020a). laboratory testing strategy recommendations for covid-19 (issue march). world health organization.

Available from: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

Yao, H., Chen, J.H., Xu, Y.F. (2020). Patients with mental health disorders in the COVID-19 epidemic. *Lancet Psychiatry*, 7(4), e21. [[http://dx.doi.org/10.1016/S2215-0366\(20\)30090-0](http://dx.doi.org/10.1016/S2215-0366(20)30090-0)] [PMID: 32199510]

Yaseen, S., Fatima, S. (2022). Associations among body attitude, body satisfaction, stress, depression, and anxiety in university students: A multilevel moderating model. *Nature-Nurture Journal of Psychology*, 2(1), 22-29.

Yi, M., Keogh, B. (2016). What motivates men to choose nursing as a profession? A systematic review of qualitative studies. *Contemp. Nurse*, 52(1), 95-105. [<http://dx.doi.org/10.1080/10376178.2016.1192952>] [PMID: 27216273]

Yoon, I.A., Slade, K., Fazel, S. (2017). Outcomes of psychological therapies for prisoners with mental health problems: A systematic review and meta-analysis. *J. Consult. Clin. Psychol.*, 85(8), 783-802. [<http://dx.doi.org/10.1037/ccp0000214>] [PMID: 28569518]

Zafar, S.Y., Peppercorn, J.M., Schrag, D., Taylor, D.H., Goetzinger, A.M., Zhong, X., Abernethy, A.P. (2013). The financial toxicity of cancer treatment: A pilot study assessing out-of-pocket expenses and the insured cancer patient's experience. *Oncologist*, 18(4), 381-390. [<http://dx.doi.org/10.1634/theoncologist.2012-0279>] [PMID: 23442307]

Zaidi, S.H. (1995). *Medical ethics in the contemporary era*. Royal Book

Co. <https://www.multilinebooks.com/product/medical-ethics-in-the-contemporary-era-hb/>

Zakowski, S.G., Ramati, A., Morton, C., Johnson, P., Flanigan, R. (2004). Written emotional disclosure buffers the effects of social constraints on distress among cancer patients. *Health Psychol.*, 23(6), 555-563. [<http://dx.doi.org/10.1037/0278-6133.23.6.555>] [PMID: 15546223]

Zapf, D., Vartia, M. (2020). Prevention and treatment of workplace bullying : An overview. *Bullying and Harassment in the Workplace*, 475-495. [<http://dx.doi.org/10.1201/9780429462528-18>]

Zhang, Y., He, B., Sun, X. (2018). The contagion of unethical pro-organizational behavior: From leaders to followers. *Front. Psychol.*, 9(JUL), 1102. [<http://dx.doi.org/10.3389/fpsyg.2018.01102>] [PMID: 30018583]

Zoloth, L., Henning, A.A. (2010). Bioethics and oncofertility: Arguments and insights from religious traditions. [http://dx.doi.org/10.1007/978-1-4419-6518-9_20]

Zubair, S., Khan, M. (2014). Police violence in pakistan: Forms and justifications. *Research on Humanities and Social Sciences*, 4(27), 63-69.

Zahid, M., Goth, K. (2022). Adolescents' identity development, personality characteristics, and psychological well-being in adolescent students: A mediating model. *Nature-Nurture Journal of Psychology*, 2(2), 23-29.

Zhai, Y., Du, X. (2020). Mental health care for international Chinese students affected by the COVID-19 outbreak. *Lancet Psychiatry*, 7(4), e22. [PMID: 32199511]

APPENDIX B

Some Important Links.

- A1., F. (2012). Strategies for the prevention of unsafe abortion. *PubMed*.
<http://afterabortion.org/1999/abortion-risks-a-list-of-major-physical-complications-related-to-abortion/>
<http://americanpregnancy.org/unplanned-pregnancy/abortion-emotional-effects/>
<http://www.ibiblio.org/bapsa/BapsaACTIVITIES.htm>
<https://www.bpas.org/bpasyoungpeople/what-is-abortion> n.d.
<https://www.gutmacher.org/pubs/gpr/12/4/gpr120402.html>
www.aboutmcdonalds.com/mcd/our.../mcdonalds_history_timeline.html
<http://agreenroad.blogspot.com/2012/04/nuclear-atmospheric-bomb-testing-1945.html>
<http://agreenroad.blogspot.com/2012/04/nuclear-atmospheric-bomb-testing-1945.html>
<http://americanpregnancy.org/unplanned-pregnancy/abortion-emotional-effects/>
<http://annals.org/article.aspx?articleid=71467>
<http://azpolicypages.com/life/in-vitro-fertilization-ivf-issues/>
<http://debatewise.org/debates/2777-rehabilitation-vs-retribution/>
<http://edition.cnn.com/2012/02/11/health/dishonest-doctors-survey-brawley/>
<http://edition.cnn.com/2013/03/04/health/surrogacy-kelley-legal-battle/>
<http://edition.cnn.com/2014/11/26/us/physic>
<http://encyclopedia.gwu.edu/gwencyclopedia/index.p>
http://europa.eu.int/comm/european_group_ethics/docs/dp15rev.pdf
<http://everydayconcerned.net/category/bio-weapons/>
<http://healthimpactnews.com/2012/pharmaceutical-company-forced-to-pay-3-billion-over-faking-research-bribing-doctors/>
<http://heinonline.org/HOL/LandingPage?handle=hein.journals/famadv34&div=30&id=&pag>
<https://www.questia.com/library/journal/1G1-200271849/womb-for-rent-india-s-commercial-surrogacy>
<http://impgroup.org/uploads/papers/8158.pdf>
http://jpma.org.pk/full_article_text.php?article_id=2
<http://legal-dictionary.thefreedictionary.com/Baby+M,+in+Re>

<http://lionheart.org/prison/>
<http://listverse.com/2008/08/14/top-10-modern-prison-programs/>
<http://medind.nic.in/jal/t05/i1/jalt05i1p40.pdf>
<http://news.bbc.co.uk/2/hi/health/4634625.stm>
<http://nuclear-news.net/2014/04/26/nuclear-radiation-and-women-theme-for-may-2013/>
<http://paa2005.princeton.edu/papers/51063>
<http://pakistannewsviews.com/free-media-and-limitations/>
<http://pewresearch.org/pubs/1572/teens-cell-phones-text-messages>
<http://phys.org/news/2014-10-ethical-legal-political-minefield-stem.html>
<http://plato.stanford.edu/entries/stem-cells/>
<http://prisonsmissionsociety.org/>
<http://prochoice.org/>
<http://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=4183&context=jclc>
<http://stemcell.org.pk/>
<http://stemcells.nih.gov/info/basics/pages/basics10.aspx>
<http://tribune.com.pk/story/106573/52-of-pakistanis-believe-media-is-source-of-awareness/>
<https://www.bbc.com/news/av/world-asia-16901056>
<https://live-ssmatrix.pantheon.berkeley.edu/research-article/the-scandal-of-access-an-interview-with-zahra-hayat/>
<https://www.dawn.com/news/692811/pic-drug-scandal-pharma-industry-feels-the-heat-2>
<https://www.rroij.com/open-access/challenges-fascies-by-mnacs-in-pakistan-due-to-unethical-practice-of-national-pharmaceuticals-.php?aid=73252>
<http://tribune.com.pk/story/589786/reforming-pakistans-prisons/>
http://users.clas.ufl.edu/ardelt/physician_assisted_death.pdf
http://videocast.nih.gov/pdf/ohrp_b_elmont_report.pdf
http://www.academia.edu/4172140/Punishment_Versus_Rehabilitation
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm>
<http://www.advisorybodies.doh.gov.uk/uksci/global/china.html>

http://www.amdc.edu.pk/index.php?option=com_content&view=article&id=1397:euthanasia&catid=
http://www.amdc.edu.pk/index.php?option=com_content&view=article&id=1397:euthanasia&catid=
<http://www.apa.org/monitor/julaug03/rehab.aspx>
http://www.bbc.co.uk/ethics/abortion/medical/infanticide_1.shtml
<http://www.bbsrc.ac.uk/documents/1007-stem-cell-resource-edition3-pdf/>
http://www.bioedge.org/bioethics/bioethics_article/8552
<http://www.britannica.com/EBchecked/topic/1805220/Guatemala-syphilis-experiment>
<http://www.bu.edu/pep/>
<http://www.cdcr.ca.gov/rehabilitation/>
<http://www.cin.org/docs/stemcell-research.htm>
http://www.cioms.ch/publications/layout_guide2002.pdf
http://www.columbia.edu/itc/hs/pu_health/p9408/readings/angell_1997.pdf
<http://www.comlaw.gov.au/Details/C2006A00172>
<http://www.comlaw.gov.au/Series/C2004A01081>
<http://www.cultureunplugged.com/documentary/watch-online/filmedia/play/5080/Dying-For-Drugs>
<http://www.dawn.com/news/1160125>
<http://www.dawn.com/news/681611/unethical-practices-in-medicine-marketing>
<http://www.debate.org/debates/Rehabilitation-is-more-effective-than-punishment./1/>
<http://www.doctorsonfetalpain.com/>
<http://www.duhs.edu.pk/download/jduhs-vol.6-issue-3/rp1.pdf>
http://www.ejprob.ro/uploads_ro/677/PRGR.pdf
<http://www.encyclopedia.com/topic/Rehabilitation.aspx>
<http://www.epcc.ca/about-us/strategy-2/>
<http://www.eshre.eu/Guidelines-and-Legal/ART-fact-sheet.aspx>
<http://blogs.tribune.com.pk/story/20007/in-vitro-fertilisation-dont-choose-a-boy-over-a-girl-choose-a-baby/>
<http://www.eurostemcell.org/factsheet/embryonic-stem-cell-research-ethical-dilemma>
<http://www.eurostemcell.org/faq/what-does-public-think-about-stem-cell-research>

<http://www.familiesthrusurrogacy.com/files/pdf/Overview-of-Surogacy-Around-The-World.pdf>

<http://www.fertilitycare.net/documents/Testtubetruths-IVFDilemmas2008.pdf>

<http://www.hfea.gov.uk/99.html>

<http://www.howcast.com/videos/511917-can-i-choose-my-babys-gender-with-ivf-infertility/>

http://www.huffingtonpost.com/michael-carome-md/unethical-clinical-trials_b_5927660.html

http://www.imediaethics.org/News/4966/Top_10_media_ethics_issues_of_2014.php

<http://www.imj.com.pk/wp-content/uploads/2013/07/22-ED.pdf>

<http://www.indus.edu.pk/publication/Publication-22.pdf>

<http://www.jpalliativecare.com/article.asp?issn=0973-1075%3byear=2008%3bvolume=14%3bissue=2%3bsp age=71%3bepage=74%3baulast=Abbas>

<http://www.jpalliativecare.com/article.asp?issn=0973-1075%3byear=2008%3bvolume=14%3bissue=2%3bsp age=71%3bepage=74%3baulast=Abbas>

<http://www.jpgmonline.com/article.asp?issn=0022->

http://www.jpma.org.pk/full_article_text.php ?article_id=2678

<http://www.lawteacher.net/free-law-essays/medical-law/abortion-impact-on-society-positive-and-negative-medical-law-essay.php>

<http://www.mayoclinic.org/tests-procedures/in-vitro-fertilization/basics/definition/prc-20018905>

<http://www.mccl.org/unborn-babies-can-feel-pain.html>

<http://www.menandabortion.info/10-aftermath.html>

<http://www.mindfully.org/Health/2002/Birth-Defects-ISI-IVF7mar02.htm>

http://www.nap.edu/openbook.php?record_id=11340&page=5

http://www.nap.edu/openbook.php?record_id=11340&page=5

<http://www.nature.com/news/2009/090124/full/news.2009.56.html>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117842/>

<http://www.ncbi.nlm.nih.gov/books/NBK22944/>

<http://www.ncbi.nlm.nih.gov/books/NBK22944/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117842/>

- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2672894/>
- <http://www.einstein.yu.edu/uploadedFiles/EJBM/19Pollack13.pdf>
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3809313/>
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC539372/>
- <http://www.ncbi.nlm.nih.gov/pubmed/24885991>
- http://www.newfarm.org/news/0105/010405/fox_news.shtml
- <http://www.nhs.uk/Conditions/Abortion/Pages/Why-is-it-necessary.aspx>
- <http://www.nrlc.org/about/mission/>
- <http://www.nytimes.com/roomfordebate/2012/12/18/prison-could-be-productive/punishment-fails-rehabilitation-works>
- <http://www.ourbodiesourselves.org/health-info/early-abortion-options/>
- <http://www.oxforddictionaries.com/definition/english/euthanasia>
- <http://www.patientsrightscouncil.org/site/assisted-suicide-the-continuing-debate/#3>
- <http://www.patientsrightscouncil.org/site/holland-background/>
- <http://www.religioustolerance.org/euth7.htm>
- <http://www.researchtrends.com/issue12-july-2009/country-trends-4/>
- <http://www.siasat.pk/forum/showthread.php?84087-Reforming-Pakistan%92s-Prison-System-Asia-Report-N%20B0212>
- <http://www.slideshare.net/faheemsiddiqui718/ethical-unethical-pharma-market>
- <http://www.tbl.com.pk/clashing-views-on-media-ethics-in-pakistan/>
- <http://www.telegraph.co.uk/news/uknews/crime/10514678/The-old-debate-punish-prisoners-or-rehabilitate-them.html>
- <http://www.theatlantic.com/health/archive/2013/02/testing-drugs-on-the-developing-world/273329>
- <http://www.theguardian.com/guardianweekly/story/0,1807960,00.html>
- <http://www.theguardian.com/society/2013/jul/12/story-ivf-five-million-babies>
- <http://www.thenews.com.pk/Todays-News-2-316292-Punjab-CMs-Prisoners-Rehabilitation-Programme-ends-in-failure>

http://www.the-sra.org.uk/wp-content/uploads/salmons_woodfield.pdf

http://www.ucl.ac.uk/medical-ethics/course_booklet/booklet

<http://www.usmmm.org/wlc/en/article.php?ModuleId=10005168>

<http://www.vanityfair.com/news/2011/01/deadly-medicine-201101>

<http://www.wma.net/en/30publications/10policies/b3/index.html>

<http://www.worldrtd.net/qanda/physician-assisted-suicide-same-euthanasia>

<http://www.yalemedlaw.com/the-ethics-of-pharmaceutical-testing-in-the-developing-world/>

<https://fikarfree.com/fake-documents-and-public-safety/>

<https://freedomhouse.org/report/freedom-press/2013/pakistan#.VWtF9c9Vikq>

<https://gameofroles.wordpress.com/2011/11/02/tiny-cells-giant-hope/>

<https://ispub.com/IJH/6/1/4581>

https://web.stanford.edu/class/e297c/poverty_prejudice/citypoverty/california.html

https://www.acponline.org/running_practice/ethics/issues/policy/pa_suicide.pdf

<https://www.americanexpress.com/us/small-business/openforum/articles/ethics-and-social-media-where-should-you-draw-the-line/>

<https://www.healthlawyers.org/Publications/Journal/Documents/Vol%2040%20Issue%201/Physician-Assisted%20Suicide-%20Legal%20and%20Ethical%20Considerations.pdf>

<https://www.lifesitenews.com/ldn/abortiontypes/>

<https://www.ncjrs.gov/App/publications/abstract.aspx?ID=83045>

<https://www.ncjrs.gov/pdffiles1/nij/197018.pdf>

www.mcdonalds.com.pk/

http://www.emedicinehealth.com/abortion/page11_em.htm#follow-up
(2007).

<https://www.spuc.org.uk/>

<http://studentsforlife.org/prolifefacts/abortion-facts/>

<http://speakingofresearch.com/2008/07/25/92-of-statistics-are-taken-out-of-context/>

<http://www.webmd.com/women/tc/abortion-choices-surgical-abortion>

http://www.cyberbullying.us/2010_charts/cyberbullying_gender_2010.jpg

http://www.cyberbullying.us/2010_charts/cyberbullying_offending_meta_chart.jpg

http://www.cyberbullying.us/2010_charts/cyberbullying_victimization_meta_chart.jpg

<http://www.who.int/mediacentre/factsheets/fs388/en/>

SUBJECT INDEX

A

Abdominal cramps 149
 Abnormalities 44, 112, 119, 144, 157, 266, 267
 acute physiological 267
 cervical cell 144
 genetic 266
 Abortion, medical 145, 146, 147
 Abuse 13, 87, 221
 elder 87
 sexual 13, 221
 Allegations, severe societal 112
 Anti-abortion laws 146
 Anti-fraud association 1
 Applications 12, 172, 175, 210, 284, 286
 artificial intelligence 175
 online web 210
 Asymptomatic carriers, healthy 193
 Authority abuse 10, 14, 17

B

Behaviors 19, 20, 50, 65, 66, 189, 191, 192, 206, 238, 250, 251, 252, 254, 255, 256, 257, 272, 273, 307, 309
 abusive 50, 254, 256, 272
 authoritarian 66
 humanistic 307
 moral human 309
 reduced criminal 238
 Biological 69, 70
 threat agents 69
 weapons 70
 Bioweapons 68, 69, 70, 72
 Birth defects 143, 157
 Body shaming practices 253
 Boot camping 246
 Brain hemorrhage 145
 Breast surgery 72
 Bullies 15, 46, 48, 50, 52, 56, 58, 59, 253, 271, 274

female 50
 male 50
 Bullying 50, 58, 272
 gender-oriented 58
 same-gender 50
 traditional 272
 Businesses, virtual healthcare 282

C

Campaigns, mandatory vaccine 190
 Cancer 1, 71, 72, 73, 78, 100, 146, 157, 289, 303
 breast 303
 ovarian 146
 radiotherapy 71
 Care, growing compassionate 87
 Children 69, 111, 113, 118, 119, 123, 124, 129, 131, 202, 221, 256, 290, 302, 307, 308, 310
 abused 221
 hiring 256
 surrogate 113
 Child's adoption 112
 Civil 12, 13
 liberties, protecting 12
 rights 13
 Cloning 167, 168, 172, 266
 techniques 167, 266
 technology 168, 172
 Communicable diseases 189
 Conduct 3, 10, 12, 14, 16, 32, 48, 57, 65, 66, 67, 128, 130, 135, 139, 179, 226, 227, 273, 283, 286
 abusive 48
 empathetic 66
 ethical 10, 12, 16, 67, 128, 130
 professional 179
 unethical healthcare 3
 Corruption 7, 9, 247
 health system 9
 issues 7, 247

COVID-19 187, 188, 197, 201, 202, 203, 205, 207, 208
 crisis 187
 epidemic 187
 vaccine 188, 197, 201, 202, 203, 205, 207, 208
 Crime(s) 41, 42, 214, 215, 216, 219, 234, 236, 237, 238, 239, 240, 244, 245, 246, 248, 312, 313
 committing 244
 gender-based 234
 rates 246, 248
 sex 219
 web 215, 216
 Criminals 144, 213, 214, 215, 225, 233, 237, 239, 243, 244, 247, 248
 abused 244
 law amendment act 233
 professional 243
 sexual 144
 web 214, 215
 Cultural 223, 231, 209
 environments 209
 influence 231
 sensitivity 223
 Culture 17, 20, 23, 43, 64, 83, 84, 90, 92, 104, 249, 251, 254, 252, 255, 303
 body shamming 249
 organizational work 64
 outdated 303
 particular work 43
 weak ethical 254
 whistleblowing 17

D

Dark 250, 251
 complexion 251
 skin 250
 Declaration of rights 153
 Declining judiciary 247
 Dementia 88, 101
 Depression 38, 47, 52, 55, 86, 93, 99, 110, 112, 270, 271, 272, 273, 278, 279, 292, 301
 counseling 38
 post-natal 110, 112
 postpartum 292
 Designer babies and genetic manipulation 121
 Destruction 117, 124, 160, 164, 165

embryonic 164, 165
 Development, democratic 191
 Diabetes, gestational 114
 Disease(s) 10, 39, 40, 41, 63, 64, 73, 86, 95, 122, 128, 129, 146, 149, 157, 174, 182, 189, 192, 193, 195, 197, 208, 260, 263, 289, 294, 296
 autoimmune 73
 cardiovascular 128, 174
 contagious 10
 dangerous 289
 elicits 208
 fatal 122
 lung 174
 mental 95
 pelvic inflammatory 146, 149
 psychiatric 182
 transmissible 189
 transmission 193
 transmitted 129
 Disorders 61, 87, 128, 157, 272, 278, 279
 mental 61, 272
 neurological 87, 128, 157
 Distress 46, 63, 66, 67, 86, 88, 110, 131, 221, 250, 266, 282
 emotional 46, 66, 67, 110, 266
 mental 88
 Drug industry 37
 Dysfunctional marriages 119

E

Eating disorders 278
 Effects, life-threatening 40
 Egg harvesting machines 165
 Ehsas program 9
 Election campaign 15
 Electoral fraud 15
 Electronic 36, 314, 315
 health records 314, 315
 media 36
 Embryo 157, 160, 161, 162, 163, 164, 168
 destruction 157, 160, 161, 162, 163
 development 164, 168
 Embryonic stem cell therapy 159
 Emotional 111, 272
 problems 111
 reactions 272
 Environment 24, 55, 74
 ethical work 24

hostile work 55
hygienic 74
Ethicists 125, 144, 169
Ethic(s) 29, 35, 84, 92, 103, 134, 140, 175,
188, 199, 209
bio-medical 188, 199, 209
committees 103, 140
professional 29, 35, 84, 92, 134, 175

F

Fat models 251
Fatwa committee 290
FDA modernization act 69
Featherless chickens 265
Fertilization 119, 156, 168, 169
artificial 169
medically-assisted 168
Flu 176, 193, 207, 209
epidemic 176
swine 207, 209
Food industry 264
Force 13, 16, 38, 46, 90, 99, 146, 202, 217,
237, 243, 315, 316
armed 202
ethics task 90

G

Gastroenterology 39
Genetic 117, 122
heritage 122
problems 117
Governance, global health 190
Gynecological 130, 153
problems 153
surgery and stent implantation trials 130

H

Harass 14, 256
employees 14
male employees 256
Harassed healthcare professionals 55
Harassment 11, 15, 44, 45, 46, 47, 48, 49, 50,
52, 53, 54, 55, 56, 57, 58, 59, 233, 256
act 52, 59
gender-based 45
incidents 56
of women 233
prevention 57

racial 45
sexual 11, 15, 45, 49, 50, 53
verbal 45, 53
Health 8, 69, 113, 207
authorities 207
complications in surrogates 113
-related problems 69
workers 8
Health care 4, 7, 182, 184
fraud 7
mental 182
sector 4
workers' psychological disorders 184
Health problems 70, 174, 251, 276, 278, 292
mental 278
public 174
Health professionals 175, 176, 177, 198, 223,
224, 285, 286
mental 175, 176, 177, 223, 224
public 198
Human development index (HDI) 4, 8
Hypercalcemia 68, 71
Hypertension 144, 278
Hysterectomy 143, 145

I

Illness 46, 53, 55, 61, 64, 78, 80, 84, 90, 99,
101, 273, 294
mental 46, 80, 101
painful 294
Immotile cilia syndrome 123
Industries 14, 33, 35, 39, 41, 106, 126, 233,
283
healthcare-linked 41
medical tourism 106
Infertile couples 104, 111, 115
Infertility treatments 108, 110
Inner cell mass (ICM) 156, 164
Insomnia 99, 149

L

Languages 181, 184, 216, 223, 256, 285
abusive 256
sign 285
Laws 13, 14, 23, 24, 42, 43, 80, 90, 103, 107,
108, 109, 134, 141, 150, 240, 234, 243,
291, 312
abolishing 234

adoption 103, 109
 customary 312
 domestic 240
 ethical 141
 Learning 24, 42, 63, 97, 214, 306, 307, 308,
 309, 310, 315
 behavior 309
 intensive 307
 outcomes 310
 Life, human embryonic 156
 Liver functions 278
 Loans 164, 231
 financial 164
 microfinance 231
 Lockdowns, enforcing 195
 Lung problems 267

M

Medicaid fraud 6
 Medical 4, 15, 64, 142, 151, 247, 261, 262,
 263, 313, 314
 anthropology 247
 community 15
 complications 142
 services 4, 64, 151, 261, 262, 263, 313, 314
 Mental 46, 55, 144, 251
 health effects 55
 issues and multiple personality disorders 46
 trauma 144, 251
 Mill's theory 260
 Moral and ethical dilemmas 148
 Morbid obesity 267, 277

N

National 42, 80, 153, 233, 234
 abortion federation (NAF) 153
 pharmaceutical pricing authority (NPPA) 42
 police bureau 233
 steering committee 234
 Nurses, oncology 80

O

Obesity 277, 278
 diseases 278
 surgery 277
 Occupations 10, 36, 202, 203, 205, 209, 230,
 233, 234

female-dominated 233, 234
 female-oriented 230
 honorable 36
 Office abuse 14
 Online 183, 185, 283, 286
 psychotherapy sessions 183
 teaching courses 283
 therapy 183, 185
 video consultations 286
 Oral polio vaccine (OPV) 130
 Ovarian hyper-stimulation syndrome (OHSS)
 163
 Oxford dictionary 77

P

Pain 78, 79, 88, 89, 93, 94, 95, 97, 99, 143,
 146, 149, 240, 241, 292, 293, 296, 297,
 298
 abdominal 146
 cervical 149
 psychological 240, 241
 Palliative care 77, 78, 85, 86, 87, 89, 90, 92,
 96, 98, 101
 Pelvic inflammatory disease (PID) 146, 149
 Personal protective equipment (PPE) 201, 204
 Political-economic transnational relations 192
 Post-abortion 142, 149, 150
 syndrome 142, 149
 trauma 149, 150
 Post-traumatic stress disorder (PTSD) 55, 241
 Poverty reduction strategy paper (PRSP) 233
 Pregnancy 110, 113, 114, 121, 142, 144, 145,
 146, 147, 149, 150, 151, 152, 153, 289,
 292
 ectopic 145, 146
 healthy 121
 Pressures 58, 114, 132
 financial 58, 114
 rising competitive 132
 Programs 4, 8, 9, 38, 197, 207, 216, 222, 224,
 236, 237, 238, 239, 245, 246, 247
 coaching 8
 covid-19 vaccination 207
 disease awareness 38
 ethical hacking 216
 Proteins, viral 194
 Psychological 31, 34, 55, 60, 61, 64, 87, 114,
 149, 184, 298
 distress 55, 60, 61, 64, 87

effects 34, 149
problems 31, 114, 184
trauma 298

R

Radiation 70, 72
therapy 70, 72
waste 72
Radio 68, 71
sensitizers 71
-therapeutic agent 68
Radioactive iron-laced lemonade 69
Radiotherapy 71
Ramifications 64
Rehabilitating criminals 245
Religious 79, 82, 84, 92, 108, 149, 150, 154,
159, 163
beliefs 79, 82, 84, 92, 108, 149, 150, 154,
159
grounds 163
Resources 7, 10, 16, 18, 26, 81, 86, 87, 93, 96,
187, 188, 191, 245, 260, 267, 284, 285
economic 245
financial 191
intellectual 267
legal 81, 96

S

Schizophrenia 294
Security 178, 190, 192, 193, 210
cyber 210
economic 178, 193
threat 190, 192
Septic abortion 153
Services, forced community 198
Skills 29, 66, 246, 237, 283, 291, 300, 310
stress management 246
Smallpox outbreak 205
Social 210, 213, 214, 215, 216, 226
networks 213
responsibility theory framework 226
websites 210, 214, 215, 216
Social media 211, 215
crimes 215
websites 211
Society 107, 153
for assisted reproductive technology
(SART) 107

for the protection of unborn children
(SPUC) 153
Socio-economic frameworks 189
Somatic cell nuclear transfer (SCNT) 156,
162, 165, 167
Stress 24, 26, 38, 48, 55, 64, 86, 93, 120, 189,
214, 215, 246, 251, 253, 270, 271, 272,
291, 295, 297
emotional 86, 295
facing 24
management 246
mental 64, 214, 215, 291, 295, 297
post-traumatic 48
psychological 93
Suicide 77, 78, 80, 81, 86, 90, 95, 97, 100,
102, 222, 223, 243, 271, 272, 298
committed 272
Surgeons, plastic 32
Surgeries 3, 61, 63, 95, 130, 163, 267, 276,
277, 278, 279
gastric bypass 277
gynecological 130
Surrogate 106, 109
gestation 106
maternity 109
System 13, 14, 55, 73, 75, 306, 310
educational 306, 310
electronic file 75
immune 55, 73
judicial 13
metropolitan police 14

T

Techniques 39, 63, 103, 118, 145, 155, 156,
165, 169, 246, 276, 283
breathing 246
defective 39
Technology 13, 279
contemporary 13
laparoscopic 279
Tele psychotherapy 184
Telehealth software 282

V

Vaccination policies 205, 208
influenza 205
Vaccines 130, 205
influenza 205

oral polio 130
typhoid 130
Videoconferencing technologies 185
Virus 130, 263
 infectious 263
 live polio 130
Vulnerable populations 16, 92, 129, 137, 192,
 196, 197, 223

W

Workplace 10, 14, 44, 46, 47, 50, 52, 57, 58,
 59
 abuse 10
 attitude 44
 bullying 14, 44, 46, 47, 50, 52, 58, 59
 culture 57
Workplace environment 10, 44, 45, 57, 59,
 258
 ethical 10
 healthy 59



SHIZA MALIK

Prof. Shiza Malik graduated from the National University of Sciences and Technology (NUST), Pakistan with a postgraduate research degree in healthcare biotechnology. She has served as a lecturer at Air University. She is currently serving as a research writer at Bridging Health Foundation, Rawalpindi. She has many publications related to the field of biotechnology and cancer studies in international journals. Her goal is to become an influencer whose work speaks for itself. She is also working on two other books in the philosophical domain. She has contributed majorly to compiling this book as a chief editor, she has also contributed as a first author in one of the chapters and as a corresponding author for most of this book chapters. Prof. Shiza believes that a participatory approach is the most effective way to harness the potential and dedication of people in a community. Throughout her career, she has worked to contribute to the field and to institutions as she intends to raise public awareness and ensure that firm and timely decisions should be made for making ethical practices more prevalent.