Reflections on a Visit to Karachi: A Small World, After All

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Reflections on a Visit to Karachi: A Small World, after All

Paul A. Lombardo, Ph.D., J.D.*

It was well past midnight when my plane landed at the Jinnah International Airport in Karachi and after almost a full day in transit, fatigue had dulled my perceptions. But by the time I made the trip through the almost empty airport I woke up, and glancing at the McDonalds restaurant in the parking area, remembered that Karachi is a place where East and West sometimes meet. When the driver turned the ignition key, the first sound was the Disneyland tune “It’s a small world, after all.” I felt certain this would be another fascinating visit to a place that reflects some Western influences while continually reasserting the foundations of its own culture.

My first trip to Karachi in 2004 was an adventure that showed me, in a short week, some of the many faces of Pakistan. I visited the campus of Aga Khan University and was also asked to speak at the Sindh Institute for Urology and Transplantation (SIUT), where the new Centre for Biomedical Ethics and Culture (CBEC) was being inaugurated. My encounter with downtown Karachi revealed a vibrant, big city that contained a cacophony of sounds and smells, with traffic alternately surging and freezing with congestion. In the midst of the old city doctors at SIUT face daunting challenges in identifying appropriate donors and navigating the medical complexities of transplant surgery for those in need of replacement organs. The work of CBEC takes place in this context, where medical realities define the conversation, and where poverty and the social dynamics that play out in families speak louder than the neatly plotted theories of my academic texts.

My 2009 trip to Karachi brought me directly to CBEC, where I was returning to teach a seminar in Law, Medicine and Contemporary Bioethics. The students

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* Professor of Law, Georgia State University, Atlanta, Georgia, USA
The Hidden Jewel that is CBEC

Humza Aasim Yusuf *

In the twilight zone between doing my O levels examination and waiting for the result, I applied to the Centre of Biomedical Ethics and Research (CBEC) of the Sindh Institute of Urology and Transplantation (SIUT) in Karachi, to be allowed to work as an intern for two weeks. Happily, I was accepted. When I arrived from Lahore in Karachi on July 09, I wasn’t entirely sure what I would be doing in CBEC, but had heard great things about it from several people. CBEC is Pakistan’s primary and only centre for Biomedical Ethics, a relatively unexplored field in Pakistan. On arrival in CBEC, I was first greeted by the friendly faces of Mr. Ali Bin Ayjaz (the Webmaster) and Ms. Antoinette David (the Administrative Assistant).

I had pictured a boring office with tons of files and people busy at work, seeing as this is the only such centre in Pakistan. In reality, what I discovered was an incredibly friendly place, with smiling, happy people who care deeply about what they are doing. They seemed imbued with an almost missionary zeal to further the study of what is right and what is wrong and how we understand this, not just (as I later learned) within the boundaries of medicine but also within the larger society.

I was introduced to Dr. Aamir Jafarey, an integral member of CBEC who showed me around the department and told me what I would be doing a mixture of filing and cataloging of the teaching material which is used in their educational programs. I was also privileged to meet Dr. Farhat Moazam, the founding chairperson of CBEC, who was very welcoming and gave me an overview of the goals of CBEC and its activities.

Over the course of the next two weeks, I helped with mostly clerical work, such as updating and correcting the library catalogue for both books and videos, helping to clear up and sort the contents of filing cabinets and so on. In addition, Dr. Moazam gave me a variety of literature and research...
I came across Dr. Moazam’s book Kidney Transplantation in a Muslim Society: A Study in Bioethics, Culture, and Religion while standing in line at the University of Virginia (UVA) bookstore. I was so intrigued by the subject and its author that I immediately went home and Googled her. The search results were endless, yet after only a few articles I was thoroughly mesmerized by all her accomplishments. It did not take long for me to send Dr. Moazam an email informing her that I was an undergraduate student in UVA, and requesting an externship at the Centre for Biomedical Ethics and Culture (CBEC) in the Sindh Institute of Urology and Transplantation (SIUT), in Karachi. She responded that this would be possible and we agreed on a two week period during the summer of 2009. She would arrange for me to spend time participating in CBEC activities and, due to my interest in a career in medicine, would also arrange to have me accompany Dr. Ali, a pediatric nephrologist, in the clinics and wards of SIUT. To be honest, I did not know what to expect from the experience but I began looking forward to what I felt would be a unique summer in Pakistan.

Although my family is originally from Pakistan, I have spent most of my life outside that country. All my perceptions about Pakistan have therefore been derived from family discussions or news pieces about the country. During my first week after arriving in Karachi in July I spoke with many family members about the city. All my conversations seemed to end up about land mafias, load shedding with no electricity for hours, water shortages, and endless examples they felt justified their desire to leave Pakistan and immigrate elsewhere. Unable to find valid counterarguments, I quietly accepted their pessimism as truth.

Therefore I walked into CBEC with a particular view of the country, and the poverty of the patients I saw seemed to confirm the negative opinions I had formed. On my first day in the clinic, I saw a middle-aged man bring a five year-old girl in kidney failure bloated enough to look as though she was nine months pregnant. As he spoke to the doctor, the father explained how he had traveled two days just to bring his daughter to the hospital. As he was the sole bread-winner of his family, taking time off from his job as a mazdoor (laborer) had cost him and his family 150 rupees each day.

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PBDC Class of 2010

Agha Riaz Ahmed, MBBS
Chandka Medical College, Larkana

Ambreen Usmani, MBBS, Mphil
Bahria University Medical and Dental College, Karachi

Ghulam Murtaza Gondal, FCPS
Foundation University Medical College, Rawalpindi

Mariam Hassan, MBBS
Shaukat Khanum Memorial Cancer Hospital, Lahore

Naveed Mazhar Bhatti, MSc
Hamdard College of Medicine and Dentistry, Karachi

Naima Zamir, FCPS
National Institute of Child Health, Karachi

Mida Wahid Bashir, FCPS
Patel Hospital, Karachi

Sarwat Nasreen, FCPS
Ziauddin University, Karachi

Sirajuddin Soomro, FCPS
Chandka Medical College, Larkana
were postgraduate diploma candidates, together with the first cohort of Masters in Bioethics (MBE) students, whose study is projected for completion in 2011.

Trying to determine the boundaries of the law when it intersects with science and medicine is difficult enough in my own country, where the field of bioethics developed alongside the growing field of biomedical law. It would be impossible to replicate the political conditions and social factors that brought bioethics in the U.S. to its current prominence, and I knew it would be folly for me to try to impose many concepts of American health law on students of bioethics in Pakistan.

Dr. Farhat Moazam directs CBEC. She has written that bioethics is an area of study that must take note of indigenous circumstances, and the CBEC educational program embraces this idea. My own experience this year, speaking on bioethics and watching how the field is applied in places as different as Russia, Canada, Italy, Germany, Pakistan and the U.S., has convinced me that she is right. Any attempt to export models of bioethics from one country to another with no attention to social and cultural differences is a recipe for failure. To presume that all ethical considerations are universal is to devalue moral traditions that differ from our own, and dismiss cultural values of other societies.

So before I decided to make the trip, I asked Dr. Moazam if it was possible to recruit a local lawyer who had experience in the areas of health law and bioethics to help me with the course. Fortunately, Dr. Moazam had already identified Ms. Sharmeen Khan to join me in teaching the new MBE students.

Ms. Khan is a lawyer with solid grounding in the practice milieu of Pakistan. She has written about controversial bioethical topics such as abortion and is sensitive to international regulatory issues in the pharmaceutical industry where she works. Her presence provided an invaluable perspective from which to explore how concepts rooted in the Anglo-American legal tradition had many analogues in Pakistani law, and to understand the importance of the differences between those two systems as well.

The curriculum for the course was a combination of two classes that I have taught before in the U.S. One concentrates on legal issues that arise in the clinical medical context; the other focused on famous legal cases that have played an important part in defining our understanding of the field of bioethics in the past thirty years.

The students came from several clinical disciplines; approximately two thirds of them were women. In this detail the bioethics program at CBEC was nearly identical to its counterparts in the U.S. where the current majority of students are women as well. The class is chosen from applicants with backgrounds in medicine, dentistry, nursing, biological sciences and research, and education, and they must have at least five years experience in their primary discipline.

The legal structures in the U.S. and Pakistan share some similarities. Because both countries were once part of the British Empire, they incorporated British legal
models. Both countries have representative bodies that write legislations (Pakistan’s Parliament and the U.S. Congress) and both countries have judicial systems that interpret those laws, as well as creating a “common law” of precedent cases that set new standards in a system of evolving legal rules. As the class discussed fact situations from actual medical cases, it was obvious that the way a lawyer from the U.S. and a lawyer from Pakistan would approach those cases reflected the many commonalities of our training, as well as techniques of analysis that can be traced to the similarities in our legal traditions.

Of course, there are many differences as well. In contrast to the U.S., in which the law is not explicitly tied to a single religious perspective, Pakistani civil law may not conflict with Islamic law, or Sharia. Students were particularly fortunate to receive instruction in our class from Ms. Khan, whose early legal studies focused on Sharia law. In other parts of the curriculum they also heard from Dr. Muhammad Khalid Masud and Dr. Mohsin Naqvi, scholars with extensive background in Islamic studies and Islamic jurisprudence. They explained to students how Sharia scholars incorporate insights from several schools of interpretation to arrive at legal opinions that are consistent with Islamic scripture and tradition. I noted that this method of jurisprudential analysis has analogues in both the Scholastic tradition of medieval Christianity and in the ancient Jewish Talmudic tradition.

Another point of contrast in our course discussions related to abortion. The ongoing debate over the legality and morality of abortion is perhaps, the most divisive and controversial issue faced by U.S. health lawyers and bioethicists. Yet this was clearly not the case in Pakistan. Though the law there regulates the availability of abortion, and there is not absolute agreement on how that law should be interpreted, none of the bitterness and recrimination that characterizes the American debate over this topics was evident.

I was repeatedly struck by the attention of students to the relationship between the law and their religious obligations. Time after time students asked for further clarification of the principles imbedded in civil law and Sharia, and engaged in extensive discussions probing how best to meet commitments to their professional roles and their faith at the same time. In my experience, such discussions also happen in the U.S. But because among the wide variety of religious traditions represented there no single religion is legally entitled to privileged status, such discussions usually remain a private, rather than public matter.

In addition to the course in legal topics, the week’s instruction also included lectures, discussions and student presentations on matters as diverse as philosophical influences on bioethics, feminist perspectives on bioethics and the role of narrative in bioethics. The week was capped by a musical performance representing a prime example of why “culture” is part of CBEC’s name.

The guest for CBEC’s Ethics and Culture Hour was Pakistani singer Tina Sani. Ms. Sani is famous for her performances, in Urdu, of the classical poems know as Ghazals. On this occasion she sang Allama
papers on ethical issues such as euthanasia, abortion, in vitro fertilization procedures and consequences. After I read them, she would discuss some of the ethical and moral issues involved. She listened to me patiently, even when I was wrong, and then helped me get on the right track.

I appreciated the fact that Dr. Moazam was willing to make time for me when she was obviously so busy, and when I thought my opinions were probably not terribly interesting for her. She encouraged my curiosity and is truly a role model and an inspiration for all who meet her. Dr. Aamir Jafarey also helped me with his ready smile and his easy going manner. He asked me to see several films with ethical dimensions which we would later discuss.

I was impressed by the work CBEC is doing and what the faculty is planning for the future. One of the primary aims is to help set up ethics committees in medical institutions all over Pakistan. I found both Dr. Moazam and Dr. Aamir very proactive, and willing to push the envelope beyond the realm of Biomedical Ethics to delve into the greater ills of society by reaching out to high school students and to the public. This was something I really admired as people like them are pretty hard to come by in Pakistan. Not only was this experience thoroughly enjoyable, it was also very educational. It helped me to be able to think more clearly, to be able to formulate my thoughts, and express them in a concise and precise way. At the end of my two weeks at the Centre, I was sad to be leaving but I knew that I would keep on coming again and again to work in CBEC.

As he spoke about his fear for his daughter’s health and the loss of income from the missed days of work, the man broke down and began to sob. He covered his face with his hands, and I bit my lip and stared at the ceiling in an attempt to control my own tears. I felt that nothing could equal the anguish of a grown man cry in front of his child. In those few minutes I experienced the same sorrow and disgust for Pakistan that my relatives had been talking about.

It took another week for me to begin to see how unjust my feelings were. It was not that there were not many instances of hopelessness and misery I saw but my dawning realization that I had been only focusing on one small part of a much larger picture.

The more I shadowed Dr. Ali around the hospital, the more I confronted poverty at its most extreme. But as the days passed, with this I began to find hope everywhere. I found hope in the parents who regardless of their illiteracy tried their hardest to learn about their child’s illness and struggled on how best to help them. I found hope in the doctors’ convictions that most of their patients could live comfortable lives with proper treatment. Perhaps most touching, I found hope through the constant proof of humanity in the doctors who worked tirelessly to treat their patients, and in an institution that provides all medical care free of cost.

I learned that the doctors in SIUT, like most other Pakistani doctors who work abroad, could have easily found much higher paying jobs in Pakistan but they chose to practice here willingly. Perhaps
there were some who may not have been there of their own accord, but if so, I did not meet any. All the doctors I met were full of zeal and selflessness that I had come to believe now existed only among the most naïve individuals in a selfish world. Moreover, unlike the doctors I had come across prior to this externship, the activities of the doctors connected to CBEC and SIUT do not end with patient care. They are also struggling to help bring back ethics to the medical system in Pakistan which is plagued by corruption. CBEC organizes seminars, workshops, and Ethics Grand Rounds in which ethical issues are discussed.

CBEC faculty are also part of a “Karachi Bioethics Group,” a group of professionals from different institutions in Karachi who meet regularly to discuss various aspects of biomedical ethics. Apart from their passion for practicing medicine, the doctors I met are driven by the ethos of the medical profession that they should help the weakest in our society. I found doctors going beyond a search to relieve the symptoms of illness in a patient to a holistic approach in trying to correct the way medical profession itself is being negatively transformed.

Physicians I met seem to value the thanks and prayers offered to them by their patients and their families rather than in the number of digits in their paychecks. I am sure those I met during my brief externship in Karachi also have to deal with electricity outages and water shortages, but I never heard them utter these complaints. They are too busy saving lives most of us don’t even know exist.

Iqbal’s poems: Shikwa and Jawab e Shikwa. The complaint of a man to the Almighty, and the response that follows, was a poetic and musical expression of sentiments that resonated with the overflow audience at CBEC that evening. To a Western observer, the poem also shares similarities with the complaint of the Biblical Book of Job. For me it was a fitting conclusion for a trip that showed me how much the cultures our course tried to bridge had in common.

When I prepared to leave, my friends at CBEC presented me with a commemorative plaque that contained scenes found in the ruins of Mohenjodaro, a ancient city that thrived on the Indus River plain north of Karachi from about 2600 BCE to 1900 BCE. This memento now sits in my office in Atlanta, and I am again reminded that the universities I have spent so much of my life within had their roots in Islamic civilizations that reach back to the 9th Century, and that the first medical degrees originated in those civilizations. Even further in the past were some of the first collections of people - like the city at Mohenjodaro - we recognize as “civilization.” At some level we all derive our social institutions and the way we govern them from similar sources, and in this sense it is a small world, after all.
PGD Class of 2010 and MBE Class of 2011 with Faculty

Standing, from left: Naveed Mazhar Bhatti (PGD), Agha Riaz Ahmed (PGD), Ghulam Murtaza Gondal (PGD), Mariam Hassan (PGD).

Seated, from left: Naima Zamir (PGD), Sarwat Nasreen (PGD), Farhat Moazam, Paul Lombardo, Rubina Naqvi, Sharmeen Khan. Seated on floor, from left: Bushra Shirazi (MBE), Saima Pervaiz Iqbal (MBE), Anika Khan (MBE), Aamir Jafarey (MBE), Sirajuddin Soomro (PGD), Nida Wahid Bashir (PGD), Ambreen Usmani (PGD).

PGD Alumni Publications

The alumni of CBEC’s PGD program have published 24 papers in peer reviewed journals in the past 3 years. The full list can be accessed at our website www.siut.org/bioethics by visiting the alumni page. Following are a few examples of the papers that have been published:

- **Akhtar J.** “Induction logic: Historical Background, Al-Ghazali’s Argument, Notion of Causality and Atomism.” *Pakistan Journal of Medical Ethics*, June 2009, Vol. 10 Issue 1
- **Naqvi R.** “Teaching Bioethics to Medical Technology Students.” *Journal of Ethics and History of Medicine*, May 2009

Bioethics Links

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