

Islamabad 4th November 2024: A SAARC Bioethics Units virtual event was held at PMDC for healthcare professionals. Theme of the event was discrimination and stigmatization article 11 of the universal declaration of Human Rights. which addressed discrimination and stigmatization in healthcare. The event brought together healthcare professionals and bioethics experts from across the SAARC region to tackle pressing issues related to stigma in healthcare settings.

Dr. Princy Louis in her inaugural address thanked all the heads of SAARC Bioethics units and shared the agenda.

Professor Russell D'Souza, Head of Asia Pacific Division, Chair Department of Education and International Chair in Bioethics, from Australia, welcomed all the unit heads. He stated that Bioethics—always at the intersection of the medical and social sciences, law, and the humanities—now draws increasingly on the methods and insights of gender studies, critical theory, behavioral economics and decision theory, and frameworks of social justice and human rights. He said our mission is to advance bioethics and medical humanities through education, innovation, clinical application and thought leadership. Professor Russell stressed the way forward by amplifying the voice of all the bioethicists within the SAARC units and support cross-disciplinary engagement in bioethics and medical humanities.

Professor Mary Mathew in detail explained the role of physician in discrimination and stigmatization. She defined both Stigma and discrimination in healthcare by the physician and stated that stigma is a powerful social process that is characterized by labeling, stereotyping, and separation, leading to status loss and discrimination. Discrimination is the unfair and unjust action towards an individual or group based on real or perceived status or attributes, a medical condition. She spoke about stigma against leprosy resulting into avoiding the leprosy individual, skin disease patient maintaining a rigid distance, physical and social, feelings and expressions of deep repulsion at the deformity of leprosy, absence of social support, in the shape of acceptance, employment, financial security, and social connection.

She added further that stigma in health facilities undermines diagnosis, treatment, and successful health outcomes. She stressed upon addressing the stigma to deliver quality healthcare and achieving optimal health and take initiatives on interventions to reduce HIV, mental illness, or substance abuse stigma.

Professor Rizwan Taj, President PMDC and Bioethics Unit Head, Pakistan chapter, in his message stated about the prevalence of stigma in health facilities, and its negative impact on individuals' health and there are relatively few interventions exist to address this major impediment in healthcare. Article 11 highlights to reduce health condition stigma in health settings. The current state of knowledge regarding stigma reduction interventions provides a solid foundation to further develop interventions that address the gaps identified in our healthcare system and address multiple health condition stigmas simultaneously.

Professor Rizwan told that being a mental health professional “I can assess how stigma not only affects those who are living with stigmatized health conditions but also the family members of the affectees. Its ramifications reverberate outward through communities and inwards through the health facility into the policies and procedures that guide care, and on to the staff who are charged with providing care. It matters because reducing stigma has the potential to improve the health workplace environment, the quality of care provided by staff, the clinical outcomes of individuals living with stigmatized health conditions, and the social risks taken when accessing healthcare for particular conditions.

Heads from Sri Lanka, Nepal also shared their views and committed that we are supposed be mindful about our own word selection by using precise and thoughtful words when talking about people with mental health or HIV conditions.

The event was concluded with a mutual commitment to develop a healthcare culture where mentioning mental health issues, like depression, anxiety, post-trauma, TB ,HIV, and other common illnesses is as socially accepted as discussing diabetes or hypertension.