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**МАТЕРІАЛИ НАУКОВО-ПРАКТИЧНОЇ КОНФЕРЕНЦІЇ**

**«БІОЕТИКА ТА БІОБЕЗПЕКА  
НА СУЧАСНОМУ ЕТАПІ РОЗВИТКУ  
СУСПІЛЬСТВА»**

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Clinical ethics emphasizes that in practicing good clinical medicine, physicians must combine scientific and technical abilities with ethical concerns for the personal values of the patients who seek their help.

The content of clinical ethics includes:

- specific issues such as truth-telling, informed consent, end of life care, palliative care, allocation of clinical resources, and the ethics of medical research.
- the study of the doctor-patient relationship, including such issues as honesty, competence, integrity, and respect for persons.

**Problem of organ transplantation in Lebanon  
Bilal Ghazal, Hicham Gazal, Honchar O, Assist.  
Kharkiv National Medical University, Kharkiv**

In 2011, a group of Lebanese physicians and researchers had their transplant-related papers retracted from the journal *Experimental and Clinical Transplantation* for their use of illegally trafficked kidneys in order to get their data.

The journal of *Experimental and Clinical Transplantation* was notified of several cases of ethical misconduct with regard to the use of unrelated living donors in those physicians' clinical practice, who constitute a large proportion of the patient population examined in the 3 articles mentioned. This is in direct violation of the Declaration of Istanbul on Organ Trafficking and Transplant Tourism endorsed by this Journal and the Middle East Society for Organ Transplantation.

As stated in the Instructions for Authors, one of the conditions of submission of a paper for publication is that authors declare explicitly that their work has been carried out in accordance with the guidelines laid down in the Declaration of Istanbul on Organ Trafficking and Transplant Tourism, and they are required to sign an ethical disclosure form to this effect.

The authors of these articles were contacted on 2 occasions for their comments, but no response was received. Upon due consideration, the Editorial Board has decided to formally retract these 3 papers. In retracting these articles, it is the Editors' hope to deter other scientists from citing them in the future.

Organ transplant remains, despite huge advances across the world, the issue of a lot of taboo in Lebanon where it is rarely practiced, if at all. According to some discussions we've had in medical school, Lebanese law is very limiting towards organ transplant.

It doesn't only require you to approve to have your organs harvested if you end up in some form of accident that leaves you in a vegetative condition where the only thing keeping you alive is a machine, your entire family has to approve

as well when the time comes and families rarely reach a unanimous agreement regarding this matter because of the issue's very thorny nature among them.

For example, my class of 67 medical students had many refuse to sign up as an organ donor despite them acknowledging the beneficial aspects of the premise. Their reason for refusal? Most of them were mainly religious. The devout Muslims, for example, believe that their body belongs to God and they cannot, therefore, harm it in that way. The Christians must have had their reasons as well although none of them actually bothered to explain why to me.

As a result of some mentalities and our laws regarding the matter, the number of organ donors who can actually donate their organs in Lebanon is infinitesimal. The number that was thrown around in that discussion was 4 in Lebanon. That's 1 for each 1 million Lebanese.

I'm not defending the aforementioned doctors' practices which are beyond unethical and should have them stripped from their medical degrees. If the Lebanese Order of Physicians is as functional as it claims to be, that's the first thing it should carry out if these allegations turn out to be true. But could the harsh legal circumstances when it comes to their topic of research in Lebanon have led them to do whatever they did?

However, if you couple the difficulty of organ transplantation in general in Lebanon with the practices of these doctors, which I'm sure are not isolated incidences, the questions asks themselves: what is the extent of organ trafficking in Lebanon? What is the going rate for – say – a kidney from one of Lebanon's many poor people who can't afford to have food on their tables?

The sad realization though is that while this issue is more than severe, it goes beyond low on our country's list of priorities.

**Genetic engineering against diseases: ethical concerns**  
**Demydenko G, Assoc. Prof., Ashcheulova T, Prof., Sultan M.**  
**Kharkiv National Medical University, Kharkiv**

Through genetic engineering, people could maintain their lifestyles without the threat of AIDS or Cancer. People of the world would not have to live in fear of contracting a deadly virus or hereditary disease. In theory, genetic engineering can accomplish this. Genetic engineering can improve the health of society tremendously then as it is known today. Today genetic engineering is used in the fight against problems such as cystic fibrosis, the «bubble boy» disease, diabetes, and several more. Cystic fibrosis is the leading hereditary cause of death among Caucasian Americans, affecting one in every two thousand children and young adults. Another deadly disease now being treated by genetic engineering is the «bubble boy» disease (Severe Combined Immunodeficiency). This disease is characterized by a gene mutation that causes a deficiency in ADA, which causes the cells of the immune system to be