

Editorial

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Good care is the reflection of care ethical. To improve the ethical quality of care, moral behavior is needed in addition to law and regulation. Personal involvement and motivation of care providers are considered an important element of good care. Thus, health care provider must change their perspective. Their education on medical ethics needs to be more practical oriented rather than theory. In addition, ethical reflection is contextual and experiential learning process. Bioethics training must be needed to foster inter alia and moral power of imagination of care providers.

In this issue, the first paper entitled *Ethical Implication of Genetic Gender Manipulation for Economic Recession* written by Osebor Ikechukwu Monday and Stephen CC Chukwuma Esq expressed their concern about scientific manipulation of the fetus to determine the gender of the offspring. Unbalance sex ratio and manipulation of genome linked to economic recession. They concluded that genetic gender manipulation should be regulated by strong law.

Miliva Mozaffor, Mariya Tabassum, Mohammad Tipu Sultan, Shamima Parvin in their article of *Ethical Considerations in Clinical Biochemistry and Laboratory Medicine: A Discussion Based on 'The Belmont Report'* highlighted the role of laboratory physicians in patient care and focused the ethical issues encountered during the pre-analytical, analytical and post-analytical phases of laboratory medicine practice and discussed those issues in the light of 'The Belmont Report'.

The third paper, *Therapeutic Contract and Ethical Practice in Counselling and Psychotherapy* Written by Sunjida Shahriah, Sunjida Islam, Khalid Arafat deliberated the ethical dilemmas faced by psychotherapists and counsellors to provide effective care. They debated the necessity of ethical demand of therapeutic contract in counselling and psychotherapy practice. Both the counsellor, the psychotherapist and the client and each member of the system should collaboratively agree the goals.

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