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Editorial

What is the role of the Bioethical Committees?

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When you check the history of medical sciences, you can see the tremendous advances in the treatment and prevention of diseases (health promotion is still in debt) achieved by scientific discoveries and development in medicine and health sciences. However, another tremendous fact darkens the progress of the medical sciences, that is the suffering of many thousands (probably millions) of people due to medical experimentation.

This fact is not part of remote times, indeed, many of the most horrible experiments with humans were made about 70 or 80 years ago. Furthermore, some of these kinds of experimentation were still running until 20 or 30 years ago, even in developed countries. Probably, in many least developed countries these experiments are still running.

Thus, is not a surprise that many ethical or deontological codes in medical sciences were developed in the last 60 or 70 years.[1] But what is really surprising is that many of these codes were based on other codes developed before the Second World War, precisely in countries where the violation of human rights through medical experimentation had reached its peak.

In any case, the current times for medical sciences (specifically for medical experimentation) are quite different. In fact, any experiment must to provide an absolute respect of the ethical principles, and other related principles. It is undeniable that this is another tremendous advancement (learning) of the medical sciences, and the faces of this advancement are the Bio-ethical committees, internal review boards, and other similar institutions.

However, there is not an universal accepted definition for what is, what makes or how to make a bioethical committee. If you do not believe me, just check the webpages of these committees around the world. Despite this, as I said, probably all these committees are the guardians of ethical principles in the medical science*s.*

According to Oxford Dictionary, a guardian is "A person who protects or defends something" or *"A person who is legally responsible for the care of someone who is unable to manage their own affairs, especially a child whose parents have died"*. Thus, the guardian must protect the weak and defenseless, in this case, the patients.

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So, the patients are the key persons in this situation. In the past, patients or any person involved in medical experimentation, were treated as guinea pigs, and even worst. Thus, we need guardians in order to prevent the horrible mistakes made in the past. But the key are the patients, not the guardians.

Going deeper in this issue, if we see the guardians we must look at their tools (weapons). With regret, I see that almost all tools used by these guardians could be summarized in one word: bureaucracy. When you see the confusion about the Informed Consent (process *versus* the holy bureaucratic form, in duplicate or triplicate) or the *primum non nocere* request for an oral examination or the use of questionnaires, then you get disappointed, frustrated and seeing nothing but another barrier for medical sciences.

Please, do not get me wrong, I am not saying that these committees are worthless or a mere obstacle that must be *archived*. But the bureaucracy involved in the review and approbation of research projects must be kept to a minimum and focus on protecting the rights of the patients, not in a long list of forms to be filled in triplicate.

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