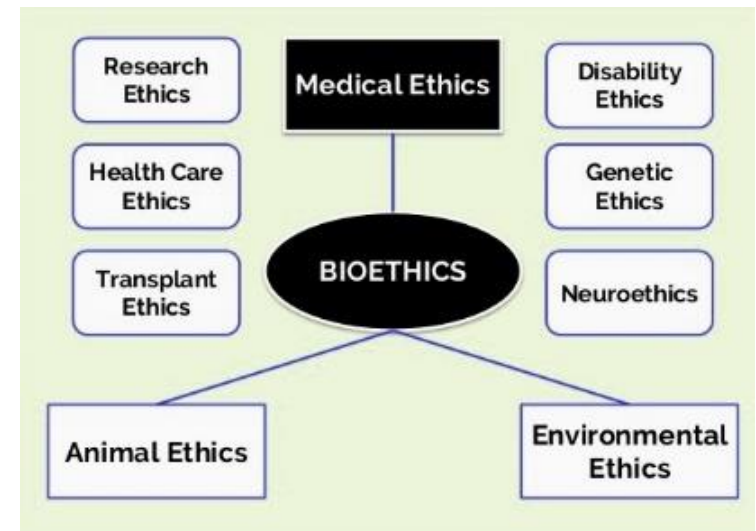

Advanced Medical Technology and the Brain

Questions on Personhood, Patient Autonomy and Patient Rights

Dr. Derrick Au
CUHK Centre for Bioethics

Bioethics – taking a broad view

- Studies the ways in which decisions in medicine and science touch upon our health and lives and upon our society and environment.
- A branch of Applied Ethics often requiring contribution from multiple disciplines including law, philosophy, theology, medicine, the life sciences, nursing and social science.
- Values at stake: human life, the dignity of the frail and elderly, just healthcare, bodily integrity and the ability to make reasonable decisions.



Adelaide Centre for Bioethics and Culture

<http://www.bioethics.org.au/Resources/Bioethical%20Issues.html>

About the Journal Club

- Topics of interest bringing people from different disciplines and affiliations together
 - Share thoughts in some depths
 - Evolve streams of ongoing discussions
 - Previous meetings:
 - Proxy decisions and respecting autonomy of elder patients
 - Medical dissensus and pluralism for end of life care
 - Moral distress in nursing
 - This one...considering ethical challenges from advanced medical technologies in neuro-interventions
-



Neuroethics: the practical and the philosophical

Martha J. Farah

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In comparison with the ethical issues surrounding molecular genetics, there has been little public awareness of the ethical implications of neuroscience. Yet recent progress in cognitive neuroscience raises a host of ethical issues of at least comparable importance. Some are of a practical nature, concerning the applications of neurotechnology and their likely implications for individuals and society. Others are more philosophical, concerning the way we think about ourselves as persons, moral agents and spiritual beings. This article reviews key examples of each type of issue, including the relevant advances in science and technology and their accompanying social and philosophical problems.

Introduction

Almost three decades ago, in the picturesque coastal retreat of Asilomar, California, a group of molecular biologists gathered to discuss the safety of the newly developed recombinant DNA technology. In the years since, concern about the risks of genetic engineering have remained prominent in the public consciousness, as well as commanding the attention of academic bioethicists, government regulators, and biologists themselves. At the start of the 21st century, neuroscience has developed to a point where it, too, may have profound effects on society, extending far beyond the research laboratory or medical clinic.

Like the field of genetics, neuroscience concerns the biological foundations of who we are, of our essence. The relation of self to brain is, if anything, more direct than that of self to genome. Perhaps more important, neural interventions are generally more easily accomplished than genetic interventions. Yet until recently there has been little awareness of the ethical issues arising from neuroscience. Beginning in 2002, neuroscientists began to address these issues in the scientific literature (e.g. [1–5]) and the field gained a name, 'neuroethics' [6].

Neuroethics encompasses a large and varied set of issues, and initial discussions focused on various different subsets of those issues. Some neuroethical issues concern the practical implications of neurotechnology for individuals and society. Technological progress is making it possible to monitor and manipulate the human mind with ever more precision through a variety of neuroimaging methods and interventions. For the first time it may be possible to breach the privacy of the human mind, and judge people not only by their actions, but also by their

thoughts and predilections. The alteration of brain function in normal humans, with the goal of enhancing psychological function, is increasingly feasible and indeed increasingly practiced. At the same time, progress in basic neuroscience is illuminating the relation between mind and brain, a topic of great philosophical importance. Our understanding of why people behave as they do is closely bound up with the content our laws, social mores, and religious beliefs. Neuroscience is providing us with increasingly comprehensive explanations of human behavior in purely material terms. Although the field of neuroethics is young and still evolving rapidly, the time seems ripe for a review in which the key issues of neuroethics, both practical and philosophical, are surveyed and placed in relation to one another.

Brain imaging and brain privacy

Among the neuroscience technologies that present new ethical challenges of a practical nature is functional brain imaging. This includes the familiar false-color images of positron emission tomography (PET) and functional magnetic resonance imaging (fMRI), as well as the electroencephalography-derived methods of event-related potentials (ERPs) and magnetoencephalography (MEG) and optical imaging methods such as near infrared spectroscopy (NIRS). These methods vary in their invasiveness and portability, which constrain the uses to which they can be put, although any one of them can be used to obtain personal information surreptitiously, in a study ostensibly designed for a different purpose. In principle, and increasingly in practice, imaging can be used to infer people's psychological states and traits [1,3,7].

For example, in 'neuromarketing' brain imaging is used to measure limbic system response to a product that may indicate consumers' desire for it. In one recent demonstration, brain activity related to soft drink preference was sensitive to both the taste of the drink and to the brand name, with Coke™ evoking more activity than Pepsi™ only when subjects knew which brand they were tasting [8]. To the extent that neuroimaging can measure unconscious motivation to buy, it provides a valuable new kind of information for marketers.

Another potential use for functional imaging of brain states is lie detection. Although fMRI-based lie detection is far from feasible in real-world situations, researchers have found correlates of deception in the laboratory [9]. ERPs come closer to providing actual brain-based lie detection. They have been used to identify 'guilty knowledge' by

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Ethical issues from advanced technology (1): First genetic engineering, then neural interventions

- “Neuroethics” – a term first coined in 2002.
- Like genetics, concerns the foundations of who we are, “our essence”.
- Some new ethical issues are not clinical: (1) brain imaging and ‘brain privacy’ – monitoring the human mind; (2) enhancing psychological functions – manipulating the human mind



Ethical issues from advanced technology (2): First genetic engineering, then neural interventions

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- Non-pharmaceutical Methods for altering brain functions rapidly moving from laboratory to clinical: transcranial magnetic stimulation (TMS), surgery, brain stimulation, brain-machine interfaces
- Philosophical – our conception of human nature, and ‘human soul’; moral responsibility and ‘blaming on the brain’; neuroscience edging out intuitive or religious views of persons.

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Review

Ethical considerations in deep brain stimulation for psychiatric illness

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ABSTRACT

Deep brain stimulation (DBS) is an efficacious surgical treatment for many conditions, including obsessive-compulsive disorder and treatment-resistant depression. DBS provides a unique opportunity to not only ameliorate disease but also to study mood, cognition, and behavioral effects in the brain. However, there are many ethical questions that must be fully addressed in designing clinical research trials. It is crucial to maintain sound ethical boundaries in this new era so as to permit the proper testing of the potential therapeutic role DBS may play in ameliorating these devastating and frequently treatment-refractory psychiatric disorders. In this review, we focus on the selection of patients for study, informed consent, clinical trial design, DBS in the pediatric population, concerns about intentionally or inadvertently altering an individual's personal identity, potential use of DBS for brain enhancement, direct modification of behavior through neurostimulation, and resource allocation.

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1. Introduction

Deep brain stimulation (DBS) is an efficacious surgical treatment for many conditions.^{1–3} It involves the implantation of electrodes into a particular region of the brain implicated in the pathophysiology of a neurologic or psychiatric disorder. Unlike its precursor ablative procedures, DBS has the benefit of being less destructive, reversible, and titratable to a patient's symptoms. DBS was approved by the US Food and Drug Administration (FDA) in 2001 for advanced Parkinson's disease (PD) and in 1997 for essential tremor (ET), and given its success in controlling many motor features of these conditions,⁴ the application of DBS was extended to dystonia. More recently, there has been immense interest in the potential application of DBS to psychiatric disorders. For example, there are ongoing multi-institutional, randomized sham-controlled clinical trials of DBS of the ventral capsule/ventral striatum and subgenual cingulate (VC/VCS) for treatment-resistant depression.^{5,6} The VS, and particularly the nucleus accumbens, has been shown to respond abnormally to pleasurable stimuli in patients suffering from severe depression.⁷ Using DBS in this region provided a 42% improvement in depression severity.⁸ Similarly, patients who received DBS to the subcallosal cingulate gyrus^{9,10} had an average response rate of 64.3%.¹¹

Functional neuroimaging has implicated certain brain regions in the pathogenesis of treatment-resistant obsessive-compulsive dis-

order (OCD) and depression (TRD), with DBS demonstrating promise in both of these psychiatric disorders. A pilot study of DBS of VC/VCS in 10 OCD patients, with long-term follow-up, reported a 36% decrease in disease severity and nearly a 50% improvement in global functioning.¹² This region of the brain has been consistently implicated in OCD,^{13–14} which is not surprising given its central position between the amygdala, basal ganglia, thalamus, and prefrontal cortex – all regions known to be involved in this disorder.^{15,16}

Despite these promising findings, some experts question whether there is currently enough preliminary evidence to warrant large-scale clinical trials. In a Consensus Conference examining the scientific and ethical issues in the application of DBS to affective disorders, some maintained that it is “premature to design large-scale randomized controlled trials of DBS for [affective disorders] before optimal targets and electrode settings have been determined in small, early-phase studies”.¹⁷ Nevertheless, positive outcomes from some pilot studies have led to the initiation of larger, randomized-controlled trials of DBS for mood disorders, which show encouraging results or are without adverse events for both depression and OCD.^{18–20} The recent limited FDA approval, a Humanitarian Device Exemption, of DBS for OCD²¹ provides further support for the future of broader testing of the feasibility, safety, and efficacy of DBS for neuropsychiatric conditions.

The explosion of new technology in the modern era has contributed to the birth of the subspecialty in bioethics known as neuroethics. This field encompasses the professional and procedural ethics of conducting neuroscience research, the manner in which

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Deep Brain Stimulation (DBS) for Psychiatric Illness (1)

- Implants electrodes to specific region of the brain implicated in the pathophysiology. Approved by FDA in 2001 for advanced Parkinson's Disease. Moved on to investigational treatment of resistant depression as. Early trials Is to treat OCD.
- Research ethics: Protection of vulnerable research subjects and aftercare. Risk of abuse. Informed consent is a real challenge. Sham surgery as control is another issue.



Deep Brain Stimulation (DBS) for Psychiatric Illness (2)

Identity and personhood issues:

- Self-adjusting or switching 'on'/'off' of pulse generators?
- How much change in established personality is acceptable?
- Adverse effects on memory?



Psychosurgery and Neuroimplantation: Changing What is Deep Within a Person

GRANT GILLET

Psychosurgery and neuroimplantation are two overlapping sets of procedures both aimed at 'the source of our pleasure, merriment, laughter and amusement, as of our grief, pain, anxiety and tears' (Hippocrates, 1978). Some of the techniques involved have demonstrable and relatively objective results but some do not; some have well-established indications and measures of success but others are controversial; all share the excitement of the new and appeal to both theorists and therapists. Such is the current interest in the interconnections between neuroscience and ethics that the term 'neuroethics' has been coined to cover the innovative academic (and non-academic) writing in this area (*Journal of Medical Ethics*).

The ethical aspects of interventions in the stuff of mind are best considered against a philosophical understanding of the mind or soul in relation to the brain. I will explore an Aristotelian understanding of that relation (1986) because it renders the mind/brain relation comprehensible and accessible to detailed discussion. It therefore allows a perceptive preview of the implications of mind/brain for psychosurgery, neural repair and neural enhancement with cybernetic technology in relation to issues of both well-being and identity.

ARISTOTLE ON THE SOUL

The Aristotelian soul is part of a holistic conception of human beings in which both matter and subjectivity are important (as it is for thinkers from St Thomas Aquinas to present day naturalistic philosophers). A helpful analogy is the form of a statue – say a statue of Diana – that exists as such in virtue of a particular configuration of a piece of bronze. The same bronze, recast into

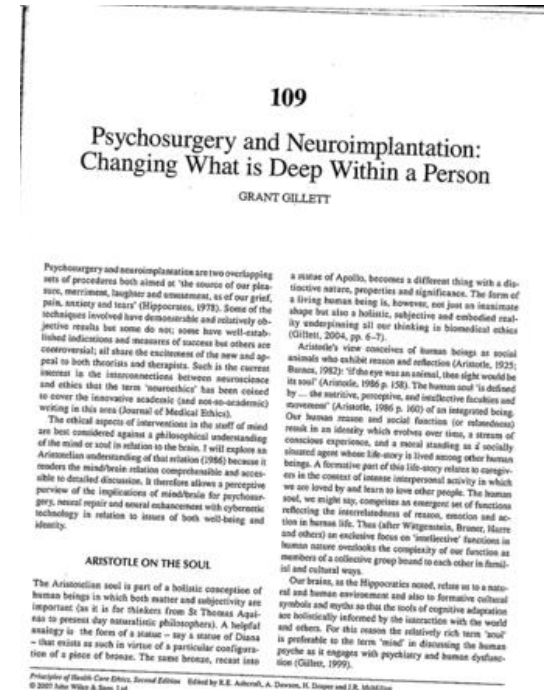
a statue of Apollo, becomes a different thing with a distinctive nature, properties and significance. The form of a living human being is, however, not just an inanimate shape but also a holistic, subjective and embodied reality underpinning all our thinking in biomedical ethics (Gillett, 2004, pp. 6–7).

Aristotle's view conceives of human beings as social animals who exhibit reason and reflection (Aristotle, 1925; Burns, 1982): 'if the eye was an animal, then sight would be its soul' (Aristotle, 1986 p. 158). The human soul 'is defined by ... the nutritive, perceptive, and intellective faculties and movement' (Aristotle, 1986 p. 160) of an integrated being. Our human reason and social functions (or relations) result in an identity which evolves over time, a stream of conscious experience, and a moral standing as a socially situated agent whose life-story is lived among other human beings. A formative part of this life-story relates to caregivers in the context of intense interpersonal activity in which we are loved by and learn to love other people. The human soul, we might say, comprises an emergent set of functions reflecting the interrelatedness of reason, emotion and action in human life. Thus (after Wittgenstein, Bruner, Harre and others) an exclusive focus on 'intellective' functions in human nature overlooks the complexity of our function as members of a collective group bound to each other in familial and cultural ways.

Our brains, as the Hippocratics noted, relate us to a natural and human environment and also to formative cultural symbols and myths so that the tools of cognitive adaptation are holistically informed by the interaction with the world and others. For this reason the relatively rich term 'soul' is preferable to the term 'mind' in discussing the human psyche as it engages with psychiatry and human dysfunction (Gillett, 1999).

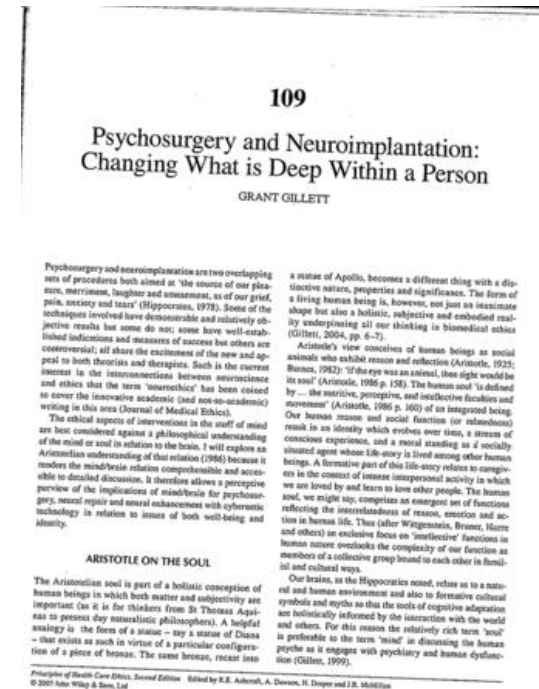
Philosophy of the Mind (or Soul) (1)

- Aristotle: The Human Soul defined by human reason and human relatedness.
- The bitter experience from ‘the lobotomy years’ – curing a disorder or transforming a person to someone who is more acceptable to the rest of us?
- Evaluation of objective good and patient’s subjective wish not easy – relevant assessment is affected by the evaluative and observer-dependent nature of the judgments.
- Embryonic tissue transplant has been a hot topic



Philosophy of the Mind (or Soul) (2)

- Clinical ethics issues: Pressure to use experimental treatments. Long term complications may be unknown.
- Cyborgs: part-human and part-machine complexes developing fast.
- “The technologies of the psyche are deeply problematic in that they straddle a deep-seated ideological divide.”
- “Don’t play with what lies deep in another person.” (Wittgenstein, 1980)



Thank you for your attention

