

INTERVIEW

Rev. Charles G. Vella

Mary Anne Ciappara, B.Pharm. and Mary Ann Sant Fournier, B.Pharm., M.Phil.

“THE BASIC PRINCIPLE IS THE RESPECT FOR THE HUMAN PERSON AS AN ‘ESSERE UNICO, IRREPETIBILE’ WHO HAS THE RIGHT OF CHOICE”.



Instituto Scientifico H San Raffaele

Q. How did you get involved in Bioethics?

A. I was always interested in what we used to call the moral-medical problems because of my involvement in counselling with the Cana Movement. My interest goes way back to the first centre which the Cana Movement opened at the Blue Sisters Maternity Home, St. Julians in 1959. This was a centre for counselling and birth regulation and together with a group of doctors I used to meet regularly to discuss current moral-medical problems affecting marriage. But it is only in recent years that Bioethics as a discipline came into being. My interest goes back recently in 1985 when I started preparing to organise a congress in Milan on Bioethics and ethics committees. At the time I was director of the Centro Internazionale Studio Famiglia (CISF) and we thought of branching into this whole new field of bioethics. So I invited various experts from Europe, the United States and Canada to come for this congress. This was the first meeting of its kind in Europe and in Italy on an international scale. The meeting was held in May 1986 in Milan. Since then I went to work at the Istituto Scientifico Ospedale San Raffaele and now I am fully involved in Bioethics.

Q. We have read in the pamphlet on the Istituto San Raffaele “Un polo universitario di medicina e scienze umane” — this seems to be the prime characteristic of San Raffaele. Could you please explain?

A. The founder of the Istituto Scientifico San Raffaele, Prof. Don Luigi Maria Verze, when he founded the hospital in 1972 wanted not just to introduce a new hospital but also to bring into medicine ‘scienze umane’ (medical humanities). His philosophy is that every doctor needs grounding in humanities. San Raffaele is a teaching hospital of the Università degli Studi di Milano and very often students come to us with a good scientific background but no humanistic studies and it is difficult to talk to them about patient-doctor relationship. So this is the first centre of its kind in Italy and in many countries where you have — ‘polo di medicina e scienza umane’ — the two linked together. Since 1981, medical humanities have been part of the medical curriculum, and of course when we say medical humanities we also include Bioethics. We are unique in as far as six years ago, we established in Verona and now in the hospital grounds in Milano, what we call

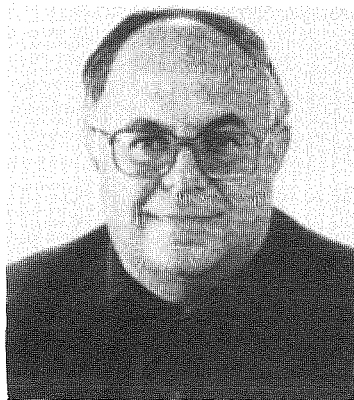
a "liceo classico con indirizzo biologico sanitario", that is we take young students after they finish the scuole medie and start teaching them the humanities with a specialised orientation to medicine. It isn't that all of them are going to be doctors, some might become hospital administrators, nurses, etc. It is what we call 'vivaio' or 'seminario'. Just as dioceses have to have future priests, we have to have future doctors, etc. for our hospital.

Q. Your article 'Della frammentazione della persona alla comprensione della sua unicità irripetibile' in the March '88 issue of 'Sanare Infirmos' you mentioned that in order that the health care professionals have a great sensibility towards patients as human beings they need a continuous formation in humanities. How is this being done at San Raffaele?

A. First of all I think doctors, nurses, pharmacists or anyone involved in this work need to have the right motivation as a starting point. At San Raffaele this is based on our philosophy, what we call the principles of San Raffaele — guidelines for all those who work in the hospital. Continuing education is very important otherwise people do not grow and it is easy for many people, to remain like the Japanese plants 'Bonzai', very small because they do not have any roots. If you do not update, you do not grow, you remain 'Bonzai'. So it is very important to have an ongoing education. We have our 'Scuola di Medicina e Scienze Umane' which does regular courses. We have a course that takes place every Saturday morning and various seminars in which we have prominent people from abroad like Fr. Manuel Cuyos of Barcellona, Prof. Jean Francois Malherbe of the University of Leuven and several others. We have a very good response not only from within the hospital but also from outside. We have priests, social workers, nurses, pharmacists and doctors attending because there is a big demand and interest in these subjects.

Q. What do you mean by 'umanizare'?

A. 'Umanizare' is part of our philosophy at San Raffaele. It is very easy today that a big hospital will lose its sense of humanity, will only look at technology and not at the person. Very often advanced technology itself can be a barrier between the doctor and the patient. So we need to humanise 'medicine'. When we say 'humanities' we mean the interpersonal relationships between doctors, nurses and the patients and their families and today there is a greater trend not only towards Bioethics but also for humanisation of the hospitals. In San Raffaele we have what we call the "gruppo promotore per l'umanizzazione dell'ospedale" which includes a group of people and our job is first of all to educate the staff itself of the hospital to be conscious and aware of their 'saper essere', of their being persons first, because you cannot humanise other persons if you do not know yourself; afterwards, we give them an input of 'sapere', knowledge, regarding humanisation and third the 'saper fare', the know how, what we call the clinical encounter between the patient and doctor, nurse, etc. Today the idea does not only exist at San Raffaele but in many other centres, for



Charles G. Vella

From Cana to San Raffaele

In 1956, Rev. Charles G. Vella, after founding the Cana Movement introduced marriage and family counselling service in Malta. As a result of this work, in 1975 he went to Italy to become the first director of the 'Centro Internazionale Studi Famiglia' (CISF). As director of CISF he organised in 1986 the first International Symposium on Bioethics and Ethics Committee on the occasion of the 1st European Day on Bioethics in MILANO MEDICINA. This experience has led him to the Istituto Scientifico San Raffaele, Polo Didattico di Medicina e Scienza Umane" where he is responsible for Public Relations and Publications, a member of the Ethics Committee and a lecturer in Ethics. He is a member of the European Association of Ethics Centres of the International Foundation "Hippocrate", Luxembourg, and the coordinator of the Italian "Committee for Ethics in Medicine and Ethics Committees". He is a member of many international organisations and is consultant to the Minister for Social Policy.

example, the religious congregation called 'Fate Bene Fratelli'. Their Prior General, Fratel Marcese has been expanding this thought in their 200 hospitals throughout the world. The Pope at the Vatican last November also spoke precisely on 'Umanizare la medicina'.

Q. In this 'saper fare' do you mean that you put them in a clinical situation and teach them interpersonal skills?

A. 'Saper fare' is the know how, where we teach them the skills, true case studies to discuss and role playing. There are many ways on how to approach it, especially the ministry of listening. For me listening is the eighth sacrament and many patients want to be listened to. We tried to educate the young doctors in particular to spare some time (and I must say they are very generous) so that they listen to patients. This moment a young assistant comes to mind, in my hospital, who has to take about 80 days of leave which he has not taken; so they are dedicated people, they are motivated! They have a philo-

sopny! They do not have private practice either, and most of them are full time at the hospital and I am edified by their example when I see what we call 'primari' consultants going to the hospital at 7.30 a.m. doing their case meeting at 7.45 a.m. every day with these doctors and remaining there till 8.00 p.m. So to listen you have to have time and to be there and be on the spot.

Q. How can this concept be applied to the pharmacist?

A. What I have said also applies to the relationship of pharmacist/client. Of course here it is more difficult because sometimes there are many people in a pharmacy. I have seen this in Malta; they want to buy anything and have various needs and so it is very difficult to have a private conversation. But in the old times the pharmacist was a key person in the village to whom the people went not only for their 'ricetta' but very often was one of the support people in the village. Just like the parish priest was the person they referred to for many needs, so was also the local pharmacist. Now unfortunately, there are so many demands in a pharmacy that it is very difficult I suppose for the patient to be listened to.

Q. The Chamber of Pharmacists is putting a great deal of emphasis on communication skills, and in doing so, we are following the examples of our colleagues in U.K., Europe and America. They are putting psychosocial pharmacy as part of the curriculum, not only as a subject to be taught but probably as you do in San Raffaele, as an integral part of the way one works. San Raffaele sounds something unique, special. Is it unique?

A. Well, first of all I want to add something of what was said before, because I have had a close association for three years running, when I went for the convention on Drug Abuse in Atlanta in the U.S. and Washington for the meeting of the White House which Mrs. Reagan organised. I met there a parent body as yours and they were called 'Pharmacists Against Drug Abuse' and they were very well organised. I met some of them and they have even been giving out cards where you have a window which tells you the signs to look for in drug addiction in your children. They give these and they explain them to their clients. We've discussed even the possibility of doing something like this with the Pharmacists' Union in Milan. Now pharmacists in Italy are very much involved in the question of drug abuse and for this communication is indispensable because you are not going to give out just information or a leaflet or a sheet but you need to take time perhaps you need to see these people after closing hours or at special times to have a chat with them because very often the pharmacist is the very first person these people are in contact with.

For your second remark "is San Raffaele unique?" I say no, it may be different to many other state hospitals. We are a private foundation with over 900 beds but all other beds are 'concentzionati' i.e. part of national health service. In Italy we have people who come from some of the richest families. I would say the top 5, to the gypsies! They come because they

can find there certain technology which other hospitals do not have, be they public or private. But as the President, Don Luigi Maria Verze said to our Prime Minister Dr. E. Fenech Adami when they met here in Malta, "we cater not for the rich nor for the poor, we cater for the sick person because when the person is sick he is neither rich nor poor" i.e. what you can make available to those who pay should also be available to those who cannot pay, on an equal basis. In that perhaps we are unique!

Q. You have mentioned distribution of cards by pharmacists in America and Italy. We have started doing that in Malta. Caritas has prepared a series of leaflets on drugs of abuse which we are distributing to those pharmacists who are interested. How do you view pharmacies as distribution points for these leaflets?

A. The pharmacy is an excellent information centre but it all depends on how much trust the pharmacist builds in the community. If he reduces himself to a salesman, then there can be no relationship but a smile, and a smile does not cost anything, a word, a gentle word, a question put indirectly without being curious, can help people to open up to start talking and express needs which perhaps they are afraid even to express. The leaflet is an instrument for building this bridge, just an instrument, you are not going to solve anything, maybe the person puts it in his bag and would not even read it, but he has talked to you and that is important, talking and listening to you.

Q. What do you think of this Maltese saying which was told to me by a Maltese doctor when we were discussing the role of the two professions. As you know, the roles of doctor and pharmacist sometimes overlap. I was using the word 'patient' though I noticed, you use the word 'client' . . . we try to be 'patient oriented'. The gentleman said "tidholx bejn il-basla w qorritha. Il-pazjent huwa tat-tabib u ma hemmx post ghat-tielet persuna".

A. Well first of all I was using the term client in the sense of psychotherapy. Karl Rogers talks of the person centred therapy or the client centred therapy. There is a moment when a person can become a client and there is a moment when the person can become a patient. Not every person that comes into the pharmacy is a patient because it depends on what he demands. There are 15,000-20,000 diabetics in Malta, some of them may be in a state of being a patient. They may not have time to grasp how to use the insulin and may need an explanation from you. They may not even have knowledge about diet, it is a question of empathy, it is not a question of anyone having a monopoly of one patient. It is the person, if we respect the person, who decides on whom to and where he or she goes. If they find the pharmacist 'sympathetic' and have confidence in him or her then they go to him. In many things you can give advice and guidance without usurping the doctor's role. This is were the policy of this Government is good in studying the scheme of giving the patient the right to have his own doctor and his own pharmacist, from where he obtains his medicine and

health care. So the basic principle is the respect for the human person as an 'essere unico, irripetibile' who has the right of choice.

Q. In the leaflet about your book which you have written together with other authors, "Dalla Bioetica ai committati etici" reference is made to 'la drammatica solitudine dei medici'. Could this solitude be self inflicted? . . . there can be lack of communication between healthcare professionals and between themselves; through communication they could lighten their burden!

A. I think this principle counts for everyone, if a person does not remain on an island then he is ready to communicate. It is what I call in Italian "gettare ponti", build bridges to others. That phrase in the book the 'isolamento' — very often the doctor in the community can easily work alone that is why today in medicine many doctors work in a group. One of the aims of the ethics committee is precisely to have this dialogue, chance of listening and discussing, agreeing and disagreeing. There can be solitude in a doctor as there can be solitude in a priest if he is not within a community.

Q. Is it not better to have a national committee and not a hospital based ethics committee, so that health professionals in the community will be involved?

A. This is not going to solve this problem but I think this is why when we held the meeting in Malta on Bioethics at St. Luke's, I had a feeling and likewise Prof. Lawrence O'Connell that this was an occasion when people did not have questions to ask directly on what they heard but they wanted to stand up and speak about their needs, their problems and their experiences and perhaps I hope that the medical school, the Doctors' Union and pharmacists like you will create more moments of communication and dialogue like this. I felt that many people were standing up not to ask questions on the subject but where making their own observations, questions and experiences which is excellent but at the same time one felt that there was a poverty of dialogue among the medical profession and the absence of a whole generation. A whole generation was not there. It is good that the young will listen to their elders and the elders to their young, so you get interaction in the medical profession and in the community. This applies to pharmacists too. You don't want to have an ongoing education for young pharmacists, but you want it for all generations so that there is interaction and team work.

Q. The Prime Minister speaking at the seminar on Bioethics referred to genetic engineering and biotechnological production of pharmaceuticals, etc., and advocated the placing at the disposal of developing countries, the research findings of industry as an institutional resource. Now Don Verze says "Funzioni dell'etica non e' tarpare le ali alle scienze, ma affiarle per un volo più veloce". In what way does ethics not hinder research?

A. First of all ethics definitely should not hinder

research. I think ethics when seen in a true way helps research and the researcher, because the researcher is in the lab doing experiments, e.g. on test tube babies, will have many problems in his conscience. Jacques Testart of Paris in his book wrote, explaining why he gave up research (he was one of the first to do this sort of research) when he examined the ethical value, he saw that the first value was not science but the sanctity of life and the human person and when he stopped doing experiments like Dott. Campagnoli of Torino, he was not giving up something but he was giving nature its right. Because the baby should not be conceived in a lab but in the mother's womb. Now of course one can help a mother's womb to conceive. So you are giving the right to nature. The second point on genetic manipulation, I think, the Prime Minister was pronouncing a very important speech on that occasion, and only this week in Russia, the Russian Government is doing something similar to what we have done in Malta. I am in touch with the Commission on Ethics of the Council of Europe, the Director is Dr. E. Hondius, who will be coming shortly to Malta to discuss genetic manipulation and I fully endorse the Prime Minister's proposal to put this on the U.N. level.

The third point is what Don Verze said. We should not be afraid of science, or laboratory experiments. The laboratory is not 'the inferno'. Sometimes one needs to trim the wings, so that science can go smoother. Dr. White of Cleveland, Ohio, when he met the Pope three years ago, said that he was renouncing his experiments on the brain of apes and monkeys because he did not know where his experiments were going to lead him to. We do not know what is happening in the laboratories throughout the world. We don't know what the multinationals are doing and experimenting in. At the Council of Europe when I represented the Ministry for Social Policy, all were definitely concerned that one needs an ethical consideration regarding genetic manipulation.

Q. A final comment from you regarding the future of ethics in health care in Malta with special reference to the community pharmacist.

A. Well I think it is a very good sign of the times that a debate and dialogue has opened up on ethics which is also involving the pharmacist. I think the Government has taken the lead in this and the Church also. It is a common effort which concerns every one without any barriers, that is man, and man is of interest to us all. When we are talking about ethics we are talking about ourselves, when we are talking about ethics committees we are talking of a service which one day will help us and I hope that one day your Chamber will have the chance to expand on this topic, that you will also be represented on the National Council and that you will continue very much on this line, on ongoing education to pharmacists especially the young ones starting from when they are still students at the university — catch them young so that they will grow and no one in Malta will remain 'bonzai', because the future of Malta like the rest of the world will depend very much on culture and education.