

Bioethics in Uzbekistan: History, Issues, Prospects

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Background

The republic of Uzbekistan possesses an experience and approach to ethical issues of healthcare and biomedical review based on our rich history.¹ Uzbekistan is the motherland of world famous scientists and thinkers such as Imam al Buhari and Ibn Sino. If the basic formation of ethics review and medical practice in the pre-Soviet period was *adabnoma* (a single system of ethics), then today's syncretism of oriental philosophical traditions by modern Uzbek philosophers and physicians is demonstrated by the appeal to national, historical, cultural and philosophical methodological sources of bio-medical ethics, including the customs, traditions and values of Zoroastrianism and Islam, and the achievements of medicine and philosophy of Muslim [Arabian] renaissance. The inspirational legacy of thinkers and doctors in Central Asia and other great representatives of world Islamic philosophical and religious trends, such as Abu Ali ibn Sino, Abu Nasr Muhammad al Farabi, Abu Rayhan Beruni, Al kindi, Abu Hamid Gazali, Ibn Rushd, Abu Bakr Ar-Razi among others, have been important and authoritative in the past. Avicena's life and work, especially, inspire us to ponder about ethics in science. Undoubtedly, Islamic ethics describing ways of approaching or thinking about patients has influenced the content of professional ethics in Uzbekistan.

The states in Central Asia are secular but in Uzbekistan, as in other states, religious organisations representing more than ten religious denominations, are active. The law of freedom of conscience in the constitution of Uzbekistan is the manifestation of respect accorded to all believers in our state, which is why taking into account the social and cultural realities of our historic and national traditions, and studying the decision-making process for key problems of bioethics elsewhere, not only in terms of Islam but also other religions is very

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important.² The first national congress in bioethics with international participation³ was held in September 2005; in addition, international conferences in 2006 and 2007 have been important to the development of bioethics and science in the Republic.

Historically, Uzbekistan is a secular multiconfessional and multinational society with more than 100 nationalities, professing the concept “Turkestan is our home”. Respect of cultural, religious and national pluralism, and understanding the relevance in promoting the values of global ethics is an important factor in maintaining international stability. As President I.A. Karimov said: “... relationships between Tadjiks, Turkmens, Kirgizes, Kazachs and Uzbeks are supported by history, spirit, culture and religion ... The sense of regional unanimity took well-deserved place in the souls of not only native nations but also of those who regard this magnificent land as their motherland, i.e. Russians, Tatars, Jews, Uygurs and others.”⁴

Islam is fertile soil for developing bioethical values. This subject is relevant and cogent to Uzbek researchers; followers of Islam form the largest segment of religious followers and its standards are one of the components which form biomedical ethics in Uzbekistan. Many ethical medical rules of society assumed the shape of not only a statute of beliefs but also the laws of traditional ways of life, rituals and folk-lore, which contributes to compliance with these standards by each new generation. Some currently accepted medical ethics are framed by religious beliefs as well as by traditional practices and rituals, which contributes to a widespread understanding and acceptance of medical ethics by successive generations.

The National Ethical Committee of Uzbekistan (NECU)

NECU was organised in 2000 under the Ministry of Healthcare of the Republic of Uzbekistan.⁵ In Uzbekistan, a multilevel system of ethical expertise in bioethical review has been created. In accord with WHO recommendations, NECU consists of leading scientists of the Republic of Uzbekistan, not solely in medical science.⁶

In 2003 the Medical Association of Uzbekistan (MAU) decided to change the personnel and activities of its ethics committee, renaming it the Bioethics Committee, taking into consideration the new challenges in emerging biomedical technologies.⁷

The goal of the bioethics committee of MAU is to oversee and uphold the practice of bioethical principles, prevent negligent practice which violates human rights and social security, uphold social moral values, and ensure ethical practices in research, medical practice, disclosure of medical information and in the

private life of the medical profession. The MAU bioethics committee thus assists in the growth of a national, enlightened medical society modeled on but not copying the best overseas experience.

Describing the remit of MAU bioethics committee illustrates the development of constructive cooperation between physicians and society, politicians and health-care authorities, using bioethical insights to help address and solve the many complicated and delicate issues that society faces.⁸

For many years, the system of state paternity contributed to today's widespread opinion that this task was reserved for exceptionally powerful authorities. The situation has changed with the development of democracy and civil society. One of the most important principles of democratic society is streamlined, constructive dialogue between state and public institutions, with the presence of forward and backward links to their agreed objectives.

Education in the Field of Bioethics

The study of bioethics in Uzbekistan began in 1998 when it was included in the philosophy curriculum in the social-humanitarian science department as part of the bachelor curriculum of the first Tashkent State Medical Institute (currently Tashkent Medical Academy). A master's degree was introduced in 2000, offering individual topics and the Doctors Training Department (DTD) was created at the 1st Tash State MI in 2003, and from 2004, bioethics has been offered as an elective course. The curriculum for the master's degree, *Philosophical issues of biology and medicine*, was prepared in the Uzbek and Russian languages, as was the manual for the course *Introduction to Bioethics*.⁹ In 2005 an anonymous questionnaire about key problems of bioethics was answered by second-year students in the therapeutic and dental departments with the aim of identifying the level of knowledge and peculiarities in students' outlook, with a view to raise the quality of teaching bioethics.¹⁰ In 2004 a monograph¹¹ addressing the philosophical and methodological analysis of the changing educational paradigms in the context of liberalisation and the role of bioethics in educational practice in medical schools in Uzbekistan was published. In 2007, a doctoral dissertation was defended, in which issues of humanitarian components in the medical biological areas of modern educational process were explored. The dissertation also discussed developments in modern philosophy, medicine and the problem of its transformation in educational practices, overcoming the limitations of biomedical and adoption of humanistic paradigms, features of the transition from strategic evaluations of bioethics to effectiveness and relevance of its implementation in higher education in Uzbekistan.¹²

A teaching course in bioethics at the National University of Uzbekistan (NUU) was initiated by teachers of the Department of Philosophy and Methodology sciences in 2005. The course was taught to second-year students and first-year master's degree students. In 2006 NUU published a manual on bioethics in the Uzbek language, including a new chapter, *Islam bioethics, history and prospects*. In the curriculum of the course *Bioethics*, in addition to the historical chapter, main issues and principles of bioethics, secular and biomedicine promote a religious aspects of modern bioethics, peculiarities of Islamic biomedical ethics and others were touched upon.¹³ Subsequently, the main issues of theoretical and applied bioethics, including the moral ethical issues surrounding clinical experiments on humans and animals, reproductive technologies, organ and tissue transplantation, euthanasia, cloning and others were considered. It should be noted that philosophical problems of bioethics was chosen as subjects for research papers and there were successful defenses at both bachelors and masters levels at the Faculty of Philosophy in NUU.

The need to bioethical culture among the medical community, medical residents and post-graduate students led to the publication of textbooks in 2009.¹⁴ It included a wider range of bioethical issues than in previous textbooks published in Uzbekistan. Dissemination of practical knowledge in the field of bioethics, for which the Department of Social Healthcare has taken responsibility, is based in the Tashkent Institute of Postgraduate Medical Education (TIPME).¹⁵ TIPME offers continuing education courses for physicians, such as training in ethics reviews, i.e. procedural aspects of research ethics, thereby allowing them to acquire knowledge about the basic concepts of ethics and law, and identify important details in their scientific and practical work.¹⁶ The measures taken to resolve conflict of interests during clinical experiments must be worked out thoroughly not only by bioethics specialists but also by specialists and scientists. Contemporary methods of conflict of interests management suppose transparency in activities and constant attention by researchers and official authorities to vulnerable areas in the conduct and control of clinical experiments so as to identify solutions to resolve these conflicts.

In 2015, Tashkent Dental Institute published a textbook for practical activities in bioethics for second-year students, *Bioethics: Main Issues and Principles*.¹⁷ Scientists and teachers in Uzbekistan continue to participate in many regional and overseas conferences devoted to education in the field of bioethical research.¹⁸ Young scientists participate in training courses abroad such as the Advanced Certificate Program in Research Ethics of the Union Graduate College, in partnership with the Department of Medical History and Ethics of Vilnius University (Lithuania 2015).

Legal Issues

Questions of legal regulations governing research activity in the republic of Uzbekistan, where the subject of research is a human being, were elaborated and presented on the basis of manual ICH GCP,¹⁹ the Helsinki Declaration, the Nuremberg Code, the International code of medical ethics, ethics code of physician-researcher RU (accepted at the first congress on bioethics with international participation in 2005), RU legislation about citizens' health, the law of RU *On Circulation of Medicine*, and a number of by-laws.²⁰

Today legislation in the field of healthcare is getting more and more complicated. Medical ethics is developing, and legislation and ethics do not conflict but supplement each other. The requirements of ethics and bioethics overlap with systems of healthcare, informing political, economic and keynote decisions about questions of medical assistance. However, for Uzbekistan to construct and ratify international documents in the field of bioethics, it is necessary to work with the medical community, as well as ethics committees, in order to expedite work in this field. As such, changes in educational and legal processes should include issues of bioethics and its understanding of legal and cultural fields, while also taking into consideration the national approach, our traditions and goals. Not only because it is the practice in other countries, but also because this completely corresponds to the way taken by RU in the formation of a democratic, legal civil society. Today the following questions are becoming more urgent: what legal and ethical norms in modern biomedical research, or in the relationship between a doctor and a patient? What is the safeguard mechanism? How should the experience of other countries in this field be used more effectively? Progress in medicine is impossible without ethical and legal measures dealing with problems of biomedical technologies. The deputy of the Lower House of Deputies of Uzbekistan, MD Zuhra Batirova, points out that medical law cannot and must not lag behind real life, scientific and technical progress, and the achievements of world medical science and practice. The scale of the problems, sometimes requiring urgent solution with the help of medical law, is expanding. These are, for example, biosecurity, molecular medicine and genetic engineering, cloning and surrogate motherhood, organ and tissue transplantation, patients' rights, medical insurance and many others. Undoubtedly, their solution definitely contributes to the social security of people.

All of this puts the specialists—scientists and leaders of the healthcare system—as well as us deputies, in front of specific problems in terms of project development of new progressive laws and their implementation. But the strict implementation of laws for the protection of public health remains the

priority-stated by the deputy of the Lower House of Parliament. She drew attention to the fact that not only are representatives of the healthcare industry interested in the development of effective laws but also patients whose lives and health must be properly protected. This is the basis for measures to further improve the legislation on healthcare.²¹

International Cooperation

International cooperation is developing in a few directions, both regionally and further abroad. Representatives of research ethics in Uzbekistan take part in activities in CIS, such as the important bioethical resource Forum for Ethics Committees in the Confederation of Independent States (FECCIS). It is one of the regional divisions of the world community Strategic Initiative for Developing Capacity in Ethical Review (SIDCER).²²

In Tashkent in 2005–07 conferences and training sessions were held with international participation, and in 2009 scientists from Uzbekistan participated in the international regional scientific practical training sessions *Bioethics expertise in biology, medicine and education*. Uzbekistan representatives of ethics review bodies have participated in international bioethics conferences held not only in the cities of CIS (Moscow, Kazan, Kiev, Erevan, Baku, Kishinev and others) but also in Zurich, Tegeran, Ankara, among others.

Specialists from Uzbekistan participated in the creation of the *Central Asian Bioethics Association (CABA)* in 2011 and in the symposium *Bioethics: view from Central Asia, analysis and interpretation of the many achievements and challenges in the field of biomedical technology in the West and East*. Their reflections on philosophy, ethics, law and religious consciousness were very relevant for emerging patterns of bioethics in Uzbekistan, which is experiencing the impact of globalisation and in search of solutions.

The structure, principles and basic directions in bioethics, were considered by F.B. Zagirdinova²³ She notes that in Western bioethics at the level of meta-ethics, linguistic analysis is predominant, but at the level of normative ethics (such as bioethics), utilitarian and naturalistic approaches to the analysis and evaluation of contemporary realities of biomedicine prevail. Bioethics is looking for answers to very difficult questions, the most important questions related to life and death, birth, suffering, which require not only abstract answers, but specific solutions to practical problems such as whether or not to prolong a patient's life, whether or not to use genetically modified food and so on. New technology brings not only positive but also some results, some results that are difficult to assess unambiguously.

Moral sanction is needed by the biological sciences due to the introduction of scientific advances in daily life. Pharmaceutical and biotechnology multinationals seek to assure civil society of the moral infallibility of their achievements. The biotechnology industry is trying to turn itself into a kind of bioethics that carries out orders and receives dividends for that. The condition for solving the main problems of bioethics, F.B. Zagirtdinova believes, is its independence; the purpose of bioethics, she believes, is to protect humanity from genetic engineering and other biotechnological disasters. One means of reducing the harmful consequences of these is moral responsibility for the education of scientists, technologists, and the formation of ethics of science and a research culture oriented to humans. Goodwill, respect for the sanctity of private life and individual autonomy, critical interpretation of the implications of new and emerging technologies, cultural experiments—all these are of interest to bioethics. The amount and probability of possible negative consequences in the long term depends on the level of bioethics development, awareness and its ability to stop abuse and dangerous haste. Bioethics must decide what is permissible and what is not acceptable. The establishment of ethical standards depends on the level of ethical consciousness of the whole society, not just specialists; it depends on us. Bioethics is primarily the examination of science from the standpoint of an ordinary person, in the interest of the whole human race; only then can a set of ethical standards for professionals working in the field of biomedicine and ecology be established. Bioethics is their professional code of moral behaviour. Biomedical ethics is a rapidly developing discipline. There is no doubt that the achievements of biomedical ethics must be an integral part of scientific use and educational process. Today we observe a certain provincialism in this area of research; a breakthrough in the level of our knowledge and understanding of bioethics is urgently needed, especially a solid methodological basis for the formation of our own model of biomedical ethics and for justifying its principles through the prism of our traditional ethical views.

As M.A. Nurmatova believes,²⁴ role playing in the teaching of bioethics addresses the problem of identifying a specific “target”—when a student is given the opportunity to experience the thinking of a person, what he is going through, how he makes decisions when he finds himself in a more or less ambiguous situation involving the use of modern biomedical technologies. The practical orientation of bioethics, the focus on the search for specific answers as well as typical situations that arise in connection with birth, death, disease or environmental problems is illustrated through role playing technique.

The status of the philosophy of medicine and its global challenges in the context of international cooperation and educational practices were reviewed by

Z.M. Mukhamedova.²⁵ In the East as well as in the West there is a high level of interest in the present and future development of the philosophy of science and medicine.²⁶ Modern medicine and bioethics in Islam as well as educational practices develop in the framework of enlightened Islam and medical ethics.²⁷

Despite the current practice of bioethics in Islam, there are problems and contradictions, starting with the recognition or non-recognition of its status. Omar Hasan Kasule believes that, unlike Europe, Sharia laws settle and comprehend moral principles that are directly applicable to medicine. He believes that Islam looks at the problems of human experiments as purely legal questions as Sharia laws provide adequate principles and guarantees. In the opinion of Mukhamedova, a dialogue between East and West cannot go the way of xenophobia, ethnocentrism or false claims to the universality of Islamic and European culture and education, but in a context of respect for “true universality”. The general mood of the symposium is expressed in the article presented by Zagirtidinova—*Central Asia at the crossroads of bioethical concepts*.²⁸

In educational practice, in terms of studying the interaction of bioethics with religious faiths (Islam and bioethics for example), it is logical to consider the methodology of bioethical doctrines of Islam within the categories and frameworks of Islamic social ethics.²⁹ (Noteworthy the work by A. Sachedin, who clearly seeks to avoid both cultural and moral ethnocentrism, arguing instead that “the function of ethical issues can be such recommendations for the courses of action that are comparable to the universal, moral values and can be applicable to different cultures.”³⁰).

The research *Euthanasia issues: myths and reality of European practices* was devoted to the analysis of the experience of European countries where the law on euthanasia has been passed.³¹ In Uzbekistan, like in the vast majority of countries, euthanasia is prohibited by law. In the Netherlands and Belgium, it has been more than ten years since active euthanasia was legalised. What are the results of these practices? The observation shows an increase in euthanasia: in 2003, 200 terminally ill, mostly aged patients voluntarily withdrew from life. In 2004 euthanasia was performed on 360 patients. It is therefore on the rise. Among the reasons that can “explain” such a dynamic spread of euthanasia is economic. In European countries, the ageing populations is growing and becoming a priority among medical and social programs of social welfare. The practice of euthanasia gives rise to pressure on elderly and vulnerable people, who are particularly in need of support from others.

For Mukhamedova, euthanasia is not an essential solution to the contradictions in life because it only removes them forcibly. This is not consistent with either the dialectic or understanding of medical humanism. If there is some

positive value to it, it is to increase debate on euthanasia. In her study Anniezova paid special attention to the problem of an observed global increase in average life expectancy, which leads to a rise in the proportion of elderly in the population and requires improvement of organisational forms of gerontology services.³²

According to the law of the Republic of Uzbekistan “On protection of public health” (29 August 1996), a patient has the right to respectful and humane treatment from medical and support personnel, the right to obtain information about his own rights and responsibilities and the condition of his health, including information about the examination results, presence of disease, diagnosis and prognosis, treatment options, associated risks, possible options for medical interference, their consequences and the results of the treatment. However, as diseases of elderly patients are generally chronic and incurable, there is a purely formal and even disparaging attitude in relations between doctors and elderly patients. Unfortunately, we must note the fact that the majority of healthcare personnel, including authorities of health institutions are not aware of basic bioethical principles and patients’ rights, which is particularly acute in their attitude to elderly patients. The stereotypical view of many medical professionals about the irreversible impairment of health after a number of years is not true, according to Anniezova legal documents of the Republic of Uzbekistan oblige a medical worker to provide every patient with medical assistance, regardless of gender, age, race, nationality, religion, beliefs, social background and social status, and to ensure maximum guarantees and rights for every citizen to qualified medical care, regardless of his/her age.

In the final document on the results of the Central Asian Symposium on Bioethics II among others, the followings positions were included:

- To recognise as a priority the need to establish a system of continuing bioethical education, including training specialists in the field of bioethics, medicine and human ecology and paying special attention to the formation of ethical competence; to consider the possibility of training specialists in the field of bioethics and biomedical ethics in their respective institutions of higher education.
- To promote the inclusion of bioethics as a subject in the state standards of higher education and other educational programmes in the context of different specialities in the region; to promote all forms of education and teaching in the field of bioethics at all levels, to encourage various programmes for dissemination of knowledge and information in the field of bioethics.
- To recommend the establishment of national commissions/councils for bioethics at the government level for the development of long-term public awareness

and social policies in the field of bioethics, in order to implement coordination and public control over the observance of the principles and norms of biomedical ethics, human rights and freedoms in biomedical research, and the introduction of achievements in bioethics in science and technology at the national level.

Notes

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