



United Nations
Educational, Scientific and
Cultural Organization



University Twinning
and Networking
Programme

UNESCO Chair in Bioethics 13th World Conference

Bioethics, Medical Ethics and Health Law

Ramada Hotel
Jerusalem, Israel
November 27-29, 2018



הרשות לפיתוח ירושלים
THE JERUSALEM DEVELOPMENT AUTHORITY

Program and Book of Abstracts

PROGRAM AT A GLANCE*

Tuesday, November 27, 2018											
	HALL A1	HALL A2	HALL B	HALL C	HALL D	HALL E	HALL F	HALL G	HALL H		
08:30-10:30	I	Reproduction	Bioethics and Holocaust		Death and Dying: Dilemmas	Medical Ethics: Women, Children and Elderly	Healthcare: Dignified and Non-Discriminatory	Ethics Research	Medical Law		
10:30-11:00		Coffee Break									
11:00-12:15		L	Opening Session								
12:15-13:30		A	Medical Ethics	Bioethics and Holocaust: Education		Death and Dying: End of Life	Non-Invasive Prenatal Testing	CPME – On Refugee Health	Bioethics Gender	Speech Therapy and Bioethics	
13:30-14:30	F	Lunch Break	Ethics in Public Health	Psychiatry, Psychology and Medical Ethics	Human Rights	ATID Dieticians Closed session	Medical Ethics: Duty of Care	Research Department Panel	Informed Consent		
14:30-16:00		Reproduction					Medical Ethics	Clinical Trials and Ethics Committees	Informed Consent	Bioethics and Medicine	
16:00-16:30		Coffee Break	Medical Ethics	Public Health: Service Costs	Bioethics: Benefit and Harm		Justice	Medical Ethics			
16:30-18:00		Medical Ethics					Bioethics General	Human Sustainability	Bioethics General		
18:00-19:30	Closed session										

Wednesday, November 28, 2018										
	HALL A1	HALL A2	HALL B	HALL C	HALL D	HALL E	HALL F	HALL G	HALL H	
08:30-10:00	Society for Medicine and Law in Israel	Medical Research	Neuro-Ethics	Ethics Committees: Challenges and Tools	Medical Ethics: Dilemmas	Ethics Committee of the Israel Psychiatric Association Closed session	Reproduction	Organ Transplantation	Ethics Education: Tools and Methods	
10:00-10:30		Coffee Break	Bioethics: Discrimination and Solidarity	Medical Law	Youth Bioethics Education		Ethics and Jewish Law	Medical Ethics: Globalization	Medical Ethics: Globalization	Emotional Intelligence (session in Hebrew)
10:30-12:00		Medical Negligence	Discrimination	Sham Peer Review	Youth Bioethics Education		Tobacco, Alcohol and Drugs	Ethics of a Religious Therapist		
12:00-13:30		Medical Ethics	Medical Ethics: The Digital Era	Medical Law	Bioethics Education		Informed Consent	Autonomy	Autonomy	Ethics Education: Skills and Technology
13:30-14:30	Lunch	Death and Dying through the Cultures	Medical Ethics: Management	Medical Law	Human Dignity					
14:30-16:00	Coffee Break	Death and Dying: Life's Beginning	Medical Ethics: Management	Medical Law	Medical Research					
16:00-16:30	Closed session									
16:30-18:00		Medical Ethics					Autonomy	Informed Consent	Bioethics Education	
18:00-19:30							Ethics in Psychiatry	Medical Research		

Thursday, November 29, 2018					
	HALL A1	HALL A2	HALL D	HALL E	HALL F
08:30-10:00	Ethical Dilemmas: Nursing	Organ Transplantation	Surrogacy	Bioethics General	
10:00-10:30	Coffee Break				
10:30-12:00	Ethical Dilemmas: Nursing (session in Hebrew)	Psychiatry, Law and Ethics	Genetics: Ethical Aspects	Bioethics General	
12:00-13:30		Ethics and Immigration	Genetics: Ethical Aspects	Bioethics General	Ethics in Physical Education

* subject to change



United Nations
Educational, Scientific and
Cultural Organization



UNESCO Chair
in Bioethics
University of Haifa

UNESCO Chair in Bioethics 13th World Conference on

Bioethics, Medical Ethics and Health Law

Program and Book of Abstracts

Ramada Hotel
Jerusalem, Israel
November 27-29, 2018

ISAS International Seminars

POB 574, Jerusalem, Israel • Tel: +972-2-6520574 • seminars@isas.co.il

www.bioethics-conferences.com



TABLE OF CONTENTS

Message from the Conference President	iii
Conference President and Committees	iv
Heads of UNESCO Chair in Bioethics Units	iv
Call for Establishment of New Bioethics Units	vii
General Information	viii
UNESCO Chair in Bioethics - International Forum of Teachers Statutes	ix
Scientific Program	xi
Abstracts (alphabetical order by author)	
Oral Presentations	1
Poster Presentations	101
Authors Index	117



MESSAGE FROM THE CONFERENCE PRESIDENT

The UNESCO Chair in Bioethics Haifa welcomes all of you to the 13th World Conference.

Your participation in the 13th World Conference, and the massive attendance of your colleagues has enabled us to offer this most impressive event, providing both quantity and quality, compared to all the previous bioethics conferences.

I am pleased to inform you that the number of centers ("Units") of the Chair has recently grown and now consists of 210 centers located in universities on five continents. The Chair currently operates about 3,000 volunteers on the steering committees of its units. The Teachers' Forum of the Chair has more than 800 educators in more than fifty countries.

In addition, the Chair operates many departments, including: The Research Department, the Education Department, the Bioethics for Youth Department, the Department of Bioethics in the Holocaust, the Official Bulletin of the Chair, the Journal of the Chair, the annual celebrations of "World Bioethics Day", the Website, and more.

The Chair continues to publish books and educational materials for teachers and students, and holds local, national and international seminars, courses and conferences.

The Chair enjoys fruitful cooperation with the World Medical Association and the International Federation of Medical Students Associations.

Personal invitation:

You are welcome to send an email to the Chair in order to receive information about the following programs (unesco.chair.haifa@gmail.com):

- ◆ Establish a new unit at your university
- ◆ Join the teacher's forum of the Chair
- ◆ Join the bioethics project for young people
- ◆ Register for the Doctoral Program for Bioethics
- ◆ Register for the 14th World Conference (May, 2020 at the University of Porto, Portugal)

The World Conference offers its participants an international platform for fruitful scientific discourse on more than 60 topics and subtopics in the fields of bioethics, medical ethics and medical law.

I wish you all a most interesting, fruitful and pleasant stay at the Conference.

Amnon Carmi

Prof. Amnon Carmi
President of the Conference



Conference President

Prof. Amnon Carmi, Israel

International Organizing Committee

Prof. Blachar Yoram, Chair

Prof. Benyakar Moty
Prof. Chongqi Wu
Prof. D'Souza Russell
Prof. Eidelman Leonid
Prof. Finberg John
Prof. Gordon David

Prof. Grinshpoon Alexander
Dr. Kloiber Otmar
Prof. Popova Sashka
Dr. Seebohm Annabel
Adv. Ullmann Tami
Adv. Wafner Leah

International Scientific Committee

Prof. Linn Shai, Chair

Dr. Chelouche Tessa
Dr. Gallin Stacy
Dr. Karni Tami
Prof. Nunes Rui
Dr. Peled Maya
Dr. Poraz Irit

Prof. Rakic Vojin
Prof. Tabak Nili
Prof. Tsai Daniel Fu Chang
Prof. Ullmann Yehuda
Dr. Vasinova Miroslava
Dr. Wietchner Naama

UNESCO Chair in Bioethics

Head and Chair Holder: Prof. Amnon Carmi

Coordinators of UNESCO Chair in Bioethics Divisions

African Division: Prof. Pierre Effa

Asia-Pacific Division: Prof. Russell D'Souza

Ibero-American Division: Prof. Moty Benyakar

European Division: Prof. Vojin Rakic

Portuguese Language Countries Division: Prof. Rui Nunes

Directors of UNESCO Chair in Bioethics

Administrative Manager: Mrs. Shoshana Golinsky

Education Department: Prof. Russell D'Souza

International Forum of Teachers: Prof. Sashka Popova

Holocaust Department: Dr. Tessa Chelouche, Dr. Stacy Gallin

Research Department: Prof. Rui Nunes

Managing Editor of "Global Bioethics Inquiry": Prof. Russell D'Souza

Youth Bioethics Education: Dr. Miroslava Vasinova

Website Master: Prof. Daniel Fu Chang Tsai

Coordinator of Bioethics Voices Newsletter: Dr. Miroslava Vasinova

International Committee of World Bioethics Day: Dr. Praveen Kumar Arora

Bioethical Voices Newsletter & Conference Press Office: Dr. Giacomo Sado

Heads of UNESCO Chair in Bioethics Units

Afghanistan / Kandahar: Dr. Noor Khaliq Noor

Albania / Tirana: Dr. Altin Stafa

Argentina / Maimonides University: Prof. Gustavo Tafet

Argentina / San Isidro - Acassuso: Dr. Daniel Lopez Rosetti

Argentina / University National de San Luis:

Dr. Eduardo Raul Ramos

Argentina / University of Buenos Aires:

Prof. Moty Benyakar

Argentina / University of Buenos Aires - IBIS:

Prof. Juan Jorge Michel Farina

Argentina / University of Moron: Dr. Enrique Mario Novelli

Armenia / Yerevan: Dr. Susanna Davtyan

Australia / New South Wales: Dr. Irina Pollard

Austria / Innsbruck: Prof. Gabriele Werner-Felmayer

Azerbaijan / Baku: Prof. Dr. Vugar Mammadov

Belgium / Ghent: Dr. Sigrid Sterckx

Bosnia-Herzegovina / Banja Luka:
Prof. Dr. Igor Milinkovic

Bosnia-Herzegovina / Sarajevo: Prof. Dr. Sabina Semiz

Brazil / Alagoas: Dr. Angela Canuto

Brazil / Centro Belo: Dr. Jesus de Almeida Fernandes

Brazil / Conselho Regional:
Dr. Joao Goncalves de Medeiros Filho

Brazil / Famaz: Prof. Adriana Leticia Barbosa dos Santos

Brazil / Hospital Das Clinicas: Dr. Chin An Lin

Brazil / Mato Grosso: Dr. Dalva Alves das Neves

Brazil / National School of Public Health:
Prof. Sergio Rego

Brazil / Real Hospital Portuguese: Dr. Maria do Carmo
Lencastre de Menezes e Cruz Dueire Lins

Brazil / Regional Council Ceara:
Dr. Ivan de Araujo Moura Fe

Brazil / Santa Casa Medical School:
Prof. Dr. Decio Cassiani Altimari

Brazil / Santa Catarina: Dr. Armando José D'Acampora

Brazil / Santa Marcelina Medical School:
Dr. Jose T. Thome

Brazil / Santo Amaro University:
Prof. Clovis Francisco Contantino

Brazil / UniCEUB: Dr. Evaldo Lima da Costa

Brazil / University Federal Parana:
Dr. Pedro de Paula Filho

Brazil / University of Campinas: Dr. Flavio Cesar de Sa

Bulgaria / Sofia: Prof. Sashka Popova

Cameron / Yaoundé: Prof. Pierre Effa

China: Prof. Chongqi Wu

China / Binzhou Medical University: Prof. Wang Liqing

China / Central South University: Prof. Chen Yunliang

China / Dalian Medical University: Prof. Shi Yue

China / Fujian University: Prof. CanDong Li

China / Guangxi Medical University: Prof. Li Xiaoping

China / Hainan Medical University: Prof. Su Yuju

China / Hangzhou: Prof. Zhang Zhiliang

China / Health Economics & Management School:
Prof. Tian Kan

China / Inner Mongolia: Prof. Zhao Xingsheng

China / Jining: Prof. Wang Deguo

China / Kuming Medical University: Prof. Deng Hong

China / Medical Health Open School - Guangxi:
Prof. Qin Anning

China / School of Marxism: Prof. Chen Jun

China / Shandong: Prof. Shu Defeng

China / Shandong Academy - Bioethics:
Prof. Chen Xiaoyang

China / Shandong University: Prof. Man Hongjie

China / Soochow: Prof. Chen Liang

China / Southwest Medical University: Prof. Liao Bin

China / Weifang: Prof. Hu Youli

China/ Xian Medical University: Prof. Mrs. Xiong Dongmei

Colombia / Bogota: Prof. Andrea Hellemeyer

Colombia / Villavicencio:
Prof. Ariel Marcel Tarazona Morales

Colombia / Villavivencio: Dr. Gina Lorena Garcia Martinez

Croatia / Osijek: Dr. Ivica Kelam

Croatia / Zagreb: Suncana Roksandic Vidlicka

Cyprus / Limassol: Prof. Andrie Panayiotou

Czech Republic / Prague: Dr. Tomas Dolezal

Demark / Copenhagen: Dr. Bogi Eliassen

Fiji / St. Suva: Ms. Sharon Biribo

Finland / Turku: Dr. Susanne Uusitalo

Former Yugoslav Republic of Macedonia / Skopje:
Prof. Dr. Dejan Donev

Former Yugoslav Republic of Macedonia / Tetovo:
Prof. Mentor Hamiti

France / Nancy: Prof. Henry Coudane

Gabon / Libreville: Prof. Pierre Dominique Nzinzi

Germany / University of Applied Sciences & Art -
Hannover: Prof. Dr. Gerhard Fortwengel

Ghana / Kumasi: Rev. Fr. Dr. John Kwaku Oppku

Greece / Athens: Prof. Dr. Evangelos D. Protopapadakis

Iceland / Reykjavik: Dr. Salvor Nordal

India / Adesh Institute: Dr. GPI Singh

India / Ahmednagar: Air MSHL. Dr. D.P. Joshi

India / AIIMD: Dr. Sanjeev Misra

India / Anand Gujarat State Unit: Prof. Dr. Barna Ganguly

India / Annammal: Dr. Austin Jayalal

India / Aurangabad: Dr. S.P. Dange

India / Bhavnagar: Prof. Dr. Chinmay Shah

India / B.K.L. Walawalkar: Prof. Dr. Arvind Yadav

India / Chennai: Prof. Dr. P. Thangaraju

India / Chennai: Prof. Dr. P.V. Vijayaraghavan

India / Chennai: Prof. Geethalakshmi

India / Chennai CARE: Prof. K. Ravindran

India / CMCHRC Irungalur Trichy: Dr. T.S. Gugapriya

India / DUP Pune: Dr. Shalija Mane

India / Durg University: Dr. Shailendra Saraf

India / Faridkot: Prof. Dr. Raj Bahadur

India / Gandhinagar: Prof. Dr. Parthasarathi Ganguly

India / Gangtok Sikkim North East:
Prof. Dr. Mingma Lhamu Sherpa

India / Gov. MK: Prof. M.K. Ragendran

India / Haryana State Rohtak: Prof. Dr. O.P. Kalra

India / Jabalpur: Prof. Dr. S.P. Pandey

India / Jaipur: Dr. Raja Babu Panwar

India / Kochi - Kerala: Prof. Dinesh Narayanan

India / Kolhapur: Dr. Shimpa Sharma

India / Kolkatta: Prof. Dr. Bhabatos Biswas

India / Kozikode: Dr. Jayakrishnan Thayyil

India / Loni - Maharashtra: Prof. Dr. S.D. Dalvi

India / Lucknow: Prof. Ravi Kant

India / Madurai - VELAMMAL Medical College:
Prof. Dr. John Rajpathy

India / MAEER's Pune: Dr. Priya Chitre

India / Mahatma Gandhi Vidyamadir's K.B.H. Dental
College & Hospital: Dr. Sanjay V. Bhavsar

India / Mangalore: Dr. Nagesh KR

India / Mangalore: Prof. Dr. Animesh Jain

India / Mangalore - KSHEMA Medical College:
Dr. Satheesh Bhandary

India / Manipal - Karnataka State Unit:
Prof. Dr. Mary Mathew

India / MGUMST University Jaipur Pune:
Prof. Dr. Simmi Mehra

India / MIMER Pune: Prof. (Col) Derek D'Souza

India / MIO Mangalore: Dr. Suresh Rao

India / Mullana - Ambala MM University:
Dr. Sankalp Dwivedi

India / Mullana MMCD SR Dental College: Dr. Soheyl Sheikh

India / Mumbai: Dr. Anu Kant Mital

India / Mumbai: Dr. R.N. Bharmal

India / Mumbai: Prof. Dr. Praveen Shingre

India / Mumbai - Lokmanya: Dr. Mangesh Lone

India / Mumbai - MUHS Navi: Dr. Kanchanmala Ghorpade

India / Mumbai - Somaiya: Prof. Dr. Vinayak Sabnis

India / Mumbai Cooper: Dr. Prasad Pandit

India / Mumbai GSMC KEM College & Hospital:
Dr. Santhosh Salagre

India / Mumbai MGM Navi: Dr. Sudhir N. Kadam

India / Mumbai Nair Dental College: Prof. Dr. K S Banga

India / Nagpur Maharashtra: Prof. Dr. Kajal Mitra

India / Nanded: Dr. C.B. Mhaske

India / Nashik: Prof. Dr. Pradip Barde



India / Nashik Pune: Dr. Deelip Mhaisekar
India / NCT New Delhi: Dr. B.R. Sharma
India / New Delhi: Dr. Adit Desai
India / New Delhi: Dr. Deepak Singla
India / New Delhi – Dr. Ram Manohar Lohia Hospital:
Prof. Dr. Smita N Deshpande
India / New Delhi – National Board Examinations:
Prof. (Dr.) Bipin Batra
India / New Delhi IMA National Unit:
Prof. Dr. R. Wankhedkar
India / Pharmacy: Dr. T.K. Ravi
India / PIMS Ganagachettikula: Dr. Rema Devi
India / Raipur Nodal Centre Chhattisgarh State Raipur:
Prof. Dr. G.B. Gupta
India / Sevagram: Dr. Samir Yelvatker
India / SGRDUHS Amratar: Dr. AP Singh
India / SGT Gurgaon: Dr. T.D. Dogra
India / Shillong: Prof. Dr. Rituparna Barooah
India / Sree Mookambika Institute: Dr. G. Padmakumar
India / Srinagar Kashmir: Prof. Dr. Salim Khan
India / St. John's Research Institute: Dr. Olinda Timms
India / Sundaram: Prof. S. Arulraj
India / Tamil Nadu Nurses: Prof. S. Ani Grace Kalaimathi
India / Thrissur: Dr. E. Mohandas
India / Thrissur: Dr. MKC Nair
India / Trissur Kerala: Prof. Dr. P.C. Gilvaz
India / Trivandrum: Prof. Dr. Geetha O.
India / Vellore Tamil Nadu: Prof. Dr. Kuryan George
India / Wardha Meghe Institute: Dr. Abhay M. Gaidhane
Indonesia / Surabaya: Prof. Siti Pariani
Ireland / Galway: Dr. Oliver Feeney
Israel / Haifa: Prof. Shai Linn
Israel / Zefat: Prof. Tamar Gidron
Italy / Saint Vincent: Dr. Miroslava Vasinova
Japan / Tokyo: Prof. Mitsuyasu Kurosu
Kazakhstan / Almaty: Dr. Sadykova Aizhan
Kazakhstan / Astana: Prof. Bakhyt Sarymsakova
Kenya / Kericho: Prof. Marion W. Mutugi
Kosova / Hospital & University Clinical Center Shtime:
Dr. Miftar Zenelaj
Latvia / Riga: Dr. Inars Neiders
Lithuania / Klaipeda: Prof. Dr. Gintautas Vyšniauskas
Malawi / Blantyre: Prof. Joseph Mfutso-Bengo
Malaysia / Kuala Lumpur: Prof. Parameshvara Deva
Malaysia / Selangor: Prof. Chin Kin Fah
Mexico / Puerto Vallarta:
Prof. Sergio Alberto Viruete Cisneros
Mexico / Queretaro: Dr. Hilda Romero Zepeda
Moldova / Chisinau: Dr. Igor Codreanu
Montenegro / Podgorica: Prof. Aneta Boskovic
Nepal / Dhahran: Dr. Dhana Ratna Shakya
Netherlands / Rotterdam: Prof. Dr. Maartje Schermer
Nigeria / Kaduna: Dr. Halima Bello-Manga

Nigeria / Nsukka: Prof. Felix Nzube Chukwunkeke
Nigeria / Port Harcourt: Prof. Victor Wakwe
Norway / Trondheim: Dr. Lars Ursin
Pakistan / Islamabad: Prof. Rizwan Taj
Pakistan / Lahore: Dr. Sarosh Saleem
Philippines / Manila: Prof. Maria Salome N. Vios;
Agnes D. Mejia
Poland / Lodz: Anna Alichniewicz; Monika Michalowska
Poland / Warsaw: Dr. Joanna Rozynska
Poland / Warsaw Lazarski University: Dr. Maria Ciesielska
Poland / Zielona Gora: Prof. Martyna Laszewska-Hellriegel
Portugal / Porto: Prof. Rui Nunes
Portugal / Portuguese Association: Dr. Francisca Rego
Romania / Iasi: Prof. Elena Toader
Russia / St. Petersburg: Prof. Galina Mikirtichan
Russia / Volgograd: Prof. Alena Donika
Serbia / Beograd: Prof. Vojin Rakic
Slovenia / Ljubljana: Prof. Toni Pustovrh
South Africa / Potchefstroom Campus:
Prof. Dr. Reaan (AL) Rheeder
Spain / Madrid: Dr. Benjamin Herreros
Spain / Murcia: Prof. Julian Valero-Torrijos;
Prof. Maria Magnolia Pardo-Lopez
Sri Lanka / Angoda: Dr. Harischandra Gambheera
Sri Lanka / Kelaniya: Dr. Madawa Chandratilake
Sudan / Khartoum: Dr. Hanan I.M. Tahir
Sudan / Khartoum: Dr. Sawsan El Mekkawi
Taiwan / E-Da Hospital Taipei: Dr. Chi-Wei Ling
Taiwan / Fu-Jen Catholic University Taipei:
Dr. Hou-Chang Chiu
Taiwan / Mackay Medical Taipei: Dr. Ling-Lang Huang
Taiwan / National University Taipei:
Prof. Daniel Fu-Chang Tsai
Taiwan / Taichung Taipei: Dr. Jeng-Yuan Hsu
Taiwan / Tzu Chi University: Prof. Ying-Wei Wang
Turkey / Ankara: Prof. Dr. Nuket Ornek Buken
Uganda / Kampala: Prof. C. Ibingira
Ukraine / Kyiv: Dr. Radmyla Hrevtsova
United Kingdom / Birmingham: Dr. June Jones
United Kingdom / Cardiff: Prof. Baroness Llora Finlay
United Kingdom / Swansea: Mrs. Chantal Patel
United States of America / Cambridge MA:
Dr. Harold J. Bursztajn; Ass. Prof. Terry Bard
United States of America / Florida:
Prof. Joseph E. Thornton
United States of America / Indiana: Prof. Susan Zinner
United States of America / North Carolina:
Prof. Cristina Richie
United States of America / Yale: Dr. Lori Bruce
Uzbekistan / Tashkent: Prof. Zamira Mukhamedova
Venezuela / Merida: Prof. Ximena Paez
Vietnam / Hanoi: Prof. Nguyen Duc Hinh
Zambia / Lusaka: Dr. Bornwell Sikateyo

Under the auspices of

- ◆ United Nations Educational, Scientific and Cultural Organization (UNESCO)
- ◆ World Medical Association (WMA)
- ◆ World Psychiatric Association (WPA)
- ◆ World Federation for Medical Education
- ◆ IFMSA – International Federation of Medical Students' Associations
- ◆ International Center for Health, Law and Ethics, Haifa University
- ◆ Israel Bar Association
- ◆ Israeli Medical Association
- ◆ The Society for Medicine and Law in Israel



UNESCO Chair
in Bioethics
(Haifa)

The UNESCO Chair in Bioethics promotes
**A Call for the Establishment
of New Bioethics Units**

You are invited to establish a new UNIT at your Institute!

*

The United Nations Educational Scientific and Cultural
Organization (UNESCO) established (2001) the

UNESCO Chair in Bioethics (Haifa)

The purpose of the CHAIR is to build, activate, co-ordinate and
stimulate an International Network of Units in Academic
Institutes for Ethics Education.

*

The Chair has established until now 210 Units
in 77 countries and regions in the five continents.

*

If you wish to establish a new UNESCO Unit in your own institute
and to receive more details, guidelines and list of other Units,
see: www.unesco-chair-bioethics.org



GENERAL INFORMATION

Conference Venue:

Ramada Hotel

Vilnai Street, Jerusalem, Israel

Tel: +972-2-6599999

Press Office:

Dr. Giacomo Sado, +39 335 57 89671 or at the conference information desk

Social Events:

Get-Together Cocktail, Gala Dinner and Social Evening (\$69)

Tuesday, November 27, 2018 ♦ Ramada Hotel Ballroom

20:00 Cocktail Dance Performance (by the Jerusalem Folklore Ensemble)

21:00 Get-together Dinner

Farewell Cocktail, Gala Dinner and Social Evening (\$79)

Wednesday, November 28, 2018 ♦ Ramada Hotel Ballroom

20:00 Cocktail and Solo Performance by Bat-El: *Bigger is Better*, followed by Klezmer music performance

21:00 Gala Farewell Dinner

Accompanying Persons: Accompanying persons do not have entry to lecture halls. The registration fee includes get-together dinner, gala dinner and folklore evening, and half-day tour.

Tours: Please contact the hospitality desk

Certificate of Participation: A certificate of participation will be supplied upon request.

An exhibition of art works entitled “Weight of Words, Power of Pictures” depicting case studies of bioethical interest will be on display in the poster area. The artist will be available for questions for the duration of the Congress.

Access to Lecture Rooms: Your registration fee includes entry to sessions, conference program and book of abstracts, two lunches and coffee breaks. Seating is on a “first-come, first-served” basis. We recommend you go to the lecture room well before the session starts. Safety regulations require us to limit access to the session if the room is filled to capacity. A sweater or jacket is recommended, as the conference rooms may be cool.

Name Badges: Your personal name badge serves as your passport to the scientific sessions. Participants are expected to wear their badges visibly at all times.

No badge = no entry. Badge replacement costs \$25.

Note: ISAS International Seminars, UNESCO, the UNESCO Chair and all the sponsors shall not be responsible for and shall be exempt from any liability in respect of any loss, damage, injury, accident, delay or inconvenience to any person, or luggage or any other property for any reason whatsoever, for any tourist services provided. Personal travel and health insurance is recommended.

Conference Website:

www.bioethics-conferences.com

Conference Secretariat and PCO:

ISAS International Seminars • POB 574, Jerusalem 91004, Israel • Tel: +972-2-6520574

seminars@isas.co.il • www.isas.co.il

In case of emergency: +972-50-6758792



UNESCO Chair in Bioethics

International Forum of Teachers

Statutes

The Steering Committee of the International Network of the UNESCO Chair in Bioethics discussed, decided and announced the establishment of the Chair's International Forum of Teachers in its Annual Meeting that was held on the 18 November, 2013, in Naples, Italy.

Article 1: The Forum

- a. The International Forum of Teachers (referred to hereinafter as the "IFT") will be part of the Education Department of the International Network of the UNESCO Chair in Bioethics.
- b. IFT will consist of teachers that have been admitted pursuant to the requirements of these Statutes.
- c. English is the working language of IFT.
- d. The office of IFT shall be located in the country of residence of the Director.

Article 2: Aims

- a. The aim of the IFT is to form and activate an organ that will function as a mechanism for the realization of the objectives and activities of the IFT.
- b. To collect, unite, involve and activate teachers of bioethics, ethics and medical law.
- c. To promote and advance the study, discussion and teaching of bioethics, ethics and medical law.
- d. To address any matters that involve issues of bioethics, ethics or medical law.

Article 3: Activities

The IFT will pursue its aims by, inter alia:

- a. Promoting and advancing synergies and co-operation among its members;
- b. Facilitating exchange of experience and information of programs and projects;
- c. Developing and distributing educational programs and materials;
- d. Initiating and organizing meetings;
- e. Initiating and organizing courses and seminars;
- f. Initiating and encouraging compilation, publication and translation of professional materials;
- g. Establishing committees to deal with specific issues;
- h. Pursuing other means harmonious with the aims of IFT.

Article 4: Membership

- a. Membership of IFT shall be open to all who have graduated from a university or equivalent academic institution, who are or were involved in teaching of bioethics, ethics or medical law, and who are interested in the fulfillment of the aims of IFT.
- b. An application for membership + a CV shall be addressed to the Director. The Director will verify that the application complies with Article 4(a) and will refer it to the President.
- c. The decision to admit a teacher to the IFT is made by the President and the Director.
- d. The refusal of membership shall be decided by the Council.
- e. The Steering Committee is entitled to bestow honorary membership.
- f. The Steering Committee is entitled to bestow Senior Membership titles.
- g. Membership shall terminate upon resignation, expulsion decided by the Council or death.
- h. A register of membership shall be kept under the authority of the Director.
- i. Members of the IFT shall be entitled, inter alia, to:
 1. Attend and vote in person at the Assembly;
 2. Stand for election to the Council;
 3. Be appointed to IFT committees;
 4. Enjoy specific benefits, rights and reduced fees available only to members of the IFT
- j. The Assembly is entitled to decide about the imposition of dues.



Article 5: Structure

The organs of the IFT shall be the Assembly, the Council, the President, the Director, the Steering Committee and the committees.

Article 6: The Assembly

- a. The Assembly shall be made up of currently members of the IFT. Each member shall have one vote. A member's vote shall be cast only in person.
- b. Extraordinary meetings of the Assembly may be convened by the Council or the Steering Committee.
- c. The Assembly shall meet ordinarily on the occasion of the world congress of the Chair.
- d. The agenda of the Assembly shall include the reports of the President, the Director, and the Chairperson of the Council, the election of the President, the Director, the members of the Council and the Steering Committee. The agenda will include the determination of membership dues and additional issues as proposed by a member of the Steering Committee.
- e. All decisions from the Assembly will be made with absolute majority of the valid votes. The President has a casting vote.

Article 7: The Council

- a. The Council shall consist of not more than thirty members.
- b. The Assembly shall elect members of the Council for a two-year period. Members of the Council shall be eligible for no more than two successive re-elections.
- c. Candidatures for the Council shall be addressed to the Director at least three months before the commencement of the next world congress.
- d. The Council will prepare the Assembly. The Council will carry out the resolutions of the Assembly. The Council will develop activities with a view to realizing the IFT's aims.
- e. The Council may delegate any of its powers to the Steering Committee.

Article 8: The Steering Committee

- a. The Steering Committee shall consist of the President, the Director and additional three members.
- b. The Steering Committee shall run the daily management of the IFT. The Steering Committee through the Director shall inform the members of the IFT activities, provide them with advice on request, and assist them when possible.

Article 9: The President

- a. The President shall be eligible for re-election as long as he or she is ready to do so.
- b. The President shall convene and chair the meetings of the Assembly, the Council and the Steering Committee. In the absence of the President the chair will be taken by the Director, and in the absence of the later by a member of the Steering Committee.

Article 10: The Director

- a. The Director shall be eligible for re-election as long as he or she is ready to do so.
- b. The Director shall take minutes of the proceedings of the various meetings, issue notices to the members, and conduct correspondence. The Director shall submit periodic report on activities to the Council.
- c. The Director shall exercise the day-to-day management of the IFT, as well as powers delegated by the Council and the Steering Committee.

Article 11: Amendment of the Statutes

All of the articles of these statutes may be amended by approval of the Assembly by a resolution adopted by a two-thirds majority of those present.

Article 12: Dissolution

The IFT will be dissolved through:

- a. A decision made by the Assembly.
- b. The complete absence of members.
- c. A decision made by the Head of the UNESCO Chair in Bioethics

SCIENTIFIC PROGRAM*

Tuesday, November 27, 2018

07:30: Registration

08:30-10:30: Parallel Sessions

HALL A2	HALL B	HALL D	HALL E
<p>Reproduction</p> <p>Co-Chairs: A. Stuhmcke, Australia; S. Zuckerman, Israel</p> <p>Preimplantation Genetic Diagnosis for Cancer Predisposition: Ethical Implications of BRCA1/2 Carriers Performing PGD Shachar Zuckerman, Gheona Altarescu, Shaare Zedek Medical Center, Israel</p> <p>The 'New Jane Crow': Fetal Protection Laws and the Criminalization of Pregnancy Outcomes Kelly McGee, Georgetown Law, USA</p> <p>Identifying Controversy: A Multi-Stakeholder Q Methodology Study on Social Egg Freezing Johanna Kostenzer, Antoinette de Bont, Erasmus University Rotterdam, Netherlands</p> <p>Seeking Donor Eggs across Borders: Analysing Destination Choice through an Australian Fertility Forum Anita Stuhmcke, Jenni Millbank, Isabel Karpin, University of Technology Sydney, Australia</p> <p>The 'Sperminators' and the Reproductively Wronged: An Update on Sperm Bank Errors and Liability Barbara Pfeffer Billauer, Haifa University, Israel</p>	<p>Bioethics and Holocaust</p> <p>Co-Chairs: T. Chelouche, Israel; J. Friedmann, Austria</p> <p>Manipulating Birth to Implement Genocide Beverly Chalmers, International Perinatal Health Consultant, Canada</p> <p>The Cooperation of the University of Innsbruck with National Socialist Health Offices in Forced Sterilization and Castration in Tyrol-Vorarlberg 1940-1945 Ina Friedmann, University of Innsbruck, Austria</p> <p>Beneficial Medicine: Artistic Responses Andrew Weinstein, State University of New York, USA</p> <p>The Medical Review Auschwitz Project Maria Ciesielska, Lazarski University, Piotr Gajewski, Polish Institute for Evidence Based Medicine, Poland</p> <p>Seven Decades after the Nuremberg Trials: The Thin Line between Medical Care and Clinical Research in Israel Limor Malul, Zefat Academic College, Shulamit Almog, University of Haifa, Nadav Davidovitch, Ben-Gurion University of the Negev, Israel</p> <p>Medical Experimentation During and After World War 2 Susan Miller, Houston Methodist Research Institute, William Silvers, USA</p> <p>"Better Late than Never": The Connection between UNESCO and the Nuremberg Medical Trial Tessa Chelouche, Technion - Israel Institute of Technology, Israel, Stacy Gallin, Misericordia University, USA</p>	<p>Death and Dying – End of Life: Dilemmas</p> <p>Co-Chairs: M. Zenelaj, Kosovo; T. Bard, USA</p> <p>End of Life Dilemmas Terry Bard, Harvard University Medical School, USA</p> <p>Communication of Hope and Desire for Completeness Antonio Di Somma, Italy</p> <p>Assisted Suicide: Anticipating the Slippery Slope Elena R. Tudose, Open University, UK</p> <p>Between the Individual and the Family: The Family's Place in Making Decisions at the End of Life Gila Yakov, Yizreel Valley College / Israel Institute of Technology, Tali Samson, Ben-Gurion University, Israel</p> <p>"Constructing Values": A Grounded Theory for Nurses' Experiences of Caring for Dying Patients Si-Pan, Xianhong Li, Siyuan Tang, Jia Chen, Central South University, China</p> <p>Euthanasia and Psychiatrist's Assistance - The Challenge of Ethical Principles Miftar Zenelaj, The Hospital and University Clinical Service of Kosovo, Terry Bard, Harvard Medical School, USA</p> <p>A Two-tier Situation: What is Wrong with Assisted Suicide Tourism and Why it Does Not Help in Changing Existing Prohibition of Assisted Suicide in Countries of Origin? Daniel Sperling, Yezreel Valley Academic College, Israel</p>	<p>Medical Ethics: Women, Children and Elderly</p> <p>Co-Chairs: K. Smith, Canada; S. Gangani, India</p> <p>The Mediating Role of Coping Style: Associations between Intimate Partner Violence and Suicide Risks among Chinese Wives of Men Who Have Sex with Men Weizi Wu, Xianhong Li, Central South University, China</p> <p>Relational Suffering: The Distribution of Anguish and Possibility for Redemption in Palliative Care Kristina Smith, Michael Atkinson, University of Toronto, Canada</p> <p>Prevalence of Adverse Birth Outcomes and Disparity of Unmarried Women in Korea Yeoni Choi, Ock Joo Kim, Seoul National University, GyeongSil Lee, Sang Min Park, Seoul National University Hospital, In Gyu Song, Kyung Hee University Hospital at Gangdong, South Korea</p> <p>A Study of Awareness and Knowledge about Menstrual Health and Hygiene amongst Adolescent Girls Sheerish Gangani, Dr. D.Y. Patil Medical College, India</p> <p>The Path of Social Security and Support System for Hospice Care in the Elderly Wang Xingming, Binzhou Medical University, Liao Cheng, China</p> <p>The Right to Choose Where to Give Birth, as Part of the Women's Right on Their Body's Hila Nadav Carmel, Adam Mickiewicz University, Poland</p>
<p>HALL F</p> <p>Healthcare: Dignified and Non-Discriminatory</p> <p>Co-Chairs: O. Naci Karahanci, Turkey; M. Sokolowski, Canada</p> <p>Sociology to Improve Burned Patient Care Camille Gravelier, Henry Coudane, Gisèle Kanny, Laetitia Goffinet, Ingrid Volery, Jane Laure Danan, Bernard Kabuth, Jean Pierre Kahn, Martine Batt, Laurent Martrille, Alain Trognon, Joëlle Lighizzolo, France</p> <p>When Does Ethics Start for Healthcare Workers? A Strange Ambulance Story in Turkey Onur Naci Karahanci, Kafkas University and Ankara Medical Chamber, Turkey</p> <p>Describing a Disease as More or Less Severe Influences Perceived Certainty about One's Disease Risk Sarah Hayes, Jennifer Taber, Kent State University, USA</p> <p>Therapeutic and Preventive Gardens for an Ethically Distributed Intelligence Martine Batt, Alain Trognon, Manon Yzoard, Louise Bernez, University of Lorraine, France</p> <p>Dementia and the Advance Directive: Case-Based Lessons from the Bedside Marcia Sokolowski, Baycrest Health, University of Toronto, Ben Gurion University, Israel</p> <p>A Moonshot Project for a Longer and Healthier Life. Ethical Questions. Didier Coeuemelle, Heales (Healthy Life Extension Society), Belgium</p>	<p>HALL G</p> <p>Ethics Research</p> <p>Co-Chairs: C. Coleman, USA; C. Kirimuhezuya, Uganda</p> <p>Transnational Policy Migration, Interdisciplinary Policy Transfer and Decolonization: Tracing the Patterns of Research Ethics Regulation in Taiwan Zhen-Rong Gan, National Cheng Kung University, Taiwan, Mark Israel, Australasian Human Research Ethics Consultancy Services, Australia</p> <p>Beyond Research with Human Participants: Rethinking the Regulating Triggers for Prospective Ethics Review Carl Coleman, Seton Hall University, USA</p> <p>Compulsory Indigenous Ethical Codes: A Moral Requisite Danielle M. Paccia, University of Alabama, USA</p> <p>An Evaluation of Ethical Concerns Raised by a Ugandan Research Ethics Committee Using the Principles and Benchmarks Proposed by Emanuel et al. (2008; 2004) Claude Kirimuhezuya, Kampala International University, Uganda, Douglas R. Wassenaar, University of Kwazulu Natal, South Africa</p> <p>Insight on Research Ethics: What Are the REAL Issues (Research, Ethics, Applications and Law)? Alice Rene, National Center for Scientific Research CNRS, France</p> <p>Studying Public Health Regulation from the Perspective of Paternalism Su Yuju, Hainan Medical University, China</p> <p>Bioethics Committee and Process of Regulating Genetically Modified Crops in the Republic of Croatia Ivica Kelam, Strossmayer University of Osijek, Croatia</p>	<p>HALL H</p> <p>Medical Law</p> <p>Co-Chairs: P. K. Arora, India; B. Cohen, USA</p> <p>Kill First, Ask Questions Later: The Rule of Law and the Belgian Euthanasia Act of 2002 Shanthi Van Zeebroeck, Université Libre De Bruxelles, Belgium</p> <p>Dead is Dead...Until It is Not: The Case of Jahi McMath Barbara Cohen, Berkeley College, USA</p> <p>Euthanasia: Current Legal Status and Religious Concerns in India Praveen Kumar Arora, Sri Aurbindo Medical College and PG Institute, Sonal Singh Arora, Sri Aurbindo College of Dentistry and PG Institute India</p> <p>Ethics Applies in Legal Decision-Making, Politics and in Health. Contextual Reference is the Key Yaacov John B. Myers, "Good noW!"®, Australia</p> <p>Biopatents and Economic Benefits Distribution: Biojuridic Perspectives for Public Health Policies in Brazil Ana Myszczyk, UTFPR, Jussara Meirelles, PUCPR, Andrea Souza, UTFPR, Brazil</p> <p>The Connection between Social and Ethical Aspects of Divorce Proceedings in a Conflict-Prone Legal Environment – A Catalyst to Alternative Path Galit Keidar, Alexandru Ioan Cuza University of Iasi, Israel</p> <p>Women in Water Management: Reflections of Ethics in International Law Vicky Tzatzaki, National and Kapodistrian University of Athens, Greece</p>	

Tuesday, November 27, 2018

10:30-11:00: Coffee Break and Poster Session

11:00-12:15: Opening Session

HALL B, C

Opening Session

Master of Ceremony: Prof. Amnon Carmi, President of the Conference

Video Film about Jerusalem

Greetings:

Prof. Leonid Eidelman, President, World Medical Association

Dr. Otmir Kloiber, Secretary-General, World Medical Association

Prof. Hagay Zion, Chairman, Israel Medical Association

Adv. Hava Meretzki, Chairman, National Council of the Israel Bar Association

Prof. Gustavo Mesch, Rector, Haifa University

Ms. Katerina Dima, International Federation of Medical Students Associations

Summary Reports of Continental Division Heads of the UNESCO Chair

Prof. Russell D'Souza, Asia-Pacific Division

Prof. Vojin Rakic, European Division

Prof. Moty Benyakar, American Division

Prof. Pierre Effa, African Division

Prof. Rui Nunes, Portuguese Language Division

Opening Lecture:

What does Medical Ethics Mean to Me?

Prof. Jonathan Halevy, Director, Sha'are Zedek Medical Center, Israel

Invitation to the 14th World Conference on Bioethics

Prof. Rui Nunes

Close of the Opening Session

Prof. Amnon Carmi, Conference President

HALL A2		HALL B		HALL D		HALL E	
Medical Ethics		Bioethics and Holocaust Education		Death and Dying – End of Life: Medical Personnel		Non Invasive Prenatal Testing	
<p>Co-Chairs: S. Jafri, Ireland; A. Vismar, Israel</p> <p>Cancer, Pregnancy and Refusal of Treatment: Staff Attitudes and Experiences Avigal Vismar, Hadas Sapir, Isca Lezerovich, Ruth Yud, Hadassah Medical Center, Israel</p> <p>Legitimate Ownership and ‘Handling’ of DNA Based Data in Sri Lanka Piyumal Herath, General Sir John Kothelawala Defense University, Sri Lanka</p> <p>Ethical and Legal Implications of Mitochondrial Replacement Therapy Sarah Jafri, Royal College of Surgeons, Ireland</p> <p>Current Issues in the System of Ethical Review in Kazakhstan Bakhyt Sarymsakova, Ministry of Health, Kazakhstan</p>		<p>Co-Chairs: S. Gallin, USA; A. Caleb, USA</p> <p>Teachable Moments from Studying Medicine and the Holocaust David Urton, Boston Children’s Hospital, USA</p> <p>Speaking to the Past, Present, and Future: The ‘Deadly Medicine’ Exhibit and Accompanying Lecture Series Amanda Caleb, Misericordia University, USA</p> <p>Holocaust Genocide Contemporary Bioethics in Medical Education: Four Key Challenges William Silvers, Matthew Wynia, University of Colorado, USA</p> <p>Bioethics and the Holocaust: Reflecting on the Past to Protect the Future Stacy Galin, Maimonides Institute for Medicine, Ethics and the Holocaust, USA</p>		<p>Chair: R. Mantegazza, Italy</p> <p>End-of-Life and Bioethical Issues through Healthcare Professionals’ Experience: Seeking a Balance between Emotional and Legal Challenges Marina Maffoni, University of Pavia, Italy</p> <p>Withholding Treatment from the Dying Patient: The Differences in Approach Between Physicians and Students Aviad Rabinowich, Iftach Sagy, Lior Zeller, Alan Jotkowitz, Ben-Gurion University of the Negev, Liane Rabinowich, Tel-Aviv Medical Center / Tel-Aviv University, Israel</p> <p>End-of-Life Dilemmas as Represented in Popular Films Ruth Kannai, Ben Gurion University of the Negev, Israel</p> <p>Attitudes of Slovene Paediatric Nurses To End-of-Life Care Stefan Grosek, Alenka Zvikart, University Medical Centre Ljubljana, Miha Orazem, Institute of Oncology Ljubljana, Urh Groselj, University Children’s Hospital, University Medical Centre Ljubljana, Vanja Erculj, RhoSigma Research & Statistics, Slovenia</p>		<p>Chair: V. Ravitsky, Canada</p> <p>On Wishes and Reality: Implications of IVF to NIPR Talya Miron-Shatz, Ono Academic College, Avi Tsafir, the Hebrew University of Jerusalem, Israel</p> <p>NIPS Current Situation in Israel Adi Rechtes, Tel Aviv Sourasky Medical Center, Israel</p> <p>The Dilemmas of Advanced Genomic Testing Yael Hashiloni-Dolev, Academic College of Tel Aviv-Yaffo, Shir Shkedi-Raffid, Hebrew University, Israel</p> <p>Is Perinatal Palliative Care an Option for Termination of Pregnancy in the Case of Incompatible to Live Fetus? Roopa Verghese, The Center for Bioethics, India</p>	
HALL F		HALL G		HALL H			
CPME – On Refugee Health		Bioethics Gender		Speech Therapy and Bioethics			
<p>Co-Chairs: A. Seebohm, Belgium; J. de Haller, Switzerland</p> <p>The Integration of Refugee Doctors into the Medical Workforce - Current State of Discussions at CPME Jacques de Haller, Standing Committee of European Doctors (CPME), Switzerland</p> <p>Swedish Workforce Integration of Refugee Medical Professionals Thomas Lindén, Hanna Vihavainen, Elin Karlsson, Swedish Medical Association, Sweden</p> <p>Right to Work for the Migrant Doctors in Turkey Selma Güngör, Turkish Medical Association Central Committee, Turkey</p> <p>The World Medical Association Policy on Migrant and Refugee Health – Practical Implications Otmir Kloiber, World Medical Association, International</p>		<p>Co-Chairs: M. Wirth, Switzerland; O. Kudina, Netherlands</p> <p>Guiding Groups Dealing with Health Issues Irit Sharon, International Center for Health, Law and Ethics, Israel</p> <p>Gender and Organ Donation Maria Teresa Lopez de la Vieja, University of Salamanca, Spain</p> <p>Trans* Health after the WHO’s Depathologization: Implications of the Prevention Argument from an Ethical Perspective Mathias Wirth, University of Bern, Switzerland</p> <p>Accounting for the Moral Charge of the New Sex Selection Technology: From “Not” to “Why Not?” Olya Kudina, University of Twente, Netherlands</p>		<p>Chair: G. Mancini, Italy</p> <p>Communicative Competence in Adolescents: Preliminary Study on a Sample of High School Students Anna Giulia De Cagno, Raffaella Citro, Miriam Ferdinandi, Federazione Logopedisti Italiani, Italy</p> <p>Italian Federation of Speech and Language Therapists (SLTs) Association: The Commitment and Promotion of an Ethical and Bioethical Culture for the Quality of the Speech Therapist’s Profession in Italy and in Europe Tiziana Rossetto, Federazione Logopedisti Italiani, Italy</p> <p>Right to Care in Italy to the Child Who Doesn’t Speak Laura Maria Castagna, Anna Giulia De Cagno, Tiziana Rossetto, Federazione Logopedisti Italiani, Italy</p> <p>Refugees: Linguistic, Cultural or Human Right Question? Giuseppe Mancini, Federazione Logopedisti Italiani, Italy</p>			
13:30-14:30: Lunch Break							

Hall A2		Hall B		Hall C		Hall D	
<p>Reproduction Co-Chairs: V. Ravitsky, Canada; A.C. Ferraz, Brazil</p> <p>Who Deserves to Be a Parent? Ethical Aspect of the Right to Parenthood Assisted by Fertility Technologies <i>Orit Golan, Max Stern Academic College of Yezreel Valley, Israel</i></p> <p>Assisted Reproduction and "Saviour Siblings": The Ethical and Legal Debate <i>Ana Claudia Brandão De Barros Correia Ferraz, Federal University of Pernambuco, Brazil</i></p> <p>Reproductive Ethics in Islam <i>Kassim Baddarri, Al-Taj Organization, Israel</i></p> <p>Cross-border Medically Assisted Reproduction and the Right to Know One's Genetic Origins <i>Vardit Ravitsky, University of Montreal, Canada</i></p> <p>The UK Human Fertilisation and Embryology (Mitochondrial Donation) Regulations 2015: Ethical and Legal Controversies of Mitochondrial Replacement Techniques <i>Igor Milinkovic, University of Banja Luka, Bosnia and Herzegovina</i></p>	<p>Ethics in Public Health Co-Chairs: L. Zoloth, USA; C. Anderson, UK</p> <p>Applied Public Health and Global Health Ethics in an Autonomous Indigenous Territory in Canada <i>Barry Pakes, University of Toronto, Canada</i></p> <p>Bioethics as a Paradigm for Health Promotion in Higher Education: A Cross-sectional Study <i>Ivani Nadir Carlotto, Maria Alzira Pimenta Dinis, University Fernando Pessoa - UFP, Portugal</i></p> <p>May We Make the World?: Gene Drive and the Ethics of Vector Control <i>Laurie Zoloth, University of Chicago, USA</i></p> <p>Ethical Considerations for First Time Researchers Regarding Child Health Research in a Low to Middle Income Country <i>Charles Anderson, Jordanna Nunes, University of Leeds, Rachael Pickering, Integritas Healthcare, UK</i></p> <p>Public, Regulatory and Policy Support is Needed to Advance Aging and Longevity R&D and its Application <i>Ilija Stambler, Bar Ilan University, Israel</i></p>	<p>Psychiatry, Psychology, and Medical Ethics Co-Chairs: M. Zaki, Israel; J. Berent, Israel</p> <p>Psychological and Ethical Issues in Custody Disputes in Early Childhood in Divorce Cases with High Conflict Parents <i>Iris Berent, University of Haifa, Israel</i></p> <p>Postpartum Depression among Modern Women Living in a Traditional Society <i>Emad Gith, Sakhrin College, Israel</i></p> <p>The State of Psychological Service Delivery to the Court in Israel <i>Moshe Zaki, University of Haifa, Israel</i></p> <p>Is Parental Refusal to Treat Pediatric Depression "Mental Health Neglect"? <i>Michael Shapiro, University of Florida, USA</i></p> <p>Qualitative Study on Health Providers Perceptions toward Psychiatric Palliative Care for Patients with Serious Mental Illness <i>Donna Baird, KU Leuven, Belgium</i></p>	<p>Human Rights Co-Chairs: A. Dima, Greece; T. Katz Peled, Israel</p> <p>The Human Right to Health and the Role of Minimum Core Obligations <i>Martin Gunderson, Macalester College, St. Paul, Minnesota, USA</i></p> <p>Childbirth, Biotechnology and Constant Juggling between Contradictions and Rights <i>Tamar Katz Peled, Technion - Israel Institute of Technology, Israel</i></p> <p>Conceptual Application of Right of Likeness & Publicity for Legal Protection of Genom Structure and DNA Editing Technique <i>Toshiko Sawaguchi, Showa University School of Medicine and National Institute of Public Health, Japan</i></p> <p>Attacks on Medical Education – A Report by the International Federation of Medical Students' Associations <i>Alkaterini Dima, International Federation of Medical Students' Associations (IFMSA), Greece, Marian Sedlak, International Federation of Medical Students' Associations (IFMSA), Slovakia</i></p> <p>Is the Use of CBW Becoming a New Norm? <i>Elihu Richter, Hebrew University-Hadassah, School of Public Health and Community Medicine, Casey Tait, USA</i></p>	<p>Medical Ethics: Duty of Care Co-Chairs: M. Schimmel, Israel; Y. Weiss, Israel</p> <p>Values - Essential Infrastructure in Organizations Ethical Code <i>Yossi Weiss, Iris Sellam, Royi Barnea, Assuta Medical Centers, Israel</i></p> <p>Duty of Care in Medical Malpractice <i>Natali Levin, University Adam Mickiewicz, Poznan, Poland / Israel</i></p> <p>The Delivery of Bad News: A One or Two Steps Approach? The Case for Trisomy 21 (Down Syndrome) <i>Michael Schimmel, Yaier Kassirer, Shaare Zedek Medical Center, Israel, Helen Towers, Columbia University, USA</i></p> <p>Ethics of Hospitality: A Challenge for the African Hospital <i>Mike Moukala Ndounou, Université Omar Bongo, Gabon</i></p> <p>Bioethics and Health Law in Medical Practice <i>Naveen Gupta, India</i></p>	<p>Research Department Panel Co-Chairs: Rui Nunes, Portugal; J. Hiran Gallo, Portugal</p> <p>Active and Passive Euthanasia: A Morally Irrelevant Distinction <i>Evangalos Protopapadakis, National and Kapodistrian University of Athens, Greece</i></p> <p>Genetics, Globalisation and Cultural Differences <i>Natalia Oliva-Teles, University of Porto, Portugal</i></p> <p>Assessing the Legal Position of the Living Wills within the System of the Council of Europe <i>Mirza Ramusovic, University of Coimbra, Portugal</i></p> <p>Human Rights and Gender Equality <i>Francisca Rego, Rui Nunes, University of Porto, Portugal</i></p> <p>Positive and Negative Aspects in Every Day Working Life in Health Care Professionals Dealing with Bioethical Issues <i>Anna Giardini, Ines Giorgi, ICS Maugeri IRCCS Pavia, Piergiorgio Argentero, Ilaria Setti, Marina Maffoni, Dept of Brain and Behavioral Science, Italy, Przemyslaw Kardas, Marta Kurczewska-Michalak, Medical University of Lodz, Poland, Anto Cartolovni, Universitas Studiorum Catholica Croatia, Croatia, Julia Hynes, Medical Ethics and Law Lead, Cyprus</i></p>	<p>Informing Consent Co-Chairs: E. Toader, Romania; N. Honnef, Netherlands</p> <p>Autonomy in Informed Consent: From Patient's Cultural Background to Ethical Standards in Decision-making <i>Elena Toader, "Gr. T. Popa" University of Medicine and Pharmacy, Romania</i></p> <p>Assessment of Knowledge and Awareness about Assent in Adolescents and their Parents <i>Rashi Bilgayan, Shailaja Mane, Harsh Tyagi, Dr.D Y Patil Medical College, Hospital and Research Center, India</i></p> <p>The Process of Obtaining Informed Consent When Prescribing Psychotropics During Pregnancy <i>Martien Snellen, Mercy Hospital for Women, Geoff Thompson, Monash University, Neill Murchioch, QC Victorian Bar, Australia</i></p> <p>Ethical Challenges in Obtaining Informed Consent in Genetic and Genomic Studies in South Africa <i>Francis Masiye, Stellenbosch University, Jantina De Vries, Bongani Mayosi, University of Cape Town, South Africa</i></p> <p>Informed Consent: Perspective of Patients Eligible for Allogeneic Stem Cell Transplantation Trials and Their Health-care Professionals: An Exploratory Study <i>Nicky Honnef, Laura Hartman, Annemarie Overbeek, Josée Zijlstra, Guy Widdershoven, VU Medical Center, Netherlands</i></p>	
<p>Hall F</p>		<p>Hall G</p>		<p>Hall H</p>			

Hall A2		Hall B		Hall C		Hall D	
Medical Ethics		Public Health: Service Costs		Bioethics: Benefit and Harm		Justice	
<p>Co-Chairs: Y. Ullman, Israel; D. Cohen, Netherlands</p> <p>Is It Ethical to Receive Gifts from Our Patients? Presentation of a Position Paper of the Israeli Physical Therapy Ethical Committee</p> <p>Zahava Davidow, University of Haifa, Sigal Haimovich, Ministry of Education, Tami Ogolnik, Kupat Holim Meuhedet, Yael Ochayon, Ministry of Health, Israel</p> <p>Ethics - Aesthetics</p> <p>Yehuda Ullmann, Rambam Health Care Campus, Israel</p> <p>Do Patients with Schizophrenia Completely Lack Decisional Capability?</p> <p>Dan Cohen, Selene Veerman, MHO North-Holland North, Netherlands</p> <p>Ethics Concerns from the Bedside: Team Member Perspectives and Organizational Responses</p> <p>Catherine McCarty, Robert Barnes, Monica Thomas, Jonathan Sande, Annette Ouellette, Essentia Health, USA</p> <p>Medical Genocide: Hidden Mass Murder in China's Organ Transplant Industry</p> <p>Israella Yablanka, Israel</p>	<p>Co-Chairs: K. Fenton, USA; S.M. Castaño, Argentina</p> <p>Risk Management in Medical Practice: Principles and Approaches in Ethics Assessment</p> <p>Vlayko Vodenicharov, Kristina Popova, Medical University, Sofia, Bulgaria</p> <p>The Challenge to Maximize the Benefits in Health, Separating the Genuine Costs of the Service, from Those Who Are Not</p> <p>Stella Maris Castaño, Universidad de Morón, Argentina</p> <p>Priorities and Financial Responsibilities in Publicly Funded Healthcare Aiming at Visual Disturbances: Ethical Issues</p> <p>Joakim Färöw, Lund University, Research and Development Kronoberg, Linus Broström, Mats Johansson, Lund University, Sweden</p> <p>Ethics in Humanitarian Efforts: When Should Resources Be Allocated to Pediatric Heart Surgery?</p> <p>Kathleen Fenton, Marcelo Cardarelli, William Novick, William Novick Global Cardiac Alliance, USA</p>	<p>Co-Chairs: V. Wakwe, Nigeria; J. Parsons, UK</p> <p>A Tale of Two Risks - Risks and Ethical Concerns of Designer Babies Making from Preimplantation Genetic Diagnosis (PGD) to New Gene Editing Technology</p> <p>Huei-Chih Niu, China Medical University (Taiwan), Taiwan</p> <p>Bioethical Perspectives on the Introduction of Genetically Modified Organisms (GMOs) in Nigeria</p> <p>Victor Wakwe, University of Port Harcourt, Nigeria</p> <p>PREPosterior? The Ethics of State-funded Pre-exposure Prophylaxis</p> <p>Jordan Parsons, Bristol University, UK</p> <p>Building an International Health Policy in Order to Offer Fair Benefits to Research Participants in Latin America and the Caribbean</p> <p>Hilda Romero-Zepeda, Universidad Autónoma de Queretaro, Mexico, Carmen DiMare Hering, CREEI, Costa Rica, Lili Marlen Aguilar, Universidad Autónoma de Queretaro, Mexico</p> <p>"Give, Receive, Give Back" Gifts in Africa: Recognition or Corruption?</p> <p>Emmanuel Kamdem, University of Douala, Higher IIME of Douala, Cameroon</p>	<p>Co-Chairs: D. Fu-Chang Tsai, Taiwan, B. Lewis, USA</p> <p>The Ethical and Legal Dimensions Concerning the Application of Death Penalty: The European Value Framework</p> <p>Evaggelia Kiosi, University of Macedonia, Greece</p> <p>Chemical Castration Bioethical Perspective</p> <p>Syaefudin Ali Akhmad, Syarwani Asrani, Faris Velayati, Rohai Widati, Bayu Arif Anggara, Berlian Siti Arafah, Universitas Islam, Indonesia</p> <p>Revisit the Conceptions of Justice in the Confucian World of the "Great Unity"</p> <p>Daniel Fu-Chang Tsai, National Taiwan University College of Medicine, Taiwan</p> <p>The Right to Conscientious Objection in the Exercise of the Ideological Freedom. The Sentence 145/2015 of the Spanish Constitutional Court</p> <p>Marc-Abraham Puig Hernández, Barcelona University, Spain</p> <p>Harming: Remediating Fertility Clinic Mistakes</p> <p>Browne Lewis, Cleveland State University, USA</p>				
Hall F		Hall G		Hall H			
Medical Ethics		Clinical Trials and Ethics Committees		Informed Consent			
<p>Co-Chairs: T. Karni, Israel; E. Koren, Israel</p> <p>The Ethics of Diagnosing A Stranger</p> <p>Tami Karni, Israeli Medical Association, Israel</p> <p>How the Patient Engagement Can Save Physician-patient Relationship: The Case of ALS</p> <p>Emanuela Midolo, Dario Sacchini, Antonio, Gioacchino Spagnolo, Università Cattolica del Sacro Cuore, Amelia Conte, Pol. A. Gemelli Foundation, Mario Sabatelli, Università Cattolica del Sacro Cuore, Pol. A. Gemelli Foundation, Italy</p> <p>The Legalties of Diagnosing a Stranger</p> <p>Malke Borow, Israeli Medical Association, Israel</p> <p>Radical Body Modification and Autonomy: An Ethical Analysis of Body Integrity Identity Disorder (BID) and Clinical Practice</p> <p>Sarah K. Sawicki, Saint Louis University, USA</p> <p>Nurses Role in Cases of Disagreement Between the Patient and the Family</p> <p>Ella Koren, Ziva Tal Nursing Academic School, Liora Vesterman, Israel</p>	<p>Chair: C. Buccelli, Italy</p> <p>The "Naples Charter" in the Perspective of Application of the E.U. Regulation N. 536/2014</p> <p>Claudio Buccelli, University of Naples Federico II, Italy</p> <p>The Role of Ethics Committees in Evaluating Patient Information Pack in Clinical Trials</p> <p>Domenico Del Forno, University of Naples Federico II, Italy</p> <p>Clinical Trials with Old People</p> <p>Nunzia Cannovo, Claudia Casella, Ida Cerrone, Paola Buccelli, Lucia Terracciano, University of Naples Federico II, Italy</p> <p>Clinical Testing and Techniques of Medically Assisted Procreation</p> <p>Claudia Casella, Nunzia Cannovo, Ida Cerrone, Paola Buccelli, Lucia Terracciano, University of Naples Federico II, Italy</p> <p>Clinical Testing in Pediatrics</p> <p>Ida Cerrone, Nunzia Cannovo, Lucia Terracciano, Paola Buccelli, Claudia Casella, University of Naples Federico II, Italy</p> <p>Gender Issue in Clinical Trials</p> <p>Lucia Terracciano, Ida Cerrone, Nunzia Cannovo, Paola Buccelli, Claudia Casella, University of Naples Federico II, Italy</p>	<p>Co-Chairs: A. Villafranca, Canada; C. Carr, UK</p> <p>Examining the Relationship between Authenticity in Patient Choices and Informed Consent</p> <p>Alexander Villafranca, University of Manitoba, Canada</p> <p>The Hidden Paternalism in 'Montgomery', a Patient Centred Test for Information Disclosure in Informed Consent for Medical Treatment</p> <p>Claudia Carr, University of Hertfordshire, UK</p> <p>Surgeons' Beliefs Regarding Intra-Operative Participation of Trainees and its Explanation When Gaining Informed Consent in a Paediatric Setting: A Qualitative Study</p> <p>Samuel Grant, East Lancashire Hospitals NHS Trust, UK, Justin Chang, Kunal Bhanot, University of Toronto, Mark Camp, Sick Kids Hospital, Canada</p> <p>The Doctrine of Informed Consent and Euthanasia</p> <p>David Černý, Czech Academy of Sciences, Czech Republic</p> <p>The Crucial Choices: Use of a Video for The Decision-making Process</p> <p>Milena Vettorello, Michele Maffeo, Lia Rusca, ASL BI BIELLA, Italy</p>					

Hall A2		Hall D		Hall F	
Medical Ethics	Bioethics General	Bioethics General	Bioethics and Medicine	Ethics: Human Sustainability	Ethics: Human Sustainability
<p>Co-Chairs: E. Dadura, Poland; X. Li, China</p> <p>Physiotherapist's Ethics, Touch, Carnality, Intimacy. Anna Ratajska, Kazimierz Wielki University in Bydgoszcz, Dr. Jan Bizieli University Hospital No. 2 in Bydgoszcz, Agnieszka Wójcik, Emilia Dadura, Alicja Przyłuska-Fiszler, Józef Piłsudski University of Physical Education in Warsaw, Poland</p> <p>Touching and Being Touched – Carnality in Physiotherapists' Education Emilia Dadura, Agnieszka Wójcik, Alicja Przyłuska-Fiszler, Józef Piłsudski University of Physical Education in Warsaw, Anna Ratajska, Kazimierz Wielki University in Bydgoszcz, Dr. Jan Bizieli University Hospital No. 2 in Bydgoszcz, Poland</p> <p>Research on Right Protection for Spouses of Homosexual Men in China Xianhong Li, Weizi Wu, Central South University, China</p> <p>Ethical Tensions on Return-to-Play in Sports Injury Peter Johannes Manoppo, Widya Mandala Catholic University, Indonesia</p>	<p>Co-Chairs: G. Fortwengel, Germany, J. Jones, UK</p> <p>Re-visiting The Ethical Scenario for Clinical Research in African Countries Gerhard Fortwengel, University of Applied Sciences and Arts, Germany, Pierre Effa, Pan-African Congress of Ethics and Bioethics, Cameroon, Sam Ibeneme, Ifeoma Okoye, University of Nigeria, Chandrakant Mhaske, Medical College, Nanded, India</p> <p>Bioethics between Science and Religion: Contemporary Contradictions in Brazil Flora Strozenberg, Luiz Otávio Leite, Federal University of State of Rio de Janeiro - UNIRIO, Beatriz Helena Figueiredo, Getulio Vargas Foundation - FGV, Brazil</p> <p>Are Students Willing to Engage in Peer Physical Examination? June Jones, Carley Nath, University of Birmingham, UK</p> <p>Psychic Transmission among Generations and War Traumas Ines Giorgi, ICS Maugeri IRCCS Pavia Italy, Giuliana Maria Ronchi, Marco Francesconi, University of Pavia, Daniela Scotta di Fasano, SPI and IPA member, Italy, Yolanda Gampel, Tel Aviv University, Israel</p>	<p>Co-Chairs: S. Zarka, Israel; K. Collins, Israel</p> <p>Resilience as a Performance and Ethical Value in Clinical Practice: A Study in Family Medicine Kenneth Collins, Hebrew University of Jerusalem, Israel</p> <p>Benefits and Challenges of a Bioethicist Proactively Rounding in an Oncologic Intensive Care Unit Colleen Gallagher, Kristen Price, The University of Texas, USA</p> <p>Humanitarian Aid – New Set-up and New Challenges Salman Zarka, Ziv Medical Center, Israel</p> <p>Case of Professional Ethics: The Predictive Medicine Consultation for the Test of Huntington's Disease Alain Trognon, Martine Batt, Jane Laure Danan, Henry Coudane, University of Lorraine, France</p>	<p>Co-Chairs: M. Benyakar, Argentina; D. Daniega, Philippines</p> <p>Faith Healing and Traditional Healing Practices: Ethical Implications and Consequences Desiree Daniega, University of the Philippines</p> <p>Medical Pluralism: The Case of 'Alternative Medicine' Jakub Zawila-Niedzwiecki, University of Warsaw, Poland</p> <p>Regenerative Bioethics and the Mission of Medicine David Cumminskey, Bates College, USA</p> <p>The Risk to Accept Equality as an UNESCO Principle? Moty Benyakar, University of Buenos Aires, Argentina</p>	<p>Chair: Liora Weinbach, Israel</p> <p>Conscious, Ethic and Responsible Speech: The Condition for Sustainable Humanity Liora Weinbach, Tel Aviv University, Israel</p> <p>Ethics and Communication: Using the Voice as Means of Monitoring the Level of Human Discourse Ernesto Korenman, CTO Uni-Talk, Israel</p> <p>From Disability to Implementation of Capabilities Controlled by the Frontal Lobe and in the Mirror of Biofeedback Edna Tune, Israel</p> <p>The Affect of Using SMM Method in Treating Domestic Violence Judy Katzman, Israel</p>	<p>Co-Chairs: M. Benyakar, Argentina; D. Daniega, Philippines</p> <p>Faith Healing and Traditional Healing Practices: Ethical Implications and Consequences Desiree Daniega, University of the Philippines</p> <p>Medical Pluralism: The Case of 'Alternative Medicine' Jakub Zawila-Niedzwiecki, University of Warsaw, Poland</p> <p>Regenerative Bioethics and the Mission of Medicine David Cumminskey, Bates College, USA</p> <p>The Risk to Accept Equality as an UNESCO Principle? Moty Benyakar, University of Buenos Aires, Argentina</p>
Hall G		Hall H			
Bioethics General	Bioethics General	Bioethics and Medicine	Bioethics and Medicine		
<p>Co-Chairs: M. Benyakar, Argentina; D. Daniega, Philippines</p> <p>Faith Healing and Traditional Healing Practices: Ethical Implications and Consequences Desiree Daniega, University of the Philippines</p> <p>Medical Pluralism: The Case of 'Alternative Medicine' Jakub Zawila-Niedzwiecki, University of Warsaw, Poland</p> <p>Regenerative Bioethics and the Mission of Medicine David Cumminskey, Bates College, USA</p> <p>The Risk to Accept Equality as an UNESCO Principle? Moty Benyakar, University of Buenos Aires, Argentina</p>	<p>Co-Chairs: M. Benyakar, Argentina; D. Daniega, Philippines</p> <p>Faith Healing and Traditional Healing Practices: Ethical Implications and Consequences Desiree Daniega, University of the Philippines</p> <p>Medical Pluralism: The Case of 'Alternative Medicine' Jakub Zawila-Niedzwiecki, University of Warsaw, Poland</p> <p>Regenerative Bioethics and the Mission of Medicine David Cumminskey, Bates College, USA</p> <p>The Risk to Accept Equality as an UNESCO Principle? Moty Benyakar, University of Buenos Aires, Argentina</p>	<p>Co-Chairs: S. Zarka, Israel; K. Collins, Israel</p> <p>Resilience as a Performance and Ethical Value in Clinical Practice: A Study in Family Medicine Kenneth Collins, Hebrew University of Jerusalem, Israel</p> <p>Benefits and Challenges of a Bioethicist Proactively Rounding in an Oncologic Intensive Care Unit Colleen Gallagher, Kristen Price, The University of Texas, USA</p> <p>Humanitarian Aid – New Set-up and New Challenges Salman Zarka, Ziv Medical Center, Israel</p> <p>Case of Professional Ethics: The Predictive Medicine Consultation for the Test of Huntington's Disease Alain Trognon, Martine Batt, Jane Laure Danan, Henry Coudane, University of Lorraine, France</p>	<p>Co-Chairs: S. Zarka, Israel; K. Collins, Israel</p> <p>Resilience as a Performance and Ethical Value in Clinical Practice: A Study in Family Medicine Kenneth Collins, Hebrew University of Jerusalem, Israel</p> <p>Benefits and Challenges of a Bioethicist Proactively Rounding in an Oncologic Intensive Care Unit Colleen Gallagher, Kristen Price, The University of Texas, USA</p> <p>Humanitarian Aid – New Set-up and New Challenges Salman Zarka, Ziv Medical Center, Israel</p> <p>Case of Professional Ethics: The Predictive Medicine Consultation for the Test of Huntington's Disease Alain Trognon, Martine Batt, Jane Laure Danan, Henry Coudane, University of Lorraine, France</p>		

HALL A2		HALL B		HALL C		HALL D	
Medical Research	Neuro-Ethics	Ethics: Challenges and Tools	Medical Ethics: Dilemmas	Ethics: Challenges and Tools	Medical Ethics: Dilemmas	Ethics: Challenges and Tools	Medical Ethics: Dilemmas
<p>Co-Chairs: A. Van Niekerk, S. Africa; E. Asempah, Canada</p> <p>Decolonisation of Medical Research: A Legitimate Ideal? Anton Van Niekerk, Stellenbosch University, South Africa</p> <p>Philosophical and Psychosocial Determinants of Attitudes toward Biobanking for Scientific Purposes Jakub Pawlikowski, Jaroslaw Sak, Anna Zagajka, Medical University of Lublin, Poland</p> <p>Research and Practice: To Segregate or To Integrate Jan Piasecki, Jagiellonian University Medical College, Poland, Vilius Dranseika, Vilnius University, Lithuania</p> <p>Flaws in Ethical Consideration in Clinical Trials in Developing Nations and the Problem of Access to Essential Medicine: A Health Equity Breakpoint Eric Asempah, York University, Canada</p> <p>Ethical Issues in Doing Mental Health Surveys in Students – Experience of AACCI in Promoting Positive Mental Development in Young People in India Shailaja Mane, Swati Bhawe, Rashi Bilgaiyan, Association of Adolescent and Child Care in India</p>	<p>Co-Chairs: V. Rakic, Serbia; C. Pasetti, Italy</p> <p>Cognitive Enhancement Defined as a Function of Identity Julie Rogers, Rachel Hawyer, Mayo Clinic, USA</p> <p>Ethical Issues in Early Intervention of Infants with the Prodrome of Autism Hillel Braude, Hanna Alonim, The Mifne Center, Israel</p> <p>Parkinson's Disease and Alzheimer's Disease in Advanced Stage Carlo Pasetti, European Centre for Bioethics and Quality of Life, Chiara Maugeri, ICS Maugeri SpA SB/Fondazione Salvatore Maugeri, Ines Giorgi, ICS Maugeri IRCCS Pavia, Italy</p> <p>The Ethics of Neuromodulatory Technique in Depression Therapy Esther Badugu Patrick, Danjuma Mallam, Zulaihatu Abdullahi, Zainab Kwaru Muhammad-Idris, Istifanus A. Joshua, Kaduna State University, Nigeria</p> <p>The Goodness of Goodness Vojin Rakic, Center for the Study of Bioethics, University of Belgrade, Serbia</p>	<p>Co-Chairs: O. Golan, Israel; H. Goldstein, Denmark</p> <p>From Resistance to Acceptance in Complex Relationships. Emotional Intelligence and Ethics - Practical Tools for Facilitating Meaningful Change in Real-life Situations Einat Hirsh, International Center for Health Law & Ethics, Israel</p> <p>The Unique Role of an Advisory Ethics Committee in a Healthcare Service Organization Ofra Golan, Itzhak Katzir, Maccabi Healthcare Services, Israel</p> <p>Ethics in Denmark Henri Goldstein, Danish Society of Clinical Ethics, Denmark</p> <p>The Perception of Ethics Review Committees from Within: Studies Proposed by Local Hospital Professionals Vincenzo Guardabasso, Ethics Review Committee "Catania-2", Sicilian Region, Italy</p> <p>The Variance of Medical Ethics as a Result of Cultural Differences Rotem Waitzman, Israel</p>	<p>Co-Chairs: O. Wacht, Israel; E. Campbell, UK</p> <p>Bendy Bioethics or Medical Malpractice? A Severe Burns Case from the Philippines Eleanor Campbell, University of Leeds, UK</p> <p>Lessons from the Charlie Gard Case John Paris, Boston College, Brian Cummings, Massachusetts General Hospital, Harvard University, USA</p> <p>Risk and the Rabone Case: Damned if You Do, Damned if You Don't! Brian Dennis, Digvijay Goel, Southern District Health Board, New Zealand</p> <p>Treating Terrorists on Scene. My Personal Experience as a Paramedic Oren Wacht, Ben Gurion University of the Negev, Israel</p> <p>Contemporary Ethical Dilemmas in Modern Nursing Michael Kuniavsky, Michal Rassin, Sofi Dombé, Assaf Harofeh Medical Center, Israel</p>	Organ Transplantation	Ethics Education: Tools and Methods	Ethics Education: Tools and Methods	Ethics Education: Tools and Methods
<p>Co-Chairs: G. Weimer-Felmayer, Austria; M. Kasule, USA</p> <p>Posthumous Planning for Cryopreserved Biological Materials of Adolescent Cancer Patients Dorit Barlevy, University of Basel, Switzerland, Vardit Ravitsky, University of Montreal, Canada</p> <p>A Market of Promise & Hope – Ethical and Biomedical Perspectives on Assisted Human Reproduction as a Platform for New Technologies Gabriele Werner-Felmayer, Medical University Innsbruck, Austria</p> <p>Fertility Treatments in View of Tort Law and Gender in Israel Ayelet Schwartz Asaf, Kimhi Peled Posner Shilo & Co, Israel</p> <p>Transmission of Information Related to Family Genetic Diagnosis Edna Katzenelson, Israel</p> <p>Advancing Responsible Research with Pregnant Women in Botswana: Respecting Bioethics Principles, Human Rights and Culture Mary Kasule, University of Botswana, Botswana, Kristina Sullivani Gabarone, University of North Carolina, USA</p> <p>10:00-10:30: Coffee Break and Poster Session</p>	<p>Co-Chairs: Y. Cherlow, Israel; P. Tishchenko, Russia</p> <p>Addressing Kidney Donation Yuval Cherlow, Zohar, Israel</p> <p>Relativism and Validity of the Problem of Brain Death and Socio-cultural Aspects of Organ Donation Olga Popova, Russian Academy of Sciences, Oleg Reznik, Pavlov First Saint Petersburg State Medical University, Russia</p> <p>Uterus Transplants: Hazards, Benefits, Unique Characteristics and Complications Simona Zaami, University of Rome "Sapienza", Italy</p> <p>Human Bodies for Transplant Technologies: Resources, Gifts, Commodities, Personal Embodiments Pavel Tishchenko, Institute of Philosophy, The Russian Academy of Sciences, Russia</p>	<p>Co-Chairs: L. Bruce, USA; S. Northcutt, USA</p> <p>Teaching Ethics in Religious or Cultural Conflict Situations: A Pilot Study of Nursing Student's Debbie Muchnik, Levana Ogn, Zefat Nursing School, Israel</p> <p>Best Practices in Bioethics Policy Analysis: An Exploration of Methods Lori Bruce, Yale University, USA</p> <p>Resident Physicians Learn Ethics through Designing Simulation Scenarios Suzanne Northcutt, Texas Tech University, USA</p> <p>Art as an Additional Tool in Teaching Susan Shafir, Israel</p> <p>A Comparison of Decisions to Discharge Committed Psychiatric Patients between Treating Physicians and District Psychiatric Committees: An Outcome Study Daniel Argo, Igor Barash, Gadi Lubin, Jerusalem Mental Health Center, Moshe Z. Abramowitz, Hebrew University, Israel</p>	<p>Co-Chairs: Y. Cherlow, Israel; P. Tishchenko, Russia</p> <p>Addressing Kidney Donation Yuval Cherlow, Zohar, Israel</p> <p>Relativism and Validity of the Problem of Brain Death and Socio-cultural Aspects of Organ Donation Olga Popova, Russian Academy of Sciences, Oleg Reznik, Pavlov First Saint Petersburg State Medical University, Russia</p> <p>Uterus Transplants: Hazards, Benefits, Unique Characteristics and Complications Simona Zaami, University of Rome "Sapienza", Italy</p> <p>Human Bodies for Transplant Technologies: Resources, Gifts, Commodities, Personal Embodiments Pavel Tishchenko, Institute of Philosophy, The Russian Academy of Sciences, Russia</p>				
HALL F	HALL G	HALL H	HALL I				

HALL A2		HALL B		HALL C		HALL D	
Medical Negligence	Bioethics : Discrimination and Solidarity	Medical Law	Youth Bioethics Education	Medical Law	Medical Law	Medical Law	Youth Bioethics Education
<p>Co-Chairs: H. Coudane, France; T. Doležal, Czech Republic</p> <p>Medical Negligence - Patients' Rights <i>Chintala Rajender, UMECA, India</i></p> <p>The "No Go" - A New Risk in the Management of Patients In Orthopedic Surgery: Ethics Analysis <i>Henry Coudane, Laurent Marrille, Jane Laure Danan, Martine Batt, Bernard Kabuth, Camille Gravellier, Gisele Kanny, Bruno Py, Université de Lorraine, Eric Benfrench, Philippe Tracaal, ORTHORISQ, France</i></p> <p>Medical Malpractice during Pregnancy Surveillance – Between Paternalism and Autonomy with an Emphasis on Inherent Irrationality <i>Revital Steiner, Ono Academic College, Israel</i></p> <p>Contribution of the Aggrieved Party and Improperly Performed Medical Practice in Polish and American Medical Law - Administrative and Civil Liability" <i>Weronika Wojturska, Paweł Wojda, University of Warsaw, Poland</i></p> <p>Comparative Analysis of the Informed Consent Liability <i>Tomáš Doležal, Institute of State and Law of Academy of Sciences, Czech Republic</i></p>	<p>Co-Chairs: F. Ferrando-Garcia, Spain; F. Berger, Austria</p> <p>Discrimination of Women Subjected to In Vitro Fertilisation Treatment: Protection Granted in Case of Dismissal and Burden of Proof <i>Francisca Ferrando-Garcia, Universidad de Murcia, Spain</i></p> <p>Bridge over the Border – Medical Care for Injured Syrian Children <i>Ilan Schiller, Leonid Kogan, Ida Lavee, Roger Najjar, Omer Sagi, Orin Tal, Patrick Ben-Meir, Amin Abu-Jabal, Masad Barhoum, Galilee Medical Center, Nahariya, Israel</i></p> <p>Intergenerational Solidarity from Adolescence to Adulthood: Research Findings and Ethical Considerations <i>Fred Berger, University of Innsbruck, Austria</i></p> <p>Dictatorships Reflect Societal Faultline? <i>Digvijay Goel, Southland Hospital, New Zealand</i></p> <p>Informed Consent in a Pluralist World: How Does Culture Influence Autonomy in Clinical Practice in Africa? <i>Felix Chukwunke, Ijeamaka Meka, University of Nigeria Enugu Campus, Nigeria</i></p>	<p>Chair: S. Zinner, USA; R.A. Leal, Portugal</p> <p>Crime Against Women: Role of Doctors <i>A. Donna Ropmay, Daunipatia Slong, NEIGRIHMS, India</i></p> <p>Should the Risk of Premature Death Be Calculated and Indemnified? How? <i>Rui António Leal, ICBAS/University of Porto & INMILCF, Maria José Pinto da Costa, ICBAS – Uporto, João Amado, UCP, Portugal</i></p> <p>Bioethics and the United Nations: Why the U.S. Should Ratify the Convention on the Rights of the Child <i>Susan Zinner, Indiana University Northwest, USA</i></p> <p>Disassociation in Personality after Microinsemination <i>Toshiko Nagahama, Showa University School of Medicine and National Institute of Public Health, Toshiko Sawaguchi, National Institute of Public Health, Ministry of Health, Labour and Welfare Japan</i></p> <p>The Right to Information in the Context of Responsibility in Palliative Care <i>Marta Szabat, Jagiellonian University, Poland</i></p>	<p>Co-Chairs: M. Vasinova, Italy; S. Popova, Bulgaria</p> <p>The First Syllabus for Youth Bioethics Education <i>Mirosława Vasinova, Alessandra Pentone, European Centre of Bioethics and Quality of Life, Italy</i></p> <p>Implementing of Education In Bioethics at Contemporary Schools in Bulgaria <i>Antoniya Yanakieva, Alexandrina Vodenitcharova, Kristina Popova, Medical University - Sofia, Bulgaria</i></p> <p>Ethics and Bio-ethics for Children and Adolescents - An Israeli Experience <i>Daniella Keidar, Israel</i></p> <p>Activities and Games Aimed at Developing Ethical Values <i>Hanna Carmi, Israel</i></p> <p>"Paternalism Or Self-determination? A Family Conflict": A Case Study Concerning The Right To Consent <i>Luciana Paracchini, Milano-Bicocca University, Italy</i></p>	<p>Co-Chairs: R. Nunes, Portugal; J. Lasker, USA</p> <p>Medical Ethics: Globalization</p> <p>Change Perceptions of, and Preparation for, Short-Term Humanitarian Service Missions: Does Course Preparation Matter? <i>Victoria Carlson-Oehlert, Bernard Cohen, Kathleen Miezio, Milwaukee School of Engineering, USA</i></p> <p>Postsecular Bioethics <i>Isabel Roldan Gomez, University of Salamanca, Spain</i></p> <p>Rehabilitation and Social Inclusion of Foreign Patients with Spinal Cord Injury <i>Gabriella Fizzotti, Marina Manera, ICS Maugeri IRCCS Pavia, Carla Rognoni, SDA Bocconi School of Management, Italy</i></p> <p>Achieving Greater Ethical and Quality Standards in Global Health Volunteer Organizations: Current Challenges <i>Judith Lasker, Lehigh University, USA</i></p> <p>Global Bioethics in a Multicultural World <i>Rui Nunes, Guilhermina Rego, University of Porto, Portugal</i></p>	<p>Co-Chairs: Y. Kaplan, Israel; E. Lewis, Israel</p> <p>Eugenics, PGD and the Jewish Law <i>Elchanan Lewis, Puh, Israel</i></p> <p>Sucking the Circumcision Blood (Metzitza): Jewish Law and Modern Medicine in the Last Two Centuries <i>Melech Westreich, Tel-Aviv University School of Law, Roi Westreich, Soroka Medical Center, Israel</i></p> <p>New Trends Concerning Consent to Medical Treatment in Jewish Law <i>Yehiel Kaplan, University of Haifa, Israel</i></p> <p>Hermeneutics Matters! A New Approach to the Famous Debate Between Feinstein and Waldenberg on Abortion <i>Melanie Mordhorst-Mayer, Foundations of the EKD In the Holy Land, Israel</i></p>		
HALL F		HALL G		HALL G		HALL G	
<p>Ethics and Jewish Law</p> <p>Co-Chairs: Y. Kaplan, Israel; E. Lewis, Israel</p> <p>Eugenics, PGD and the Jewish Law <i>Elchanan Lewis, Puh, Israel</i></p> <p>Sucking the Circumcision Blood (Metzitza): Jewish Law and Modern Medicine in the Last Two Centuries <i>Melech Westreich, Tel-Aviv University School of Law, Roi Westreich, Soroka Medical Center, Israel</i></p> <p>New Trends Concerning Consent to Medical Treatment in Jewish Law <i>Yehiel Kaplan, University of Haifa, Israel</i></p> <p>Hermeneutics Matters! A New Approach to the Famous Debate Between Feinstein and Waldenberg on Abortion <i>Melanie Mordhorst-Mayer, Foundations of the EKD In the Holy Land, Israel</i></p>	<p>Medical Ethics: Globalization</p> <p>Co-Chairs: R. Nunes, Portugal; J. Lasker, USA</p> <p>Change Perceptions of, and Preparation for, Short-Term Humanitarian Service Missions: Does Course Preparation Matter? <i>Victoria Carlson-Oehlert, Bernard Cohen, Kathleen Miezio, Milwaukee School of Engineering, USA</i></p> <p>Postsecular Bioethics <i>Isabel Roldan Gomez, University of Salamanca, Spain</i></p> <p>Rehabilitation and Social Inclusion of Foreign Patients with Spinal Cord Injury <i>Gabriella Fizzotti, Marina Manera, ICS Maugeri IRCCS Pavia, Carla Rognoni, SDA Bocconi School of Management, Italy</i></p> <p>Achieving Greater Ethical and Quality Standards in Global Health Volunteer Organizations: Current Challenges <i>Judith Lasker, Lehigh University, USA</i></p> <p>Global Bioethics in a Multicultural World <i>Rui Nunes, Guilhermina Rego, University of Porto, Portugal</i></p>	<p>Medical Ethics: Globalization</p> <p>Co-Chairs: R. Nunes, Portugal; J. Lasker, USA</p> <p>Change Perceptions of, and Preparation for, Short-Term Humanitarian Service Missions: Does Course Preparation Matter? <i>Victoria Carlson-Oehlert, Bernard Cohen, Kathleen Miezio, Milwaukee School of Engineering, USA</i></p> <p>Postsecular Bioethics <i>Isabel Roldan Gomez, University of Salamanca, Spain</i></p> <p>Rehabilitation and Social Inclusion of Foreign Patients with Spinal Cord Injury <i>Gabriella Fizzotti, Marina Manera, ICS Maugeri IRCCS Pavia, Carla Rognoni, SDA Bocconi School of Management, Italy</i></p> <p>Achieving Greater Ethical and Quality Standards in Global Health Volunteer Organizations: Current Challenges <i>Judith Lasker, Lehigh University, USA</i></p> <p>Global Bioethics in a Multicultural World <i>Rui Nunes, Guilhermina Rego, University of Porto, Portugal</i></p>	<p>Medical Ethics: Globalization</p> <p>Co-Chairs: R. Nunes, Portugal; J. Lasker, USA</p> <p>Change Perceptions of, and Preparation for, Short-Term Humanitarian Service Missions: Does Course Preparation Matter? <i>Victoria Carlson-Oehlert, Bernard Cohen, Kathleen Miezio, Milwaukee School of Engineering, USA</i></p> <p>Postsecular Bioethics <i>Isabel Roldan Gomez, University of Salamanca, Spain</i></p> <p>Rehabilitation and Social Inclusion of Foreign Patients with Spinal Cord Injury <i>Gabriella Fizzotti, Marina Manera, ICS Maugeri IRCCS Pavia, Carla Rognoni, SDA Bocconi School of Management, Italy</i></p> <p>Achieving Greater Ethical and Quality Standards in Global Health Volunteer Organizations: Current Challenges <i>Judith Lasker, Lehigh University, USA</i></p> <p>Global Bioethics in a Multicultural World <i>Rui Nunes, Guilhermina Rego, University of Porto, Portugal</i></p>				

HALL A2		HALL B		HALL C		HALL D	
Medical Ethics		Discrimination		Sham Peer Review		Youth Bioethics Education	
<p>Co-Chairs: R. Linn, Israel; J.C. Romo, Mexico</p> <p>Debate: Medical Eponyms Honoring Nazi Physicians: Preserve or Change? <i>Matt Fox, Ben Gurion University of the Negev, Rael Strous, Maayanei Hayeshua Medical Center, Israel</i></p> <p>Justice and Integrity within Medical Terminology: Change Those Unethical Eponyms! <i>Rael Strous, Maayanei Hayeshua Medical Center, Israel</i></p> <p>Good Morning Budapest: Early Warning and Uninformed Victims during War <i>Ruth Linn, University of Haifa, Israel</i></p> <p>Do Identities Matter? Identity without Memory Is Empty. Memory without Identity Is Meaningless <i>Adriana Ardelean, Faculté des Sciences & Métiers Paris, France</i></p> <p>Interfaces and Epistemology <i>Juan Carlos Romo, Universidad Autónoma de Querétaro, Mexico</i></p>	<p>Chair: R. Zoja, Italy</p> <p>The Teaching of the Biological and Social Aspects of the Debate about Human Genetic Variation, Classification and "Race" <i>Maria Antonella Piga, Giuseppe Testa, Luca Marelli, Annamaria Architravo, Maria Celeste Cantone, Stefano Gianoli, Francesco Panariello, Benedetta De Ponte, University of Milan, Italy</i></p> <p>Racism and Antisemitism Today Through the Web <i>Riccardo Zoia, Isabella Merzagora, Alberto Blandino, University of Milan, Italy</i></p> <p>From Lombroso to Nazi Biocriminology <i>Isabella Merzagora, Alberto Blandino, University of Milan, Italy</i></p> <p>Autonomous Agents and Intelligent Systems: Do No Harm, Don't Discriminate Using Emerging Technologies <i>Claudio Spada, University of Milan, Italy, First Hospital of Wenzhou Medical University, China, Umberto Genovese, Riccardo Zoia, University of Milan, Italy</i></p>	<p>Co-Chairs: J. Davies, Israel; A. Ticho, Israel</p> <p>Sham Peer Review: A Worldwide Phenomenon <i>Lawrence Huntoon, Association of American Physicians and Surgeons, USA</i></p> <p>SPR and Bullying at Work - How to Eliminate It? <i>Eitan Meiri, Israel</i></p> <p>How to Protect Physician Whistleblower - Patient Advocates - From Retaliation to Benefit Patients <i>Gil Mileikowsky, Alliance for Patient Safety, USA</i></p> <p>Legal and Ethical Implication of Sham Peer Review <i>Jonathan Davies, Center of Health, Law & Ethics, Haifa Unit, Israel</i></p>	<p>Co-Chairs: R. Nunes, Portugal; N. Trezzi, Italy</p> <p>Youth Bioethics Education</p> <p>How to Deal with Ethical Challenges of Genome Editing in Teenagers Classroom <i>Norma Trezzi, IFF UNESCO, Member of the Italy Unit of the International Network of the UNESCO Chair in Bioethics, Consulta di Bioetica., Italy</i></p> <p>Teaching Bioethics in High School Students Using the First Youth Syllabus: A Case Study <i>Andrie G. Panayiotou, Galateia Photiou, Cyprus University of Technology, Cyprus</i></p> <p>Educational Ethics and Emotional Intelligence – In the Service of Homeroom Educators <i>Noah Bar Gosen, Oranim Academic College of Education, Israel</i></p> <p>Education in Bioethics in Italy <i>Antonella Mauri, European Centre for Bioethics and Quality of Life, Italy</i></p> <p>Implement the "Bioethics" Subject in Elementary, Middle and High School Education <i>Ana Bertha Liliانا Castro Castillo, Mexico</i></p>	HALL G			
<p>Tobacco, Alcohol and Drugs</p> <p>Co-Chairs: N. Simonovic, USA; C. Cox, Canada</p> <p>Smoker Stigmatization and Reactance Following a Recently Implemented Tobacco-Free Policy <i>Nicolle Simonovic, Jennifer Taber, Kent State University, USA</i></p> <p>Ethics in Tobacco Control: The Continuing Need for Legal and Policy Interventions in Kenya <i>Jane Wathuta, Smith Ouma, Strathmore University, Kenya</i></p> <p>Staff Attitudes To People With Alcohol Problems: Ethical Issue in the Healthcare of Drinkers. An Experience in a Rehabilitation Institute <i>Stefano Di Patrizi, Marcella Ottonello, Emilio Benevala, Istituti Clinici Scientifici Maugeri IRCCS, Elisa Torselli, Istituto Miller, Italy</i></p> <p>Drug Dependency in Prison Populations: Building Harm-reduction Capacity <i>Chelsea Cox, Dalhousie University, Canada</i></p> <p>Access to Reimbursed Drugs in Case of Drug Shortages – The Regulator's Dilemma <i>Zohar Yahalom, HFN Law Offices, Segev Shami, Ben Gurion University of the Negev, Israel</i></p> <p>13:30-14:30: Lunch Break</p>		<p>Ethics of a Religious Therapist</p> <p>Chair: Y. Cherlow, Israel</p> <p>A special session in which the dilemmas of religious caregivers will be raised, regarding the conflict between their religious position and their professional position.</p>		HALL F			

HALL A2		HALL B		HALL C		HALL D	
Death and Dying Through the Cultures		Medical Ethics: The Digital Era		Medical Law		Bioethics Education	
<p>Co-Chairs: P. Borsellino, Italy; S. Davtyan, Armenia</p> <p>Brain Death Objections and the Balm of the Jewish Tradition at Life's End: Can the Two Walk Together? Ezra Gabbay, Weill-Cornell Medicine, USA</p> <p>Catholic Laities' Attitude towards Principles Concerning End-of-Life Care Decision in Hong Kong Dominic Lui, Holy Spirit Seminary College of Theology and Philosophy, Ita Fung, Cynthia Yip, Caritas Institute of Higher Education, Hong Kong</p> <p>Euthanasia and Medieval Armenian Thinkers Susanna Davtyan, Yerevan State Medical University after M. Heratsi, Manuk Harutyunyan, Sona Davtyan, Institute of Philosophy, Sociology and Law of NAS, Armenia</p> <p>Dying and Death in East German Medical Ethics and the Communist Reality Andrea Quitz, Leopoldina Hospital Schweinfurt, Germany</p> <p>Maiden Voyage - Assistance in Dying in Canada Michael Gordon, Baycrest Health Sciences, University of Toronto, Canada</p>		<p>Co-Chairs: G. Chan, Singapore; O. Doskokil, Czech Republic</p> <p>Trust in and Ethical Design of Carebots Gary Chan, Singapore Management University, Singapore</p> <p>Surrogate Motherhood on Waves of the Internet Ondrej Doskokil, Hana Konecna, University of South Bohemia, Czech Republic</p> <p>Artificial Intelligence in Healthcare and Beyond: The Widening Responsibility Gap Daniel Tigard, Austria</p> <p>Legal Issues on the Clinical Study of New Medical Technology Yiguang Lu, Shanghai United Law Firm, Xiaofeng Liu, East China Normal University, China</p> <p>Ethical Aspects of E-Health/Medicine: The Influence of E-Health/Medicine on the Public's Processes of Making Decisions Orit Haller-Hayon, Cethi Bailik, Judith Marcus, Shosh Keisleshek, Rut Khaikin, Tel Aviv University, Israel</p>		<p>Co-Chairs: I. Goolid, UK; A. Finnerty, Ireland</p> <p>Pregnancy and Irish Law: History, Recent Updates and the Eight Aoife Finnerty, University of Limerick, Ireland</p> <p>Chaperoning, Protecting Patients in Healthcare, Who is Fooling Who? Paul Marinaccio-Joseph, UK</p> <p>Human Enhancement as a Service. Continental Civil Law Perspective Andrzej Girdwoyń, University of Warsaw, Poland</p> <p>Parental Rights, Best Interests and Significant Harms: Medical Decision-making on Behalf of Children Post-Great Ormond Street Hospital v Yates [2017] Imogen Goolid, Cressida Auckland, University of Oxford, UK</p> <p>Study on the Mode of "Nanping Solution" of Medical Disputes Xuamin Gong, Nanping City Association of Medical Dispute Mediation, China</p>		<p>Co-Chairs: C. Mhaske, India; S. Pariani, Indonesia</p> <p>Understanding the Clinical Dilemmas That Shape Medical Students, Ethical Development: a Cross Sectional Study Chandrakant Mhaske, Unit Head SCGMC Nanded Maharashtra India, Christina Mhaske, Hochschule University Hannover, Germany, Preeti Mhaske, MG V Dental College Nashik Maharashtra, India</p> <p>The Institutionalization of a Cross-sectional Axis of Training in Bioethics in Medical Education: A Brazilian Experience Flávio Cesar De Sá, Daniele Sacardo, Venancio Dantas Filho, Francisco Aoki, Irene Barcelos, Sergio de Lucca, Francis Sunaga, Diego Ribeiro, Vera Salerno, State University of Campinas, Brazil</p> <p>Bioethics in Russia: A Curriculum for Discerning Medical Students Nataliya Shok, Fsbel He Prmu MOH Russia, Sechenov University, Russia</p> <p>Core Curriculum Bioethics and Humanities in the Medical School of Indonesia Siti Pariani, Unit Indonesia UNESCO Chair Bioethics, Indonesia</p> <p>The Enacted Phronesis (Practical Wisdom) in General Practice Study (EPGPS): Part 1 Findings Sabena Jameel, June Jones, University of Birmingham, UK</p>	
HALL F		HALL G		HALL H		HALL H	
Informed Consent		Autonomy		Ethics Education: Skills and Technology		Ethics Education: Skills and Technology	
<p>Chair: T. Gidron, Israel</p> <p>Informed Consent Claims Against Doctors: Should Patients' Religious Background Matter? Roy Gilbar, Netanya Academic College, Israel</p> <p>Obstetrics Litigation - Beyond the Classic Tort of Medical Negligence Nili Eyal, College of Management, Israel</p> <p>Patient-centered Medical Care: Is the Pendulum Still Swaying? Tamar Gidron, Zefat Academic College, Israel</p> <p>Medical Experiments in Children – What is a Real "Informed Consent"? Liana Adani-Beni, Assuta Medical Center, Israel</p> <p>Bioethical and Legal Dilemmas in Refugee's Medical Aid Setting Marshid Farhat, Safed Academic College, Israel</p>		<p>Co-Chairs: S.S.Rubin, Israel; D. Chandran, India</p> <p>Right to Information: When Mental Illness Does Not Count Dhanya Chandran, Keshav Kumar, Jagadisha Thirthalli, National Institute of Mental Health and NeuroSciences (NIMHANS), India</p> <p>Autonomous Advance Treatment Decisions in Indian Mental Healthcare Sharad Philip, Sydney M, Naveen CK, Suresh BM, National Institute of Mental Health and NeuroSciences (NIMHANS), India</p> <p>Blood Transfusion Refusal as a Paradigm for Patient Autonomy B. Paul White, Northern Westchester Hospital, The Northern Westchester Hospital Ethics Committee, USA</p> <p>On the Ethical Tension between Autonomy and Beneficence in Psychotherapy Simon Shimshon Rubin, Emek Jezreel College and University of Haifa, Hadar Eini, University of Haifa, Israel</p> <p>The Doctor, a Patient Himself: A Study of Prevalence and Symptoms of Depression among Medical Students Anushka Ghosal, Shubhangi Anand, Dr. D. Y. Patil Medical College, India</p>		<p>Co-Chairs: S. Popova, Bulgaria; Z. Kaufman, Israel</p> <p>Information Technology in Medical Ethics Education Wunna Tun, Myanmar Medical Association, Myanmar</p> <p>Developing Ethical Competence among Health Students: Strategies Used by European Federation: Fine - EU Jane-Laure Danan, Debout Christophe, FINE Europe, Henry Coudane, Martine Batt, Alain Trogonon, Camille Gravelle, Bernard Kabuth, Gisele Kanny, Team Research, France</p> <p>Innovative Methods and Tools for Better Team Organisation and People Management Sashka Popova, Krasimira Markova Alexandrina Vodenicharova, Medical University of Sofia, Bulgaria</p> <p>Moral Development During Psychoanalytic and Psychodynamic Training: Personal Analysis as a Moral Practice Zohar Kaufman, Bar Ilan University, Israel</p> <p>Scientific Literacy as a Tool for Ethical Decision-making Process: The Role of Language Valeria Trigueiro Santos Adinolfi, IFSP - Federal Institute of Science, Technology and Education of Sao Paulo, Brazil</p>			
16:00-16:30: Coffee Break and Poster Session		16:00-16:30: Coffee Break and Poster Session					

HALL A2		HALL B		HALL C		HALL D	
<p>Death and Dying – End of Life: Death— Life’s Beginning Co-Chairs: S. Calmonson, UK; R. Mantegazza, Italy</p> <p>Ethics of Antenatal Decisions About Resuscitation <i>Sam Calmonson, University of Birmingham, UK</i></p> <p>Tears in Heaven. Children’s Death in Western History: Grief, Rites, Representations of an Unspeakable Loss <i>Raffaele Mantegazza, University of Milan-Bicocca, Italy</i></p> <p>The Cases of Afife Evans and Charlie Brown. Who Should Decide When to End a Therapy? <i>Martyna Łaszewska-Hellriegel, University of Zielona Góra (University of Zielonogórski), Poland</i></p> <p>Thinking about Medical Assistance in Dying (MAID) for Children and Youth <i>Michelle Mullen, University of Ottawa, Children’s Hospital Eastern Ontario, Canada</i></p> <p>Abortion Debate in the Republic of Croatia <i>Ivana Tucač, Anita Blagojević, Faculty of Law Osijek, Croatia</i></p>	<p>Medical Ethics: Management Co-Chairs: N.M. Fonseca, Portugal; A. Donika, Russia</p> <p>A Financial Evaluation of the General Practice Residents-Industry Relations: Support or Dependency? <i>Nuno Moreira Fonseca, Central Lisbon Hospital Center, Portugal</i></p> <p>Ethical Aspects of Reimbursement Decisions in Israel <i>Segev Shani, Ben Gurion University of the Negev, Zohar Yahalom, HFN Law Offices, Israel</i></p> <p>Bioethics of Management in Medicine <i>Alena Donika, Volgograd State Medical University, Russia</i></p> <p>When Law Enforcement Interferes with Patients’ Rights and Health Care Professionals’ Agency: A Strategic Management Approach <i>Martin Lewison, Farmingdale State College, Cheryl Schreiber Lewison, Mt. Sinai/Queens Hospital Center, USA</i></p> <p>A Review of Basic Health Care Provision Fund toward the Attainment of the Universal Health Coverage in Nigeria <i>Adegboyega Oyejabi, Kaduna State University, Nigeria</i></p>	<p>Medical Law: Regulation of Therapeutic Relationship Chair: P. Borsellino, Italy</p> <p>Ethical Dilemmas and Legals Solutions Regarding Patenting New Medical Technologies <i>Joanna Banasiuk, University of Białystok, Poland</i></p> <p>The Recent Legal Regulation on Informed Consent and Advance Directives in Italy. An Achievement for Patients and Healthcare Professionals <i>Patrizia Borsellino, University of Milan Bicocca, Italy</i></p> <p>Advance Directives and Shared Health Care Plan for End-of-Life Contexts: Lessons from the New Italian Legislation <i>Federico Gustavo Pizzetti, University of Milan, Italy</i></p> <p>Vaccination Dilemma: Mandatory Vaccination of Children <i>Netanel Posner, Kimhi, Peled, Posner, Shilo & Co., Adv., Israel</i></p> <p>What is the Preferable Idea of Justice in Healthcare? <i>Lorena Forni, Università di Milano - Bicocca, Italy</i></p>	<p>Human Dignity Co-Chairs: V. Gluchman, Slovakia; L. Wettlaufer, Germany</p> <p>Human-Animal Composite Creature Research – Necessary Regulatory Reforms <i>Lenke Wettlaufer, Berlin Court of Appeal, Germany</i></p> <p>Dignity of Embryo in Terms of Constitutional Perspective (Russian and International Legislation) <i>Irina Krylatova, The Ural State Law University, Russia</i></p> <p>The Right to Know One’s Own Genetic and Biological Origins <i>Maria Magnolia Pardo-Lopez, University of Murcia, Spain</i></p> <p>Bioethics Dilemmas in Emergency Medicine: Between the Advance and the Surrogate Will of the Critical Patient <i>José Robles-Martínez, Hilda Romero-Zepeda, Universidad Autónoma de Queretaro, Mexico</i></p> <p>Wrongful-Life Cases – Does the Israeli Law Recognise the Child’s Interest not to be Born Harmed? - A Philosophical Perspective <i>Ahuva Ticho, Bar-Ilan University, Israel</i></p>	<p>Autonomy Co-Chairs: J. Bedrick, USA; J. Rubin, USA</p> <p>Coercion and Freedom <i>Jeffrey Bedrick, Drexel University College of Medicine, USA</i></p> <p>Autonomy in Intensive Care Units (ICUs). A Metaphor for the Contemporary Panopticon? <i>João Andrade Leal Sales Junior, Marisa Palacios, Suely Marinho, Alexandre Costa, Federal University of Rio de Janeiro, Fermin Schramm, National School of Public Health, Brazil</i></p> <p>Agency and Autonomy in Euthanasia <i>George Louis Mendz, The University of Notre Dame, Australia</i></p> <p>A Guide to Considering Non-psychiatric Medical Intervention Over Objection for the Decisionally Incompetent Patient <i>Jonah Rubin, Kenneth Prager, Columbia University Medical Center, USA</i></p>	<p>Informing Consent Co-Chairs: G. Skilton, UK; O. Mehoudar, Israel</p> <p>Readability Standards of Informed Consent Forms in Clinical Studies Authorized by Institutional Review Boards (IRBs) in Israel <i>Itamar Ashkenazi, Natan Oster, Philip Feinberg, Hillel Yaffe Medical Center, Israel</i></p> <p>The Relation of Informed Consent to Health Literacy Level: Patient Autonomy, Challenges and Solutions <i>Ofra Mehoudar, Israel</i></p> <p>Researchers’ Perspectives on Informed Consent and Ethics Review of Biobank Research in South Africa <i>Erisa Mwaka, Makerere University, Uganda, Lyn Horn, University of Capetown, South Africa</i></p> <p>Complex Procedures, Complex Consent: Is it Really Informed? <i>Rehnuma Hossain, June Jones, University of Birmingham, UK</i></p> <p>To What Extent Should Discussions Regarding ICD Deactivation be Part of the Pre-implantation Informed Consent Process? <i>Gemma Skilton, University of Birmingham, UK</i></p>	<p>Bioethics Education Co-Chairs: P. Fraga da Silva, Brazil; E.L. Marcus, Israel</p> <p>Discussing Bioethics in High School: An Experience from Brazil <i>Paulo Fraga da Silva, Universidade Presbiteriana Mackenzie, Flávio César de Sá, Universidade Estadual de Campinas, Aluisio Marçal de Barros Seródio, Universidade Federal de São Paulo, Reinaldo Ayer, Maria Cristina Komatsu Braga Massaroli, Universidade de São Paulo, Patricia Aparecida da Silva, Francis Bozolan Sunaga, Eleuza Vânia Maria Lagos Guazzelli, Secretaria Estadual da Educação de São Paulo, Marcelo Antonio Silva, Instituto de Filosofia e Ciências Religiosas São Boa Ventura, Brazil</i></p> <p>Moral and Ethical Values among Indian Youths – A Study from Darjeeling District of India <i>Prasanta Kumar Mitra, Tanaya Ghosh, Sikkim Manipal University, Prasenjit Mitra, AIIMS, India</i></p> <p>Use of Webinar Technology for Online Training of Bioethics at Global Level <i>Sanjay Bedi, Minu Bedi, Adesh Institute of Medical Sciences, India</i></p> <p>Ethical Issues in HIV-related Research in China: An International Collaborative and Interdisciplinary Workshop <i>Hongjiang Wang, Central South University, China, Annette Ackerman, Kaveh Khoshnood, Yale University, Lloyd Goldsamt, New York University, Sean Philpott-Jones, Clarkson University, USA</i></p> <p>Ethical Issues Raised in an Interprofessional Education (IPE) Course on End of Life Care <i>Esther-Lee Marcus, Herzog Medical Center, Hebrew University, Estelle Rubinstein, Livnat Weider, Hadassah Medical Center, Adi Finkelstein, Jerusalem College of Technology, Hebrew University, Freda DeKeyser-Ganz, Anna Woloski-Wruble, Hebrew University, Uriel Trahtemberg, Adir Shaulov, Dorit Shaham, Hadassah Medical Center, Hebrew University, Israel</i></p>	
HALL F		HALL G		HALL H			

HALL A2	HALL D	HALL F
<p>Medical Ethics Co-Chairs: I. Theodor, Israel; J. Coman, Australia</p> <p>Revealing the Skeletons in Your Closet: A Survey of Australian Hospital Doctors on the Use of Human Bones in Medical Education <i>Jonathan Coman, Haileybury College, Simon Craig, Monash University, Anne-Maree Kelly, University of Melbourne, Sharon Klim, Western Health, Australia</i></p> <p>The Possible Contribution of Asian Thought to Medical Ethics <i>Ithamar Theodor, Zefat Academic College, Israel</i></p> <p>Missing Persons - the Right of Families to Know the Fate of Relatives <i>Arsim Gerxhalili, Forensic Institute, Vjollca Kroqi-Gerxhalili, Lawyer, Kosovo</i></p> <p>Medical Cannabis Patients' Rights <i>Irit Avisar, Israel</i></p> <p>Risk-based "Criticality Analysis" to Protect the Human Nervous System from Hazardous Environmental Exposures <i>Yael Stein, The Hebrew University of Jerusalem, Israel, Peter Spencer, Oregon Health & Science University, USA, Jacques Reis, University of Strasbourg, France</i></p>	<p>Medical Research Co-Chairs: V. Struever, Germany; J. Huang, Taiwan</p> <p>Enhancing a Linguistically Sensitive Informed Consent Process in Health-Related Research: <i>Pacifico Eric Calderon, St. Luke's College of Medicine - William H. Quasha Memorial, Philippines</i></p> <p>The Reason Why Emerging Countries are Attractive Places for Clinical Research <i>Vanessa Struever, University of Applied Sciences and Arts, Germany</i></p> <p>Social Media and the Impact on the Medical Decision in Taiwan: Past, Now and Future <i>Jack Tien-Yu Huang, National Taiwan University, Taiwan</i></p> <p>The Civic Duty to Donate Blood <i>Pol Cuadros Aguilera, University of Lérida, Spain</i></p> <p>A Relational Account of Organ Donation <i>Pamela Laufer-Ukeles, Academic Center for Law and Science, Israel</i></p>	<p>Ethics in Psychiatry Co-Chairs: C. Nickerson, USA; P. Lepping, UK</p> <p>"Ethics in Psychiatric Practice Curriculum": The Universal Ethical Principles Regarding Serving Underserved Populations Through Psychiatry <i>Caroline Nickerson, Ana Turner, Joseph Thornton, Rajiv Tandon, Regina Bussing, Jacqueline Hobbs, University of Florida, Sheryl Fleisch, Vanderbilt, Cara Yergen, USA</i></p> <p>Paternalism vs. Autonomy – Are We Barking up the Wrong Tree? <i>Peter Lepping, BCULHB, UK, Bangor University and Mysore Medical College and Research Institute, India, Bevinahalli N. Raveesh, Mysore Medical College & Research Institute, India</i></p> <p>Overvaluing Autonomous Decision-making <i>Bevinahalli N. Raveesh, Mysore Medical College & Research Institute, India, Peter Lepping, Consultant Psychiatrist (BCULHB), UK</i></p> <p>Ethical Issues in Relation to Older People in Health Care <i>Liubov Pishchikova, Fund of Medico-Social, Legal and Spiritual Assistance to Citizens of the Older Generation "Gerontological Protection", Russia</i></p>
<p>Medical Research Co-Chairs: E. Anane-Sarpong, Switzerland; F. Kombe, Kenya</p> <p>A Qualitative African Study on Augmenting the Ethics of Research Using Health and Demographic Systems' Data <i>Evelyn Anane-Sarpong, Tenzin Wangmo, Marcel Tanner, Bernice Elger, University of Basel, Switzerland, Osman Sankoh, Statistics Sierra Leone</i></p> <p>Promoting Research Integrity in Africa – A Call to Build Capacity, Create Awareness and Empower Research Stakeholders <i>Francis Kombe, African Research Integrity Network, Kenya, Christa Van Zyl, Human Sciences Research Council, South Africa, Limbanazo Matandika, Centre for Bioethics in Eastern and Southern Africa, Malawi</i></p> <p>Ethical Concerns on the Use of Animals for Xenotransplantation, Cloning and Stem Cell Research <i>Chioma Nwaigwe, Chukwuemeka Nwaigwe, Obianuju Okoroafor, University of Nigeria, Leo Shedua, National Veterinary Research Institute, Nigeria</i></p> <p>A Realistic Ethical Ideal of Non-human Animal Use in Science (an Attempt to Define) <i>Joanna Wysocka-Andrusiewicz, University of Warsaw, Poland</i></p> <p>IRB Perspectives on Risk Management Model of New Drug Clinical Trials in China <i>Xiaomin Wang, Xing Liu, Guoping Yang, Third Xiangya Hospital of Central South University, China</i></p>		

Chair: N. Tabak, Israel

Conflict of Values and Bioethics Principles in Decision Making of Physical Restraints for Elderly Patients
Dorit Rubinstein, Ministry of Health, Israel

Variables Influencing the Medical Staff Reaction to the Death of an Infant in The Neonatal Intensive Care Unit
Sophia Dombé Doron, Tel Aviv University, Assaf Harofeh Medical Center, Nili Tabak, Shulamith Kreitler, Tel Aviv University, Israel

Integration of Nurses as Permanent Members of Institutional Ethics Committees Following Parliamentary Amendment to the Patient's Rights Law (Israel, 2014)
Ruth Kaplan, Zefat Academic College / Ethics Bureau of the Israel Nursing Organization, Talya Fleishman, Ministry of Health, Israel

Developing the Liability Insurance for Nurses in China
Anji Ren, Xianhong Li, China

Stigma and Reactions to Problematic Patients
Nili Tabak, Tel Aviv University, Michal Steinman, Bellinson Hospital, Israel

Bioethics Perspectives of Nursing Students
Premilata Prakash, Richa Justin Hans, Usha Singh, Seema Barnabas, Balajs Victor, Christian Medical College & Hospital, India

Raising an Ethical Question: Separate, Professional Educational Program, for Minority Nurses: Integration or Segregation?
Rachel Keremlman, Zefat Nursing School, Sara Nissim, Wolfson Academic Nursing School, Tel Aviv University, Israel

Co-Chairs: N. Primc, Germany, C. Patel, UK

Uniqueness of Croatian Ethical Concerns in Organ Transplantation
Lada Zibar, University Hospital Osijek, University Josip Juraj Strossmayer, Croatia

Ethics and Cross Border Transplant Abuse
David Matas, Canadian Council on International Law, Canada

The Ethics of Paying for Organs
Robert Berman, Halachic Organ Donor Society, Israel

The Allocation of Cadaveric Donor Organs: Should the Patients' Right to Life be Supplemented by a Duty to Health?
Nadia Primc, Institute of History and Ethics of Medicine, Germany

Role of Families in Vetoing the Retrieval of Organs in Deceased Persons
Chantal Patel, Swansea University, UK

Co-Chairs: D. Wilson, New Zealand; C.I. Egea, Spain

Different Aspects of Surrogacy
Jehan Zoabi, Emek Medical Center, Israel

The Evolution of Surrogate Motherhood Policies in Spain, from 1985 to 2017, the Bioethical Debates and the Political Actors
Carmen-Isolina Egea, Universidad Francisco de Vitoria, Spain

Surrogate Motherhood in the Czech Republic: Current Status
Hana Konecna, University of South Bohemia, Karolina Novakova, Masaryk University, Marketa Sudova, Martina Brokesova, University of South Bohemia, Czech Republic

The Use of Surrogacy Contracts and Commercial Agreements: Comparing Law, Practice and Public Perceptions
Debra Wilson, University of Canterbury, New Zealand

Co-Chairs: M. Czarkowski, Poland; D. Gottlieb, Israel

Boundaries in Life and in Mental Health Therapy
Michal Lev Ari, ERAN - Emotional First Aid Services, Israel

Conflicts in Confidentiality: Ethical Dilemmas in Family and Marital Therapy
Daniel Gottlieb, Shimui: The Israel Institute for Family and Systemic Studies, Israel

Perceptions of Mental Health Workers for Human Rights of Mentally Ill Persons in Kosovo
Naim Fancaj, Sevim Mustafa, Mental Health Center Prizren, Kosovo

Clinical Ethics Consultations – Survey among Polish Physicians
Marek Czarkowski, University of Warsaw, Poland

Bioethics in Historical Context
Irina Siluyanova, Russian National Research Medical University, N.I. Pirogov, Russia

HALL A1		HALL A2		HALL D		HALL E	
Nursing Session		Psychiatry, Law and Ethics		Genetics: Ethical Aspects		Bioethics General	
Chair: N. Tabak, Israel		Co-Chairs: A. Doležal, Czech Republic; R. Brendel, USA		Co-Chairs: M. McGachie, UK; M. Botbol Baum, Belgium		Co-Chairs: A. Shcheglov, Russia; A. Rudnick, Israel	
Ethics in Nursing		Informed Consent: Specific Issues in Psychiatry <i>Adam Doležal, The Institute of State and Law of the Academy of Sciences of the Czech Republic, Czech Republic</i>		Why Should Bioethics Take Social Sciences Seriously on Genome Editing Issues? <i>Mylene Botbol Baum, UCL, Belgium</i>		On What Matters in Relation to Bioethics <i>Abraham Rudnick, University of Haifa, Israel</i>	
Lectures in Hebrew only		Ethics of Psychiatric Assessment to Possess Firearms in the USA <i>Joseph E. Thornton, Brian K. Cooke, Rajiv Tandon, University of Florida, USA</i>		Consent in the Era of Genomic Medicine <i>Michelle McGachie, University of Glasgow, UK</i>		Bioethics - Theoretical Opportunity and Practical Reality <i>Andrey Shcheglov, First Moscow State Medical University, Russia</i>	
		Surgical Intervention for Self-mutilation: Can a Severe and Persistent Mental Illness Be Terminal? <i>Jeffrey Farroni, University of Texas Medical Branch, USA</i>		Lack of Ethical Preparedness for Multi-generational Clinical Research after Heritable Genomic Modification <i>Ilana Kepten, ORT Braude Engineering College, Israel, Barbara Rothschild, Columbia University, USA</i>		Awareness, Knowledge and Attitude toward Bioethics among First Year Undergraduate Students of BPKHS <i>Dhana Ratna Shakya, S. Adhikari, S. Sharma, V. A. Chetri, R. R. Singh, B. P. Koirala Institute of Health Sciences (BPKHS), Nepal</i>	
		Epistemic Injustice and Sensemaking: Knowledge as an Ethical Matter for Clinical Forensic Psychiatry <i>Maïke Scherhans, Hospital of Forensic Psychiatry, University Medicine Rostock, Germany</i>		Why Personalized Medicine Creates Ethical Difficulties <i>Jeppe Berggreen Høj, Andreas Rudkjøbing, Danish Medical Association, Denmark</i>		The Incompetent as Person. Tracing the Personal Identity of the Other in Kant and Levinas <i>George Boutlas, Viniakakis Stellos, National and Kapodistrian University of Athens, Greece</i>	
		Law, Psychiatry, Ethics, and Physician-Assisted Death <i>Rebecca Brendel, Harvard Medical School, USA</i>				When You Say "They Are Going to Kill Me" - What Do You Mean <i>Roni Gagin, Neta HaGani, Zeev Weiner, Rambam Health Care Campus, Israel</i>	

HALL A1		HALL A2		HALL D		HALL E	
Ethics and Immigration		Genetics: Ethics Aspects		Bioethics General		Ethics in Physical Education	
Co-Chairs: N. Collier, UK; B. Gebrewold, Austria		Co-Chairs: J. Home, UK; O. Feeney, Ireland		Chair: V. Gluchman, Slovakia		Co-Chairs: U. Carmi, Israel; B. Stoffel, Canada	
Immigrant Family Separations: The US's Current Dehumanisation of the Quest to Live <i>Deborah Kala Perkins, Graduate Theological Union, USA</i>		Editing the Gene-editing Debate: Re-assessing the Normative Discussions on Emerging Genetic Technologies <i>Oliver Feeney, National University of Ireland, Ireland</i>		An Understanding of Bioethics: Perspectives of Philosophy of Yoga <i>Rituparna Barooah, NorthEastern Indira Gandhi Regional Institute of Health and Medical Sciences, India</i>		The Child's Right to Physical Education as Reflected in UNESCO's Various Charters <i>Izack Ram, The Academic College at Wingate, Israel</i>	
Ought Contraception Provision in Expectation of Migrant Rape to Be Considered Ethical? <i>Naomi Collier, University of Birmingham, UK</i>		The Ethical and Legal Difficulties of Incidental Findings in Genetics <i>Joseph Home, University of Manchester, UK</i>		Human Dignity and Ethics of Social Consequences <i>Vasil Gluchman, University of Prešov, Slovakia</i>		Talking Doping: How Athletes Discuss Doping with Their Support Teams <i>Bertrand Stoffel, McGill University, Canada</i>	
The Phenomenon of Brain Drain in South Africa. An Universal Bio-ethical Perspective <i>Riaan Rheeder, North-West University, South Africa</i>		Protection of Personal Information Act (POPI) 2013: How POPI Ready are South African Biobanks? <i>Ciara Staunton, Middlesex University, UK, Carmen Swanepoel, Stellenbosch University, South Africa</i>				'Cash Cows' – the Moral Aspect <i>Udi Carmi, Ohalo College, Israel</i>	
Wellbeing of Migrants and Ethical Responsibilities Migration Policies <i>Belachew Gebrewold, Management Center Innsbruck, University of Applied Sciences, Austria</i>		Biohackers: The Optimization of Genome in DIY Culture <i>Matheus Vinicius Marques Lima, Escola Superior Dom Helder Câmara, Brazil</i>				Supervision and Freedom in Football Academies <i>Shlomit Guy, Kaye College for Education, Israel</i>	

*subject to change

POSTER PRESENTATIONS

Tuesday, November 27, 2018

Morning Session (08:00-13:00)

The Justice – A Natural Law of Nature
Teodor Angelov, Vlayko Vodenicharov, Vidin Kirkov, Mila Kirkova, Sashka Popova, Medical University of Sofia, Bulgaria

Aged and Decision Making in Malaysia: The Legal Limitations
Usharani Balasingam, University of Malaya, Malaysia

Stepping Up Regulations: Me-Too Drugs and the Need for Compromise
Teresa Barcina, CEU University, Spain, Sherwin B. Nuland Summer Institute in Bioethics at Yale University, USA

Optimization of End of Life Religious/Spiritual Support to Hospitalized Patients
Norberto Tortorello Bonfim, Venâncio Pereira Dantas Filho, Célia Regina Boccato, João Sílvio Rocha, Flávio César de Sá, Clinical Hospital of State University of Campinas – UNICAMP, Brazil

Organ Donation: A Hidden Factor in Support for Euthanasia
Jadranka Buturovic-Ponikvar, University Medical Center Ljubljana, University of Ljubljana, Rafael Ponikvar, University Medical Center Ljubljana, Slovenia, Zeljka Buturovic, Institute for Social Sciences, Serbia

The Program More Doctors for Brazil/PMDB from a Bioethics Perspective
Ana Maria De Oliveira, Claudio Siqueira, Carolina Silva, Elias Rassi Neto, Alessandra Naghettini, Luiz Antonio Brasil, Gustavo Henrique Queiroz, Nadya Bomtempo, Marta Maria Silva, Federal University of Goiás, Brazil

Mindreading Report: Could the Interpretation of Neuroimaging by fMRI Cause Threat to Cognitive Privacy?
Jelena Dimitrijevic, Faculty of Philosophy, University of Belgrade, Serbia

Mental Illness and Paradoxical Bioethics at the Time of Totalitarianisms
Giuseppe Donato, Università Magna Grecia, Francesca Donato, University L'Orientale, Annalidia Donato, University Magna Graecia, Luigina Volpentesta, ASP Cosenza, Marco Vismara, University La Sapienza, Italy

Introduction of Peripheral Arterial Disease Screening in Slovakia Judiciously
Katarína Dostalová, Slovak Medical University, Peter Makara, Lucia Kukucková, Slovak Society of General Practice, Viera Štvrtinová, Comenius University, Slovakia

Obesity Makes Healthcare More Difficult
Kristina Dostalová, Paris 2 University Pantheon-Assas, France, Katarína Dostalová, Slovak Medical University, Lucia Kukucková, Diana Ponosova, Peter Petrascko, University Hospital Bratislava, Jana Bendova, Stefania Moricová, Slovak Medical University, Slovakia

Use of Interpreters in Health Care Research with Asylum Seekers
Nina Eklöf, South-Eastern Finland University of Applied Sciences / University of Turku, Maija Hupli, Helena Leino-Kilpi, University of Turku, Finland

Health Professionals: A View on Death and Dysthanasia
Julia Messina Gonzaga Ferreira, Juliana Luporini do Nascimento, Flavio Cesar de Sá, Universidade Estadual de Campinas, Brazil

Afternoon Session (14:00 – 19:00)

"Kalothanasia" in the Context of Clinical Bioethics and Palliative Care
Venâncio Pereira Dantas Filho, Ana Luiza Borges de Sá Sforzin, Juliana Evangelista Dantas, Flávio Cesar de Sá, State University of Campinas – UNICAMP, Brazil

Dispelling Fears of Bioterrorism: Public Health Education Responsibilities after Disease Outbreaks
Brenna Gautam, Georgetown University, USA

Rethinking Death as a Socially-constructed Concept
Min Heo, Seoul National University, South Korea

Principle of Autonomy, Elderly People and Information in Palliative Phases of Illness: Are They Informed about Their Health Process?
Elvira Huerta, Elisenda Badia, Cristina Serrabasa, Esther Celda, Arcadi Boixadera, Fundació Salut Empordà, Juan Tarrús de Vehi, Hospital Trueta, Girona, Armand Grau Martín, Hospital de Figueres, Fundació Salut Empordà, Spain

Some Ethical Considerations in Organ, Tissue and Cell Donation
Ramadan Jashari, European Homograft Bank, St. Jean Clinic, Belgium, Altin Stafa, Ridvan Alimehmeti, Driton Todhe, Albania

Sri Lankan Medical Practitioners' Knowledge of Ethical Issues Associated with Genetic and Genomic Diagnostics
S.M.A. Jayawardana, Rajarata University of Sri Lanka

Nonindicated Care – According to Whom?
Philip Kayser, Wake Forest School of Medicine, USA

Collaboration Between Different Institutions in the University and Public Sectors in a Canadian Context
Joy Knight, Jennifer Longaphy, Kathryn Bigsby, Health PEI, Lyndsay Moffatt, James Moran, University of Prince Edward Island, Canada

Bioethics and Biology: Visions and Ethical Issues of Undergraduate Students
Lucas Nascimento Ferreira Lopes, PPGBIOS - UFF, Carlos Dimas Martins Ribeiro, UFF, Brazil

The Effect of Clinical Exposure on Medical Students Positions Regarding Resource Allocation in Times of Crisis
Daniel Minkin Levy, Alan Jotkowitz, Ben Gurion University, Iftach Sagy, Soroka University Medical Center, Israel

Comparative Evaluation of Valve Patient Creativity in the Pre- and Post-operative Periods
Jacqueline Mac-Dowell Alves, Flávio Tarasouchti, Roney Sampaio, University of São Paulo School of Medicine, Brazil

Developing a Technology Enabled Module in Bioethics for Health Care Professionals with an Indian Perspective
Mary Mathew, Kasturba Medical College / Manipal Academy of Higher Sciences, Monica Solomon, Manipal College of Dental Sciences / Manipal Academy of Higher Sciences, India

Xenotransplantation – An Interreligious Perspective
Richard Mathieu, Ludwig-Maximilians-Universität München, Germany

POSTER PRESENTATIONS

Wednesday, November 28, 2018

Morning Session (08:00-13:00)

<p>Expanding Knowledge on Internet's Behaviours: A Focus on Cyberbullying in Italian High School <i>Viviana Meschesi, MIUR, Università Ricerca, Marco Flavio Vismara, Sapienza University, Laura Coltrinari, Chamber of Lawyers, Rome, Rosa Marotta, Serena Marianna Lavano, Magna Graecia University, Umberto Rapetto, HKAO Consulting, Roberta Elisabetta Vismara, Torino University, Giuliana Pulvirenti, University of Messina, Chiara Settanni, Settanni Consulting Group, Erika Meschesi, U.O.C., Valeria Moroni, Italy, Joseph Toaff, Communication Science and Media Consulting, France</i></p> <p>The Teaching of Ethics and the Moral Competence of Nursing Students – Integrative Literature Review <i>Vera Martins, Rui Nunes, Ivone Duarte, University of Porto, Portugal</i></p> <p>Public Health and Globalization: Is It Time to Implement a Universal Code of Ethics? <i>Elisabeth Modena, Yale University, USA, Université de Strasbourg, France, Fundação Oswaldo Cruz, Brazil, USA</i></p> <p>Risk of Malpractice According to Medical Specialty in Chile. Years 2002-2016 <i>Karla Moscoso, Servicio Médico Legal, Universidad San Sebastian, Marcelo Hermosilla, Servicio Médico Legal, Chile</i></p> <p>Jewish Perspectives to Fertility Treatments <i>Alegria Vaz Mouyal, Dan Reisel, Joyce Harper, University College London, Jackie Leach Scully, Newcastle University, UK</i></p> <p>Brazilian Ethical Research Guidelines Analysis for Participants with Ultrarare Diseases <i>Ludmila Naud, Universidade de São Paulo, Brazil</i></p> <p>Dignity and Vulnerability of Critically Chronically Ill Patients in End-of-Life: Palliative Care and Protection <i>Marcio Niemeyer-Guimaraes, ENSP-PPGBIOS, HFSE-MS, HC-USP, Ricardo T. Carvalho, HC-USP, Fermin R. Schramm, ENSP-PPGBIOS, Brazil</i></p> <p>Death and Dying of Homeless Population in Brazil <i>Venancia Pereira Dantas Filho, Andressa Karoline De Souza Avelino, Edna Lopes Dantas Paes, Erica Cazetta Chinellato, Sonia Regina Perez Evangelista Danta, Campinas State University, Brazil</i></p> <p>The Speech and Language Therapist in the NICU: Ethical Reasoning on the Newborns with Complex Needs <i>Sara Panizzolo, Raffaella Citra, Federazione Logopedisti Italiani, Italy</i></p> <p>Prenatal Stress and Risk for Psychopathology <i>Zoi Papadopoulou, Daniela Theodoridou, Petros Petrikis, Maria Syrrou, University of Ioannina, Konstantina Tsoni, Eleni Agakidou, Vasiliki Drosou-Agakidou, Aristotle University of Thessaloniki, Stelios Virvidakis, National and Kapodistrian University of Athens, Greece</i></p> <p>South African National Health Act (No. 61 of 2003) vs. Emmanuel Framework for Ethical Research (2004): Implications for Children Research <i>Dimpho Ralefala, University of Botswana, Mariana Kruger, Nicola Barsdorf, Stellenbosch University, South Africa</i></p> <p>A Cross-country Comparison: Trends in the Regulation of Surrogacy at the National Level <i>Rebecca Reingold, Kathryn Gottschalk, Georgetown Law, USA</i></p>

Afternoon Session (14:00 – 19:00)

<p>Ethical Considerations of Regulating Innovative Surgery <i>Christopher Rutter, Kenyon College, USA</i></p> <p>Bioethics Institutionalization of Humanitarian Expertise <i>Tatyana Sidorova, Novosibirsk State University, Russia</i></p> <p>Understanding Participants' Consent in an Entero-Toxicogenic Vaccines Trial in Misisi Township in Lusaka, Zambia <i>Bornwell Sikateyo, University of Zambia, Zambia</i></p> <p>The Contribution of Karol Wojtyła's Philosophy to Bioethics <i>Marcelo Antonio Silva, Instituto Superior de Filosofia e Ciências Religiosas São Boaventura, Brazil</i></p> <p>On Why Surrogacy Would Help To Balance Spanish Society <i>Ana María Vlichhez Simó, Universidad Europea de Madrid, Spain</i></p> <p>X-Men in the Military: The Ethical Implications of Creating the Super-Soldier <i>Oluwatomisin Sontan, Yale University, USA</i></p> <p>MEET (Medical Education Empowered by Theater), A Method for Teaching Ethics <i>Marcia Strazzacappa, Adilson Ledubino, Leticia Frutuoso, Marco Antonio Carvalho, UNICAMP, Brazil</i></p> <p>A Responsibility: Including LGBTQ Communities in the Discussion of Bioethics <i>Sarah Stewart, Kenyon College, USA</i></p> <p>Contents of Bioethics in the Area of National Defense: An Experience with Undergraduate Civilian Students <i>Sandra Becker Tavares, UFRJ - Federal University of Rio de Janeiro, Brazil</i></p> <p>Bioethical Principles and Tools of the Quality: Reduction Measures of the Surgical Sites Infections <i>Maria Laura Alchorne Trivelin, Talita Da Silva, Elisa Spolaore, Hospital Israelita Albert Einstein, Mathheus Da Silva, Universidade Nove de Julho, Brazil</i></p> <p>Ethical Values in Physiotherapy - Real Guidelines or Merely Idealistic Assumptions? <i>Agnieszka Wójcik, Józef Piłsudski University of Physical Education in Warsaw, Anna Ratajska, Kazimierz Wielki University in Bydgoszcz, Dr. Jan Biziel University Hospital No. 2 in Bydgoszcz, Emilia Dadura, Alicja Przyłuska-Fiszler, Józef Piłsudski University of Physical Education in Warsaw, Poland</i></p> <p>Teaching and Learning of Research Ethics: The Cases of a General and a Medical University in Japan <i>Akinori Yamabe, Jichi Medical University, Japan</i></p> <p>Biobanking and Donors' Privacy Breach <i>Anna Zagaja, Jakub Pawlikowski, Jaroslaw Sak, Medical University of Lublin, BBMRI, Poland</i></p> <p>Ethics and Emotional Intelligence as a Process of Student's Empowerment in Educational Frameworks <i>Halah Zidan, Top Interpersonal Communication, Israel</i></p> <p>Ethics and Neuroethics <i>Miroslava Živković, Dusica Pavlović, Nevena Petrusić, University of Niš, Serbia</i></p>
--



Abstracts Oral Presentations

MEDICAL EXPERIMENTS IN CHILDREN – WHAT IS A REAL “INFORMED CONSENT”?

Liana Adani-Beni
Assuta Medical Center, Israel
L18@drbeni.com

Background: A patient under 18 years of age, is enrolled to a medical study in which a drug, material, device or procedure are planned (yet are not a part of the standard treatment). Some important questions arise: is it ethical to enroll the child to an experiment for “diagnostic” but not “therapeutic” goals? Is it enough to merely state that “the specific child may not benefit from the study” and yet enroll? Is it ethical to prevent data about potential risks? Is it ethical to expose the child to an experiment that can delay standard therapy?

Dilemmas and examples: Medical experiments in the pediatric population are a sensitive issue, because the parents or the legal guardians will be signing “informed consent” and most children under 18 will be “passively” cooperative. NOT all procedures are contributing to treatment/cure (even though they may contribute to general scientific knowledge). If risk is more than the potential benefit for the specific child enrolled, IS IT ETHICAL TO ENROLL THE CHILD? Two examples will be discussed in the lecture: 1. An experiment that demands biopsies of brainstem tumors, when most probably the diagnosis will not change treatment yet has a real risk of neurological deterioration, that may prevent oncological “accepted/standard” treatment. 2. Administration of a “substance/material” with possible side effects and no reasonable benefit for the specific child.

Question for Discussion: What is the ETHICAL definition of the “informed consent” in experiments involving patients under 18 years? The difference between “invasive” and “non-invasive” experiments.

CHEMICAL CASTRATION BIOETHICAL PERSPECTIVE

Syaefudin Ali Akhmad, Syarwani Asrani, Faris Velayati,
Rohai Widati, Bayu Arif Anggara, Berlian Siti Arofah
Universitas Islam, Indonesia
aliakhmad@uii.ac.id

The implementation of chemical castration sanctions is a solution issued by the government through Law Number 17 of 2016 concerning Child Protection for the rampant cases of child sexual abuse. However, the application of this sanction is considered to be still having problem. Starting from the element of uncertainty over the period of implementation of the actions, adverse side effects on the body, to the procedures and technical implementation of the actions contained in the article. The purpose of this study was to determine the chemical castration action for perpetrators of sexual violence in a review of perspectives on the objectives of law enforcement, criminal law, human rights law and bioethics. The author uses qualitative research methods with descriptive and analytical research. Data sources are based on information contained in literature and based on interviews. From the results of this study, shows that chemical castration from a criminal law perspective cannot be categorized as an action sanction. From the perspective of human rights law, the right to be free from condescending punishment is an absolute right which cannot be limited at all. In the bioethics perspective, chemical castration has violated the four principles of bioethics.

A QUALITATIVE AFRICAN STUDY ON AUGMENTING THE ETHICS OF RESEARCH USING HEALTH AND DEMOGRAPHIC SYSTEMS’ DATA

Evelyn Anane-Sarpong¹, Tenzin Wangmo², Osman Sankoh³,
Marcel Tanner², Bernice Elger²
¹ University of Cape Coast, Ghana
² University of Basel, Switzerland
³ Statistics Sierra Leone, Sierra Leone
evelynanane@yahoo.com

Progress towards achieving global health goals has seen advances in health research paradigms. Research involving health and demographic systems’ data (RIHDS) is becoming a staple in African and other low-and-middle income countries. Like all new human research endeavors however, RIHDS raises ethical quagmires which are generally thought to justify the re-framing of ethical application into a narrower scope of requirements. Although scientifically healthy, such reductions raise ethical growth and benefit gaps in contexts with less well established, less financially supported, and less developed regulatory and independent ethical oversight structures. The concern is further deepened by possible reduction in the role research ethics can play in their research and development agenda. This presentation will place empirical findings from interviews in Ghana (West Africa) and Tanzania (East Africa) within ongoing discourse to probe what could be missing and what could address missing links in RIHDS ethics. Study participants were purposively selected based on their involvement in the conduct, ethical oversight, and or advisory roles in RIHDS. The voices of experts working independently in locally based international health agencies were also sought. A thematic analysis of the findings points to augmenting the principles of the Emanuel Framework as a more viable trajectory for RIHDS ethics. Adopted, it will help sustain the universality and benefits of research ethics in contexts where RIHDS is most common and research ethics has only lately begun.

ETHICAL CONSIDERATIONS FOR FIRST TIME RESEARCHERS REGARDING CHILD HEALTH RESEARCH IN A LOW TO MIDDLE INCOME COUNTRY

Charles Anderson¹, Jordanna Nunes¹, Rachael Pickering²
¹ University of Leeds, UK
² Integritas Healthcare, UK
um14ca@leeds.ac.uk

Conducting research in low to middle income countries has ethical considerations that need to be acknowledged in advance of fieldwork. However, it is also not always possible to predict what may occur in practice. As medical students beginning our medical careers, conducting research in this setting has been valuable as we have learned important lessons around the ethics of not only international research, but also involving vulnerable populations. Regarding a recent research project assessing child health checks carried out by a British NGO for Filipino children in care, these researchers have reflected on how theoretical ethical issues that were prepared for compare with those experienced in reality during fieldwork. Confidentiality, organisational changes and the involvement of a vulnerable population, children, were important ethical concerns in this case. Whilst many ethical barriers were predicted and well prepared for, some were not anticipated prior to beginning the research and required the appropriate adaptations. The researchers wish to share their experiences and how they managed these circumstances as first-time researchers, to help better prepare those researchers in similar situations in the future.

DO IDENTITIES MATTER? IDENTITY WITHOUT MEMORY IS EMPTY. MEMORY WITHOUT IDENTITY IS MEANINGLESS

Adriana Ardelean
University of Sorbonne, France
adriana290700@gmail.com

Broken identity: the impact of the Holocaust on identity in Romanian and French Jews.

It is difficult to overstate the importance of identity.

The paper is based on interviews conducted with Holocaust survivors in France and Romania (55 interviews).

It describes how the Holocaust affected survivor identity.

Two aspects of identity are analyzed the sense of personal identity and social identity. Each affects the other but they are largely independent and the trauma of the Holocaust impacted each of them differently.

Personal identity seems to be unrelated to either the type of trauma or the survivor's social situation.

There are no significant differences in that aspect between French and Romanian survivors.

The sense of identity, both personal and social, is dynamic and changes over time.

Nowadays in the digital age, the same practice: the digitized information usurpation identity.

In order to advance security, liberty, and privacy in modern society, it is crucial to understand the nuances of what identity means and how it is used and abused especially for children & teens.

This article defines identity, covering both physical and virtual entities, which is relevant in diverse contexts such as national security, history, anthropology and cybersecurity.

This article concentrates on the relevance of identity in forensic science, and provides illustrative examples. Approaches and challenges to evaluating and expressing confidence in identity-related conclusions are discussed. Privacy issues are considered along with the rising risks of identity usurpation and impersonation.

Relationships between identification of physical and virtual entities are addressed, including the weaknesses and strengths of digital information alone, and the benefits of combining multiple forensic disciplines when assessing identity.

A COMPARISON OF DECISIONS TO DISCHARGE COMMITTED PSYCHIATRIC PATIENTS BETWEEN TREATING PHYSICIANS AND DISTRICT PSYCHIATRIC COMMITTEES: AN OUTCOME STUDY

Daniel Argo^{1,2}, Igor Barash^{1,2}, Gadi Lubin^{1,2}, Moshe Z. Abramowitz³

¹ The Jerusalem Mental Health Center, Israel

² Eitanim Psychiatric Hospital, Israel

³ Hebrew University – Hadassah School of Medicine, Israel

Daniel.argo@moh.gov.il

Background: The Israel Mental Health Act of 1991 stipulates a process for involuntary psychiatric hospitalization. A patient thus hospitalized may be discharged by either the treating psychiatrist or the district psychiatric committee. Although much has been written about the ethical issues of restricting patients' rights, far less attention has been devoted to the psychiatric, medical, and social outcome of legal patient discharge against the doctor's recommendation.

Methods: In our study we examined the outcomes of the decisions made by the DPC using readmission data, and compared them to the outcomes of patients discharged by the TP. All IPH discharges resulting from the DPC's determination for the year 2013 (N = 972) were extracted from the Israel national register. We also collected all IPH discharges owing to the TP's decision for 2013 (N = 5788). We defined "failure" as readmission in less than 30 days, involuntary civil readmission in less than 180 days, and involuntary readmission under court order in less than 1 year.

Results: We found a statistically significant difference between the DPC and the TP group for each of the time frames, with the DPC group returning to IPH much more frequently than the TP group.

Using cross-sectional comparison with logistic regression adjusted for age, gender, diagnosis and length of hospitalization, we found the probability of a decision failure in the TP group was significantly less with an OR of 0.7 (95% CI .586-.863), representing a 30% adjusted decrease in the probability for failure in the TP group.

Conclusions: The results we present show that the probability of decision "failure" (readmission) was found to be significantly higher in the DPC group than in the TP group. It is often assumed that IPH patients will fare better at home in their communities than in a protracted hospitalization. This is frequently the rationale for early discharge by the DPC (30.1 days vs. 75.9 DPC and TP groups, respectively). Our results demonstrate that this rationale may well be a faulty generalization.

EUTHANASIA: CURRENT LEGAL STATUS AND RELIGIOUS CONCERNS IN INDIA

Praveen Kumar Arora¹, Sonal Singh Arora²

¹ Sri Aurobindo Medical College and PG Institute, India

² Sri Aurobindo College of Dentistry and PG Institute, India

dr.praveen2811@gmail.com

The Supreme Court of India declared "Passive Euthanasia" as legal in India. Expanding the spectrum of Article 21 of The Constitution of India, which guarantees right to life and personal liberty, the Court included right to live with dignity within it. Euthanasia, a Greek word meaning "Good Death" is defined as "the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma." Although patients have the right to refuse treatment; but what is to be done, if they are not competent at the time of decision making due to unconsciousness or otherwise? Should the treatment continue even when there are no chances of recovery of the patient or when patient is painfully suffering from irreversible illness, and make life more miserable? India is a multi-religious country. While most of the religions are against depriving someone of its life, Hinduism has divided views, one supports ending of painful life, whereas other is against disturbing the cycle of death and rebirth. Also in Shinto community of Japan, prolonging life using artificial means is considered disgraceful. It is thus imperative to understand if "Passive Euthanasia" as is permitted in the guidelines given by Supreme Court of India to permit the termination of life, is actually killing a patient who is suffering from a terminal illness or is it allowing someone to die naturally without making interventions, which make dying undignified and miserable.

FLAWS IN ETHICAL CONSIDERATION IN CLINICAL TRIALS IN DEVELOPING NATIONS AND THE PROBLEM OF ACCESS TO ESSENTIAL MEDICINE: A HEALTH EQUITY BREAKPOINT

Eric Asempah
York University, Canada
easempah@yorku.ca

Whereas the pharmaceutical industry is not incentivized enough to make drugs relevantly available to the developing nations, they have turned developing nations into laboratories where human subjects are conscripted for drug experimentation for diseases that are not prevalent in the developing nations. Looking through the business operations of the pharmaceutical industry, questions of morality have been raised around the exploitative, or the social good of clinical trials in developing nations. These questions provide the point of moral departure by which we can contextualize clinical trials value-streams or its problems in developing nations, and the bioethical framework documents that harnesses this dichotomy.

In my presentation, I will seek to unpack this dichotomy in the purview of the Helsinki Declaration of 1964, to establish how this ethical document is utilized as stultifying framework to spur the agenda of

moral neocolonialism in developing nations. My choice of looking at the Helsinki Declaration is based on the fact; it has been used as the central document to guide clinical research involving human subjects for more than half a century, yet it continues to lack the truest impetus to halt exploitation.

In my conclusion, I position that, the moral neo-colonization of developing nations through rationalization of western bioethical frameworks under the guise of balancing inequity in clinical trials, requires a critical legal and political outlook. This must be backed by disruptions that can reimagine clinical trials within the context of healthcare equity in the shades of access to essential medicine in the developing nations.

READABILITY STANDARDS OF INFORMED CONSENT FORMS IN CLINICAL STUDIES AUTHORIZED BY INSTITUTIONAL REVIEW BOARDS (IRBS) IN ISRAEL

Itamar Ashkenazi, Natan Oster, Philip Feinberg
Hillel Yaffe Medical Center, Israel
i_ashkenazi@yahoo.com

Introduction: IRBs are responsible for protecting possible candidates for participation in medical research. Though consent forms are never used in isolation, text written at an appropriate level promotes autonomous decision-making. Our objective was to evaluate the readability of English research consent forms authorized for multi-institutional clinical trials in our medical center. Secondary objectives were to compare the English version to its Hebrew translation.

Methods: Included were clinical trials authorized in 2006-2016 with consent forms in both English and Hebrew. We compared the two versions for number of words and pages. Readability was measured using the Flesh-Kincaid scale, which defines the minimal grade level required to understand the English document.

Results: Fifteen trials were included. The median (range) number of pages was 16 (5-20) and 12 (3-17) in the English and Hebrew versions respectively ($p < 0.001$). The median (range) number of words was 7360 (2224-12039) and 5807 (931-7063) ($p < 0.001$). The median (range) Flesh Kincaid grade level for the English forms was 11.4 (9.8-13.5). Of 15 trials included, all but three were conducted simultaneously in the USA.

Conclusions: Most English versions exceeded the minimum length required by the Israeli Ministry of Health. The Hebrew translations were shorter. English consent forms demanded high levels of readability, higher than those recommended by authorities in the USA. In order to decrease the level of difficulty of consent forms in Israel, readability standards are needed. Further research should focus on comparing consent forms used simultaneously in countries with and without readability standards.

MEDICAL CANNABIS PATIENTS' RIGHTS

Irit Avisar
Israel
iritavisar@gmail.com

Israel has about 35,000 licensed cannabis patients. The patient receives the cannabis at the Abarbanel Mental Health Center in Bat Yam or at a main street store in Tel Aviv. Patients stand in line at the distribution center, outside, in the sun or in the rain, exposed to every passerby. It seems that all patient's rights are violated within the framework of the existing procedure. There is no follow-up and many medical cannabis patients are not regularly monitored. The medical cannabis supply is still mostly provided by the breeders, through "budtenders" who also guide patients and advise them which species to consume and how to consume. Most of the patients consume prescription drugs. The training and education they receive from the breeders, who are not health professionals, is unprofessional and does not take into account the other drugs taken by the patient. The Basic Law: Human Dignity and Liberty states that every person is entitled to his privacy. The patient's rights law states that the patient has the right to privacy and confidentiality. It is important to build a

systematic process to improve the efficiency of information transfer between caregivers to ensure safety and quality of care and to maintain the therapeutic continuum of medical cannabis patients. Cannabis patients have the right to be followed up by the HMOs at the HMOs clinics. Among the many roles of nursing care are to promote excellence, education, and research and development policy. It is therefore natural that the nursing profession will also integrate in the treatment and follow-up of cannabis patients.

REPRODUCTIVE ETHICS IN ISLAM

Kassim Baddarni
Al-Taj Organization, Israel
altaj@013.net

The aim of this review is to help the medical personnel to understand the medical ethics dealing with fertility and infertility issues according to Islamic rules and principles.

Islam, a monotheistic religion that emerged over 1400 years ago is the second largest religion and growing at a fast pace.

Islamic teaching and rules are strict in regards to reproduction issues.

According to these rules, it is recommended and encouraged that a boy to be circumcised by the seventh day after birth and the adoption of orphans is acceptable provided the orphan to keep his birth family name.

The use of contraception and In Vitro fertilization are permitted provided that such a procedure is between husband and wife. Research on aborted fetuses is also permitted as long as the abortion was not induced. Also, abortion is permitted before the 120th day of pregnancy and should not be allowed beyond that date, unless the life of the mother is in danger.

According to Islamic laws and rules, surgical contraception, such as vasectomy and tying a woman's fallopian tubes, is forbidden. Cloning humans and surrogacy are also prohibited. Gender selection is permitted only for medical related conditions. Sperm, egg and fertilized egg donation is forbidden.

THE ETHICS OF NEUROMODULATORY TECHNIQUE IN DEPRESSION THERAPY

Esther Badugu Patrick, Danjuma Mallam, Zulaihatu Abdullahi, Zainab Kwaru Muhammad-Idris, Istifanus A Joshua
Kaduna State University, Nigeria
patrickbadugu75@yahoo.com

Depression is a widespread devastating illness affecting approximately 17% of the population at some point in life, resulting in enormous personal suffering and economic loss. The most common current treatment available for major depressive disorder are; antidepressants medications and psychotherapy. Although many patients respond to these treatments, only a third enter complete and substantial remission, stressing the need for better agent and techniques to manage this condition. Neuromodulatory technique have been found to be effective in treatment resistance depression (TRD). Unfortunately some of these Neuromodulatory technique requires invasive procedure (that comes with cognitive and sometimes infections) in psychological and emotionally impaired patient, rising the problem of consent. Thus this paper will discuss ethical use of neuromodulatory techniques in the management of depression.

QUALITATIVE STUDY ON HEALTH PROVIDERS PERCEPTIONS TOWARD PSYCHIATRIC PALLIATIVE CARE FOR PATIENTS WITH SERIOUS MENTAL ILLNESS

Donna Baird
KU Leuven, Belgium
drbaird@gmail.com

Background: People with mental disorders experience disproportionately higher rates of disability and mortality. Until

recently, psychiatric palliative care (PPC) for patients with serious mental illness was not considered even though some mentally ill patients suffer from intractable forms of the illness. Moreover, the concept of psychiatric palliative care is young and there is a paucity of research on the topic.

Methods: Fifteen healthcare providers participated in semi-structured phone interviews.

Results: Health providers stated that while the current healthcare system has made important gains in mental health, system failures remain for persons with serious mental illness (SMI). PPC was seen as supportive care that could improve quality of life, enhance patient autonomy, as well as reduce stigma and existential suffering. Having an interdisciplinary treatment team and highly skilled staff were also suggested as requisites for this treatment modality. And integrating PPC training into educational programs, as well as securing government funding for program implementation and sustainability is essential. Physician Assisted Suicide as a patient's right to dignity and autonomy was also endorsed by a majority of providers.

Conclusion: It is evident that a more robust and supportive care cascade is needed for persons with serious mental illness. And psychiatric palliative care is posited as a treatment model for this target population. However, it is imperative that the model be piloted and evaluated to determine its efficacy as a viable treatment option.

ETHICAL DILEMMAS AND LEGALS SOLUTIONS REGARDING PATENTING NEW MEDICAL TECHNOLOGIES

Joanna Banasiuk
University of Bialystok, Poland
j.banasiuk@uwb.edu.pl

There are concerns of social justice regarding patenting and inequalities in access to new medical technologies. The possible solutions aimed at balancing competing interests can be divided into two groups. Solutions within the current binding legal system and the proposals that go beyond actual normative regulations. When it comes to the first, it seems that the system of compulsory licenses could strive to social justice and fulfill beneficiaries' expectations. The usefulness of this legal instrument for medicine and public health has been confirmed in the international declaration. At the same time, cases of compulsory licensing scheme are already being used, among others for HIV therapy, Hepatitis C or cancer medications. The following individual circumstances could be taken into account when granting compulsory licenses: abnormally high prices of medicines, which would be disproportionate to the expenditures made in the research and implementation of solutions, lack of access to medicines, availability to the public in insufficient quantity or quality, reasonable probability of the possibility of increasing health and/or well-being of beneficiaries, abuse of exclusive rights by patent holder, or aggressive market policy patent holder.

Following new proposals could be considered. One solution would be a creation of a suitable WHO fund which would be used to buy patents or pay for licenses. An alternative solution could be also based on WHO, where WHO could be granted an additional function to serve as a standard-setting organization, that would gather actors from medical sphere and would be based on voluntary licensing system. Nevertheless, a kind of fair use in the area of patenting could be considered. It would cover the use of inventions to which the inventors could not oppose. The adoption of the above mentioned proposals would be considered as reducing social costs of patenting systems and strengthening social justice and equal access to new medical technologies.

EDUCATIONAL ETHICS & EMOTIONAL INTELLIGENCE – IN THE SERVICE OF HOMEROOM EDUCATORS

Noah Bar Gosen
Oranim Academic College of Education, Israel
noamikael@gmail.com

"You should not assign children with teachers who love books but don't love human beings" (Korczak)

Homeroom educators, by role definition, are responsible for each student's individual progress – both socially and academically – as well as for bringing the class together as a social unit based on appropriate relationships among its members (Ministry of Education, 2018). One of the challenges those educators face is having to deal with personal or group disciplinary problems, at different levels of severity.

The continuous competing with behavioral problems, together with students' continuous academic failure, entice intense feelings of failure, despair and disappointment among educators. It may also lead them to implement non effective strategies while coping with behavioural challenges.

Various intervention processes encourage homeroom educators to act in a manner directed to children's needs and based on optimal educational processes rather than resorting to intervention which is punitive and exclusion-based. These processes are child-centered based on inclusion principles, involving the implementation of emotional intelligence practices. Educational ethics core values, such as human dignity and the commitment to students' welfare and optimal development, while encouraging these student' empathetic and consideration abilities can serve as supporting pillars.

A description of an intervention process taking place after a group violence incident demonstrates the appliance of these principles.

We should consider the incorporation of educational ethical values together with emotional intelligence practices in teachers' professional training processes. It would enrich teachers' 'tool kit' in case of disciplinary incidents and make it more inclusive, personal and educational growth directed. Both teachers and students would benefit from this incorporation.

END OF LIFE DILEMMAS

Terry Bard
Harvard University Medical School, USA
Terry_Bard@hms.harvard.edu

End of life care has received much focus for many cultures, religious traditions, medical practices, and individuals. As life expectancy has increased dramatically during the 20th century due to many factors such as better sanitation, the generation of anti-microbial interventions, personal health habits, the introduction of new medical interventions and treatments, becoming a centenarian is an increasing possibility. In addition, the ability to know more about diseases, both their origins and prognoses are clarifying uncertainties. The medical ability to either prolong human life or curtail it is a current reality. Furthermore, the social and legal shifts supporting personal autonomy challenge older models of responsibility for decision-making. These advances and shifts generate issues that can challenge millennial models of end of life care. Physicians and patients alike are thus faced with choice-making dilemmas about care and treatments. Issues of personal rights and professional responsibilities are central. This presentation will focus on these shifts, new ways of understanding and addressing end of life decision-making, and a way of managing the ethical dilemmas these shifts impose.

POSTHUMOUS PLANNING FOR CRYOPRESERVED BIOLOGICAL MATERIALS OF ADOLESCENT CANCER PATIENTS

Dorit Barlevy¹, Vardit Ravitsky²
¹ University of Basel, Switzerland
² University of Montreal, Canada
 dorit.barlevy@unibas.ch

In a recent Israeli qualitative study with 16 adolescent cancer survivors and 19 parents who had considered fertility preservation, practically all participants could not recall any discussions with healthcare providers about plans for cryopreserved biological materials in the case of death and most had not even given any consideration to such a scenario. This finding is surprising given recent court struggles in Israel over the posthumous use of fallen soldiers' sperm. Granted, average survival rates of pediatric cancer have risen to current levels of around 80%, and therefore the probability of dealing with the issue of posthumous use of such materials is increasingly rare. However, premature death of adolescent cancer survivors is not solely attributable to cancer or its recurrence. Considering this fact can assist in defusing the emotional nature of discussing such issues with adolescents and their parents. Additionally, intended use of these cryopreserved materials theoretically differs greatly from that of fallen soldiers. In interviews with these adolescent survivors and their parents, intended future use of cryopreserved biological materials is directed for affected individuals' reproductive purposes later in life. Hence, there is hardly any consideration of others' use of these materials for posthumous reproduction. To avoid future ethical and legal quagmires, it is recommended that healthcare professionals have frank discussions with adolescents and their parents, when obtaining consent for procuring and cryopreserving gametes and other biological materials for future reproductive use, about what to do with such materials in the case of death.

AN UNDERSTANDING OF BIOETHICS: PERSPECTIVES OF PHILOSOPHY OF YOGA

Rituparna Barooah
 NorthEastern Indira Gandhi Regional Institute of Health and Medical
 Sciences, India
 drrituparnabarooh@gmail.com

Yoga, a philosophy and a technology for enhancing human health originated in India, more than 5000 years ago, developed with techniques common to mind, body and breath.

The package for physical, psychological and spiritual wellbeing consist of attaining and holding specific set of physical postures in standing, sitting and supine position coordinated with breath, of static as well as dynamic nature; set of breathing exercises, meditation practices, ethical principle of disciplines to be advocated and behaviors to be avoided (social restraints), constant self-reflection, unconditional surrender to a force greater than own and ultimate merging with divinity. Yoga is a lifestyle with the objective of attainment of perfection through practice.

The step by step path of the eight limbs of yoga culminates into a healthy body, calmer mind, blissful harmonious, ethical personality and an exuberant soul.

Yoga believes life to be consisting of dynamic energy, which can be raised beyond the sense organs with practice of universal ethical guidelines, deriving at the true meaning of life and existence and divine virtues through realization of the Self.

The benefits of the practice by the individual naturally spills over onto society around, thus contributing to social bonding, communal harmony and blending of cultural diversity. Since bioethics is indicative of love for life and the living, the spiritual philosophy of Yoga is aimed at creating an environment of Love Happiness and Compassion, there is enough reasons for inclusion of practice of Yoga in the educational curriculum.

A CASE OF PROFESSIONAL ETHICS: THE PREDICTIVE MEDICINE CONSULTATION FOR THE TEST OF HUNTINGTON'S DISEASE

Martine Batt, Alain Trognon, Jane Laure Danan, Henry Coudane
 University of Lorraine, France
 Martine.Batt@univ-lorraine.fr

In this paper, we analyze some ethical aspects of a predictive medicine consultation for the test of Huntington's disease. By mobilizing an interlocutory analysis, we analyze how a patient presents her states of mind (goals, beliefs, desires, trust, hesitations, rejection, etc.) as well as the responses given by the professionals with whom he is speaking. We also analyze the consequences of these relationships on the interactive process. We then outline some key ethical constraints specifically imposed by this kind of consultation, which can be compared with some sort of deliberation game. So, the question is: what does an interlocution analyze tell us about the ethical issues raised by the complexity of revealing to a healthy person a disease that he or she will inexorably develop? We explain that the design of the Genetic Council is imperatively interactional. The relationship involved in this consultation is of the Habermasian type, for at least two reasons: a structural reason and a praxeological reason. First and foremost, by the very fact of their missions, all discursive actions of the professionals are coordinated by acts of intercomprehension. The interlocutory processes that appear locally at the level of the transaction bear witness to such acts; secondly, because these actions are strategically oriented towards the search of influences on the decision of the consulter, i.e. decision to undergo the test, decision to communicate its results and the multiplication of the interlocutors to whom they are addressed (children, spouse, the family, etc.), subsequent decisions in the aftermath.

THERAPEUTIC AND PREVENTIVE GARDENS FOR AN ETHICALLY DISTRIBUTED INTELLIGENCE

Martine Batt, Alain Trognon, Manon Yzoard, Louise Bernez
 University of Lorraine, France
 Martine.Batt@univ-lorraine.fr

Gardens are particularly stimulating natural places for the expression of all the psychological functions thanks to the relation to the other, facilitated, even improved. The garden, be it pleasure, vegetable garden, private or public, allows to create a social link particularly beneficial to people who are vulnerable for physical or social reasons, or simply tired because of their working conditions. Our research team specialized in interaction psychology creates therapeutic gardens to meet the needs of patients and their caregivers (Alzheimer's, and other neuro-degenerative diseases) and participatory gardens with the potential to fight against acts of delinquency, improve the quality of life of the inhabitants. In all cases, nature is thus used for the benefit of the citizen in a holistic vision and ethical equality. It draws well from the heritage of the great nurseryman of Lorraine, Victor Lemoine, and Emile Gallé co-founders of the Central Horticultural Society of Nancy (France). We are also part of the philosophical, ethical and humanist tradition of Emile Gallé, who was founder of the Université Populaire de Nancy in 1900. We are part of this tradition. One of the aims of our work is to demonstrate that by associating the human with the garden, we produce a beautiful ethically distributed intelligence.

USE OF WEBINAR TECHNOLOGY FOR ONLINE TRAINING OF BIOETHICS AT GLOBAL LEVEL

Sanjay Bedi, Minu Bedi
 Adesh Institute of Medical Sciences, India
 drsanjaybedi@gmail.com

Background: Computers are increasingly used in medical education. Electronic learning (elearning) is moving from textbooks in electronic format (that are increasingly enhanced by the use of multimedia

adjuncts) to a truly interactive medium that can be delivered to meet the educational needs of working health professionals. The use of e-learning, defined as any educational intervention mediated electronically via the Internet, has steadily increased among health professionals worldwide.

Objectives: To assess the use of webinar-based programmes in health professionals for propagating bioethics awareness.

Innovation done: Under UNESCO Bioethics Chair an International Course has been designed based on Webinar Technology online course and module depending on the felt need of working health professionals, Total Participants were around 400 enrolled in courses spread over to mainly India along with Bangladesh, Afghanistan, and Sri Lanka. An assessment was done using online tools especially google forms and feedback was taken from participants. An additional means of connectivity was on WhatsApp messaging application which keeps participants interconnected 24X7 for insightful discussions and problem-solving.

Lesson learned: We learn from participants feedback that when compared to traditional learning, e-learning make difference in bioethics outcomes of health professionals as well as keeping oneself updated. This is the fastest, most convenient and cheapest method for spreading awareness with all the assessment norms built in the process.

COERCION AND FREEDOM

Jeffrey Bedrick
Drexel University College of Medicine, USA
jdb89@drexel.edu

Can coercion and cooperation coexist? Not the case where the patient has an advance directive saying what to do should they become psychotic, or manic—and I have seen these—but in the case where at the time you are being coercive you are absolutely not doing what the patient expresses to be wishing (even if afterwards they thank you, as I have also seen)? And what if after they say you should not have intervened—even if it was the intervention that is allowing there to be a conversation “after”? What would ever allow us to say that we knew what the patient wanted more than they did? Though it is not so uncommon for someone to say that “You know me better than I know myself” —and not only in therapeutic settings, and perhaps this is even more likely in non-therapeutic settings. I argue that a conception of mental disorder as a disorder of freedom, a conception I have begun to argue for in a series of papers, can help us determine when coercive methods can be ethically grounded. I discuss the idea that coercion can be justified when it leads to an increase in freedom, as utilitarians might, or as Merleau-Ponty did on different grounds in Humanism and Terror, and the shortcomings of such an account: How much impairment in freedom must exist before this is justified? Is it, for example, justified in the absence of any impairment of freedom? A close analysis of the disorders of freedom that constitute psychiatric disorders, which is outlined in the paper, proves useful in answering these questions and in helping us determine when a person’s freedom is so impaired that external coercion can be justified.

THE RISK TO ACCEPT EQUALITY AS AN UNESCO PRINCIPLE?

Moty Benyakar
University of Buenos Aires, Argentina
motybenyakar@fibertel.com.ar

This year on the International Day of Bioethics we focused on three principles postulated as basic principles of UNESCO: Equality, Equity and Justice. We elected them as the main themes to be discussed in our units. With the aim, to be used in our daily life, and in our practice. This vision was proposed to be transmit to the future generations. This article questions the principle of Equality. Postulating that it is a concept that tends to generate attitudes, already promulgated by regimes such as the inquisition, Nazism, fascism, extremist orthodox movements.

Just the reverse of Equality has to be proposed. We must ensure the differences, the specific, the idiosyncratic and proper to each individual and each culture. Emphasizing equity, both within therapeutic frameworks, and in everyday life. It is one of the functions of justice to uphold equity before the law.

Nowadays, when some feminist movements begin to become aggressive, under the proposal of what they call equality, in which the mass media and marketing try to encourage an equality of criteria and tastes, at the international level. When the real problem is the Equity. Preach for Equality is to miss the main point of the human rights. In extremist ideological movements in the Middle East, they argue a permanent terror with societies manifestation of differences, pretending that all has to sustain an equal attitude, believing, and daily behaviours, as are transmitted by their leaders. Against those tendencies, we have to develop us much as we could the importance of developing differences.

The proposal to raise before UNESCO the change of Equality criteria, for the one of **Differentiation** and **Idiosyncrasy**, and to develop **Justice** to sustain the **Equity** of those differences.

PSYCHOLOGICAL AND ETHICAL ISSUES IN CUSTODY DISPUTES IN EARLY CHILDHOOD IN DIVORCE CASES WITH HIGH CONFLICT PARENTS

Iris Berent
Haifa University, Israel
berenti@bezeqint.net

The effects of divorce on the social and emotional development of children are in high priority and as the number of children who are affected since their early childhood by parents who were separated, is increase.

Joint custody reflects the changes in society. Like many other countries, Israel also went through changes in the division of labor within the family: mothers work more outside of home and fathers make more efforts in child care. These changes had been dealt at the legislative level in the so called "Divorce Laws Revolution" started in 2005 with the establishment of the Committee for Examining the Legal Aspects of Parental Responsibility in Divorce ("The Shnit Committee"). Recommendations regarding the best custody arrangements for young children are complex and depend on the studies and theories of child development. The situation is further complicated when parents cannot communicate without making their children the victims of their quarrels. What is the best interest of the child? Why parents who are concerned about their child’s best interest find it difficult to focus on it clearly? What are the conditions required for a couple to put their conflict aside and best interest of the child at the center? In this lecture I shall offer two main directions of coping:

1. Psychological education that teaches parents to separate between parenthood responsibility and parental conflict
2. Systemic understanding as a means to identify the hidden strategies which increase the conflict and constitute a basis for effective interventions and recommendations regarding custody and treatment.

INTERGENERATIONAL SOLIDARITY FROM ADOLESCENCE TO ADULTHOOD: RESEARCH FINDINGS AND ETHICAL CONSIDERATIONS

Fred Berger
University of Innsbruck, Austria
fred.berger@uibk.ac.at

Parents and children represent important social and emotional resources for each other and form a unique part of their respective lives. Yet, intergenerational relations need to be able to cope with different role transitions and critical life events of both parties to the relationship over time if they are to survive and remain significant to the individual family members. In this presentation, a causal model of pathways from family life in adolescence to different dimensions of parent-child solidarity in adulthood is tested empirically. The analysis

aims at predicting intergenerational solidarity over the life course. The data come from a German prospective longitudinal study that covers over 20 years of family development. It contains information on more than 1,100 parent-child relationships. The results support the notion that there is stability in intergenerational solidarity from adolescence to adulthood. However, the effects turn out to be rather moderate. Further, the study shows how life course transitions, critical life events, and the opportunity structures of both generations manage to alter intergenerational solidarity in adulthood. All in all, intergenerational relationships in adulthood were found to be close and supportive in most cases. Variations between different parent-child dyads proved to be quite pronounced though. Based on the findings, fears that rapid social and demographic changes and the increasing individualization in modern society could be creating alienation and a lack of solidarity between familial generations do not seem justified. Moral and ethical aspects concerning intergenerational exchange and solidarity are discussed from a family life course perspective.

THE ETHICS OF PAYING FOR ORGANS

Robert Berman
Halachic Organ Donor Society, Israel
robbyberman@hods.org

The ethical stigma attached to paying for organs is based on assumptions that don't hold up to reflection. Tens of thousands of sick people die every year due to the dearth of organs available. Al Gore – author of the National Organ Transplant Act of 1984 that prohibits this behavior – stated at the time that if encouragement of altruistic donation fails to meet societal needs this prohibition should be re-evaluated. Such is the case today.

A common trope is that 'people should not be financially induced to risk harm to their body.' But society already allows for such behavior, such as in war journalism and bridge building. 'Getting paid for a kidney means the donor's motives are impure.' Yet paid firemen risks their lives for money and no one claims it is immoral. 'Paying for organs will create a slippery slope that will engender murder.' This is not a moral argument. And life-insurance policies have a slippery slope and no one claims it is immoral and should be outlawed.

Other claims are poor people do not have 'real' free will and they are being exploited – this assumptions also need to be unpacked. Thousands of people die every year due to faulty reasoning. Therefore, a sound analysis and discussion of these issues are called for and a regulated donor compensation plan in a quasi-free market must be explored.

ETHICAL ISSUES IN DOING MENTAL HEALTH SURVEYS IN STUDENTS – EXPERIENCE OF AACCI IN PROMOTING POSITIVE MENTAL DEVELOPMENT IN YOUNG PEOPLE IN INDIA

Swati Bhawe, [Shailaja Mane](#), Rashi Bilgaiyan
AACCI – Association of Adolescent and Child Care in India, India
aacciindia@gmail.com

AACCI – Association of Adolescent and Child Care in India does workshops in school and colleges for promotion of positive mental development. Prior to these workshops we use standardized screening scales on topics like self-esteem, Emotional Intelligence etc. Institutional ethics committee has approved and we get prior permission of the college principal. To get honest answers, names are not asked, only age, gender and class. We get total mean scores for the group. We design customized international workshops. Post – workshop feedback shows -students are empowered and feel confident of their abilities. Written consent is taken from college students above 18 yrs. For children below 18 yrs we get permission of the school principal and the assent of the child. Ethical question is- Do we need to take permission of the parents? The principals feel parental permissions are difficult and since we are not having any individual data we are not having issues of confidentiality and the we

are using results for their benefit by enhancing these skills through workshops Another question that comes to mind is should we allow names so that results can be shared for individual counseling? But will students give honest answers if names are asked? Can we do one to one counseling for such a large number of 300 to 800 students or the group counseling we do is adequate? We take care not to survey sensitive issues like suicidal depression where knowing the students name and individual counseling is of paramount importance.

ETHICAL ISSUES THAT HAVE ARISEN IN NEONATAL SCREENING TESTS DUE TO THE INTRODUCTION OF MODERN TECHNOLOGIES

Ayala Blau
Ariel University, Israel
ayalabl@ariel.ac.il

Neonatal screening tests are designed to detect treatable diseases early on, before the appearance of symptoms.

Criteria for the inclusion of a disease in the panel:

- A serious illness that will cause irreparable damage to the newborn without early intervention
- The newborn may present symptoms during the first few weeks of life
- Effective and simple preventative treatment is available
- The disease is relatively common amongst the examined population
- Cannot be identified near birth without a screening test
- The test is simple and enables the testing of all infants in a short period of time
- Results make it possible to distinguish between healthy and unhealthy newborns before the appearance of symptoms
- Economic profitability – cost-benefit considerations

Screening tests have been in existence in Israel and around the world for the past 53 years. During the last decade these tests have been conducted by using the Tandem Mass Spectrometry (MS-MS) technology which enables the detection of around 30 severe and common diseases within 4 hours after birth. In the upcoming decade a new technology called the DNA microarray will be introduced and will replace the current method of testing. This technology opens the possibility of detecting future diseases, not only those which are treatable, but also severe illnesses that effect the newborn's development such as MCAD, PKU, and GA2.

Many ethical issues arise as a result of these technological advances. These issues relate to four main aspects:

- The patients' autonomy – the right to choose to perform/not perform the test
- Benefits – to do what is right for the patient even in cases where he cannot make the decision for himself
- Not causing harm – the bio-psycho-social ramifications of the results and the psychological effects on the family unit
- Justice, fairness and equality among the population during the screening

Other ethical issues that may arise: the tests affect two parties – the newborn and his parents, who are his legal guardians. The results can impact the planning of the family for the future.

The roles of caregivers include detecting diseases, relaying unwelcome outcomes and explaining how the results may affect the newborn and his family.

This lecture will discuss various ethical issues and the implications of these new technologies on the newborn, his family and those who are treating them.

THE LEGALITIES OF DIAGNOSING A STRANGER

Malke Borow
Israeli Medical Association, Israel
 annie@ima.org.il

The issue of approaching a stranger in order to alert him or her to a potential medical problem is primarily an ethical one, but has legal ramifications as well.

In what is known as "The Good Samaritan Law" in Israel, a bystander is obligated to offer assistance to an individual in immediate, serious danger to his life or health, if it is in his power to do so without endangering himself or another.

Few would argue that doctors have a moral and legal obligation to render assistance in the event of a medical emergency. However, the law does not address the type of non-emergency situation of diagnosing a stranger.

Another relevant law is The Basic Law: Human Dignity and Liberty, which states that: "All persons are entitled to protection of their life, body and dignity." How should this be interpreted? On the one hand, the individual's life must be protected, on the other hand, his or her dignity must be respected. It would appear that approaching strangers to alert them to potentially dangerous situations would involve an inherent conflict between protecting an individual's life and respecting his privacy.

In addition, our increasingly litigious society reinforces the attitude of not getting involved. The very laws designed to protect patients may work to their detriment.

In an unclear legal environment, a physician must exercise caution and weigh the individual circumstances before approaching a stranger.

THE RECENT LEGAL REGULATION ON INFORMED CONSENT AND ADVANCE DIRECTIVES IN ITALY: AN ACHIEVEMENT FOR PATIENTS AND HEALTHCARE PROFESSIONALS

Patrizia Borsellino
University of Milan Bicocca, Italy
 patrizia.borsellino@unimib.it

In 2017 the Italian Parliament approved the Act n. 219/ 2017 concerning Rules on informed consent and advance directives. This new Act represents a turning point in the normative framework concerning healthcare assistance in Italy. Not only does this Act provide rules on advance directives, but it goes further: it marks the borders of the physician-patient relationship and defines the model of assistance that ought to inspire clinical practice. There are very important provisions like the right to refuse lifesustaining treatments and at the same time exemption from civil and penal liability of the physician who has withdrawn or withheld those treatments when the patient has expressed her refusal. In addition, further provisions concern the physician's duty to not administer futile treatments and to alleviate suffering, always and in any case even when the patient has refused treatments, by providing palliative sedation.

The presentation aims to emphasize that this Act has a very symbolic relevance as it has the ability to bring about the necessary cultural changes that could be useful to fill the gap between current clinical practices, that are still influenced by defensive logic, and patients' effective needs.

WHY SHOULD BIOETHICS TAKE SOCIAL SCIENCES SERIOUSLY ON GENOME EDITING ISSUES?

Mylene Botbol Baum
UCL, Belgium
 mylene.botbol@uclouvain.be

The recent advances in genome editing are raising new ethical and societal challenges to define the articulation of science advances and

its perception on the public at large. It is asking for a citizen epistemology in Sheila Jasanoff words.

As a member of Inserm bioethical committee and member of Arrige I would like to raise the anthropological and societal impact of these technologies beyond the wouah and behk effect for the public at large since these issues have a biopolitical impact that affects the way science is socially perceived and the mutation of our norms.

I will thus question the bioethical norms we have as insufficient to address the new ontological challenges the power of Crisper 9 and genome editing techniques are confronting us too in terms of responsibility to future generations, but also in terms of commodification of our genome. I will conclude by questioning the link between start up science companies and democracy today.

THE INCOMPETENT AS PERSON: TRACING THE PERSONAL IDENTITY OF THE OTHER IN KANT AND LEVINAS

George Boutlas
National and Kapodistrian University of Athens, Greece
 boutlasg@hol.gr

Trying to define the notion of incompetent's personal identity we must have in mind two owed answers. Bioethics emerged out of the horror of Nazi crimes, among them the extinction of (mentally or otherwise incapacitated) incompetent humans. So defining personal identity we must give an answer to the Nazi doctor, who maintains that no crime exists because incapacitated are 'non persons' and so they have no rights and they can be relieved from their misery ('lives not deserved to be lived') maximizing at the same time the utility of the society. We must also answer by the same argumentation the possible dystopia of euthanasia's slippery slope, according to which, non-voluntary or supposedly voluntary (expressed by advance directives) euthanasia, will grow as practices uncontrollably. The empiricist notion of personal identity rooted in Locke's continuity of memory, and becoming much more demanding by the metalockian constructions of personhood by Derek Parfit and Harry Frankfurt, makes it difficult to defend the personal identity of incompetents. So our view on personal identity, must also answer to this possible violation of incompetent's current best interests. In this presentation, we sketch a Kantian transcendental view, which obtains a rigid kernel that grounds a conception of human dignity as independent from any experiential assessment of abilities. Then we follow Levinas' phenomenological view, according to which ethics is born on the level of person to person contact. We examine both those views as possible sources of our two owed answers.

ETHICAL ISSUES IN EARLY INTERVENTION OF INFANTS WITH THE PRODROME OF AUTISM

Hillel Braude, Hanna Alonim
The Mifne Center, Israel
 hillel.braude@mcgill.ca

Autism spectrum disorder (ASD) is a neurodevelopmental disorder, characterized by persistent deficits in social communication and social interaction as well as restricted, repetitive patterns of behaviour starting from early childhood. As yet, little is known regarding the underlying causes of ASD. Moreover, there are no reliable biological markers for ASD. Diagnosis relies on the identification of behavioral markers. In Israel 1:80 children are diagnosed with ASD at an average age of 16-22 months, compared to 36 months in other developed countries. Clinicians and researchers increasingly recognize the crucial importance of intervention during the first two years of life, when the rapidly developing brain is laying down new neural pathways. Early intervention within the first 18 months of life targets the prodrome of autism, characterized by impairments in the emergence of behavioral precursors associated with autism, but by definition is not yet autism. This paper addresses ethical issues in early intervention of infants with the prodrome of autism. Developing an ethical framework for the prodrome of autism requires developing a novel set of reflective and

epistemological tools informed by understanding temporal processes of neurodevelopment. This approach emphasizes that the ethical assessment of the prodrome of autism is contingent on considering autism as a condition inherently bound up with atypical development of the self, rather than a set of neural, behavioral and cognitive impediments to be treated. Finally, re-conceptualizing ASD in terms of its prodrome, rather than the converse, may radically effect our ethical and epistemological understanding of the condition.

LAW, PSYCHIATRY, ETHICS, AND PHYSICIAN-ASSISTED DEATH

Rebecca Brendel
Harvard Medical School, USA
rebecca_brendel@hms.harvard.edu

Due to the association between mental illness and suicide, psychiatrists have responsibility not only for the treatment of suicidal patients, but more broadly have engaged in research and advocacy related to treatment of mental illness and suicide prevention. The important role of psychiatrists in reducing suicide has more recently come into tension with laws – in particular in the United States, Canada, and several western European countries – that recognize the autonomy of suffering patients by permitting various forms of physician participation in death from issuing a lethal prescription for patient use at a later time to active euthanasia. Professional organizations have taken various stances regarding these new legal options from opposition to neutral to permissive – and the debate continues. This paper will engage the challenges for psychiatric practice and ethics in light of laws permitting actions by physicians for the express purpose of causing death. Specific areas of focus will include an exploration of: features of physician-assisted dying that could distinguish the practices from suicide, *per se*; the relevance, content, and utility of psychiatric assessments of capacity in the implementation of physician-assisted death laws; and how psychiatrists can most effectively and compassionately create a therapeutic frame and space to assist patients in the psychological work of dying and in alleviating suffering in light of the availability of legally permissible medical assistance in causing death.

BEST PRACTICES IN BIOETHICS POLICY ANALYSIS: AN EXPLORATION OF METHODS

Lori Bruce
Yale University, USA
Lori.Bruce@Yale.edu

Across the globe, bioethicists are increasingly recognized as having specialized knowledge and may be invited to serve on health policy committees. These committees may be at the institutional, regional, national, or global level. It is a weighty responsibility for bioethicists to serve on these committees: few have robust training in policy formulation or analysis, thereby limiting their contributions.

This lecture will discuss the most impactful policy analysis methods that bioethicists may employ to maximize their contributions on health policy committees. These methods are agnostic with respect to cultural affiliation. The lecture will also briefly discuss how an established bioethics summer institute is teaching these skills to enthusiastic students and professionals. Participants of the summer institute are from various disciplines including medicine, law, divinity, public health, and philosophy and from over 20 countries, including Turkey, Ghana, Ethiopia, Japan, Canada, Mexico, the U.S., Australia, Brazil, and France. Alumni of this program have an immediate, practical impact on their communities by partnering with legislators and hospitals to draft pediatric palliative care legislation in Eastern Europe, to soften national policies in the Middle East on force-feeding of political prisoners, and to further women's rights to reproductive health services throughout the US, Brazil, and Mexico.

THE "NAPLES CHARTER" IN THE PERSPECTIVE OF APPLICATION OF THE E.U. REGULATION N. 536/2014

Claudio Buccelli
University of Naples Federico II, Italy
buccelli@unina.it

The twenty-five-year history of the Ethics Committees in Europe is about to undergo radical changes in their number, organization, functioning and their same purpose of action within the context of clinical trials on medicinal products for human use, in relation to the implementation of the European Regulation n. 536/2014 which dictates a new regulatory framework in this area.

In Italy pharmaceutical companies and institutions for the control of trials have shown a strong tendency to artificial interpretations of the Regulation. Their purpose has been to drastically downsize the work of the Ethical Committees, while relegating them to a merely bureaucratic role. They went as far as supporting the expediency of the numerical reduction of Ethics Committees to only one at national level, instead of the almost 100 still in operation.

The Ethical Committee of the University Federico II has strongly opposed this tendency and some of its members, together with other external bioethics experts, have prepared a document. The document, is named "Naples Charter for the protection of the person in clinical trials" after the city where its drafting was conceived, on the 11th World Conference, held there on October 22nd, 2015, on Bioethics, Medical Ethics and Health Law of UNESCO in collaboration with the Ethical Committee of the University of Naples Federico II. Their purpose was to make an opposing, non-declamatory but rather operative contribution to the reaffirmation of the centrality of a principle that must be fully considered as the "barycenter" of clinical trials.

My reference here is to the principle of the indispensable primacy of the protection of dignity and of the rights to self-determination, security, well-being and confidentiality of the person included in clinical trials, over any other interest. The principle is enunciated in prestigious ethically and juridically important documents, whose compliance with, the Territorial Ethical Committees (TECs) are recognized as the custodians and guarantors of.

The need to underline the priority of this rule emerges in a pressing way, in this period when there is a tendency to divert attention from the aforementioned principle, in order to polarize it on other interests which, although appreciable, have a quite different value, such as the increase in competitiveness and attractiveness of Italy in the highly coveted sector of international clinical trials, also due to its substantial implications of economic nature.

Therefore, there is an impending risk that economic interests prevail over the existential ones of people participating in clinical trials. It would be seriously and irremediably myopic not to consider that this would result in the collapse of the guarantees for the protection of the rights of people involved in clinical trials. Since the Nuremberg code, the international community has matured and progressively established those rights, also through specific regulatory networks, that have always foreseen and strongly supported the intervention of the Territorial Ethics Committees.

The authors of the "Charter", relying on their many years of experience acquired as chairmen and members of TECs, have sought to pursue a further goal to the end of making the procedure aimed at protecting the rights of the person included in clinical trials even more functional. They conferred the "Naples Charter" the role of connecting the abstraction and the generality of the rules governing clinical studies - including the rules of Good Clinical Practice - with the concreteness and specificity of the complex and multiform reality of clinical trials, which they are to operate on.

Therefore, the recipients of the "Naples Charter" are not only people included in clinical trials, medical investigators, clients, TECs, the Structures where the trials are conducted, Patient Associations, but also state and regional Agencies in charge of the protection of health, Bioethics Research Institutes, Social Entities operating in the field of biomedicine, as well as the Italian Legislator. Those subjects, in their various capacities and with different skills and responsibilities, pursue the objective of the safety of people undergoing medical treatments, among others, thus striving to make the dissemination of the culture of risk management more and more widespread.

Therefore, just like the proposed complementary-integrative function ascribable to the "Charter", also compliance with its statements can contribute to an appropriate risk management within the experimental activity. On the one hand in clinical trials this is far more important than in the clinical practice, on the other hand, the value of patient safety is expressly referred to by the regulatory sources, as we have pointed out above.

ENHANCING A LINGUISTICALLY SENSITIVE INFORMED CONSENT PROCESS IN HEALTH-RELATED RESEARCH: RECOMMENDATIONS TO INVESTIGATORS AND ETHICS REVIEW COMMITTEES IN THE PHILIPPINES

Pacifico Eric Calderon
St. Luke's College of Medicine – William H. Quasha Memorial, Philippines
 calderonpe@uphsl.edu.ph

In health-related research, the informed consent process requires communicating substantial study information to human participants or their legally authorized representatives (LARs). Prior to obtaining consent, investigators should disclose information in a language that is clearly and easily understood by the participants or their LARs. In culturally and linguistically diverse settings such as in the Philippines, ensuring translation accuracy of informed consent forms (ICF) and the informed consent process itself becomes an ethical imperative for investigators and ethics review committees (ERC). In this presentation, the author aims to discuss recommendations to Philippine ERCs when formulating and developing policies for translation of ICFs. When encountering potential study participants with limited English proficiency, the best way to communicate to them is to provide translated versions of ICFs. As part of the review process, ERCs should require submission of certificates of translation accuracy in order to ensure that valid and verified linguistic methods are utilized in the translation process. When obtaining consent, investigators should be available to answer questions of potential study participants. If these potential participants have limited English proficiency and speak another language, it is best to communicate through face-to-face interpreters. Therefore, in an effort to support the efforts of the World Health Organization to improve ethical standards and review processes for research involving human participants, ERCs in the Philippines should set up systems to ensure that appropriate procedures for obtaining free and informed consent are sensitive to the linguistic capacity of study participants. Such linguistic sensitivity can send out an important signal to potentially vulnerable populations about intentions to be inclusive, eventually eliminating some ethical discomfort in research.

SPEAKING TO THE PAST, PRESENT, AND FUTURE: THE _DEADLY MEDICINE_ EXHIBIT AND ACCOMPANYING LECTURE SERIES

Amanda Caleb
Misericordia University, USA
 acaleb@misericordia.edu

From January to March 2017, Misericordia University, a small Catholic school in northeast Pennsylvania, had the privilege of hosting *Deadly Medicine: Creating the Master Race*, on loan from the United States Holocaust Memorial Museum. Those familiar with the exhibit know it recounts medical experimentation leading up to and during the Nazi regime, as told through primary source materials, scholarly annotations, and survivor testimonies. The Medical and Health Humanities program at Misericordia, led by Amanda Caleb, created an accompanying speaker series to both contextualize the exhibit and also offer additional insight into the medical experiments, Nazi medical propaganda, and the relevance to medical experimentation today. The series incorporated noted speakers from across the United States, including Dr. Arthur Caplan and survivor Eva Mozes Kor, as well

as scholars from Misericordia and the local synagogues as a means of bridging the academic with the applied, the national with the local. In this proposed presentation, I will outline the structure of this speaker series, noting how the speakers' lectures related to each other and the exhibit itself, as well as the public and student response to the series, emphasizing particularly how students created meaning from the experience. Given the challenges of hosting eight lectures over a nine-week period, I will provide an assessment of the event in terms of practicality and audience stamina, as well as considering the long-term impact of such an event at a Catholic school; finally, I will address how this event can be adopted by other universities and institutions.

ETHICS OF ANTENATAL DECISIONS ABOUT RESUSCITATION

Sam Calmonson
University of Birmingham, UK
 smc301@student.bham.ac.uk

This ethical research project focuses on decisions concerning extremely premature neonates (EPNs) born before 24 weeks gestational age. The current UK guidelines recommend that EPNs born before 24 weeks gestational age should have resuscitation withheld after birth. Instead, they should be offered comfort care only. They also recommend that this decision should be made antenatally. The justification for withholding resuscitation is that either it would be futile or not in their best interests.

This research is a critical analysis of the application of the best interest principle to EPNs. Using ideas from Janvier et al, it presents an account of the benefits and burdens of resuscitation and concludes that the best interest principle is improperly. It then compares applications of the best interest principle to a foetus and to an older infant in order to elicit reasons for the improper application to EPNs. It finds that EPNs are treated similarly to foetuses. It then goes on to argue that such treatment is not ethically justified because of the morally relevant differences between EPNs and foetuses. It uses the concepts of reproductive autonomy and the moral uniqueness of pregnancy to argue this. It finally concludes that EPNs should have the best interest principle wholly applied and, in the majority of cases, this would involve resuscitation after birth.

BENDY BIOETHICS OR MEDICAL MALPRACTICE? A SEVERE BURNS CASE FROM THE PHILIPPINES

Eleanor Campbell
University of Leeds, UK
 eleanor.campbell@hotmail.co.uk

This case discussion centres around an 11 year old boy (SJ) who presented to hospital in Olongapo, Philippines with severe electrical burns to both hands and thighs. The burns were sustained while playing on a beach near his house where an illegal electrical cable of 7000V had become buried underneath the sand.

On reaching the hospital SJ received simple analgesia and underwent a debridement of necrotised tissue. Doctors also attempted to perform a fasciectomy on his fingers in order to 'prevent compartment syndrome'. To do this they vertically incised along digits 2, 3 and 4 of the palmar aspect of the right hand exposing the flexor tendons. He was not offered any investigations prior to these procedures. He was not prescribed any antibiotics by the hospital.

Furthermore, the hospital recommended that SJ have both of his hands disarticulated at the wrists to 'prevent the progress of infection'. His parents signed consent forms for this procedure however it was their understanding that he was only to have several fingers amputated.

This oral discussion examines the implications of decisions made by the healthcare professionals involved in the care of this patient and the possible ethical reasoning behind those decisions. Is this a case of medical negligence or are these the tough choices that have to be made by doctors working in a developing country with few resources?

Is this an example of a wider systemic ethical issue with healthcare in the Philippines?

CLINICAL TRIALS WITH OLD PEOPLE

Nunzia Cannovo, Claudia Casella, Ida Cerrone, Paola Buccelli, Lucia Terracciano
 University of Naples Federico II, Italy
 nunzia.cannovo@gmail.com

Although the over 65s account for only about 14% of the population in most industrialised countries, yet they consume nearly one-third of all pharmaceutical drugs.

We live in a paradoxical era, when health care is rapidly becoming "medicine for the elderly", but only 20 to 39 per cent of clinical trials set limits of maximum age for participation.

This is so because those who suffer from multiple disorders or disabilities, or those with limited life expectancy or with cognitive impairments, or those who live in nursing homes are not enrolled in clinical trials by some researchers.

Those restrictions exclude elderly people from clinical trials and other studies.

It's common opinion in Literature that equal participation in clinical trials, based on age, is fundamental because it can promote the progress of medical knowledge and allow to test the safety and efficacy of new treatments that could be used on the aging population in general.

We consider it important to rethinking the policy of clinical trials with old people in terms of research methodology. The "Charter of Naples" is an example of ethical methodology.

The National Government should provide or facilitate access to supportive services, such as a participant navigator trained in geriatrics, additional funding for transportation, and access to advisors concerning benefit eligibility.

In this paper we come forward with proposals from the literature and suggest how to apply them in geriatric structures

BIOETHICS AS A PARADIGM FOR HEALTH PROMOTION IN HIGHER EDUCATION: A CROSS-SECTIONAL STUDY

Ivani Nadir Carlotto, Maria Alzira Pimenta Dinis
 University Fernando Pessoa, Portugal
 33163@ufp.edu.pt

Introduction: Universities are essential institutions for health promotion (HP) (Dooris, 2012). As they have their own ethos and distinct cultures, they may act as potential enhancers of the conceptual frameworks of HP and interdisciplinary values such as equity, social justice and sustainable growth (Dooris, 2017). Bioethics, as a transversal discipline, seeks to ethically analyze and systematize such values, strengthening the synergy between health and sustainability (Garrafa, 2005).

Background: Bioethics is a reflexive, mutually shared and interdisciplinary tool whose goal is to promote health and sustainability in an integrated and coherent way, adapting life actions, in their equitable and inclusive character.

Materials and Methods: Cross-sectional and exploratory-descriptive nature, and using a quantitative-qualitative approach (Prodanov, 2013). The population composed of university teachers in the Rio Grande do Sul / Brazil, random sampling, non-probabilistic for convenience (openepi = CI 95%, n = 1400 persons).

Results: For beyond the principialistic formulation - charity, non-maleficence, justice and respect for autonomy (Beauchamp & Childress, 1979), subjacent referentials such as solidarity, shared commitment, and health environment/sustainability were evoked, causing a positive impact on HP, individual and collective well-being, quality of life, inclusion and social justice in the University environment.

Conclusion: Higher education upholds a fundamental role in HP for their faculty teachers. Universities act as places for the investigation

and learning in a way that it invigorates HP activities (OPAS, 2012). Bioethics, as a transdisciplinary activity, seeks to aid in building qualified actions in health, which uphold and promote well-being, cohesion, inclusion, sustainability and social justice, with the due conceptual clarity that resides therein (Carlotto & Dinis, 2017; Dooris, 2017).

STUDENT PERCEPTIONS OF, AND PREPARATION FOR, SHORT-TERM HUMANITARIAN SERVICE MISSIONS: DOES COURSE PREPARATION CHANGE PERCEPTIONS?

Victoria Carlson-Oehlers, Bernard Cohen, Patrick Jung, Kathleen Miezio
 Milwaukee School of Engineering, USA
 carlsonoehle@msoe.edu

Short-term international humanitarian programs for undergraduate students have dramatically increased in number as they offer the experience of international service learning and cultural awareness. Recent literature asserts that participant preparation is critical to enhancing the experience for both participants and residents of host countries.

A serious debate exists on how these programs are ethically educating students to prepare them for participation in short-term international humanitarian experiences. The authors teach a university course designed to prepare students for their first short-term experience. The course introduces students to the concept of cultural relativism (derived from cultural anthropology) as well as other important topics such as ethics and servant leadership.

This study explores student perception changes based upon the intervention of taking this well-designed preparatory course. Participants taking such a course are more likely to practice cultural relativism, less likely to exhibit ethnocentrism, and thus more likely to demonstrate character and develop a strong rapport with residents of the host country.

Our methodology consists of a mixed-method survey design with a control group that examines the perceptions of students participating in a short-term humanitarian experience. The control group consists of students who did not enroll in the course, versus the intervention group that did enroll in this course. Our results confirm the hypothesis that the ethical imperative is better accomplished through a formal preparatory course that focuses on the culture of the host country rather than not having such preparation.

Our methodology and initial findings will be presented and discussed in detail.

ACTIVITIES AND GAMES AIMED AT DEVELOPING ETHICAL VALUES

Hanna Carmi
 Israel
 amnoncarmi@gmail.com

When we intend to "make" a legal decision we activate everything we have learned – laws, regulations, precedents and the like. Our range of options is limited by all the considerations that our experience may give us. Sometimes, the decision that is made by us is not "just". There is a saying in Jewish law that speaks of "evil in the possession of the Torah." Compliance with all laws that does not end with "justice." Justice reflects ethics. It deviates from the dry law. Empathy, compassion, solidarity enter into the general considerations. Human feelings beyond the law. All these can and should be nurtured from a very small age by activities and games aimed at developing ethical values. Especially the values directed towards the population with special needs, both physical and mental. The extra-curricular games and activities are supposed to develop solidarity and empathy, which in time will become part of doing justice. Each of the games and activities has its own purpose. A conversation that focuses on ethical values should be stimulated: What did we feel? How did we act? How should we act? What is right How will we act in the future?

'CASH COWS' – THE MORAL ASPECT

Udi Carmi
Ohalo College, Israel
udic@ohalo.ac.il

Promoting competitive athletes is very expensive. Sports clubs aspiring to promote such athletes have difficulty doing so without financial support from an outside source. Consequently these clubs need many young dues-paying members to subsidize the talented athletes. These young members constitute the base of the pyramid, while those who are more talented are positioned at the vertex. Not much effort is invested in these young members. Indeed, for the talented athletes they are rivals for practice and training time and are mainly seen as "cash cows." This is the case in almost all sports clubs, to the point that it is difficult to imagine how such clubs could exist and develop without a large number of active members. This paper seeks to examine the ethical aspects of nurturing talented athletes by "using" other children as cash cows, yet without adopting a judgmental stance toward this practice. The ethical aspects of this practice will be examined based upon the utilitarian approach of John Stuart Mills and the categorical imperative of Immanuel Kant.

THE HIDDEN PATERNALISM IN 'MONTGOMERY', A PATIENT CENTRED TEST FOR INFORMATION DISCLOSURE IN INFORMED CONSENT FOR MEDICAL TREATMENT

Claudia Carr
University of Hertfordshire, UK
c.r.carr@herts.ac.uk

After decades of judicial debate, the seminal UK Supreme Court case of Montgomery (2015) finally saw a shift from a paternalistic approach to information disclosure for informed consent to one that recognises patients' self-determination, putting the patient at the heart of the decision-making process.

Within this decision sits 'therapeutic privilege'; a rarely used defence to a doctor's duty to disclose risks of treatment to a patient. Renamed therapeutic exception, Montgomery confirms that a doctor can withhold information from the patient where he objectively considers that disclosure would be seriously detrimental to the patient's health. Given the patient centric nature of the judgment it seems anomalous that Montgomery retained this paternalistic defence, yet the defence also exists in UK regulatory guidelines and in judicial decisions from USA, Canada and Australia.

To achieve informed consent in this new 'Montgomery' model, the doctor must advise the patient of all material risks in the recommended treatment together with any alternatives. The emphasis is on dialogue between doctor and patient, allowing the patient to understand the information so as to reach their own autonomous decision regarding their treatment.

This paper will examine this unique international defence in terms of patient autonomy and paternalism and explore the newly formulated test for information disclosure. In these circumstances a defence that has rarely been used globally may now find a true role. What intended to be the final endorsement of patient autonomy may in fact signal a return to paternalism.

CLINICAL TESTING AND TECHNIQUES OF MEDICALLY ASSISTED PROCREATION

Claudia Casella, Nunzia Cannovo, Ida Cerrone,
Paola Buccelli, Lucia Terracciano
University of Naples Federico II, Italy
casella.claudia@virgilio.it

The document entitled "Charter of Naples for the Protection of People in Clinical Trials" is based on the cardinal principle of the primacy of the fundamental rights of the person over any other interest. Its

purpose is the identification of the ethical, deontological and legal rules to be complied with in any type of trial, which the Territorial Ethics Committees are guarantors of.

In this regard, paragraph 27 is emblematic. It is entitled "Testing in procreative medicine" and is focused on the burning topic of risks related to medically assisted procreation techniques (MAP in acronym), identifiable with possible undesirable effects. On the health of the mother and of the unborn child. It is not meant to "discourage" access to the techniques employed in this delicate medical sector, but quite on the contrary, to make resort to the same techniques the result of a non-emotional, but rather of a conscious and adequately pondered decision, thanks to comprehensive, reliable and understandable information provided by operators to the couple of prospective parents.

This need is so much the more felt, in consideration of the news that can be found in the scientific literature. For example, in July 2013, an article was published on *The Journal of the American Medical Association*, which analyzed 2.5 million Swedish children born after medically assisted procreation, in whose case MAP was associated with a slight but significant increase in mental retardation, although not to an autistic disorder.

Another experimental research, published on Human Reproduction in September 2015, took into consideration 2.5 million children born in Denmark between 1969 and 2006 and followed-up for an average of 21 years. In those born from MAP there was a higher incidence of mental illness, especially schizophrenia, depression, developmental disorders, attention deficits and hyperactivity. Moreover, on Fertility and Sterility of February 2010, Sergio Oehninger, director of the Jones Institute for Reproductive Medicine in Virginia (USA), reported the results of a research carried out on 173 young people between 18 and 26, born between 1981 and 1990, that is, the first US test-tube baby generation. Out of them 33% received a diagnosis of attention deficit and of non-severe hyperactivity, against 3-5% in the general population, and of a risk of depression of 16%, compared to 13% in naturally conceived young people.

In this unsettling framework, still characterized by non-convergent orientations, the need for further clinical research is justified in consideration of the risks inherent to medically assisted procreation techniques, also and above all with reference to the different techniques employed, including the most recent or futuristic ones. Let's consider, for example, the procedures in which "vitrified" or "rejuvenated" on in vitro-matured oocytes, or embryos submitted, to the gene editing procedure, for therapeutic purposes, are used, or could be used in the near future.

Hence, the need arises not to demonize MAP techniques, but rather to intensify scientific commitment towards identifying their possible undesirable consequences, attributable to the same techniques, to their causes and to the remedies adopted to the end of safeguarding the health of children born from them, and of couples who resort to them.

With this in mind, the firm request of the "Charter of Naples" to intensify the scientific commitment to the identification of any undesirable consequence attributable to the use of the techniques above, while encouraging the development and management of experimental trials aimed at identifying the risks which users of those treatments are exposed to and the remedies adopted to safeguard the health of women and children, first of all upon initiative of the scientific sector associations.

In consideration of this wish, the need to put the accent also on the characters and the modalities of information, as well as on the consensus expressed by the people included in those types of tests, appears urgent. Due to the intuitable "vulnerability" of the people "enrolled" in the aforementioned experimental protocols, the Territorial Ethics Committees are responsible for verifying that the "Fact Sheets" to be submitted to people in trials, following a preliminary interview with the investigator, is exhaustive but not lengthy, does not contain "technical" terms or suggestive statements, such as to diminish the representation of foreseeable risks and to emphasize, instead, that of expected benefits (Article 4).

RIGHT TO CARE IN ITALY TO THE CHILD WHO DOESN'T SPEAK

Laura Maria Castagna, Anna Giulia De Cagno, Tiziana Rossetto
Federazione Logopedisti Italiani, Italy
laucas4@gmail.com

Since 1948, the Italian Constitution "ensures health as a fundamental right for the individual and interest for the community; furthermore, Constitution guarantees free care to the indigent".

But even if Italy ranks among the seven most advanced nations with the largest net national wealth in the world, this right has gradually declined and reduced because of the laws that have followed over time.

This is why health practitioners have now the problem of choosing who to treat.

Childhood has a connoted fragility and a need for care, due to a natural lack of autonomy.

The child who does not speak, or speaks late or speaks badly, has difficulty to interact. He/she can't express his/her needs or desires.

When he/she goes to school, he/she will easily develop a school difficulty, creating a personality focused on failure and low self-esteem.

Studies (CPOL / FLI) have shown that adolescent prison population has small vocabulary and difficulties in storytelling.

This represents a limitation in the control of youthful drives, and demonstrates an inability to access culture, which is an opportunity for social and occupational integration.

These disorders are considered minor from the current Italian legislation ("Guidelines for rehabilitation").

We know that there are different expectations for the improvement of a disease, depending on access to healthcare.

Sometimes people wait three years and this affects the positive outcome (Survey by F.L.I.: 18 months on average).

How to manage these lists is a real question.

Priority must be assigned based on gravity, or income, on age, or simply on arrival

Not assigning priorities sometimes means to exclude completely people from "the therapeutic window" of the possibility of improving and being an active and integrated citizen.

THE CHALLENGE TO MAXIMIZE THE BENEFITS IN HEALTH, SEPARATING THE GENUINE COSTS OF THE SERVICE, FROM THOSE WHO ARE NOT

Stella Maris Castaño
Universidad de Morón, Argentina
stellacastano@yahoo.com.ar

The role of the professional in Economic Sciences in health systems has become, over the years, an essential figure, due to the close relationship that exists between these health systems and the need to balance the cost and benefit of health services. The complexity of health systems, whatever their modality, public or private, the diversity of the components of the costs of hospital systems, the new and varied diseases, the need to access better health levels, the greater life expectancy of the human being that requires constant control of their physical and mental condition, in order to prevent the disease, they have become imperative the need to adjust and control the health services, should rationalize, control and separate the necessary costs of the service, of those that respond to other non-sanitary issues such as legal costs, or of incompatible negotiations, which make the system unnecessarily expensive. The professional in Economic Sciences, through their knowledge must collaborate, develop and actively intervene in the improvement and simplicity of the delivery channels, in order to improve the quality of life of the human being, preventing and controlling the different intervening factors, and both from its specific field of action and in collaboration and joint action with other health professionals to obtain the greatest benefits, both economic and health, with the lowest possible costs, discouraging those outside the health system.

IMPLEMENT THE "BIOETHICS" SUBJECT IN ELEMENTARY, MIDDLE AND HIGH SCHOOL EDUCATION

Ana Bertha Liliana Castro Castillo
Mexico
castro.liliana@gmail.com

General Proposal: The teaching of Bioethics from the beginning of School Education during Middle School and High School, according to the stage of development in which the students are, can benefit the creation an training of the student's own criteria about life. Based on the respect for the dignity of the person, promoting their self-knowledge and the conscience of schoolmates life.

Justification: The current wave of psychiatric illnesses in adolescents, the lack of communication with their parents or guardians, the exponential increase of suicide in children and young people, are just three discouraging examples of the social crisis that our younger generations live and we with them.

Proposal methods: With the implementation of Bioethics Subject and teaching the different currents of Bioethics and treating the problematic of existentialism and reductionism that they can experiment out and inside school. With this kind of knowledge we could get a way to create a guideline to help them to:

Recognize the bad ethical judgment, euphemism and distinguish the "personal being" they and others are. Understand the biology of sexed person and recognize my self as one of these.

To promote a protective culture of life and integrity of the person.

Meet the defense of Nature and wild life as responsibility of each person.

To know the different international institutions of Bioethics.

Identify the dilemmas and problems related to Bioethics in my School, create solutions to them and carry them out.

Identify the bioethic dilemmas related with Technology, Medicine, Environment and Current Social Problems.

Conclusion: It is a last time to act with conscience in the day by day life for the children and young people. We can make them find the way to improve their thought about life our world and the human person being.

THE DOCTRINE OF INFORMED CONSENT AND EUTHANASIA

David Černý
Institute of State and Law of the Czech Academy of Sciences,
Czech Republic
david.cerny@ilaw.cas.cz

The doctrine of informed consent has played a crucial role in modern medical ethics and has generated a widespread discussion among medical practitioners, lawyers and bioethicists. A salient feature of this doctrine is that patients can waive their fundamental rights to bodily integrity, which has led some ethicists to defend a special role of the doctrine in the ethical justification of euthanasia. My contribution closely focuses of the role of informed consent at the end of human life aiming at showing that, in medically serious cases, informed consent have to go hand in hand with a reflection on the patient's welfare. I will then draw a conclusion that the doctrine of informed consent alone cannot justify euthanasia.

CLINICAL TESTING IN PEDIATRICS

Ida Cerrone, Nunzia Cannovo, Lucia Terracciano, Paola Buccelli,
Claudia Casella
University of Naples Federico II, Italy
idacerrone81@libero.it

In the boundless world of clinical testing, a very delicate place is occupied by testing in pediatrics.

From an initial attitude of protection towards children, typical of the 80s, that consistently limited their participation in research, there has been a change into believing that they should be able to access the

same opportunities as adults, including the possibility of receiving prescriptions of drugs based on knowledge validated by scientific research. However, there are numerous limits in pediatric testing:

- inhomogeneity of the pediatric population (weight, height, development etc.);
- problems of ethical nature;
- greater level of responsibility for the main investigator;
- mistrust of parents;
- difficulties in managing doses;
- limited availability of patients with given pathologies;
- scarce commercial interest;
- problems related to the acquisition of the informed consent.

Those limits are the causes of the frequent use of off-label drugs and, in some cases of unlicensed drugs – i.e. drugs not marketed in a given country.

In 2006, in order to meet the need for a legislative intervention, a European Pediatric Regulation was issued (EC Regulation No. 1901/2006) which, through a system of obligations and incentives, pursues three main objectives:

- promoting high quality research aimed at developing medicines for children,
- ensure that medicines prescribed to children have a specific authorization, and that medicines are available in formulations and dosages suitable for the pediatric population,
- increase high-quality information on medicines for children.

One of the strengths of the regulation is the obligation for pharmaceutical companies to agree on the PIP (Pediatric Investigation Plan) with the EMA (European Medicines Agency), to the end of supporting the authorization of a medicinal product for use in children.

In order to pursue its set objectives, the Regulation relies on an EU network of researchers and testing centers carrying out pediatric research (Enpr-EMA), on an EU inventory of pediatric therapeutic needs, on a public database of pediatric studies, on the obligation for the pharmaceutical companies to submit any pediatric study on authorized drugs to the end of making it possible for the regulatory authorities to examine it.

In accordance with the provisions of Article 50, paragraph 3 of the Regulation, on October 26, 2017, a report was issued on the results obtained by the Regulation in the decade following its entry into force, with reference to the achievement of the economic and public health objectives and results obtained.

That document is based on data provided by the EMA and its Pediatric Committee, on a study of the impact of the Regulation implemented by the Commission itself, in a public consultation between Member States, the European Parliament, patients, pharmaceutical companies, stakeholders and external partners concerning their experiences with the impact of the regulation

The conclusions of the report confirm the major impact of the pediatric regulation on the development of pediatric medicines. One of them is the 50% increase in the percentage of clinical trials on drugs that include children, in the period 2007-2016.

In the "Charter of Naples" the increase of clinical studies on drugs specifically designed for pediatric diseases is urged, not only to promote more consistent therapeutic results, but also to reduce the risks associated with the use of off-label drugs in clinical practice.

With this in mind, the key role that the Ethical Territorial Committees have to assume in pediatric drug testing is herein underlined, in their quality as guarantors of the safety of testing, of respect for the dignity of young patients, and of the reasonable limitation to the use of particularly invasive investigations likely to cause physical and psychic damage, in relation to the different stages of physiological development of young patients (babies born preterm, newborns, infants, children, adolescents).

MANIPULATING BIRTH TO IMPLEMENT GENOCIDE

Beverley Chalmers

International Perinatal Health Consultant, Canada
bevchalmers1@gmail.com

The Nazis manipulated reproduction and sexuality to create an ideological 'Master Race.' Holocaust literature gives exhaustive attention to 'direct' means of exterminating Jews, by using gas chambers, torture, starvation, disease, and intolerable conditions in ghettos and camps, and by the Einsatzgruppen. Manipulating reproduction and sexuality – as a less 'direct,' method of genocide of Jews – has not yet received the same attention. The Nazis prevented those regarded as not meeting idealized Nazi racial standards – and particularly Jewish women – from having sex or bearing children through legal, social, psychological and biological means, as well as by murder. In contrast, they promoted reproductive life and sexuality to achieve the antithesis of genocide – the mass promotion of life – among those deemed sufficiently 'Aryan'. Implementing measures to prevent birth is a core feature of the UN Convention on the Prevention and Punishment of Genocide. As with many other aspects of the Holocaust, science and scientists were inveigled into providing legitimacy for Nazi actions. The medical profession was no exception and was integrally involved in the manipulation of birth to implement the Holocaust.

This presentation reveals a myriad of ethical dilemmas faced by doctors, as well as a spectre of brutality that is not often attributed to the 'helping profession' of medicine, and particularly, reproductive medicine. It is based on the multiple-award winning book: "Birth Sex and Abuse: Women's Voices under Nazi Rule" (Beverley Chalmers, Grosvenor House Publishers, UK, 2015). This text references an extensive review of diaries, memoirs, testimonies and archival material.

TRUST IN AND ETHICAL DESIGN OF CAREBOTS

Gary Chan

Singapore Management University, Singapore
garychan@smu.edu.sg

The benefits from the use of carebots to take care of the physical and mental health of elderly and child patients and the disabled and to assist in their daily tasks are potentially significant. In some cases, users may even prefer interacting with carebots as social companions to their human counterparts. Nonetheless, there are challenges arising from the use of carebots: the robots' (in)ability to show care, the need for informed consent of users, potential deception by robot morphology and communications, (over)reliance on or attachment to robots and privacy issues. These issues implicate on the proper design of carebots which will be examined from the perspective of ethics including care ethics. Further, the ethical design of carebots is also intimately associated with the users' trust in them whether in terms of reliance or as a normative concept. Factors affecting trust include risks from the use of carebots, costs-benefit analysis, (normative) expectation that the carebot will perform a task in an appropriate way and positive or negative outcomes and/or experiences arising from users' interactions with carebots. To leverage on the potential benefits of carebots and to preserve and enhance users' trust, their design and use should be in line with a proper set of ethical values applicable to care practices.

RIGHT TO INFORMATION: WHEN MENTAL ILLNESS DOES NOT COUNT

Dhanya Chandran, Keshav Kumar, Jagadisha Thirthalli
National Institute of Mental Health and NeuroSciences (NIMHANS), India
dhanya84@rediffmail.com

Background: Right to information is a fundamental yet disputed concept in mental health. Alongside patient advocacy for information,

shared responsibility of the mental health professional (MHP) to provide adequate information and care choices exists. With high disparity in service user-provider ratios, the Indian mental health scenario is witness to dilemmas on patient autonomy, often out of necessity than choice.

Aim: To evaluate availability of information to patients regarding illness and explore related variables.

Methods: Patients (n=60) diagnosed with Schizophrenia Spectrum Disorder were recruited for a larger intervention study after obtaining informed consent. Their responses to key questions regarding their illness and dedicated availability of information from the MHP were explored descriptively.

Results: More than 80% of the sample consulted a MHP - mostly psychiatrists - within a year of symptom presentation. Majority of the sample (95%) reported not obtaining information regarding their illness from the MHP, even after repeated consultations. Medication adherence is primarily reinforced.

Conclusions: Various factors may influence information seeking in patients and caregivers visiting MHPs. Service provider variables also need to be considered. While better help seeking may enhance treatment outcome, awareness regarding illness enhances treatment compliance, more so in chronic mental illnesses.

Implications: The dearth of MHPs in the Indian setup is detrimental to compromised treatment choices and patient welfare and cannot be emphasised more. A collaborative team of MHPs – psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses – is vital to cater to patient needs, while maintaining a delicate balance between convenience and patient autonomy.

"BETTER LATE THAN NEVER": THE CONNECTION BETWEEN UNESCO AND THE NUREMBERG MEDICAL TRIAL

Tessa Chelouche¹, Stacy Gallin²

¹ Technion Institute, Israel

² Misericordia University, USA

tessa.chelouche@gmail.com

UNESCO was founded at the same time as the opening of the Nuremberg Medical Trial. Even though UNESCO was not represented at the trial and did not formally address the issues raised there, including the Nuremberg Code, UNESCO was expected to take on the role of presenting to the world the atrocities that had been perpetrated by the Nazi medical professionals. This was never envisaged, and the newly formed UNESCO failed to develop any type of guidelines regarding the ethics of biomedical research. UNESCO was not alone in its silence. In fact the medical world in general and bioethics in particular, were not ready to reflect on the recent past ethical abuses of medicine.

Decades later, even though medicine during the Nazi period was the main impetus for modern bioethical codes and regulations including those of UNESCO, what had transpired prior to 1948, the medical tragedies of WWII, the Holocaust and the impending legal trials, including the Medical Trial and the Nuremberg Code were not formally mentioned.

The discourse on Nazi medicine encompasses almost every bioethical topic relevant to modern medicine, and as such is understood by the UNESCO Chair in Bioethics, Haifa that education on Bioethics and the Holocaust should be an integral part of medical ethics education worldwide. Therefore the UNESCO Department of Bioethics and the Holocaust was developed in 2017. I will present the story of the connection of UNESCO to Nuremberg. The time has come to inform current medical debates and practices on the past in order to improve our future.

ADDRESSING KIDNEY DONATION

Yuval Cherlow

Zohar, Israel

ycherlow@gmail.com

Even in places where it was decided that it is forbidden to receive any compensation in exchange for the willingness of a living person to donate a kidney – ethical questions still remain. The most common issue is the donor's desire to determine to whom the kidney will be given, even if it's not according to the pure medical considerations (location on the necessity list).

The law in Israel allows a donor to choose a specific person to whom one can donate their kidney. This creates the possibility of misuse of the social networks and to stipulate conditions the donor wishes to make such as finding a specific person that he wants to donate to.

However, some of the donors apply to the transplant center in Israel without a specific person, but they stipulate that the kidney will be given to a selected group, such as people from a certain region, or only to a certain national group (as in for only Jews, or only to Arabs etc.).

The request of these groups raises difficult ethical questions, since the kidney is not a "resource" of the state, but rather a personal gift from a donor who is entitled to make any conditions that he wishes for. In addition, refusal to accept the request means a risk to the life of a patient who could have received the kidney. Despite this risk, if the request is approved it will have broad ethical implications and issues. It is important to emphasize that beyond this problem, this is an ethical dilemma that has implications for many other diverse matters. The Ethical Advisory Committee of the Transplantation Center in Israel held a lively discussion on this topic, portraying the significance and essentiality of the concept.

The proposed presentation is a review of ethical opinions and possibilities, the search for solutions which consider both spectrums, as well as the use of this dilemma as a case study to raise critical awareness of the quality of ethical discussions.

The presenter is the Chairman of the Ethical Advisory Committee of the Transplantation Center in Israel

PREVALENCE OF ADVERSE BIRTH OUTCOMES AND DISPARITY OF UNMARRIED WOMEN IN KOREA

Yeani Choi¹, Gyeongsil Lee², In Gyu Song³,

Ock Joo Kim¹, Sang Min Park²

¹ Seoul National University College of Medicine, South Korea

² Seoul National University Hospital, South Korea

³ Kyung Hee University Hospital at Gangdong, South Korea

xwwjdx@snu.ac.kr

Introduction: The Republic of Korea presents a significant decline in birth rate yet experiences a gradual increase in non-marital births. Nevertheless, little is known about disparity unmarried women face in terms of their adverse birth outcomes. In this study, we aim to analyze the association between different types of cohabitation status and obstetric outcomes of preterm births (PTB), low birthweight (LBW), and small for gestational age (SGA) by utilizing the data collected from the Korean National Birth Registration (NBR) database and achieve a manifestation of social marginalization among varied marital status of women in Korea.

Methods: The study compared the birth outcomes of legally unmarried women with record of cohabitation (cohabited single), legally unmarried women with no record of cohabitation (non-cohabited single), and legally married women and explored factors affecting birth outcomes of women in Korea. A total of 790,842 singletons from married and 7,788 singletons from unmarried women were examined based on the National Birth Registration Database of 2014-2015. Adjusted proportions for the occurrence of preterm births, low birth weight, and SGA were calculated and subgroup analyses were performed according to various factors like maternal age, parity, area of birth and maternal education.

Results: Adjusted proportions of PTB (7.1%; 95% Confidence Interval (CI): 6.3-8.0, p-trend <0.001), LBW (5.4%; 95% CI: 4.7-6.1, p-trend: <0.001), and SGA (5.9%; 95% CI: 5.2-6.7, p-trend: 0.003) were

significantly higher in group of non-cohabited single women compared to cohabited single and married women after adjusting for birth-related and socioeconomic factors.

Conclusion: The findings provide a comprehensive evidence for increased risk of adverse birth outcomes that non-cohabited single women face when compared to cohabited single or married women. The study also displays apparent need of reducing the health disparities single women experience during their pregnancies and need for enhanced welfare policies for unmarried mothers.

INFORMED CONSENT IN A PLURALIST WORLD: HOW DOES CULTURE INFLUENCE AUTONOMY IN CLINICAL PRACTICE IN AFRICA?

Felix Chukwunke, Ijeamaka Meka
University of Nigeria Enugu Campus, Nigeria
ichiefn2002@yahoo.com

Obtaining informed consent in clinical practice in a pluralistic society such as Africa could be a hazardous road with a fine balance needed between understanding locally accepted cultural norms and application of normative ethical principles of autonomy in patients care. In Africa, culture plays important role in clinical management of patients generally because people do not just make their ethical decisions based on autonomy alone but also on cultural notions of personhood, type of illness, community and religious beliefs.

Autonomy gives individuals the right to self-actualization and decision-making but the voluntariness and perception of Autonomy in African concept may be different in its meanings and applications which often affect the patients' clinical management.

In Africa the extended families are still the norm and in fact remain the backbone of the social system in Africa. Grandparents, cousins, aunts, uncles, sisters, brothers and in-laws all work as a unit through life. Family relationships are guided by hierarchy and seniority. Individuals turn to members of the extended family for financial aid and guidance, and the family is expected to provide for the welfare of every member even in time of ill health. Therefore, individual that benefited from the family structure is expected to owe allegiance to the system in return and in certain situation, do not have autonomy to decide on his or her health matters without the family input. This presentation highlights the cultural influence on individual autonomy with regards to informed consent in clinical management of patients in Africa.

THE MEDICAL REVIEW AUSCHWITZ PROJECT

Maria Ciesielska¹, Piotr Gajewski²
¹ *Lazarski University, Poland*
² *Polish Institute for Evidence Based Medicine, Poland*
drmarciacsielska@gmail.com

The research on the medical, psychological, and social consequences of the Second World War and its death camps started in Kraków, Poland, the 1950s, and its results were published in *Przegląd Lekarski – Oświęcim* (English title *Medical Review – Auschwitz*), a unique journal of inestimable value for its scientific content and as a historical record. Thirty-one volumes were published in 1961-1991, with a total of 7,200 pages containing 1,050 papers by 477 authors, covering a broad range of subjects. The main issues were medical and legal; philosophical and ethical; systems of extermination; questions relating to the health of concentration camp inmates, including starvation disease and pseudo-medical experiments; repressive measures against the educated classes; the oppression and murder of children; problems associated with reparations and compensation; the oppression and murder of Polish, Jewish, Roma, and Russian nationals, and prisoners of many other nationalities; and the biographies of medical doctors, both those who were held as prisoners in the camps and those who were functionaries in them.

In 2017 a project *Medical Review Auschwitz* has been launched to make all volumes of *Przegląd Lekarski – Oświęcim* accessible

worldwide in English translation. The translated articles are successively put on the website www.mp.pl/auschwitz.

The project also entails an international conference *Medical Review Auschwitz: Medicine Behind the Barbed Wire* (www.mp.pl/auschwitz/conference), held for the first time in Kraków on May 9, 2018. Addressed primarily to the international medical community, it will carry a message of fundamental importance for contemporary medical ethics. Its organizers hope the conference will help to better understand the sinister chapter contributed to the history of medicine by the Nazi German concentration camps – a chapter that should be a lesson for future generations.

COMMUNICATIVE COMPETENCE IN ADOLESCENTS: PRELIMINARY STUDY ON A SAMPLE OF HIGH SCHOOL STUDENTS

Raffaella Citro, Anna Giulia De Cagno, Miriam Ferdinandi
Federazione Logopedisti Italiani, Italy
r.citro@tiscali.it

Communication is the most fundamental of human capacities. People need to be able to communicate to fulfill their social, educational, emotional and vocational potential (Universal Declaration of Communication Rights). Some children have communication disorders (e.g. Speech disorders, Expressive and Receptive Language disorders, Social communication disorders) that may be secondary to an underlying impairment, such as cognitive impairments or deafness, or may be primary disorders. In the latter case, the children may look like they do not have any additional needs but suffer impaired communication skills which impact on their lives including their ability to access and participate in learning environments and school settings. Very often these children don't receive diagnosis and intervention. Other ones are included in rehabilitation programmes but these are restricted to pre-school and primary school years.

Recently some studies (Conti 2008, 2013; Bryan 2009) were conducted on the persistency of the disorders and their impact on social communication and behaviour in the adolescent age.

Our research aims to contribute to the study of the linguistic difficulties in the adolescents.

We selected 100 students in a high school in a central area of Rome (Italy), average 14 – 19 years old, 10 males and 10 females randomly chosen from every one of the five school years. They underwent a protocol of evaluation including a narrative task, a deduction task, a self-evaluation questionnaire, an observation scale. Preliminarily the Raven Matrices Test cleared out possible cognitive deficits. Students who failed the narrative and the deduction task underwent a vocabulary test too (Boston Naming).

30% of the subjects failed the narrative task, 34% the deduction task and 14% both tasks. This group took the vocabulary test that was passed by 2 subjects only. Then, 12% of the subjects were positive to the screening of the communication difficulties.

Our study confirmed that the communication difficulties persist up to the adolescent age and often they have never been treated. More than 2 subjects in each classroom show these difficulties, confirming the studies relative to childhood conducted in other languages. These are too high numbers, now that we know the link between untreated communication difficulties and poor social interaction, behaviour disorders, low literacy and numeracy, school drop-out, unemployment, increased involvement with the Juvenile Justice.

A MOONSHOT PROJECT FOR A LONGER AND HEALTHIER LIFE: ETHICAL QUESTIONS

Didier Coeurnelle
Heales, Belgium
didier.coeurnelle@gmail.com

Diseases related to old age are responsible for 70 % of deaths worldwide and 90 % in countries like France and the USA. The only way to prevent illnesses linked to aging is to attack the root cause – that is aging itself. It is ethically time to start working towards

solutions. Aging doesn't just cause innumerable deaths, it is also the source of many debilitating illnesses like Alzheimer's disease, cardiovascular diseases, muscle wasting ... A longer and healthier life is enjoyed by the citizens who can benefit from it. Longevity is potentially useful for a sustainable environment and for a peaceful society.

How to inform ethicists, researchers and stakeholders about opportunities and risks in this domain? Can we have a "Moonshot longevity vision" to enhance the research capabilities of many involved scientists? Can we consider research for a longer life as a moral obligation, a duty to rescue, a guarantee for a better future world? We will examine the common aspects between the ideas of the ethicists and the objectives of "longevists" concerning: environmental aspects, questions related to non-violence, priority for the weakest/oldest/frailest and other ethical questions.

Ethicists should favor the possibility for well-informed citizens to make clinical tests for longevity in the following fields: Genomics and gene therapies, new drugs, stem cells, restorative nanotechnologies. The current state of policy and funding for aging research, especially in France and other countries of the EU is promising. There are improvements possible for the legal and ethical frameworks, especially the rules making it more difficult (where it should be easier) for older patients to take part in clinical tests.

DEAD IS DEAD ... UNTIL IT IS NOT: THE CASE OF JAHİ MCMATH

Barbara Cohen
Berkeley College, USA
bcohenrjnd@gmail.com

Brain death has been a widely accepted standard in determining end of life under the Uniform Determination of Death Act (1980). In December of 2013, Jahi McMath, a 13 year old child suffered cardiac arrest and brain damage due to a post-tonsillectomy hemorrhage. The hospital's physicians declared Ms. McMath to be brain dead and refused a feeding tube. The declaration of death resulted in unavailability of public funding for Jahi's medical care in the State of California.

Jahi's parents maintain to this day that Jahi is alive. They sued the hospital and staff for medical malpractice and relocated to the State of New Jersey where there is a religious exemption for brain death. Six pending related legal proceedings exist. In December of 2016, a California Federal District Court ruled that the McMath family may now produce new evidence and expert opinion that Jahi is alive.

This presentation will address application of definitions of death as well as the legal impact of a declaration of death upon pending litigation, receipt of medical services and individuals' Constitutional and families' rights. The journey of Jahi McMath, now aged 17 and her family will be explored. The American court system's approach to determination of death as a flexible (reversible) concept will be examined. Discussion will be had of this case's impact on determination of death as a final moment ending a life on earth.

Jahi McMath, et al v. State of California, et al United States District Court Northern District of California (2016).

DO PATIENTS WITH SCHIZOPHRENIA COMPLETELY LACK DECISIONAL CAPABILITY?

Dan Cohen, Selene Veerman
MHO North-Holland North, Netherlands
d.cohen@ggz-nhn.nl

In a Dutch, ethically approved study of memantine addition in therapy-resistant patients, family members complained with the Dutch mental health care authorities. After a lengthy investigation the mental health authorities concluded in 2016 that because of the vulnerability of this specific patient population, the family or social support system should not only be informed about the study but had to be asked permission for the patient to participate in the study.

We will discuss the validity of this conclusion against the background of the literature on decisional capacity in patients with schizophrenia and the capacity of patients with schizophrenia to give informed consent on their own to a study.

BEYOND RESEARCH WITH HUMAN PARTICIPANTS: RETHINKING THE REGULATING TRIGGERS FOR PROSPECTIVE ETHICS REVIEW

Carl Coleman
Seton Hall University School of Law, USA
carl.coleman@shu.edu

Most regulatory systems establish standards of conduct and impose penalties for noncompliance, but they do not demand that regulated entities affirmatively ask permission each time they seek to engage in a covered activity. Regulations governing research with human participants are different: In most cases, they require researchers to obtain the approval of an ethics review committee before they are permitted to initiate a study. Yet, while a requirement for prospective authorization may be appropriate for certain types of high-risk activities, conditioning such review on whether an activity constitutes research with human participants is not justifiable. On the one hand, many activities that meet the definition of research with human participants are not particularly risky; in these cases, the requirement for prospective authorization imposes significant burdens for no legitimate reason. On the other hand, some activities that do not meet the definition of research not only involve significant risks, but also — like research with human participants — expose individuals to risk primarily for the benefit of others. Examples include certain types of public health interventions or quality assurance activities, which are typically not subject to any requirement for prospective ethics review. This presentation will (1) examine the historical rationale for conditioning prospective ethics review on whether an activity constitutes research with human participants; (2) critically assess the limitations of that approach; and (3) consider alternative triggers for prospective ethics oversight that minimize the over- and under-inclusiveness of current regulatory regimes.

OUGHT CONTRACEPTION PROVISION IN EXPECTATION OF MIGRANT RAPE TO BE CONSIDERED ETHICAL?

Naomi Collier
University of Birmingham, UK
Nhc354@student.bham.ac.uk

The provision of contraception in expectation of adult and child migrant rape requires analysis. This act may be considered morally permissible best care, or medical complicity in the future sexual abuse of the individual.

The permissibility of contraception provision in expectation of migrant rape is of growing importance due to the following factors; the growing population of globally displaced persons, the increased vulnerability of displaced females to sexual violence, migrant requests and use of contraception in expectation of rape, and the rising incidence of child migrant sexual exploitation within developed nations.

Within this work consequentialist and deontological principles are applied to consider the moral status of contraception provision in expectation of migrant rape. A lack of further intervention is assumed. Recent claims of medical complicity and violation of refugee rights within developed nations highlights the contested issue of best care provision within exploitative environments. Parallels are drawn between this and the provision of contraception during migration routes, solely in anticipation of future sexual assault. Location-dependent variations of morally good care within humanitarian and developed settings are subsequently explored when defending a lack of alternative intervention in the former.

Ultimately the act of contraception provision in expectation of migrant rape is defended as best care, so far as alternative intervention is unlikely to reduce the risk of future abuse. Key arguments explored in

reaching this conclusion include: intent to cause harm, patient autonomy, capacity, harms of pregnancy and contraception, and an existing duty of rescue. The risk of a causative link between contraception provision and sexual abuse is extensively explored and defended as low.

RESILIENCE AS A PERFORMANCE AND ETHICAL VALUE IN CLINICAL PRACTICE: A STUDY IN FAMILY MEDICINE

Kenneth Collins
Hebrew University of Jerusalem, Israel
drkcollins@gmail.com

Resilience in clinical practice, the ability to cope with the factors provoking stress in the medical workplace, whether from an ever increasingly intrusive bureaucracy or the tensions involved in handling the societal problems faced by contemporary patients, has become a major factor in the lives of doctors and patients alike. Thus, physician resilience has been identified as an important component of delivering good quality of care, provided consistently and supportively. Resilience can also enhance the quality of caring, and sustainability of the health care workforce. The first ethical principles formulated by the American Medical Association in 2001 requires the physician to uphold the standards of professionalism, to provide competent medical care, with compassion and respect for human dignity and rights. In a unique oral history study, carried out in an inner-city practice in Glasgow, using detailed semi-structured interviews with patients and practice staff members, the key factors strengthening resilience in the physician, patients and the health care system provided by the Scottish National Health Service have been identified. Thus, this study illustrates that consistent and trustworthy physician involvement in the cares of their patients emerges as a key component in maintaining not just high standards of clinical competence but also provides a clear indication that resilience strengthens the ethical framework within which quality care can flourish.

REVEALING THE SKELETONS IN YOUR CLOSET: A SURVEY OF AUSTRALIAN HOSPITAL DOCTORS ON THE USE OF HUMAN BONES IN MEDICAL EDUCATION

Jonathan Coman¹, Simon Craig^{2,3}, Anne-Maree Kelly^{4,5}, Sharon Klim⁴
¹ Haileybury College, Australia
² Monash Medical Centre, Australia
³ Monash University, Australia
⁴ Joseph Epstein Centre for Emergency Medicine Research, Western Health, Australia
⁵ The University of Melbourne, Australia
S89876@haileybury.vic.edu.au

Objective: To determine the prevalence of privately owned human bone sets acquired for educational purposes within a medical community in Melbourne, Australia, and to ascertain the knowledge, attitudes and opinions of medical practitioners towards the use and continued possession of human skeletal remains.

Methods: A cross-sectional survey of medical practitioners at two large multi-hospital health services in Melbourne, Australia.

Results: 373 doctors responded; 163 (44%) had obtained a set of human bones for their studies. 81 (50%) maintain possession of their bones, although 35 (44%) sets of bones have been unused for 20 years. Of those still in possession of bones, 52 (65%) had never considered relinquishing them, and 39 (52%) were unsure how to do so, despite the presence of a defined relinquishment process. 30 (19%) were very willing to relinquish their bones, while 40 (24%) were very unwilling. Only 39% of respondents were aware that their skeletons were imported from unregulated suppliers. There was a lack of knowledge regarding the quality of human bone alternatives, and uncertainty regarding legislative requirements regarding the acquisition possession, and disposal of human bones.

Conclusions: The legacy of human bone use for medical education has resulted in large numbers of human bones remaining in private

ownership, outside the ethical and regulatory framework applicable to the use of skeletal remains in institutional settings. The attitudes and knowledge of the doctors who privately own human skeletal remains reveal that education and awareness campaigns are required to manage the legacy of past practices.

THE "NO GO" – A NEW RISK IN THE MANAGEMENT OF PATIENTS IN ORTHOPEDIC SURGERY: ETHICS ANALYSIS

Henry Coudane^{1,2,3,4,7}, Laurent Martrille², Eric Benfrech^{1,5,7}, Philippe Tracol^{1,5,7}, Jane Laure Danan^{2,4}, Martine Batt^{2,4}, Bernard Kabuth^{2,4}, Camille Gravelier^{2,4}, Gisele Kanny^{2,4}, Bruno Py^{2,4}, ORTHORISQ⁷

¹ Orthopaedic Surgeon, France

² French Unit UNESCO Université de Lorraine, France

³ CHRU Nancy, France

⁴ Université de Lorraine, France

⁵ Clinique de Cognac, France

⁶ Centre Chirurgical Saint Roch, France

⁷ French accreditation organism for orthopedic surgeons, France

h.coudane@chru-nancy.fr

Introduction: « No Go » is a term usually employed in the aeronautic field to indicate that a take-off was aborted from an aircraft that has reached the end of the runway because all the key elements of the procedures were not validated. In surgery, it is an immediate stop of the surgical procedure because all of the necessary elements were not validated. The No Go principle is applied from the moment a patient goes into the operating room up until the incision. Beyond that point, it is no longer considered a No-go but a surgical incident. The goals are to obtain a better understanding of the frequency, causes and consequences of the No Go in order to reduce the number of such incidents.

Material and methods: We have studied the No Go phenomenon through Carrying Risk Events (CRE) declared by the members of the ORTHORISQ (the accreditation organization of orthopedic surgeons in France) which have been analyzed through an Alarm matrix that is commonly used in risk management. We have completed this analysis with the help of an extensive internet survey which has been sent to the 1828 Orthorisq members. A comparative statistical approach was used and the p values were calculated using a paired Wilcoxon rank-sum test.

Results: The frequency of No Go is a new complication described in orthopedic surgery, estimated at 6,5% to 9, and 8% of the risk events. The problems bound to the management of orthopedics devices is the first cause (45,5%) of No Go and is confirmed by the investigations led with 1828 orthopedic surgeons members of Orthorisq for whom the management of orthopedics devices and prosthesis is the first cause of No Go. In more of 85% of cases the surgery procedure is cancelled and postponed to a later time. Check-list is realized only one time on two (completely in 51,9%, incompletely or no realized in 48,1%) but has no influence on the arisen of No Go (p>0,8)

Discussion: Actually in France, the check-list cannot avoid a No Go; in its current shape is not adapted to the particular management of the material in orthopedic surgery because it does not include a control of the material in its reception.

Conclusions: No Go establishes certain risk in the management of the patient which must be informed about it. He pulls a useless anesthesia in more than half cases of No Go.

DRUG DEPENDENCY IN PRISON POPULATIONS: BUILDING HARM-REDUCTION CAPACITY

Chelsea Cox
Dalhousie University, Canada
chelseacox@dal.ca

Prisoner populations are some of the most vulnerable and marginalized segments of society. With the increased criminalization of personal drug use and possession entering into the 20th century, incarceration archetypes are consistently represented by those serving

time for drug-related offences. In tandem with the over representation of drug-related offences in prisons, personal drug use and abuse issues are also over-represented, with reports finding that 56-80% of those incarcerated have a physical dependence on an illicit substance. With an established link between drug use and incarceration, there is a subsequent need to build capacity in prison systems to address drug dependence and illness. As of now this capacity is lacking in jurisdictions around the world. There is inadequate access for incarcerated individuals to consistent, reliable, and evidence-based medical treatments for drug illness proliferating vulnerability and minimizing the opportunity for harm-reduction based care. A poignant example of this is access to methadone maintenance therapy (MMT) for those with opioid-related illness and addiction. Pre-existing drug use stigmatization, a lack of harm reduction ethos, and progressive funding models have created barriers to necessary medical treatment that incarcerated individuals with a drug-related illness need. My presentation focuses on legal mechanisms that could be utilized to accelerate change, while also highlighting the potential for prison-based healthcare to break the drug-use cycle continuum.

THE CIVIC DUTY TO DONATE BLOOD

Pol Cuadros Aguilera
University of Lérida, Spain
Pcuadros@dpub.udl.cat

Since 1985 blood trade has been forbidden in Spain due to the non-profit principle, which is justified in a double reason:

- Goes against human dignity and ethical principles. This can be deduced from Article 21 of the 1997 Convention for Human Rights and Biomedicine.
- Threats public health. The WHO (since WHA28.72, concerning the use and supply of blood and blood-based products with a human origin) and the EU (since 2002/98/CE Directive) endorse unpaid blood donation based on public health and safety criteria. Such prescription can be also found in the Spanish legislation.

Spanish regulation about blood donation sets the achievement of self-sufficiency through unpaid donations as a main goal. However, due to the shortages of blood that such approach is currently yielding, Spain brings in blood and blood derivatives purchasing them abroad, in the international market, from remunerated donors.

Such importation is not consistent with the reasons why the blood donation is banned in Spain: Impairs the public health protection principle, likewise harming the human dignity principle.

We defend that there is no need to infringe such non-profit principle. An alternative to that blood importation is to legally consider blood donation as citizens' civic duty. It will resolve the shortages of blood and will meet in a remarkably enhanced way the two principles that the current Spanish legislation is seeking to protect: the custody of health and the respect to human dignity and.

REGENERATIVE BIOETHICS AND THE MISSION OF MEDICINE

David Cummiskey
Bates College, USA
dcummisk@bates.edu

The emerging field of regenerative medicine offers both great promise and ethical challenges. Aging related illness is caused by the accumulation of cellular level damage that is a simple consequence of metabolic function. More specifically, the pathologies of aging are caused by the slow accumulation of genetic damage, mutations, cellular senescence, and intracellular and extracellular junk. The consequences include cancer, heart disease, immune disorders, arteriosclerosis, Alzheimer's and other forms of dementia. Curing the above age-based diseases is the core mission of medicine; but the unintended consequences of the success of the medical mission must be considered. Simply put, if we cure aging related illness, dying of old age will no longer be the inevitable end of life. In the immediate

future, regenerative medicine will start preventing the deterioration of normal cellular function, thus allowing people to live significantly longer and healthier lives. If all of the causes of aging-related illness are eliminated, the result is unlimited healthy longevity. Death would still result from accidental or willful causes, but not simply from aging. It is hard to exaggerate the sociological and existential implications of significantly delaying aging related pathologies and natural death. Death is supposed to be a normal consequence of life; but restoring biological function prevents natural death. In this presentation on Regenerative Bioethics, I discuss the social, political, and moral consequences of significantly increasing longevity, including the consequences to population, family structures, generational renewal, disparate access, and the ethical significance of individual opposition to unlimited longevity.

CLINICAL ETHICS CONSULTATIONS – SURVEY AMONG POLISH PHYSICIANS

Marek Czarkowski
University of Warsaw, Poland
mczark@gmail.com

Independent, multidisciplinary and pluralist ethics committees should be established, promoted and supported to provide advice on ethical problems in clinical settings. In USA Healthcare Ethics Committees have become the most common means of addressing ethical issues and problems that arise in hospitals, nursing homes, hospices and other health care facilities.

This presentation reports preliminary results of a national survey which was developed by the researchers from the Centre for Bioethics and Biolaw at the University of Warsaw. The first national survey was performed among the staff of Hospital Ethics Committees. Nevertheless there has been no systematic empirical examination of the attitude of physicians to the idea of healthcare ethics consultations. The main objectives of the present survey were: whether physicians recognise the need for an ethics consultation, what are the main ethical dilemmas and how often physicians seek advice from a healthcare ethics committees? These results were confronted with previous American results. The majority of Polish physicians encounter ethical difficulties. Some of them are related with the physicians' poor ability of effective communication between themselves and other stakeholders. Therapeutic privilege, breach of confidentiality and conscientious objection, seem to be important ethical dilemmas.

TOUCHING AND BEING TOUCHED – CARNALITY IN PHYSIOTHERAPISTS' EDUCATION

Emilia Dadura¹, Agnieszka Wójcik¹, Anna Ratajska^{2,3}, Alicja Przyłuska-Fiszler¹
¹ Józef Piłsudski University of Physical Education, Poland
² Kazimierz Wielki University in Bydgoszcz, Poland
³ Dr. Jan Biziel University Hospital No. 2, Poland
e.dadura@awf.edu.pl

Introduction: Physiotherapists as 'touch professionals' regularly enter their patients' body sphere. Routine treatment of manual procedures may lead to 'unauthorized' interventions into intimate areas of a patient who is unprepared for such close proximity. There might also occur violation of physiotherapists' physical boundaries so they should be sensitized to the issues connected with carnality.

Study Aim: To find out how physiotherapists perceive touch and what difficulties they encounter in their close contact with patients. Better problem understanding will enable changes in physiotherapists' education and result in optimal preparation of young professionals to work with another person's body.

Material and Methods: The study group consisted of 80 young physiotherapists (39F, 41M). Their average age was 30,4 years (SD 5,13) and work experience 6,6 years (SD 5,05). The research was based on an author's questionnaire and the results were analyzed using the Statistica programme.

Results: Most study participants viewed touch as a tool for collecting information and conducting therapy excluding its psychosocial dimension. They thought of touch in therapy as a two-way act. In another question, however, the respondents described patient's touch as inappropriate, embarrassing and brazen. Over one-third of them claimed that they encountered attempts of physical boundaries violation by patients such as sexual subtexts, attempts to kiss and aggression.

Conclusions: Young physiotherapists should be sensitized in their professional education to the problem of their own and other people's boundaries. Psychosocial dimension of touch and its potential should be underlined.

The work is the result of a research project nr 2016/21/B/HS1/01824 funded by the National Research Centre.

DEVELOPING ETHICAL COMPETENCE AMONG HEALTH STUDENTS: STRATEGIES USED BY EUROPEAN FEDERATION: FINE-EU

Jane-Laure Danan¹, Christophe Debout¹, Henry Coudane², Martine Batt², Alain Trognon², Camille Gravellie², Bernard Kabuth², Gisele Kanny²

¹ FINE Europe, France

² Team Research, France

janelaudanan@yahoo.fr

Background: Nurses need knowledge and methods to identify ethical dilemmas, to adequately explore them and then to select appropriate action. These competencies need to be developed among nursing students. Many strategies can be used to achieve this aim.

Aims: Identify the strategies used by European nurse educators (NE) to teach ethics to nursing students.

Methods: A qualitative approach was selected. Participants were NE attending a dedicated seminar organised by FINE in May 2015.

A preparatory reflexion questionnaire was sent to participants prior to the seminar.

During the seminar two focus groups were organised in three languages.

Focus group one explored the strategies used by NE to teach ethics to nursing students as well as their own preparation in this field.

Focus group two explored the feasibility/acceptability of best practices in this field.

A facilitator and a secretary implemented each focus group. They performed a synthesis that was presented in plenary session for validation and discussion.

Results: NE from nine countries attended the seminar.

Clinical reasoning and ethical decision-making were identified as essential competencies to develop in nursing education and students at patient bedside must use them. Teaching practices as well as the level of preparation of NE in this field seems very heterogeneous.

Keeping in mind that there are no recipes to teach ethics, participants stressed the importance to select strategies based on key words: perception-reflection-behaviour.

Conclusion: No best practices are available and further research is needed in this field.

FAITH HEALING AND TRADITIONAL HEALING PRACTICES: ETHICAL IMPLICATIONS AND CONSEQUENCES

Desiree Daniega

University of the Philippines, Philippines

desdaniega@gmail.com

Objective: Faith healing has its own issues with the general principles of bioethics, such as beneficence, non-maleficence, autonomy and justice. This paper will try to present reasons why people resort to Faith Healing and traditional healing practices, and how the Four Principles of Bioethics are applied in the process and if there implications and consequences.

Methods: Review of papers published in Research gate, NCBI, PubMed, EBscobost, Sagepub, Wiley online library, Online access article libraries from the past 20 years with related literature from 2004 to Present 2017 was done.

Results: Poverty is directly related to the issue of affordability of health care, rampant or widespread poverty, is the prime cause of use, misuse and abuse of traditional medicine and faith healing. The vast majority of TM/TH use is prior to or in the absence of conventional medical services. A vast majority of people in developing countries, most especially in the rural areas, have an easier access to traditional healing than western medicine, resulting to a more frequent use. Other factors that contribute to people resorting to faith healers and traditional healers is a lack of education as stated by several studies. Traditional medicine is a vehicle to affordable health and some authorities may consider these practices useful in reducing the symptoms of distress through the placebo effect especially for conditions like depression. The rituals and ceremonies surrounding the faith healing practices provide a persuasive placebo effect.

A study conducted by Mawere (2011) in Africa, states that most faith healers advertise via psychological coercion, misinforming, exaggerated competence, false guarantees, and false testimonials to the use of rhetoric.

IS IT ETHICAL TO RECEIVE GIFTS FROM OUR PATIENTS? PRESENTATION OF A POSITION PAPER OF THE ISRAELI PHYSICAL THERAPY ETHICAL COMMITTEE

Zahava Davidow¹, Sigal Haimovich², Tami Ogolnik³, Yael Ochayon⁴

¹ University of Haifa, Israel

² Ministry of Education, Israel

³ Kupat Holim Meuhedet, Israel

⁴ Ministry of Health, Israel

zdavidow@research.haifa.ac.il

This lecture will give a short overview of the various Position Papers that the Israeli Physical Therapy Ethical Committee put out, and the work we do. The majority of the lecture will focus on the Position Paper of receiving gifts from patients. It will present the different aspects a caregiver needs to take into account when a patient offers him a gift.

In the Physical Therapy profession, as in other health professions, patients often give the caregivers gifts as a way of gratitude. This situation creates ethical dilemmas that may raise many questions, such as: under what conditions should the gift be accepted? What are the implications of receiving the gift for the therapist-patient relationship? What are the implications of refusing to accept a gift?

In December 2016, the Israeli Physical Therapy Ethical Committee published a Position Paper on this topic. The aim of the position paper is to provide all Physical Therapists with the ethical tools for dealing with situations relating to the receipt of gifts, with reference to what is permitted by law. The paper presents the relevant law, values and principles of bioethics and practical recommendations, in order to stimulate critical thinking and assist in making informed decisions about receiving gifts or refusing to accept gifts.

LEGAL AND ETHICAL IMPLICATION OF SHAM PEER REVIEW

Jonathan Davies

Center of Health, Law & Ethics, Haifa University, Israel

davies@med-law.co.il

Sham Peer Review (SPR) is used as a tool to diminish "whistle blowers" or expert witnesses that don't comply with the line of conduct that is expected in medical institutions. SPR intends to harm and attacks a physician for personal reasons related to his medical profession, which are unrelated to the physician's quality of care and patients safety.

SPR has legal, Ethical and economic implications that can effect patient safety. SPR raises legal issues in different areas of the law, namely contract law, employment relations between physician and the medical institution involved. It can also raise questions of

defamation and cause of action for personal injury in particular cases where the physician was bodily harmed.

In cases where patient safety is involved ethical questions of the scope of Immunity given to the medical institution is used as a tool to cover wrongful conduct. Full immunity allows SPR to take place and avoids whistle blowers from testifying.

Our firm is currently handling several cases in which we try and prove that SPR can potentially cause personal injury. We aim to reformulate the patient-medical-staff relationship through a precedential lawsuit concerning a physician who died following "Sham Peer Review" from his colleagues. Thus, we expose the behind-the-scenes dynamics of hospitals and fight for the rights of patients and Doctors to a better and cleaner health system.

EUTHANASIA AND MEDIEVAL ARMENIAN THINKERS

Susanna Davtyan¹, Manuk Harutyunyan², Sona Davtyan²

¹ Yerevan State Medical University after M. Heratsi, Armenia

² Institute of Philosophy, Sociology and Law of NAS, Armenia
susannadavtyan47@gmail.com

There are many conceptions of Medieval Armenian philosophers and physicians that deal with Medicine and Ethics. David Anahgt (the Invincible) is among them, whose 1500th anniversary was gloriously celebrated by the UNESCO in 1980. His epithet "Invincible" David earned winning in philosophical debates with representatives of Hellenistic philosophy of the time.

The works of David the Invincible contain analyses not only of the traditional problems of philosophy, ontology, gnoseology, logic, ethics etc., but also questions concerning medicine and biology. However, among all the problems, the problems of life and death, remorse and repentance, good and evil occupy, by their significance, a peculiar place in the works of David the Invincible. His idea has the same philosophical background as the famous "Oath" by Hippocrates, where the physician swear: "I promise not to give killing remedy to anybody despite their wish". And the doctor who however breaks his oath is worth not only damnation of medical gods and people but also state punishment, even sentence of death.

We can read about it in the "Book of Necessity" by great Armenian thinker of the 5th century Mouses Khorenatsi.

The Armenian intellectual-scholar, lawmaker Mkhitar Gosh's book the "Code of Law" was established and widely used not only in Armenia but also in a number of Armenian communities abroad.

Numerous norms of code were even accepted in the legislations of several countries of the ancient world. Thus, the document enhanced the progress of legal mind. In the same book we can read: "The physician who injures the patient's health and doesn't give sufficient knowledge to the students should be sentenced". I would like to draw your attention to this delicate problem to.

Thus physician's responsibility has a special place in Armenian legislation, which testifies to the high level of Armenian Medieval schools.

THE INTEGRATION OF REFUGEE DOCTORS INTO THE MEDICAL WORKFORCE – CURRENT STATE OF DISCUSSIONS AT CPME

Jacques de Haller

Standing Committee of European Doctors (CPME), Switzerland
mail@jdehaller.ch

CPME's long-standing policy discussion on refugee health has reflected the recent experiences with migration which reaffirm the need for coordination at European level. Consequently, the discussion on healthcare for refugees and undocumented migrants was re-launched in 2016 to consolidate and elaborate CPME's policies in this area and facilitate the exchange of good practice among members.

Alongside the legal and real-life situation of refugees' access to healthcare, the status of refugee doctors is focus of current discussions. Building on existing policies, the review includes questions on the identification of and outreach to refugee doctors, the

administration of the recognition of qualifications, and their integration into the medical workforce. A first overview of practices across Europe shows a wide variety of approaches and objectives in policies concerning refugee doctors.

THE ROLE OF ETHICS COMMITTEES IN EVALUATING PATIENT INFORMATION PACK IN CLINICAL TRIALS

Domenico Del Forno

University of Naples Federico II, Italy

domenicodelforno@gmail.com

In biomedical experimentation, thorough information provided to the potentially enlisted individual is the indispensable prerequisite to ensure the person's right to self-determination and respect for human dignity.

It frequently occurs that the "information pack" submitted in order to acquire consent (informed, free and aware) from the person to be included among the probable participants in the experimental study, is constructed and presented in a precautionary perspective from the experimenter point of view, acting as a waiver of responsibility, even though it is indeed comprehensive of the project features and "formally compliant" with the rules. Actually, instead, it might be not explanatory and totally ineffective to protect patients' rights to have informative elements aimed to guarantee their ability and freedom of choice.

In the European context, the supranational legislator, first with the Directive 2001/20 / EC (Article 9) and most recently with the U.E. n. 536/2014 on the clinical trial of medicinal products for human use (Article 4), reiterated that any clinical study or protocol of experimentation requires the prior acquisition of a favorable opinion – provided by an Ethics Committee and not substitutable by the voluntary assumption of risk – regarding the ethical and scientific nature of the experimental project.

Therefore, the Ethics Committees are given the indispensable role to balance freedom of scientific research with the right to self-determination of the persons involved in the experimental studies.

At the University of Naples, Federico II University Ethics Committee has developed an in-depth analysis of the critical elements of the 'information pack' that most require an intervention to obtain its simplification and intelligibility, in order to make the indications contained therein more intelligible as well as more suitable to provide the person involved (in the experimentation) with full knowledge about the nature and the extent of the experimental health treatment and its risks, potential outcomes and possible adverse effects, with the use of a language that takes into account that the information is addressed to people who are not experts in medical field and therefore are not able to understand the technical terms that characterize the specific clinical trial.

RISK AND THE RABONE CASE: DAMNED IF YOU DO, DAMNED IF YOU DON'T!

Brian Dennis, Digvijay Goel

Southern District Health Board, New Zealand

brian.dennis@southerndhb.govt.nz

Melanie Rabone (b 1981) with long standing depressive disorder, attempted suicide on 31 Mar 2005 and was hospitalised as a voluntary patient.

On 19 Apr 2005 Melanie requested and went home on leave, with her psychiatrist urging Melanie to take responsibility for her actions.

The next afternoon Melanie hanged herself.

In August 2006 Melanie's parents sued the NHS trust, for breach of Article 2 of the European Convention on Human Rights

Though rejected by the trial judge and the Court of Appeal, on the basis that since Melanie was a voluntary patient, Article 2 did not provide a remedy, the Supreme Court allowed the parents' appeal, holding that:

- "Differences between detained and involuntary psychiatric patients should not be exaggerated: in many ways they were

more apparent than real... Although not a detained patient, it was clear that if she had insisted on leaving hospital she would have been detained...

- "A patient receiving treatment in hospital for a physical illness or injury is in a quite different position. She has made an informed and autonomous choice to be in hospital and to receive the treatment in question. There is no power to detain her should she decide to leave."

This real life case illustrates the ethical dilemma faced by mental health professionals raising questions over the competence of all those with a mental health condition and tends to disempower them while eroding the credibility of their narratives. These and related issues merit interrogation.

STAFF ATTITUDES TO PEOPLE WITH ALCOHOL PROBLEMS: ETHICAL ISSUE IN THE HEALTHCARE OF DRINKERS – AN EXPERIENCE IN A REHABILITATION INSTITUTE

Stefano Di Patrizi¹, Marcella Ottonello¹, Emilio Benevolo¹, Elisa Torselli²

¹ *Istituti Clinici Scientifici Maugeri IRCCS, Italy*

² *Istituto Miller, Italy*

stefano.dipatrizi@icsmaugeri.it

Caring for patients with alcohol problems is progressively becoming part of the job, not only of nurses in emergency and specialist drug and alcohol departments, but also of those working on Rehabilitation Units. Patients with alcohol problems often provoke a complex array of negative attitudes toward and erroneous stereotypes of "the alcoholic". These attitudes, beliefs and opinions present in the hospital environment are complex. They include not only the attitudes of society, which depict people with alcohol problems as dangerous, weak-willed, immoral "drunk". These beliefs can all shape and influence the relationship between health staff and patient. Negative attitudes have been found in a significant number of nursing population since the 1960s and 1970s, and although the proportion of nurses with pessimistic attitudes appeared to lessen throughout later decades, negative attitudes still exist today. Few studies on the attitude of nurses toward alcoholic patients have been conducted in Italy. Some studies revealed that nurses tend to have negative attitudes toward people with alcoholic problems and this aspect can influence the quality of healthcare provided to this group of patients. A survey was conducted on the staff of a residential rehabilitation for alcohol disorders unit in order to evaluate the attitude of health care professionals toward alcoholics and alcoholism and if it can influence patients' satisfaction with the hospital rehabilitation.

COMMUNICATION OF HOPE AND DESIRE FOR COMPLETENESS

Antonio Di Somma

Italy

antonio.disomma@outlook.com

The communication of hope is the sign of the person, where it is present the authentic sense of care is revealed, where hope is alive there the person is recognized. The attention today turned to the reflection on the meaning of the hope in the cure of the illness and the natural desire for completeness that, inscribed in the intimate of his heart, belongs to every man and every woman, evidences a right attempt of change of a vision now worn out and too technical of the concept of health itself and of the forms of its protection, the attention to an authentic accompaniment that tries to establish, at least in the time marked by illness, suffering and anguish, a necessary professional and interpersonal relationship made of quality and meeting, dialogue and sharing: a relationship that truly knows how to nurture hope. The authentic places of this hope are the heart and mind of everyone, but the task of facilitating the identification and the conquest by the sick person is at the same time also a great task of care and therefore of medicine, of society, of the established

institutions and of the same possible philosophical contribution to a bioethical reflection conducted in a multidisciplinary way. It is a hope about one's own existence called into question by illness, suffering, anguish, the inability to choose or want to choose; not just a wait, but a process of detecting the dimension that silently moves everyone's bowels every day of his life. In fact, the dimension of hope can change things because it does not look far but very close, right next to it. Only in this way can it transfigure and transcend the present of the disease, not to change it or simply accept it in its most merciless, unjustifiable, painful and absurd aspects, but rather to contain it as a silent and indomitable dimension of a genuine desire for understanding and planning. The question of meaning that emerges forcefully from the lucid confrontation with illness and suffering, especially in the imminence of death, detected in the clinical field can and must today be satisfied through an authentic, competent and effective presence, such as to foster hope and do not contravene the desire for completeness that accompanies the existence of every human being.

ATTACKS ON MEDICAL EDUCATION – A REPORT BY THE INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS

Aikaterini Dima¹, Marian Sedlak²

¹ *International Federation of Medical Students' Associations (IFMSA), Greece*

² *International Federation of Medical Students' Associations (IFMSA), Slovakia*

lme@ifmsa.org

Across the world, healthcare workers are being attacked, kidnapped, and killed in conflict zones. Healthcare facilities are damaged, looted, and bombed. However, global discourse often does not include the area of medical education which is key in sustaining health systems, especially in times of crises.

The International Federation of Medical Students' Associations (IFMSA) explored the violence against medical education and compiled its findings in the pilot report of "Attacks on Medical Education". The report covers attacks on medical education in 7 countries, including Libya, Palestine, Ukraine, Sudan, Syria, Venezuela, and Yemen, and explores the impact of violence, such as against education facilities, teaching hospitals, libraries, professors, medical students and all other directly related components. The data was collected by IFMSA member organisations from December 2017 till March 2018. The country profiles covered by this report have different time frames, from onset to duration and they offer distinct situations faced by the countries.

The report offers a qualitative perspective, shares the experience of medical students in addition to a deeper view of the violations pertaining to the code of ethics, and contains multiple incidents resulting in disruptions to medical education, varying in nature and extent.

Ultimately, attacks on healthcare, and in particular on medical education, still remain a pressing concern on multiple aspects, with long term consequences. The effect of conflict on medical education raises numerous questions and must also be studied to explore its subsequent effect on the sustainability of health systems and their health workforce.

INFORMED CONSENT: SPECIFIC ISSUES IN PSYCHIATRY

Adam Doležal

Institute of State and Law of the Academy of Sciences, Czech Republic
adam.dolezal@ilaw.cas.cz

The principle of autonomy in the doctor-patient relationship is more and more demanding principle both in medical law and in medical ethics. The outcome of this process is the Doctrine of Informed Consent. This doctrine, however, brings numerous difficulties. Especially in psychiatry informed consent is particularly complicated. One of the most common issues are difficulties with rating whether the patient is or is not competent to proper consent to medical

treatment. There are, however, many different interpretations of the notion of competence and also a number of competing tests to measure it. It is therefore important to distinguish between necessary and sufficient conditions for legal and ethical purposes.

COMPARATIVE ANALYSIS OF THE INFORMED CONSENT LIABILITY

Tomáš Doležal
Institute of State and Law of Academy of Sciences, Czech Republic
 tomas.dolezal@ilaw.cas.cz

The doctrine of the informed consent on the general level is universally accepted instrument to enforce patient's right to participation and involvement in the decision-making process. The basic elements of the informed consent doctrine are well established and universally accepted (e.g. Art. 6 of the Universal Declaration on Bioethics and Human Rights). However the consequences of the breach of the duty to inform the patient vary from country to country, especially in the cases of the particular nondisclosure of the legally required information. Through the comparative analysis we show different types of the legal consequences in this cases and their impact on the doctor-patient relationship. Finally we analyse the different types of the legal consequences and their concordance with the principle of the patient's autonomy.

VARIABLES INFLUENCING THE MEDICAL STAFF REACTION TO THE DEATH OF AN INFANT IN THE NEONATAL INTENSIVE CARE UNIT

Sophia Dombé Doron^{1,2}, Nili Tabak¹, Shulamith Kreitler¹
¹ *Tel Aviv University, Israel*
² *Assaf Harofeh Medical Center, Israel*
 sophydombe@hotmail.com

One of the more difficult events experienced by medical staff who work in NICU is the death of an infant. Literature has stated that their grief process is comparable to the patient's family grief. This study focuses on the grief responses experienced by medical staff at the time of the death of an infant in the NICU and on variables that influence the intensity of their responses. This study involved 233 physicians and nurses working in NICUs in 12 medical centers in Israel. The participants answered an anonymous questionnaire. The main findings of this research show that the resources (coherence and social support) can help the caregivers to cope with the death of an infant. In addition, it was found that the caregivers who had more fear of death and a more intense response to infant death, had a higher post-traumatic symptom level; they felt more burnout and also experienced more growth. From this, it can be concluded that caregivers that have a more intense feeling have higher growth potential. Description of the variables that influence the intensity of the response to the death of an infant could help identify the caregivers that are at greater risk of developing emotional distress. It may help enable an appropriate intervention for him/her. These findings may increase awareness of the need to support the caregivers, who too often do not get the appropriate care in today's reality. Thus, staff members can be more helpful for parents who lost their infant during hospitalization.

BIOETHICS OF MANAGEMENT IN MEDICINE

Alena Donika
Volgograd State Medical University, Russia
 addonika@yandex.ru

Management of a medical team requires the manager of special personal and organizational skills. Lack of which leads to an unfavorable psychological climate within the team and conflicts with patients. We conducted a sociological study of the leaders of medical teams with the aim of assessing their socio-psychological

competencies and predicting ethical conflicts (N = 48, mean age 45.4 ± 1.3).

According to the review of the literature on this issue, the high level of communication qualities in majority of chief managers as well as altruism of head doctors' personality are mostly determined by professional requirements to medical profession.

In our study, we used a set of psychological tests. The obtained results demonstrate a high level of development of organizational properties in 78.8% of medical leaders (p<0.05), while a low level of communication properties in 29.6% (p<0.05). We also explicated management associated conflictogenic factors within medical sector: 29,6% of head doctors have had inadequate emotional display; 29,4% have shown the dominance of negative emotions; 25,3% – unwillingness to contact with people, egocentric attitude. Democratic style of management in medical sector is seen in 16,7% of head doctors in average, more conflictogenic – authoritarian style – in 8,3 to 25,6% of the same specialists.

The obtained data represent the risk factors of ethical conflicts and require the organization of special training for doctors-managers on the Bioethics Programs within the framework of continuous medical education.

SURROGATE MOTHERHOOD ON WAVES OF THE INTERNET

Ondrej Dorskocil, Hana Konecna
University of South Bohemia, Czech Republic
 dorskocil@zsf.jcu.cz

The Internet is currently the most important source of information, including medical information. It is also a place where a wide range of contacts can be established and legal or legal transactions closed. Surrogate motherhood is in many countries the procedure of minor legislative anchoring. It provides a "gray zone" for which the internet environment is ideal. Lack of legislation stimulates the debate on a possible legislative solution on the one hand, on the other hand it creates scope for seeking information and sharing experiences "how to arrange".

The paper analyzes who are involved in these discussions in the Czech Republic, how they are involved in the issue (such as potential parents, surrogate mothers, mediated experience, curious people, active citizens) and how they are thinking about this procedure. Participants discuss, in particular, legal procedures for adopting a child, financial difficulty, where to find a surrogate mother or how to become a surrogate mother. Surrogate mothers evoke rather positive attitudes and admiration. The critique of surrogate motherhood is based in particular on the lack of a legislative framework allowing "business". Many critics of surrogate motherhood argue out of religious positions.

A large part of Internet discussions are advertisements. The Czech Transplantation Act (§ 28) provides: (3) Advertisements and advertising for the purpose of demand or offer of organs are prohibited. Advertisement and advertising is not considered as a procedure under Section 27 (this concerns the Ministry's duty to inform the public about the meaning and possibilities of donating tissues and organs). Should be a private quest assumed as an advertising? Is advertising the search for a potential surrogate mother by intended parents?

Based on analyzes of online discussion forums and media analyzes of articles on surrogate motherhood in Czech newspapers for the last 10 years.

Supported by GA ČR 17-07753S „Surrogacy in the CR: legal, psychosocial and ethical analysis“

THE EVOLUTION OF SURROGATE MOTHERHOOD POLICIES IN SPAIN, FROM 1985 TO 2017, THE BIOETHICAL DEBATES AND THE POLITICAL ACTORS

Carmen-Isolina Egea
Universidad Francisco de Vitoria, Spain
 carmenisolinaegea@gmail.com

Surrogate motherhood has proved to be a contentious political issue since early times of the Human Reproduction Technologies in the 1970's, in the case of Spain, as from 1985 when the debates started in the public sphere outside as well as inside Parliament. In this exposition we will study the evolution of the bioethical discussions from 1985 to 2017 in Spain, based on the parliamentary debates, media (El Pais newspaper), interviews to industry, religious and physician's representatives, associations members that have worked on the issue, policy makers as well as to experts that have been involved in the policy making since the start or were relevant at a certain point in time.

The timeline has been divided in four different periods that vary in the political actors and their argument, the coalitions they form, as well as the policy approach that is the result of those. As first approach we are considering to what extent it has been a stable policy or it has been influenced by the changes in Government throughout the years, the progression of the different political parties and other actors and the metamorphosis of Spanish society from a mainly catholic into a secular one. The policy framework that might seem to be more useful to the analysis would be the Advocacy Coalition Framework from Sabatier and Jenkins – Smith and research school, based on its study of values as the amalgam for coalitions over long periods of time.

OBSTETRICS LITIGATION – BEYOND THE CLASSIC TORT OF MEDICAL NEGLIGENCE

Nili Eyal
College of Management, Israel
 ncaracoe@colman.ac.il

Birth is a unique process. It is a natural process that does not require the intervention of medical staff. Nevertheless, since the middle of the twentieth century births are conducted mainly in medical institutions under the care of a medical team. At the same time, it is an intimate process that involves the female genitalia and its consequences go beyond the physical body of the women.

Against this background, a social, medical, political and academic discourse addresses woman right to autonomy, privacy and dignity during birth. This discourse, which reached its peak in the last decade, focuses on the struggle of women to freedom of choice during labor. This includes, inter alia, the freedom to choose where to give birth (medical institution, home or birth centers), the freedom to choose the birth position, and the freedom to choose the scope of medical interventions.

Following these developments, an empirical study aimed to examine women experiences during childbirth was conducted in Israel. The study involved 450 women who were asked about their experiences during childbirth.

The findings of this study will serve as a starting point for a discussion in obstetrics litigation. I will claim that obstetrics litigation should not be limited to claims of medical negligence. Other torts should be addressed as measures for the protection of women rights to autonomy, privacy and dignity during labor. These can include, for example, breach of statutory duties recognized by the Patient's Rights Act 1996. Furthermore, I will argue that going beyond the classic tort of medical negligence and turning to these causes of actions have several advantages.

PERCEPTIONS OF MENTAL HEALTH WORKERS FOR HUMAN RIGHTS OF MENTALLY ILL PERSONS IN KOSOVO

Naim Fanaj, Sevim Mustafa
Mental Health Center Prizren, Kosovo
 naimfanaj@mail.com

Objectives: The purpose of this research is to get an understanding of mental health workers views and experiences of human rights of mentally ill persons in Kosovo.

Methods: Mental health workers of mental health institutions in Kosovo filled questionnaire adapted based on Bill of Human Rights. Sample (N=153) consisted from psychiatrists, psychologists, nurses and social workers). Data processing was done with SPSS 21.0 and Microsoft Excel 2007.

Results: The perceptions of mental health workers for human rights of mentally ill persons in overall are mainly positive (M=3.16). Regarding statements the lowest mean is found for not been subject of any abuse (M=2.59), not discriminated about lifestyle (M=2.63), right to view the records for them in their files (M=2.78), right to vote, marry etc (M=2.86) etc. Regarding statements the highest mean is found for treating with respect and dignity (M=3.83), informing about services (M=3.67), information of consequences for breaking rules (M=3.42) etc. Statistical analyses (correlation, independent samples test and ANOVA) not indicated significant associations or differences for age, gender, years of experience and type of professionals with scores about perceived mental health rights.

Conclusions: Despite the positive perceived human rights of people with mental illness, it can be suggested that there are fields which need strengthening efforts to improve the rights of people with mental illness. Hence mental health professionals and other stakeholders should continue their efforts in advocating for human rights of people with mental illness.

PRIORITIES AND FINANCIAL RESPONSIBILITIES IN PUBLICLY FUNDED HEALTHCARE AIMING AT VISUAL DISTURBANCES: ETHICAL ISSUES

Joakim Färdow^{1,2}, Linus Broström¹, Mats Johansson¹
¹ *Lund University, Sweden*
² *Research and Development Kronoberg, Sweden*
 joakim.fardow@kronoberg.se

Publicly funded health care systems face the challenge of providing an acceptable balance between economic efficiency, social justice and comprehensive care. The limits of publicly funded health care, and issues on how these limits should be set have long been debated. This presentation focuses on health care services for visual disturbances, a field of health care known for its diversity of funding. Most instances of ophthalmic surgery, treatment of acute ophthalmological issues, and medical issues in need of pharmacological treatment, are publicly funded. But refractive disorders, aids such as spectacles and contact lenses and surgical corrections for these disorders, are privately funded even in a country like Sweden, which is otherwise known for its high share of publicly funded health care. With the Swedish context as the starting point, this presentation challenges decisions that have been made regarding financial responsibilities in publicly funded health care aiming at visual disturbances and visual disabilities. The ethical rationale behind these decisions will be examined and this assessment reveals an urgent need for reevaluations of the limit-setting enterprises in publicly funded health care.

BIOETHICAL AND LEGAL DILEMMAS IN REFUGEE'S MEDICAL AID SETTING

Morshid Farhat
Safed Academic College, Israel
Morshidfarhat@gmail.com

Refugee numbers are increasing in the last decade in several areas worldwide. Consequently it imposes significant challenge on the host countries

The Middle East, Europe, central Asia among others face this complex challenge.

We will present the Israeli experience of humanitarian medical aid to Syrians during the Syrian civil war, delivered in Israel.

The challenges are related to the level of medical standards, allocation of resources, ethical and legal issues.

The medical standard delivered to refugees could be basic "humanitarian" field level or top standard international level. Making the choice is problematic either way.

Affording the high level may impose heavy burden on the local host country resources while choosing the basic one may be suboptimal and may jeopardize the refugees health and chances of recovery and survival.

Does the bio-psycho-social model applies to refugees medicine? Culture oriented holistic treatment is the goal or basic life saving service is the desired outcome?

Delivering basic lifesaving standard rather than the high definitive standard may be non-ethical and expose the host country health teams to liability for malpractice or negligence.

There are several levels of medical treatment and aid.

The basic level deals with life saving, through organ and function saving up to rehabilitation and aesthetic reconstructive procedures , not to mention treating mental health disorders arising from crisis and conflict events.

Who decides in the different crisis scenarios what is the desired treatment level.

Another example of ethical and legal complexity is related to treating young minor patients while being treated without their parents. In these cases the informed consent requirements are not met. Is the court who has to take charge?

It is clear that it is not a practical solution.

Do we need to address this challenge when it comes to medical humanitarian aid to refugees?

Are the medical staff protected by the international laws?

It seems that the ethical and the legal challenges are beyond the medical personnel responsibility and competency, as such, it is to be addressed by the host countries authorities in advance as early as possible when it arises.

SURGICAL INTERVENTION FOR SELF-MUTILATION: CAN A SEVERE AND PERSISTENT MENTAL ILLNESS BE TERMINAL?

Jeffrey Farroni
University of Texas, USA
jsfarron@utmb.edu

This presentation examines a case of whether or not a patient with a history of self-mutilation and suicide attempts should undergo a major abdominal surgical procedure. Recovery for the procedure would include strict adherence to not disturbing the vulnerable incision site. The team was concerned that the patient's impulsive and self-destructive behavior would be an insurmountable barrier for the procedure, which they considered life-saving. His care was complicated by the inadequacy of pharmacological psychiatric intervention. The patient would beseech the psychiatry team for help and acknowledged a desire for in-patient commitment, and yet, would self-injure during the admission. We considered typical ethical dilemmas as the limits of autonomy, decision-making capacity and the patient's best interests when contemplating his plan of care. However, this challenging case inspired reflection on a number of other issues including the concept of a "terminal" psychiatric condition, the nature

of self, free will and institutional structures that do not provide adequate resources for someone in his condition. This case also highlights a certain blindness by some of the providers to the profound suffering within the patient and his mother. We will present a case analysis that discusses how the clinical ethics consultant helped the medical teams navigate the ethical issues and moral conflicts to arrive at a plan of care.

EDITING THE GENE-EDITING DEBATE: RE-ASSESSING THE NORMATIVE DISCUSSIONS ON EMERGING GENETIC TECHNOLOGIES

Oliver Feeney
Ireland
feeney.oli@gmail.com

The emerging potential of gene editing techniques in human therapeutics has raised concerns over issues such as safety, genetic identity, designer children, enhancement and eugenics (Nuffield Council, 2016; NASEM, 2017; EUSAC, 2017; Nuffield Council, 2018). In response, it is vital not only to develop balanced and robust guidance that is adapted to these rapid developments, but also vital to ensure space for the adequate critical reflection on the normative arguments themselves. In this presentation, I observe that the recent developments in gene editing do not bring many new ethical, social and legal issues to the fore. Rather, it brings us to a point where many familiar theoretical reflections are becoming (potentially) applicable and therefore can have a greater role to play in policy decisions which will affect the emerging governance of new gene editing developments. Given this, I argue that it is as important to assess not just the new developments in gene editing, but also to re-assess the existing ethical, legal and social discussions themselves, including such factors as over-reliance of one's disciplinary perspective, overuse of science fiction to ground ethical intuitions and susceptibility to focusing on hype as opposed to genuine possibilities. The presentation will conclude with an argument for a multidisciplinary framework for responsible E.L.S.I discussions with emerging technologies such as gene editing.

ETHICS IN HUMANITARIAN EFFORTS: WHEN SHOULD RESOURCES BE ALLOCATED TO PEDIATRIC HEART SURGERY?

Kathleen Fenton, Marcelo Cardarelli, William Novick
William Novick Global Cardiac Alliance, USA
kathleennf@gmail.com

Background: In countries where there is no significant shortage of resources, no debate exists as to whether or not heart surgery should be made available. However, where funding is limited, what responsibility exists to care for children with congenital heart defects? This question is subjected to ethical analysis based on existing cost-effectiveness data.

Methods: Our examination begins with the four principles of autonomy, beneficence, non-maleficence and justice. Consideration of the principles of beneficence and justice is then expanded by applying a consequentialist approach to available cost-effectiveness information.

Results: Society has the responsibility, according to the means available, to assure health care for all citizens (principles of beneficence, non-maleficence and justice). Where adequate resources exist to fund appropriate treatment for virtually all residents, necessary surgery should be provided based on distributive justice. In resource-limited environments, however, decisions regarding provision of expensive or complex care must be made with consideration for broader effects on the population. More than 25% of the global burden of disease is amenable to surgical treatment. Low-income countries have a disproportionately high share of surgical problems, yet often little or no access to surgery, although surgery, including congenital heart surgery, is highly cost-effective. Utilitarian ethical analysis supports dedication of resources to congenital heart

surgery in most low-income countries. In the poorest countries, with limited access to drinking water and basic nutrition, it is appropriate to focus on these issues first.

Conclusion: Ethical analysis supports dedication of resources to congenital heart surgery in all but the poorest countries.

DISCRIMINATION OF WOMEN SUBJECTED TO IN VITRO FERTILISATION TREATMENT: PROTECTION GRANTED IN CASE OF DISMISSAL AND BURDEN OF PROOF

Francisca Ferrando-García
Universidad de Murcia, Spain
franferr@um.es

This paper deals with the protection awarded by Labour Law to those women in case of in vitro fertilisation treatment against employer's discriminatory decisions such as dismissal.

The study makes special emphasis on the judicial doctrine established by the ECJ and the Spanish Supreme Court with regard to protection in the pre-pregnancy phase, at the moment when the worker tries to get pregnant by going to IVT, determining that the temporal scope of maternity protection granted by Directive 92/58/CEE does not reach the phase prior to pregnancy, but it can be included in the framework of Directive 2006/54/EC, on equal treatment of men and women in matters of employment and occupation.

For the purposes of the application of protection against dismissal in case of submission to techniques of assisted reproduction, Spanish case law (Supreme Court Decision 286/2017, of 4 April) has also ruled on the evidence of discrimination, so this paper will analyze the special rules on the burden of proof applicable in this case of discrimination.

ASSISTED REPRODUCTION AND "SAVIOUR SIBLINGS": THE ETHICAL AND LEGAL DEBATE

Ana Claudia Brandão De Barros Correia Ferraz
Federal University of Pernambuco, Brazil
anaclaudiabbc@yahoo.com.br

The scientific advances in medicine and the dissemination of the human assisted reproduction techniques had made necessary the imposition of ethical and legal limits to their use, considering the dignity of the human being as the main reason for such limit. The human assisted reproduction techniques have caused considerable transformations in the Law, especially in parenting aspects. It is also recognized that the right to the artificial procreation is one of the dimensions of the right to the familiar planning. But should the use of reproduction technique in this case have limits? The main aim of this study is to discuss the use of these techniques, especially the use of PGD for cases in which the parents of a sick child wish to have another child whose tissue can be used to provide a treatment for the condition of the sick sibling. This new baby is called "saviour sibling". Moreover, this study addresses the question of whether this form of selection should be banned or not, focusing on two main prohibitionist arguments: (a) the claim that it involves bringing a person into being for the sole purpose of assisting his or her sibling infringes the principle that people should not be used solely as a means to an end. Furthermore, how might the child's welfare be when this child perceives himself or herself to have been created as merely a means to save his or her sibling; (b) This practice will lead to the creation of so-called "designer babies", if the limits are not clearly defined. The central aspect of this discussion is therefore to verify whether there is, in fact, a violation of the dignity of the child who was born with the objective to save his sick sibling, considering the difficulty in answering such evidence in the very concept of human dignity.

All in all, the study intends to show the importance of a regulation about the use of this technology to avoid its misuse. The lack of specific legislation about human assisted reproduction makes it difficult for reaching a solution for possible conflicts related to autonomy, justice and beneficence in the cases of the "saviour sibling", that's why it's important to have well defined limits.

PREGNANCY AND IRISH LAW; HISTORY, RECENT UPDATES AND THE EIGHT

Aoife Finnerty
University of Limerick, Ireland
aoife.finnerty@ul.ie

Cox describes pregnancy as "the sole context in the human experience where there exists this dynamic of one entity (the fetus) so closely depending on and directly affecting the existence of the other (the mother)"; arguably, therein lies the difficulty in legislating for medical matters during pregnancy. While there is widespread consensus that pregnancy is not without its ethical considerations, the author opines that such complications do not excuse successive Irish governments from, at best, a reluctance to legislate and at worst, sheer abdication of the duty owed to Ireland's women. From the constitutional protection of the right to life of the unborn – Article 40.3.3 of the Constitution – to the Protection of Life During Pregnancy Act (PLDPA) 2013, the legislature has demonstrated a tendency towards rushed and reactive law, rather than a measured and consistent approach.

This paper will analyse:

- i) The extent to which Ireland protects women imperiled by pregnancy; this section considers Article 40.3.3 and the PLDPA 2013 – its introduction and its effectiveness in light of case law – in addition to more recent criticisms of Ireland's legal position regarding fatal fetal abnormality by the United Nations.
- ii) Section 85 (6) of the Assisted Decision-Making (Capacity) Act 2015, which pertains to advance directives in the case of pregnant women.

Predominantly focusing on medical treatment in pregnancy, this paper touches upon issues of bodily integrity, termination of pregnancy and balancing of rights. It is particularly timely, given Ireland's impending referendum on repealing Article 40.3.3. of the Constitution.

REHABILITATION AND SOCIAL INCLUSION OF FOREIGN PATIENTS WITH SPINAL CORD INJURY

Gabriella Fizzotti¹, Marina Manera¹, Carla Rognoni²
¹ *ICS Maugeri SPA SB, Institute of Pavia IRCCS, Italy*
² *SDA Bocconi School of Management, Italy*
gabriella.fizzotti@icsmaugeri.it

Introduction: Immigration in Italy is constantly increasing and the demand of such rapid demographic change prompts the question as to how hospitals are prepared to respond to the changing needs of the Italian ever growing multi-ethnic population.

The aim of this study was to evaluate the differences in care access between Italians and immigrants, because the quality of care depends in part on the physician's communication skills. Physicians who are informative, showing support and respect for the patient and facilitating the patient participation in the care process, generally have patients more satisfied, more committed to treatment regimens and experiencing better health following the consultation.

Materials and methods: We evaluated 12 patients with spinal cord injury, 6 foreigners and 6 Italians. They completed the questionnaire about the difficulties encountered during the rehabilitation in the Spinal Unit and the Functional Evaluation Spinal Cord Injury scale (VFM) which is an assessment scale, used in occupational therapy, developed for the evaluation of the functional framework of patients.

Conclusion: VFM scale evaluated the independence of patients while the questionnaire allowed us to highlight the presence of "pessimism" in the group of foreigners. This negative aspect of the mood can derive from different causes, for example, the distance from the own family and the native Country. Different welfare and economic possibilities between Italians and foreigners represent a factor conditioning the social inclusion.

The questionnaire proved to be a useful tool for rehabilitation since it allowed us to explore personal aspects and improve relationships in team work.

WHAT IS THE PREFERABLE IDEA OF JUSTICE IN HEALTHCARE?

Lorena Forni
Università di Milano – Bicocca, Italy
 lorena.forni@unimib.it

We are experiencing a period of severe economic crisis, in some ways worse than that of 1929. One of the most affected areas is the health field. In this paper, I propose a comparison between Italian and American healthcare model, to analyze and reflect on the concept of justice that is underlying and which can be redefined, under certain conditions.

The most popular definition of principle of Justice in bioethical context is, for example, the definition proposed by H.T. Engelhardt jr., who considers fair every clinical practice realized implementing health policies that guarantee equal access to health care. Going beyond traditional theories and 'classic' definitions, justice has been redefined by other authors, such as Amartya Sen, as the principle that considers ethically justified every clinical practice, which is realized by implementing an healthcare policy that guarantees individuals' equal access to resources, whereas the evaluation of what is worth doing, being, or using contributes to determine equity itself.

Another important aspect that needs to be taken into consideration concerns the analysis of different models of healthcare systems in light of the respective qualification of 'health'. The substantial ethical-legal difference that characterizes 'health' is reflected on the concrete procedures of goods and services distribution, especially on the different healthcare models, that will be subject of bioethical analysis in this paper.

The fundamental question is about which is the fair health care to be requested by citizens and to be provided by governments. This question is strictly linked to another issue: which is the preferable idea of justice in healthcare amongst those available in the current debate?

RE-VISITING THE ETHICAL SCENARIO FOR CLINICAL RESEARCH IN AFRICAN COUNTRIES

Gerhard Fortwengel¹, Pierre Effa², Sam Ibeneme³, Ifeoma Okoye³, Chandrakant Mhaske⁴

¹ *University of Applied Sciences and Arts, Germany*

² *Pan-African Congress of Ethics and Bioethics, Cameroon*

³ *University of Nigeria, Nigeria*

⁴ *Medical College, India*

gerhard.fortwengel@hs-hannover.de

Medical ethics in clinical research form a system of moral principles with values that are applicable in clinical research settings. Fundamental aspects cover autonomy, non-maleficence, confidentiality, dignity, honesty, justice and beneficence. The increasing globalization of clinical research during the last decades including also study sites located in African countries and past experiences of unethical conduct of clinical trials particularly in so-called developing countries justifies the need to re-visit the current status on how ethical values are applied in African countries. Specifically, the issue of beneficence for the subject participating in the trial and the population of the country where the trial is being conducted, mark an essential requirement of worldwide ethical standards. Following the principle that research should be relevant and responsive to the needs of the people, any research project plan should, therefore, explain the anticipated localized contribution to knowledge. It should be further clarified upfront, how results might be translated into appropriate interventions and/or services likely to improve living standards and well-being of the population in all countries with trial sites. The presentation covers results of a collaborative study conducted for the African Union on the current state of implementation of ethical standards in African Union countries in general and specifically in the area of beneficence. In the ensuing roundtable discussion, the team of authors from Cameroon, India, Nigeria and Germany will address individual points from the report to the African Union and, together with the plenary, develop possible solution strategies.

DEBATE: MEDICAL EPONYMS HONORING NAZI PHYSICIANS – PRESERVE OR CHANGE?

Matt Fox¹, Rael Strous²

¹ *Ben Gurion University, Israel*

² *Maayenei Hayeshua Medical Center, Israel*

matthewafox@gmail.com

Eponyms are titles of medical disorders named for individuals who originally described the condition. They also help us remember and identify the disorder. Many eponyms exist in medicine based on tradition and respect for outstanding physicians. While most medical care providers continue to use eponyms in daily practice, the question arises whether such eponyms should be used when there is an ethical issue involved; if the research of the condition was carried out under clear immoral conditions or if it became apparent that the physician was involved in atrocities against humanity.

Intuitively many feel that it would be wrong to perpetuate and thus "reward" the memory of the individual for whom the disorder is named, others counter intuitively believe that preserving such eponyms provides a golden opportunity for educating about infamous physicians.

In this formal academic debate according to Oxford rules of debating, Dr Strous will argue that ethical considerations should be introduced into medical nosology just as they exist in patient care and research. In contrast, Dr Fox will argue that preserving eponyms named after outstanding however unethical physicians will actually aid in generating more ethical physicians by means of propagating ethical practice through education regarding those ethical violations. In this manner, case studies of eponyms can be used as growth opportunities in medical ethics education.

Consider the unique context of eponyms, which can also serve as lessons in the boundaries of our professional conduct or remove all honor given to physicians involved in crimes to humanity? You decide!

DISCUSSING BIOETHICS IN HIGH SCHOOL: AN EXPERIENCE FROM BRAZIL

Paulo Fraga da Silva¹, Flávio César de Sá², Aluísio Marçal de Barros Seródio³, Reinaldo Ayer⁴, Patrícia Aparecida da Silva⁵, Marcelo Antonio Silva⁶, Francis Bozolan Sunaga⁵, Eleuza Vânia Maria Lagos Guazzelli⁵, Maria Cristina Komatsu Braga Massarollo⁴

¹ *Universidade Presbiteriana Mackenzie, Brazil*

² *Universidade Estadual de Campinas, Brazil*

³ *Universidade Federal de São Paulo, Brazil*

⁴ *Universidade de São Paulo, Brazil*

⁵ *Secretaria Estadual da Educação de São Paulo, Brazil*

⁶ *Instituto de Filosofia e Ciências Religiosas São Boa Ventura, Brazil*
 paulofragadasilva@gmail.com

Bioethics may be understood as an academic interdisciplinary field where ethical conflicts in the sciences of life and healthcare are discussed. As science and healthcare are major contemporary issues, we believe education in Bioethics, widespread in health profession's graduate curricula, should be brought forward. This paper presents our initial experience in a partnership between a multidisciplinary group of bioethicists and a public high school located in a socially vulnerable neighborhood in Sao Paulo, Brazil. Supported by the local Board of Medicine (CREMESP), the partnership's main idea of introducing bioethics discussions in secondary schools aims at promoting students' moral and democratic competencies. Over a nine months period, we organized bimonthly meetings with a group of about 50 students. Starting from students' experiences, and by means of conversation circles, TED Talks, movies and tv series, we addressed topics such as access to healthcare, death, pregnancy in adolescence, abortion and fake news. Besides familiarizing themselves with Bioethics, students have enthusiastically participated in discussions where free speech and attentive listening are granted to all interested. In an ambience of tolerance and respect for plurality, students are beginning to grasp the complexity of some bioethical topics, thus sharpening communication skills that may help them to deal with a

broader set of moral and political problems. This project's future steps include the expansion to other students, supporting teachers to handle problem solving methodologies which articulate their disciplines and Bioethics, making evaluations and the elaboration of didactic material.

THE COOPERATION OF THE UNIVERSITY OF INNSBRUCK WITH NATIONAL SOCIALIST HEALTH OFFICES IN FORCED STERILIZATION AND CASTRATION IN TYROL-VORARLBERG 1940-1945

Ina Friedmann
Institut für Zeitgeschichte/University of Innsbruck, Austria
ina.friedmann@uibk.ac.at

Forced sterilization and the so-called voluntary emasculation, which of course by no means was actually voluntary, were introduced in annexed Austria by law on 1 January 1940. People suffering from mental or bodily diseases classified as hereditary were subject to the National Socialist state's decisions about their possibilities of reproduction (legally regulated by the Law for the Prevention of Genetically Diseased Offspring – Gesetz zur Verhütung erbkranken Nachwuchses, short: GzVeN – effective in Germany on 1 January 1934). Hereditary health courts were set up for the aim of deciding who was to be sterilized, consisting of a lawyer and two medics each. Additionally, §14 (2) of the Law for the Change of the GzVeN from 26 June 1935, regulated the voluntary emasculation of homosexual men, which should "free" the affected men of their so-called "degenerate" sex drive.

While there are studies concerning the hereditary health courts in Austria which also partly analyze the situation in Tyrol and Vorarlberg, new data has been discovered and collected, which will be presented in the proposed paper under the aspect of the contribution of members of Innsbruck University. This group of persons was involved in the proceedings in multiple ways: from reporting university clinics' patients to the regional health offices for further investigation and the production of expertise by request of the hereditary health court to the actual performance of the surgeries. Besides other regional hospitals, these were conducted at the university clinics for gynecology and surgery. Therefore, the overall participation of Innsbruck University in National Socialist health politics shall be depicted. Thus the proposed paper contributes to research regarding the engagement and responsibility of medical science during National Socialism.

BRAIN DEATH OBJECTIONS AND THE BALM OF THE JEWISH TRADITION AT LIFE'S END: CAN THE TWO WALK TOGETHER?

Ezra Gabbay, Joseph Fins
Weill-Cornell Medical College, USA
ezg9002@med.cornell.edu

Religious objections to brain death (BD) are common among some Orthodox Jews. Israeli legislation mandates ancillary testing for BD determination (not required by the American Academy of Neurology criteria), and requires maintenance of mechanical ventilation until cardiac arrest in cases of religious or conscientious objection to BD. In deference to the religious diversity of its population, New York State law includes a "reasonable accommodation" clause, while still permitting determination of death by BD criteria. The extent and nature of this accommodative period are generally left to the discretion of individual institutions. Whatever accommodation occurs, a delay in the final pronouncement of death ensues and with it a delay in the support that Jewish tradition provides to the bereaved. Jewish tradition embraces cultural and psychological mechanisms to help families cope with death and mourning through quick separation from the corpse, and a gradual process of transition (burial, Shiva, Shloshim, first year of mourning) that includes closure, acceptance, support for mourners, commemoration, faith in afterlife and ultimate resurrection

(amongst Orthodox Jews), and affirmation of life for the survivors. Beyond the merits of BD determinations, we argue that open-ended legal accommodations may impede this support by depriving grieving families of the deep psychological wisdom that informs these Jewish traditions. Remedies may include setting institutional or legal time limits on deferred testing, policies that eschew both escalation of life sustaining interventions and their unilateral withdrawal, and prospective consultation with rabbinical authorities in order to better meet the needs of dying patients and bereaved families.

WHEN YOU SAY "THEY ARE GOING TO KILL ME" – WHAT DO YOU MEAN?

Roni Gagoin, Neta HaGani, Zeev Weiner
Rambam Health Care Campus, Israel
r_gagoin@rambam.health.gov.il

In 2013 there were 266 pregnancy terminations after week 23. The high rate of women from traditional societies who turn to late termination is on the rise and that reflects the social changes these societies are facing. It also reflects the fear and denial these women are feeling. Pregnancy outside of marriage is considered as a disgrace among traditional societies and may lead to life threats. According to the media, since the beginning of the year 14 women were killed in Israel due to "family honor".

The special committee for pregnancy termination discusses applications for late terminations (above week 24). Due to their inability to include social circumstances in their decision making process, members of the committee are often dealing with difficult ethical dilemmas like: reports on life threats, regulations vs. cultural norms, requests to write a discharge letter ignoring the procedure in order to avoid life threats etc..

There is a need for more knowledge and training that will allow a more efficient treatment for women under life threat. Systematic decision making process will minimize the influence of personal values. Creating a protocol according to point-based system and considering both medical and social-cultural factors will assist the committee to be more objective and consistent. Building a discussion forum of religious and social services, health and bio-ethics professionals in order to bridge the gaps between the cultural codes and individual choice. Because there is no alternative for these women.

The issue will be presented by qualitative interviews and case studies.

BIOETHICS AND THE HOLOCAUST: REFLECTING ON THE PAST TO PROTECT THE FUTURE

Stacy Gallin
Maimonides Institute for Medicine, Ethics and the Holocaust, USA
sgallin@mimeh.org

This presentation will focus on the abrogation of biomedical ethics in World War II Germany, demonstrating how the Holocaust is a unique example of medically sanctioned genocide. The biomedical ethical considerations brought to light as a result of the alliance between medicine and politics remain relevant for current medical and scientific practice, healthcare policy, and human rights endeavors. Eugenics, disability studies, beginning and end of life care and human subject experimentation are all topics that are vital to the history as well as the future of bioethics. In fact, the foundations of almost all of our current bioethical debates can be traced back to the Holocaust. Understanding the pivotal role played by science and medicine in the labeling, persecution, and eventual mass murder of those deemed "unfit" is essential to preventing other instances of human rights abuses in modern society. The concept of human dignity as it pertains to the principles and codes of ethics developed to serve as guidelines in a post Holocaust society is an essential component for examining bioethical debates historically and in present day.

BENEFITS AND CHALLENGES OF A BIOETHICIST PROACTIVELY ROUNDING IN AN ONCOLOGIC INTENSIVE CARE UNIT

Colleen Gallagher, Kristen Price
University of Texas MD Anderson Cancer Center, USA
cmgallagher@mdanderson.org

Multidisciplinary care teams form the foundation for the delivery of safe, evidence based Critical Care in the Intensive Care Unit (ICU). Studies show that daily rounds with a high functioning team comprised of intensivists, respiratory therapists, nurses, pharmacists, nutritionists and case managers are associated with lower mortality compared to services without multidisciplinary rounding. Clinical ethicists, social workers and chaplains usually do not participate in these daily rounds but are available to the care team as needed. Oncologic Critical Care poses unique challenges for both providers and patients. Nearly a third of the clinical ethics consultations at a large oncology hospital take place for patients who are in the ICU. There are distinct benefits of the ethicist participating in rounds. Helping avoid disruptions due to moral hazards, reduce likelihood of moral distress for some members of the healthcare team, modeling ethical discourse in patient care, interjecting for educational purposes, responding to ethically relevant questions or comments and responding to formal consultation requests to name a few. There are also challenges such as how to know if what the ethicist has recommended is considered an ethics intervention, when to write an ethics note, lack of continuity of the ICU team members, and what is obvious to the ethicist may not be as clear to the medical team.

A critical care physician and an ethicist will discuss their experiences with proactive rounding by the ethics team with the clinical team.

TRANSNATIONAL POLICY MIGRATION, INTERDISCIPLINARY POLICY TRANSFER AND DECOLONIZATION: TRACING THE PATTERNS OF RESEARCH ETHICS REGULATION IN TAIWAN

Zhen-Rong Gan¹, Mark Israel²
¹ National Cheng Kung University, Taiwan
² Australasian Human Research Ethics Consultancy Services, Australia
ganrrec@mail.ncku.edu.tw

Research ethics regulation has often developed in the face of biomedical scandal. More recently, developing and recently developed countries have had additional reasons to regulate, doing so to attract international clinical trials and American research funding, publish in international journals, or to respond to broader social changes.

In Taiwan, biomedical research ethics policy based on 'principlism' and committee-based review were imported from the United States. Professionalisation of research ethics displaced other longer-standing ways of conceiving ethics connected with Taiwanese cultural traditions. Subsequently, the model and its discursive practices were extended to other disciplines. Regulation was also shaped by decolonizing discourses associated with asserting Indigenous peoples' rights.

Locating research ethics regulation within the language and practices of public policy formation and transfer as well as decolonization, allows analysis to move beyond the self-referential and attend to the social, economic and political context within which regulation operates.

A STUDY OF AWARENESS AND KNOWLEDGE ABOUT MENSTRUAL HEALTH AND HYGIENE AMONGST ADOLESCENT GIRLS

Seherish Gangani
Dr. D.Y. Patil Medical College, India
seherishgangani@gmail.com

In India, only 55% of adolescent girls consider menstruation to be a natural and normal physiological process. Menstruation is bound by socio-cultural restrictions and taboos causing adolescent girls to be ignorant to scientific facts and hygienic menstrual practices. Adolescents, generally, are not even educated about the normal physiology of menstruation, let alone the consequences of administering contaminated sanitary napkins and tampons amongst various other unhygienic menstrual practices. The aetiology of the problem at hand lies within the fact that menstruation in India is attached with a stigma that it is unsanitary. Lack of knowledge has further alleviated the silence surrounding the topic leading to desolation of these adolescents from society. Due to this reason, they also suffer from mental illness apart from their physical ailments.

This study aims to find pre-existing awareness and knowledge regarding menstrual physiology and the adoption of hygienic menstrual practices. A cross-sectional, observational study of 250 girls within the age group of 12 to 16 years has been conducted. A pre-designed questionnaire was given to them after taking their assent along with approval from the ethics committee. Statistical analysis is in progress.

This study will reveal status of awareness and knowledge about menstrual hygiene in a conservative society like India. It also hopes to throw light upon the need of sessions about menstrual health and hygiene in schools and the community for adolescent girls in order to eradicate the stigma surrounding it by imparting knowledge.

WELLBEING OF MIGRANTS AND ETHICAL RESPONSIBILITIES MIGRATION POLICIES

Belachew Gebrewold
Management Center Innsbruck, University of Applied Sciences, Austria
belachew.gebrowold@mci.edu

The current migration policies of the EU focus primarily on the so-called root causes of migration. This discourse is mainly oriented towards prevention of immigration into the EU, whereas the ethical aspects of immigration are neglected.

In this paper, I highlight that there are at least three fundamental ethical problems in the EU's migration policy, which focuses on "root causes" of migration (poverty, conflicts and environmental destruction) and on how to prevent. First, the policy priorities of the European side and those of the sending countries are incompatible. The European approach is a prevention oriented migration policy, whereas for the sending countries emigration is not a policy priority. Second, as various studies show the "root causes" are not main drivers of migration and refugees. As some country-specific comparative data in the past decade show, the alleged root causes have been rather improving instead of worsening while migration has increased. Third, the European policy to increase development aid in order to decrease immigration would rather increase emigration in the countries of origin in short and middle terms. Three important policy suggestions of the paper are: first, the receiving countries and employers have ethical responsibility to protect the vulnerable ones. Second, the root causes discourse should include corporate social responsibility and global responsible management. Third, the global net benefit of well-managed migration is at least as important as development aid and global trade. However, any management of immigration should not ignore the human rights and ethical responsibilities of politicians, decision makers and those who deal with migrants in general.

MISSING PERSONS – THE RIGHT OF FAMILIES TO KNOW THE FATE OF RELATIVES

Arsim Gerxhaliu¹, Vjollca Kroqi-Gerxhaliu²

¹ Forensic Institute, Kosovo

² Law Office, Kosovo

arsim.gerxhaliu@rks.gov.net

The History of Kosovo does not have many differences from that of Balkans. It is known that Balkan is a small part of Europe which is divided into many countries. The similarities between Balkan (combined of two words, Bal and Kan, meaning Honey and Blood) Peninsula and Kosovo, come as a result of permanent wars for the last 600 years.

As a consequence of the war in Kosovo during 1998-1999 around 170,000 Albanians were fired from their jobs, around 250,000 citizens left Kosovo and more than 20,000 citizens were arrested and accused. In addition, during that time the Serbian police forces increased four times more in Kosovo.

After the war was over, there were more than 6500 missing. Families of missing persons have the right to know the fate of their missing family members and relatives, and their place of temporary residence, or even their corpses. Families of missing persons were demanding and still continue to demand information about the circumstances and causes of death, location of burial, if such location is known, and of course, to receive the mortal remains.

The purposes of Law on Missing Persons, No. 04/L- 023, is to protect the rights and interests of missing persons and their family members, and according to this law they have the right to know the fate of missing persons, which were reported missing during the war time in Kosovo 1998-1999.

Due to this day, 1658 people remain missing, whose fate is not known yet.

Despite the legal obligation we have towards families of missing persons, we as institution, but in the first place we as humans, also feel a moral obligation towards them, which is the reason why we try to make the utmost effort to find the missing persons, return them home, in order for families to have a grave to visit.

THE DOCTOR, A PATIENT HIMSELF: A STUDY OF PREVALENCE AND SYMPTOMS OF DEPRESSION AMONG MEDICAL STUDENTS

Anushka Ghosal, Shubhangi Anand

Dr. D. Y. Patil Medical College, India

anushka.ghosal17@gmail.com

Average Indian doctors live 10 years lesser than the general population. Isn't it ironic how a doctor whose primary concern is to take care of the well-being of his patient is negligent towards his own? A report published in Indian Journal of Psychiatry states that about 30% of doctors in India are suffering from depression and 17% have contemplated suicide.

In a country with a population of 1.33 billion people, doctor to patient ratio at 0.62:1000, as compared to developed countries like USA at 2.3:1000, is alarming because doctors are forced to interact with more than desired patients disabling them from giving sufficient time to each. Most are caught up in a viscous cycle of dissatisfaction, persistent stress, burn out and addiction. This adversely affects them psychologically leading to depressive symptoms. What makes it all worse is that medicine is a profession in which even admitting a problem by a doctor carries a stigma.

The purpose of this study is to establish prevalence of depression and associated symptoms among 100 undergraduates medical students and 100 resident doctors of postgraduate courses after procuring written consent and taking permission from the ethics committee. This survey includes Patient Questionnaire-9, Cohen's Perceived Stress Scale and Maslach Burnout Inventory. Statistical Analysis is done using Epi Info.

This study will reveal prevalence of depression and early diagnosis, which will be helpful for management. We will organise awareness

and prevention sessions for medical students through life skills education and healthy lifestyle.

POSITIVE AND NEGATIVE ASPECTS IN EVERY DAY WORKING LIFE IN HEALTH CARE PROFESSIONALS DEALING WITH BIOETHICAL ISSUES

Anna Giardini¹, Ines Giorgi¹, Piergiorgio Argentero², Ilaria Setti², Marina Maffoni², Przemyslaw Kardas³, Marta Kurczewska-Michalak³, Anto Čartolovni⁴, Julia Hynes⁵, Francisca Rêgo⁶

¹ Istituti Clinici Scientifici Maugeri IRCCS, Italy

² Department of Brain and Behavioral Sciences, Italy

³ Medical University of Lodz, Poland

⁴ Universitas Studiorum Catholica Croatica, Croatia

⁵ Medical Ethics and Law Lead / SSC & Research Projects Lead, Cyprus

⁶ Faculdade de Medicina, Portugal

anna.giardini@icsmaugeri.it

Burnout and distress are well known in health care professionals. However, only recently literature has focused on positive and protective factors also modulating the relationship between the health care professional and her/his job. To date, little is known about these aspects related with end of life and bioethical issues in everyday working life. Aim of this study is to assess variables that impact on professionals dealing with end of life and bioethics issues, by quantitative and qualitative methods.

Methods The observational international cross-sectional study will be conducted with a mixed methodology (quantitative and qualitative approaches). Participants: health care professionals working in private or public Institutions. For the quantitative part of the study, the following (free of charge and without copyright) instruments will be administered: SMILE - Schedule for Meaning in Life Evaluation; PANAS - Positive Affect and Negative Affect Scale; IANUS - itAliaN cardiologist's Undetected distress; Maugeri Stress Index; LOT-R - Life Orientation Test Revised; MDS-R - Moral Distress Scale-Revised. Moreover, a tool purposely designed for this study will be constructed according to literature suggestions. It will assess job related bioethical issues.

For the qualitative part of the study, a semi-structured interview will be constructed according literature suggestions on the same constructs assessed by the instruments cited above and on the bases of Grounded Theory qualitative approach.

Expected results This project could shed light on wellness and distress related to end-of-life and bioethical issues faced in working life by health care professionals, considering not only risk factors but also protective and positive ones.

PATIENT-CENTERED MEDICAL CARE: IS THE PENDULUM STILL SWAYING?

Tamar Gidron

Zefat Academic College, Israel

tgidron@netvision.net.il

Over the last few decades we have witnessed a huge change in the delicate interplay between law and medicine. Modern society has undergone numerous cultural, social and technological developments, which have enhanced a new perception of patient-doctor relationships. Israeli case law- like many others- was fast in employing new norms, values, rights and legal duties that rapidly widened the scope of the legal responsibility of researchers and practitioners in medical care. This, in turn, produced undesirable consequences, mainly defensive and expensive medical care, tension between patients and healthcare suppliers and even unethical and unreasonable medical conducts. The efforts to promote patients' rights and supply favorable legal regime backfired.

Yet, beside the medical negative consequences of the vast expansion of legal responsibility imposed on medical research and practice, we currently observe yet an additional adverse reaction, now in the legal arena.

In this paper I shall show what I identify as a start of a re-consideration of tort liability of the medical community on the part the Israeli Supreme Court.

The patient -centered approach is still the common dominant theme in most cases. It still enjoys clear and almost overall supremacy. The system is still clearly plaintiff friendly. But the pendulum started swaying again. More often than before the court will be open to opposite arguments and adopt different concepts. This is true at least in circumstances that allow the court to re-think the limits of autonomy, to re-consider factual causation, or even re-assess the almost sacred reasonable patient's standard and allow reasonable medical-standards and/ or medical management protocol to penetrate the well-defined set of pro-plaintiff considerations. Only time will tell if the pendulum will keep swaying. I think it should.

INFORMED CONSENT CLAIMS AGAINST DOCTORS: SHOULD PATIENTS' RELIGIOUS BACKGROUND MATTER?

Roy Gilbar
Netanya Academic College, Israel
roygilbar@gmail.com

One type of claims patients bring against their doctors relates to informed consent. The essence of these claims is that doctors must provide relevant information which can help patients to make informed decisions.

In determining the fate of these claims, the court in Israel and the UK follow the reasonable patient test which imposes a duty on doctors to provide information any reasonable patient in the particular circumstances of the case would have wanted to receive. However, this test may not respect the autonomy of the particular patient whose informational needs may not reflect the needs of the "reasonable" patient.

In several claims brought by parents of children who were born with Down's syndrome, the parents argued that the doctors did not ask them about their religious background. Had they done so, the parents argued, the doctors would have provided them information on available medical examinations which are not offered to most patients. The parents would have then undergone these examinations which would have led the doctors to make a timely diagnosis and enable the mother to undergo termination of pregnancy. However, the courts dismissed the parents' claims, holding that doctors are under no duty to find out the patients' religious background.

The purpose of this paper is to examine the courts' reasoning and to argue that doctors should ask patients about the religious beliefs which are relevant to the medical situation. Ultimately, it is argued that the law should replace the reasonable patient test with the particular patient test.

PSYCHIC TRANSMISSION AMONG GENERATIONS AND WAR TRAUMAS

Ines Giorgi¹, Giuliana Maria Ronchi², Marco Francesconi²,
Daniela Scotto di Fasano³, Yolanda Gampel⁴

¹ *ICS Maugeri SpA SB Istituto di Pavia IRCCS, Italy*

² *University of Pavia, Italy*

³ *SPI and IPA member, Italy*

⁴ *Sackler Medical School Tel Aviv University, Israel*

ines.giorgi@icsmaugeri.it

This study examined several theories about the passage of psychic material between generations, starting from Freud with his remarks on heredity.

Studies of various authors on the transmission were analysed and the unconscious intrapsychic determinism and the silent and unconscious transmission of psychic material were examined; particular attention was given to the transmission of the trauma and to the consequences that this passage has on the children of the traumatized, of ghosts of ancestors and secrets handed down.

The study eventually focused on an interview with Yolanda Gampel, which dealt with the transmission of war traumas. Traumas remain in the body and spirit of Holocaust survivors, just like any victim of social violence.

In explaining how and why these traumas are transmitted to their descendants, Gampel elaborates the concept of "radioactive transmission", a metaphor on the terrible aggressions on the victims of the Shoah, which are also passed on to their children. The psychoanalyst tells of her long research on these survivors, to understand how they could cope with those inhumane situations; her goal was to rehabilitate these people, enabling them to talk about the horrors they lived and on which they had always kept total silence.

Because the purpose of therapy is to dissolve the traumatic nodes giving voice to the victims and the trauma that silences them.

The psychic transmission is not a phenomenon that can be arrested, but through the word, the story, the memory, its damage can be limited.

HUMAN ENHANCEMENT AS A SERVICE: CONTINENTAL CIVIL LAW PERSPECTIVE

Andrzej Girdwoyń
University of Warsaw, Poland
andrzej.girdwoyn@uw.edu.pl

A growing body of research suggest that some pharmacological substances may significantly improve some aspects of cognitive performance in healthy individuals. The technical possibility of enhancing human cognitive capacities raises many medical, ethical and legal questions. In the ongoing debates, the issue of personal autonomy of the enhanced subject plays a significant role. Some thinkers recognize the right of a person to enhance her cognitive capacities as a fundamental right, or even as a duty towards the society. As cognitive enhancement is usually achieved by the usage of nootropic drugs, the right of a person to enhance may be executed by receiving a prescription from a doctor and purchasing the drug. Such a concept of the right to enhance seems compatible with the autonomy-focused perspective of continental civil law. However, this issue requires a more detailed analysis. What has to be pointed out, the medical research does not provide sufficiently clear and favourable evidence to recommend the use of modafinil. What is more, some studies suggest that modafinil cognitive benefits are much more limited than previously expected. The aim of the presentation is to answer the question whether the individual's right to purchase nootropics with clinically unproven efficacy might interfere with the doctor's duty to act in the best interest of a patient. What shall be analysed in particular is the issue whether the doctor's duty to act only in accordance with the current medical knowledge shall always prevail over the contractual freedom of a patient-consumer.

POSTPARTUM DEPRESSION AMONG MODERN WOMEN LIVING IN A TRADITIONAL SOCIETY

Emad Gith
Sakhnin College, Israel
emadgith@gmail.com

The research on postpartum depression (PPD) among Arab women is scant. The existent literature has pointed to several risk factors. The purpose of the present project is to explore the potential impact of the hitherto unstudied factors of level of modernism/traditionalism and the quality of relationship communication with the spouse. This study included 1202 participants of different levels of modernism, on the spectrum between modernity and tradition. The finding showed that 15.2% of the participants suffered from PPD. Modern women suffered from PPD more than their traditional peers. Traditional women who had problematic relationship communication with their spouses suffered less PPD, whereas a problematic spousal relationship communication with the spouse did not have an impact on PPD among the modern women. Traditional orientation serves as a resilience factor which decreases the risk for PPD. It is recommended to design

and implement a training program for the clinical staff to raise awareness to detecting women at high risk for PPD. It is also recommended to offer marital counselling for couples who experience problematic relationship communication.

HUMAN DIGNITY AND ETHICS OF SOCIAL CONSEQUENCES

Vasil Gluchman
UNESCO Chair in Bioethics, University of Prešov, Slovakia
gluchman@unipo.sk

Unlike the critics, I am not of the opinion that the term 'human dignity' can be replaced by the term 'respect' towards a person and his/her autonomy, since this reduces the meaning of the value of human dignity to mere functional dimension of human existence and it, to a certain extent, comes near to what Alasdair Cochrane criticised with regard to understanding dignity as species integrity, or dignified existence of man.

Instead of the static (conservative), or, functional, model of human dignity, which is the subject of a number of justified critical viewpoints and stipulations, I am offering a dynamic model of perceiving human dignity based on an intersection of values of humaneness, human dignity, moral right (to life) and positive (social) consequences.

I accept that fundamentally dignity is a concept that we use to describe an aggregate of values and qualities of someone or something that deserve esteem and respect. The primary value that creates the right to have dignity is life. The degree of dignity according to a particular life form depends on its place in the evolutionary scale. Human beings are the highest form of life so they possess the highest degree of dignity. Such an understanding of the value of dignity, including human dignity, represents in its basic definition a form or manifestation of moral biocentrism. However, it certainly does not mean a devaluation of the value of dignity, including human dignity. On the contrary, it broadens its scope, so that it extends also beyond the category of humankind.

Dictatorships Reflect Societal Faultline?

Digvijay Goel
Southland Hospital, New Zealand
digvijay.goel@southerndhb.govt.nz

Background: Dictatorships afflict nations across the world, randomly, from Pakistan to Greece. What renders these diverse countries vulnerable to despotic rule? The issues involved are complex and merit interrogation from sociological and psychological perspectives.

Purpose: To examine the proposition that societal faultlines may have contributed to the divergent trajectories followed by India, a vibrant democracy, and Pakistan, chronically under military rule, following their creation in 1947, despite their common ethnic, cultural and political heritage.

Methods: Using the case study method, the presentation examines historical evidence to identify the causes underpinning this dichotomy.

Results: The roots of military dictatorships in Pakistan may be traced back to extreme fundamentalist ideological heritage dating back to the early 18th century, eventually culminating in the Pakistan resolution passed in March 1940 at the Lahore session of the Muslim League. Pakistan embarked on the path of Islamic Wahabi fundamentalism, culminating in the Islamization of the nation state and its military, paving the way for dictatorship.

Conclusions: Dictatorships mirror deeply entrenched, complex societal faultlines which, given a fateful combination of social, economic and political factors, emasculate and swallow democratic institutions. Nations need to look back into their collective historical unconscious to identify and deal with these critical issues if history is not to repeat itself, even as they struggle with macro level mental health issues related to the radicalisation of 2nd generation immigrants ('home grown terrorism') and the almost inevitable backlash from extreme right. Research is required to identify possible preventive mental health interventions and educational strategies.

THE UNIQUE ROLE OF AN ADVISORY ETHICS COMMITTEE IN A HEALTHCARE SERVICE ORGANIZATION

Ofra Golan, Itzhak Katzir
Maccabi Healthcare Services, Israel
ofragolan6@gmail.com

The major component of the ethics array in Maccabi Health Services is the advisory ethics committee, established in 2003 to assist the senior management in dealing with ethical aspects pertaining to policy issues. The committee is multi-disciplinary, and includes community representatives.

Many diverse topics have been presented to the ethics committee, relating to the variety of areas and layers of the organization's activity. Over the years, the committee has dealt with issues relating to Maccabi's policy on the macro level, such as access authorization to patients' medical records, prescription approval, the use of quality measures, as well as organizational ethics issues such as bureaucracy. Furthermore, the committee has dealt with issues regarding the doctor-patient relationship, and relationships within the team, which required guidelines at the micro level of the healthcare professional in the field.

Some topics are referred to the committee to discuss ethical aspects of a plan or a new policy (e.g. prescribing policy for generic prescription drugs, or application of telehealth services). Other issues are raised when there is a need to create or to change guidelines relating to the routine management of the health services, such as patient confidentiality or end of life issues.

The statements and recommendations of the committee differ from similar policy statements made by ethics committees of healthcare professionals' forums in that that the committee relates to each issue at the system level, as well as the ethical aspects affecting the practitioner and his/her relations with the patient.

WHO DESERVES TO BE A PARENT? ETHICAL ASPECT OF THE RIGHT TO PARENTHOOD ASSISTED BY FERTILITY TECHNOLOGIES

Orit Golan
Max Stern Academic College of Yezreel Valley, Israel
ch.golan.orit@gmail.com

Over a relatively short time fertilization has changed from an intimate, couple process into a process involving the medical and legal system, and has thus awakened lively debate in the public sphere. The cost of using artificial fertility technologies is very high, and therefore a state's public policy regarding funding or subsidization of their use directly and dramatically influences the possibility of their use. Hence, state financing of fertility treatments comprises an ethical and social issue of the highest order, which affects all developed countries with technological means in this area. However, despite the lively debate on this issue, there is currently no literature available that supports public financing of fertility treatments in ethical terms. The prevailing approach in bio-ethical literature is one which recognizes and supports the negative right to parenthood, meaning recognition of an existing interest in fulfillment of parenthood, which imposes an obligation on the state not to intervene in its realization. The purpose of this lecture is to offer an expanded approach, namely, an ethical approach that supports citizens' right to aid and/or government assistance in realizing their right to parenthood, under certain conditions. Based on recognition of this right as a positive right, and in light of the extent of this right, which naturally has to be limited, finally I would like to offer offers criteria for realization of the right to parenthood.

ETHICS IN DENMARK

Henri Goldstein
Danish Society of Clinical Ethics, Denmark
 goldstein@dadlnet.dk

The Danes deal with bioethics on various levels. This paper will deal with 3 levels rather well defined: The political level, the bioethic committees regarding science/trials and the hospital level which means the level with bedside, practically used ethics for physicians, nurses, midwives etc.

The Ethical Council: This council comprises 17 members elected by the parliament and the government. It discusses and summarizes various ethical questions given either by the parliament, the government or by the council itself. It has a rather heavy production of books, brochures and educational material. The daily press covers the work and conclusions of the council.

Ethical scientific committees: Denmark consists of 5 regions and each have an ethical committee which comprises both lay persons and scientific active researchers. The members are all appointed by the regional council, which is elected by the population every 4 years. All bioethical research protocols have to pass this committee in order to be started. If there is a disagreement between the members, the National ethic committee decides whether the trial can be performed. Hospital ethic committees: The first committee was formed by the author in 2001 at a University Hospital close to Copenhagen. Today each hospital should have a committee comprising various professions and for some hospitals also representatives of the patients. These committees deal with practically ethical questions from the departments of the current hospital. The committee has no real power to decide regarding medical treatment.

STUDY ON THE MODE OF "NANPING SOLUTION" OF MEDICAL DISPUTES

Xuanmin Gong
Nanping City Association of Medical Dispute Mediation, China
 18960608699@163.com

The Chinese government attaches high importance to the medical dispute prevention and mediation work and more than 3000 medical dispute mediation committees have been established in China. Their medical dispute mediation modes are in many different ways, however, such modes have the major defects on the function of prevention, and their common character is that the mediation function starts after the occurrence of medical disputes and therefore the effects are limited. Adhering to the principle of "prevent first, find in early-stage and manage in the small", Nanping City Medical Dispute Mediation Center has innovated the unique working mechanism with the combination of prevention publicity, scene management and legal mediation. Adhering to the principle of "prevent first, find in early-stage and manage in the small", Nanping City Medical Dispute Mediation Center has innovated the unique working mechanism with the combination of prevention publicity, scene management and legal mediation. In despite of the rising numbers of medical dispute cases throughout the country, the medical dispute cases in Nanping have decreased year by year. For three consecutive years, only about 130 cases of medical disputes occurred yearly in ten counties, cities and districts of Nanping and the management effects of medical disputes have been the best in China.

PARENTAL RIGHTS, BEST INTERESTS AND SIGNIFICANT HARM: MEDICAL DECISION-MAKING ON BEHALF OF CHILDREN POST-GREAT ORMOND STREET HOSPITAL v. YATES [2017]

Imogen Goold, Cressida Auckland
University of Oxford, UK
 imogen.goold@law.ox.ac.uk

Who should have the ultimate say over a child's medical treatment? Gard and Yates argued that in cases where there is a choice of treatments, parents should be the final arbiter of a child's medical care unless their decision puts the child at risk of significant harm. Both the Court of Appeal and the Supreme Court rejected this argument, affirming their authority to intervene in any parental decisions where a child's welfare is affected and reiterating that the decision must be taken in the child's best interests. We argue that they (like many courts before them) wrongly elided the question of when the court should intervene with that of how an intervening court should make decisions, (namely in the child's best interests). We argue that the courts need to offer more justification for the current low threshold for intervention and consider whether some medical decisions should be reserved to parents. We argue for a shift to a harm threshold approach for judicial intervention.

MAIDEN VOYAGE – ASSISTANCE IN DYING IN CANADA

Michael Gordon
Baycrest Health Sciences/University of Toronto, Canada
 m.gordon@baycrest.org

MAID is the Canadian term for assistance in dying – rather than Physician Assisted Suicide or Euthanasia is used in other jurisdictions in which this practice in one form or another is legalized. The history of MAID in Canada follows in the historical and developmental and implementation steps that occurred elsewhere with the specific nuances and attributes of Canadian culture and the desire by the government and those that helped develop the process to make it suitable for Canadian Society – having drawn on the experience and processes from other jurisdictions. Its history is not unlike that in other jurisdictions with aborted attempts of a period of over a decade and in the meanwhile changes in public sensibilities and opinions which resulted in a reversal of a Supreme Court Ruling that mandated that the Federal Government should lay out the legislative framework for the new law which allowed for MAID as each province explored and developed their own operational approaches that fulfilled federal law within the mandate of provincial health care delivery in which in health care sites in Canada.

The presentation will focus on the history of assistance in dying and the professional and ethical framework in which it gradually took hold in the western world, and the process within Canada that it went from rejection to acceptance. The current challenges with its implementation and the response of the public and health care professions and their regulatory bodies will be reviewed as well.

CONFLICTS IN CONFIDENTIALITY: ETHICAL DILEMMAS IN FAMILY & MARITAL THERAPY

Daniel Gottlieb
Shinui: The Israel Institute for Family and Systemic Studies, Israel
 dgottlieb@netvision.net.il

The promise of confidentiality is a cornerstone upon which all psychotherapy rests and is what allows them to confide in the therapist their inner most feelings in hope of resolving conflicts...the ethical dictate of maintaining confidentiality emanates from the overarching ethical principle Beneficence – doing good. However, in ethical thought, there is another principle of a higher order, that of doing no harm – Primum non nocere. In ordinary psychotherapy, rarely does a conflict arise between these two overarching principles.

However, in multi-person therapies, such as family and couples therapy, the therapist may find himself duty-bound to two or more parties with conflicting interests – an act of beneficence to one may be perceived as harming the other. This presentation will focus on analyzing such dilemma in ordinary marital and family therapy as well as the more esoteric question of confidentiality after death.

SURGEONS' BELIEFS REGARDING INTRA-OPERATIVE PARTICIPATION OF TRAINEES AND ITS EXPLANATION WHEN GAINING INFORMED CONSENT IN A PAEDIATRIC SETTING: A QUALITATIVE STUDY

Samuel Grant¹, Justin Chang², Kunal Bhanot², Mark Camp³

¹ East Lancashire Hospitals NHS Trust, UK

² University of Toronto, Canada

³ Sick Kids Hospital, Canada

samuel.grant@nhs.net

Background: The process of gaining informed consent can be a complex and much debated pursuit, especially within a paediatric setting. The role of the trainee surgeon and its explanation to children and their families prior to an operation has not been explored from the staff surgeons' point of view.

Methods: Nine face-to-face semi-structured interviews were conducted with staff surgeons at a tertiary level paediatric hospital in Toronto, Canada. These were transcribed and subsequently thematically coded by 3 reviewers.

Result: There were four main themes highlighted. 1) Staff surgeons allow residents a gradually increasing level of autonomy dependent on their level of skill and training. 2) Degree of supervision can be dependent on the setting and complexity of an operation. 3) Surgeons are generally unwilling to withdraw or reduce trainee involvement based on patient/family preference, as they recognise their responsibility in training future surgeons. 4) Surgeons do not explicitly inform patients about the involvement of trainees in operations as they feel families don't have a good understanding of the intricacies of the training process.

Conclusion: Staff surgeons feel there is a need to protect opportunities for trainees to participate intra-operatively, despite the potential impact upon patient autonomy pertaining to who is involved in their operation. Surgeons' views regarding a lack of understanding amongst families about the training process suggest that enhanced patient education may provide the platform for a more thorough and patient-centred approach to gaining informed consent.

SOCIOLOGY TO IMPROVE BURNED PATIENT CARE

Camille Gravelier, Henry Coudane, Gisèle Kanny, Laetitia Goffinet, Ingrid Volery, Jane Laure Danan, Bernard Kabuth, Jean Pierre Kahn, Martine Batt, Laurent Martrille, Alain Trognon, Joëlle Lighezzolo
Lorraine University, France
camille.gravelier@univ-lorraine.fr

Introduction: Several studies showed quality of life modifications for burned patients with visible zones (face, scalp, hand, arm, neck) after traumatism. Difficulties and anxiety in social situation are frequently reported by those patients with blind spots in after care process (Christiaens, et al. 2015).

Aim of the study: To determine burned patients' expectations and to improve burn care.

Methods: A prospective qualitative study takes place in Metz Regional Hospital (France). The verbatim of 31 semi-managed sociological interviews of burned patients with visible zones is analysed in order to identify the recurring themes in patients' speeches. Interviews are performed from November 2014 till May 2015 within the framework of the systematic surveillance of the serious burned patients.

Results: Burn injuries induce a different social impact according to patients' sociological status: experience of the aesthetic, functional damage, the handicap acceptance. The study shows three types of patient's profiles from which the real-life experience of the disease is different: the disabled, the resilient and the phoenix ones. These

profiles must be considered to make sure of the efficiency of the follow-up and their social reintegration.

Conclusions: Burned injuries care must be adapted to the real-life experience of the patient by taking into account highlighted profiles.

ATTITUDES OF SLOVENE PAEDIATRIC NURSES TO END-OF-LIFE CARE

Stefan Grosek¹, Alenka Zvikart¹, Miha Orazem², Urh Groselj^{1,3}, Vanja Erculj⁴

¹ University Medical Centre Ljubljana, Slovenia

² Institute of Oncology Ljubljana, Slovenia

³ University Children's Hospital, Slovenia

⁴ RhoSigma Research & Statistics, Slovenia

stefan.grosek@kclj.si

Aims: The aims of this study were to assess the attitudes of Slovene paediatric nurses to ethical aspects of end-of-life (EOL) care.

Methods: We performed a cross-sectional survey, using a specifically designed anonymous questionnaire.

Results: We included 235 Slovene nurses (96.6% females), the average age 37.9 years of age, and 17.2 years of service. The decision to limit life-sustaining treatment (LST) was found to be ethically acceptable in 70.4% of respondents. The highest level of agreement was found in nurses working in paediatric intensive care units and paediatric wards (75.4%; 77.8%), compared to nurses working in medical clinics (59.6%) ($P < 0.001$). Disagreement with termination of hydration was highest among nurses in intensive care units (82.9%), compared to nurses working in the wards and medical clinics (71.9%, 78.7%); ($P = NS$). Patient's autonomous decision, patient's best interest, and good clinical practice were recognised as the three most important aspects of the EOL care, while religious beliefs of physicians, financial constraints, and availability of beds in the intensive care unit were the least important.

Over 60% of nurses (62.1%) did not know who was the president of their hospital's ethics committee and 9.9% believed that ethics committees was not present in their institution.

Conclusions: The decisions to limit LST were found to be ethically acceptable for the majority of Slovene nurses. However, significant differences in the attitudes towards the EOL care were found among paediatric nurses working in the paediatric intensive care units and wards compared to nurses working in medical clinics.

THE PERCEPTION OF ETHICS REVIEW COMMITTEES FROM WITHIN: STUDIES PROPOSED BY LOCAL HOSPITAL PROFESSIONALS

Vincenzo Guardabasso
University of Catania, Italy
vguardabasso@arnasgaribaldi.it

A limited observation of a local Ethics Review Committee (ERC) indicated that the quality of submitted studies, and the perception of ERC review, might be different in locally originated clinical studies.

ERCs in Italy have, so far, a duty to evaluate all study protocols, even when, in multicentre studies, a primary approval has been granted by the pertaining ERC of the coordinating centre. Our ERC, encompassing a National-level (tertiary care) hospital and three local Health Administrations, including 50 community hospitals, in 2016 received 128 protocols for evaluation.

Most submitted studies (116/128, 91%) originated from industrial sponsors or non-profit organizations; several studies were proposed by local researchers (9%). We observed that 58% of local studies were asked for clarifications or revisions, as opposed to 25% of other studies.

In addition, a qualitative evaluation appreciated that locally generated studies sometimes lacked a clear structure in terms of objectives and endpoints, aiming at generically "studying" some pathophysiological process. This was especially true for studies not involving drug development or appraisal, but rather aimed at studying processes with or without administration of external substances. In these cases, some

difficulty in communicating the meaning of ECR review was tangible. A qualitative impression was that the ERC was sometimes perceived as a group of people whose purpose is obstructing the advancement of medicine.

Two interventions are proposed:

- improving teaching in medical professions, integrating clinical methodology with concepts of clinical research, patient privacy and ethics.
- supporting ERCs with some consulting about inter-professional communication.

THE HUMAN RIGHT TO HEALTH AND THE ROLE OF MINIMUM CORE OBLIGATIONS

Martin Gunderson
Macalester College, USA
gunderson@macalester.edu

Article 12 of the International Covenant on Economic, Social and Cultural Rights provides for a human right to the "highest attainable standard of physical and mental health". The Committee on Economic, Social and Cultural Rights has interpreted this in General Comment 14 to include state minimum core obligations that are global and not relative to state resources. Notwithstanding objections by various scholars, I defend this aspect of General Comment 14. My argument is based on a principle of equal respect built into the concept of human rights. This principle requires the minimum core obligations of the human right to health to be the same for all humans and not relative to the resources of individual states. The argument has two important implications. First, human rights must be feasible, and the feasibility of the human right to health requires the existence of international institutions with the legal authority to enforce transfers of resources from high-income to low-income states as needed to meet minimum core obligations. Second, the human right to health should not be understood as obligating individual states to progressively realize a standard of health higher than that required by global minimum core obligations and certainly not the highest attainable standard of physical and mental health. High-income states have good reason to create health-related rights that are in excess of what is required by global minimum core obligations, but the resulting rights are state rights. They are not human rights and not required by the human right to health.

RIGHT TO WORK FOR THE MIGRANT DOCTORS IN TURKEY

Selma Güngör
Turkish Medical Association Central Committee, Turkey
selmagungor2014@gmail.com

Turkey has opened its doors to Syrians fleeing war in their country since 2012. Since then many people had come to Turkey. According to data dated 2017, nearly 3.5 million refugees are living in Turkey, 3.2 million of them are Syrians while the rest are from different countries, mostly Iraq and Afghanistan.

With an official arrangement introduced in 2013, Syrians are covered by the status of "temporary protection", and with this status they started to enjoy some rights in the fields of health, travel, and employment. About 5,000 doctors came to Turkey from Syria since 2012 and it is estimated that around 2,500 Syrian doctors are still in Turkey. Ministry of Health have made special arrangements to employ migrant doctors in some specific services. In this context, how TMA defends the right for health for the migrants and right to work for the migrant doctors are the basic topics of my speech.

BIOETHICS & HEALTH LAWS IN MEDICAL PRACTICE

Naveen Gupta
India
drnaveennaman15@gmail.com

Nowadays the Medical Practice and the medical profession is facing a lot of discouragement and inconvenience in practicing Medical science. Although each one of the Doctor is doing the best for His/Her patient but the whole scenario is against the "God on Earth". Everybody wants have a nice treatment and avail full facilities but having no regard or the respects towards the Doctors and their staff. This temperament is leading to misbehavior and the assaults on the medical professionals.

So in present humiliating conditions it is not only to learn the medical skills or the academics but it is more necessary to have the knowledge of law, knowledge of conversation with the patient, legal bindings, right to refusal and to protect our self's from the mob and their misbehavior.

Everybody in the society wants to teach Bioethics and Humanity only to the Doctors and their staff but not body cares the safety of the Medical Professionals.

So this is need of hour to develop the Medical Professional who is aware of not only the Medical subject but also the Health Laws and the steps to face the emergencies like death on operation table, dealing with medico legal cases, dealing with brought dead on arrival, breaking the bad news and the counseling of the relatives of the serious patients.

My subject of lecture is not only to make the good Ethical Medical Professionals but also to learn the Technics and Approaches to face the odds of Medical practice.

SUPERVISION AND FREEDOM IN FOOTBALL ACADEMIES

Shlomit Guy
Kaye College for Education, Israel
guyshlomit1@gmail.com

In this paper I will argue that a high level of supervision can, and in this case is, increasing a personal feeling of freedom. My research is based on a field work I conducted on English football and in particular, football academies in England. In the last thirty years the academy managers are enforcing a precise and active agenda meant to control every aspect of the young children's playing football at the academy. It is an act of powerful use of techniques of knowledge, persuasion and supervision, elaborated by Foucault through concepts of governmentality and power (2007 [1976], 2000, 1991). I claim that the power exercised on individuals in English football is expressed through emphasizing positive and encouraging personal properties in the subjects. In different places, Foucault (2007 [1976], 2000a, 1999d, 1999c, 1999b, 1999a, 1979) claims that the purpose of power is not power in and of itself, but rather to instigate action and life. Based on Rose's (1999) innovative claims, I argue that the high level of social supervision in English football today allows for feelings of freedom among young football players who have a dream of becoming football professionals. Thus, in spite of massive supervision applied in football, the experiences of freedom is increasing.

ETHICAL ASPECTS OF E-HEALTH/MEDICINE: THE INFLUENCE OF E-HEALTH/MEDICINE ON THE PUBLIC'S PROCESSES OF MAKING DECISIONS

Orit Haller-Hayon, Chaya Balik, Judith Marcus, Shosh Kelishek, Rut Khaikin
Tel-Aviv Shoenbrun Academic Nursing School, Israel
orithayon@gmail.com

In recent years, more and more people are using the internet as a source for information in different topics, in general, and in health/medical issues, in particular. This fact caused to a dramatic

change in the relationships between the patients and the therapists. Through the huge exposition of the patients to information in health/medical issues by the internet, the patients enlarge their power in their relationships with the therapists.

As a result, the therapists do not have any more the exclusivity, which they had in the past, on the health/medical information that they can supply to the patients.

Therefore, it is interesting to examine, if and how, the making decisions processes of the patients, regarding medical/health problems are changing, following the changes that occurred in the ability nowadays to receive easy, but not always correct, information concerning health.

The several websites which supply the public information concerning health/medicine raise also the ethic issue regarding the reliability of such information, the interests behind the people who supply the information, etc.

The aim of the research to be presented in the conference was to examine in a very deep manner, what are the public's ways of searching health/medical issues via the internet? In addition, to examine the influence of such information on the making decisions process of the public regarding health/medicine.

The presentation will concentrate on Ethical Aspects of E-Health/Medicine.

THE DILEMMAS OF ADVANCED GENOMIC TESTING

Yael Hashiloni-Dolev¹, Shiri Shkedi-Rafid²

¹ *Academic College of Tel Aviv –Yaffo, Israel*

² *Hadassah Hebrew University, Israel*

yaelhash@mta.ac.il

It is predicted that in the future, advanced genomic tests will merge with NIPT. The advanced tests are profoundly different from classical ones, since they are not meant to look for a condition suspected following clinical examinations of the phenotype. Rather, more like throwing a fishing net into the sea, they are scanning the whole "genomic ocean" waiting to see what comes up. Thus, it is the genotype and not the phenotype, which directs the search. When fetuses are examined, and no clinical checkup is possible, full diagnosis and risk assessment are often difficult to make. In different cases, a definite diagnosis is hard to reach, and probabilistic rather than deterministic information is reached.

Genetic knowledge, like all medical knowledge, was never completely certain. Nonetheless, current tendencies force future parents to increasingly deal with probabilistic uncertain knowledge. Based on a study conducted together with Dr. Shiri Shkedi-Rafid, my lecture will discuss how both lay parents and professional genetic counselors who are also pregnant women themselves deal with advanced testing.

DESCRIBING A DISEASE AS MORE OR LESS SEVERE INFLUENCES PERCEIVED CERTAINTY ABOUT ONE'S DISEASE RISK

Sarah Hayes, Jennifer Taber
Kent State University, USA
shayes24@kent.edu

Public health officials face the challenge of presenting disease information in a manner that encourages protective action, but people may not act if they do not think they are at risk. How a disease is described may influence perceived risk and certainty, or conviction, about that risk. For example, if a disease sounds severe, people may become defensive and try to psychologically distance themselves (e.g., thinking the information is exaggerated), which may influence their risk conviction. We hypothesized that describing a disease as more severe would lead to greater defensiveness in the form of lower perceived risk and greater conviction. Participants without a history of pancreatitis (N=359; 54% male; 74% White, Mage=35.7) were recruited online and randomly assigned them to one of four conditions (we report on only two of the conditions here). In the high severity condition, factual information was presented that described

pancreatitis as severe. In the low severity condition, the information described pancreatitis as less severe. Contrary to hypotheses, those in the high severity condition (M=4.38, SD=1.59) were less certain about their risk than those in the low severity condition (M=4.68, SD=1.37, p=.046) and the manipulation did not affect perceived risk. This controlled experiment suggests that message factors unrelated to perceived risk—such as disease severity—can influence people's certainty about their risk. Public health officials have an ethical duty to provide factual information about diseases, and given their freedom in how the information is framed, attention should be paid to how messages affect thoughts about health.

LEGITIMATE OWNERSHIP AND 'HANDLING' OF DNA BASED DATA IN SRI LANKA

Piyumal Herath

General Sir John Kothelawala Defense University, Sri Lanka

piyumalherath@gmail.com

Deoxyribonucleic acid or DNA contains the genetic information of every human being.

Analysis of DNA using modern molecular biology techniques makes it possible for law enforcement agencies to fight crime efficiently by accurately identifying criminals.

At present DNA analysis is done in Sri Lanka at the request of law enforcement agencies in several government and private institutions. In addition to these there are two known privately funded organizations that analyse DNA for various purposes.

There is no legal frame work in Sri Lanka to empower any of these agencies to analyse and store DNA based data. More importantly there is no law to govern the accessing and use of this data by anybody. This makes it possible for the misuse of DNA data bases held by these institutions.

In view of this, there is a urgent need for the establishment of a legal framework in Sri Lanka to govern the extraction of DNA, retention, and accessing of DNA based data by both governmental and non-governmental organizations.

The legal systems in place in UK, USA and India is presented for comparison and a centralized authority to oversee the operational procedures for quality assurance, preservation and ownership of DNA data. and maintaining confidentiality is recommended.

FROM RESISTANCE TO ACCEPTANCE IN COMPLEX RELATIONSHIPS: EMOTIONAL INTELLIGENCE & ETHICS – PRACTICAL TOOLS FOR FACILITATING MEANINGFUL CHANGE IN REAL-LIFE SITUATIONS – TESTIMONY

Einat Hirsh

International Center for Health Law and Ethics, Israel

hirsh888@gmail.com

Imagine yourself as a young kibbutz member, married and have given birth to four children. Suddenly, he becomes religious.

Twenty-three years ago, when my husband began the process of becoming orthodox, I became hysterical. Couldn't believe our marriage would survive. After struggles, emotional storms, vocal and public bitterness – I felt that my world had been destroyed. We both understood that divorce was the only alternative,

So what prevented that from happening? It was the realization that this would really be the end. Having reached the lowest point possible, I could only rise up and choose a new path.

During this challenging period, I began to study emotional intelligence and ethics. I acquired simple but powerful tools and with their help, was able to make wise choices.

The tools of emotional intelligence and ethics helped me to make the best decisions for myself and my family. I made the significant transformation from victimization to strength.

The principles underlying ethics allowed me to understand and respect both myself and the other. Guided by hope and optimism, I learned to take responsibility for my choices.

We cannot really control the events that create our life story, but we can surely choose how to respond. By choosing wisely and well we can improve and enhance our lives and cope with whatever comes our way.

THE ETHICAL AND LEGAL DIFFICULTIES OF INCIDENTAL FINDINGS IN GENETICS

Joseph Home
University of Manchester, UK
jwhome@live.co.uk

Objectives: The increased application of whole-exome, and whole-genome-sequencing in clinical practice has led to a significant increase in the generation of so-called 'incidental-findings' (IF's). The handling of such results is a significant area of uncertainty, with clinicians resorting to personal judgement when deciding whether or not to disclose findings to patients and families. This thesis attempts to identify existing legal and ethical frameworks to establish the obligations on doctors in handling IF's.

Methods: Existing Parliamentary legislation, common law principles, and professional regulation were applied to a series of theoretical cases to establish the legality of choosing to disclose, or not to disclose, IF's. This includes an assessment of the legal liability of doctors. In addition to legal argument, ethical literature was evaluated to assess the ethical perspective of the implications and obligations of disclosure.

Results: IF's are an anticipated difficulty associated with increased genetic testing. However, there is very little regulation currently available to guide clinicians in their decision-making. Ethical literature is equally indecisive, with no clear consensus for, or against, disclosure.

Conclusions: Despite the uncertainty surrounding disclosure, it is clear that the law and professional body's are currently ill-equipped in dealing with IF's. However, it is unlikely one all-encompassing guideline would be suitably flexible, and inclusive enough, to satisfy all the potential scenarios involving IF's.

Thus, a nuanced approach is necessary to navigate IF's. Though this is not an excuse for policy-makers to avoid creating necessary regulation to offer guidance and protection to both doctors and patients.

INFORMED CONSENT: PERSPECTIVE OF PATIENTS ELIGIBLE FOR ALLOGENEIC STEM CELL TRANSPLANTATION TRIALS AND THEIR HEALTH-CARE PROFESSIONALS; AN EXPLORATIVE STUDY

Nicky Honnef, Laura Hartman, Annemarie Overbeek, Josée Zijlstra, Guy Widdershoven
VU Medical Center, Netherlands
nickyhonnef@gmail.com

Objective: This qualitative study explored the perspectives on informed consent of patients eligible for allogeneic stem cell transplantation and health care professionals. Allo-HSCT can be a last possible cure in patients with hematologic malignancies. Informed consent is considered to be important in order for patients to receive care in line with their preferences. It can be obtained by written and verbal consent. Previous studies have mainly focused on written consent. Therefore, this study aimed to get insight in factors that are important for meaningful verbal informed consent.

Methods: A triangulation method of semi-structured interviews, observations and focus-group meeting was used. In total 14 observations and 20 interviews were conducted and a focus group was held with health-care professionals.

Results: Patients and health-care professionals vary in experiences regarding informed consent in allo-HSCT. Patients reported difficulties in understanding the clinical trial information. Yet, this was not experienced as an obstacle for decision making, as patients trusted the professionals, and valued a personal approach over full disclosure of information. Moreover, patients felt not having a real choice, since treatment implicated a possible chance for cure. In addition, health-

care professionals felt the need to protect patients from too much or explicit information, and felt the need to balance a supportive and a protective role.

Conclusion: Informed consent is challenging for patients as well as health-care professionals. In particular patients' feelings of having no choice to withdraw from treatment and the lack of trial information understanding is worrisome. Since, informed consent aims to protect patients' rights to decline treatment and being fully informed. In addition the study revealed the tension experienced in health-care professionals in supporting and protecting patients on the one hand and fully inform on the other hand.

COMPLEX PROCEDURES, COMPLEX CONSENT: IS IT REALLY INFORMED?

Rehnuma Hossain, June Jones
University of Birmingham Unit of the UNESCO, UK
hossain.rehnuma@gmail.com

Breast reconstruction following breast cancer surgery is increasingly commonplace in Western society, with the majority of women choosing some form of reconstruction. Disparity exists in the uptake of reconstructive options within racial groups. Alderman et al (2009) suggested variations were associated with acculturation rather than ethnicity, e.g. acculturated Latino women showed higher uptake of reconstructive options compared to white women in the US. In the UK, Khan et al (2017) reported that ethnic disparity was present but reasons were "complicated", citing religious and cultural values alongside language skills. In the UK, with its highly diverse population and the National Health Service, services such as availability of translators and written information available in commonly spoken languages, one can argue that the language is less of a barrier. However, there still remains the occasional patient who has agreed to a procedure, but actions and questions can make one question whether that consent is a truly informed consent. We present cases in which, patients have signed consent forms following detailed conversation with a specialist for certain reconstructive procedures, like a DIEP free flap, but then has asked questions, made comments which then led the clinical team to query if the patient truly understood the implications. In these cases, the patients were from different ethnic backgrounds, and assented to English being a language they were comfortable to converse in. Though the women have not expressed dissatisfaction to the care provided, the ethical dilemma of informed consent in patients of similar circumstances continue to perplex.

SOCIAL MEDIA AND THE IMPACT ON THE MEDICAL DECISION IN TAIWAN: PAST, NOW AND FUTURE

Jack Tien-Yu Huang
National Taiwan University, Taiwan
icnhuang@gmail.com

Social media have become prominent parts of life today, whether in positive or negative way. While more and more medical information is shown on the social media, with barely no reviewing system for the correctness and integrity about the content, many people are affected deeply in their daily life including medical seeking behavior and the interaction with doctors. At the meantime, many doctor's daily practice is affected by social media without knowing by themselves. The aim of this study is to analyze the impact of social media on clinical practice and the patient doctor relationship.

We survey the medical information on the Facebook, Twitter, Instagram, YouTube and Internet news in Taiwan. We chose 3 most read medical information according to the click through rate (CTR). We gave them to the medical doctor with different subspecialty, different practice level (medical center, local hospital or clinic) and different practice year. We had depth interview with them and analyze the transcript to see the impact of social media on their daily medical practice. There is few qualitative research with depth interview on this topic currently.

The education in Taiwan about media literacy is not quite complete. Also, the medical education about digital professionalism is scarce in Taiwan. Therefore, with the increasing usage of social media in our daily life, the impact is increasing with time. The medical practice of all the interviewees is affected deeply by the social media, as well as the patient doctor interaction and the share decision making process. All the interviewees admitted that due to the effect of social media, they changed their medical practice even if they knew it was wrong to do so. Over treatment or under treatment were both increasing with time. The root cause analysis showed: 1. The peer effect 2. Afraid of medical dispute and the legal issue. 3. Lacking medical knowledge other than their subspecialty. The impact of social media on clinical practice is deep and increasing with time. It affects the medical practice in doctors, medical seeking behavior in general population, patient doctor interaction and the process of share decision making. However, due to the characteristics of the media, the information is usually not complete and is usually with some purpose. Education about the media literacy on the general population and the digital professionalism on the doctors are both important in Taiwan nowadays.

SHAM PEER REVIEW: A WORLDWIDE PHENOMENON

Lawrence Huntoon
Association of American Physicians and Surgeons, USA
 Editor@jpands.org

Abuse of the peer review process, sham peer review, is a worldwide phenomenon which harms physicians and patients. Motives underlying sham peer review include such things as retaliation against a physician whistleblower, anticompetitive motive, personal animus, professional jealousy, discrimination and others. The tactics that are characteristic of sham peer review are the same worldwide, and the factor they all have in common is they violate due process and fundamental fairness for the physician under review. Legal protections for physician whistleblowers (strong patient advocates) and other accused physicians are often woefully inadequate. When a highly-skilled, compassionate physician is eliminated from a hospital as the result of a bad faith, sham peer review, patient safety and quality care suffers. Peer review done in good faith is beneficial and should be collegial, educational, fair, done in the interest of patient safety and quality care and should incorporate substantive due process for an accused physician. Peer review performed in bad faith for purposes other than promoting patient safety and quality care should not be tolerated by ethical physicians or the public.

NATIONAL FUNDING OF INFERTILITY TREATMENTS AND IMMIGRANT INTEGRATION IN PRODUCTIVIST-WELFARE STATES: AN INTERSECTIONALITY ANALYSIS

Liza Ireni-Saban
Interdisciplinary Center (IDC) Herzliya, Israel
 lsaban@idc.ac.il

The massive influx of refugees into western Europe over the past decade has posed serious challenges for the European welfare state and generated increasing demands on national governments to take steps to protect the state's economic prosperity and national identity. Drawing on recent studies conducted on social disparities in reproduction services faced by infertile, low income and ethnic minority couples in the United States, the barriers to accessibility to infertility treatment which constitute a form of 'stratified reproduction' must be addressed by governments. In contemporary Europe, the social implications of this form of stratified reproduction are more disturbing as most European countries are facing serious demographic changes brought by declining birth rates. Moreover, the use of assisted reproduction treatments and national coverage of these treatments, are relatively high in European countries, compared to other parts of the world. Three Northern European countries were selected for this research, including Sweden, Denmark, and Finland. While these states constitute liberal developed welfare democracies,

all three also represent ethnonational states. In the past these countries would be termed productivist-welfare states, states in which the promotion of welfare is underpinned by national productivity considerations, rather than only by humanitarian or social justice concerns. Albeit to different degrees, in these states the synthesis of welfare and production was considered to be the foundation of the "people's home" country, namely an ethnonational country.

ETHICAL AND LEGAL IMPLICATIONS OF MITOCHONDRIAL REPLACEMENT THERAPY

Sarah Jafri
Royal College of Surgeons, Ireland
 sarahjafs@gmail.com

Mitochondrial donation is a new form of IVF approved by the UK parliament in February 2015. The aim is to remove mitochondrial disease caused by pathogenic maternal mitochondria to prevent a disorder and its transmission. This is done at the level of fertilization. The regulations came into effect on 29th October 2015. The two methods proposed are pronuclear transfer (PNT) and maternal spindle transfer (MST). In PNT, fertilization with a donor egg and the intended mother's egg takes place. Then two pronuclei from the donor are replaced with two pronuclei from the intended mother. In MST, the intended mother's spindle is placed into an enucleated donor egg and then fertilization takes place. After these respective techniques take place, the zygote is implanted in the uterus of the intended mother. In Monotheistic faiths, maintaining a family is fundamental. Both techniques pose their own specific ethical dilemmas. However, within the ambit of Monotheistic faiths, MST is more likely to be acceptable because fertilization does not take place between the donor egg and the father's sperm. This article aims to explore the legal and ethical repercussions of these procedures.

THE ENACTED PHRONESIS (PRACTICAL WISDOM) IN GENERAL PRACTICE STUDY (EPGPS): PART 1 FINDINGS

Sabena Jameel^{1,2}, June Jones¹
¹ *University of Birmingham, UK*
² *Health Education England, UK*
 sabena.jameel@nhs.net

This PhD research uses Aristotelian Virtue Ethics as a framework on which to re-evaluate what it means to be a good doctor. It proposes virtue ethics as a necessary adjunct to the current rules-based moral frameworks that dominate healthcare. The work looks at enacted Phronesis (Practical Wisdom) in a population of family medicine doctors in England. Phronesis has the executive function of adjudicating when values come into conflict. The end goal of the virtue ethics approach is Eudaimonia (Flourishing) of self and others; noble aspirations in a time of demoralised doctors and increasing commercialisation of care.

This oral presentation will introduce the findings from part 1 of the research. This used a wisdom scale that looked at cognitive, reflective and affective aspects of wisdom in 211 family medicine doctors. This then enabled a sub group (wisdom exemplars) to be identified and studied further using Biographic Narrative Interpretive Methods. It is hoped that studying this group will assist the quest in learning what is important in the future of medical education and the development of wise doctors.

ARE STUDENTS WILLING TO ENGAGE IN PEER PHYSICAL EXAMINATION?

June Jones, Carley Nath
University of Birmingham, UK
 j.jones.1@bham.ac.uk

Peer physical examination is an important tool for student learning because they can learn how to perform physical examinations on each

other before performing them on patients. They also have the opportunity to experience variations in normal anatomy, making it more likely that they will detect abnormalities in patients. University of Birmingham (UK) has a highly diverse medical school, with students joining us from a wide variety of religious and cultural backgrounds. We anticipated that introducing a new policy on peer physical examination might be challenging, as the literature noted that certain groups of students might be unwilling to take part. We undertook research amongst our student population to identify any challenges we might face, and subsequently developed a policy to support students to engage in this learning opportunity fully. This presentation will describe the challenges we faced making a policy that takes into account students' religious and cultural beliefs and practices about exposing parts of their bodies for examination by their peers. In order to create this policy we had to take into account the General Medical Council requirements that "medical schools policies for the training, conduct and assessment of students should have regard for the variety of cultural, social and religious backgrounds of students, while maintaining consistency in educational and professional standards" (Domain 3.66) and that we are required to have "clear guidance on any areas where a student's culture or religion may conflict with usual practice or rules" (Domain 3.67). This presentation will focus on the ethical nature of medical education, and its need to be committed to enhance opportunities for all students without creating stigma and distress.

"GIVE, RECEIVE, GIVE BACK" GIFTS IN AFRICA: RECOGNITION OR CORRUPTION?

Emmanuel Kamdem
ESSEC, University of Douala and IME Douala, Cameroon
 kamdemma@yahoo.fr

"Giving, receiving, giving back" presents are characteristic activities of the construction of the social bond in African organizations and cultures (Nicolas, 1986; Ndione, 1992). They are part of the anthropological tradition of social exchange, as studied by Mauss (1925), in the triangle of social exchange within traditional societies. The problem here is that of recognition as one of the regulatory values of community life (Honneth 2000, Caillé 2007). From the anthropological and sociological point of view, this is a very normal activity considered as the lever for regulating behavior in society. But this analysis poses a problem, from the point of view of corruption in the African context, when it comes to developing and implementing a system of gift regulation between partners involved in a business relationship (shareholders, suppliers, customers, bankers, etc.). Our contribution addresses the issue in the perspective of the circulation of gifts in business. The news of this question is part of the understanding of the phenomenon of corruption as well as strategies to fight corrupt practices in Africa (Olivier de Sardan, 1996). Indeed, a gift may be perceived (rightly or wrongly) as an instrument (manifest or hidden) of influence of the decision expected of the person receiving the gift. Is the latter an act of recognition or corruption? This is the central question of this contribution whose objective is to contribute to the renewal of reflection on corruption in Africa.

END-OF-LIFE DILEMMAS AS REPRESENTED IN POPULAR FILMS

Ruth Kannai
Ben Gurion University of the Negev, Israel
 rkannai@gmail.com

The heroine of the film "Love Story", the beloved young woman is dying with her hair shiny, her face is good and she is given the opportunity to part with a message that will forever change the life of her lover.

In another film, "Tuesdays with Morrie", the dying professor teaches his student about the meaning of life and the latter has to apply the insights to his own life. The meetings with the dying teacher gives meaning to love, family values, suffering, compassion and generosity.

The death of a loved one raises existential questions with the family member left behind. Many death films are "travel films" in which the lover goes on a mission of discovering the values and choices of his dead loved-one. We will demonstrate this through the film "Cherry Blossom" in which the hero, whose wife died, follows her to Japan, and learns about his wife's love of art, simplicity and her yearning for Japanese culture and landscapes.

In the film "Wit", the cruel realism of death is presented in a "full dose." Here we are exposed to the heroine who loses her hair, her determination and her self-pride, when she becomes the victim of an alienated, arrogant, scientific medicine. Death in the 21st century is an anonymous death, in an inhuman and hopeless hospital.

We will examine the representations of death in cinema and what we can learn from it about our patients, and about ourselves - as therapists at the end of life.

INTEGRATION OF NURSES AS PERMANENT MEMBERS OF INSTITUTIONAL ETHICS COMMITTEES FOLLOWING PARLIAMENTARY AMENDMENT TO THE PATIENT'S RIGHTS LAW (ISRAEL, 2014)

Ruth Kaplan¹, Talia Fleischman²
¹ *Tsfat Academic College, Israel Nursing Organization, Israel*
² *Israel*
 ruthk@asaf.health.gov.il

Background: Establishment of ethics committees in medical facilities, in accordance with The Patients Rights Law (1996), is a mechanism by which this Law protects patients' rights. This need may arise in cases where there conflict between the patient's autonomy to determine his own outcome, on the one hand, and the possibility to preserve and improve his quality of life, on the other. These committees view clinical situations on a general and multidisciplinary basis, and following the weighing up of all aspects of a situation, have decision-making authority.

In the past, despite the importance of nursing care as part of the multi-disciplinary treatment program, the ability to regard the patient as central to the discussion and to make him a partner in the decision making process regarding his own outcome, nurses were not included as permanent members of these committees. A major change occurred in December 2014, the result of an approach of the Ethics Division of the Israel Nursing Association to the Knesset (Israel Parliament). This resulted in an amendment to the Law, by which the committees have been expanded to include a nurse as a permanent member of each committee.

The objective of the study comprised a national survey to study the process of inclusion of nursing professionals in the Ethics Committees.

Methods: We are in the process of determining how many institutions did indeed abide by the amendment, and the characteristics of the nurses who were incorporated. We are studying the nurses' contribution to the committees' activities, and identifying the learning and training needs of nurses participating in the ethics committees.

A questionnaire was developed including both open and closed, and qualitative and quantitative items. The questionnaire is being completed by nurses who were members of the ethics committees in their institutions.

Results: At the time of the abstract submission, answers were received from 17 nurses representing the 17 institutions at which they work.

In this presentation we will summarize those institutions in which nurses have been included in the committees, and identify the qualities of the nurses who were incorporated into the committees. We will present the contribution of the participating nurses to their specific committees, and highlight the specific areas of expertise needed to be enhanced in order to improve the role of nurses in these committees.

NEW TRENDS CONCERNING CONSENT TO MEDICAL TREATMENT IN JEWISH LAW

Yehiel Kaplan
University of Haifa, Israel
kaplanyehi@gmail.com

In modern legal systems, including Israeli law, there is the doctrine of informed consent regarding the consent of a patient to medical treatment. The patient must agree to a proposed medical procedure that the doctors believe is necessary in order to improve his or her medical condition, after he or she received proper explanations about the nature of the proposed medical treatment and the medical reasons that lead to the conclusion that it is necessary. In addition, an exhaustive explanation about the possible advantages and risks of the proposed medical procedure and the possible alternatives to this procedure, must be given. Only after patients fully understood all these aspects of the proposed treatment they should state that they agree or do not agree that the proposed medical procedure will be part of their medical treatment.

In Israel, the existence of the doctrine of informed consent stemmed in the past from the principles of criminal law and tort law. Subsequently, this principle became important in Israeli law following the enactment of the Basic Law: Human Dignity and Liberty, in 1992. Among other things, following the enactment of this law, Israeli case law implemented the principles of this law in the *Daaka* case. This case was concerning medical treatment given to a patient after inappropriate consent. The court ruled that there was a violation of autonomy of the patient in this case, which was inconsistent with the provisions of the Basic Law: Human Dignity and Liberty. The status of the doctrine of informed consent in Israel, was enhanced when it was one of the basic foundations of The Patients' Rights Act, 1996

The basic outlook of Jewish law concerning consent to medical treatment is more paternalistic. Medical treatment should be imposed, when the doctors believe it is essential, especially if the doctors believe the patient is in a life threatening situation. However, we will explain how several contemporary scholars of Jewish law tried to bridge the gap between the outlook of Israeli law and the outlook of Jewish law concerning this matter. Restrictions on the imposition of medical treatment in Jewish law were implemented in a creative manner in decisions and writings of Jewish law scholars concerning consent to medical treatment. These include the rule that stipulates that medical treatment should not be imposed when there is no certainty as to the medical benefit of a particular medical treatment, or the rule that medical treatment with significant risk should not be imposed, or the principle that medical treatment should not be imposed when such coercion may cause mental distress or lack of the required cooperation of the patient with the medical staff. This new perspective reduced the gap between the position of Israeli law and Jewish law in this sphere.

WHEN DOES ETHICS START FOR HEALTHCARE WORKERS? A STRANGE AMBULANCE STORY IN TURKEY

Onur Naci Karahanci
Kafkas University; Ankara Medical Chamber, Turkey
onurnaci@gmail.com

The question of 'what are the boundaries and determinants of ethics?' is widely debated in bioethics field. Bioethics involves many discussions in such areas as, technology, environment, health, war, vitality, etc... However, these discussions have not been able to adequately address the issue of 'what should we do?' Questions like 'what should to do' or 'what should be done' are preferred. I will try to address the issue of actional ethics with special attention to Nikolay Berdyaev's freedom ethics. Specifically, I will be looking at a case, in order to show coexistence of ethics and action. This case experienced in Turkey in the first months of 2016. It is about civilians wanting help who took refuge in the basement in conflict area. And health workers tried to help them. Their departure made the case ineluctable to us to make ethical discussion. I will discuss freedom, altruism and actuality, and juxtapose them against deontology, norms, boundaries, law and

rules; in order to reveal the previously misunderstood connections between ethics and abstractness. I argue that bioethical discussions can't be trapped in abstract fields. It also should give a struggle and should attitudinise against unethical cases and issues. In conclusion, I will try to put forward that bioethics and action has a unity of soul and body, sheds new light on the neglected issue of freedom and ethics.

THE ETHICS OF DIAGNOSING A STRANGER

Tami Karni
Israeli Medical Association, Israel
annie@ima.org.il

Background: Is it ethical for physicians to approach individuals with whom they don't have an official doctor-patient relationship, if they believe they may have a medical problem? Examples might include alerting strangers to potentially life-threatening situations, such as suspicious spots that might be melanoma, enlarged thyroids or growths or less acute situations such as dispensing advice to a teenager with cystic acne who may be prone to scarring if untreated.

What are the ethical boundaries of such a situation? Which takes precedence-the possibility of saving a life and/or improving a person's health and well-being or the individual's right to privacy and autonomy. How does a doctor reconcile the two?

Conclusion: Without doubt, a physician must exercise discretion and take into consideration the severity and circumstances of each case before deciding how to act. As a rule, a doctor may, but is not obliged, to draw the attention of a stranger to a medical problem. Moreover, a doctor should carefully consider whether there is a chance of improving the quality of life and health of a person who has not approached him. Should the doctor decide to approach the stranger, s/he must act with utmost sensitivity and ensure that the stranger's right to privacy and autonomy is respected.

It's important to keep in mind that the individual has the freedom to choose, and the referral must be a suggestion to be examined by a doctor. Under no circumstances should it be an attempt to persuade such individual to receive medical treatment.

ADVANCING RESPONSIBLE RESEARCH WITH PREGNANT WOMEN IN BOTSWANA: RESPECTING BIOETHICS PRINCIPLES, HUMAN RIGHTS AND CULTURE

M. Kasule¹, E.F. Jaffe², K.A. Sullivan², R. Dillon¹, B. Bonolo¹, M. Wickremsinhe³, M. Little³, R.R. Faden⁴, A.D. Lyerly²
¹ University of Botswana, Botswana
² University of North Carolina at Chapel Hill, USA
³ Georgetown University, USA
⁴ Johns Hopkins University, USA
marykasule@gmail.com

Background: Pregnant women are generally excluded from biomedical research, resulting in profound evidence gaps around the use of prevention and treatment modalities in pregnancy. This historical tendency undermines the fundamental tenants of the UNESCO Universal Declaration of bioethics and human rights. Sociocultural issues also contribute to this exclusion. Therefore such research needs to be pursued in a manner that respects both the cultural understandings of pregnancy and the autonomy of pregnant women.

Methods: Deliberative focus group discussions around experiences with and perspectives on HIV-related biomedical trials with pregnant women were conducted with in Botswana with Institutional Review Board members (IRBs), Community Advisory Board (CAB) members, clinicians, policy makers, and ethicists. Interviews were recorded, transcribed, and analyzed by emergent themes.

Results: IRBs and CABs viewed their role as protecting pregnant research participants and preserving the cultural heritage of the communities. Within the understanding that pregnant women are provided extra protection in research and culturally, the two primary roles of the IRBs and CABs were described as conflicting at times. Other salient challenges included the perceived lack of autonomy, the process of obtaining consent varying according to societal

expectations by ethnic group, individual, family and societal structures as well as consent being indirectly given by traditional leaders, religious leaders and healthcare providers. However, in some communities pregnant women are able to make their own decisions regarding research participation.

Conclusion: Research with pregnant women must balance cultural humility and the promotion of gender equality and human rights.

CHILDBIRTH, BIOTECHNOLOGY AND CONSTANT JUGGLING BETWEEN CONTRADICTIONS AND RIGHTS

Tamar Katz Peled
Technion, Israel
tamarpeled@gmail.com

The Israeli "biotechnological childbirth arrangements" include human rights infringing decisions and provisions. This study exposed and mapped these violations and their motives among various provisions such as laws, bills, administrative decisions, and court rulings that pertain to surrogacy, the use of sperm donations, and the freezing, donation, and use of ova.

Findings:

- A. These violations are embedded in the uniquely contradictory Israeli law system: The legally binding Jewish doctrines are actually subvert under the very foundations of laws such as the "Base Law: Human Dignity and Liberty" that provides constitutional protection for "fundamental rights". Concerning childbirth, it includes rights to parenthood, motherhood, self-autonomy, shaping of a person's life course, and privacy.
- B. The special topics of these "biotechnological arrangements" place them between these contradicted legal systems, in a difficult situation, between the hammer and the anvil. It caused a need to juggle, to coordinate, and to reconcile their contradictory demands. Examples will follow the details.

Methodology:

1. Locate infringing decisions and provisions
2. Follow their underlying motives by analyzing protocols of: Israeli parliament, committees and reports. In addition, to analyze interviews held with the shapers of the relevant legislation.
3. Map these motives.

Conclusions: The juggling has given rise to problematic provisions that fail to address the needs they intended to serve. In fact, the opposite is true – these provisions intensify the violation of fundamental human rights regarding the use of biotechnological childbirth options and fail to provide a satisfactory solution to the internal contradictions in the Israeli legal system.

TRANSMISSION OF INFORMATION RELATED TO FAMILY GENETIC DIAGNOSIS

Edna Katzenelson
Tel-Aviv University, Israel
ednak@post.tau.ac.il

Communicating genetic information to family members has been the subject of an extensive debate recently in bioethics. Genetic test results often have implications not only for the patient but also for his family: "Joint account model"

There is a place to invest much effort in formulating methods of communication with the patient discovered gene carries the disease to not reject the possibility of delivering genetic information to the family.

We shall try to give genetic counselor tools how to convince people to transmit the information to the family

Presentation of the proposed may use complex ways that exploit mechanisms of guilt, self-control, greater awareness and detailed results, and reveal information transfer options as the patient himself. For example:

- Tell before making genetic test 'we presume that you consent that we use the information to prevent disease among your relatives.'

- You may punish people who you did not want to punish: elderly parents, wife, children, grandchildren
- You may feel guilty if something happens to a person in the family/ Self-punishment if it turns out that they were ill, or they knew you hid the information, anger directed at you when they find out
- Hiding information in present time may be irreversible
- If the relatives are too young to be informed — their parents will share the information with them when their children grow up
- Enlisting the help of mental health professionals (psychologist, social worker)
- Repeatedly inviting the person to a meeting, or maintaining ongoing telephone contact with him or her; this may convince him or her to consent to having the information shared.

THE AFFECT OF USING SMM METHOD IN TREATING DOMESTIC VIOLENCE

Judy Katzman
Israel
judy.katzman@gmail.com

Men violence behavior toward their spouses is an international phenomenon that touches everyone, with no exceptions by religion, gender, or social status.

The men are usually a product of education, culture, family model and personal feelings such as: Stress Disorder, Depression etc.

In my research, I discovered the direct connection between undiagnosed ADHD and domestic violence by men to their spouses.

ADHD affects men in all aspects of life: difficulties in organization, attention, concentration, persistence, social and family skills, work and intimate relationship.

Anger is the main ingredient in violent behavior and is mainly the result of frustration and helplessness. These basic feelings, when remain untreated, directly affect the violent behavior as a defensive tool.

In my work with family violence, I constantly use the SMM technology, particularly in identifying the above feelings in real-time life situations, and instruct the transition from the "old" part of the brain to the its "new" front one. In this transition, we involve other technologies such as CBT that allow sublimation of reactions due to cerebral understanding.

In this transition some other interpretations appear, that have to do with memories and past emotional occurrences.

The SMM transition process enables:

1. Halting
2. Assessment of the situation
3. Consider alternative behavior

The presentation I introduce actual behavior examples and treatment while working with families facing domestic violence situations.

The research shows significant change to the better with violent men behavior toward their spouses.

The research also shows significant change for the better in the entire family relationship and behavior.

MORAL DEVELOPMENT DURING PSYCHOANALYTIC AND PSYCHODYNAMIC TRAINING: PERSONAL ANALYSIS AS A MORAL PRACTICE

Zohar Kaufman
Bar Ilan University, Israel
zohar_kaufman@walla.com

The purpose of this paper is to clarify the ethical meaning the personal therapy of the therapist. The caring professions have their customary ways of transmitting ethical commitments to their members, and use mostly didactic methods in order to impart their ethical systems. The ethics they teach is mostly one of principle where the goal is to create the ability to solve ethical dilemmas in a rational manner. Didactic methods are, however, uncommon in psychoanalysis. The main argument presented here is that psychoanalysis has a unique way of

developing the ethical functions of therapists. The ethical educational approach of psychoanalysis includes personal therapy or analysis, psychoanalytic supervision and the learning of psychoanalytic theory. The current discussion will focus on personal therapy as an ethical practice. Personal therapy is common among therapists from Freud's time to our days and it develops the moral parts of the therapist's personality and are based on a non-didactic ethical system called "virtue ethics". The basic assumption of this ancient tradition is that morality derives from human character. Analysis of Freud's writings reveals a unique set of character traits that will be called "psychoanalytical virtues". Psychoanalytic virtue ethics proposes a unique form of human character, unique because of the centrality of the idea of the unconscious. Furthermore, psychoanalytic ethical training should be founded on a bigger foundation, and I will present recommendations for the improvement of ethical awareness and of the ethical training system. Finally, perhaps other professions can benefit from the ethical practices of psychoanalysis.

ETHICS AND BIO-ETHICS FOR CHILDREN AND ADOLESCENTS: AN ISRAELI EXPERIENCE

Daniella Keidar
International Center for Health, Law and Ethics, University of Haifa, Israel
 keidaril@netvision.net.il

Education for values, norms, ethics and bioethics from an early age presents a challenge and opportunity in the micro and macro levels. In the micro level: Exposing the world of values to every child. In the macro level: building an infrastructure for a valuable, meaningful, optimal and enlightened society.

The Ethics and Bio-Ethics for Children and Adolescents program ("**The Program**") started in Israel two and a half years ago. Selected educators participated in a substantive 224 Ah course named "**Group Facilitation and Individual Guidance in Human Communication - Brain, Emotion and Behavior (Emotional Intelligence)**" supervised by the International Center for Health, Law and Ethics, the University of Haifa. In addition they participated in a 30 Ah course in ethics and bioethics which included UNESCO's 15 principles of human rights.

The participants were trained to teach and instill ethics and bioethics to pupils according to age groups: preschool, elementary, middle and high school, using specially developed techniques, tools and means from the realm of Emotional Intelligence (EI) and didactic methods, designed to lead children and adolescents to an immanent self **practical** ethical and bio-ethical daily conduct.

Reflective diaries filled by the participants helped examining the degree of awareness and changes in the participants' attitudes and worldviews.

The graduates teach now teachers at schools around the country, who will, in turn, pass on the subject to pupils in the various classes. Thus, the pupils' personal, social and environmental involvement and responsibility based on the acquired norms, values, ethical and bio-ethical aspects will be created and maintained.

Ongoing support and guidance from the instructors of the course is being delivered constantly to the participants.

The impact of the program on the daily conduct of pupils in everyday life, enthusiastic feedback from educational institutions throughout the country, and increasing demand create the urgent need for training of many other facilitators.

THE CONNECTION BETWEEN SOCIAL AND ETHICAL ASPECTS OF DIVORCE PROCEEDINGS IN A CONFLICT-PRONE LEGAL ENVIRONMENT – A CATALYST TO ALTERNATIVE PATH

Galit Keidar
Schlomi-Kereshe-Keidar Law Firm, Israel
 galit.keidar@gmail.com

Divorce is one of the most difficult life events. It has multi-dimensional implications – personal, familial, social, economic, legal and even religious that affect the parties, family and society.

It is not only a personal-familial act but also a cultural phenomenon shaped by culture and also shapes culture.

Culture has significant power to shape society and social life. It is measured by "cultural conceptualization", such as Individualism-Collectivism Index – a distinction between cultures according to the connection between one and one's environment. In individualistic societies, marriage is intended to serve the individual in the couplehood system. Consequently, divorce is perceived as a personal and private act thus there is greater social acceptance towards divorce. In collectivist societies, however, marriage is intended to serve society. Family is a basic social unit. Divorce is thus perceived as an affront to the social fabric.

Sociological analysis perspective raises many personal, social, legal and ethical questions regarding the implications of the process on the couple, their children, the family and society in various life circles.

My lecture aims to synthesize and discuss the social and ethical aspects accompanying divorce as a cultural phenomenon, and to examine the question of how education and culture affect ethical decisions in the legal process of divorce.

Such discussion might suggest innovative and alternative solutions in divorce procedures, allowing couples to be an integral part of the turbulence process and in its core solution, thus less devastating for the couple, their children, their extended family and society at large.

BIOETHICS COMMITTEE AND PROCESS OF REGULATING GENETICALLY MODIFIED CROPS IN THE REPUBLIC OF CROATIA

Ivica Kelam
J.J. Strossamyer University of Osijek, Croatia
 kelamivica@gmail.com

Public controversy in Croatia over genetic modification technology is reflected in the work of the Bioethics Commission established in 1999 by the Government of the Republic of Croatia to monitor the placement issue on the market of products that contain or consist of genetically modified products. After termination of the Bioethics Committee, and in accordance with the Law on GMOs in 2005, establishes the Council for GMOs which began operating in 2009. Since autumn 2017, operates the third convocation of the Council for GMOs. In this paper, I will be through a brief historical overview look at the key moments of action Bioethics Committee, controversy and conflicting opinions of members of Bioethics Committees, and will be apparent that the technology of genetic modification remains and is controversial technology to the public and the scientific community. Controversy, conflicting opinions and actions of members of the Council for GMOs determine the effect of the first session of the Council for GMOs. From the historical review of action Bioethics Commission and the Council for GMOs, we can conclude that the issues of genetically modified crops will continue to be a controversial issue of strong opposition to the opponents and drivers of this technology. Historical analysis has shown that despite the problems, action of Bioethics Commission is extremely significant for the process of institutionalization of bioethical ideas in Croatia.

RAISING AN ETHICAL QUESTION: SEPARATE, PROFESSIONAL EDUCATIONAL PROGRAM, FOR MINORITY NURSES: INTEGRATION OR SEGREGATION?

Rachel Kemelman¹, Sara Nissim²

¹ Zefat Nursing School, Israel

² Wolfson Academic Nursing School, Tel Aviv University, Israel
rachel.kemelman@gmail.com

Israel is a young country with more than 8 million people that accepts waves of new immigrants from Jewish Origin from all over the world. Unlike other Jewish groups, the Ethiopians (Beta Israel) found it difficult to receive recognition as Jews until 1973, officially declared them members of the Jewish community and thus eligible to return to Israel as citizens under the Law of Return (Goldberg & Kirschenbaum, 1989)

At the end of 2016 the Ethiopian population in Israel was about 140,000, a third of this number born in Israel to Ethiopian parent, and more than 70% live in Israel for more than 10 years (Israel Central Bureau of Statistics, 28.11.2016)

Since then Ethiopian Origin Jews, often face stigmatizing encounters as part of their temporary position as a recently immigrated group from a developing country, and react accordingly with attempts to prove their value as individuals and ultimately assimilate (Guetzkow, Fast, 2016)

Since nursing profession is a desired one allowing social mobility and acceptance, young Ethiopians, wish to enroll for the different nursing programs in Israel to obtain a valuable profession.

In this presentation we would like to depict a unique program for nursing education, designed especially for Ethiopian Origin Young's, teaching them separately, considering all their needs, while raising the ethical question: whether this separation can promote integration or reinforce segregation?

LACK OF ETHICAL PREPAREDNESS FOR MULTI-GENERATIONAL CLINICAL RESEARCH AFTER HERITABLE GENOMIC MODIFICATION

Ilana Kepten¹, Barbra Rothschild²

¹ ORT Braude Engineering College, Israel

² Columbia University, USA

ikepten@braude.ac.il

The interest in germ line gene modification was reignited with the understanding that gene editing technologies and especially CRISPR holds the potential of such genomic changes. However, heritable gene therapy is met with reluctance and suspicion. One reason for such reluctance is our current inability to predict the future outcome in future generations of such manipulation especially due to the complex interaction of modified genes with the environment. Many, including the authors of the NAS report call for taking a precautionary approach for such genomic modification including a demand for multi-generational clinical analysis and careful monitoring of the outcomes of each trial. We claim that such a demand is impracticable based on at least four issues that obstruct such long-term follow-up: 1) Uncertainty in the obligation of future persons to participate in a research they did not volunteer for 2) The obligation of parental disclosure to genetically manipulated children is unclear 3) The stigma of such knowledge is unpredictable and could hinder participation 4) Sustainable infrastructure, monetary, and scientific resources for such a long-term, multi-generational, research project have not been allocated. We claim that the proposal for heritable genomic editing research demonstrates the lack of ethical and regulatory preparedness and suggests that such attempts should start only after addressing these four concerns and others.

ASSOCIATION BETWEEN VIOLENCE AGAINST NURSING STAFF IN COMMUNITY HEALTH CLINICS, STRESS AND COPING STRATEGIES

Wafa Khoury

Tel-Aviv University, Israel

wafa.khoury@hotmail.com

Nursing personnel are frequently exposed to violence. Violence is one of the major causes of stress in nursing. This is particularly problematic, since the rate of violence against nursing staff is growing. The rate of violence in Israel is increasing and includes: verbal, emotional, physical and sexual violence. Nurses are attacked at work, on average, four times more frequently than the general population (Nhiwatiwa, 2003). Exposure to violence has many implications that may affect coping among the nurses who are exposed to it. Staff exposed to violence experience damage to health, post-traumatic stress disorder (PTSD), anger, depression, nervousness, disruption in family and social relationships, decreased performance at work, absenteeism and employment termination (initiated by the employee). Strategies for coping are varied and include emotion-focused coping and problem-focused coping.

The current study was based on the Psychological Model of Occupational Stress by Matteson (1987), which examines the impact of stress on the individual in the workplace. This model tracks the development of stress from exposure to the violent event at work to the mental, social and physical effects of this event. In addition, I based this study on Lazarus and Folkman's (1984) theory, which claims that people differ in their responses to stress and in their perception of stressors as threatening, depending on personal characteristics. This theory is subjective and depends on the individual's assessment of the situation. Therefore, different people in similar situations experience stress differently and cope with it differently. The purpose of this study was to examine the association between the violence of patients and their families against the nursing staff in community health clinics in northern Israel, and the nursing staffs' perceptions of stress and their coping strategies.

The study sample included 117 certified nurses, working all shifts. Data were collected using a four part questionnaire which surveyed socio-demographic data, violent event exposure locus of control and stress and coping strategies.

Forty four percent of participants reported having been exposed to violence by a patient or a family member at the clinic. Eighty percent of the incidents were categorized as verbal abuse. The staff reported that the reason for the event was due to impatience in waiting their turn in 50% of the cases and to dissatisfaction with treatment in another 37.5%. In most cases, the attacker was male (60.8%). The nursing staff was most often attacked during the morning shift. The age of the attacker was assessed by the nursing staff to be about 46 years. Twenty-three percent of staff reported that while the clinic was overcrowded, the waiting time for the most part was short (95.7%). Significant differences were found between stress levels among the nursing staff exposed to violence in the past year, compared with those that were not exposed ($p = 0.01$). Problem-focused coping strategies were significantly higher among nursing staff exposed to violence ($p = 0.02$). A positive correlation was found between the number of hours worked by the nursing staff and exposure to violence ($p = 0.009$). The characteristics of the exposed nurse such as job seniority, training in coping with violence and the environment (overcrowding, long waiting time) did not mediate the relationship between exposure to violence and the stress experienced.

Exposure to violence is a stressor and affects coping with this stress. The development of new tools for risk assessment of patients as well as new intervention programs may minimize damage, reduce stress and help make the clinic a safer place.

THE ETHICAL AND LEGAL DIMENSIONS CONCERNING THE APPLICATION OF DEATH PENALTY: THE EUROPEAN VALUE FRAMEWORK

Evaggelia Kiosi
University of Macedonia, Greece
evaggeliakiosi@yahoo.gr

Crimes, especially those concerning acts of terror and murder, generate doubts regarding the type of reaction deemed appropriate by a civilized society. In this context, a major part of the ethical and legal debate has been carried out in recent years about death penalty, which is considered to breach two essential human rights: the right to life and the right to live free from torture, both rights protected under international law. At present, the European Union (EU) fulfills its pledge of abolition of the death penalty in all cases and under all circumstances through its internal legislation and external policy on human rights and democracy.

Despite the growing global trend towards abolition of the death penalty, several countries worldwide still retain it and impose executions at an alarming rate, even to people who were under 18 years of age when the crime was committed, or to people who suffer from mental illness. The execution methods around the world today include beheading, electrocution, hanging, shooting, as well as lethal injection, which is regarded as 'painless death'.

This paper analyses the ethical and legal dimensions concerning the application of death penalty and strives to demonstrate the necessity of further restraining its implementation. This is suggested through the European perception on death penalty, a 'soft power' element that can be distributed worldwide in a collaborative manner. In a further approach, this work can potentially assist professionals such as judges, lawyers, and doctors in ethical dilemmas which they may be faced with in their line of work.

AN EVALUATION OF ETHICAL CONCERNS RAISED BY A UGANDAN RESEARCH ETHICS COMMITTEE USING THE PRINCIPLES AND BENCHMARKS PROPOSED BY EMANUEL ET AL. (2008; 2004)

Claude Kirimuhuzya¹, Douglas R. Wassenaar²
¹ Kampala International University, Uganda
² University of Kwazulu Natal, South Africa
claude.kirimuhuzya@kiu.ac.ug

Most Research Ethics committees (RECs), especially in the developing world, get challenges with the application of guidelines that are largely based on the philosophies from Western countries. In order to help the RECs in their work, Emanuel and colleagues analyzed the existing ethical codes and produced a framework of benchmarks to guide RECs in the process of reviewing research proposals for ethical correctness. However, prior to this study, there was no empirical research into the actual issues that RECs in Uganda raise when reviewing research proposals. This study was therefore undertaken to establish the concerns raised during the review of study protocols, using archived minutes of one REC in Uganda.

The study analyzed the minutes for initial reviews of protocols for the years 2002 to 2013 using the 8 principles and benchmarks proposed by Emanuel and colleagues.

The results indicated that 84.5% of the issues raised could be accommodated under the eight principles in Emanuel et al. (2008) framework and that the most commonly raised issues were those that fell under scientific validity (54.1%); informed consent came in as second at 11.4%. However, there was also a strong showing of a number of issues not catered for by Emanuel et al. framework which included formatting and feasibility issues at 9.5% and 6.0% respectively.

The conclusion drawn was that the Emanuel et al. framework provided a useful tool that can be used to categorize the issues and concerns raised during research protocol review meetings of RECs in Uganda.

THE WORLD MEDICAL ASSOCIATION POLICY ON MIGRANT AND REFUGEE HEALTH – PRACTICAL IMPLICATIONS

Otmar Kloiber
World Medical Association, France
otmar.kloiber@wma.net

The World Medical Association has a long-standing engagement for the health of vulnerable populations, migrants and refugees, asylum seekers and refused asylum seekers. Undocumented migrants often and increasingly belong to this group. Current developments especially in Europe, Africa, Asia and the Pacific clearly demonstrate the need for national strategies, but also for international support of the nations affected.

The WMA advocates for:

1. Strong continued engagement of physicians in the defense of human rights and dignity of all people worldwide, as well as combatting suffering, pain and illness;
2. The prioritization of the care of human beings above any other consideration or interest;
3. Providing the necessary healthcare, through international cooperation, directed to countries that welcome and receive large number of migrants.
4. Governments to reach political agreements to obtain the necessary health resources to deliver care in an adequate and coordinated manner to the migrant population.

The WMA actively promotes the right of all people to receive medical care based on clinical need alone and speaks out against legislation and practices contrary to this fundamental right.

Political action should therefore aim at the rapid integration of migrants and refugees into their normal system of care. Legislation and practices should avoid discriminating or even worsening the situation of migrants in respect to receiving health care and dignified living conditions. Physicians must not be hindered or penalized when providing health care and prevention to this group.

PROMOTING RESEARCH INTEGRITY IN AFRICA – A CALL TO BUILD CAPACITY, CREATE AWARENESS AND EMPOWER RESEARCH STAKEHOLDERS

Francis Kombe¹, Christa Van Zyl², Limbanazo Matandika³
¹ African Research Integrity Network, Kenya
² Human Sciences Research Council, South Africa
³ Centre for Bioethics in Eastern and Southern Africa, Malawi
Kajoleh@gmail.com

Research Integrity is critical for ensuring sustainability and trust in scientific research output. It is generally agreed that in planning and conducting research, researchers should adhere to universal ethical principles and norms, which underscore the need to promote autonomy, beneficiary and Justice. On the other hand, individual researcher, as well as research institutions have a moral obligation to create space and environment that promotes confidence and trust in their own and other research's research output. This involves but not limited to promoting a fair and transparent exchange of research outputs and data and acknowledging and respecting other researchers' intellectual contributions.

Since the last three decades, Africa has witnessed a dramatic increase in the number of countries that developed policies, guidelines and regulatory frameworks aimed at promoting the ethical conduct of research. Unfortunately, these efforts have not been replicated when it comes to promoting Research Integrity. While regions such as USA and Europe have moved to mainstream and institutionalizing research integrity through initiatives such as the establishment of the ORI, UKRIO, the level of awareness and available initiatives aimed at promoting responsible conduct of research in Africa remains unprecedentedly low.

As at July 2018, a total of 45 professionals from 9 African countries had established the African Research Integrity Network (ARIN). ARIN hopes to develop a better understanding of and sensitizing people about the local environment and conditions that affect research

integrity and responsible conduct of research in Africa. This presentation will showcase the activities and experiences of this network

“CORE ELEMENTS OF MEDICAL PROFESSIONALISM A MEDICAL COLLEGE ASPIRANT SHOULD HAVE” – FROM INDIAN MEDICAL GRADUATE PERSPECTIVE

Peter Prasanth Kommu Kumar
Pondicherry Institute of Medical Sciences, India
praspeter@gmail.com

Background: When selecting medical students, we should look for students whom are patient-oriented and have a passion for the profession, not just good academic grades and good memorizing skills. To do this, we need to understand beforehand the factors of medical professionalism that should be required in medical school applicants.

Aim: To study the core elements of medical professionalism a medical aspirant should have before he joins medical college – from the perspective of the Indian medical graduates.

Methodology: This project surveyed a cross section of Indian medical graduates using a pre piloted questionnaire. The surveyed sample was based on a convenience sample of 50 Indian medical graduates. After obtaining informed consent for the study the participants namely interns, postgraduate students and faculty, a total of 50 in number were recruited into the study. The participants were asked to rank the 20 core elements according to their perception. The data was kept confidential and analyzed using statistical methods.

Results: A total of 50 Indian medical graduates were recruited into the study. Of these 46% were male and 54% were female. The age ranged from 22 years to 70 years with a mean age of 33 years. 54% of the participants were in the 20-30 year age group. The experience of the participants after their graduation ranged from one year to 52 years. From the perspective of the medical graduate Integrity and Humanity were the top two attributes of professionalism a medical aspirant should have.

Conclusion: The study revealed that from the perspective of medical graduates Integrity and Humanity are the core elements of professionalism a medical aspirant should have.

SURROGATE MOTHERHOOD IN THE CZECH REPUBLIC: CURRENT STATUS

Hana Konecna¹, Karolina Novakova², Marketa Sudova¹,
Martina Brokesova¹

¹ University of South Bohemia, Czech Republic

² Masaryk University, Czech Republic

hkonecna@zsf.jcu.cz

The Czech Republic has ratified the Convention on Human Rights and Biomedicine and Convention on the Rights of the Child. CR is one of the most important global targets for patients seeking assisted reproduction. Surrogacy (S) is not regulated in the Czech Republic, but it is implemented. The mother of the child is by law the woman who gave birth to the child, the transfer of parental rights and obligations to the applicant is done through direct adoption.

The Czech Society for Assisted Reproduction issued a recommendation in 2012 not to perform the procedure with donated gametes, to do it solely for health reasons, and not to transfer more than one embryo. In 2016, it issued a recommendation who can be accepted as a surrogate mother: her age must not exceed 49 years, she must have the citizenship of the Czech Republic, and she must submit the following documents: the statement of the registering gynaecologist; the statement of the general practitioner or other specialists; results of psychological examination; confirmation from a lawyer that she has understood all legal and other procedural contexts.

The results of our ongoing research in CR suggest that almost all of the 100 Czech maternity hospitals have met at least once with the birth of a surrogate mother, a lot of centres of ART offer this procedure, and that the surrogate mother is mostly sought through the internet (exceptionally she is a woman from close vicinity of applicants). The

interest of the applicants is growing significantly, as well as those from abroad. Our presentation will describe related ethical, legal and psychosocial issues related to Czech context.

NURSES ROLE IN CASES OF DISAGREEMENT BETWEEN THE PATIENT AND THE FAMILY

Ella Koren¹, Liora Vesterman²

¹ Ziva Tal Nursing Academic School, Israel

² Hasharon Sub-District Health Office, Israel

Ella.Koren@sheba.health.gov.il

A nurse in her professional essence is committed to the benefit of patients and family members. Their benefit perceived as following the bioethics principles: benefit, justice, autonomy and preventing harm. In addition, there is an expectation that family members and patients will have a similar concept of "good" for them, because of common social norms, values and positive emotional connections, based on love, caring and dedication.

However, the professional reality challenges the nurses with situations in which there is disagreement over the perception of "good" between the patients and the family, or among the family members themselves.

The presentation will discuss some cases in which there is a gap in the perception of "good" between the family and the patient. This requires the nurse to make a moral decision and find her place in the continuum between her commitment to the patient and her commitment to the family.

Each of the cases will illustrate the clash between ethical values and principles, between the considerations and interests of those involved, and the nurse's commitment, for example: to prevent harm vs. privacy or vs. autonomy; public health vs. the right to refuse treatment or vaccination.

In conclusion, we will suggest the way to fulfill the moral responsibility of a nurse in cases, which create moral distress.

ETHICS AND COMMUNICATION: USING THE VOICE AS MEANS OF MONITORING THE LEVEL OF HUMAN DISCOURSE

Ernesto Korenman¹, Liora Weinbach², Yehuda Kahane³

¹ CTO Uni-Talk Ltd., Israel

² University of Haifa, Israel

³ Tel Aviv University, Israel

eskorenes@gmail.com

The training and evaluation of the "Switch my Mind" (SMM) technique require a tool to assess speech performance. For this purpose, a mobile phone-based application, ("Unitalk App": UA), has been developed. UA runs an algorithm able to qualify and quantify statistically significant improvements in parameters of Harmony, Entropy, Musicality, Natural Order and Environmental Synchronization Patterns in the voice of the trainee. The use of UA provides immediate online feedback to the speaker by monitoring his/her ability to switch from automatic to conscious speech online during trying circumstances.

Measurements of vocal performance in children and adults have shown large and significant quantitative improvements in the quality of the voice after SMM implementation. Results from the use of this application in bigger groups or even entire populations enable the assessment of their collective quality of speech, hence, providing for the first time a tool to train, monitor quantify and assess the discourse of a whole group entity.

During this session we will illustrate the functional features of the UA; results obtained from their practical implementation will be reported; and the audience will be given a unique opportunity to have temporary free access to UA to have a firsthand personal experience.

The improvement of our quality of communication is a basic prerequisite for the emergence of a new type of Social Ethics based on the Natural Human Potential to speak and communicate consciously. Its practical implementation promotes communal empathy,

responsibility and cooperation; all the above elementary conditions to assure the survival of the Human Race because “Death and life are in the power of the tongue”.

IDENTIFYING CONTROVERSY: A MULTI-STAKEHOLDER Q METHODOLOGY STUDY ON SOCIAL EGG FREEZING

Johanna Kostenzer, Antoinette de Bont
Erasmus University Rotterdam, Netherlands
kostenzer@eshpm.eur.nl

With the further development of reproductive technologies, social egg freezing has emerged as an alleged option for women to preserve fertility. In Europe, the practice remains to be highly controversial and is surrounded by conflicting values, stereotypes, and different understandings of how to regulate fertility preservation. Up until now, the matter has been extensively discussed from a bioethical, medical and legal perspective, and few studies have investigated the multifold underlying motivations for egg freezing. The diverse opinions of various stakeholders on the issue itself, however, have not been explored so far.

The aim of this presentation is to introduce a Q methodology study that will explore controversial arguments and potentially normative tensions by applying a multi-stakeholder approach involving patients, providers, and policy makers. Q methodology is an approach designed to identify diverse perspectives by asking the study participants to rank statements about a certain topic based on their subjective viewpoint (e.g. agree/ disagree). Whilst the method has been applied in the field of health science, it is a rather new approach for studies in bioethics. The presentation will introduce the research project and method. It will further initiate a discussion by addressing the question of how to identify the most controversial yet most relevant arguments in the debate around social egg freezing.

DIGNITY OF EMBRYO IN TERMS OF CONSTITUTIONAL PERSPECTIVE (RUSSIAN AND INTERNATIONAL LEGISLATION)

Irina Krylatova
Ural State Law University, Russia
irina180582@mail.ru

“Forth generation of human rights” or “bio-rights” is based on the confrontation between the concept of human dignity and unrestrained freedom of research.

Dignity as a phenomenon of human perception and essence of human rights is a traditional theme of constitutional law. Seeking the balance between ordre public and assumption of inviolable human dignity is the core aim of constitutional judicial control, which is held by the constitutional courts. So, safeguarding human dignity is recognized as an individual interest, and freedom of biomedical research is considered as a public interest.

This paper is an attempt to answer a thorny issue: where lies the best balance between these two interests.

Human dignity discourse reveals the intrinsic value of a nascent human life in embryo stage. “An embryo is not something distinct from a human being. It is a human being at the earliest stage of its development.” (Robert George). So we have to respect its dignity before, during and after its viable period.

The bioscientific and biotechnological revolutions permit human embryonic research because they consider an embryo as a number of stem cells (in developing methods of artificial growing of cells and tissues, in cell engineering by CRISPR etc.).

This paper further proposes regulation which might conciliate these two opposite views.

The author’s arguments will be supported by comparative analysis of articles of Oviedo Convention and Russian legislation as well as decisions of ECHR and constitutional courts in dignity discourse.

ACCOUNTING FOR THE MORAL CHARGE OF THE NEW SEX SELECTION TECHNOLOGY: FROM “NOT” TO “WHY NOT?”

Olya Kudina
University of Twente, Netherlands
olga.kudina@utwente.nl

A new iteration of the preconception sex selection technology (SST+), under development in the Netherlands, promises a cheap, near-to-certain and non-invasive means to select a sex of one’s future child in the setting of one’s home. This paper explores the normative challenges such a material change in the sex selection practice may bring. The study indicates how the new technologies, such as SST+, may not only challenge existing ethical concerns we have regarding them, but also may change the evaluative standards with which we want to assess these technologies. Non-medical sex selection is banned worldwide, with a notable exception of the US and a few other countries. This paper explores how an introduction of SST+ can mediate the norms and values of people, and what possible societal changes this could entail. The paper will present the findings of the twofold analysis: an empirical exploratory study, with the help of Interpretative Phenomenological Analysis; intertwined with a philosophic analysis, relying on the theory of technological mediation. The paper aims to understand how people appropriate the possibility of SST+, making sense of it within their lifeworld and existential concerns. The study helps to contextualize the existing ethical debate on sex selection technology, that until now predominantly focuses on the hard rhetoric of risk, and the cost-benefit analysis. The micro-perspectives, situated in the rich lifeworld of people confronted with the new technology, help to foreground novel normative concerns and substantiate the previously existing ones, thus forming a nuanced background for informed decision-making regarding SST+.

CONTEMPORARY ETHICAL DILEMMAS IN MODERN NURSING

Michael Kuniavsky^{1,2}, Michal Rassin², Sofi Dombé²
¹ Ministry of Health, Israel
² Assaf Harofeh Medical Center, Israel
mkuniavsky@gmail.com

Background: Recently, new ethical issues in nursing have arisen. Such as the discrepancy between providing care to the patient while maintaining an acceptable degree of personal safety. This issue can manifest in several ways, including: treating patients with a life-threatening contagious disease (e.g. Ebola); patients engaging in violent acts towards the medical team, and providing medical care under rocket fire.

Objective: to examine nurses’ attitudes towards the ethical dilemma of providing sufficient care while maintaining personal safety and identify factors that influence these attitudes.

Methods: Convenience sample of 166 nurses from internal departments and intensive care units (pediatric and adult) surveyed. Respondents were asked to fill out an anonymous questionnaire, which described six different cases of ethical dilemmas that arise during active patient CPR (child/adult).

Results: We found that in case of rocket fire, most participants agreed that they would continue to administer CPR, opposed to cases of CPR patients with Ebola. In cases with violence, 56% of nurses responded that they would continue to administer CPR for child patient, while 43% for adult patient. Participants were more willing to endanger themselves for child patient. Participants stated that their personal opinion was the most significant factor influencing their behavior, followed by institutional policy. Opinions of colleagues and patients’ relatives were less influential.

Conclusions: Willingness of participants to administer CPR matched the degree of danger the medical staff faced. Moreover, institutional policy is clearly of great importance to the respondents and should be established.

ACHIEVING GREATER ETHICAL AND QUALITY STANDARDS IN GLOBAL HEALTH VOLUNTEER ORGANIZATIONS; CURRENT CHALLENGES

Judith Lasker
Lehigh University, USA
judith.lasker@lehigh.edu

Growing concern about the quality and ethics of short-term volunteer trips in global health has led to the development of dozens of suggested sets of guidelines intended to promote best practices. Guidelines from a diversity of sources—individual scholars or practitioners, faith-based organizations, universities, NGOs, and host country professionals—share many common themes such as the need for effective mutual partnerships, ethical conduct in patient care, evaluation of impact, continuity and sustainability, and pre-trip preparation of volunteers.

Guidelines are for now mostly aspirational. Despite considerable agreement on the characteristics of good quality programs, there are few mechanisms to ensure that these are incorporated. There is also no reliable source of information about sponsoring organizations that would allow potential volunteers or host partners to know if they are working with a reputable organization that adheres to guidelines.

These two realities open the door for companies to take advantage of the growing demand for overseas service opportunities by charging higher fees without having to invest in program improvements. This growing trend advantages higher income students who can use their experiences in building resumes and disadvantages host communities that are often overrun with unskilled and unprepared outsiders.

THE CASES OF ALFIE EVANS AND CHARLIE BROWN: WHO SHOULD DECIDE WHEN TO END A THERAPY?

Martyna Łaszewska-Hellriegel
University of Zielona Góra (Uniwersytet Zielonogórski), Poland
m.laszewska-hellriegel@wpa.uz.zgora.pl

On 28 April 2018, 23 month old Alfie Evans died in Liverpool's hospital. Alfie had a severe neurodegenerative disorder and had been intensive care. His parents wanted life support to continue, but Alfie's doctors believed that this would be futile; in late February, the High Court ruled that life sustaining treatment was not in Alfie's interests. Subsequently, a series of (unsuccessful) appeals were heard by the Court of Appeal, Supreme Court, and European Court of Human Rights. This case was similar to two previous cases of Charli Gard against Great Britain and Afiri and Biddarri against France held in front of the European Court of Human Rights.

The first point of this article is a try to draw a way out from an overlapping and conflicting laws - child's best, parental decision making and the right to live. I also deal with a curtail ethical question which arise in the cases: who is to decide what is child's best? The second point is an argue that what we need more is doctors, lawyers, ethicists, politicians, and parents are working together, because the situation which took place during the three mentioned cases is ethically not acceptable. There is a need for a new policy. The third addressed problem is a dilemma when to end a therapy and what to do when other professionals offer to continue it.

A RELATIONAL ACCOUNT OF ORGAN DONATION

Pamela Laufer-Ukeles
Academic Center for Law and Science, Israel
pamelal@mishpat.ac.il

Various methods for improving rates of organ donation are having significant success. The use of organ donor cards continue to rise in Israel and globally. However, in practice, doctors are loathe to allow donations in the face of family objections, even when donor cards have been signed. The failure to use organs that have been expressly donated has been argued to breach autonomy and to be against public policy. However, the concept of relational autonomy paints a

more complex picture. Decision-making is not just individualistic, and family connections and feelings must often be taken into account. It is the surviving family who faces the doctors and their objections have impact. From a relational perspective, how can autonomy be improved? One way is to build on relationships between donors and receivers to build understanding and take into account not just individuals and individual wishes, but the way relationships can affect decision-making. While any interaction between donating persons or families and those who can benefit is considered problematic for the fear of undue pressure on decision-making, this paper will consider how such meetings and the connections that result can actually promote autonomy and incentive donations.

SHOULD THE RISK OF PREMATURE DEATH BE CALCULATED AND INDEMNIZED? HOW?

António Rui Leal¹, Maria José Pinto da Costa¹, João Amado²
¹ ICBAS / University of Porto & INMLCF, Portugal
² UCP, Portugal
marceleal14@gmail.com

Sedentary life style is an important risk factor for premature mortality, as proven in many cardiovascular studies. After a revision about this subject the Authors analyses this epidemiological fact in a Legal Medicine perspective. The hypothesis and the need of a specific consideration about this risk (and costs, in terms of "Year Life Prematurely Lost" - YLPL) in case of traumatic/accidental lower limb injuries - amputation / prosthesis, arthritis, etc - is analyzed, as also in the case of the "imposed" sedentary workplaces, like informatics, video-vigilance, etc.

Therefore the Authors propose and present the first results of a retrospective study in Oporto from 2005 till 2018, where is pretended to prove these risk, comparing mortality rates in the cases cited above, extracting relevant data from the Legal Medicine Institute (INML) and of the National Digital Registry of Death Certificates (SICO). After that we compare this with the general population of Portugal and extract conclusions. Based in these results and the pre-existent predictive tables for CV Risk, we propose then a new formula for the prevision of YLPL and one respective indemnity, for assurances and employers, in the irrefutable cases. This will permit a global reflection about this risk and will induce the promotion of preventive measures, especially in the sedentary workplaces and pos-accident injuries.

PATERNALISM VS. AUTONOMY – ARE WE BARKING UP THE WRONG TREE?

Peter Lepping^{1,2,3}, Bevinahalli N Raveesh³
¹ BCULHB, UK
² Bangor University, Wales
³ Mysore Medical College and Research Institute, India
peter.lepping@wales.nhs.uk

Many attempts have been made across the world to reduce paternalism in medicine. In psychiatry these attempts have arguably been most pronounced because psychiatry has traditionally used legislation to sanction coercion and detention, thus reducing patient autonomy. For England and Wales the Mental Capacity Act 2005 explicitly sanctions the use of coercion in order to facilitate investigations and treatment that is in the patient's best interest while the patient lacks capacity. Traditionally the argument has been that doctors and nurses have made too many decisions for patients, which has compromised patient autonomy, and recent court interpretations of the Mental Capacity Act have reinforced the importance of patient autonomy.

We explore whether we can reduce paternalism by increasing patient autonomy. We argue that autonomy should not have any automatic priority over other ethical values. Thus, balancing autonomy v. other ethical pillars and finding the optimal balance between the patient's wishes and those of other relevant stakeholders such as the patient's family has to be dynamic over time.

BOUNDARIES IN LIFE AND IN MENTAL HEALTH THERAPY

Michal Lev Ari
ERAN – Emotional First Aid Services, Israel
 michalevari@gmail.com

Boundaries in the area of mental health therapy. Boundaries are the most important base stones in relationships. They are the essence of the treatment that begins with defining - time, place, duration of treatment and goals. The boundaries empower the ability to tolerate frustration, regulate emotions, hold back and to be in control. They control automated and impulsive behaviors. But what are the boundaries of treatment? How to define them? Who defines them? Why and to whom? What are their goals and how the volunteers of ERAN deal with the issue of boundaries? Our volunteers have the responsibility to ensure that these boundaries are held so that all interests of each help seeker will be preserved. ERAN's ethics rules are pretty clear, but we do not provide regulations for any situation or dilemma they approach. So how do we assimilate boundaries? Determining our boundaries becomes part of the definition of a person's self-identity. It may be external (to others) or internal. We may set boundaries, as internal self-control, regulate our impulsive behavior and external frustrations. In the lecture I will discuss the commitment and obligation to ourselves and others to lay boundaries in all areas of life.

DUTY OF CARE IN MEDICAL MALPRACTICE

Natali Levin
University Adam Mickiewicz, Poland/Israel
 natalilaw50@gmail.com

The conceptual duty of care is assigned to every physician regarding his patient. This by itself does not necessarily indicate that concrete duty is assigned to the physician towards his patient, and the litigants must prove that the specific physician had to expect the existence of the certain risk towards his certain patient. The existence of the concrete duty of care can also be improved after a single meeting between the physician and the patient. Moreover, in light of the physician's qualities, it is necessary to require him to expect the existence of rare illnesses and those that require expert care in different fields of medicine. From the aforementioned presumption of obligation, the physician who has conceptual and concrete duty of care towards his patient in any case, the duty to adopt the means which another reasonable physician would have adopted under the same circumstances is assigned. This is not a sweeping duty or absolute responsibility, since the care-providing physician will not be blamed for every illness and every defect. The legal policy requires careful consideration whether a mistake in judgment will necessitate medical malpractice, since there is concern of excessive deterrence in law. The intention is not to weaken the physicians and to bring about 'defensive medicine', according to which, when the physician provides treatment, he will not see only the best care of the patient before him, but also the risks of a future lawsuit – and then society as a whole loses.

HARMING: REMEDYING FERTILITY CLINIC MISTAKES

Browne Lewis
Cleveland State University, USA
 b.c.lewis@csuohio.edu

When two fertility clinics in the United States accidentally destroyed over 2000 frozen eggs and embryos, the potential patents were left without an adequate remedy. The feeling clinics are only legally required to report their successes. Thus, infertile people are not able

to do their due diligent prior to selecting a clinic. They are forced to put their trust in the doctors and staffs of the fertility clinics. When that trust is broken, they should be able to get more than just an apology. I will examine the ethical and legal consequences of failing to regulate the fertility industry.

EUGENICS, PGD AND THE JEWISH LAW

Elchanan Lewis
Puah Institute, Israel
 lewis@puah.org.il

BRCA is a genetic mutation, common in the Jewish Ashkenazi community which is responsible for young age breast cancer and ovarian cancer. The mutation is genetically detectable and Preimplantation Genetic Diagnosis (PGD) can be used with In-Vitro Fertilization, to ensure only healthy girls are born. The presentation will explore an ethical approach and a religious approach to whether this is an obligation, an option or a prohibition.

WHEN LAW ENFORCEMENT INTERFERES WITH PATIENTS' RIGHTS AND HEALTH CARE PROFESSIONALS' AGENCY: A STRATEGIC MANAGEMENT APPROACH

Martin Lewison¹, Cheryl Schreiber Lewison²
¹ *Farmingdale State College, USA*
² *Icahn School of Medicine at Mt. Sinai/Queens Hospital Center, USA*
 lewisom@farmingdale.edu

A 2017 viral video that gained international attention showed a nurse at the University of Utah Hospital being violently arrested by an impatient plainclothes police detective when she, citing the hospital's patients' rights policy, refused to permit a police blood draw from an unconscious patient who had been involved in a serious motor vehicle accident (Barbash and Hawkins 2017; Karimi and Moshtaghian 2017). This case, as well as others (cf., Whitehead 2013; Balko 2013), raised a number of medical, ethical, and legal concerns regarding difficult interactions between medical facility staff, patients under investigation, and law enforcement personnel, particularly when those interactions involved police or prosecuting attorney requests or demands for compelled cavity searches and blood draws. Some of these issues have been discussed within the literatures on prison medical care (Allen and Aburabi 2016), search and seizure in criminal justice (Appel 2014; Harcourt 2004), doctor-patient relations (Goodyear-Smith and Buetow 2001), and forensic medicine (Payne-James 2016), among other literatures, but these issues are largely absent from the literature on health care management strategy. Senior administrators need ethical, legal, and managerial guidelines and strategies for developing policies to guide medical facility personnel in these difficult situations. This paper uses the principal-agent and stakeholder theory models to develop strategies for senior medical facility administrators in their management of multiple sets of rights and responsibilities within the complex medical, ethical and legal tangle of criminal justice concerns, the rights of patients in police custody, and the agency of doctors and other medical personnel.

RESEARCH ON RIGHT PROTECTION FOR SPOUSES OF HOMOSEXUAL MEN IN CHINA

Xianhong Li, Weizi Wu
Central South University, China
 xianhong_li@csu.edu.cn

Recently, the rights and health issues of wives of gay men (Tongqi) in China have gained increasingly attention by experts from law, society and public health. The researches focusing on Chinese Tongqi are getting more overt along with more and more Tongqi realized their social identities.

Tongqi married gay men without any consciousness on their spouses' homosexual tendency, while the marriages are protected by the "Marriage Law", and it is hard for them to get divorced. This kind of marriage is lack of love, sexual life, communication or care, but full of isolation, insulation, and loneliness, except to fulfill the social function of extending generations: to deliver babies. Thus, Tongqi's rights as spouse (such as sexual right, respect right, equal treasure right, and so on) are deprived. Besides, Tongqi also face the risk of getting HIV and sexual transmitted diseases (STDs), because their husbands are on high risk of HIV and STDs. Thus, their health rights are in danger. However, when Tongqi sued their husbands because of their homosexual orientation to ask for divorce and compensations, they could not easily get divorced, or get any compensation for the cheated marriage, according to the current "Marriage Law" in China. The main purpose of Law is to prevent illegal acts, not to punish the criminals. Thus, we proposed three aspects to protect Tongqi's rights. First, to prevent women become Tongqi by perfect legislation for getting married, to ask the sexual orientation before legally marriage registered, and to improve public education about sexual orientation diversity. Second, to protect Tongqi's rights when they are suing for divorce by introducing Spouse Rights in the "Marriage Law". Third, to protect Tongqi's rights when they are asking for compensation due to the cheated gay-heterosexual marriage by clearly understand the "fuzzy" characteristics of Law, and not to make the explanation of "cohabitated with others beyond marriage" only referring to "opposite gender".

SWEDISH WORKFORCE INTEGRATION OF REFUGEE MEDICAL PROFESSIONALS

Thomas Lindén, Hanna Vihavainen, Elin Karlsson
Swedish Medical Association, Sweden
 thomas.linden@slf.se

To Sweden, refugee medical professionals mostly come from countries outside the EU/EES. To practise, they need medical licence from the National Board of Health and Welfare according to regulations for doctors educated outside EU/EES. They may obtain a licence even without a Swedish personal identity number or residence permit, however, in order to practice medicine or study in Sweden, they also need a residence permit from the Swedish Migration agency. There are three options for refugee doctors for obtaining a licence: They can 1)take a proficiency test followed by clinical training or 2)undergo additional training at a medical university and complete their internship before applying for a licence or 3)go back to medical school to obtain a Swedish degree. In every option they must also certify their knowledge of Swedish language at level C1 in accordance with the Common European Framework of Reference for Languages. The Swedish Medical Association (SMA) has acknowledged that the licencing process needs to be improved in several areas, since the average time to obtain license is five years. The SMA has therefore participated in development of several initiatives for 'fast track' processing. A web-based introductory course for Swedish healthcare has been developed in collaboration with the Karolinska Institute. Another web site is launched to provide comprehensive information on the licencing process to invite more employers to offer auscultation to those doctors in need of it. The SMA also plans to offer different language support methods and aims to develop a model for a mentorship program.

GOOD MORNING BUDAPEST: EARLY WARNING AND UNINFORMED VICTIMS DURING WAR

Ruth Linn
University of Haifa, Israel
 linnsai@gmail.com

Early warning in times of war aims to prevent a harmful potential action by alarming the target population early on in time. The paper discusses two alarming messages. First, the one that reached or did not reach Budapest, the Capital city of Hungary on early May 1944,

two weeks before the massive deportations of 437,000 million Jews to Auschwitz Birkenau. Second, the one that reached or did not reach Fort Budapest, the most secured position in Bar Lev Line along the Suez canal, at the eve of the 1973 Yom Kippur War. The function of the warning (how early the warning) and its intensity (how strong the warning) were publicly discussed during the 1958 Kasztner trial and the 1974 Agranat commission. The similarities between the two events are discussed.

GENDER AND ORGAN DONATION

Maria Teresa Lopez de la Vieja
University of Salamanca, Spain
 tlv@usal.es

Transplantation therapies could save patients' lives or offer more quality of life. According to the Report of 2016, Spain is still the country with highest rates of organ retrieval for transplants, thanks to the efficiency of the National Transplant Organization (ONT) – the so called "Spanish model" – a presumed-consent legislation, and to the solidarity of many citizens. The majority of suitable deceased donors were male (58%). Different were the figures of living donors – particularly for kidney donation – because they were female (65%). These data speak of an unequal distribution of donors; for this reason, gender perspective has to be taken seriously to analyze the issue. The hypothesis is that social expectations could bear heavily on preferences of female living donors. (1) Available data about living organ donors in Spain and also in other European countries indicate that there is a clear gender imbalance. Live donation could exemplify altruism or real concern for others' wellbeing. However, the usual answer to this message – in several countries and cultural contexts – seems quite different in women and men (2) How to approach unequal rates of living organ donation? Could it be a question of communication, differences of health and life expectancies or of altruism? Who are the donors? (3) After exploring three arguments, the conclusion here is that the gender lens is pertinent to confront the imbalance in distribution of living donors. Social roles and conventional notions about the gift of life precede autonomous consent to donate organs.

LEGAL ISSUES ON THE CLINICAL STUDY OF NEW MEDICAL TECHNOLOGY

Yiguang Lu¹, Xiaofeng Liu²
¹ *Shanghai United Law Firm, China*
² *East China Normal University, China*
 lyg6749@163.com

The clinical study of new medical technology should be conducted in a scientific, normalized, open and ethical way so as to fully protect the rights and interests of subjects. Anyone or any institution that conducts a clinical application in the name of making a clinical study of new medical technology shall bear the relevant legal liabilities. Civilly, the clinical study of new medical technology is stipulated as a non-profit behavior, so any contract which is concluded for seeking profits by taking advantage of clinical study shall be deemed to be invalid or voidable. Administratively, we should make a law to define the administrative licensing of clinical study and provide its implementation process of it and the procedures for translating clinical study results into clinical application; we should also make a law to punish any falsification in a clinical study. And criminally, any serious illegal act in a clinical study of new medical technology shall be investigated for criminal responsibility and distinguished as medical accident crime, contract fraud and crime of negligently causing death (or negligently inflicting seriously bodily injury).

CATHOLIC LAITIES' ATTITUDE TOWARDS PRINCIPLES CONCERNING END-OF-LIFE CARE DECISION IN HONG KONG

Dominic Lui¹, Ita Fung², Cynthia Yip²

¹ Holy Spirit Seminary College of Theology and Philosophy, Hong Kong

² Caritas Institute of Higher Education, Hong Kong

dominiclui@yahoo.com

Hong Kong is a multicultural city, while Chinese remain to be the main mainstream. Advance care planning allows individuals to plan for their own end-of-life care. Advance directives, as part of advance care planning, allows a person to make decision, in advance, on the health / medical care for oneself in case one has become incompetent to make such decision. Advance directives can serve as a mean to avoid conflict or confusion when it comes to end-of-life care decisions. However, end-of-life care issues are controversial, sensitive, and misfortune topics to talk about in Chinese culture. This study aimed to explore the Hong Kong Catholics' attitudes toward six principles concerning end-of-life care. A cross-sectional survey has been conducted on Hong Kong Catholic laities aged 18 year old and over. Participants were recruited from different parishes in Hong Kong between July 2017 and September 2017. A total of 2300 valid questionnaires were received. Participants were asked to prioritize the principles based on the importance of the six principles. Spearman's Rho in SPSS was used to test independence of demographic factor-principle pairs; and ordinal logistic regression was used to calculate the odd ratio of the statistically significant pairs. Observation overall mean score showed that participants ranked Autonomy as the most important decision factor, followed by Fidelity, Stewardship, Beneficence, Justice, and Nonmaleficence. Statistical test showed that participants' age was significantly associated with Autonomy, Stewardship, and Justice; while Education level was associated with Beneficence; and income was associated with Autonomy.

END-OF-LIFE AND BIOETHICAL ISSUES THROUGH HEALTHCARE PROFESSIONALS' EXPERIENCE: SEEKING A BALANCE BETWEEN EMOTIONAL AND LEGAL CHALLENGES

Marina Maffoni¹, Ines Giorgi², Piergiorgio Argentero¹, Ilaria Setti¹, Anna Giardini³

¹ University of Pavia, Italy

² Istituti Clinici Scientifici Maugeri Spa SB, IRCCS Pavia, Italy

³ Istituti Clinici Scientifici Maugeri Spa SB, IRCCS Montescano, Italy
marina.maffoni01@universitadipavia.it

Constantly dealing with suffering and dying people may affect healthcare professionals' quality of life and psychophysical wellbeing. Besides some protective factors, they are exposed to various risks: ethical decision-making regarding end-of-life or life-sustaining therapy; emotions management; balancing family, institutional and moral constraints. To date, little is known about healthcare providers' experience related with end-of-life and bioethical issues.

This presentation reports about one-to-one audio-recorded semi-structured interviews proposed to 19 healthcare professionals (nurses and physicians) working in a palliative care unit. An iterative process involving continuous sampling and data analysis was performed according to the qualitative Grounded Theory approach. The explored themes were: morally and emotionally difficult work situations, self-perceived risk and protective factors, social support in the team, conflicts with colleagues and caregivers and considerations on the recent Italian law (219/2017) about informed consent and advanced directives.

To deal with young or alone patients and with caregivers' grief and requests were reported as stressful situations. Providers described daily emotional and moral challenges and their never-ending research of the right approach. Balance between professional and private life, as well as having social support from colleagues, are reported as valuable protective factors. Providers perceived the new regulation as both a positive tool and a new challenge in health caring.

Therefore, in the multifaceted scenario of palliative care, qualitative research on healthcare providers' experience may allow to better understand their needs and to help them managing occupational stressors through tailored interventions.

SEVEN DECADES AFTER THE NUREMBERG TRIALS: THE THIN LINE BETWEEN MEDICAL CARE AND CLINICAL RESEARCH IN ISRAEL

Limor Malul¹, Shulamit Almog², Nadav Davidovitch³

¹ Zefat Academic College, Israel

² University of Haifa, Israel

³ Ben-Gurion University of the Negev, Israel

limor.mlr@gmail.com

Background: Bioethical principles, which began to take shape after the horrors of WWII, emphasized the importance of distinguishing between the role of physician-researcher vs. physician-therapist. The contested notion of a possible continuum between the Nazi and the "normal" medicine will be referred to as a 'continuum concept'.

Methods: We used the methodology of textual analysis, including the analysis of archival documents, historical Jewish press, as well as analysis of in-depth, semi-structured interviews conducted with key Israeli personnel involved in the field of medical experimentation on human subjects between November 2014 and November 2017.

Results: The study revealed that Nazi medicine was perceived as both traumatic and a threat to the Israeli physician-researcher. This led to suppression and denial of the relevance of Nazi medicine to clinical and research practices in Israel and led to an intensification of the internal blurring of medical boundaries. The inherent blurring was sharpened and stood out in local traumatic events, from the claims of human experimentations during mass migration in the 1950s to the experimentations on vulnerable groups such as soldiers and mentally ill patients. Interestingly, the Nuremberg trials and the Nazi medicine have not taken an important role in constructing current regulation on clinical and research practices. The patient-participant's need for treatment, especially in extreme situations such as in cases of advanced cancer, is leading to blurring boundaries, which are intensified by the exclusion of the 'continuum concept' and lack of awareness of the implications of simultaneously dual role of physician-therapist alongside the physician-researcher.

REFUGEES: LINGUISTIC, CULTURAL OR HUMAN RIGHT QUESTION?

Giuseppe Mancini

Federazione Logopedisti Italiani, Italy

giuseppemancini@me.com

The refugee crisis in Europe has highlighted many of the difficulties in creating appropriate services for vulnerable populations. Refugee adults and children suffer the adverse effects of forced migration which can lead to chronic disorders, if not treated. Many studies have shown that, though European governments and policy makers are aware of the specific difficulties encountered by the refugee population, medical and rehabilitation services often do not have a consistent and cohesive plan to operate the most effective programmes (when they do exist, are fragmented and poorly coordinated). Further barriers to treatment include cultural and communication difficulties, lack of access to intervention services, lack of continuity of care, as well as lack of empowerment on the part of the refugees themselves. Furthermore, most refugees are unfamiliar with Western mental health and rehabilitation services and their treatment expectations may be very different from services offered, leading to a lack of mutual understanding of the approaches used.

The speech and language therapist as part of the interdisciplinary team has a pivotal part to play in the development of refugee-competent services.

As the stakeholder of communication and integration process, will attempt to sensitize first of all the SLTs, in their role in the development of appropriate service delivery, analyze the procedures,

and outline the barriers to appropriate treatment, while attempting to offer some insights into ways in which these services may be improved from the SLT perspective. A single case will be presented.

ASSESSMENT OF KNOWLEDGE AND AWARENESS ABOUT ASSENT IN ADOLESCENTS AND THEIR PARENTS

Shailaja Mane, Harsh Tyagi, [Rashi Bilgaiyan](#)
Dr. D Y Patil Medical College, Hospital and Research Center, India
dr.shailajamane7@gmail.com

Assent is an expression of approval / agreement. Informed assent means adolescent's agreement to medical examination / treatment / procedures etc. Decision making involving health care of adolescents should include assent of the adolescent as well as consent of parents. In India, there is scarcity of information regarding assent in adolescents. Most parents are unaware that they should involve their child in medical decisions and they should ask their child for assent regarding medical or surgical treatments. In India, the decision of the parents in health issues/medical treatment of adolescents is considered to be final and no opinion of the adolescent is taken. In countries, like USA, European countries etc, obtaining assent of the adolescent is important. The age of 18 years is considered a legal age for giving valid consent for treatment as per Indian Majority Act.

Studies regarding assent are rare so an observational, cross sectional, questionnaire based pilot study was done to know the awareness about assent of adolescents in medical examination / treatment / procedures among adolescents and their parents.

Adolescents within age group of 10 to 18 years and their parents who attended the out patient department of a tertiary care hospital were included on voluntary basis. The consent from parents and assent from adolescents was taken. The questionnaire was given to them and obtained anonymously. About 100 adolescents and their parents were involved. Statistical analysis is in progress.

Violation of bioethics can be minimized by spreading awareness and knowledge about right to an assent.

ETHICAL TENSIONS ON RETURN-TO-PLAY IN SPORTS INJURY

Peter Johannes Manoppo
Widya Mandala Catholic University, Indonesia
peter.jmanoppo@gmail.com

Return-to-play decisions in sports may lead to ethically complex situations. Ideally, the decision to play again after an injury should be based on the athletes' best interest, with a focus on the health and safety of the athlete, and align on a shared decision of all stakeholders. The general objective of this study is to analyze ethical tensions around return-to-play decisions following a sports injury. Hereby we aim to study (1) to what extent the autonomy of the athletes should be respected in return-to-play decisions, even if going against the advice of treating physicians or trainers; and (2) to what extent athlete health can be protected against inappropriate return-to-play decisions. Through literature review we analyze how the principlism approach, and in particular the principles of respect for autonomy, beneficence and non-maleficence might offer an ethical ground for decision-making in the case of return-to-play decisions. We concluded that the principlism approach provides only a limited answer to the problem and we developed that the care ethics approach provides a better approach to address return-to-play dilemmas. Further research is needed for making appropriate ethical ground of return-to-play decision making policy in sports injury based on the development and evolution of sports rules, sports governance, better sports stake-holders inter-relationship, better sports health care, and more competitive sports excellence.

TEARS IN HEAVEN – CHILDREN'S DEATH IN WESTERN HISTORY: GRIEF, RITES, REPRESENTATIONS OF AN UNSPEAKABLE LOSS

Raffaele Mantegazza
University of Milan-Bicocca, Italy
raffaele.mantegazza@unimib.it

From Debussy to Dostoevsky, from Mahler to Ungaretti children's death is the symbol of an unspeakable loss: if death is not fully understandable in its deep mystery, the death of a child deals with justice and injustice, with theodicea, with the nonsense of the end of a life that has scarcely begun its journey. Nonetheless in Western World we can find a huge amount of representations (painting, musics, poems) and rites that try to deal with this matter and to the immense grief that is related to it. The death of a child is at the crossroad between medicine, philosophy, arts, ethics, religion and has been seen as the crucial point of faith both in Jewish (see Wiesel, Jonas) and Christian tradition (see Gutierrez). Further images relating to the death of children are linked to war and extermination, from the girl of Hiroshima to the child of the Warsaw ghetto. The death of children shakes our generic idea of death, change it forever; it is the point around which a new idea of ethics of being born and of dying can be born, a new idea of childhood and a new pedagogical ethics. The paper will show the different representations of children's death, starting from art and literature to the point of crossing the modern problems of bioethics linked to experiments on artificial insemination and the new inter- and multicultural idea of childhood

ETHICAL ISSUES RAISED IN AN INTERPROFESSIONAL EDUCATION (IPE) COURSE ON END OF LIFE CARE

Esther-Lee Marcus^{1,2}, Estelle Rubinstein³, Adi Finkelstein^{2,4},
Freda DeKeyser-Ganz², Anna Woloski-Wruble², Uriel Trahtemberg^{2,3},
Livnat Weider³, Adir Shaulov^{2,3}, Dorith Shaham^{2,3,5}
¹ Herzog Medical Center, Israel
² Hadassah – Hebrew University, Israel
³ Hadassah Medical Center, Jerusalem
⁴ Jerusalem College of Technology, Israel
⁵ The Center for Dignified End of Life (CDEL), Israel
elm@zahav.net.il

The Center for Dignified End of Life (CDEL) at the Hebrew University of Jerusalem was established in order to advance and coordinate End of Life (EOL) teaching and research. An elective Interprofessional Education (IPE) course on EOL was conducted. The course's aims were twofold: to teach a combined group of medical, nursing and social work students about EOL care and concomitantly, to prepare these students for their clinical roles as members of a multidisciplinary team. The course was created and taught by a multidisciplinary team consisting of physicians, nurses, social workers and a medical anthropologist. The course included lectures and small group discussions. Topics included: basic concepts of EOL and palliative care; cultural, legal and spiritual aspects of EOL; and patient and family perspectives on EOL.

During the course several ethical issues were raised, among them: 1) Quality of life vs. prolonging life. 2) Withholding and withdrawing life-sustaining treatment, including reference to cultural and legal attitudes in Israel and the Israeli Dying Patient Law. 3) Patient's wishes and desires vs. the family members' wishes – analysis of the approach in such cases of discrepancy. 4) The nature of the boundaries between the roles and responsibilities of each profession represented in the multidisciplinary team. 5) The extent of personal and emotional involvement by healthcare professionals in EOL care and effect on patients, family members, and healthcare professionals.

This unique course – which brought together teachers and students from different professions, clinical expertise, and cultural backgrounds – created an important opportunity for discussion of ethical issues related to EOL care.

CHAPERONING, PROTECTING PATIENTS IN HEALTHCARE, WHO IS FOOLING WHO?

Paul Marinaccio-Joseph
Swansea University, UK
p.marinaccio-joseph@swansea.ac.uk

The concept of informed consent has changed dramatically following the ruling of the Supreme Court in the case of *Montgomery (Appellant) v Lanarkshire Health Board (Respondent)* [2015] (*Montgomery* hereafter). This has resulted in greater onus for Doctors and all healthcare professionals to provide patients with “the right amount” of information to allow them to be fully informed and be able to be involved in choosing the treatment appropriate for them. The shift in the legal landscape will have implications for healthcare professionals who utilise chaperones when undertaking examinations that are of an intimate nature. The writer respectfully avers that many male healthcare professionals simply call in a female nurse, or colleague who is available to oversee often complex and intimate examinations in order that they may speak up on their behalf in the event of a patient making a complaint against them.

Following the case of *Montgomery* it may no longer simply a matter of asking a nearby colleague to pop in to chaperone you in whilst you perform an intimate examination. Such actions may vitiate consent and render the examining healthcare professional, the chaperone and the NHS trust responsible liable for inappropriate conduct leading to both civil and even criminal sanctions being brought against them. Patients should be told why the chaperone is being asked to intervene in the process and fully informed what their role is in the process. Further, the chaperone should advise the patient as to the training, if any, they have undertaken to perform the role and to explain what their role will be when reporting the details of the examinations they have chaperoned. This article will examine what the writer sees as new concept of consent, and areas such as the jurisprudential concept of equality of arms. The article ends by concluding that once a doctor involves a chaperone to protect himself then this immediately offends the “equality of arms” concept and could leave them open to accusations of “loading the dice” and creating an unfair disadvantage to patients in their favour.

BIOHACKERS: THE OPTIMIZATION OF GENOME IN DIY CULTURE

Matheus Vinícius Marques Lima¹,
Simone Murta Cardoso do Nascimento²
¹ *Escola Superior Dom Helder Câmara, Brazil*
² *Universidade do Estado de Minas Gerais, Brazil*
matheus257@hotmail.com

According to the Biohackers’ reasoning, the improvements of the human capacities propitiate a better exploitation of the physical and the intellectual abilities, inherent to the natural body. In this regard, intervention in the human body is necessary; otherwise, the adaptation to the current apex of technology experienced by all would be responsible for the route of natural selection, deemed as too slow to be accepted at the present time. In this sense, it is inside the so-called garage laboratories, that the development, performed by amateurs, of genetic modification of bacteria, the decoding of data that ranges from hardware to DNA, and the possibility of contact with pathogens happen, besides the changes tested in the human body itself, which do not always reach the intended goal. In this light, the need for caution arises, considering the biosafety criteria. Therefore, the present study inquires what can be expected from the decoding of a DNA that is performed in the back of a garage, since even in renowned institutions which commit themselves to follow bioethical standards failures are still likely to occur.

ETHICAL CHALLENGES IN OBTAINING INFORMED CONSENT IN GENETIC AND GENOMIC STUDIES IN SOUTH AFRICA

Francis Masiye¹, Jantina De Vries², Bongani Mayosi²
¹ *Stellenbosch University, South Africa*
² *University of Cape Town, South Africa*
fmasiye@sun.ac.za

Introduction: Advances in genetic and genomic research have introduced new challenges in obtaining informed consent for research in low and middle-income settings. However, there are only few studies that have explored challenges in obtaining informed consent in genetic and genomic research in Africa and none in South Africa. To start filling this gap, we conducted an empirical study to investigate the efficacy of informed consent procedures for a genomic study on Rheumatic Heart Disease (RHDGen) at the University of Cape Town in South Africa. The main aim of the study was to understand the ethical challenges in obtaining informed consent in the RHDGen study.

Methods: We used a qualitative study methodology involving in-depth interviews (IDIs) and participant observations (POs). Our research participants were RHDGen cases and controls as well as RHDGen research staff. In total, we conducted 34 IDIs and 57 direct observations of the consent procedures of RHDGen participants. The IDIs were conducted in English, audio-recorded and transcribed verbatim. All the data were analysed using thematic content analysis. The study was conducted in 3 sites within Cape Town and these sites were the Groote Schuur Hospital, the Vanguard Community Health Centre and the Heideveld Community.

Results: Most healthy controls joined the RHDGen study in order to be screened for rheumatic heart disease. A majority of RHD patients joined the RHDGen study in order to help future RHD patients. Some research participants were scared of giving blood. Finally, research participants had difficulty in understanding genetics, genomics, DNA and data sharing.

Conclusion: Ethical challenges that impacted on obtaining informed consent in the RHDGen study are complex. In this study, the challenges included diagnostic and therapeutic misconception, safety and insecurity, altruism, fear of giving blood, and difficulty in understanding genetics, genomics, DNA and data sharing.

ETHICS AND CROSS BORDER TRANSPLANT ABUSE

David Matas
Canadian Council on International Law, Canada
dmatas@mts.net

Objective: The purpose of the study would be to consider and propose a code of ethics to combat cross border transplant abuse.

Methods: The method would be to consider existing ethical standards from the perspective of a case study - the ethics appropriate to combating cross border transplant abuse relevant to China. The Government of China acknowledges that, until January 2015, it had been sourcing organs from prisoners and claims that these prisoners had all been sentenced to death.

There is compelling evidence - set out in the books "Bloody Harvest", "The Slaughter" and "State Organs" and the joint update to "Bloody Harvest" and "The Slaughter" - that the sourcing of organs from prisoners in China for transplantation continues. Moreover, the bulk of these prisoner sources are prisoners of conscience killed for their organs. The evidence is such that the United Nations Committee against Torture, the European Parliament and the United States Congress House of Representatives have all called for the Government of China to cooperate with an independent investigation into the sourcing of organs in China for transplants.

The presentation would consider the ethical standards already developed by The Transplantation Society, the World Medical Association, national transplant societies, the World Health Organization, professional journals and pharmaceutical companies directed to cross border transplant abuse in light of the Chinese experience. The conclusion would be that right now ethical standards in this area are underdeveloped and need to be expanded.

BIOETHICAL EDUCATION IN ITALIAN SCHOOLS

Antonella Mauri
Classic High School in Aosta, Italy
 a.mauri@mail.scuole.vda.it

Italian Bioethics Committee has always promoted students' education in order to increase the culture of health and environment. Participating in the debate on these cultural issues makes students feel deeply involved in the life of a democratic country, in their present and in their future.

For this reason, school must strongly connect the humanities and the life sciences so as to offer the students the opportunity to know how to know, how to do and how to choose. We call all these competences "to be oneself".

University, Research and Education Ministry has signed up two protocols of agreement with the National Bioethics Committee, in order to promote a Bioethical Education in students' curriculum, both in 1999 and in 2010. It is necessary that young generations develop a strong awareness of social, ethical and legal implications about scientific and technological progress.

Bioethics is included in Italian system of Education.

Our governments have always supported the projects linked to Health, Environment and Legality Education, that have merged into the teaching programmes titled "Citizenship and Constitution". Bioethics has always been connected to Social Education in Italy.

In the last years Italian School is experiencing deep changes and, for this reason, Bioethical Education has never been systematized into a precise and definitive curriculum.

Anyway, the request and the need of this kind of Education has resulted in interesting initiatives. For example, in Valle d'Aosta the European Bioethics Center and Life Quality – Italian Unit of Bioethics Chair is engaged in bioethical education for children and students through regional and national specific programmes. Classic High School, where I have been teaching for years, adheres to Bioethics, Health and Citizenship initiatives.

ETHICS CONCERNS FROM THE BEDSIDE: TEAM MEMBER PERSPECTIVES AND ORGANIZATIONAL RESPONSES

Catherine McCarty¹, Robert Barnes², Monica Thomas²,
 Jonathan Sande², Annette Ouelette²

¹ *University of Minnesota Medical School, USA*

² *Essentia Health, USA*

cathy@d.umn.edu

The purpose of this project was to review ethics concerns and education needs of nurses in a large, integrated health care delivery system in Duluth, Minnesota, USA and then to develop strategies to address those concerns and needs. 23 of 28 nursing unit practice councils were visited; 140 staff participated. The seven cross cutting themes, identified through grounded theory, were: 1) organizational issues, 2) non-beneficial care, 3) withdrawing life-sustaining therapies, 4) discharge disposition, 5) challenging patients and families, 6) communication with physicians, and 7) capacity vs competence. These ethical issues often lead to moral distress, as evidenced by comments such as "rarely a week goes by that I don't get in my car (on the way home from work) and cry". The results were reviewed by medical leadership, nursing leadership and the ethics committees and these groups developed plans to address concerns raised.

CONSENT IN THE ERA OF GENOMIC MEDICINE

Michelle McGachie
University of Glasgow, UK
 m.mcachie.1@research.gla.ac.uk

Medical diagnostic technology has evolved rapidly in the era of genomic medicine. Processes for the acquisition of informed consent from trial participants have not. This project looked to understand

genetic donors and non-donors, and professional perspectives on donation and ethical consent of genetic data within Scotland.

The mixed methods study involved focus groups (n=27), interviews (n=10) and an online questionnaire (n=319) undertaken over 10 months. Qualitative framework and grounded theory investigation were combined with multivariate distribution analysis within questionnaire results to produce a holistic study of the factors that affect genetic donation to medical research from three stakeholder perspectives in Scotland.

Key results showed that 30% of donors did not know they had consented to genetic donation suggesting a flaw in the autonomous consent process. Genetic understanding was shown to be dependent upon level of education, experience and occupation; yet no difference was shown between those who had donated genetic data and those who had not, implying an insufficient disclosure to genetic donors (analysis ongoing).

The results shed light on current consent processes in Scotland but also engage with universal issues of scientific citizenship, participant autonomy and paternalism in medicine. If selected, I will be presenting findings from this study as well as ethical guidance and recommendations for future and current genetic biobanks.

THE 'NEW JANE CROW': FETAL PROTECTION LAWS AND THE CRIMINALIZATION OF PREGNANCY OUTCOMES

Kelly McGee
Georgetown Law, USA
 kam439@georgetown.edu

"Fetal protection laws" refer to the set of laws that criminalize behaviors that result in harm to a fetus. Prosecutors have gone after women like Bei Bei Shuai, who attempted to commit suicide after a partner left her while pregnant, for attempted murder. Purvi Patel's self-induced abortion at 23-weeks gestation resulted in charges of feticide and child neglect. Alabama's chemical endangerment statute, originally targeted at parents who brought children to methamphetamine labs, has been interpreted to include the womb as an "environment" and a pregnant person's use of drugs as "endangerment" of a "child." These interventions, targeted at pregnant persons who engage in otherwise legal behavior, may come under the perversely-named FPL label. Informed by racially-charged "crack baby" myths and gendered stereotypes of what it means to be a mother, such laws further legitimize a legal regime in which pregnant persons suffer widespread violations of bodily integrity and privacy as a class amounting to what Lynn Paltrow has called "the new Jane Crow." Given that most of these FPL charges are bail-ineligible, defendants may languish behind bars for the pendency of trial and appeals. That these charges are frequently overturned at the appellate level is little comfort to defendants whose lives are interrupted for months or feel pressured to take plea deals. My proposed talk thus examines what (limited) avenues reproductive justice advocates may pursue to enjoin the charges from being brought before a defendant is targeted- and the need for structural reform.

THE RELATION OF INFORMED CONSENT TO HEALTH LITERACY LEVEL: PATIENT AUTONOMY, CHALLENGES AND SOLUTIONS

Ofra Mehoudar
Israel
 ofra@medi-kal.com

In Western medical systems, significant medical procedures usually require patients to sign a written Informed Consent (IC) form, as does participation in clinical trials. This requirement is considered to express the ethical principle of Patient's Autonomy. A consent which is "Informed" is supposed to be based on information and judgements. IC forms include information about the procedure or trial, its potential benefits and risks, legal waivers etc. The language used often includes medical and legal jargon and is accompanied by probabilities and

other numerical data. Dealing with all this information requires certain skills.

Health Literacy (HL) has been defined by the WHO as “the cognitive and social skills, which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.” HL levels vary widely across populations. Young, educated people are usually characterized by high HL levels; while older, less educated people, immigrants, and people with disabilities show lower HL levels. In terms of social skills, people who are embarrassed to ask questions, for example, hardly express their autonomy in IC situations. Legally, doctors are expected to explain the information to the patient, and sometimes even to ensure understanding. But how can this be achieved under the time constraints of the practice? A variety of solutions have been offered, around the world, to confront these challenges: multi-language translations, simplified (“plain”) language, use of graphics, patient-doctor communication training (for both parties), and even video-based IC procedures. It’s time to implement.

SPR AND BULLYING AT WORK – HOW TO ELIMINATE IT?

Eitan Meiri
Israel
Eitan@nihul.org

Sham peer review (SPR) is one of many activities and behaviors of bullying in the workplace. Like poison, it will contaminate parts of the organization.

In hospitals, as well as in other health institutions, bullying among doctors and staff members is a common phenomena.

In a 2014 survey conducted among doctors in Israel by Dr. Kobi Rozenberg and myself, we found that:

84% stated that they were exposed to bullying

57% suffered from bullying directed against them

When they complained that they were bullied – in 95% of the cases the management did nothing or it caused a deterioration of the situation (deteriorated the situation).

81% of the witnesses ignored or joined the aggressor.

100% stated that bullying has a negative influence on the safety and quality of the medical treatment.

In 2016 the Israeli Medical Association published a white paper strictly forbidding bullying among doctors. This is indeed a blessed step, but it is not enough.

In Israel alone, the annual costs of direct and indirect bullying is over 7 billion USD and a major part of the costs are caused by the financial burden on health organizations treating bullying victims.

I recommend that every organization and health organizations in particular, should not wait for legislation, but to be pro-active and take actions to create zero tolerance to bullying.

You will never find an investment with a better cost-benefit ratio!

"Culture eats strategy for breakfast" – Peter Drucker

AGENCY AND AUTONOMY IN EUTHANASIA

George Louis Mendz
The University of Notre Dame, Australia
George.Mendz@nd.edu.au

Individual agency is the capacity of a person to act independently and to make her/his own free choices. From the perspective of agency, autonomous agents are those who initiate their actions exercising their power to do so; they act by self-governing.

Notwithstanding the inalienable nature of their authority over themselves, it is possible for agents to fail to govern themselves. Simply, because the forces moving an agent to act may not owe their power to the capacity of the individual to decide what to do; in which case, they undermine the autonomy of the agent, even if the person acts thinking to have sufficient reason to do so, even if the person has (thoroughly) considered the pros and cons of various options, and have endorsed her/his behavior on this basis, and even if the person

would have acted differently if there had been stronger reason to do so.

Four known mental states that can deeply affect agency and potentially undermine personal autonomy at the end of life are depression, demoralisation, death anxiety and existential distress. This study reviews how any of these mental states can remove the minimal conditions under which an agent exercises her/his own authority such that the individual could be lead to consider or request euthanasia. A central conclusion is that to respect the autonomy of persons it is necessary to establish that they are agents of their own actions, particular in circumstances conducive to or at the end of life.

FROM LOMBROSO TO NAZI BIOCRIMINOLOGY

Isabella Merzagora, Alberto Blandino
University of Milan, Italy
isabella.merzagora@unimi.it

A criminal act can be committed by one or more people. Rarely, we deal with an entire community that breaks the law, perpetrating exterminations based on a presumed ethnic superiority.

What were the mechanisms able to foster those actions? The answer can only be multi-causal, but perhaps it is questionable whether even the criminologists (of the time or also the previous ones) have been influenced by this atmosphere of racial and religious hatred, have been conditioned or have somehow contributed to consolidate and reinforce it.

This cognitive effort arises not only from a historical investigation, but also from the concern due to the possible comeback of ethnocentric movements that we all hoped to have disappeared.

UNDERSTANDING THE CLINICAL DILEMMAS THAT SHAPE MEDICAL STUDENTS, ETHICAL DEVELOPMENT; A CROSS SECTIONAL STUDY

Chandrakant Mhaske¹, Christina Mhaske², Preeti Mhaske³
¹ *Unit Head SCGMC Nanded Maharashtra, India*
² *Hochschule University Hannover, Germany*
³ *MGV Dental College Nashik Maharashtra, India*
drmmaskecb@yahoo.co.in

Background: There has been growing public concern regarding the ethical conduct of healthcare professionals. This is often reflected as complaints about poor ethical conduct and an increasing use of litigation against healthcare practitioners.

Objectives: To access the perceptions and opinions of undergraduate medical students about medical ethics.

Methodology: A questionnaire-based, cross-sectional study was carried out. Data were collected through a questionnaire distributed to all undergraduate MBBS students during January to March 2018. Questions were asked about perceived adequacy of their ethics education, any interpersonal ethical problems they had witnessed, their approaches to ethical problems, obstacles they believe prevented them from resolving ethical problems and whether they felt themselves ready to deal with ethical problems. The data were analyzed using appropriate statistical test.

Results: Total 345 study participates were analysed. Among these 32% study subjects told book/journals as a source of information about ethics. 35 % study subject told that they consult to their friend/colleagues about queries rose in mind about ethical issues. 66 % study participants were unaware about knowledge of ethical codes.

Conclusion: Most of the students were not aware of the importance of healthcare ethics. This emphasises the need to provide knowledge of ethics in the curriculum at the undergraduate level and there is need of hour that medical ethics has to be taught by a specialist in medical ethics in medical colleges.

HOW THE PATIENT ENGAGEMENT CAN SAVE PHYSICIAN-PATIENT RELATIONSHIP: THE CASE OF ALS

Emanuela Midolo¹, Dario Sacchini¹, Amelia Conte², Mario Sabatelli^{1,2}, Antonio Gioacchino Spagnolo¹

¹ *Università Cattolica del Sacro Cuore, Italy*

² *Pol. A. Gemelli Foundation, Italy*

emilymidolo@gmail.com

The progressive increase of the incidence of chronic diseases, of defensive medicine and an ever greater diffidence of patients/family members/Legal Authorized Representatives (LARs) towards health care team/researchers has led to an increase in the process of legal proceduralization of medical activity. This social and legal attitude forgets the fundamental centrality of the ill person, around which Medicine is born and developed. This is the case of the recent Italian law on advance directives, that was approved assuming that advance directives can avoid both futile treatments in clinical routine and possible abuses in clinical research. Really, this understanding degrades the physician-patient relationship and causes ethical concerns in medical action. A possible solution to this challenging situation is patient engagement (PE), developed in Western countries for involving the patient in decision-making processes as well as for safeguarding physician-patient relationship aimed at a real shared care planning for patient's good. PE represents an "umbrella concept", which qualifies the systemic relationship that occurs between request and demand of care at different levels and in different contexts. So, PE can promote the centrality and participation of the ill person about own social and health care plan. In this way an enhancement of aware personal choices, welfare priorities and the family context can be implemented. There is a challenge to have a practical PE implementation for an integral care. The contribution wants to show positive examples of PE's application namely for patients with amyotrophic lateral sclerosis (ALS).

HOW TO PROTECT PHYSICIAN WHISTLEBLOWER – PATIENT ADVOCATES – FROM RETALIATION TO BENEFIT PATIENTS: A LEGAL ANALYSIS REGARDING SUMMARY SUSPENSION, RETALIATION, PEER REVIEW AND REMEDIES

Gil Mileikowsky, Bartholomew Lee
Alliance for Patient Safety, USA
gil18@allianceforpatientsafety.org

Public Safety Merits new Statutory Protections for Whistleblowers: The health of the public is at stake here. Physicians are closest to their patients and best able to advocate for better health care for them. Present healthcare industry structure and unintended consequences of regulatory legislation lend themselves to punitive legal proceedings against whistleblower patient safety advocates. A modest set of statutory amendments, prophylactic and remedial, especially to prevent premature reporting of summary suspensions, can counteract these inequities and rebalance the House of Medicine so it may Do No Harm.

THE UK HUMAN FERTILISATION AND EMBRYOLOGY (MITOCHONDRIAL DONATION) REGULATIONS 2015: ETHICAL AND LEGAL CONTROVERSIES OF MITOCHONDRIAL REPLACEMENT TECHNIQUES

Igor Milinkovic
University of Banja Luka, Bosnia and Herzegovina
igormilinkovic@yahoo.com

Rapid advances in genetic technologies continually raise new ethical dilemmas. While some forms of human genetic engineering are considered ethically permissible, there is a broad international consensus that no germline should undergo genetic modification.

Development of new techniques that could lead to germline genetic modification, however, put the absolute character of this ban to the test.

In 2015, the United Kingdom (UK) became the first country worldwide to legalize a new in vitro fertilization technology called mitochondrial replacement technique (MRT) (the first two requests for MRT application have been approved in 2017). MRT aims to avoid the transmission of mitochondrial diseases from an affected mother to her children by using one of two techniques: maternal spindle transfer and pronuclear transfer. These procedures are controversial since they belong to germline modifications and they introduce a third genetic contributor into the process of human reproduction.

In the first part, main ethical controversies surrounding MRT will be analyzed. Special attention will be paid to the possible impact of this method on the identity of a future child and the violation of the child's right to an open future. This issue will be considered from the perspective of protecting the values of dignity and authenticity (the ethical arguments against MRTs application will be rejected). In the second part, relevant legal solutions in the UK and other countries will be examined, including the brief analysis of current regulations in Bosnia and Herzegovina (its entities).

MEDICAL EXPERIMENTATION DURING AND AFTER WORLD WAR II

Susan Miller¹, William Silvers²

¹ *Houston Methodist Research Institute, USA*

² *USA*

smmiller@houstonmethodist.org

Before World War II, human experimentation within the practice of clinical medicine was highly valued in Germany. Germany also established oversight mechanisms to improve the safety of its research subjects as early as 1900, (1) and in 1931 (2) to expand the role of consent. This presentation will review the multiple elements which led to the subsequent decline in wartime German medicine and German research. These factors include a) the degradation of professional norms whereby physicians discarded the primacy of the physician-patient relationship for the perceived higher purpose of serving the state, b) the impact of eugenics and military interests on research agendas, and c) the unfettered restraints of specific researchers and their support systems. The critical scientific and moral relevance of these behaviors will be compared to the contradictory history of war-time and post-war research that was conducted in the United States and Japan. Historical and modern examples will be used to examine the basic moral boundaries (3, 4) which are foundational for the virtuous practice of modern research. Although self-determination, voluntary consent and autonomy are now considered essential, the role of human rights and individual dignity will also be reviewed. The competing interests of individual rights will be contrasted with their perceived restrictions on scientific progress and research for the "greater good." Finally, the historical lessons of medicine practiced during the Third Reich will be used to illuminate objective techniques which establish a) what is ideologically permissible in medical research, b) the anticipated value of scientific activities, c) the role of regulatory oversight and d) contemporaneous mechanisms for preventing research misconduct.

1. Michael A. Grodin. "Historical Origins of the Nuremberg Code." In: *Medicine Ethics and the Third Reich: Historical and Contemporary Issues*. Edited by John J. Michalczyk; Sheed and Ward: Kansas City: 1994.
2. Circular of the Reich Minister of the Interior (1931). "Regulations on New Therapy and Human Experimentation." *Reichsgesundheitsblatt* 11, No. 10, March 1931, 174-175. English translation published in the *International Digest of Health Legislation* 31 (1980), p. 408-411.
3. The Belmont Report (April 18, 1979). *Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. The National Commission for the Protection of Human Subjects of Biomedical and Behavior

ON WISHES AND REALITY: IMPLICATIONS OF IVF TO NIPT

Talya Miron-Shatz¹, Avi Tsafirir^{2,3}

¹ Ono Academic College, Israel

² Hebrew University, Israel

³ Shaarei Zedek Hospital, Israel

talyam@ono.ac.il

Israel has the highest per capita number of IVF treatments in the world, alongside a significantly lower rate of success. This is attributed to a high proportion of women of advanced maternal age (AMA, 43-45) seeking treatment.

We sought to determine whether AMA women undergoing infertility treatments understand their chance of success, enabling them to make informed decisions. 92 AMA women undergoing infertility treatments filled out questionnaires which addressed their understanding of the estimated chances of success of IVF, either from their own oocyte or from donor oocyte.

Participants who were using their own eggs estimated their chances of successful delivery following in their next planned treatment as 47.6 ± 32% despite scientific evidence that the chances of success are 5%. Most (80%) of participants reported that their doctors communicated their chances to them. Still, most women (80%!) said they would proceed with fertility treatment regardless.

Women with lower (more realistic) success estimates were more likely to opt for egg donation, where success rates are 50% per cycle.

We've identified a gap between women's subjective estimation of the chances of success following infertility treatments and the estimated chances of success conveyed by the women's physicians. The implications to medical procedures, NIPT, and other forms of screening, are alarming. Guidelines regarding the provision of information to patients should be evaluated to determine how to bridge this gap. Thought must be given to conveying risk information, especially in high-stakes situations, where, in patients' minds, wishes may overcome statistical facts in patients' minds.

MORAL AND ETHICAL VALUES AMONG INDIAN YOUTHS – A STUDY FROM DARJEELING DISTRICT OF INDIA

Prasanta Kumar Mitra¹, Prasenjit Mitra², Tanaya Ghosh¹

¹ Sikkim Manipal University, India

² AIIMS, India

dr_pkmitra@rediffmail.com

Today's youth is the future of tomorrow. It is often said that degradation of moral and ethical values in today's youth is a major issue in almost all developing countries.

To know moral and ethical values among Indian youth a base line study was conducted. 527 youths, all were undergraduate students of Darjeeling district of India, were included in the study. Moral and ethical values among the youth were assessed using a self administered structured questionnaire. Honesty, integrity, creativity, cooperation, respect for elders, motivation, sympathy, fulfillment, kindness, spirit of service and sacrifice, responsibility, patience, courage, justice, self-discipline, learning, truthfulness, courtesy, tolerance, service, forgiveness, love, generosity, affection, gratitude, enthusiasm, unity, humility, vision etc. were selected as moral and ethical values. Students were asked to grade the moral and ethical values based on their importance and application in a scale of 1 to 10 (1 - lowest, 10 - highest).

All students responded to the questionnaire. Results showed that on importance and application of all moral and ethical values mean grading given by the students varied from 10.5 to 27.8 and from 5.2 to 11.6 respectively.

Implementation of teaching on moral and ethical values among youths is advocated in this study zone.

HERMENEUTICS MATTERS! A NEW APPROACH TO THE FAMOUS DEBATE BETWEEN FEINSTEIN AND WALDENBERG ON ABORTION

Melanie Mordhorst-Mayer

Foundations of the EKD in the Holy Land; „Studium in Israel“;

Church of the Redeemer, Israel

studienleitung@studium-in-israel.de

The traditional approach to Jewish medical ethics, according to the Halakha, assumes that rabbis (poskim) carefully examine the halakhic texts, determine what the law requires (e.g. whether a prohibition is de-oraita or de-rabbanan) and, based on this, arrive at their specific verdict on a medical-ethical case in the form of responsa.

A closer look at the different hermeneutical assumptions underlying the poskim's responsa, however, reveals that their way of arriving at a decision is not always linear from the halakhic prescriptions to the particular medical-ethic decision, but is in fact considerably more complex than that. By reference to the famous debate on abortion between Feinstein and Waldenberg, Mordhorst-Mayer shows how in specific parts of their responsa, those hermeneutical assumptions become relevant and may even – in some cases – contribute substantially to the eventual decision that is made.

This alternative way of interpretation, taking also the hermeneutic background assumptions into account, allows for nuanced conclusions as to how the poskim arrive at their medical-ethic decisions in any given case, and which factors and weightings play into this.

The method presented in the dissertation proposes a *retrospective* analysis of ethical positions and might help future researchers *prospectively* in authoring their own ethical conceptions: If not only the aforementioned halakhic or religious assumptions – as well as the specific ethical regulations which directly follow from them – are reflected upon (and made explicit, if need be, within the position itself), but likewise the hermeneutical background assumptions, then this may contribute to a more sophisticated decision-making and, by the same token, may also enhance the plausibility and communicability of the approach itself.

A FINANCIAL EVALUATION OF THE GENERAL PRACTICE RESIDENTS-INDUSTRY RELATIONS: SUPPORT OR DEPENDENCY?

Nuno Moreira Fonseca

Central Lisbon Hospital Center, Portugal

nuno.mf@nyu.edu

Introduction: Medical residency is characterized by intense learning. Residents are expected to develop their knowledge to the highest standard, by participating in scientific meetings and Continuing Medical Education (CME) activities. These activities are costly and funding can pose a challenging burden. The aim of this paper is to assess financial interactions between general practice residents and pharmaceutical industry, and to determine whether this support is substantial in relation to residents' revenue.

Methods: This analysis included all general practice residents from Portugal who initiated training in 2014 and completed the 4 year-program by April of 2018. All payments listed in the government's official transparency database made by the pharmaceutical industry, from January 2014 to December 2018, were reviewed. Substantial financial support was defined as equivalent to a monthly salary before taxation (1,835.42€).

Results: In 2014 457 residents were admitted and by April 2018, 321 (70%) had completed the program. The total number of payments received by residents who completed the program was 1961, amounting to 483,648.79€. Most residents (92%) received at least one payment. Median number of payments was 5, and median total was 901€ (0-40). 85 (26%) residents received payments over the value of a monthly salary. 29 (9%) residents received an amount greater than 2 months of salary.

Conclusion: One quarter of residents receives substantial financial support from the pharmaceutical industry. While there is no data demonstrating adverse patient outcomes due to resident-industry

relationships, it is noteworthy that substantial financial support can potentiate physicians' bias.

WHEN PARAMEDICS RESTRAIN PATIENTS – AUTONOMY VERSUS BEST INTERESTS

Dominique Moritz
University of the Sunshine Coast, Australia
dmoritz@usc.edu.au

Paramedics, emergency medical first-responders, have a broad range of powers. One of the most significant powers relates to paramedics restraining patients without their consent. Patient restraint refers to a range of physical, mechanical and chemical restraint techniques to manage a patient's behaviour. Though discretionary, these powers allow paramedics to treat and transport patients to hospital safely – patients who might otherwise cause harm to themselves or others without the intervention. Patient restraint can be a necessary intervention to ensure community safety. However, the restraint powers are protectionist in nature as they aim to protect the patient from harming themselves, the treating paramedics or other community members. As such, these powers raise many significant legal and ethical considerations for paramedics, their employers and the broader community. While patient restraint and associated issues raises similar legal and ethical concerns in all jurisdictions, the Australian context of patient restraint will be considered here. This lecture considers how legislative authorisation of patient restraint conflicts with ethical principles of autonomy. Restraining a patient, when they have capacity to refuse treatment, might otherwise constitute a tortious action. When a patient lacks decision-making capacity, they generally lose their autonomy to refuse treatment and transport in favour of their own protection and safety of health practitioners. Because patient restraint is often authorised for use on patients exhibiting mental health symptoms or behavioural disturbances, determining the patient's decision-making capacity is not a consideration for those health practitioners. Therefore, there are conflicts between patient autonomy, patient decision-making capacity and authorised use of patient restraint.

ETHICS OF HOSPITALITY: A CHALLENGE FOR THE AFRICAN HOSPITAL

Mike Moukala Ndoumou
Université Omar Bongo, Gabon
moukalandoumou@gmail.com

Is medical ethics a "luxury" in African countries? This was the question asked by the *Lacroix* journal to Professor Félicien Munday, President of the National Ethics Committee of the Democratic Republic of Congo at the 10th International Conference on Clinical Ethics held in Paris from 24 to 26 April 2014. Certainly, Professor Munday's answer was unequivocal: "I totally disagree with the idea that ethics is a "luxury" or secondary problem in African countries. The ethical questions that arise in the field of medicine are universal. But, to be totally opposed to this postulate is not to ignore the unethical practices that often characterize the medical profession in Africa? This is the place to clear up the ambiguity. And to remove the ambiguity is to question the facts and ethical behavior in African medical structures. It is therefore not in vain to use this initial question as a pretext to question the ethics of hospitality in Africa, knowing that its reappropriation by African hospitals is very problematic, and that the daily practice of health care raises ethical questions.

TEACHING ETHICS IN RELIGIOUS OR CULTURAL CONFLICT SITUATIONS: A PILOT STUDY OF NURSING STUDENTS

Debbie Muchnik, Levana Ogni
Zefat Nursing School, Israel
dmuchnik@ziv.health.gov.il

Background: Nurses are encountering and increasing number of ethical dilemmas in clinical practice. Ethics courses for nursing students provide the opportunity for the development of critical thinking skills in order to deal with this effectively. Moreover, this as to be done in a multicultural society of student's healthcare professionals and patients.

Method: The purpose of this descriptive quality study was to describe ethical reasoning in 100 nursing students derived in a nursing ethics course. Students were asked to identify and problem solve an ethical dilemma involving patients and professional caregivers from different cultures and religions. The reflective clinical situation was analyzed as appropriate for qualitative inquiry. Additionally, interviews in five homogenous focus groups of Israeli nursing students organized by religion conducted from and analyzed using thematic analysis.

Results: Five central themes reflecting nursing student's perceptions of ethics dilemma were found. These themes relate according to personal and ethical values such as human dignity, the prevention of suffering, the principal of autonomy and faithful relationship. Significant differences were found in the gathering of several personal and professional values, as a function of ethics origin.

Conclusion: Nursing students frequently face situations demanding resolutions of ethical dilemmas involving cultural dilemmas. Nursing curricula must include content of both ethics and cultural sensitivity. Active student participation is an important element providing a foundation of ethical practice. The development of ethical thinking and ethical reasoning within the framework of knowing and connecting is essential in nursing education.

THINKING ABOUT MEDICAL ASSISTANCE IN DYING (MAiD) FOR CHILDREN AND YOUTH

Michelle Mullen
University of Ottawa/Children's Hospital Eastern Ontario, Canada
mmullen@cheo.on.ca

In response to a 2015 Supreme Court of Canada decision, the federal government amended the Criminal Code in June 2016. In brief, changes permitted physicians and nurse practitioners to assist persons in dying under certain conditions including: age 18 or more; suffering from a 'grave and irreversible' condition; natural death is reasonably foreseeable; the decision is voluntary and there is informed consent. The ethical and legal context for this takes account of the right of capable persons to make decisions about their lives, including the historic right in Canada to decline life saving/sustaining treatments. The revised Act also required that there be formal consideration of expanding MAiD services to other groups. Hence the Council of Canadian Academies was asked to consider independent review on requests by 'mature minors', those with mental health conditions only, and advance request for MAiD and table these findings to parliament by December 2018. To date, the discourse around these ideas has appealed largely to Autonomy rights and equal opportunity versus sanctity of life. This presentation considers a broader scope of concerns with a case based approach. These considerations include the complexity of bereavement where the patient is a child/youth; the ways in which palliative care of children and youth differs from adult care; availability of appropriate palliative care for youth; and durability of adolescent wishes. Finally, the 'clinical epidemiology' of demands by youth as an ethical problem when compared with its diametric alternate, namely demands for treatment at the end of life, will be considered.

RESEARCHERS' PERSPECTIVES ON INFORMED CONSENT AND ETHICS REVIEW OF BIOBANK RESEARCH IN SOUTH AFRICA

Erisa Mwaka¹, Lyn Horn²

¹ Makerere University, Uganda

² University of Cape Town, South Africa

erisamwaka@gmail.com

In this era of globalization, there are profound ethical, legal and social implications for the evolving nature of biobank research.

The study aimed to explore researchers' perspectives on informed consent and ethics review of biobank research in South Africa.

Methods: This study was a cross-sectional study conducted in 2015/16 at Stellenbosch University and the University of KwaZulu-Natal. Purposive sampling of researchers was done. Data was collected using self-administered online survey instruments with both open and closed ended questions. Completion of the survey implied consent. Quantitative data were analysed using descriptive summary statistics and the two-sample t-test. Conventional content analysis was used for qualitative data.

Results: 62 researchers participated in the study. 53.2% were male and 14.5% had ever served as REC members. The attitude of researchers on informed consent, ethics review of biobank research, and the export/sharing of de-identified HBM was positive and ethically informed. There were several areas of agreement and divergence in respondents' perspectives on biobank research. There was no consensus on the issue of re-consent and the likelihood of donor identification and harm during the use of human biological materials for secondary research. Respondents opined that there is need for robust regulatory frameworks to govern biobank research. They also highlighted the need for harmonization of regulatory frameworks across borders. They also identified a number of challenges in the ethics review process and the sharing of human biological materials.

Conclusion: RECs should be strengthened to ensure comprehensive research ethics review of biobank research.

ETHICS APPLIES IN LEGAL DECISION-MAKING, POLITICS AND IN HEALTH: CONTEXTUAL REFERENCE IS THE KEY

Yaacov John B. Myers

"Good noW!"[®], Australia

yaacovmyers@gmail.com

Ethics may be defined according to majority, utility and precedent and by identifying an issue, focusing on a person or their character and behaviour per se or on the effect this has on another, all of which fall within the ethical penumbra. Determining the common ground between these may be elusive if one focusses only on the issuer or the receiver / environment.

The solution proposed is that contextual reference is the key. Failure to provide contextual reference leads to judgmental and subjective decision-making without cause and coherence, itself abusive, as fairness matters.

Reports, legal decision-making and legislation and the doctor-patient interaction space, requires contextual reference in addition to issue and opinion. Context ensures objective assessment and relevant decision, an approach regarded as holistic or values-based.

The contextual approach also applies to political situations and those where blame is asserted and "victim" status is sought or denied.

Sociopathic behaviour denies contextual reference.

In order to provide solutions to specific problems on an ethical basis contextual reference is required. This may be historical reference that defines a people or clarifies mistaken belief, or contextual reference that indicates reasons for personal perceptions of the past as claimed may not have occurred, or did occur unknowingly. Asserting interference, wrongdoing or neglect, when nothing of the kind occurred denies fact as well as context and is unethical.

Myers, J. (2014) Medical Ethics: Context Is the Key Word.

International Journal of Clinical Medicine, 5, 1030- 1045.

doi: 10.4236/ijcm.2014.516134.

BIOPATENTS AND ECONOMIC BENEFITS DISTRIBUTION: BIOJURIDIC PERSPECTIVES FOR PUBLIC HEALTH POLICIES IN BRAZIL

Ana Myszczyk¹, Jussara Meirelles², Andrea Souza¹

¹ UTFPR, Brazil

² PUCPR, Brazil

anap@utfpr.edu.br

Even though Brazilian law prohibits the patenting of inventions based on human genes, there is enough market pressure for this to occur. Thus, thinking about the possibility of sharing economic benefits derived from biopatents is fundamental to the construction of a universal and sustainable public health system. It is also important to reflect about the need of a balance between the patent law and the human being's protection requirements present in the legal system. It is understood that the principles of solidarity, sustainability and human dignity should guide the formulation of public policies, the regulation of patenting criteria and the sharing of economic benefits. The possibility of commercial exploitation must be thought and limited from two points of reference: guaranteeing the fundamental right to scientific research and recognition of invention economic return. So, it is understood that the Law of Access to Biodiversity is the best basis for the Brazilian legislature. This regulation has found an important balance point: just divided the economic benefit of what is commercially exploited. Only when the exploitation of the Brazilian population genetic resources is the basis of the biopatent profit, the economic benefits distribution will be imposed. Adopting this same parameter in the case of access to the genome of the Brazilian population, genetic research with human beings will not be restricted, the filing of patent applications will not be disabled and the scientific information may circulate.

THE RIGHT TO CHOOSE WHERE TO GIVE BIRTH, AS PART OF THE WOMEN'S RIGHT ON THEIR BODY'S

Hila Nadav Carmel

Adam Mickiewicz University, Poland

hilanadavlaw@gmail.com

These days, about 15 petitions were submitted to the High Court of "Justice seeking to anchor that birth centers will continue their activity. In Israel, every year take place a few hundred of home births. In 2006 there were 375 home births in Israel. In 2007, there were 500 home births.

The law does not prevent women from having a home birth, but prevents birth in "birth centers".

Although the law does not prevent domestic births, there is a negative incentive to home birth (from the government?).

In the past women were eligible for maternity grant only if a child was born in a hospital, or was hospitalized within 24 hours of birth, and at least for 12 hours.

Today In order to receive the grant, women must present an affidavit from a doctor or midwife who delivered them.

After birth, the baby must have a doctor's examination within 24 hours from his birth. Because babies do not have ID's yet, they don't have medical insurance. Access to a hospital without hospitalization will cost the mother 600 shekels.

Violation of the right to choose where to give birth is a violation of individual freedom and autonomy of her (the mother's) body.

The regulator justifies the violation of the mother's autonomy and freedom over her body, for the reason of nullifying the existing danger in childbirth at home and is therefore worthy.

However, studies have proven that home births are not more dangerous than hospital births.

DISASSOCIATION IN PERSONALITY AFTER MICROINSEMINATION

Toshiko Nagahama¹, Toshiko Sawaguchi²

¹ Japan

² National Institute of Public Health, Ministry of Health, Labour and Welfare, Japan

sawaguchi.t.aa@niph.go.jp

Aim: In vitro fertilization has been almost confirmed not to made normal human development deteriorated.

By microinsemination it might not been confirmed the deteriorated influence to human development.

The case with mental dissociation after microinsemination in Japan will be reported here.

Case History: 16 year old girl. 165cm 40~55kg

Social Background: The only child by microinsemination with 58 year old father and 55 year old mother. Highly educated parents with higher education in EU foreign countries. No socio-ecological problems in her family.

Personal history: She is both a good warrior and a good scholar with High IQ score. Changeable body weight with some anorexic episode. Absenteeism at elementary school at 10 year old. Fluent English speaking ability.

Symptom: No traumatic episode, no abuse at all. Unspecified dissociative disorder with symptom like trance and possession like disorders. Disorders in which there is a temporary loss of the sense of personal identity and full awareness of the surroundings. Include here only trance states that are involuntary or unwanted, occurring outside religious or culturally accepted situations. No amnesia and sensory loss, no fugue, no stupor, no dissociative motor disorders and no convulsions. Firstly from unusual change of the glitter of her eyes dissociative disorder at 9 year old has been esteemed.

Conclusion and Discussion: Japan is facing a declining birth rate and an aging population. In the third or fourth generation after one prolific generation, it would be observed the cases where microinsemination is necessary. However, this is the ethical problem if dissociation disorder without no traumatic events after microinsemination in this case. The random frequent survey should be needed urgently.

“ETHICS IN PSYCHIATRIC PRACTICE CURRICULUM”: THE UNIVERSAL ETHICAL PRINCIPLES REGARDING SERVING UNDERSERVED POPULATIONS THROUGH PSYCHIATRY

Caroline Nickerson¹, Cara Yergen, Ana Turner¹, Joseph Thornton¹, Rajiv Tandon¹, Sheryl Fleisch², Regina Bussing¹, Jacqueline Hobbs¹

¹ University of Florida, USA

² Vanderbilt University, USA

cnickerson@ufl.edu

This presentation will focus on the “Ethics in Psychiatric Practice Curriculum” put together by the University of Florida Psychiatric Department as a memorial to Dr. Richard C. Christensen and based on his articles. Dr. Richard C. Christensen devoted his life to serving the homeless and other underserved populations through psychiatry; accordingly, this curriculum focuses on the distinct ethical dilemmas that can arise when working with these groups. The social justice principles undergirding this type of work have universal appeal. The poster will focus on the curriculum’s six modules: (1) Ethics Terminology, (2) Slang ‘On Board’ – A Moral Analysis of Medical Jargon, (3) Diagnostic Overshadowing, (4) Relationships with Pharmaceutical Representatives, (5) Ethical Concerns Regarding the Underserved, and (6) Final End of Course Wrap-Up. This curriculum does not claim to be comprehensive; rather, it is an introduction to ethical dilemmas that psychiatry residents can face, attempting to introduce psychiatry residents to the distinct issues encountered when serving the neediest. The elements of this curriculum will be related to the articles of the UNESCO Declaration on Bioethics and Human Rights. As Dr. Richard C. Christensen wrote, “The practice of medicine is a moral endeavor grounded in a covenant of care.” This introduction

to psychiatric ethics, grounded in a focus on underserved populations, forcefully makes this humanistic and universal argument.

A TALE OF TWO RISKS – RISKS AND ETHICAL CONCERNS OF DESIGNER BABIES MAKING FROM PREIMPLANTATION GENETIC DIAGNOSIS (PGD) TO NEW GENE EDITING TECHNOLOGY

Huei-Chih Niu

China Medical University, Taiwan

nieo.school@gmail.com

The new genome editing tool CRISPR/Cas9 has promising capacity for getting rid of bad DNA and replacing it in early stage of human embryos. This technology enables scientists to modify genetic defects and decipher the roles of critical genes in developing embryos. However, it also induces a possibility for scientists to create genetically perfect babies, or the so called designer babies. As a result, ethical, moral and legal issues, such as eugenics, human dignity, and risks or horrors that can only be seen in science fiction are therefore on the table to challenge the necessity and legitimacy of the further development and application of this technology, even if it focused initially on improving health. In fact, ethical considerations and risks that may be generated by the idea of designer babies are not brand new. Just about three decades ago when Preimplantation Genetic Diagnosis (PGD) was first successfully applied in humans, the risks of making designer babies were proposed against PGD. Practical evidences however reveal that PGD has been successfully applied in a wide variety of genetic diseases over the years, and the feared impacts of designer babies did not happen.

The paper tends to examine and compare the nature of these two announced risks of making designer babies so as to address the following questions. If the prior risk can be regarded as a false alarm, will the second one be more legit due to the evolution of genome editing technology? In addition, ethical issues and risks seem to always be present when there is a new technology on the course of human reproduction. It is evident in the cases of test tube babies, surrogate motherhood, stem cells research and human cloning. The claimed risks, with wise or foolish grounds, may sometimes attract public fears and become powerful voices to ask governments to restrict or ban the research or use of the technology at issue. Thousands of babies would not have been saved should the so called risks and impacts of designer babies resulted from PGD were appealing in 1990s. To study or apply CRISPR in human germ-line engineering is currently permitted in many countries. But, in terms of the ethical concerns and risks of designer babies, what could be the future of CRISPR? Is it the best of time, or is it the worst of time?

RESIDENT PHYSICIANS LEARN ETHICS THROUGH DESIGNING SIMULATION SCENARIOS

Suzanne Northcutt

Texas Tech University Health Sciences Center, USA

suzanne.northcutt@ttuhsc.edu

Simulation is a learner-centered teaching method that allows resident physicians to practice patient care in a controlled environment. A simulation session dealing with an ethics topic has a range of initial circumstances that may include interactions with family members, clergy and other healthcare professionals. Therefore, a single ethics topic may require more than one scenario for comprehensive coverage of the material. Unfortunately, resources for multiple scenarios for all of the desired topics are not available.

A “learning through teaching” approach adds the opportunity for the residents to gain in-depth knowledge of an ethics topic by allowing them to create a scenario for their peers. In our simulation curriculum, a team of residents designs and implements an ethics scenario for another team. This process requires literature review, determination of learning objectives, creation of a patient with an appropriate medical history and physical exam, and development of a story line that will lead participants toward the desired performance outcomes.

The debriefing sessions that follow these scenarios are robust since the debrief leaders are close coworkers, and daily study partners, of the participants.

Preparation for these activities includes a workshop in scenario design and training in debriefing. As the residents create ethics scenarios, a faculty simulation instructor guides them through every step. The instructor also assists in debriefing, and intervenes if the debrief team starts to step outside the boundaries of safe debriefing practice.

GLOBAL BIOETHICS IN A MULTICULTURAL WORLD

Rui Nunes, Guilhermina Rego
University of Porto, Portugal
ruinunes@med.up.pt

Bioethics has emerged at the end of the 21st Century due to the emergence of democratic and pluralistic societies and also to the astonishing scientific and technological development. Cultural globalisation, and a growing Global Village (Marshall McLuhan), fuelled by an intense intercultural dialogue are also at the core of bioethics as a global endeavour.

In the absence of a revealed truth different conceptions of the common good can and should be accepted. It follows that different theoretical backgrounds are acceptable as long as the original ideology of the bioethicist is clearly stated. Bioethics can therefore be understood as love of life (Darryl Macer), as the ethics of the commonwealth of life and animal ethics (Peter Singer) or, in a narrow sense, as biomedical ethics (Beauchamp & Childress).

As the genetic fingerprint of bioethics is a trans and interdisciplinary approach, moral pluralism implies that bioethics should begin by evaluating different ethical approaches, namely with regards to the analysis of the values at stake. In the future, bioethics will have to find its own way – its own paradigm – but its interdisciplinary nature will always have to be considered.

And this overtly tolerant way to address most bioethical dilemmas is the best way to promote the values of human dignity and humans rights in a multicultural world that searches for global peace and harmony.

ETHICAL CONCERNS ON THE USE OF ANIMALS FOR XENOTRANSPLANTATION, CLONING AND STEM CELL RESEARCH

Chioma Nwaigwe¹, Chukwuemeka Nwaigwe¹, Obianuju Okoroafor¹, Leo Shedua²

¹ *University of Nigeria, Nigeria*

² *National Veterinary Research Institute, Nigeria*
uchenna.nwaigwe@unn.edu.ng

Medical research dating back to more than a century, with the accredited advances made in the development of drugs and treatments, involved to a great extent the use of animals. Currently there are several alternatives to animal testing such as in vitro cell culture, microdosing, in silico computer simulation and non-invasive imaging technique. However, some emerging studies in the field of Medical Science are still utilizing animal models in research. This paper focuses on the concepts of xenotransplantation, cloning and stem cell research, taking into cognizance the possible positive impact they will make, when fully established, in improving the quality of human life, preventing and providing cure for terminal diseases or genetic disorders and invariably, extending the human life span. It goes further to discuss the existing bodies and frameworks currently regulating on-going studies on these areas, as well as evaluate the complex ethical issues emanating from these researches as it affects both animals and humans. Animal rights, and fundamental ethical principles of bioethics and human rights; which include respect for individual vulnerability and personal integrity, justice, respect of cultural diversity, consent and non-maleficence cannot be disregarded. There arises therefore, the need to strike a balance on the pros and cons of these potential medical procedures to ensure that ethical boundaries are not trespassed. Open honest debate is

imperative to keep the ethicists, medical experts and the public abreast of the ethical concerns of these practices.

GENETICS, GLOBALISATION AND CULTURAL DIFFERENCES

Natália Oliva-Teles
University of Porto, Portugal
natalia.teles@chporto.min-saude.pt

Following the advances of genetics in Europe since the 1970s, Portugal developed neonatal screening for phenylketonuria (1979) and congenital hypothyroidism (1981). Biochemical genetics and cytogenetics testing started about 1980, and “full” prenatal service in 1984, after publication of Law 6/84. From 1987, molecular biology techniques, performed even on blood spots, started to be used for testing the presence of genetic anomalies, namely monogenic diseases. As in most countries in Europe all these techniques have evolved enormously in the last decades, supported by medical and laboratory specialized professionals, at the national level.

In a Portuguese speaking country such as Brazil neonatal screening is heterogeneous, showing considerable differences from state to state, even today. Although there are directives at the national level, the 2001 neonatal triage national program (PNTN) still needs further improvement in many states. The implementation of this program in a large and varied country as Brazil is based in five stages, from the initial triage itself to the follow-up of diagnosed patients. Termination of pregnancy is not allowed, except when there is a high risk of death for the pregnant woman, the pregnancy has resulted from rape or the foetus suffers from anencephaly.

Independently of country size or development, ethical problems related to genetic diagnosis and treatment, before any analysis or investigation, include; need for detailed, non-directive genetic counselling; obtention of informed consent for genetic analysis, while maintaining confidentiality; ethical committee approval for research, not forgetting a fair allocation of resources, when programming public policies at the national level.

A REVIEW OF THE BASIC HEALTH CARE PROVISION FUND TOWARD THE ATTAINMENT OF THE UNIVERSAL HEALTH COVERAGE IN NIGERIA

Adegboyega Moses Oyefabi
Kaduna State University, Nigeria
oyefabiadegboyega@yahoo.co.uk

Majority of Nigerians used the out of pocket catastrophic expenditures to pay for their health services even at the Primary Health Care (PHC) facilities which are the first level of contact with the national health system in Nigeria. To address this problem, the Federal Government of Nigeria introduced the National Health Insurance Scheme (NHIS) which is a corporate body set up under act 35 of 1999 by the federal government to improve the health of all Nigerians at an affordable cost through various pre-payment systems. But 17 years after, only few Nigerians from the formal sector are benefiting from this scheme. Therefore to attain the Universal health coverage in Nigeria, the PHC services of immunization, family planning, nutrition, environmental health, disease prevention and management of common endemic diseases must be accessible and affordable to all citizens based on the principles of essential health care, community participation, appropriate technology, inter sectoral collaboration and self reliance. The new National Health Act in Nigeria aims to substantially increase revenue and improve the PHC services through the Basic Health Care Provision Fund (BHCPF) which shall be financed from Federal Government annual Grant of not less than 1% of its Consolidated Revenue Fund, grants by international donor partners; and funds from any other source. The National PHC agency shall disburse the funds through appropriate guidelines for the administration, disbursement and monitoring of the fund with the approval of the Minister of health. This study reviews the Nigeria NHA, BHCPF and the NHIS

toward the attainment of the Universal Health Coverage for the Nigeria populace.

COMPULSORY INDIGENOUS ETHICAL CODES: A MORAL REQUISITE

Danielle M. Pacia
University of Alabama, USA
dmpacia@crimson.ua.edu

With increasing rates of genomic studies being conducted on indigenous populations, there is currently debate on how researchers should protect indigenous groups of people from research practice or projects that often result in inequity of beneficial outcomes. One method that has been widely encouraged to maximize fairness is to allocate resources towards indigenous populations so they have the means to establish their own research codes of ethics. Most of the discussion focuses on the desirability of indigenous populations establishing their own codes. However, I advance a stronger argument - that such codes should be mandatory. My presentation demonstrates that when there is a local code of ethics enforced equity and integrity is increased. Therefore, it should be a moral obligation, one based on equity and preservation of persons, to prohibit research among indigenous groups of people unless a local ethical code is present. I will be using the San People of Southern Africa's Code of Ethics as well as other indigenous groups of people to exemplify the importance of this added measure. I will also respond to the utilitarian counter-argument against such a regulation, a view that contends that restricting research will yield more harm than good. The heightened interest of indigenous genomic information, coupled with past atrocities committed in the name of research, suggests that a local code of ethics should be made a mandatory requirement for research, rather than a mere recommendation.

APPLIED PUBLIC HEALTH AND GLOBAL HEALTH ETHICS IN AN AUTONOMOUS INDIGENOUS TERRITORY IN CANADA

Barry Pakes
University of Toronto, Canada
barry.pakes@utoronto.ca

Context: Public Health and Global Health ethics are emerging and complex fields of theoretical and applied ethics. The Public Health Ethical Reflection Matrix (PHERM) is an empirically derived framework that has been applied and validated in several public health and global health contexts. Nunavut is an autonomous self-governing territory in Canada. It is roughly half the size of Western Europe with a population of ~38000 and more than 85% are indigenous Inuit.

Purpose: To explore the use of the Public Health Ethical Reflection Matrix and tool in the hybrid global health-public health context of Nunavut. The conflicts and confluence of global health and indigenous health will also be explored.

Method/Results: As a public health physician, ethicist and past deputy chief medical officer of health, multiple practical ethical dilemmas arose and were addressed. These will be described, while maintaining strict confidentiality, and the PHERM framework applied. Those dilemmas at the intersection of traditional public health and cultural integrity were the most challenging to resolve, and have parallels in both HIC and LMIC countries – including Canada and Israel.

Conclusions: Ethical dilemmas that arise in public health practice and governance in Nunavut are uniquely challenging. The PHERM framework is a useful tool in the analysis and resolution of these issues.

“CONSTRUCTING VALUES”: A GROUNDED THEORY FOR NURSES’ EXPERIENCES OF CARING FOR DYING PATIENTS

Si Pan, Xianhong Li, Siyuan Tang, Jia Chen
Xiangya School of Nursing, Central South University, China
sunny.panxy@csu.edu.cn

Purpose: To describe the nurses’ experience of caring for dying patients, and explore how these experiences influence their professional values, health belief and life view.

Background: The emotional expressions of dying patients and their caregivers have been documented, however, there is a scarcity of research describing nurses’ emotional expressions when providing care for dying patients, especially in nursing schools in China lack systematic death education and most hospitals do not provide palliative care in end-of-life situations. Therefore, it is essential that paying more attention to nurses’ caring experience and figure out the impacts of such emotional experiences on nurses’ values towards the nursing profession, health and life.

Settings, participants and methods: A grounded theory approach was adopted to conduct semi-structured interviews with 13 nurses who had experiences providing care for dying patients in three university affiliated Grade A hospitals in Changsha, mainland China from September 2015 to January 2016. Theoretical sampling method was used to develop concepts and generate the substantive theory. Data were transcribed immediately after the interviews and analyzed using constantly comparative analysis with the assistance of software NVivo 11.0.

Results: The core category emerged as "Constructing Values", which meant that the consequences of experiences of caring for dying patients who were not on palliative care could be double-edged, based on how they reshaped their values toward the nursing profession, health belief and life view. Some factors influenced the process of reshaping the values, such as demographic characteristics, education about dying, coping strategies and social support. Having more working experience, receiving death education, receiving support from colleagues and families may help nurses develop positive nursing professional values.

Conclusions/Implications: The emotional experience of nurses caring for dying patients maybe positive or negative, which contributes to constructing their values towards the nursing profession, health belief and life view. Hospital managers and nursing department should pay attention to the nurses’ psychological development and provide them with death education and social support to help them develop their professional careers and improve the quality of end-of-life care.

TEACHING BIOETHICS IN HIGH SCHOOL STUDENTS USING THE FIRST YOUTH SYLLABUS: A CASE-STUDY

Andrie G. Panayiotou, Galatea Photiou
Cyprus International Institute for Environmental and Public Health,
Cyprus University of Technology, Cyprus
andrie.panayiotou@cut.ac.cy

As part of the events held for the World Bioethics Day 2017, the Cyprus Unit designed and undertook a presentation to a group of high school students during class hours, using an example from the First Youth Bioethics Syllabus published by the Chair and translated in Greek for the purposes (Unit 21: persons without the capacity to consent). Following the presentation and group discussion, as described in the Syllabus, the students were asked to fill-in an anonymous questionnaire regarding their knowledge and perception of bioethics before and after the presentation for evaluation purposes. Out of the 16 students participating only 6 (37.5%) had ever heard the term “bioethics” before, and only 50% of them knew of the UNESCO human rights declaration. After the presentation and ensuing discussion, all 16 replied positively to the question “Do you think you have now understood the term bioethics?”, as well as to questions pertaining to minor’s right to decide for themselves and participate in research. All expressed a positive view on the inclusion of bioethical issues in the school curriculum. Overall comments expressed were all

positive and indicated that the students had both paid attention, understood the concepts discussed and also enjoyed the discussion-based format suggested in the Syllabus.

"PATERNALISM OR SELF-DETERMINATION? A FAMILY CONFLICT": A CASE STUDY CONCERNING THE RIGHT TO CONSENT

Luciana Paracchini
Milano-Bicocca University, Italy
l.paracchini@tin.it

During the past fifty years, a big change occurred, at least at the theoretical level, in the physician-patient relationship. The paternalistic model of medicine, where the doctor, as the "owner" of scientific and technological knowledge, and did not take into account patient's beliefs and values, switched to a new model where both doctor and patient are active agent of this relationship. The doctor provides information about the disease, the possible treatments and the predictable consequences while the patient gives, refuses or withdraws consent in the light of the self-determination principle. In this new scenario, we are facing the possible involvement in the decision-making process of teen-agers who in particular circumstances may have the right to express their choice, even if they are underage for the law. In this family case study, there will be highlighted parents' powers and duties in relation to their children dealing with the communication of painful news, under the frame of the fundamental subjective evaluation and expectation of the patient between duration of his/her life in pure quantitative terms and its quality.

THE RIGHT TO KNOW ONE'S OWN GENETIC AND BIOLOGICAL ORIGINS

Maria Magnolia Pardo-Lopez
University of Murcia, Spain
magnolia@um.es

Although the ancient Roman aphorism "Mater semper certa est" has been widely accepted in the Legal Systems, there are no legal exceptions regarding the knowledge of one's own biological and genetic origins (to which, on occasion, practical difficulties can be added).

The privacy of the mother who relinquishes the parental authority or surrender of a child as well as the privacy of the genetic donors of gametes destined for assisted reproduction are often safeguarded by legal norms that do not allow the determination of filiation or access of the children to information relating to their own origins. An ethical dilemma arises here that legally takes the form of a conflict between fundamental rights.

This paper, based on the judgments of the European Court of Human Rights in the cases *Odièvre* against France (February 13, 2003) and *Godelli* against Italy (September 25, 2012) on the right to know one's biological origins in the case of persons given for adoption, intends to recall the minimum points indicated by the International Tribunal and analyze to what extent these statements can be extrapolated to the knowledge of genetic origins in the case of assisted reproduction, as well as the right to know the identity of mother by subrogation.

CORE CURRICULUM BIOETHICS AND HUMANITIES IN THE MEDICAL SCHOOL OF INDONESIA

Siti Pariani
UNESCO Chair in Bioethics Unit, Indonesia
parianisiti@yahoo.com

There are four scientific bases of medical science in the competency standards of medical doctor in Indonesia: that is biomedical science, humanities science, clinical medicine science and public health science. Humanities education means the whole element of education

that reflects the integrity of humanist and helps people become more humanities. Bioethics education is one of the educational endeavors to make man act in accordance with his sense. This bioethics principle should be taught and trained on students universally regardless of religious, racial, cultural, historical, or geographical differences. The Medical law is the body of laws concerning the rights and responsibilities of medical professionals and their patients and communities. The main focus areas for medical law include confidentiality, negligence and other torts related to medical treatment, and criminal law and ethics. Criminal law and ethics have taken very large role in medical law in recent years. Medical law is developed by legislative which is not all of them have a same understanding of medical discipline and medical ethics. So if they are not able to obey the rules, they will be punished as appropriate as their faults without looking at their various backgrounds.

The Core Curriculum establishes and introduces the principles of the humanities, bioethics, disciplines, and medical law. Its content is based on the principles applied in UNESCO and WHO programs. The core curriculum builds on learning objectives. The general purpose of this curriculum is to establish a competent physician in the conduct of medicine with a bioethics and humanities approach. The specific objective is the formation of ethical, disciplined, and physically responsible doctors with an understanding of the humanities approach to individuals, families, communities, and the general public. While each topic will have its own specific purpose. The main target group of the core curriculum is medical faculty students. Although the core curriculum can be introduced in the academic stage, its implementation must be trained at the professional level either in clinical service, community (through the target area) or in research. The general purpose of educating competent physicians in performing medical actions with an ethical and humanities approach. The special purpose of educating doctors to understand humanist, bioethics, medical ethics, medical discipline, medical law issues in medical problems and cases.

LESSONS FROM THE CHARLIE GARD CASE

John J. Paris¹, Brian M. Cummings²
¹ Boston College, USA
² Massachusetts General Hospital, USA
john.paris@bc.edu

The case of Charlie Gard, the English infant whose parents were blocked by a ruling of the High Court (in a case upheld by the Court of Appeal and the English Supreme Court as well as the UN Court of Human rights) from bringing their child to the United States for experimental treatment for a rare mitochondrial disease for which there is no known medical treatment, resulted in Charlie's death, It also occasioned an international outcry that involved Pope Francis, President Trump, the US Congress, the British public, and the world wide media on who had the right to make the decision for Charlie: his parents, his physicians or the courts.

Once is a dispute between the family and the physicians over the treatment of an incompetent patient is brought to a court for adjudication, the British legal tradition is that the court, and court alone, is to determine what is in the "best interest" of the patient. In the Gard case, the parents, the British public and much of the international media objected to that standard.

This paper will explore what lessons learned from Charlie Gard case.

PrEPorous? THE ETHICS OF STATE-FUNDED PRE-EXPOSURE PROPHYLAXIS

Jordan Parsons
Bristol University, UK
jordan.parsons1@gmail.com

NHS England started a trial in 2017 to aid in the decision as to whether pre-exposure prophylaxis (PrEP) should be provided to those at risk of HIV. Advocates have long campaigned for free access to the drug, arguing it to be an obvious choice in the fight against HIV, reducing the

worry of men who have sex with men (MSM). However, with the drug only impacting upon the lives of a small section of society, there are questions over the justice in allocating resources in this way; whilst not immune to the virus, the majority of people are at no substantive risk of contracting it. There are also potential public health concerns regarding risk compensation. Whilst some studies disagree, there is evidence that those who take PrEP are more open to condomless sex, which raises the risk of other STIs spreading and developing drug resistance. Given the rise of drug resistant gonorrhoea, this is very troubling, as other STIs are a concern of the majority of society; the provision of PrEP, then, in potentially alleviating one public health concern, may trigger a much greater public health concern. One potential exception is the case of young people. Young people are routinely considered separately in all aspects of society, so a lack of exercisable personal responsibility is cause to make an exception in providing PrEP to this group alongside suitable education as to the need to use condoms in addition to PrEP.

PARKINSON'S DISEASE AND ALZHEIMER'S DISEASE IN ADVANCED STAGE

Carlo Pasetti¹, Chiara Maugeri², Ines Giorgi³

¹ *European Centre for Bioethics and Quality of Life, UNESCO Chair of Bioethics, Italian Unit, Italy*

² *ICS Maugeri SpA SB, Fondazione Salvatore Maugeri, Italy*

³ *ICS Maugeri SpA SB, Italy*
carlopasetticp@gmail.com

Parkinson's disease and Alzheimer's disease are the most widespread neurodegenerative disabling disorders in the elderly. The difficulties of taking care of the patients and the costs involved are therefore the main future challenges of the research.

Despite being different at the onset in terms of symptoms (movement disorders in PD and cognitive disorders in AD), the two diseases tend to get confused and overlapped in their progression, so much so that they become difficult to differentiate on the diagnostic level.

PD worsens with time with the appearance of cognitive alterations whereas AD gets aggravated with rigidity, bradykinesia and falls. Furthermore, everything becomes contaminated with other factors (iatrogenic, vascular, physiological ageing, premorbid personality, depression, comorbidity) that make up "bridge syndromes" which are difficult to interpret and treat.

However, these clinical similarities diverge in the ethical approach to the controversial end-of-life dilemmas, especially in decision-making. Indeed, in PD the information provided by the doctor together with a discreet efficacy of the pharmacological treatment, a slower progression and persistence of a good competence allow a good stability of the patient's personal identity. In AD, instead, poor information provided to the patient while he/she was still able to express Informed Consent, a quicker progression, an altered decisional competence and poor efficacy of the pharmacological treatment make the patient completely unable to express his/her desires or to change his/her mind at the last moment and can deeply upset his/her personal identity thus making it critical or impossible to draw up Advance Directives.

ROLE OF FAMILIES IN VETOING THE RETRIEVAL OF ORGANS IN DECEASED PERSONS

Chantal Patel
Swansea University, UK
chantalt@aol.com

The growing gap between demand for organs and supply led to a lobbying campaign in Wales to establish legislative measures designed to secure organs where the known wishes of the deceased person deems a willingness to donate. The soft opt-out system approved in Wales took effect in 2015. The law in Wales allows close relatives of the deceased to have a say on the final decision. The key driver for the implementation of the legislation is the strategy to increase donation from 48.5% to 80% by 2020 and to bring about a complex societal

behaviour change where the question of donation is openly discussed and shared with family members. A study published in 2017 show that since the implementation of the legislation, overall consent rates have increased from 48.5% to 61% in 2017 and the number of people registering on the Organ donation register increased from 34 to 38%. As of last June (2017) the number of people who have opted out stands at 176,011 whilst those who opted in is close to over 1 million. That said there is no clear picture as to how beneficial the legislation has been to secure more organs or the number of families who vetoed known wishes of the deceased. This article explores whether it is time to move to a hard option and the impact this will have on families. It concludes that a hard option devalues the role of families and may negatively impact on donation.

PHILOSOPHICAL AND PSYCHOSOCIAL DETERMINANTS OF ATTITUDES TOWARD BIOBANKING FOR SCIENTIFIC PURPOSES

Jakub Pawlikowski, Jarosław Sak, Anna Zagaja
Medical University of Lublin, Poland
jpawlikowski@wp.pl

The perception of the human body and its parts (cells, tissues, organs) is conditioned by many ideological (anthropological, ethical, theological) and psychosocial determinants. Those determinants are important in development of biobanks that collect human biological material for research purposes. The aim of the study is to analyze how ideological assumptions affect legal solutions in terms of donation, commercialization or the property of the human corpses, cells, tissues and organs as well as how they affect individual donation attitudes (including the willingness of cooperation, scope of consent for using and international sharing of samples or commercialization). Responsible and effective cooperation with donors requires consideration of the main principles of research ethics: respect for autonomy (informed consent, protection of privacy), justice and equality, but also diversity of attitudes depending on the philosophical perspective on the human body (e.g. Platonism, Aristotelianism, Kantianism) modified by psychological and social characteristics (e.g. personality, temporal orientation, gender, age, health status).

IMMIGRANT FAMILY SEPARATIONS: THE US'S CURRENT DEHUMANISATION OF THE QUEST TO LIVE

Deborah Kala Perkins
Graduate Theological Union, USA
starbirthlife@gmail.com

'Where's Mommy?' A family fled death threats only to face separation at the border.

(Washington Post, 6/18)

USA was formed from a nation of immigrants across the backs of the Native Indigenous population. The first wave arrived escaping the Inquisition, fleeing up to what became Santa Fe, New Mexico. Now the progeny of this immigrant nation taking refuge from the trials of human conflicts, are persecuting the most vulnerable new arrivals, young families and children escaping drugs, gang wars, and torture. Casa Padre, an ex-Walmart Center on the Texas-US border has increased its child population this year - immigrant children escaping violence and displacement of Central America - from approximately 500 to 1500. This increase in the past few months has been spurred by the Trump Administration's policy of separating immigrant family's adults and children. Called inhumane and barbaric by many seeking to end the practice, the UN has declared it illegal. Several US Senators have recently brought forward a bill to make an immediate end to the policy. Families are being literally torn apart. One ten-year-old girl was separated from her mother and sole parent on arrival at the border; neither knew of the other's whereabouts. Months later they were reunited in Chicago. An immigrant man, arriving with his three-month-old baby, one day after being held in a detention center committed suicide. Doctors Without Borders has called current policy death

sentences for families escaping violence. Lady Liberty, outraged, weeps and calls for justice of the heart.

THE 'SPERMINATORS' AND THE REPRODUCTIVELY WRONGED: AN UPDATE ON SPERM BANK ERRORS AND LIABILITY

Barbara Pfeffer Billauer
Haifa University Faculty of Law, Israel
omniscience@starpower.net

Since my presentation in Limassol a year ago, significant developments have been reported in the sperm bank industry. In addition to a proliferation of sperm-bank errors occurring from procedural negligence by sperm bank employees – resulting in “switched test-tubes,” (i.e., wrong babies offered to contracting parents), egregious instances of offspring born with genetic problems have also been reported; these occurring due to unregulated procedures in vetting prospective donors. In addition, two new legal avenues have developed dealing with these issues from a liability perspective – one in the U.S., and one in Singapore.

International variation in sperm availability and IVF eligibility also fosters reproductive tourism. Israel has recently introduced a bill directed at remedying some sperm bank issues. However, as I will demonstrate, inherent flaws in the bill require redress before the bill can serve as an international model.

Given the dangers of unregulated IVF, especially introduction of faulty genetic strains into the population coupled with the lack of an effective tort liability scheme with teeth which might deter slipshod or business-driven practices, constant vigilance from the bioethics and legal community is necessary.

This presentation will examine problems of unregulated IVF, problems with currently pending bills, and problems with the tort scheme which is similar world over and which often acts as a de facto regulator. I will also unveil a possible mechanism for dealing with these issues for the sake of preserving the individual, public and population health.

AUTONOMOUS ADVANCE TREATMENT DECISIONS IN INDIAN MENTAL HEALTHCARE

Sharad Philip, Sydney M, Naveen CK, Suresh BM
National Institute of Mental Health and NeuroSciences (NIMHANS),
India
sharadphilipdr@gmail.com

Background: India's new Mental HealthCare Act in effect from 29 May 2018 legalizes Psychiatric Advance Directives (PADs). This is a step towards empowering autonomy for service users in consonance with Article 12 of the United Nations Convention of Rights of Persons with Disabilities (UNCRPD). Indian society and medical practice have not seen the evolution of advance care planning from end of life care which may impede in understanding its potential benefits. Service users unfamiliar with advance care planning may require assistance in formulating PADs. The MHCA does not outline awareness programmes, facilitation strategies or guiding formats to that effect.

Aim: To educate patients regarding PADs through a structured Education and Assessment Tool (EAT) and explore facilitation strategies.

Method: Consenting patients (n=100), purposively sampled reviewing at an adult psychiatry OPD in NIMHANS, Bangalore were informed about PADs using the EAT. Simulated drafting of PADs explored modes of facilitation.

Results: All 100 patients wrote 'valid' PADs. 80 required both verbal prompting and assistance in writing. 6 required no facilitation. Patients were educated for mean 8.28 (±5.74) years. Age, illness type or duration did not appear to influence facilitation requirements.

Conclusions & Implications: Service user awareness regarding PADs, its implications and utility are a necessary first step towards autonomy. Facilitation strategies such as assistance in writing and guiding formats may enhance PAD utility. Detailing such strategies may enhance uniformity and thus, adherence by service providers.

PADs in the current prescribed format may invalidate informed choice and compromise practical utility.

RESEARCH AND PRACTICE: TO SEGREGATE OR TO INTEGRATE

Jan Piasecki¹, Vilius Dranseika²
¹ Jagiellonian University Medical College, Poland
² Vilnius University, Lithuania
jan.piasecki@uj.edu.pl

We discuss the ethical significance of the distinction between research and practice in a context of learning health care systems. We answer the question whether transformation of health care into a learning system resolves ethical problems of the existing regulatory framework. A proposal to transform health care into a learning system has not yet been thoroughly discussed in the context of two opposite stances: the one based on segregating and the other based on integrating research and practice. We propose that the concept of a learning health care system cannot be universally applied to the whole field of research involving human beings, but only to a subset, namely, relatively low-risk research. Our work contributes to the discussion of the ethical problem lying at the crossroads of clinical practice, research and public health, and may be helpful in updating relevant regulations.

THE TEACHING OF THE BIOLOGICAL AND SOCIAL ASPECTS OF THE DEBATE ABOUT HUMAN GENETIC VARIATION, CLASSIFICATION AND “RACE”

Maria Antonella Piga, Giuseppe Testa, Luca Marelli,
Annamaria Architravo, Maria Celeste Cantone,
Stefano Gianoli, Francesco Panariello, Benedetta De Ponte
University of Milan, Italy
maria.piga@unimi.it

As professors of “Bioethics” in a Master degree program in Medical Biotechnology, Piga, Testa and Marelli gathered the recommendation to include in their lessons “historical and social scientific information on past uses of science to promote racism as well as the potential impact of future policies” (Genome Biology, 2008).

The Course delivered to the students the basic and updated knowledge to acquire complete proficiency and skills about the topics. To prove her/his grasp of the key concepts and methodologies used to disentangle the problem discussed, the student, as member of a teamwork, had to deliver a presentation based on a case study research.

At completion of the current academic year, the final research project “Pharmacogenomic without Genomic” examined the first drug approved by the US FDA with a “race-specific” indication: BiDil, a heart failure drug licensed for “self-identified Black patients”. The research investigated how the BiDil case is a matter of bio-constitutionalism, bioeconomy, co-production and socio-technical imaginaries, leading to particular results demonstrating how the past influences the present: the reification of “race” offers the opportunity to address historical health inequalities but, at the same time, past history leads us to tread warily along a path that promotes the use of the “racial category”. Further in-depth discussion depicted the physicians' attitudes towards the “racialised prescribing” and to the fact that the “racial perspective” is still recommended in some clinical practice guidelines. The reflections of some “young scientists” compared to a subject as sensitive as that of standardizing medical practice offer a particularly interesting perspective, which is worthwhile to be shared among the scientific community.

ETHICAL ISSUES IN RELATION TO OLDER PEOPLE IN HEALTH CARE

Liubov Pishchikova
Gerontological Protection Fund, Russia
 gerontpro@yandex.ru

The share of older people in Russia will reach 30.4% by 2036. In some regions of Russia, the number of elderly people has already exceeded 29%.

Such problems as age discrimination (ageism), socio-economic stratification, professional discrimination, discrimination in access to health care and quality of health services, legal and social insecurity, cruelty and violence, the perception of late age as a synonym for dementia, stigmatization of people with dementia accompany aging. Ageism is manifested in the negative attitude of medical personnel towards the elderly, in the reduction of all causes of diseases to older age, in restricting access to medical interventions or surveys, in the perception of the inability of older people to make decisions. Proposals for the psychiatric examination of the elderly when employing or drafting civil law acts are also conditioned by ageism. Despite the concept of "aging on the ground" proposed by the UN, older people, especially people with dementia, are often placed in specialized social institutions, even if they have children and their own housing.

The issues of expediency of rendering medical aid and prolonging life for patients with severe dementia remain topical, and can be considered in the aspect of passive euthanasia.

This makes it urgent to consider these problems from bioethical positions.

In modern bioethics the principle of respect for the dignity of a person and his rights comes to the fore, regardless of age and other characteristics.

Fundamental research is needed in the field of bioethics, aimed at establishing the relationship between the moral state of a person and his attitude towards older people including inside the medical community.

These studies can become the basis of an ethical code that includes the following positions:

Understanding aging as a favorable regulatory process during which the evolutionary development of man continues.

Inadmissibility of ageism.

Inadmissibility of cruel treatment, violence and neglect.

Observance of presumptions of mental health, sanity, capacity to contract and legal capacity to act.

Recognition of dementia as a disease and not as a normative manifestation of aging.

Preserving dignity and respect of a person until the last stage of dementia and his right to reside in his home.

Inadmissibility of euthanasia.

ADVANCE DIRECTIVES AND SHARED HEALTH CARE PLAN FOR END-OF-LIFE CONTEXTS: LESSONS FROM THE NEW ITALIAN LEGISLATION

Federico Gustavo Pizzetti
University of Milan, Italy
 federico.pizzetti@unimi.it

The ongoing developments in medicine and palliative care and the transformation of cultural and social paradigm about the patient-physician relationship had an impact on several aspects of bioethics and law, in particular in end of life situations.

Following the international and European Charters on fundamental rights and biomedicine, and a transnational case-law, combined with constitutional national provisions, the Italian courts have tried for a long time to set a comprehensive system of operating rules.

While in the past the Italian legislature tried to fight back the judiciary trying to approve statutes or to promote conflict of power, lastly the parliament voted – just a few months ago – a new legal framework which regulates the informed consent and the living wills.

The speech aims to provide a reasoned analysis of the new Italian Act n. 219/2017 under the light of the European and international legal framework.

In particular, it will be examined the rights of self-determination, life, human dignity and personal identity; the principles of professional autonomy of the physician; the role of the parents and guardians in protecting vulnerable subjects.

Specific attention will be given to some aspects of the Act n. 219/2017 that seem to be relevant – also beyond the intention of the lawmakers – for the future e-health based on artificial intelligence and body-computer interfaces: the norms that prescribe a "personal" and "human" relationship with the patients and the provisions on the forms and the means by which the will of the impaired persons may be acquired and registered.

RELATIVISM AND VALIDITY OF THE PROBLEM OF BRAIN DEATH AND SOCIO-CULTURAL ASPECTS OF ORGAN DONATION

Olga Popova¹, Oleg Reznik²
¹ *Russian Academy of Sciences, Russia*
² *Pavlov First Saint Petersburg State Medical University, Russia*
 J-9101980@yandex.ru

The actualization of the study of the sociocultural aspects of the problem of brain death and organ donation is linked to the two interrelated processes in the development of medicine: 1) strengthening the processes of integration of medicine and bioethics, 2) the achievements of intensive care, organ donation and transplantation. Doubts about the validity of the concept of brain death, enhanced over the last decade with increased frequency and intensity are marked by such researchers as D. Shewmon; R. Veatch, S. Youngner, E. Bartlett, etc. The presence of negative stereotypes in relation to the concept of "brain death" in practice affect the decline in organ donation and for many countries is the reason for seeking new arguments in favor of the legitimacy of the concept of brain death. Current controversies and disagreements on the issue of brain death causes the need for uniform criteria for neurological determination of death. However, the search for common criteria for brain death is faced with the problem of socio-cultural determination of death, significant differences in the interpretation of the interpretation of death, suffering, dying. Thus, the problem of the legitimacy of death is closely related to socio-cultural influence on the definition and criteria of death. The death should be investigated not only as a biological event, but also as a scientific construct and socio-cultural artifact.

INNOVATIVE METHODS AND TOOLS FOR BETTER TEAM ORGANISATION AND PEOPLE MANAGEMENT

Sashka Popova, Krasimira Markova, Alexandrina Vodenicharova
Medical University of Sofia, Bulgaria
 sashkapopova@yahoo.com

The presentation is analyzing innovative teaching programs designed to provide a portfolio of knowledge, skills and individual awareness that will help health managers to improve their leadership and management capability to create conditions that enable values-oriented innovations and achieve long-term success in medical practice. The programs shift the focus on building learning organizations that are flexible, open and capable of investing in their internal restructuring, so that they are prepared for today's and tomorrow's technological challenges.

The focus on values-oriented medical practice will allow health managers to design plans on how to implement innovations in a structural way according to the guidelines for good medical practice, the procedures for receiving informed consent from patients and the publicity principle. We are looking to reach out to decision makers and health managers responsible for restructuring the health care system to ensure they are prepared and able to implement innovative

methods and tools for better team organization and people management.

VACCINATION DILEMMA: MANDATORY VACCINATION OF CHILDREN

Netanel Posner
Kimhi, Peled, Posner, Shilo & Co, Adv., Israel
netanel@kppslaw.co.il

Vaccines, a modern medical wonder, led to enormous public health improvement, and even extinction of life threatening diseases. However, despite the achievements, anti-vaccination movements claim they are dangerous and refuse them. The refusal creates unique risks since effective public protection is achieved only after "Herd Immunity" (which needs approx. 90-95% vaccination rate), and therefore a small non-vaccinated population can cause significant health risks (as the recent Measles outbreak).

The vaccination dilemma is whether, and how, should mandatory children vaccinations be imposed by the State. The answer demands balancing various interests: the State's duty to protect the citizens and refrain from intervening in their lives, parents' right to autonomy and personal welfare and the "child's good", and in some cases even religious and conscience interests.

In this presentation, I shall offer a solution to the dilemma and examine when, and by which sanctions and incentives, it is justified to enforce mandatory vaccinations to children despite their parents' will. Separate reference will be offered as to public health and emergencies (such disease outbreaks) as well as routine situations, and to various coercive measures (e.g. force vaccination, quarantine, prevention of school for unvaccinated kids and financial sanctions and incentives). In addition, I shall present the right scope of vaccine exemptions (including medical, religious and conscience ones) from the mandatory vaccination and the appropriate remedies for the "vaccine victims": damaged children from the vaccine as well as from other's refusal to vaccinate.

BIOETHICS PERSPECTIVES OF NURSING STUDENTS

Premlata Prakash, Justin Hans Richa, Singh Usha, Barnabas Seema, Victor Balqis
College of Nursing, CMC & H, Ludhiana, India
prakashpremlata@gmail.com

It is widely viewed that fostering bioethics among members of the nursing profession is of profound importance due to increased progress of medical science and technology and lack of awareness about bioethics among undergraduate students which has rendered prior views of ethics insufficient for health care professionals. As the student nurses are the future professional nurses, so their foundation of bioethics needs to be laid at the preliminary level as they reach the actual clinical practice. This way they can take nursing profession at the highest level of perfection and standards. In view of this a descriptive research was planned to assess the knowledge and attitude of nursing students by using self – structured questionnaire and attitude scale to promote bioethics through Continuing Nursing Education (CNE). Total 400 nursing students participated in the study as subjects. The data was collected keeping in view the ethical considerations. The data was analyzed by using descriptive and inferential statistics at $p < 0.05$ level of significance. Results showed gaps in knowledge and attitude regarding bioethics. It may be recommended that similar type of studies can be conducted in other medical institutes to promote and impregnate the bioethics in the foundation of nursing profession which is the student nurses.

THE ALLOCATION OF CADAVERIC DONOR ORGANS: SHOULD THE PATIENTS' RIGHT TO LIFE BE SUPPLEMENTED BY A DUTY TO HEALTH?

Nadia Primc
University of Heidelberg, Germany
Primc@uni-heidelberg.de

The scarcity of donor organs poses the challenge to decide which patients should be granted access to the life-saving treatment of organ transplantation, and which patients should be denied such an opportunity. Whatever position one takes, it usually consists in balancing two conflicting criteria, namely the aspect of utility or efficiency of a transplantation, and the aspect of urgency or neediness of patients. Utilitarian positions usually put a greater weight on the criterion of utility, whereas deontological approaches tend to stress the neediness of patients.

Whereas the right to life and to the life-saving treatment is usually associated with the criterion of urgency, it will be argued that out of respect for the patients' right to life a threshold for the utility of transplantation needs to be implemented. Notwithstanding, the criterion of utility entails the risk of disrespecting the individual's right to life, namely, if it is given a very strong emphasis, or if it is interpreted in an unfair, or discriminatory way.

Out of this need for rationing, it is sometimes asked that the individual's right to life has to be supplemented with a duty to live as healthy as possible, e.g., a duty to health, in order to avoid any further burden on the dilemmatic situation that the allocation of scarce life-saving resources necessarily represents. This claim will be discussed with regard to the six month abstinence rule for liver transplantation in patients with a severe alcoholic liver disease that finds application in several countries.

ACTIVE AND PASSIVE EUTHANASIA: A MORALLY IRRELEVANT DISTINCTION

Evangelos Protopapadakis
National and Kapodistrian University of Athens, Greece
eprotopa@ppp.uoa.gr

Ever since the debate concerning euthanasia was established as one of pivotal significance in Bioethics, the distinction between active and passive euthanasia – or, letting die and killing – has been marked as one of its key issues. In this paper I will first argue that the threshold between acting and omitting to act is an altogether vague one, and it gets even vaguer when it comes to euthanasia; then I will claim that there is no morally significant difference between active and passive euthanasia, and if there is any, it seems to favor active instead of passive euthanasia. I will conclude with the view that the distinction between active and passive euthanasia is morally irrelevant, therefore, as much as it may be of some descriptive value, as far as the moral evaluation of euthanasia is concerned it seems to be devoid of any moral significance – hence, when it is considered as a key moral determinant this distinction becomes misleading.

THE RIGHT TO CONSCIENTIOUS OBJECTION IN THE EXERCISE OF THE IDEOLOGICAL FREEDOM: THE SENTENCE 145/2015 OF THE SPANISH CONSTITUTIONAL COURT

Marc-Abraham Puig Hernández
Barcelona University, Spain
marcph@icab.cat

The Spanish Constitutional Court (SCC) has indicated that conscientious objection is one of the concrete rights in which ideological freedom, freedom of thought according to the ECHR, can be played out. This position coincides with both the Resolution 337 (1967) of the Council of Europe and the settled case law in the interpretation of Article 9 ECHR, on freedom of thought. The European

Court of Human Rights has explained that this right is in favor of the individual when the fulfillment of a duty poses a major conflict of conscience.

For the SCC, conscientious objection is part of the essential content of the fundamental right to ideological and religious freedom, right proclaimed in Article 16.1 SC, which can be applied directly. Consequently, conscientious objection is a right that health specialists can exercise when they must come to a decision contrary to their convictions.

In the SCC decision 145/2015, the court explained that this fundamental right exercise must be weighed against the guarantees of other rights. In this case, a pharmacist refused to dispense a specific medication because as a conscientious objector, he did not have a minimum stock. The court considered that the exercise of the right to conscientious objection had to be weighed by the duty to have a minimum of medicines that the Public Health System compulsory regulation imposes.

DYING AND DEATH IN EAST GERMAN MEDICAL ETHICS AND THE COMMUNIST REALITY

Andrea Quitz

Leopoldina Hospital Schweinfurt, Germany
aaquitz@yahoo.de

Medical ethics in the former East Germany developed in the late 1970s but was especially prominent in the 1980s. Official Medical Ethics aligned itself very closely to the socialist ideology. Ethicists were seen as representatives of social sciences and as such specially elected and controlled by the communist party (SED) and even by the Secret Service (Stasi/Staatssicherheit). What were the main impressions of dying and death under the umbrella of the communist ideology? In the rising of communist states and the technical developments of early Russian communists, it was thought that death could be overcome by scientific progress. This belief significantly influenced later East German ethicists. With the decline of the communist countries in the late eighties, the ideas about death became more and more realistic. In fact, the life expectancy differed by six years, between East and West Germany in 1989, with a disadvantage towards East Germany. Under the influence of the National Socialism movement and in dissociation from it, assisted dying was strictly denied. But the influence of the ethicists was quite limited. A sharp contrast could be found. In West Germany, controversial public discussions about ethical problems were common practice while in East German ethicists reacted mostly with a long latency of time and seemed to justify or giving legitimacy to what the communist party had previously decided. Short time before German reunification we observe a process of a limited approach and pluralization of ethical positions in East Germany as a sign of disintegration of the communist system.

WITHHOLDING TREATMENT FROM THE DYING PATIENT: THE DIFFERENCES IN APPROACH BETWEEN PHYSICIANS AND STUDENTS

Aviad Rabinowich¹, Liane Rabinowich², Iftach Sagy¹, Lior Zeller¹, Alan Jotkowitz¹

¹ Ben-Gurion University of the Negev, Israel

² Tel-Aviv Medical Center and Tel-Aviv University, Israel
aviadrabi@gmail.com

Introduction: End-of-life care is an important issue in clinical practice. Although physicians' attitudes have been widely studied, data regarding students' views are scarce. Moreover, reasons for providing life-sustaining treatments are not well studied either.

Methods: A scenario-based survey regarding willingness to perform life-sustaining treatments was administered among 455 medical students and 73 physicians. Respondents were asked also about their motives to provide life-sustaining treatments.

Results: Students showed significant high willingness to perform life-sustaining treatments in all the clinical scenarios and with all medical

treatments. For a metastatic oncologic patient, students' median will to perform intubation was 7 (inter-quartile range [IQR]=4-9). Physicians' median will to perform intubation was 1 (IQR=1-4.5). Large differences were also seen with providing blood and vasopressors. The smallest difference between the two groups was in the case of a 12-years-old boy after a TBI. Students' median will to perform resuscitation was 9 (IQR=7-10) while physicians' median will was 7 (IQR=3.5-10). Differences in motivation factors were also seen.

Conclusions: Students' greater willingness to treat compared with physicians are attributed mainly to medical education and clinical exposure. The major differences between students and physicians emphasize the importance of students' involvement in discussions regarding end-of-life care and ethical studies in medical education.

MEDICAL NEGLIGENCE – PATIENTS' RIGHTS

Chintal Rajender

UMECA, India
drrmla@gmail.com

In India, Medical Negligence shoot up warrant Patient Safety Law a Need of hour.

Medical malpractice lawsuits grown up to 400% since inception of Consumer Protection Act the medical profession was included in 1996 by the supreme Law.

Slide descriptions:

Epidaemiology of Medical errors

Media Stories

Medical Laws existing in India

General Laws applicable to victims of Medical Malpractice

Medical council regulation on Professional ethics

Classification of Medical errors

Medical Laws for every day safe practice

Consumer courts significance increasing

Criminal Liability (Indian Penal code 304A) applicability some incidental stories

Principles of medical negligence in court of law

Informed Consent styles changing to patient requirement

THE GOODNESS OF GOODNESS

Vojin Rakic

University of Belgrade, Serbia
vojinrakic@hotmail.com

In this article I intend to show that humans have a strong rational reason to voluntarily opt for moral enhancement, including moral bioenhancement. Persson and Savulescu, Wiseman, Sparrow, Selgelid, Carter and other scholars have criticized my conception of "voluntary moral bioenhancement" in various publications, but from different perspectives. Here I will reply to a critique that I have not replied to yet. The critique asserts that morally unenhanced people will not be motivated to voluntarily opt for the morally wise decision to morally bioenhance themselves. In this article I will demonstrate that this does not have to be the case. My argument will be that morally appropriate behaviour is mostly conducive to the happiness of the majority of people who engage in such behavior. I will provide evidence that is based on research showing that acts of kindness, solidarity, unsolicited helping, generosity, charity, a positive attitude to people and events surrounding us, as well as various other acts and thoughts that are considered as moral generally make most people feel good. Hence, in order to feel good we have a rational reason to behave morally much of the time and, consequently, to voluntarily opt to morally (bio)enhance ourselves.

THE CHILD'S RIGHT TO PHYSICAL EDUCATION AS REFLECTED IN UNESCO'S VARIOUS CHARTERS!

Izack Ram

The Academic College at Wingate, Israel
rami@wincol.ac.il

An enlightened and progressive society is committed to abide by the various international conventions related to human rights in general and children's rights in particular. Among the natural rights of children, the right to have physical education as part of general education is of much importance.

The first reference to children's rights at an international level was in the 1924 Geneva Declaration. Then, in 1959 this statement was extended to the UN Declaration which regarded the rights of the child as an integral part of the International Declaration of Human Rights adopted back in 1948.

The culmination of this on-going development has been the adoption of the recommendation by the NASP, the representative organization of physical education teachers in the United States, which stated that physical education is a basic human right. It was phrased by UNESCO in 2004 as "the right to get an education of the whole person".

The purpose of this lecture is two-fold. On the one hand, to clarify the importance of physical education for the benefit of the wellness and normal development of children; On the other hand, to outline the rights of children to physical education and sport, as the latter are reflected in various international treaties, formulated specifically to these needs since the founding of the United Nations to present times.

ASSESSING THE LEGAL POSITION OF THE LIVING WILLS WITHIN THE SYSTEM OF THE COUNCIL OF EUROPE

Mirza Ramusovic

University of Coimbra, Portugal
ramusovicmirza@gmail.com

This paper presents an attempt to identify and clarify the legal position of Living Wills within the normative architecture of the Council of Europe. Two documents that we will be focusing most on are the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (Oviedo Convention), the only international legally binding document in this area and, Convention for the Protection of Human Rights and Fundamental Freedoms. Beside this, provisions from relevant Resolutions and Recommendations and relevant case law of the European Court of Human Rights will also be consulted.

PHYSIOTHERAPIST'S ETHICS: TOUCH, CARNALITY, INTIMACY

Anna Ratajska¹, Agnieszka Wójcik², Emilia Dadura², Alicja Przyłuska-Fischer²

¹ *Kazimierz Wielki University in Bydgoszcz / Dr. Jan Biziel University Hospital No. 2, Poland*

² *Józef Piłsudski University of Physical Education, Poland*
aratajska@ukw.edu.pl

Touch is a basic therapeutic tool for a physiotherapist. For a patient touch means entering their most personal spheres of intimacy, feeling and pain. The research shows the significance for physiotherapists of the most important values such as care, honesty, trust and sensitivity in various theoretical models of bioethics.

We analyze it if physiotherapists' values:

- are connected with how they define carnality for themselves and how they perceive it in their patients.
- include touch as their basic tool and how physiotherapists feel about touching a patient.
- have impact on how they understand their own and their patients' intimacy.

Possession of values, understanding and perception of carnality influence the way physiotherapists communicate with patients. We wish to check the role of communication in reaching compromise regarding the aims of physiotherapeutic procedure.

Help cannot be provided without patient's participation. We want to discover how patients perceive physiotherapist's communication with them, if there is a relationship between physiotherapists' form of communication and the ways patients see it. Patients' perception of their carnality, touch and intimacy will be checked and the way patients view their physiotherapist's attitude to all those spheres will be studied.

The analysis of patients' and physiotherapists' perception of carnality, touch and intimacy as well as communication in a therapeutic relationship will contribute to a fuller understanding of the considered issues in the context of physiotherapist's work specifics and will enable to verify their moral significance in clinical practice.

The work is the result of a research project nr 2016/21/B/HS1/01824 funded by the National Research Centre.

OVERVALUING AUTONOMOUS DECISION-MAKING

Bevinahalli N. Raveesh¹, Peter Lepping²

¹ *Mysore Medical College & Research Institute, India*

² *Consultant Psychiatrist (BCULHB), UK*
raveesh6@yahoo.com

Involuntary detention and treatment is one of the most controversial aspects of psychiatric care and has been subject to endless legislation, campaigns, criticism and ethical debate across the globe. The current situation in many countries is that persons who are suspected or known to have a severe mental disorder can be detained and treated against their will under national or regional legislation.

Differences exist between the letter of the law, its interpretation, developments of the law through case law, regional custom and practice, and codes of practice where they exist. This can cause varying local practice within similar legislative frameworks. Ethically, most healthcare legislation tries to find a compromise between the protection of a patient's autonomy and the protection of the patient and others from harm. Autonomy, as part of a rights-based legislative framework, has increasingly dominated our discussions about coercion. We suggest that recent developments in psychiatry have favoured the principle of autonomy disproportionately over other ethical principles. Current capacity-based legislation and practice overvalues autonomy to the detriment of other ethical principles. A balanced ethical approach would consider the patient's right to treatment, their relationships and interactions with society and not solely the patient's right to liberty and autonomous decision-making.

CROSS-BORDER MEDICALLY ASSISTED REPRODUCTION AND THE RIGHT TO KNOW ONE'S GENETIC ORIGINS

Vardit Ravitsky

University of Montreal, Canada
vardit.ravitsky@umontreal.ca

The use of donor sperm or egg for reproduction raises the issue of the right of donor-conceived individuals to know their genetic origins. In this talk, I will argue in favor of acknowledging such a right and explore the challenges that cross-border medically assisted reproduction would raise in relation to it. I will first explore possible justifications for such a right by discerning its possible conceptual and empirical groundings. I will describe some key ethical and policy implications of the removal of donor anonymity. I will then argue that novel technologies such as mitochondrial replacement and gene editing raise new concerns in this area and may expand the scope of such a right. Finally, I will argue that while many barriers to accessing information about genetic origins already exist at national levels, cross-border medically assisted reproduction may exacerbate a reality in which many individuals conceived through third-party participation are deprived of information that may be crucial to their future well-being for medical or psycho-social reasons.

NIPS CURRENT SITUATION IN ISRAEL

Adi Reches

Tel-Aviv Sourasky Medical Center, Israel
adireches@gmail.com

As society's view of disability has changed, so has our view of screening and testing fetuses for genetic conditions. We now recognize that offering pregnant women choices about whether to have a child with a genetic condition or variation isn't straightforward. NIPS (non invasive prenatal testing), introduced as a self-pay test in Israel in 2012, changed the way we view screening in pregnancy, and perhaps the way we view disability and difference. The scope of NIPT in Israel will be discussed, as well as its possible impact on invasive testing, abortions and reproductive choices available to couples. Healthcare professionals' opinion will be discussed as well as the lack of information from manufacturers about the limitations of NIPT and the conditions being tested for. New guidelines introduced by the Israeli genetic society will be described and their possible national impact

HUMAN RIGHTS AND GENDER EQUALITY

Francisca Rego, Rui Nunes
University of Porto, Portugal
mfrego@med.up.pt

Bioethics is concerned with the ethics of life and of all life forms. And, human dignity has been the foundational basis of a global bioethics. However, progressively, human dignity has been interpreted as the implementation of human rights, but it might be questioned if a modern approach of these rights shouldn't emphasise women's rights, especially gender equality in various settings.

For an effective implementation of gender equality needs, there is a need of consensual ethical framework, specific legislation, steady cultural evolution and a mobilisation of the International Community – Proposal of The Universal Declaration on Gender Equality.

In this sense, an international survey was conducted with all UNESCO Bioethics Centers of the International Network of the UNESCO Chair in Bioethics (Haifa), scattered across 5 continents, in order to more accurately assess the state of gender equality policies in the different cultures of mankind. It was requested that the answers reflected the present reality of each country regarding familial, social and labour equality, as well as family planning. This way, allowing to create an embracing and comprehensive declaration proposal.

Preliminary results show that there is still a way to go, given that there is evidence that even in academically and professionally differentiated centres, there are still important steps to take, as the formulation of legislation and policies in the field of gender equality, the fostering of multidisciplinary and pluralistic dialogues about gender equality issues within society as a whole; the promotion of equitable access to education, knowledge, and cultural development, as well as to healthcare and family planning, with particular attention to the needs of developing countries, and the promotion of the rights of women and men in the overall society.

VIOLENCE TOWARDS NURSING STUDENTS IN THE CLINICAL FIELD – ETHICAL ASPECTS AND PROFESSIONAL

Sima Reicher
Ariel University, Israel
rsima21@gmail.com

In the last three decades, violence in the context of nursing staff has been well documented in international literature. Nurses as well as nursing students describe a wide range of behaviors such as: work sabotage, over-criticism, denunciation, malicious gossip, conflicts, disrespect, professional humiliation, insulting, blocking learning opportunities, lack of appreciation for a job well done, cynical and sarcastic remarks, abuse of power, rudeness, undermining authority,

intimidation, threat of bullying, harassment, verbal violence and physical violence. Empirical findings show that exposure to violence leads to a deterioration in the quality of treatment, an increase in errors and a decrease in patient safety, burnout, low job satisfaction, leaving the workplace, and leaving the profession. In contrast to the many studies conducted on nurses, there are only a few studies that examined violent behavior toward students in the clinical field. In these studies, the main source of violent behavior towards students was from the nursing staff. The students reported symptoms of anxiety, depression, stress, absence of experience, negative impact on the quality of care, and a desire to leave the profession. Training programs to enhance immunity towards violence for students before entering the clinics ("immune preparation") as well as referring to the ethical code of nurses are part of the steps taken in various countries around the world to deal with violent behavior. We will present a study done by the Department of Nursing at the Ariel University, which examined violence against nursing students. Some of the findings are consistent with the findings described in the literature.

DEVELOPING THE LIABILITY INSURANCE FOR NURSES IN CHINA

Anji Ren, Xianhong Li
China
renanji@qq.com

Nowadays, Medical Professional Liability Insurance (MPLI) in China is developing with many shortages, such as only one policy of liability insurance for both medical staff and medical institution, the imprecise premium calculation, and the low benefit for medical individuals. With the trend of taking MPLI into a "one core, and multi-component" developmental stage, which considers the "Medical Institution Liability Insurance" as the Core component, and the "Liability Insurance for different Medical Personnel" as the multiple components, it is necessary to develop the Liability Insurance for Nurses. Having a specified Liability Insurance for Nurses will benefit the policy implementation, occupational risk prevention of nurses, apportionment of the complex liability, and the development of advanced clinical nursing. We suggest setting appropriate deductibles, requiring each clinical nurse to be insured and taking the medical institution and the nurses as the co-policy holder, the clinical nurse as the insurance and the tort liability of nurses to patients in the clinical nursing activities as the object of this kind of insurance. We also advice to strengthen policy and media publicity on risk management and nurse liability insurance and distinguish the tort liability between clinical nurses and other medical personnel in joint torts. As part of the medical dispute non-litigation resolution mechanism of "mediation by court, mediation by people, judicial mediation, and MPLI ("3 mediation & 1 insurance"), the Liability Insurance for Nurses need to be developed along with "3 mediation & 1 insurance", especially considering mediation by people as the most important part.

INSIGHT ON RESEARCH ETHICS: WHAT ARE THE REAL ISSUES (RESEARCH, ETHICS, APPLICATIONS AND LAW)?

Alice Rene
National Center for Scientific Research CNRS, France
alice.rene@cns-dir.fr

France is the first country to have created a national ethic committee, has therefore a developed "bioethical" system. This work tries to give insight on the French bioethics for research; to keep a critical analysis of this system and to ask the question of its pertinence and compatibility with sustainable development thanks to a comparison to other issues in bioethics in those fields (regulation the applications). The study will rely on the analysis of French regulation of research (law texts and advices from French ethical committees). In France, the tendency is to legislate about main ethical questions. Important principles are written in the law and this allows both protection of health and environment and respect of autonomy. Nevertheless, this

system is not adapted to the level of risk represented in some domains. A flexible ethical framework should preserve research, essential for sustained development (precautionary principle). Furthermore, a decorrelation exists between the ethics of applications of new technics and their risks. This disproportion between risk and applied constraints carries danger 1) of avoiding some progress by slowing down or blocking research, 2) of allowing undesirable applications and 3) of blocking useful applications because of lack of proper information and "informed consent" of the society when taking decisions.

In conclusion, confronting those particularities of French bioethics of research with ethics of societal choice show a lack of consciousness about where the main questions arise: the applications fields, where we should reach an "informed consent" condition and legislate with a sufficient anticipation.

THE PHENOMENON OF BRAIN DRAIN IN SOUTH AFRICA: A UNIVERSAL BIO-ETHICAL PERSPECTIVE

Riaan Rheeder
North-West University, South Africa
corriaan1@gmail.com

Movement of people today is so global, constant and giant that modern times are described as "The Age of Migration". The term brain drain has been created in the sixties and is defined as the depletion of skilled, intellectual and technical labour through a movement of health workers to a more favourable geographical, economic and professional environment. This (research) problem is considered globally so serious in South Africa that the World Health Organization financed by the European Union, launched an international project entitled 'The Brain Drain to Brain Gain' with the purpose of assisting South Africa (and other countries) to convince them that creating a data system that registers and monitors emigration of health workers is essential because it forms part of solving the problem. In spite of this, Mahlathi and Dlamini, researchers in the 'Brain Drain to Brain Gain'-project claims that "the emigration aspect of South African health professionals appears not to be on the radar for tighter control" and believes that Article 21 (freedom of movement) of the South African Constitution is primarily responsible for this. The result of this emphasis on individual freedom is that the decision to leave the country will deeply be an individual ethical consideration by the health worker. In light of the above discussion, the research question comes to the fore, whether there are global bioethical guidelines that can assist the individual health worker's choice in this regard. Discussion of ethical guidelines is important because the choice to migrate (and attract migrants) is according to many bio-ethics ethically questionable and migrants are even accused of "serious moral wrongdoing". The focus of the study is not on the role of the state in this regard, but primarily on the individual who has to make the decision to migrate. The starting point in the study is the global ethical guidelines of the UNESCO bioethics declaration as adopted by UNESCO member countries.

IS THE USE OF CBW BECOMING A NEW NORM?

Elihu Richter¹, Casey Tait²
¹ Hebrew University – Hadassah, Israel
² Regent University, USA
elihudrichter@gmail.com

Objectives: To review the reemergence of Chemical and Biological Weapons (CBW) in Syria and recent incidents in England; to propose the need for strong initiatives in policy, surveillance and criminal justice to promote the eradication of CBW use.

Background: The backdrop of confirmed usage of CBW in Syria's Civil War; the March 4, 2018 Novichok nerve agent poisoning of Sergei and Yulia Skripal in Salisbury, England; and the 2009 class-action lawsuit in response to the U.S. Army Bio-chemical testing program between 1948-1975.

Methods: Timelines of incidents, responses and counterfactual ("what-if") assessments of alternative scenarios.

Findings/Results: The alarming reemergence of Chemical and Biological Weapons (CBW), in violation of the Geneva Protocol, both in Syria's civil war and recently in the UK is an ominous precedent of CBW use as the new norm. Western countries' albeit slow response to CBW use, such as Theresa May's red line and the class-action lawsuit against the C.I.A. and U.S. Army, can serve as examples to operationalize values and redefine CBW use as an unacceptable norm. CBW is part of a larger picture of gross crimes against humanity. There is a need to redouble efforts to operationalize measures through education, data collection and prosecution in order to redefine the unacceptable and promote the eradication of CBW as part of the structure of a safer and better world.

BIOETHICS DILEMMAS IN EMERGENCY MEDICINE: BETWEEN THE ADVANCE AND THE SURROGATE WILL OF THE CRITICAL PATIENT

José Robles-Martínez^{1,2}, Hilda Romero-Zepeda²
¹ Universidad Autónoma de Queretaro, Mexico
² Instituto Mexicano del Seguro Social, Mexico
jrobles1970@hotmail.com

In emergency medicine (MU) are evident bioethical dilemmas respect for the inability to exercise the autonomy of the patient in critical condition (PC), due to loss of consciousness, effects of sedation, depression, anxiety, stress, etc. Thus, by not having an advance (VA) will be essential to exercise the surrogate will (VS), where a representative or mandatary assumes decision-making in knowledge of the previous preferences of the patient to the acceptance or rejection of measures diagnostic and therapeutic, always looking for the maximum comfort of the patient. Objective: To identify ethical dilemmas in MU to decision-making in relation to the absence of a will and the exercise of the VS in the care of the PC in the emergency room of the Hospital General Regional (HG) No.1 of the Mexican Social Security Institute (IMSS). Methodology: Study observational, descriptive, transversal and reflective, with ethical perspective in health personnel in MU, on the PC, in the absence of a will or vs. in the emergency room. Variables: age, sex, presence or absence of will, type of ethical dilemma in the absence of VA or VS for a diagnostic or therapeutic procedure. Results: In MU bioethical dilemmas are identified in order to be able to offer a methodology of analysis and a process to solve and make decisions that will be momentous in a person in critical condition without violating the autonomy of the patient. To develop information material and to develop a training program for medical personnel and for the hospital community.

COGNITIVE ENHANCEMENT DEFINED AS A FUNCTION OF IDENTITY

Julie Rogers, Rachel Havyer
Mayo Clinic, USA
rogers.julie2@mayo.edu

Medicine has the ability to restructure and shift human normative functioning with the development of cognitive enhancement technology. These interventions are classically developed for individuals with brain disorders or disabilities for therapeutic purposes, and subsequently applied to typically functioning individuals as enhancement. The definition of therapy versus enhancement has been the focus of debate, but has yet to be discussed from the perspective of the people that have cognitive disability.

We conducted a survey of people with Down syndrome and their families, a group that has become an archetypal subject of normative functioning discussions as a result of prenatal diagnosis and preimplantation genetic diagnosis technology. Our results show an interesting trend. Of the 450 parents that responded to our survey, 92% of parents strongly agreed that they would give their child with Down syndrome a drug to prevent blood cancer. In contrast, only 59% strongly agreed they would give their child a drug to make them more

intelligent and only 35% strongly agreed that they would give their child a drug so that they no longer had Down syndrome. Of the 51 people with Down syndrome that responded, 73% wished they could learn faster and 25% wished they did not have Down syndrome. These responses did not correlate with a calculated functional score of the person with Down syndrome. In general, individuals were more strongly inclined to intervene with diagnoses that are traditionally labeled as illness, versus diagnoses that are traditionally labeled as disability. Qualitative questions reveal that disability diagnoses are more closely linked to identity, and therefore were less perceived as requiring treatment.

From the perspective of the Down syndrome community, giving a cognitive medication to someone with a cognitive disability could be an unnecessary treatment and be considered enhancement. The definition of human enhancement may rely less on deviation from normal human functioning, and more on the relationship between the condition and identity.

POSTSECTULAR BIOETHICS

Isabel Roldan Gomez
University of Salamanca, Spain
iroldangomez@usal.es

In this paper, I propose the concept of 'postsecular bioethics', which is shaped by two multivocal concepts. On the one hand, the postsecular refers to the multiple relations between religion and contemporary age in the social or political spheres. These relations might challenge the process of secularization, understood as the separation between religious institutions and public spheres of the states. Therefore, a postsecular view might defy such demarcation between public-secular institutions and religious beliefs. However, such defiance should not mean the renouncement of the secular state.

On the other hand, the discipline of bioethics is shaped by social and political dimensions, navigating the space between informal and formal spheres. Such double character (formal-informal) makes the discipline a proper place to consider the possibilities and limits that a postsecular perspective offers.

Here I focus only on two questions underlying a "postsecular bioethics": 1) How a secular perspective can affect the global pattern of the discipline? 2) How could the postsecular view solve some of the problems of that secular perspective?

BUILDING AN INTERNATIONAL HEALTH POLICY IN ORDER TO OFFER FAIR BENEFITS TO RESEARCH PARTICIPANTS IN LATIN AMERICA AND THE CARIBBEAN

Hilda Romero-Zepeda¹, Carmen DiMare Hering², Lilí Marlen Aguilar¹
¹ *Universidad Autónoma de Querétaro, Mexico*
² *CREEI, Costa Rica*
phd.hromero@gmail.com

Building an International Health Policy in order to offer Fair benefits to research participants in Latin America and the Caribbean, is a proposed research project where the final result is a proposal addenda for the International North American Free Trade Agreement (NAFTA) between USA and México, and mainly for a Free Trade Agreement between USA, Latin American and the Caribbean, in order to offer security and fair benefits for a vulnerable community that represents middle and low income countries 'population in Latin American and the Caribbean, The questions are related to the expectations for access to benefits from research for in and their decision to participate. The main question is about the international fair benefits for research participants and how to build a Health Policy to regulate the activity of Contract Research Organizations (CROs) and governmental health institutions in these countries. Although the Institutional Review Boards (IRBs) are now installed in the majority of these countries, the expectations of the middle and low income population are more in terms of having free, getting attention or surviving the health problems, that affects the populations autonomy of participating on research projects even they might offer more risks

than benefits. A parallel research on participants' expectation in Costa Rica and policy regulation for fair benefits in Mexico might be carried out to support the proposal of policy regulation for metacentric clinical research. The present research includes questions related to the actual regulation of clinical research in Mexico and in Costa Rica.

INTERFACES AND EPISTEMOLOGY

Juan Carlos Romo, Victor Manuel Castaño Meneses
Universidad Autónoma de Querétaro, Mexico
jcro59@gmail.com

Knowledge, grows and concrete, around all of us, from cultural models, like family and school, this kind of social structures, looking good for society, and promotes forward them, any kind of values, to keep in touch all of them, all of human beings, like a glue, social and cultural glue, that gave to the human group, a sense of strongest and harmfully, armbrace that keep in touch, with certain grade of familiarity, and security.

At this kind of activities, is where the other's respect, get bigger between perception and interpretation of realities, in between and that makes small moves from one to another to recognize himself and the other one. Reality and the image of its's a complex process, from objects, human sight, perception, decodification, and recodification from each one of reality parts, and hole reality, and variations from different groups of parsons in society.

It's possible to think, about the human sight and educational process of it, if we consider expressions to give a part to thought about the elements that captured by eyes, and the process to understand reality and every and each one parts that's composes it, to obtain nexus and proximity, to give us a chance to understand with epistemology, and ethics each phenomena from imaginary reality or a real situation.

The interface, and understanding of reality, only it's possible if both of them are connected through the eyes and brain.

CRIME AGAINST WOMEN: ROLE OF DOCTORS

A Donna Ropmay, Daunipaia Slong
North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), India
drdonna@rediffmail.com

Women in the matrilineal state of Meghalaya in northeastern India enjoy a special status in society. They are in charge of their households and participate liberally in various community activities – enabling them to lead full, productive and satisfying lives. It is, therefore, a shame that in recent years, we have seen so much violence committed against women and girls in the streets as well as in their own homes. Crime statistics and hospital records reflect a steady rise in offences such as rape, assault and domestic violence. In this context, we as doctors can no longer turn a blind eye to reality but actively play our specific role to assist those who seek our professional services. Healthcare workers are well placed to be first responders as many victims would rather approach a health facility than a police station for help.

The Ministry of Health and Family Welfare, Government of India, has issued guidelines that the medico-legal examination of survivors should be performed in a manner that preserves their privacy, dignity and human rights. In addition to medical treatment and forensic collection of evidence, the psychological, social and legal needs have to be addressed appropriately and adequately. As it is a harrowing experience, efforts should be made to avoid re-traumatizing the women by undue delay in examination, adopting judgmental attitudes or employing medical procedures that are degrading, demeaning and humiliating. In a nutshell, we should do our best to provide our patients the necessary care, compassion and support that they deserve.

ITALIAN FEDERATION OF SPEECH AND LANGUAGE THERAPISTS (SLTS) ASSOCIATION: THE COMMITMENT AND PROMOTION OF AN ETHICAL AND BIOETHICAL CULTURE FOR THE QUALITY OF THE SPEECH THERAPIST'S PROFESSION IN ITALY AND IN EUROPE

Tiziana Rossetto

Federazione Logopedisti Italiani, Italy
tizziross@gmail.com

The Italian Federation of Speech and Language Therapists (SLTs) Association, which is part of the UNESCO Unit of Bioethics, has been committed for years in the institutional and cultural debate on the issues of Ethics and Bioethics.

The progress, the scientific progress and the improvement of technologies have brought great changes in SLTs clinical practice even in complicated situations, causing the pathology scenario being more serious, permanent and suffering. Moreover, the social environment evolution, the increasing greater-restrictions-oriented economic choices on health services, threaten the right to health in terms of universality and accessibility even where the effectiveness of speech therapy is demonstrated. All this has aroused and continues to arouse a series of questions in the professional community.

FLI is committed to observation and attention of many issues, in particular:

- treatments that are not carried out in conditions of social disadvantage in developmental age have shown that not-treated language disorders have been found in young underage people who encounter a criminal offense.
- palliative treatment in pediatric and adult age and the role of the speech therapist.
- the absence or alteration of the patient's state of consciousness, the dementias.
- borderline clinical situations suspended between life and death; showing close concern for the suffering of the patient and his loved ones; trying to make the interventions seem rational, even when they may seem useless.
- the major dilemmas that arise in these cases are precisely related to the right to treatments that we know are effective in the rehabilitation, more often threatened by unfortunate economic situations, or how to intervene in terms of quality of life even when loss of fundamental vital functions happens, or when the person loses autonomy and self-awareness.
- in the SLTs interventions with refugees, during the current migration crisis, requests for intervention and dilemmas have increased for SLTs who have to deal with bioethical issues in clinical practice with the immigrant population. For SLTs a common strategy should be sought, flexible enough to incorporate the biopsychosocial difficulties of a single foreign family into a holistic approach
- Last but not least, the project in progress, in collaboration with the Italian Unit of the UNESCO Chair of Bioethics, to realize the publication of a book based on the methodology of cases, concerning bioethics in the exercise of speech therapy. The long and proven expertise of professionals in the field that daily face ethical dilemmas will be explained through real and plausible clinical cases that will be inspired by some of the articles of the UNESCO Declaration 2005 on Bioethics and Human rights.

A GUIDE TO CONSIDERING NON-PSYCHIATRIC MEDICAL INTERVENTION OVER OBJECTION FOR THE DECISIONALLY INCOMPETENT PATIENT

Jonah Rubin, Kenneth Prager

Columbia University Medical Center, USA
jor2036@nyp.org

There are no clear guidelines for clinicians facing the challenging situation to help them decide if and when it is ethically justified to proceed. A multicenter study found that physicians made decisions for such patients 81% of the time without hospital oversight. This suggests

that physicians who find themselves in these ethically complex situations often unilaterally decide how to treat these patients. This raises multiple ethical issues including conflicts of interest, physician bias, and nonstandardized care. We endeavored to create a structured approach for physicians and surrogates alike delineating the core medical and psychiatric questions to address when considering medical or surgical treatment of incompetent patients over objection. We propose 7 core questions to determine the ethics of treating such a given patient. In this paper we apply the approach to 3 different patients who were deemed decisionally incompetent by psychiatric evaluation, for whom ethics consultations were requested. Our recommendations resulted in courses of action based on risk-benefit considerations that included matters that applied uniquely to the patients involved and to their specific psychosocial milieu. We believe our approach can aid physicians who encounter this issue, resulting in more focused discussion and more ethical, standardized care. Our approach may also aid surrogates who require assistance in asking the important questions to guide their decision.

ON THE ETHICAL TENSION BETWEEN AUTONOMY AND BENEFICENCE IN PSYCHOTHERAPY

Simon Shimshon Rubin^{1,2}, Hadar Eini²

¹ *Emek Jezreel College, Israel*

² *University of Haifa, Israel*

rubin@psy.haifa.ac.il

Conflicts between the principles of beneficence and respect for autonomy are often present in psychotherapy as well as throughout much of the bioethics literature (Beauchamp & Childress, 2013; Rubin, 2010). In therapy, therapists and lay persons perceive differently the appropriate implementation of these 2 principles. Our research studied the responses of 126 psychotherapists and 125 laypersons to aspects of this topic. Participants assessed the appropriate degree of: therapist intervention in situations of risk; their own level of support for client autonomy; and rated vignettes of potential conflict of ethical and clinical aspects of therapist conduct. Additionally, therapists were asked to contribute examples of these conflicts in their own work.

Results indicated significant discrepancies in attitudes, assessments and expectations with non-therapists supporting increased therapist intervention. Lay persons see active interventions as ethical, professional and moral. Their responses were varied according to the severity of the case and the type of intervention with active interventions receiving less support as compared to interventions maintaining neutrality. Therapists attributed greater knowledge, understanding and awareness to patients than did non-therapists. Therapists tended to perceive the therapeutic relationship as more equal and symmetrical than did non-therapists. Senior therapists: supported client autonomy more strongly; evaluated patient's understanding of treatment goals more favorably; attributed less vulnerability to a patient in distress; and saw greater client capacity for informed decision making.

Responses of participants indicate the sensitive nature of psychotherapy ethics and deepen our understanding of the vulnerable position of a person seeking treatment. Therapists must walk a fine line to maintain a beneficial stance towards their clients. They must tack between a position that appreciates client distress without overshadowing the respect and trust in their abilities to make their own informed choices. We discuss implications of the study for training and practice.

CONFLICT OF VALUES AND BIOETHICS PRINCIPLES IN DECISION MAKING OF PHYSICAL RESTRAINTS FOR ELDERLY PATIENTS

Dorit Rubinstein

Ministry of Health, Israel

dorit.rubinstein@moh.health.gov.il

Using physical restraints on acute and residential healthcare facilities is a widespread practice and has been reported in various countries.

There are few definitions for Physical Restraints (PR), one of them is extensive and expressive of the action on the patient condition. "Any device, material or equipment attached to or near a person's body and which cannot be controlled or easily removed by the person and which deliberately prevents or is deliberately intended to prevent a person's free body movement to a position of choice and/or a person's normal access to their body". However, there is limited information about the number and type of underlying physical restraints in geriatric institutions. Furthermore, there is also confusion and no consensus about what really we can define as a physical restraint.

Decision making by nurses about the use of physical restraints is a complex trajectory primarily focused on the patient safety with a justification to doing it is to protect the patient and preserving his dignity, but decision like that is really ethically loaded. The lack of evidence supporting the use of physical restraints, the negative consequences of restraint for patients and for their professional caregivers, the low availability of alternatives, all of these obviously complicates the decision-making. Thoughtful decision-making requires from nurses to carefully balance different options and associated ethical values and principles. In this presentation I will describe lines drawn from the principles Beneficence versus Malfeasance-non or Beneficence versus Autonomy in physical restraints decision.

WHY PERSONALIZED MEDICINE CREATES ETHICAL DIFFICULTIES

Andreas Rudkjøbing, Jeppe Berggreen Høj
Danish Medical Association, Denmark
ark@dadl.dk

Personalized medicine generates ethical difficulties both through its development and its use. A key activity in the development of personalized medicine is that large groups of patients (or research project participants) have their whole genomes sequenced and that data from that process is analyzed exploratively in combination with other types of health care data to identify correlations and patterns that may be of clinical relevance.

The information generated by extensive genome sequencing, including whole genome sequencing, often has the following characteristics:

- Large volumes of health care data are generated about each participating person and the development of personalized medicine requires the sequencing of genomes from a large number of persons
- The full significance of the genetic data is not known at the time of the sequencing
- There is a risk of secondary or incidental findings which might include information about health care risks
- The data generated from the sequencing of one person's genome contains information about other genetically related persons
- Due to the nature of the data generated by genome sequencing, the data cannot be fully anonymized
- The genetic information generated by the sequencing is permanent for each participating person

The combination of these characteristics makes data from extensive genome sequencing ethically sensitive. In the presentation suggestions for how these ethical issues should be handled will be put forward.

ON WHAT MATTERS IN RELATION TO BIOETHICS

Abraham Rudnick
University of Haifa, Israel
harudnick@hotmail.com

Bioethics uses theories, arguments, and methods developed in general ethics. General ethics is composed of philosophical ethics, normative ethics, and empirical ethics. Philosophical and normative ethics have recently been scrutinized in much detail in a set of three books "On What Matters" published by Oxford University Press (Parfit 2011,

2017), primarily arguing in support of two theses: 1. that in philosophical ethics, moral realism is the most convincing approach, and 2. that in normative ethics, consequentialism/utilitarianism, deontology and social contract theory – the three most prominent normative ethics approaches, other than perhaps virtue theory – are compatible. Both of these theses are controversial, yet this long awaited and already seminal set of books raises the question of the relevance of the moral realism thesis and of the normative approaches compatibility thesis for bioethics. In this presentation, I will use conceptual analysis, argumentation and illustration to answer this question, concluding that, in practice if not also in theory, the moral realism thesis does not ordinarily apply in relation to bioethics, whereas the normative approaches compatibility thesis does ordinarily apply in relation to bioethics. Thus, moral realism does not matter in relation to bioethics, whereas the compatibility of normative approaches does matter in relation to bioethics. Theoretical and practical implications and other aspects of this presentation will be discussed with the participants.

THE INSTITUTIONALIZATION OF A CROSS-SECTIONAL AXIS OF TRAINING IN BIOETHICS IN MEDICAL EDUCATION: A BRAZILIAN EXPERIENCE

Flávio Cesar De Sá, Daniele Sacardo, Venancio Dantas Filho, Francisco Aoki, Irene Barcelos, Sergio de Lucca, Francis Sunaga, Diego Ribeiro, Vera Salerno
State University of Campinas, Brazil
flaviosa72@gmail.com

The Faculty of Medical Sciences (FCM) at the State University of Campinas (UNICAMP), Brazil, aims to form a doctor able to apply ethical and humanistic principles "respecting the principles of citizenship, in order to reduce inequalities". To achieve these goals, we created a longitudinal course in bioethics and medical ethics with a total of 248 hours of mandatory disciplines and activities distributed throughout the 6 years of medical school.

1st year – ethics and contemporary world; values, principles and rules; the philosophical thinking; the Hippocratic Oath; professionalism; religiosity and spirituality; human rights.

2nd year – UNESCO's Universal Declaration on Bioethics and Human Rights; human dignity; principlism; empathy, compassion and alterity; the terminally ill; sexual diversity and gender ideology; artificial fertilization, cloning and DNA editing; eugenics; genocide.

3rd year – Code of medical ethics of the Federal Council of Medicine of Brazil; Legal Medicine – forensic medicine.

4th year – discussion and deliberation about ethical problems in primary care. Introduction to palliative care-home approach and in-hospital patients and families in hospice care.

5th year – discussion of cases of terminal patients admitted to the University Hospital.

6th year – discussion and deliberation with multidisciplinary team of cases admitted to the ICU of the University Hospital.

Starting from concepts and theoretical approaches complemented by practical activities, such as case discussions, preparation of narratives and portfolios, roleplaying, this set of disciplines makes up an axis of training throughout the course of Medicine. The institutional decision to ensure the educational process in bioethics has sought to empower the student to exercise critical reflection about the moral implications in each clinical situation, in order to develop skills and abilities to cautious deliberations on future professional life.

AUTONOMY IN INTENSIVE CARE UNITS (ICUS): A METAPHOR FOR THE CONTEMPORARY PANOPTICON?

João Andrade Leal Sales Junior¹, Fermin Schramm²,
Marisa Palacios¹, Suely Marinho¹, Alexandre Costa¹

¹ Federal University of Rio de Janeiro, Brazil

² National School of Public Health, Brazil

jandradesales@gmail.com

The use of advanced technologies in these ICUs is well known. The impact on autonomy and life projects is a growing problem. Would not technology be to the best benefit to mankind? Well guarded bodies, monitored, artificial organ support. The legitimization of this whole apparatus requires deep bioethical reflection. If therapeutical obstinacy and therapeutic futility is growing in these units, we have to question the role of the ICUs. Would our delirium of immortality be increasing? In some cases market interests may be overlapping the best interest for the patient? How can we qualify dignity and respect autonomy when many patients do not even open their eyes? In societies like the Brazilian where the discussion of death is still a great taboo, we suffer as patients and as responsible for the existences that are challenged by tubes, drains and doctors convinced of their action. The asymmetry of the physician-patient relationship in these ICUs is undeniable, under the bias of supposedly doing the best for them. We are certain of the urgency of advancing bioethical reflection and patient protection mechanisms. Are we monitoring bodies or lives? This border is often lost during hospitalizations and the true role of intensive care is questioned. In some respects would we be reproducing the panopticon of Jeremy Bentham and Foucault? And what are the consequences if we are right?

CANCER, PREGNANCY AND REFUSAL OF TREATMENT: STAFF ATTITUDES AND EXPERIENCES

Hadas Sapir, [Avigail Vismar](#), Isca Lezerovich, Ruth Yud
Hadassah Medical Center, Israel
hadass@hadassah.org.il

Diagnosis of cancer in pregnant women is rare, and when it happens it can present a set of ethical challenges.

A pregnant patient was admitted to the oncology department at 20 weeks gestational age, with advanced metastatic colon cancer. The patient was diagnosed 6 weeks prior and refused the recommendation to terminate the pregnancy and begin chemotherapy. When she was admitted her condition had worsened significantly and she remained bedridden until her death 5 weeks later. While admitted she refused any form of treatment aside from palliative pain control. At week 23+4 the patient went into labor and gave birth to a live child. The baby was admitted to the neonatal ICU and subsequently died at age 22 days.

This case raised many ethical issues for both the medical staff and the nursing staff, primarily those of patient autonomy vs. right of the fetus, bridging disagreement in treatment choices between the patient and her family and day to day care of an uncooperative patient. Of all these, the main issue faced by the staff was how to connect and appropriately treat a patient, when you disagree with their choices? We will discuss the experiences of staff members in dealing with this issue, and possible coping approaches.

In addition to the ethical issues mentioned, there is also the issue of Halacha. This is doubly so, seeing as the patient was of ultra-orthodox. We will also discuss the choices available to patients in this situation from a religious point of view.

CURRENT ISSUES IN THE SYSTEM OF ETHICAL REVIEW IN KAZAKHSTAN

Bakhyt Sarymsakova
Ministry of Health, Kazakhstan
bakhyt@rtc-astana.kz; bakhyts@yandex.ru

The system of the ethical review of research involving human participants in the Republic of Kazakhstan has a legal (the legal framework) and an institutional (the Ethics Committees network) basis. The legislation includes "The Code of public health and healthcare system of the RK" (2009), where jurisdiction, mandate and functions of the EC have been set up covering, mainly, clinical research.

However, there were identified some gaps in the ethical review for significant amount of research in life sciences and related technologies outside of existing legislation and ECs mandate. There is a clear necessity to take actions to address these challenges and establish cross-sectional body with more broad mandate for expertise, education and policy making to promote bioethics principles in the various fields of science, education and new technologies development. This new body should ensure open participation from experts, government, civil society and local ethics committees, including non-affiliated (non-scientist) membership which will cover the diversity of expertise as per life sciences/social sciences/technology and physical sciences, including agriculture animal production, environment, technology, engineering, psychology, and social science/pedagogy.

With this purpose Kazakhstan has applied for the UNESCO ABC program in 2016, then UNESCO Bangkok office and Kazakh Ministry of Science and Education (MSE) have signed the Memorandum of understanding, and the first ABC training was organized afterwards. Now MSE has been applying the recommendations made by UNESCO experts during the first ABC training in Kazakhstan.

CONCEPTIONAL APPLICATION OF RIGHT OF LIKENESS & PUBLICITY FOR LEGAL PROTECTION OF GENOME STRUCTURE AND DNA EDITING TECHNIQUE

Toshiko Sawaguchi
Showa University School of Medicine / National Institute of Public Health, Japan
qazedctgbujm8888888@tosawaguchi.xsrv.jp

The conceptional application of copyright law and right of likeness and publicity for legal protection of genome structure with *schlüsselgewalt* as the new legal tool could be shown. Genome sequence was conservatively protected by patent law but the followings could be better examples protected by copyright law;

1) natural genome sequence, 2) minor genome modification, 3) genome sequence with high homology of other genome sequence groups, 4) repetitive genome sequence for personal identification and 5) genome modification by genome editing techniques particularly for ovum and sperm. The former three could be difficult to protect by patent law. The latter two could be associated with genome topology because expression from genome except sperm has associated with structural change of chromatin and chaperone. So this matter could be prospected by right of likeness and publicity in future. As for the repetitive genome sequence for personal identification, those are produced in the middle phase of the first division of Meiosis when mitotic crossing occurs. So the legal coordination for genome editing, it could be important to be appointed that the initial time for editing was before or after mitotic crossing. Differential legal consideration could be needed before or after. In addition, the latter two could be needed more consideration if either is better, the protect by patent law using objective indirect infringement or subjective indirect infringement or the protect by copyright law. At last, the repetitive sequence information for personal identification could be protected as personal standard essential patents such as *shlüsselgewalt* for human society.

RADICAL BODY MODIFICATION AND AUTONOMY: AN ETHICAL ANALYSIS OF BODY INTEGRITY IDENTITY DISORDER (BIID) AND CLINICAL PRACTICE

Sarah K. Sawicki
Saint Louis University, USA
sarah.sawicki@slu.edu

Body Integrity Identity Disorder (BIID), previously known as apotemnophilia, has been described in clinical literature since 1977. Symptoms traditionally include a feeling of dysphoria regarding one's body and a desire to amputate an otherwise healthy limb or for some other form of radical body modification. However there is significant debate whether it ought to be classified as a neurological condition, psychological condition, or a combination of both. Currently BIID has no formal diagnostic criteria. As such, there is no consensus on best practices for treating persons experiencing this disorder. This leaves clinicians, especially surgeons, in an ethical conundrum regarding patient requests for radical body modification, such as elective amputation or procedures to render one deaf or blind. This paper identifies the ethical and professional conflicts that arise when a person with BIID makes a request for radical body modification, analyzes the ethical implications of common ways to address patients with BIID, and examines ways for physicians to holistically treat and care for patients who present with these symptoms while balancing competing ethical interests.

EPISTEMIC INJUSTICE AND SENSEMAKING: KNOWLEDGE AS AN ETHICAL MATTER FOR CLINICAL FORENSIC PSYCHIATRY

Maike Scherhans
Hospital of Forensic Psychiatry, University Medicine Rostock, Germany
Maike.Scherhans@med.uni-rostock.de

From Proverbs to Francis Bacon, the importance of knowledge as a source of power has been emphasised throughout the history of thought. With her concept of Epistemic Injustice the social epistemologist Miranda Fricker (2007) describes how relations and systems characterized by a disparity of power, could lead to a dual failure of both epistemic and ethical character. The first type is termed Testimonial Injustice. It stands out in two-person conversations. Testimonial Injustice is experienced by a person being wronged in his capacity as a speaker due to underestimation following stereotypes and prejudices. The second type of Epistemic Injustice is called Hermeneutic Injustice. This term describes the marginalization of an epistemic subject, its shortage of access to collective resources of knowledge.

A forensic psychiatric hospital is an inpatient care facility offering treatment for mentally disordered offenders. Patients are not admitted by choice but due to a hospital treatment order imposed by a criminal court. The treatment priority is not only the patient's subjective wellbeing; it additionally concentrates on public protection and risk reduction. In this talk I will explore the flow of knowledge and how it confirms the power-disparity behind bars. Forensic psychiatric inpatients are a group of persons particularly vulnerable to epistemic injustice. As a result, substantial sensemaking processes are at risk to fail. Impressions and experiences cannot be interpreted on the backdrop of shared social concepts.

BRIDGE OVER THE BORDER – MEDICAL CARE FOR INJURED SYRIAN CHILDREN

Ilan Schiller, Leonid Kogan, Ido Lavee, Roger Najjar, Omer Sagi, Orin Tal, Patrick Ben-Meir, Amin Abu-Jabal, Masad Barhoum
Galilee Medical Center, Israel
ilansc@walla.co.il

The presentation will describe the ethical dilemmas and subsequent coping methods surrounding complex medical treatment of Syrian patients at Galilee Medical Center, Nahariya, Israel

Background:

- The Syrian civil war has raged since 2011
- In 2013, the government of Israel decided to grant medical care to every injured or sick person in need from Syria, according to the Mishnah, "whoever saves one soul saves the entire world" regardless of religion, race or gender.
- Until March 2018, 2340 Syrian patients have been treated at Galilee Medical Center, 759 of them children under age 18 with complex injuries. Hundreds of surgeries including reconstructive and micro-surgical procedures requiring multidisciplinary therapeutic approach, have been performed
- The medical treatment integrates physiological, emotional, cognitive, social and spiritual variables
- The complexity of forming a physician-patient relationship
- The pediatric patient: How to advance from helplessness to control?
- Lack of parental presence leaves the pediatric patient without emotional support
- Relating to patients from war zones: post-trauma, somatic symptom disorder

Ethical dilemmas:

- Choice of medical treatment – Making decisions about treatment according to the patient's limited time of stay and lack of follow-up opportunity
- Difficult or impossible follow-up of the patient's course of treatment.
- Safe environment as a substitute for parental function for optimal effect of the medical treatment (Winnicott, 1988), as opposed to release back into the hostile environment.
- The dilemma of appointing a guardian who helps explain the medical treatment to the child and signs the informed consent to surgery, when necessary, but who, at the same time, is not related to the patient and does not know him, but is nevertheless making crucial medical decisions for the pediatric patient.

Case presentations, including pictures

THE DELIVERY OF BAD NEWS: A ONE OR TWO STEPS APPROACH? THE CASE FOR TRISOMY 21 (DOWN SYNDROME)

Michael Schimmel^{1,2}, Yaier Kassirer¹, Helen Towers³
¹ Shaare Zedek Medical Center, Israel
² Hebrew University, Israel
³ Columbia University, USA
schimmel@szmc.org.il

Introduction: Trisomy 21 (T21), is a common chromosome abnormality including intellectual disability (1 in 730 live births). Informing parents about the diagnosis is a universal challenge.

Patients & Methods: We present two different approaches:

One-step approach consists of informing parents as soon as the mother is physically able to hear the news. Two-steps approach consists of first informing parents that there are findings that "may suggest the possibility of a genetic disorder such as T21". Next day, the discussion may be resumed to explicitly confirm the clinical diagnosis.

Results: The dilemma in choosing a 1- or a 2-steps approach relates to 2 conflicting concepts. On one hand, parents' right is to receive complete information as soon as possible. On the other hand after birth the parents are in need to start the process of bonding while the mother is also often exhausted from the labour process.

The 1-step approach fulfills the parents' right to know as early as possible, while the 2-steps approach may unduly delay the right to know, but is aimed to prepare for the harsh message, and avoid malfeasance.

It may be more adapted to allow recovery from birth and initiation of the bonding process.

Conclusions: The pros and cons of each approach must be weighed in attempt to determine which particular cases (depending upon patient population, in particular religion, religiosity, culture and customs) would be better addressed by one approach rather than the other one.

FERTILITY TREATMENTS IN VIEW OF TORT LAW AND GENDER IN ISRAEL

Ayelet Schwartz Asaf
Kimhi Peled Posner Shilo & Co., Israel
ayelet@kppslaw.co.il

A review of the ruling and legislation in Israel reveals that the issue of fertility treatment is deficient while depriving the rights of the women who are being treated. Claims for damages caused to the patients are not submitted to the courts and regulatory arrangements are lacking despite the significant potential harm to which the patients are exposed due to the risks involved in fertility treatments, in particular IVF, and due to the intensity with which they are treated in Israel. In my presentation, I will critically examine the field of fertility treatments in tort law in Israel using the Feminist theory. First, I will identify the injustices caused to treated women as gender injustices, which are discriminated against because they are not recognized as worthy of compensation, and therefore do not cross the threshold of the court. Second, I will argue that understanding the broader context of fertility treatment (gender medicine, the pro-natalist approach in Israel, and the special nature of fertility treatments) will assist in exposing harmful practices to women who are being treated. My claim is that the patients should be heard by submitting lawsuits to the courts, and judges, in turn, will examine the claims before them in the full context of fertility treatments and compensate patients for the violation of their rights. Whilst doing so, I will argue that the courts and legislators must adopt a strict standard of behavior towards fertility treatment practitioners within the framework of the doctrine of informed consent, including the inclusion of the duty to provide the patients with an advisory support.

ART AS AN ADDITIONAL TOOL IN TEACHING

Susan Shafrir
Israel
shafirsusan@gmail.com

In presenting this paper I plan to show that using art as a tool in the teaching of Ethics can be an effective method of stimulating new ideas on decision making. My presentation goes hand-in-hand with the exhibition on show here. It gives me an opportunity to emphasize key points in selected works which can add to original and vibrant discussion in the lecture room.

I have taken actual case studies and 'translated' these verbal reports into visual displays. The success of each work largely depends on new ideas springing from conjecture and a more analytical approach as to the reason for its final presentation. One of the functions of art is to project images that will stimulate thought: to present dilemmas without words.

Viewers will ask about the significance of a particular colour, line or shape: what it means to them, compared to what it meant to me as the creator/artist. Why did I translate this traumatic period in others' lives this way, not that way?.

Educators and students can bring a case study to mind, then imagine those words have drifted into space to be replaced by a painterly description. The mind's-eye will project the trauma of an ethical dilemma in colours and marks. New thoughts will come to the fore through seeing a different approach. This is the essence of using the

eye of an artist as a unique means of delivering thought provoking discussion.

AWARENESS, KNOWLEDGE AND ATTITUDE TOWARD BIOETHICS AMONG FIRST YEAR UNDERGRADUATE STUDENTS OF BPKIHS

Dhana Ratna Shakya, S Adhikari, S Sharma, VA Chetri, RR Singh
B. P. Koirala Institute of Health Sciences (BPKIHS), Nepal
drdhanashakya@yahoo.com

Background: Awareness, knowledge and attitude of the beginner of medical education towards Bioethics and ethical principles will have a great bearing in future career.

Objectives: We intended to assess the awareness, knowledge and attitude towards Bioethics and bioethical issues in Medical students of BPKIHS in the beginning of their medical education.

Methods: This is an academic institute based study carried out among the first year undergraduate students of BPKIHS (BSc.-Nursing, BSc.-Allied, BDS and MBBS), based on convenient sampling. This included the responses of 181 subjects giving written informed consent. The 'semi-structured proforma' and the pretested 'Bioethics Awareness, Knowledge and Attitude' questionnaire were used to collect the responses.

Results: We had 55% female subjects, more from urban settings (65%). Many students were aware about Bioethics and willing to be a part of Bioethics group. Many students were not aware about the regulatory body in Nepal giving permission to practice medicine and to conduct clinical trial. Majority of the subjects view knowledge of ethics very/ important to their work.

Conclusion: There should be various modes of enhancing the teaching learning opportunities for the medical students to learn about ethics and ethical principles and to enhance their positive view.

ETHICAL ASPECTS OF REIMBURSEMENT DECISIONS IN ISRAEL

Segev Shani¹, Zohar Yahalom²
¹ Ben Gurion University, Israel
² HFN Law Offices, Israel
segevshani@neopharmgroup.com

Healthcare systems need to be managed like any other sector according to basic economic principles. Although HealthCare Professionals are trained to provide all resources possible to their patients, in reality, resources are limited and hence not all patients can be treated with all available health technologies. Therefore, each healthcare system needs to decide how to determine which medical treatments will be offered to patients under the available budget.

The Israeli National Health Insurance Law is based on the principles of justice, equality and mutual assistance.

The reimbursement process is unique in its nature as it clearly embraces the concept of rationing by defining a specific annual budget for reimbursement of new health technologies. This update process is being conducted on an annual basis in which hundreds of technologies compete on a very limited budget. As resources are scarce, in each annual reimbursement round, less than a quarter of the applications are approved. Therefore, the entire process is based on health technology assessment aimed at optimization of resources to provide maximum value within the specified budget. In order to achieve such optimization, reimbursement decisions always limit the use of the technology.

The reimbursement limitations of use may include gender, age, physicians allowed to prescribe the products, specific subpopulations to be treated or lines of treatment which are different from the approved indication of the technology, etc. The conflict between the basic principles of the law and the need for optimization form the ground for the ethical debate regarding the reimbursement decisions.

IS PARENTAL REFUSAL TO TREAT PEDIATRIC DEPRESSION “MENTAL HEALTH NEGLECT”?

Michael Shapiro
University of Florida, USA
mshapiro@ufl.edu

Depression is an increasingly common disorder in youth with the suicide rate in this age group dramatically rising in the past 20 years. While many barriers exist to treating pediatric depression, one barrier that has garnered little attention is parental willingness to seek help. Studies have shown that between 12-26% of parents reported not wanting/not needing help in treating a child's mental health problem. The American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameter for Depressive Disorders states, “Children and/or their families may not wish to participate in psychotherapy or may object to taking any medications.” The American Academy of Pediatrics (AAP) has defined “mental health neglect” as “limiting a child's access to necessary mental health care because of reasons other than inadequate resources,” and “refusing to provide for serious emotional/behavioral, physical health, or educational needs.” This presentation will discuss the definition and criteria for medical neglect and the viewpoint that a child's untreated depression could be medical neglect/mental health neglect. Advantages, disadvantages and implications of considering mental health neglect will be discussed. The presenter will review some of the individual U.S. state and international laws that differ regarding the age of consent for mental health treatment, which treatment services minor patients can consent to themselves, and what happens when adolescents and their parents disagree on treatment. This concept will be discussed in relation to the UN Convention on the Rights of the Child and the UNESCO Universal Declaration on Bioethics and Human Rights.

GUIDING GROUPS DEALING WITH HEALTH ISSUES

Irit Sharon
International Center for Health, Law & Ethics, Israel
medlaw@univ.haifa.ac.il

Teaching Emotional intelligence to people dealing with health issues introduces a human, moral and ethical challenge.

My goal in guiding groups dealing with health crisis, is to offer motivation for life continuation, from a different point of perspective though, strengthen the sense of self responsibility towards physical and mental health, while emphasizing the person's right to choose his/her own life journey along with the commitments attached to the right of choosing.

These all can be found in the “tool box” which is a part of Emotional Intelligence implementation in everyday life, personal and public life, while experiencing different situations: health, relationship and family wise.

A person who is dealing with a major health issue goes through many changes – physically but mostly mentally and emotionally. He is no longer the same person he was before. It requires great mental strength to recognize those changes, accept them and learn to live with them. Furthermore, those surrounding that person are also dealing with the health crisis – partners, parents, children, friends and work colleagues.

Going through this alone is difficult, therefore becoming a group member and engaging with the group becomes a vital tool for dealing with the “new life”.

I consider guiding and teaching Emotional Intelligence to those who are dealing with health issues an extra added value, which goes beyond the “normal” added value given to whomever is exposed to the Emotional Intelligence field.

E.I focuses those who are dealing with health crisis on the “routine” life, where the disease is no longer at the centre of their awareness. The feeling of being back to the days prior the news about the disease is strengthening and encouraging, same as persisting with routine life and the simplest activities, which offer a sense of safety and stability.

One of the most important ethical aspect of group guiding, is the group setting which is unstable and changes nearly every week!

Inconsistent participation due to medical treatments or illness worsening on one hand, and constant addition of new members on the other hand.

The sense of consolidation, intimacy and safety intensifies the common ground and fate and emotionally unites the group members. Another ethical aspect is the limit of exposure and emotionally touching that can be reached, taking into consideration the extreme sensitivity of the participants.

BIOETHICS – THEORETICAL OPPORTUNITY AND PRACTICAL REALITY

Andrey Shcheglov
First Moscow State Medical University, Russia
staropomor@yandex.ru

As a species of practical ethics, bioethics exhibits a complex and contested relationship to philosophical theory. On the one hand, many who teach and write in this interdisciplinary field are philosophers who naturally believe that their specific contribution to the field—their “expertise,” if you will—consists in the application of distinctly philosophical methods, including various kinds of ethical theory, to practical problems arising in biomedical research, clinical medicine, and public health. But on the other hand, many who work in the area of bioethics, including many philosophers, are highly skeptical of the so-called “applied ethics” model of moral reasoning, in which exemplars of high theory are directly “applied” to practical problems. Indeed, most philosophically-inclined contributors to the bioethics literature have eschewed high moral theory in favor of various modes of moral reasoning falling on a spectrum between the strong particularism of various strains of casuistry or narrative ethics, on one end, and the mid-level norms of the enormously influential “principlism” According to some philosophers, bioethics in the public domain can and should go about its business as a species of ethical reflection independently of any reliance upon high-flying ethical theory. Therefore, it is necessary to consider more carefully the controversy concerning the role of philosophical theory for practical ethics in general and bioethics in particular. The main body of this entry dialectically canvasses the respective claims for “high theory,” for particularistic “anti-theory,” and for various species of “mid-level” theorizing in between these extremes.

BIOETHICS IN RUSSIA: A CURRICULUM FOR DISCERNING MEDICAL STUDENTS

Nataliya Shok
Fsbai He Prmu MOH Russia; Sechenov University, Russia
shok.nataliya@gmail.com

In 2016, Russia established a framework for continuous medical and pharmaceutical training:

- It set up enhanced groups in specialist areas and disciplines for advanced medical training (such as 30.00.00 ‘Fundamental Medicine’, 31.00.00 ‘Clinical Medicine’, 32.00.00 ‘Science on Health and Preventative Medicine’ and others);
- It reformed the organizational model for medical training: for specialized higher education – Specialist; for further education – at Master's and Doctorate level; and for additional professional training in a residency (professional specialization);
- It changed the conditions for accessing professional experience through an individual five-year cycle of further qualifications. During this time each trainee physician should accumulate 250 credit hours.

Medical students of all disciplines can opt to study some aspect of bioethics early in their studies (second or third year). Bioethics is also a component of the doctoral programme: the area for research is subject to the approval of the organization's ethics committee. In addition, there are some specific aspects to the practical teaching of bioethics in Russia:

- an incoherence between the theoretical understanding of bioethics, the level of development of medical law, the level of

knowledge of the humanities, medical training, practical biomedical research, the physician's practical clinical experience, and healthcare policy;

- the development of bioethics as a discipline continues the tradition of ethical reflection among Russian scientists, doctors, religious philosophers, and Soviet deontologists;
- the lack of a system to provide specialists with training in bioethics, and also of a suitable body of scientific and training literature in this discipline.

BIOETHICS IN HISTORICAL CONTEXT

Irina Siluyanova

Russian National Research Medical University the NI Pirogov, Russia
siluan@mail.ru

Bioethics is a modern form of knowledge about the possibilities and boundaries of managing the processes of pathology, conception and dying.

Many new methods of helping a sick person were created in the 21st century.

This actualizes the problem of the possibility of applying to them traditional moral principles.

How is bioethics linked to historical forms of professional medical ethics?

For more than 25 centuries in the European culture, moral and ethical rules that accompanied medicine throughout its history have been forming and replacing each other.

Based on their study, the relationships of ethico-axiological norms and principles of professional medical ethics have been revealed.

This led to the conclusion that medical ethics is a logically integral system of knowledge, despite the difference in the historical stages of its existence.

Medical ethics includes four major historical models.

The concept of "model" captures not only the historical period, but also a special ethical content.

These include: the "Hippocratic model" (V-I century AD), the "Paracelsus-Voino-Yasenetsky model" (I-XIX centuries), "deontology" (XIX-XX centuries) and "bioethics" (XX-XXI centuries).

Theoretical features and moral and ethical principles of each of the listed historical models are real elements of a holistic system of professional ethical knowledge.

Bioethics, as a modern model of medical ethics, exists and will exist in the near future in a conservative and liberal ways.

In Russia, liberal forms of bioethical knowledge are concentrated in the legal field, representing legislation that ignores the need to observe moral norms in domestic legislation.

Conservative bioethics is oriented towards the principles of domestic professional medical ethics of M.Mudrov, N.Pirogov, F.Gaaz, V.Vereseaev, V.Voino-Yasenetsky, E.Botkin.

The conceptual format of conservative bioethical knowledge in Russia is presented in a detailed form in the textbook "Biomedical Ethics" (M., 2016).

The future of bioethics will be associated with a dialogue, confrontation and search for compromises between conservative and liberal forms of medical ethics.

HOLOCAUST GENOCIDE CONTEMPORARY BIOETHICS IN MEDICAL EDUCATION: FOUR KEY CHALLENGES

William Silvers, Matthew Wynia

University of Colorado, USA
skiersnoz@silversmd.com

Reflecting on the legacy of health professional involvement in the Holocaust is important for understanding virtually all of modern medical ethics. However, in prior work we found that specific teaching about this history is required in only 22 of the 140 medical schools in North America (16%). At the University of Colorado, despite a relatively supportive environment, we continue to face challenges in our efforts to remember, transmit and apply lessons learned in this

history. In interviews with leaders and students on our campus and in the community, we have discerned four key challenges.

1. There is a lot of competition for curricular time in medical schools, and while ethics and professionalism in general must be taught, there is no specific requirement to teach about the ethical and social implications of medical involvement in the Holocaust. (Nor is there a requirement to teach any other aspect of medical history.)
2. While the Holocaust was a uniquely medically-driven genocide, and arguably it is the sentinel event in the history of modern medical ethics, its lessons are sensitive, complex and very difficult to teach, so it is difficult to find teachers comfortable to address this subject matter.
3. "Nazi doctors" are widely recognized as the archetype for medicine gone mad. Ironically, recognizing their actions as monstrous has made it more difficult to learn lessons from them, because any effort to recognize similarities between the activities of health professionals then and now is liable to be seen as 'playing the Nazi card' and to provoke defensiveness rather than thoughtful reflection. This makes many reluctant to use this history when teaching, except as a caricatured example of ultimate evil.
4. Modern case-based teaching methods are not easy to adapt for teaching about this history. Lectures about history can provide a great deal of information in a short time frame, but lectures are increasingly rare in contemporary medical education, and for good reasons. There is a tremendous need for contemporary curricular materials on this history.

Our program is approaching each of these challenges through a coordinated, stepwise set of activities. While early in our work, we hope to provide practical examples and resources that can help others integrate this important history into the education of health professionals.

SMOKER STIGMATIZATION AND REACTANCE FOLLOWING A RECENTLY IMPLEMENTED TOBACCO-FREE POLICY

Nicolle Simonovic, Jennifer Taber

Kent State University, USA
nsimonov@kent.edu

Tobacco-control policies are implemented as public health initiatives to protect people from second-hand smoke, and they can also reduce smoking initiation and encourage cessation. However, little is known about potential negative consequences for smokers, such as increasing smoker stigmatization. Further, smokers may respond defensively by engaging in reactance, which could lead to defiance to the policy. Following implementation of a tobacco-free policy on a college campus, 92 tobacco users (Mage=20.86, 98.9% college students, 52.2% female, 80.4% white) completed a cross-sectional survey. We hypothesized that higher perceived stigma and reactance would be negatively associated with policy-relevant outcomes. Individuals who exhibited higher reactance toward the policy reported less compliance ($\beta = -.413, p < .001$) and lower quit intentions ($\beta = -.272, p = .011$). Perceived stigma was not significantly associated with quit intentions or perceived confidence to quit, but higher perceived stigma was marginally associated with less compliance ($\beta = -.181, p = .095$). These findings have ethical implications: although there are public health benefits to enacting tobacco-control policies, it remains unclear whether harm ever results from unintended consequences related to stigma and reactance. Tobacco-free policies oftentimes utilize stigma to denormalize tobacco use and accordingly motivate cessation. Yet, the lack of an association between perceived stigma and quit intentions is consistent with previous work considering this strategy ineffective. Moreover, individuals may respond defensively to perceived threat from tobacco-control policies, such that they may attempt to reassert their autonomy through non-compliance and lower quit intentions. More work is needed to understand the existence and extent of adverse effects of tobacco-control policies.

TO WHAT EXTENT SHOULD DISCUSSIONS REGARDING ICD DEACTIVATION BE PART OF THE PRE-IMPLANTATION INFORMED CONSENT PROCESS?

Gemma Skilton
University of Birmingham, UK
GXS381@student.bham.ac.uk

Informed consent for siting an Implantable Cardioverter-Defibrillator (ICD) is a complex ethical issue. These devices are implanted to detect and treat dangerous arrhythmias by delivering defibrillation shocks. They provide therapy that is prognostic but not symptomatic. As such, there may reach a time when the defibrillator function is no longer appropriate and ICD patients may want to contemplate deactivation – a non-invasive, painless procedure which reprograms the device to disarm its defibrillator function. Published guidelines provide instruction that discussions regarding deactivation should be part of the pre-implantation informed consent process. However, the literature suggests that pre-implantation deactivation discussions are not common practice. Furthermore, in many cases the topic of deactivation is not raised with the patient at all, even at end-of-life. Thus far there has been no critical ethical analysis of the most justified course of action regarding deactivation discussion. This presentation will explore the extent to which discussions regarding ICD deactivation should be part of pre-implantation informed consent. Beauchamp and Childress' four principles are used as the framework for philosophical analysis with a particular focus on the principle of respect for autonomy. This, along with a careful analysis of relevant UK case law show that the future prospect of deactivation is a necessary component of gaining truly informed consent for implantation.

RELATIONAL SUFFERING: THE DISTRIBUTION OF ANGUISH AND POSSIBILITY FOR REDEMPTION IN PALLIATIVE CARE

Kristina Smith, Michael Atkinson
University of Toronto, Canada
Krisalexis.smith@utoronto.ca

Within the fields of bioethics and medical research more broadly, pain is generally understood at the local, individualized level. That is to say, pain is something that happens within, and to, particular individual persons. Yet people do not simply experience pain, they also suffer greatly through illness processes. Suffering (generally understood as the experience of mental, emotional, and existential anguish) draws our attention to people's relationships in the world with other 'things' that may be diminished, reduced, challenged, altered, or threatened through illness (such as the loss of one's sense of self, personal relationships, cultural identities, physical abilities that allow one to move with other people, and other markers of social inclusion and status). By definition, then, suffering is relational. In this presentation, we unpack the concept and implication of relational suffering to the field of bioethics. Using the case study of children awaiting organ transplantation in Canada, we highlight both the distributional nature of suffering and how people suffer together in webs. Even more specifically, we discuss what 'waiting to live' does to children and others' in the palliative care context, and the centrality of the waiting-suffering relationship in illness processes. Finally, we emphasize the need for health care practitioners to not only witness the suffering of their patients, but understand their role in the relational web of suffering.

THE PROCESS OF OBTAINING INFORMED CONSENT WHEN PRESCRIBING PSYCHOTROPICS DURING PREGNANCY

Martien Snellen¹, Geoff Thompson², Neill Murdoch³
¹ Mercy Hospital for Women, Australia
² Monash University, Australia
³ QC Victorian Bar, Australia
msnellen@iprimus.com.au

Informed consent for medical treatment is considered to be given when a patient agrees to a proposed treatment based on their participation in a risk: benefit analysis. This requires that a patient acting autonomously must be competent to understand and decide for themselves, be free of any third party coercion and be provided with all the relevant facts to make a decision. The relevant facts need to include disclosure of the expected outcome of non-treatment, the risks involved of the proposed treatment and the expected benefit, and the risks and benefits of any alternative treatment. However, in some circumstances a person with legal identity (a pregnant woman) may need to make decisions that impact on another being (her foetus) that whilst being an entity may not be considered in certain jurisdictions to have a legal identity. This presentation will explore the relevant philosophical, ethical and legal principles involved in the process of obtaining informed consent when prescribing psychotropic medication during pregnancy to treat antenatal mental illness.

DEMENTIA AND THE ADVANCE DIRECTIVE: CASE-BASED LESSONS FROM THE BEDSIDE

Marcia Sokolowski
Baycrest Health Sciences; University of Toronto, Canada;
Ben Gurion University, Israel
msokolowski@baycrest.org

Advance Directives (living wills) are written or orally expressed wishes of future times of incapacity, in order to project one's autonomy when one will no longer be able to express one's wishes, values and beliefs. While there are many benefits to having an advance directive, there are pitfalls as well. This theoretical and case-based presentation will draw us into the workings of health care dynamics and will focus on highlighting the ethical issues that family members and interdisciplinary team members face when attempting to honour the wishes in advance directives previously expressed by patients currently diagnosed with Alzheimer's Dementia. An anonymous case will be presented as we appraise the (mis)alignment between advance directives and the Ontario law. Issues related to what it means to be an autonomous person with capacity will also be examined. We will also unpack the current meaning and social construction of dementia, and grapple with its implications when it comes to considering advance directives for persons with Alzheimer's diagnoses.

AUTONOMOUS AGENTS AND INTELLIGENT SYSTEMS: DO NO HARM, DON'T DISCRIMINATE USING EMERGING TECHNOLOGIES

Claudio Spada^{1,2}, Umberto Genovese¹, Riccardo Zoia¹
¹ University of Milan, Italy
² First Hospital of Wenzhou Medical University, China
cspada@acm.org

Application of emerging technologies arise from highly interdisciplinary research and practice areas, connecting results from different fields, such as systems science, information science, cognitive science, neuroscience, computing, engineering, translational science, neural networks, evolutionary computation, biomedicine, medicine, law, ethics, philosophy.

Although there is no universally accepted definition of the autonomous agents and intelligent systems (A/IS) we could refer to them, through their ultimate aim (τέλος - telos) achieved through their activity (τέχνη - techne), as concrete, variable and context-dependent practical application of knowledge of principles.

A/IS are specifically designed to reduce human intervention in our day-to-day lives and to operate robustly in rapidly changing, unpredictable, or open environments, where there is a significant possibility that actions can fail. In so doing, these new fields of research and practice are raising concerns about their impact on individuals and societies, promoting the understanding of the implications that occurs when essential human faculties (λόγος - logos), likes intelligence, knowledge, logic behind arguments, decision-making, are performed by A/IS as expression of an algorithm.

Current discussions include advocacy for the positive impact, as well as warnings, based on the potential harm to safety, discrimination, privacy, loss of skills, economic impacts, security of critical infrastructure, and the long-term effects on social well-being.

Because of the nature of A/IS technologies, their full benefit will be attained only if their behaviours are aligned with our human defined values, ethical principles and integrity of character (ἦθος - ethos). The effort, and the challenge, is to establish a framework (Νόμος - Nomos) to guide the praxis and inform dialogue and debate around the implications of A/IS that should be based on general principles of ethical design, development, and implementation focusing on human rights, well-being, accountability.

A TWO-TIER SITUATION: WHAT IS WRONG WITH ASSISTED SUICIDE TOURISM AND WHY IT DOES NOT HELP IN CHANGING EXISTING PROHIBITION OF ASSISTED SUICIDE IN COUNTRIES OF ORIGIN?

Daniel Sperling
Yezreel Valley Academic College, Israel
danielsp@yvc.ac.il

Unlike most of the (relatively few) countries which permit assisted suicide in their laws, Switzerland does not disallow this practice from non-residents either formally (like in Oregon, USA) or substantially (like in the Netherlands). Hence, in recent years there has been an increase in the number of people travelling to Switzerland from all over the world to receive aid in dying.

One would have thought that like in abortion tourism, assisted suicide tourism would have put much pressure on the public and politicians to change the law and legalize assisted suicide in countries of origin. Despite a very long process of political debate taken place recently in Germany, France and the UK – the countries from which most people travel to Switzerland – in the hope (or with the attempt) to change the law, the legal position and public policy with regard to assisted suicide has not changed (the UK) or even shifted to other or opposite directions, such as in France and Germany. Reviewing these processes and the attitudes pertaining to them reveals that assisted suicide tourism played a minimal role.

The talk will present and discuss the major findings which came out with regard to such a legal phenomenon from many interviews conducted in Germany, France and the UK in the past year with prominent policy makers, heads of assisted dying agencies, leading physicians, activists, scholars and key players in this field. It will introduce the role that assisted suicide tourism played, if at all, in each of the legal and political procedures and will then discuss the question of why assisted suicide tourism has not contributed to liberalizing laws on assisted suicide in these countries. Reflecting on this question could be beneficial especially as discussions of these revised laws or continued status-quo are still ongoing.

PUBLIC, REGULATORY AND POLICY SUPPORT IS NEEDED TO ADVANCE AGING AND LONGEVITY R&D AND ITS APPLICATION

Ilia Stambler
Bar Ilan University, Israel
ilia.stambler@gmail.com

Public, regulatory and policy support is a necessary condition for enhancing the research, development and application of emerging longevity therapies. Public advocacy is a primary instrument for increasing the support for the field, and specifically for advancing regulatory and policy frameworks conducive to R&D, clinical translation and application. Several recent longevity advocacy campaigns in Israel and internationally, demonstrate the utility of advocacy for promoting public engagement, research and health policy in favor of aging and longevity R&D. More support for and involvement in longevity advocacy is needed by the scientific community and the broad public. Concomitantly, more research and development of regulatory and policy frameworks for the rapid and responsible advancement of longevity therapies are urgently needed. Some issues in relevant regulation will be raised, such as developing and validating evidence-based criteria for the efficacy and safety of emerging aging and longevity therapies. Relevant policy considerations will be explored, in terms of funding, incentives and institutional support for the field.

PROTECTION OF PERSONAL INFORMATION ACT (POPI) 2013: HOW POPI READY ARE SOUTH AFRICAN BIOBANKS?

Ciara Staunton¹, Carmen Swanepoel²
¹ *Middlesex University, UK*
² *Stellenbosch University, South Africa*
c.staunton@mdx.ac.uk

With the coming into force of the General Data Protection Regulation (GDPR) later this year, many countries across the world have had to introduce legislation to ensure compliance with the GDPR. In 2013, South Africa introduced the Protection of Personal Information (POPI) Act to align its data protection laws with Europe. This is of importance in the field of biobanking research as, fuelled in part by international collaborations such as B3Africa, South African biobanks have been involved in the sharing of samples and data with many European institutions. However, South African biobanks also have collaborations with many biobanks across Africa that involves the sharing of biological samples and data.

POPI requires that data can only be sent to jurisdictions that have similar protections in place and there are concerns that South African biobanks are not POPI ready. Using a biobank located at Tygerberg Hospital, South Africa as a case study, we are examining its POPI readiness. As part of this research, the legislation and national policies pertaining to biobanks from countries that this biobank shares samples and data with are examined. Data transfer agreements, material transfer agreements, consent forms and institutional policies are also under review to determine whether biobanks are in compliance to share samples and data with these African countries once POPI is in force.

RISK-BASED "CRITICALITY ANALYSIS" TO PROTECT THE HUMAN NERVOUS SYSTEM FROM HAZARDOUS ENVIRONMENTAL EXPOSURES

Yael Stein¹, Peter Spencer², Jacques Reis³
¹ Hebrew University – Hadassah Medical Center, Israel
² Oregon Health & Science University, USA
³ University of Strasbourg, France
yael.stein1@mail.huji.ac.il

Stakeholders: Public issues of health and wellness, prevention, control and treatment of disease and injury are encapsulated in the drive for discovery and application of new biomedical knowledge. Scientific conclusions about risk factors for particular diseases are assessed in probabilistic terms that recognize uncertainty. While uncertainty often spurs further research, it may also trigger societal confusion regarding the hazards of chemicals in media and food. Nevertheless, public policy decisions must often be made without evidence of cause-effect relationships. It is easy for some stakeholder lobbyists and media to utilize scientific doubt to affect policy decisions.

Decision making methods under uncertainty: Regulations are driven based on proven facts and data on effects that have already occurred. Under Criticality Analysis in the face of uncertainty, regulations are positively proactive, according to the conceptual base of the precautionary principle. The method is used to chart the probability of failure modes against the severity of their consequences.

Proposal for facing human challenges: The European Union REACH regulation is a first step, placing responsibility on industry to manage risks from chemicals and to provide safety information. Stakes are high for human health, not only for cancer risk, but also for the developing and adult brain. As IARC is for cancer, we need an International Agency for Research on the Brain and Environment, to define hazards during and after development, and to help link specific chemical exposures with neurological disorders.

References:

Weiss B, Landrigan PJ. The developing brain and the environment: an introduction. *Environ Health Perspect.* 108(Suppl 3):373–4, 2000
Grandjean P, Landrigan PJ. Neurobehavioural effects of developmental toxicity. *Lancet Neurol* 13:330–8, 2014
Spencer PS, Palmer VS, Kisby GE. Seeking environmental causes of neurodegenerative disease and envisioning primary prevention. *Neurotoxicology* 56:269–83, 2016

MEDICAL MALPRACTICE DURING PREGNANCY SURVEILLANCE – BETWEEN PATERNALISM AND AUTONOMY WITH AN EMPHASIS ON INHERENT IRRATIONALITY

Revital Steiner
Center for Health Law, Bioethics and Health Policy, Faculty of Law;
Ono Academic College, Israel
Revital3044@gmail.com

In times when paternalism is replaced with autonomy, couples are considerably involved in decisions that have to do with their pregnancy – selecting between the public and private medical services, the birth procedure, whether to attend prenatal care and examinations, perform invasive tests and so on. That's how for instance, a refusal to perform a genetic screening may lead to late diagnosis of defects in the newborn, in which case an early discovery of such defects would lead the couple to opt for termination.

The pregnancy-related decisions are different from other medical decisions for the following reasons - The couple's personal and emotional involvement, the sensitivity of the medical condition, the high legal exposure and the complex legal status of the fetus as a human being but also as a third party.

Making decisions during pregnancy questions cognitive limitations and bounded rationality to the pregnancy decision-making process which could lead to mistaken decisions. In the event of damage, the injured parties may file a claim for medical malpractice, but since error does not necessarily mean negligence, the injured parties may not be

compensated or may be only partially compensated. Alternatively, the medical institute would be required to compensate where there was no fault basis.

Accordingly, pregnancy entails decision-making with significant clinical and financial implications. Both the couple and the medical staff are subjected to wrongful decision-making that could result of damage which would not necessarily grant compensation to the injured parties, as the damage lacks the fault factor and is a no-fault damage. It follows that it is needed to progress a no-fault compensation system (absolute liability) which is based on the "Compensation for damaged Birth -2010" Law proposal, Israeli Knesset. This no-fault compensation system allows compensation in case of damage without the fault factor. This method is already successfully in use in some countries around the world.

TALKING DOPING: HOW ATHLETES DISCUSS DOPING WITH THEIR SUPPORT TEAMS

Bertrand Stoffel
McGill University, Canada
bertrand.stoffel@mail.mcgill.ca

This working paper explores a central question: How do members of the athlete's support team discuss doping with the athlete? This work is motivated by anti-doping violation procedures in which athletes regularly report that they were advised by team physicians to take a prohibited substance or that they received such substances from a member of their team. As a result, over the past years, several coaches have been subjected to a period of ineligibility for anti-doping rule violations. While members of the athlete's support team may act as a protective shield against doping, anecdotal evidence suggests they may also directly encourage doping, facilitate it by providing the necessary advice and access, or simply maintain a climate generally favourable to doping. Prior research has focused either on the individual's decision to dope or on sport culture more broadly. Yet, given that members of the athlete's support team may not only influence the athlete's decision to dope, but also perpetuate a culture favourable to doping and winning at all costs, it is important to understand the role of the support team in doping.

In particular, this work aims at understanding how the persons closest to the athlete influence her decisions regarding doping. Using qualitative research methods, i.e. matching emerging patterns from the analysis of various sources and perspectives including interviews, arbitral awards, and narrative accounts, we inquire into the process of communication between the athlete and her primary contact groups, such as teammates, parents, coaches, and physicians.

JUSTICE AND INTEGRITY WITHIN MEDICAL TERMINOLOGY: CHANGE THOSE UNETHICAL EPONYMS!

Rael Strous
Maayenei Hayeshua Medical Center, Israel
raels@post.tau.ac.il

Eponyms are names of medical conditions named after individuals who originally described the condition. They are in common use since they aid in remembering and communicating details of the disorder – termed nosology. Arguable, the greatest honor that can be given to a physician is by naming a condition after whoever defined the condition. Thus, when there are disorders named after individuals who conducted unethical research along the path to describing the disorder, it would be wrong to perpetuate and thus "reward" the memory of the individual for whom the disorder is named. Similarly, if the individual was involved in unethical medical activity or any other extreme egregious unethical behavior, even if the research of the medical condition was conducted prior to or after the individual was involved in such immoral behavior including atrocities against humanity, the naming of the syndrome honoring the physician should be discontinued. This presentation will detail a group of well-known eponyms, the names of which are associated with crimes of the

medical community during the Nazi era. Alternative medical names for such conditions will be suggested. In addition, examples will be provided of eponyms named after Nazi era physicians who became victims during the Nazi regime. In contrast to the former group whose names should not be honored by eponyms, the later group's eponyms should be strengthened and remembered. Just as there are ethical factors involved in researching and managing medical disorders, so too should there be ethical factors in the naming of such conditions.

BIOETHICS BETWEEN SCIENCE AND RELIGION: CONTEMPORARY CONTRADICTIONS IN BRAZIL

Flora Strozenberg¹, Luiz Otávio Leite¹, Beatriz Helena Figueiredo²

¹ Federal University of State of Rio de Janeiro – UNIRIO, Brazil

² Getulio Vargas Foundation – FGV, Brazil

essenciais720@gmail.com

Traditionally, religion has a strong influence on the legislative process and the decisions made by the Judiciary, especially by the Brazilian Supreme Court on issues concerning the realm of bioethics. In this sense, one can observe the interference of religious entities in the processes of deliberation of topics that are dear to society through amicus curiae, participation in public hearings and the lobby, not yet legally established in the country. There are latent themes that allow us to analyze this phenomenon, namely: the possibilities of the interruption of pregnancy; the medicinal use of residual embryos and the adhibition of stem cells. However, based on the premise that the Brazilian state is constitutionally laic, and paradoxically, it is driven by religious orientation, especially by the Jewish-Catholic one, it is possible to note there is a fallacy regarding legal guidelines on these subjects. The effectiveness of legal norms remains impaired in view of the daily experience that shows their constant noncompliance by repeated practices of the people – abortion procedure outside permissible limits, embryo freezing and subsequent use of these from the rental of nitrogen chambers in laboratories, as well as the “home insemination”, and widespread use of stem cells by science. Therefore, it is sought to prove this contradiction in the analysis of cases that reach the Judiciary – emblematic cases that in Brazil today are more dramatic in the face of the reactionary stance of the Legislative Branch as opposed to the most recent jurisprudence of the Brazilian courts, which corroborate such practices revealing the existing judicial activism in the country.

THE REASON WHY EMERGING COUNTRIES ARE ATTRACTIVE PLACES FOR CLINICAL RESEARCH

Vanessa Struever

Hochschule Hannover, University of Applied Sciences and Arts,
Germany

vanessa.struever@hs-hannover.de

Background: The business of clinical research has changed conspicuously in the past years by becoming more global. So, the number of conducted clinical trials has increased worldwide, especially in developing countries.

Objectives: The aim of this article is to summarize results from a survey on potential reasons why emerging countries had become attractive places for international sponsors to conduct their clinical trials.

Methods: A questionnaire with predefined responses on potential reasons in regards to the increasing number of clinical trials in African countries was developed and distributed to attendees of the World Confederation of Physical Therapy Congress held in 2017 in South Africa, to members of the Association for Good Clinical Practice in Nigeria (AGCPN) as well as to members of the Panafrican Association for Bioethics.

Results: A growing need for research was the most mentioned reason for the increasing number of clinical trials. The reason given for the initiation of international commercial studies was most often based on the existing patient population as a result of the fit between the local medical need and the study indication area.

Conclusions: In emerging countries different diseases were located which indications have an increasing need for research. Thus, the number of potential patients, who are willing to attend to clinical research naively, is higher than in Western Countries. It is not remarkable that international sponsors conduct their trials more often in emerging countries.

SEEKING DONOR EGGS ACROSS BORDERS: ANALYSING DESTINATION CHOICE THROUGH AN AUSTRALIAN FERTILITY FORUM

Anita Stuhmcke, Jenni Millbank, Isabel Karpin

University of Technology Sydney, Australia

anita.stuhmcke@uts.edu.au

Patients seeking fertility treatment overseas make extensive use of internet sources. Currently limited evidence exists on the factors influencing Australian women to travel overseas for egg donation. There is no evidence as to how they choose their destination for treatment, or of the role played by peer information forums in influencing that choice. This observational study examined online posts made over a 5 year period in sub-forums within one highly popular, publicly available, Australian fertility peer discussion forum moderated by volunteers. The main considerations identified which were of interest to participants on these forums were: likelihood of success, cost, the desirability of travelling to the destination as a ‘holiday’, safety of destination, range of donors and process of choice, legal requirements and restrictions on IVF and donation in the destination country, and availability of other IVF related services or ‘add ons’.

STUDYING PUBLIC HEALTH REGULATION FROM THE PERSPECTIVE OF PATERNALISM

Yuju Su

Hainan Medical University, China

syjsby@163.com

In order to protect or promote the health and safety of individuals, government often regulates their self-regarding behaviors on the basis of paternalism. There are two models of paternalism: one is the soft paternalism and the other is the hard paternalism. The soft paternalism is used as a justification for interference with the non-voluntary self-regarding behavior of individuals, and can be easily obtained a defense. The hard one is viewed as a justification for interference with the voluntary self-regarding behavior of individuals, but is difficult to gain frank defense. The soft public health paternalistic policies focus on protecting the incompetent, and the hard public health paternalistic policies aim at preventing risk to self.

THE RIGHT TO INFORMATION IN THE CONTEXT OF RESPONSIBILITY IN PALLIATIVE CARE

Marta Szabat

Jagiellonian University Medical College, Poland

mszab@poczta.fm

In my paper, I argue that the patient's right to information in the context of palliative care [PC] should be individualized and personalized. In addition, I argue that the issue should first be considered in terms of responsible care, and secondly in light of communication medicine models suitable to PC. The main research question is: How does a patient's right to information in PC influence the responsibility of medical staff in the patient-staff relationship?

Responsibility in PC includes several aspects that influence the patient's care:

Physical: Reduction of pain, suitable treatment protocol, care procedures carried out on the patient, adequate provision of medical care;

Psychosocial: Relationships to close persons, psychological support for the patient, patient participation in care, responsibility for effective time spent with the patient (including accompanying the dying); Ethical: Respectful care (communication, privacy, individualized care). According to several studies, the value of information in PC depends on a patient's state and is strongly related to maintaining the patient's hope. In this regard, the responsibility of medical staff includes empathy skills and correct assessment of the patient, taking into account his/her personal circumstances.

References:

1. E. A. Korhan, Ç.Üstün, D.U.Yılmaz, Practices in Human Dignity in Palliative Care..., *Holist Nurs Pract* 2018; 32(2):71–80.
2. J. Kylma, W. Duggleby, D. Cooper, G. Molander, Hope in Palliative Care..., *Palliative and Supportive Care* 2009; 7: 365-369. The authors provide two basic contexts for hope in PC: living with hope and hoping for something.

STIGMA AND REACTIONS TO PROBLEMATIC PATIENTS

Nili Tabak¹, Michal Steinman²

¹ Tel Aviv University, Israel

² Beilinson Hospital, Israel
ntabak@tauex.tau.ac.il

A problematic patient is a patient whom the nursing staff avoids treating and with whom they evade interaction.

What is the stigma dynamics among staff members and what implications does it have for providing proper care?

Nursing team

The nursing staff rapidly labels patients as good and problematic within one day of nursing. Nurses are more inclined to care for communicative, obedient, cooperative, and considerate patients and keep their distance from unstable patients.

A survey was conducted among 50 fourth year undergraduate students in November 2017, in which they were asked to answer a number of questions exploring their positions on the subject.

Who is the unpopular patient 90% answer?

- Patients with a bad odor
- Stubborn patients
- Refuse to shower
- Verbal violence
- Demanding
- Refuse treatment
- Troubling pert

Eighty-five percent of the interviewees had encountered a in their work.

Patients who are pleasant to treat, in the opinion of the students:

- Polite patients
- Cooperative
- Mind
- Net
- Smell nice
- Appreciate the work of the team

It also depends on the type of illness, for example students have an aversion to patients with a stoma as opposed to other patients for whom students feel mercy and compassion, and there are undoubtedly factors in therapists that influence the rejection of as demographic and variable.

Conclusion: The problem of stigma and rejection occurs every day and the problem is global and not merely national. The recommendations are to build training and behavior modification programs to resolve conflict.

GENDER ISSUE IN CLINICAL TRIALS

Lucia Terracciano, Ida Cerrone, Nunzia Cannovo, Paola Buccelli, Claudia Casella

University of Naples Federico II, Italy
luciaterracciano13@gmail.com

For too long have women been left out of clinical trials for the study and marketing of safe and effective drugs.

In the '60s, after many experiences of pharmacological tests carried out on humans in clear contrast with the fundamental ethical principles of respect for the person, for the first time, the need emerged for pharmacological trials to comply with an experimental protocol submitted to the evaluation of an independent ethics committee. Nevertheless, women were very often excluded from clinical trials, to the point that in those years the FDA guidelines recommended the exclusion of women of childbearing age from clinical trials, especially in phases I and II.

Over the years, however, ethics committees were acknowledged as bodies able to guarantee the protection of rights, safety and well-being of the subjects enrolled in clinical trials. It was in this perspective that trust was developed in the testing of pharmaceutical drugs on the full range of patients who were likely to receive them, including women, before they were put on the market. In this context a radical change was recorded in the FDA's orientation towards inclusion of women in clinical trials. As a matter fact, in the 80s, for the first time, clinical trial sponsors were invited to enroll patients and subjects representative of the entire population in pharmacological trials, and therefore also women.

Also the "Charter of Naples", in several points, tackled the problem. Art. 26 – Gender testing – stresses the right of women to participate in clinical trials, and the need to provide them with a careful monitoring of their psycho-physical conditions, which takes mainly into account gender diversity, on both the pharmacokinetic and pharmacodynamic levels.

Furthermore, articles 35, 36 and 37 of the Naples Charter illustrate the characteristics of clinical trials with women of childbearing age, pregnant, breastfeeding, and menopausal ones. The involvement of pregnant women in pharmacological trials, however, is still marginal and, consequently, there are few reliable data on most of the drugs administered during pregnancy in clinical practice, concerning mothers and their products of conception. Therefore, their use is almost always *off-label*, or even empirical and entrusted only to the experience and responsibility of the prescribing doctor. Marketing an active ingredient, the pharmacokinetics and pharmacodynamics of which have been tested exclusively on men, and not on women, risks to seriously compromise their health.

Therefore, an excess of caution corresponds to a damage to the health of the entire female population.

This attitude is to be overcome precisely through the vigilant and responsible activity of the Territorial Ethics Committee (TECs). Through their work of ethical and scientific monitoring of clinical research, TECs allow to have the necessary therapeutic acquisitions, without dangerous sacrifices of the priority bioethical principles of protection of dignity, safety, well-being and privacy of people subject to testing, so much the more if vulnerable ones, even in fields where the synthesis between protection of patients' rights and the need for progress in experimental knowledge is very delicate and controversial.

References:

- Broussard CS, Frey MT, Hernandez-Diaz S, Greene MF, Chambers CD, Sahin L, Collins Sharp BA, Honein MA, "Developing a systematic approach to safer medication use during pregnancy: summary of a Centers for Disease Control and Prevention-convened meeting", *Am J Obstet Gynecol.* 2014 Sep;211(3):208-214.

THE POSSIBLE CONTRIBUTION OF ASIAN THOUGHT TO MEDICAL ETHICS

Ithamar Theodor
Zefat Academic College, Israel
theodor@orange.net.il

This paper aims at examining the Health System through an Asian point of view, and especially Indian and Chinese, aspiring to acquire some fresh ideas in the field of applied ethics. As such, it raises three topics concerning medical ethics. The first topic is the question whether the system is unified or fragmented, and it attempts to find a unifying principle. The second topic looks into the metaphor underlying the medical work, and the third looks into the possibility of establishing medical ethics officers who will act as balancing forces in the system, will strengthen ethics, will solve various problems while in their preliminary stages and reduce the phenomenon of "defensive medicine". In doing so it examines the metaphysics of Western thought which has a tendency to dichotomize phenomena, and Asian thought, which has a tendency of unifying phenomena, as is apparent in the ideas of Hindu Dharma and Chinese Dao. The idea of establishing medical ethics officers intertwines Asian concepts such as the Confucian Gentleman (junzi) and the Hindu Brahmin with western practices of applied ethics and it is proposed that such an application of Asian concepts will further ethical behavior in a new way.

ETHICS OF PSYCHIATRIC ASSESSMENT TO POSSESS FIREARMS IN THE USA

Joseph E. Thornton, Brian K. Cooke, Rajiv Tandon
University of Florida, USA
joethornton@ufl.edu

Deaths and injuries related to firearms are a major public health problem in the USA. The fact that the suicides and murder suicides from firearms outnumber homicides from firearms (22,018 vs 12,979 deaths respectively in 2015 per CDC data) demonstrates a connection with mental illness and firearms adverse events. The USA is relatively unique in the world in its constitutional and political support for firearm possession. The state of Florida even enacted a law that placed restrictions on doctors on asking about gun ownership. However just as other constitutional rights such as liberty and right to refuse treatment can be abridged for psychiatric reasons, many USA jurisdictions are adding mental illness as a basis for restricting access to firearms. These well intentioned legal restrictions can have unintended consequences of adding to the stigma of mental illness, interfere with utilization of mental health treatment or even justify the use of health care workers to abuse power over vulnerable persons for political reasons. This presentation will present the USA public health data on firearms, describe the mental health restrictions on firearm possession, and map out the actual implementation of restricting access to firearms. The framework for ethical analysis (eg the classic four principles of autonomy, beneficence, non-maleficence and justice vs the 15 articles of the UNESCO Declaration on Bioethics and Human Rights) can lead to very different recommendations for ethical action. The presenter will then lead a guided discussion on the ethics and knowledge base needed to make medico-legal recommendations for firearm restrictions in the USA.

WRONGFUL-LIFE CASES – DOES THE ISRAELI LAW RECOGNISE THE CHILD'S INTEREST NOT TO BE BORN HARMED? A PHILOSOPHICAL PERSPECTIVE

Ahuva Ticho
Bar-Ilan University, Israel
aticho@bezeqint.net

Claims known as "wrongful life" claims are the most controversial in the Israeli Law. 25 years ago, the Israeli Supreme Court granted legal standing to a child, to sue compensations for being born handicapped

due to the doctor negligence, during his mother pregnancy. The main claim of the child in a wrongful legal claim is that he was born handicapped. The fact that he could not have been born healthy because of his congenital abnormalities, reveals the Non-Identity Problem.

25 years later in 2012, the Israeli Supreme Court unanimously decided to cancel the child's standing to sue in "wrongful life" claims, and standing was granted only to his parents, who could have abort their child, if they were aware of his condition, if not the doctor's negligence.

The non-identity problem reveals the conflict between basic moral intuitions and the logic metaphysic implications of the problem. The claim that a person might be harmed by the very fact of being born is, prima facie, non-coherent, because that person benefited his life due to his existence. Thus, a personalist moral view cannot judge or condemn the act as immoral. This is the philosophical dilemma, called the Non-Identity Paradox.

I doubt the validity of the non-identity problem and its consequences and appeal against the logic-metaphysic basis of the non-identity problem. My proposed solution is in the metaphysical level, in the category of the fetus in the prenatal phase.

ARTIFICIAL INTELLIGENCE IN HEALTHCARE AND BEYOND: THE WIDENING RESPONSIBILITY GAP

Daniel Tigard
Austria
dwtigard@gmail.com

Our ability to locate responsible agency is often thought to be a necessary condition for conducting morally permissible medical practice, among other high-stakes endeavors. Yet, with increasing reliance upon automated systems—such as care-bots for the elderly, self-driving vehicles, and autonomous weapons—we may be facing a 'responsibility gap.' How, if at all, can important moral and legal norms be effectively applied to crucial emerging technologies? This question and related issues have captured the attention of ethicists, lawmakers, and programmers, along with governmental agencies and private corporations. No doubt, their concerns are well-founded. According to Colin Allen and Wendell Wallach, artificial moral agents (AMAs) are necessary and inevitable. Still, as several commentators argue, the responsibility gap created by AMAs cannot be bridged with traditional notions of responsibility. As a result, those who have an interest in developing artificially intelligent systems face a dilemma. We may need to scale-back our efforts at deploying AMAs (or at least maintain human oversight); otherwise, we risk violating moral and legal norms for ensuring that someone be held responsible for potentially avoidable harms. In this paper, I demonstrate the widening responsibility gap in our present and future use of artificial intelligence and automated systems. While the increasing difficulty of locating responsibility should be a cause for concern, I aim to help bridge the gap with the development and application of newfound conceptions of moral responsibility.

HUMAN BODIES FOR TRANSPLANT TECHNOLOGIES: RESOURCES, GIFTS, COMMODITIES, PERSONAL EMBODIMENTS

Pavel Tishchenko
Institute of Philosophy the Russian Academy of Sciences, Russia
p.tishchenko@yahoo.com

In the Russian and international legislation concerning the organ donation and transplantation the ban of the human body parts marketing is almost unanimously (with very few exceptions) established. Has this ban reasonable justifications or only traditional sentiments? In the presentation several interpretations of the human body in the optics of transplant technologies would be discussed: the body as a resource, as a gift, as a commodity, as a personal embodiment. As the intriguing statement, I am going to prove – the confidence in inadmissibility of sale / purchase of body parts for

transplantation is illusory. Bioethical, medical, political communities and public share this illusion. This illusion cannot be supported rationally.

The already developed and recognized as the standard model for purchase from citizens of blood for transfusion for patients in need, is the "ram" which will destroy as it seems "indestructible" the walls of the ban of purchase and sale of organs.

Bioethics should be ready to consider consequences of this radical innovation...

If there is no God, then everything is permitted (Fyodor Dostoyevsky).

The publication is prepared with financial support of the grant of RSF No. 17-18-01444

AUTONOMY IN INFORMED CONSENT: FROM PATIENT'S CULTURAL BACKGROUND TO ETHICAL STANDARDS IN DECISION-MAKING

Elena Toader

"Gr. T. Popa" University of Medicine and Pharmacy, Romania
toader.elena@yahoo.com

Patient-centered decision making although it is considered appropriate in contemporary medical act it can not be accepted universally, due to the risk to affect the manner care patients who come from different cultural backgrounds. Central ethical issue is in what way cultural diversity it has the potential to influence patient autonomy in obtaining informed consent. In this paper we propose to identify ethical issues at the interface between autonomy and the cultural background of the patient in the decision-making process. In order to better understand how cultural diversity influences and shapes the context of perception and attitude of the patient in decision-making will follow what extent the involvement of patient autonomy it is consistent or inconsistent with international ethical standards accepted for informed consent. For the national context we apply questionnaires and will conduct discussions with physicians and patients faced with specific issues of cultural diversity in decision-making. All aspects of empirical work will be reported to the ethical standards of good clinical practice regarding informed consent procedure. In conclusion not to undermine patient autonomy coming from different cultural backgrounds and maintain confidence in compliance with ethical recommendations regarding medical decisions we consider necessary a periodic evaluation of the ethical standards of informed consent.

HOW TO DEAL WITH ETHICAL CHALLENGES OF GENOME EDITING IN TEENAGERS CLASSROOM

Norma Trezzi

*ITF UNESCO, Italian Unit of the International Network of the UNESCO
Chair in Bioethics, Consulta di Bioetica, Italy*
normatrezzi@virgilio.it

I'm going to present how bioethical dilemmas, as the ones arising from genome editing, can be explained to teenagers pupils.

The aim is to promote in the classroom a debate about the technological progress in science and its attendant ethical questions.

A new technique of genome editing, called CRISPR-Cas9, has recently been introduced offering the possibility of inserting, removing and correcting DNA with relative simplicity and efficiency, unrivaled so far. The application of this technology to the germline raised serious concerns within the scientific community since its discovery.

Gene therapy is a watershed in the history of medicine and genome editing is one of the most promising undertaking of science for the sake of all humankind. Gene therapy cannot provide the quick fix for the majority of diseases, which depend on many genes as well as environmental factors and lifestyles.

At the same time, this development seems to require particular precautions and raises serious concerns, especially if the editing of the humane genome should be applied to the germline and therefore introduce heritable modifications, which would be transmitted to future generations.

The debate on using and manipulating gametes outside the human body, prompted by the advent of the IVF technology, has been completely renewed.

As it happens in the case of different sorts of drugs or treatments, safety is the unquestionable condition for application to human beings. The destruction of embryos implied in some of these techniques revives the controversy on the principle of respect for human life and the related issue of status of zygotes, embryos, and fetuses.

Dignity is another matter of ethical concern: art. 1 of the UDHR states that "the human genome underlies the fundamental unity of all members of the human family, as well the recognition of their inherent dignity and diversity". Interventions on the human genome should be admitted only for preventive, diagnostic or therapeutic reasons and without enacting modifications for descendants. (art. 13 Oviedo Convention).

The issue of dignity is strictly related to the issue of justice.

SCIENTIFIC LITERACY AS A TOOL FOR ETHICAL DECISION-MAKING PROCESS: THE ROLE OF LANGUAGE

Valeria Trigueiro Santos Adinolfi

*IFSP – Federal Institute of Science, Technology and Education of
Sao Paulo, Brazil*
vtrigueiro@yahoo.com

Science and technology have become pillars of contemporary life, at the same time, even these fields become more and more hermetic to the general public. Contemporary society has its foundation on a scientific-technological paradigm, with both positive and negative effects. There are increasing life expectancy for newborn children, more health attendance and health resources and also increasing prematurity, low birth weight, and altered children's cognitive development due to intensive use of fossil fuels, for example. This situation puts a highlight on the necessary public debate on the role of science and technology in the society, desirable and undesirable effects on the human development process, and the socio-environmental impacts of sciences, their production and their uses. Privately, each member of society also decides for one or another scientific-technological model based on their daily actions, when deciding on a medical treatment, a locomotion vehicle, a type of food etc. Although, for an effective debate and decision there is a necessary element: good and strong science literacy. Without an acceptable minimum of scientific understanding it is almost impossible to have the participation of the people that are also involved in the decision making process – mostly, the affected one. For a real informed decision, a strong scientific literacy is necessary. The language of science has to be really translated and the process of science thinking has to be effectively developed by science-education programs. Therefore, the science education process has an important ethical role in a science-technology based society.

REVISIT THE CONCEPTIONS OF JUSTICE IN THE CONFUCIAN WORLD OF THE "GREAT UNITY"

Daniel Fu-Chang Tsai

National Taiwan University College of Medicine, Taiwan
fctsai@ntu.edu.tw

What constitutes the principles of justice for resource allocation has been a theoretically intriguing and practically important question. Modern theories of justice have been delineated by different camps of ethics theories including utilitarianism, egalitarianism, communitarianism, capabilities and well-being theories and etc.. These theories describe and reflect different perspectives of justice principles as well as what in common morality people may contemplate about justice and fairness. An interesting question in terms of cross cultural bioethics will be what are the Confucian principles of justice and how are they compared to the modern principles of justice? An even more interesting and relevant question is what do people from a Confucian ethics based society think about

the principles of justice, and are they influenced by the traditional Confucian values? In this paper, the author will first introduce the modern justice theories and examine the Confucian world of great unity (Ta-tung) to see what principles of justice are contemplated and expected in such political utopia. The author concludes that the utilitarian principles of justice are most emphasized, while the egalitarian principles of justice are required as well since the principle of Jen (humaneness) stresses the love and care for the underprivileged and vulnerable groups. Moreover, capabilities theory is also identifiable since Confucian moral education emphasizes the cultivation of an autonomous person through continuous efforts to achieve an ideal person (chun-tze).

ABORTION DEBATE IN THE REPUBLIC OF CROATIA

Ivana Tucak, Anita Blagojević
Faculty of Law Osijek, Croatia
ivana.tucak@gmail.com

In the Republic of Croatia, the abortion debate has never been more vigorous in the last 40 years. That is the time interval from the adoption of the latest law regulating this subject matter – the Act on Health Measures for Exercising the Right to Free Decision-Making on Childbirth (hereinafter: the Abortion Act). On 21 February 2017, the Croatian Constitutional Court rejected the proposal for constitutionality assessment of the Abortion Act, filed by several groups propagating foetal rights. The 1978 Abortion Act is known for its liberal character and was adopted at the time when Croatia was part of the Socialist Federal Republic of Yugoslavia. The Constitutional Court declared itself incompetent for deciding on the moment when human life begins and directed the responsibility for defining the procedure and period when a woman can autonomously decide on the termination of pregnancy to the Croatian Parliament and gave it a two-year deadline for adopting a new law on abortion, which should be terminologically and formally compliant with the 1990 Constitution, which is younger than the controversial Act. At this moment, Croatia is expecting a new abortion act. However, it should be noted that the two-year deadline is not binding but instructive.

This paper is aimed at disentangling a hypothetical situation. More precisely, the legislator has been provided with broad freedom in establishing balance between the rights and interests of women and their foetuses. The light is shed on possibility of substantial restriction of the right to free decision-making on childbirth. Has the Croatian Parliament constitution-based discretion to do that? In order to obtain an answer to that question, the paper researches the list of conflicting fundamental constitutional rights and duties as well as relevant provisions of international and European law, which have been adopted and incorporated into the Croatian legal system.

ASSISTED SUICIDE: ANTICIPATING THE SLIPPERY SLOPE

Elena R. Tudosie
Open University, UK
elena.tudosie@open.ac.uk

Legislation prohibiting assisted suicide operates to safeguard individuals, especially the vulnerable. Consideration of change from a blanket ban, primarily raises questions of possible abuse through the familiar 'slippery slope' argument. Potential narrow changes are commonly seen as a threat of forthcoming wider specifications.

In England and Wales, the blanket ban is seen as the most reliable mechanism for preventing the unlawful killing of individuals on the basis of consent of any kind. Cases before the English Courts challenge the status quo by reference to recent developments in other parts of the world. Among these, three stand out. One, the absence of a slippery slope following change of legislation in other systems, such as Oregon. Two, the growing number of citizens forced to choose an earlier death at Dignitas, the assisted suicide clinic in Switzerland. Three, the ineffectiveness of the current regime which promotes investigations of referred assisted suicide cases after the event and without successful prosecutions to date. Earlier change in favour of assisted dying legislation in Canada, may serve as an example to

follow, however, rapid widening of provisions by the same, in the aftermath, may prove at least persuasive for upholding the blanket ban in anticipation of a possible 'slippery slope'.

This paper aims to highlight the inadequacy of the assisted suicide blanket ban in a continuously evolving society. It shows the need for change in approach to allow for exceptions where individuals have access to the choice to a controlled death, in limited circumstances.

INFORMATION TECHNOLOGY IN MEDICAL ETHICS EDUCATION

Wunna Tun
Myanmar Medical Association, Myanmar
onlinewunna@gmail.com

Medical ethics may vary according to country, culture, custom, belief. Information Technology is a form of platform to connect each other digitally and become revolutionized way of connecting people. Nowadays, Physician or doctors' usage on information technology is skyrocketing.

Teaching medical ethics is challenging as some cannot explained not only with the theory based. There is increasing in litigation issue on physician than before. It is essential that trainee doctors to solve the ethical dilemma through the cases to address their ethical concerns.

In this context, this paper will first review how information technology help in medical ethics teaching. We will then mention our experience on using information technology. Finally, we will consider potential recommendations for overcoming the barrier for teaching bioethics education of doctors.

FROM DISABILITY TO IMPLEMENTATION OF CAPABILITIES CONTROLLED BY THE FRONTAL LOBE AND IN THE MIRROR OF BIOFEEDBACK

Edna Tune
Israel
tunedna@bezeqint.net

Recently, we find an increasing phenomenon that manifests itself in disabilities and inability to implement abilities as: attentiveness, concentration, learning, behavior and increase in number of autism disorders.

The frontal lobe is responsible for regulating mechanisms of the unconscious and to activate the systems of potential abilities expressed in thinking, attention, concentration, and speech in human ethics.

At the lecture, will be discussed:

- Difference between over activation and under activation of the frontal lobe.
- Stress as a major factor correlated to the frontal lobe and the speech.
- The Confusion Cycle, how you can identify it and what you can do about it.
- Perceptual distortions and how they affect, their triggers, their effects throughout the day, social connections and at home.
- The relations between learning disabilities and juvenile delinquency.
- "THE MIX": some variations on how we combine the various systems (sequentially and parallel) peripheral multimodal biofeedback, neurofeedback,

The results indicate a significant improvement till bringing individuals with problems to proper functioning.

Normal function is also measured by ability to control effectively in everyday speech.

The diagnosis method we developed makes adaptation of a personal model built on individual physiological data feasible. The aim of this method is to focus on the diagnosed difficulty's root and to provide the individual tools required in order to improve, control, acknowledge and to fulfill his/her capabilities and to provide the individual tools required in order to improve, control, acknowledge and to fulfill his/her capabilities.

Results: The unique combination of such diagnosis methods, training skills and technologies provided by the Skills Development Center enables adaptation of behavior patterns which optimally improve the focusing capabilities, attention level, motoric fine tuning, cognitive and behavioral abilities. The acquired skills enable oneself to acknowledge and control his/her behavior, develop personal responsibility improves self-esteem and provides functional awareness.

WOMEN IN WATER MANAGEMENT: REFLECTIONS OF ETHICS IN INTERNATIONAL LAW

Vicky Tzatzaki
National and Kapodistrian University of Athens, Greece
v.tzatzaki@gmail.com

Water and women are both the source of life. The role of women in the collection and provision of fresh water is central, since they are the primary managers of domestic water needs. Women give birth, they are the main food producers, with a major part in agricultural work and the sustainable use of land. However, ethical issues are raised, due to discrimination and gender inequality. Women bear greater responsibility and suffer more from water scarcity and pollution, particularly in developing countries. Moreover, lack of sanitation affects women disproportionately and aggravates the cycle of poverty for all.

The important role of women in water management has been recognized in international law through provisions for their right to water. The Convention on the Elimination of Discrimination against Women safeguards the right to water for women, especially in rural areas, while the UN General Assembly Declaration 62/929 explicitly recognizes the human right to water as a right to safe and clean drinking water and sanitation for everyone.

This paper aims to present the ethical issues of water management in the gender discourse. It is divided in two parts: The first one analyzes ethical considerations for women's right to water, depicted in global case studies, while the second part focuses on international law provisions that enshrine these ethical matters. Access to safe water is a universal right, interrelated with life and equity, which evolves into a 'feminine' right, based on the ethical need to enhance the protection of women as a vulnerable group.

ETHICS-AESTHETICS

Yehuda Ullmann
Rambam Health Care Campus, Israel
y_ullmann@rmc.gov.il

Plastic surgery for aesthetic purposes is a unique branch of medicine. I sometimes call it "reverse medicine" because unlike in regular medical practice, where a physician tells a patient what they need to do to protect their health, in aesthetic medicine, the patient tells the physician what is bothering them, and the physician suggests the right procedure to help.

In aesthetic medicine, the key to success is finding common ground between the patient's expectations and the limitations of a particular procedure, while taking into account possible complications, particularly related to unexpected outcomes.

The aesthetic patient expects to get 100% results, with minimal downtime and no complications. These expectations, which naturally vary from one patient to another, are almost impossible to fulfill in the medical world.

The unique characteristics of the aesthetic medicine profession raise a number of ethical issues:

Should a physician accept every patient who enters his clinic for treatment?

Should he try to fulfill all their requests?

Should the focus of advertising be to provide accurate information or simply to attract patients?

What makes advertising ethical or not?

Should a physician operate on a patient suffering from mental disorders?

Whom within the medical profession should perform aesthetic procedure?

What is the role of the social media in the popularization of the aesthetic procedures?

Is it ethical to use live surgeries in these settings?

What is the safest and most suitable setting to perform surgical aesthetic procedures?

Is the desire to look better legitimate among the religious Jewish population?

These and many other ethical dilemmas from the world of aesthetic medicine will be discussed.

TEACHABLE MOMENTS FROM STUDYING MEDICINE AND THE HOLOCAUST

David Urion
Boston Children's Hospital, USA
david.urion@childrens.harvard.edu

In the late 20th century, a movement arose in academic medicine to remove the eponyms of National Socialist physicians from diseases, arguing that such persons should not be honored. Hallervorden-Spatz disease became known as Pantothenate Kinase-Associated Neurodegeneration. A generation of young physicians now know it as such. We have thus lost a teachable ethical moment – telling young physicians the story of Hallervorden and Spatz's, and their evolution from respected academic physicians who investigated and treated neurodevelopmental disorders, to avid eugenicists, to enthusiastic supporters of the NS regime and developers of special methods of execution and "accessing materials of interest" for study – that is, the brains of executed persons.

I teach a session in our ethics curriculum in which I present a patient with PKAN. The residents then read the original 1922 article by Hallervorden and Spatz. They invariably comment on the accuracy and contemporary feel of the work. We then review the subsequent careers of these men. They attained high academic positions in the post-war Federal Republic of Germany and were revered teachers. They were never found guilty at any of the post war trials, Hallervorden testifying in the Doctor's Trial at Nuremberg. We then reflect on how recognizable Hallervorden and Spatz appear to be, as young academic physicians, and how this did not prevent them from later engaging in activity our residents consider heinous. The teachable moment of personal moral responsibility in the context of changing societal mores and governmental initiatives is then explored.

"DECOLONISATION OF MEDICAL RESEARCH": A LEGITIMATE IDEAL?

Anton van Niekerk
Stellenbosch University, South Africa
aavn@sun.ac.za

The 'decolonisation' of science and education broadly refers to the undoing of the colonial context and values that permeated education and scientific training in the period when most countries in the so-called 'developing' world (Africa in particular) were colonised and exploited by countries and/or institutions in the so-called 'developed' world. 'Decolonised' science and research would therefore primarily refer to the indigenisation of the scientific and educational enterprise in a post-colonial context. This paper explores the extent to which sense can be made of such a claim, given the nature of the scientific and research enterprise as it unfolds historically and with demonstrable truth claims, results and effects. Drawing on an illuminating distinction by Jürgen Habermas about the anthropological basis of different forms of knowledge acquisition, the author argues that decolonisation is hardly a legitimate or attainable value in what he (Habermas) calls the 'empirical-analytical' sciences (which respond to our 'technical' knowledge interest), but that it is highly relevant and

applicable to what he calls the ‘historical-hermeneutic’ sciences which respond to our practical and critical knowledge interests. Other than is normally the case, the author also argues that medical science and research belong as much to the latter as to the former.

KILL FIRST, ASK QUESTIONS LATER: THE RULE OF LAW AND THE BELGIAN EUTHANASIA ACT OF 2002

Shanthy Van Zeebroeck
Université Libre De Bruxelles, Belgium
 svanzeebroeck@gmail.com

The Belgian Euthanasia Act of 2002 decriminalizes the practice of Voluntary Euthanasia in Belgium.^{1,2} It grants legal authorization to a patient to request to be euthanized by a physician if the former is suffering from unbearable physical or mental illness with no hope of recovery and if certain legal, medical, and ethical requirements are met. Concurrently, it decriminalizes the practice of Voluntary Euthanasia by a physician, to depart from the transcendental first do no harm role of the Hippocratic physician to become a ‘for hire to either cure or to kill’ role of the pre-Hippocratic physician.^{3,4} Although The Act axiomatically upholds the drafters’ original intent to allow for the lawful practice of Voluntary Euthanasia, certain pertinent sections in The Act are problematically uncertain and unpredictable, allowing for arbitrary interpretations of the law. The paper will highlight the fatally flawed pertinent sections followed by proposals for reform.

THE SECOND EDITION OF THE FIRST SYLLABUS FOR YOUTH BIOETHICS EDUCATION: HOW TO DEAL WITH AWKWARD TOPICS FACING DIFFERENT AGE GROUPS OF CHILDREN AND YOUNGSTERS

Miroslava Vasinova, Alessandra Pentone
European Centre of Bioethics and Quality of Life, UNESCO Chair in Bioethics Italian Unit, Italy
 alesspent@hotmail.com

In September 2015, the Youth Bioethics Department, under the enlighten guide of Professor Amnon Carmi, produced the First Syllabus for Youth Bioethics Education. The booklet, based on the case methodology, offers a wide variety of cases, stories and games inspired by some of the 2005 UNESCO Declaration on Bioethics and Human Rights articles, dedicated to four different age groups: 3-5 years-old, 6-10 years-old, 11-14 years-old, and 15-19 years-old. This pioneering project has been published in English, Italian, French, Albanian, and Bulgarian language and it is available at the following link of the Chair’s website: http://www.unesco-chair-bioethics.org/?mbt_book=the-first-syllabus-for-youth-bioethics-education. In addition, The First Syllabus is trained in many kindergarten and schools of different degrees all over the world, promoting Youth Bioethics Education and its diffusion.

In fact, we will present the Italian experience of some high schools belonging to different Italian regions dealing with specific bioethical issues using the First Syllabus during their school year and comparing their thinking and results taking part to the annual Italian conference dedicated to Youth Bioethics Education.

Three years after the first edition of the First Syllabus, we are pleased to present the second edition, enriched by almost 40 new units produced by different authors belonging to many of the Chair’s units such as Australia, Brazil, Bosnia-Herzegovina, Cyprus, Germany, India, Israel, Italy, and Kosovo. The long path of bioethical thinking and behaviour for educating children and youngsters continues to develop and enhance, looking forward the upcoming steps.

IS PERINATAL PALLIATIVE CARE AN OPTION FOR TERMINATION OF PREGNANCY IN THE CASE OF INCOMPATIBLE TO LIVE FETUS?

Roopa Verghese
The Center for Bioethics, India
 jewelz.ninan@gmail.com

There are many complex emotions which women are left to cope as soon as a woman learns (or even suspects) she is pregnant. There is a different kind of emotion of feeling one faces when one realizes that there is another human being growing inside one self and then somewhere down the lane she is told that this human being whom she is expecting going to be somewhat like her or her partner. Then when you are told that this person is not perfectly made, the first thought that passes one’s mind is that, “what did I not do right” Choosing an end-of-life care plan for this child- is that something even heard of? In the west may be, but in India I don’t think we are even wanting to hear about it. Instead of running towards options to, terminate each and every “unwanted”, “undeserved”, “underdeveloped” individual, why not change our perspective and give them a chance to live a life which might be just a few seconds or minutes or hours or days or a few months or years. When we don’t know when to stop the line then, are we rightful in saying its ok to stop the line. Prenatal palliative cares should be an option given to such individuals where they are fully aware of the situation they are in, the prognosis of the child, the growing fetus, the not so wanted – as it would be a liability individual and yet they decide to be with this child till nature takes its natural course of death and make those moments worthwhile for proper grief and love to be established between the parents and the unborn or the new born child, leading to a more meaningful and less regretful decision for one’s life ahead.

THE CRUCIAL CHOICES: USE OF A VIDEO FOR THE DECISION-MAKING PROCESS

Milena Vettorello, Michele Maffeo, Lia Rusca
ASL BI Biella, Italy
 vettorello.milena@gmail.com

ALS (motor neurone disease) is the prototype of rapidly evolving neurodegenerative diseases without resolute therapeutic approaches. The relationship with the patient must therefore include correct and complete information, provided in a gradual and personalized way, which mediates scientific contents and adequacy on the psychological-relational level.

When the evolution of the disease involves respiratory functions, the decision-making autonomy of the cognitively competent patient emerges, which follows from the absolute necessity of correct information, which inevitably involves the family.

Among the crucial choices there is the decision to be subjected or not to tracheostomy and mechanical ventilation. It is often difficult to describe the management of daily care in which the family members and tracheostomised patients are found and in mechanical ventilation, so, it seems appropriate to use a visual aid in the form of a video. The shots, with an indicative duration of 5 minutes, would refer to a patient’s daily life as regards his life in relation to the instrumental issues and to those who provide assistance. All aimed at presenting the daily reality of patient and family.

The presentation of the video to patient and family will take place after assessment and psychological preparation, possibly far away from the critical phases of illness, with the presence of health workers prepared by the multidisciplinary team that has the patient in charge. This initiative aims to provide the patient with as many objective elements as possible that he can take into account for his decision-making process.

EXAMINING THE RELATIONSHIP BETWEEN AUTHENTICITY IN PATIENT CHOICES AND INFORMED CONSENT

Alexander Villafranca
University of Manitoba, Canada
avillafranca@sbgh.mb.ca

Authenticity, broadly defined as a coherence between a choice or action and some aspect of the self, has become an influential and ubiquitous value in many societies. Phrases such as “be true to yourself” have become pop-culture mantras. While it is widely accepted that patient choices should ideally be autonomous (i.e. adequately voluntary, informed, appreciated, and made by patients who have adequate decisional capacity), the benefits of promoting patient choices that are concurrently authentic have not been thoroughly evaluated.

This presentation will review a project that combines analytic philosophy and quantitative science to evaluate the relationship between the authenticity of patient choices and informed consent. First, plausible definitions of authenticity will be discussed, and a one suitable for our purposes will be selected and defended. Next, an empirical research study examining the instrumental value of authenticity will be discussed. Based on these consequentialist justifications, the presenter will argue that the goal of informed consent should be to promote choices that are concurrently autonomous and authentic, while ensuring that the decision is at least autonomous. In other words, the authenticity of a choice should be considered to be an “additive” condition for valid and effective informed consent- the more authentic a choice is, the better, so long as the choice is also autonomous. Finally, a possible procedural practice to assess the authenticity of patient choices will be discussed and several anticipated criticisms regarding the implementation of such a practice will be rebutted.

RISK MANAGEMENT IN MEDICAL PRACTICE: PRINCIPLES AND APPROACHES IN ETHICS ASSESSMENT

Vlayko Vodenicharov, Kristina Popova
Medical University of Sofia, Bulgaria
vlayko_vodenicharov@abv.bg

The purpose of this presentation is to analyze the main risk management and ethical issues in contemporary medical practice. The theory and practice of risk management and ethical issues in medical practice are reviewed and summarized. The increasing complexity of health care system due to ongoing health care reform and new technological developments is making risk assessment and management more challenging and emphasizes the need to consider ethical issues in preventing professional malpractice and burn-out syndrome. Authors expressed the need to support innovative methods and tools for changing workplace practices and culture with a special interest in the people side of innovation. It is an organizational model which explicitly focuses on new methods of improving the motivation, engagement and performance of practitioners to work in a way that brings out the best in their capabilities and helps them work, perform, and live better.

TREATING TERRORISTS ON SCENE: MY PERSONAL EXPERIENCE AS A PARAMEDIC

Oren Wacht
Ben Gurion University of the Negev, Israel
orenwacht@gmail.com

While the ethical dilemmas of treating terrorists have been discussed for many years in the medical literature, most of the discussion is based on in-hospital treatment of terrorist after the initial pre-hospital treatment phase. The on-scene decision making that is required from paramedics and pre-hospital personal is rarely discussed.

In October 2015, O.W serving as a paramedic in the Israeli EMS (Magen David Adom) arrived first on scene to a terror attack in the central bus station in Beer Sheba, Israel. One fatality and 10 injured people were on scene. The most seriously injured person on scene was one of the alleged terrorists. A few hours later it was discovered that the terrorist was in fact an innocent bystander, a foreign worker from Eritrea.

O.W will discuss in his presentation the on scene dilemmas in treating terror attacks, the specifics of the event in Beer Sheba and the decisions he had to make on scene. The presentation will also overview the current guidelines for pre-hospital treatment in Israel of terrorist, and the implications of the current situation on the ethical consideration of pre-hospital personal.

THE VARIANCE OF MEDICAL ETHICS AS A RESULT OF CULTURAL DIFFERENCES

Rotem Waitzman
Israel
rotem@r-w.co.il

Ethics is a worldview through which we try to answer the question of the rules of ethical and moral behavior in our relations with others. Medical ethics is a field of philosophical and practical knowledge that constitutes an infrastructure of norms and ethical principles in the medical profession and in its realms. Medical ethics are anchored in multicultural differences that lead to different worldviews and moral behaviors that can cause communication barriers that can in turn lead to malpractice claims and even death.

Working in multicultural teams embodies various values that each person brings with him/her to the team, which challenges the joint work. It is possible that a religious medical staff member will treat a secular person, a physician with a particular religion will take care of a patient of another religion, or a therapist of one ethnic origin will take care of a patient of different ethnic origin.

This lecture will present some of the problems, challenges and dilemmas of working in medical teams and treating patients in a multi-cultural, multi-national and multi-religious environment. Emphasis will also be given to improving work and care among people of different cultures, nationalities and religions.

BIOETHICAL PERSPECTIVES ON THE INTRODUCTION OF GENETICALLY MODIFIED ORGANISMS (GMOs) IN NIGERIA

Victor Wakwe
University of Port Harcourt, Nigeria
wakwe_uniport@yahoo.com

The Universal Declaration on Bioethics and Human Rights brought out by UNESCO in 2005 provided the principles that led to global ethics. Almost all living things have been modified for different reasons. The viruses, bacteria and fungi have been used to produce different enzymes and proteins that have been useful for human nutrition and for treating illnesses. The lower mammals such as mice, rats and rabbits have been modified to simulate different disease conditions so that research could be conducted to cure such conditions. Plants have been modified to change their colour, taste, nutritional value and resistance to weeds and insects. The main controversy about GMOs in Nigeria is about their use as food crops.

Debate about GMOs have been going on in developed countries for the past forty years. It started seriously in Nigeria in the last four years. Nigeria with its growing population and displaced persons from insurgencies and attacks by herdsmen has a lot of vulnerable people who need food. Acres and acres of land are appropriated by government and multi-national companies to improve agricultural needs. International Organizations give food aid to the starving populace. The food must be GMOs. There are good and bad GMOs. Independent Scientists should sponsor research that will take an in-depth look into GMO crops. In the GMO debate, while the fate of the

people is at stake, so are ethics, credibility and integrity of scientific research.

ETHICAL ISSUES IN HIV-RELATED RESEARCH IN CHINA: AN INTERNATIONAL COLLABORATIVE AND INTERDISCIPLINARY WORKSHOP

Honghong Wang¹, Annette Ackerman², Lloyd Goldsamt³,

Sean Philpott-Jones⁴, Kaveh Khoshnood²

¹ *Central South University, China*

² *Yale University, USA*

³ *New York University, USA*

⁴ *Clarkson University, USA*

honghong_wang@hotmail.com

The ethical challenges of conducting HIV research in China have not received adequate attention in the English language scholarly literature. Moreover, the institutional capacity for ethical review of research is currently inadequate in China, particularly true with regards to review of social, behavioral and community-based research protocols. This workshop aimed at raising the knowledge and awareness of a select group of experienced Chinese HIV/AIDS researchers about ethical issues associated with their research, assisting them to identify and analyze these ethical dilemmas and writing them up as cases to be compiled in an ethics casebook. During June 13th to 17th, 2016, we conducted a 5 day, intensive, interactive scholarly workshop on ethical issues in HIV-related research in Changsha, China. Seventeen participants attended this workshop, 11 from the field of public health, 5 from nursing, and 1 from sociology. Twelve faculty from the U.S. and China with significant expertise in bioethics and particularly in ethical issues of HIV-related research were invited to give talks and organize training activities, and topics included research ethics, biomedical research ethics in China, ethical issues in HIV-related research in China, ethical issues related to marginalized population, protecting participants in HIV-related research, and so on. This workshop integrated lectures, case discussions, mock ethical review, and one-to-one monitoring on developing case manuscripts on ethical issues on HIV-related research. Participants fully attended all workshop activities and were highly satisfied with the training. Mentoring ethical case writing continued after the workshop. By the end of April, 2018, the participants developed 6 case reports on ethics related HIV research and two manuscripts being published on academic journals. Our experiences from this work show that international training on ethical issues related HIV research should integrate the local expertise and soci-cultural context, and ongoing support and mentoring, which would really benefit the participants' work in long run.

IRB PERSPECTIVES ON RISK MANAGEMENT MODEL OF NEW DRUG CLINICAL TRIALS IN CHINA

Xiaomin Wang, Xing Liu, Guoping Yang

Third Xiangya Hospital, China

xiaominwang@csu.edu.cn

New drug clinical trials play a vital role in the development of medicine and human health. Due to the interaction and influence of various complicated factors in the test process, uncertainty and risk are prevalent. During the process, serious adverse events occurred in the subjects, and even deaths occurred. The risk assessment of new drug clinical trials cannot rely solely on medical indicators. It includes a variety of indicators such as sociology, psychology, ethics and even law, and loads multi-factor value connotations. This is a complex social reality problem and also an important theoretical issue of ethical study.

All clinical trial protocols must be approved by the ethics committee. The risk assessment of the subjects is the core of the ethical review in clinical research, and the essence of ethical review should be to prevent and control risks from the perspective of protecting the rights of subjects. Therefore, based on the international risk management guidelines, and the establishment of new drug clinical trial risk grading

standards, through multi-dimensional empirical research, pioneering and innovative China's ethics committee dynamic, continuous improvement, through the risk management model of the new drug clinical trials, thereby reducing the occurrence of damage to the subject's rights and interests, improving the risk management ability of the ethics committee of China, promoting the clinical trial science of new drugs and ethically and efficiently developing in China.

ETHICS IN TOBACCO CONTROL: THE CONTINUING NEED FOR LEGAL AND POLICY INTERVENTIONS IN KENYA

Jane Wathuta, Smith Ouma

Strathmore University, Kenya

souma@strathmore.edu

This paper aims at highlighting decades of grossly unethical behavior that has undermined tobacco control measures over the years. This misconduct occurs in business, research, and other professional areas. It consists, *inter alia*, of interference with legislation to avoid, delay, block, nullify or modify it, and involves a variety of professionals in various parts of the world. Kenya has not been exempted from these trends, indicating the need for continued implementation of relevant legal and policy interventions.

The key source of data on unethical behavior is the Truth Tobacco Industry Documents library and associated research or analyses.

The modes of legal and policy intervention, that is, the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), the Tobacco Act of 2007, the Health Act of 2017, and tax laws are identified, discussed and their implementation justified.

We examine how application of the given interventions is helping or can help to curb the long-existing unethical conduct, as well as the challenges faced to date.

CONSCIOUS, ETHIC AND RESPONSIBLE SPEECH: THE CONDITION FOR SUSTAINABLE HUMANITY

Liora Weinbach

Tel Aviv University, Israel

lioraw@012.net.il

A long-term study among twelve native speakers of different languages revealed the universal power of speech for good or for bad. These multidisciplinary findings were then examined multi-culturally according to Biblical and other Traditional texts. This linguistic study revealed an existential role of speech, in addition to its role as a tool for communication. The findings disclosed two main types of speech:

1. Speech synchronized to a SEO; the highest level of all living beings. SEO speech is Rational, Harmonious and Unifying representing the outward linguistic expression of executive human brain, (specifically the frontal lobe), activity associated with a conscious state of mind and emotion to realize human wisdom intelligence and cooperation. Wisdom, values, love, and meta-cognitive abilities are then expressed to the full, insuring human sustainability.
2. Speech dissociated from SEO expresses hidden chaos. An impulsive, automatic and harmful type of speech which creates negative results. This situation explains negatively charged discourses of denunciation, incitement, slander, deviousness and fraud on the social networks alongside a distinctive difficulty to distinguish between truth and falsehood.

In this presentation, the following will be presented:

1. "Stressology" – A new meta-language.
2. The Switch my Mind Method (SMM) methodology for all ages, to reach conscious speech.
3. Experimental findings regarding the implementation of the SMM method amongst teachers, parents and children starting from the age of four.
4. Multidisciplinary, multicultural educational courses graded for all ages.
5. The UniTalk smart-phone application which gives online feedback on SEO.

6. A multidimensional speech scale to assess levels of consciousness with SEO
7. Unifying speech – the way to realize UNESCO's Universal Declaration on Bioethics and Human Rights.
8. Recommendations for interdisciplinary research: Human sustainability Synchronized with the sustainable Environmental order – SEO

BANEFUL MEDICINE: ARTISTIC RESPONSES

Andrew Weinstein
Fashion Institute of Technology, State University of New York, USA
 andrew_weinstein@fitnyc.edu

"Baneful Medicine: Artistic Responses" focuses on art I have curated in exhibitions on the history and future of medical ethics for the Center for Medicine after the Holocaust (2016: Holocaust Memorial Center -- Budapest, Museum of the History of Medicine in Ukraine -- Kiev, and the National Technical Museum -- Prague; 2018: The Cooper Union for the Advancement of Science and Art -- New York; 2019: John Jay College of Criminal Justice -- New York).

Through a survey of this art, my paper recognizes a common denominator shared by Nazi medicine, American medical experiments on enslaved or uninformed African Americans, and governmental and corporate medical experiments worldwide since World War II: a way of thinking from the Enlightenment that positions scientists as authorities disinterestedly focused on pursuing narrow research questions. Despite having led to great discoveries, this way of thinking can also foster arrogance, emotional disengagement and ethical error. The artists explore the sources and consequences of this mindset in the past and also the future, as society faces unprecedented challenges from bioengineering.

Alongside scholars Margrit Shildrick and Joanna Zylińska, several artists promote a deceptively simple antidote: that biomedical researchers embrace responsibility (and even cultivate love) for the lives, human and non-human, which they work with and create.

With imaginative distillations that can chill and haunt, affecting viewers on a visceral and often a personal level that rational arguments alone cannot reach, artworks have a thoughtful role to play in sensitizing the public to ethical concerns that challenge societal norms.

VALUES – ESSENTIAL INFRASTRUCTURE IN ORGANIZATIONS ETHICAL CODE

Yossi Weiss, Iris Sellam, Royi Barnea
Assuta Medical Centers, Israel
 yossi@assuta.co.il

Introduction: The organization values are an important ingredient in any ethical code as they influence the ethical choices and decisions that occur in the organization. The core ideology of the organization is composed of core values and constitutes the purpose for which it exists. These values are well established and no external justification is required for their choice.

Aim: To characterize leading values as a basis for building a unified ethical code in the Assuta Medical Centers Network.

Methods: The hospital's values evaluation was performed by: 1. Discussion through a multi-disciplinary committee. 2. Literature review for ethical codes of medical centers in Israel and abroad. 3. Holding a workshop composed of 116 workers. 4. Organizational survey of 602 employees. 5. Interviews with 12 senior managers within the organization.

Results: These selected values are an integrative product of all of the above activities: Giving unique health experience. Compassion and humanism. Patient's centeredness. Leadership and excellence as a way of life. Integrity, fairness and transparency. Success through partnership.

Conclusions:

1. The process for selecting authentic shared values is essential for establishing the ethical code.

2. Leadership commitment, recruiting employees for active involvement and professionalism education activities are required for implementation of an ethical code.

A MARKET OF PROMISE AND HOPE – ETHICAL AND BIOMEDICAL PERSPECTIVES ON ASSISTED HUMAN REPRODUCTION AS A PLATFORM FOR NEW TECHNOLOGIES

Gabriele Werner-Felmayer
Medical University Innsbruck, Austria
 gabriele.werner-felmayer@i-med.ac.at

Assisted reproductive technologies have developed into a thriving field of innovation and rapid translation from the bench into clinics. Expansion of boundaries with regard to invasiveness and riskiness of procedures, an increasing involvement of third parties as well as the identification of new target groups turn the field into a rapidly growing segment of the health market. Moreover, new technologies spur this market of promise and hope. These are directed towards fulfilling the wish for a child as well as for 'new treatments'. In the latter context, promise and hope are not only aiming for correcting genomes in order to avoid inheritable diseases or to improve in vitro fertilization success rates but also for 'enhancement' of humankind itself by 'improving' and 'speeding up' evolution. In my presentation, I will explore the current landscape of new technologies targeted at human reproduction through the ethical and biomedical lenses. This exploration reveals that narratives to justify crossing red lines that were non-negotiable until recently, e.g. to not alter the human germline, rely on 'old-fashioned' but well-tried trajectories to convince 'the public' as they reproduce promises (e.g. a 'cure' from a dreadful disease), hopes (e.g. 'saving health funds' by 'reducing disease burden on society' or 'eradicating risk' for certain diseases) and fears (e.g. endless suffering if technology will not be allowed to proceed and save us). As I will exemplify, these trajectories often use ambiguous scientific concepts and ignore the obvious lack of profound research regarding outcomes of manipulating gametes, embryos and women's bodies. This is a serious challenge for good scientific and medical practice in many ways, a situation critically exacerbated by an increasing market and profit orientation of biomedicine. In terms of ethics, several principles are violated, e.g. consent cannot be informed as the outcome of further developing germline-altering technology or of increasingly involving third parties in medically assisted reproduction are hard to predict and systematic research is still scarce. I will, however, provide a review of some of the current evidence that indicates an urgent need for more critical research and less speed in this field of innovation.

SUCKING THE CIRCUMCISION BLOOD (METZITZA): JEWISH LAW AND MODERN MEDICINE IN THE LAST TWO CENTURIES

Melech Westreich¹, Roi Westreich²
¹ *Tel-Aviv University School of Law, Israel*
² *Soroka Medical Center, Israel*
 westreic@gmail.com

The lecture focuses on the question whether to continue the age-old custom of sucking the circumcision blood (metzitza) by the circumciser (mohel). The duty to circumcise is one of the mitzvot (commandments) of the Torah. The rite of circumcision includes three parts: cutting the foreskin, removing the skin from the crown, and sucking out the blood. The custom that spread among Jewish communities was to perform the sucking by mouth.

Sucking of the blood is one of the first topics on which Halakha conflicts with medicine in the modern era. Controversy about this issue raged already at the beginning of the 19th century and continues to this day among halakhic sages and within the Jewish communities. We find various approaches, from unconditional acceptance of the tenets of modern medicine to their complete rejection, (including a

challenge to the value of modern medicine altogether), and a wide range of opinions in between.

In our lecture, we analyze the various approaches, characterize them, place them within a halakhic structure, and explore the connections of the halakhic approaches to the intellectual biographies of the various sages and to the historical context. The sages in the German-speaking countries and especially in Hungary responded to the new challenge in an extreme way, mainly by rejecting demands to make changes in the common custom. Polish sages, most of whom belonged to the Hasidic movement, and some Sephardic sages in the Land of Israel and in Egypt also refused to change the old custom. The response of Lithuanian rabbis differed in important ways, including the interpretation of the binding sources, the formulation of the halakhic foundation, the willingness to change deeply rooted customs, the attitude toward modern medicine, and the taking into consideration of the threats of secularization and religious reform. The Rabies of Morocco followed a unique course. They legislated a general enactment, and imposed it on the entire community, to perform the sucking by means of a tube and not by mouth. We conclude the lecture by examining the current position adopted recently by the official Rabbinate of the State of Israel.

HUMAN-ANIMAL COMPOSITE CREATURE RESEARCH – NECESSARY REGULATORY REFORMS

Lenke Wettlaufer
Berlin Court of Appeal, Germany
lenke.wettlaufer@outlook.de

Human neural progenitor cells are transplanted into primate brains in order to develop therapies for Parkinson and the Huntington disease; genetically “humanised” animals are meant to serve as future organ donors, born with the patient-specific organ in need: Human-animal composite creature research is vastly progressing and no theoretical concern. Regulations are based on the premise that humans and animals are two different entities: all western legal systems centre human beings; animals do not possess subjective rights. Given this distinction, chimeras and hybrids, being both human and animal, can be regarded a threat to the established order. Various European ethics committees accordingly stress that the red line must be drawn where manipulation engenders “human-like” behaviour in animals and respectively “animal-like” behavior in humans. Binding international law does not exist. In Kantian-based legal systems, like Switzerland, the prohibitions are mostly meant to protect human dignity. In Utilitarian-based systems, like the United Kingdom, prohibitions are the result of a consideration of available information and foreseeable consequences. These national norms are however insufficient and partly even contradictory. I will therefore argue for specific international and national regulatory reforms.

BLOOD TRANSFUSION REFUSAL AS A PARADIGM FOR PATIENT AUTONOMY

B. Paul White, The Northern Westchester Hospital Ethics Committee
Northern Westchester Hospital, USA
bwhite12@northwell.edu

Transfusion refusal by adults for religious reasons, primarily among Jehovah's Witnesses, has become widely accepted in the United States. Bloodless medicine and surgery programs have shown that with proper preparation almost all elective procedures can be performed with comparable safety to procedures where transfusions are permitted. There are still many physicians who are not comfortable with this and there is evidence in the international literature that there is resistance to, and sometimes organized opposition to, this particular example of patient autonomy. We will discuss the religious, ethical and medical background of transfusion refusal and the effect it has had on transfusion practices as well as the many positive effects that this has had on patient care.

THE USE OF SURROGACY CONTRACTS AND COMMERCIAL AGREEMENTS: COMPARING LAW, PRACTICE AND PUBLIC PERCEPTIONS

Debra Wilson
University of Canterbury, New Zealand
debra.wilson@canterbury.ac.nz

In New Zealand, the Human Assisted Reproductive Technology Act 2004 states that surrogacy contracts are ‘not illegal, but not enforceable’. Despite this approach, a recent empirical study indicates that 60% of lawyers advising on surrogacy recommend that their clients enter such an agreement (including lawyers who do not believe the contract should be enforceable if conflict arises between the parties). The Act further prohibits the payment of any money (including reasonable expenses) to the surrogate, on the basis that at the time of drafting the law ‘everyone’ in New Zealand agreed that commercial surrogacy was abhorrent. Again, a recent empirical study suggests that less than 10% of New Zealanders may now hold this opinion.

This paper will begin by discussing the legal and theoretical justifications for the enactment of these two provisions. It will then discuss the author’s recent empirical work relating to the current practice of lawyers in advising clients in relation to surrogacy, and to public perceptions of surrogacy, in New Zealand. This combination of theory and reality will inform a discussion as to whether the law has fallen out of step with the perceptions of today’s society, or whether what seems like a difference between law and reality might actually have an alternative, rational, explanation.

TRANS* HEALTH AFTER THE WHO’S DEPATHOLOGIZATION: IMPLICATIONS OF THE PREVENTION ARGUMENT FROM AN ETHICAL PERSPECTIVE

Mathias Wirth
University of Bern, Switzerland
mathias.wirth@theol.unibe.ch

This year, the World Health Organization (WHO) removed transsexuality from its International Classification of Diseases (ICD-11) after interdisciplinary consultations. It was no longer justifiable to label being trans* as a disorder for medical-ethical and particularly for psychiatric reasons. This depathologization was also discussed prior to the WHO’s decision by those affected. However, as a side-effect of this step intended to reduce discrimination, there exist concerns about covering costs after the depathologization of being trans*. If transsexuality is no longer considered an illness, there can be no diagnosis and thus no grounds for reimbursing some of the costs of therapies such as hormone treatment or sex reassignment surgery. In this context, an argument for prevention has been established that emphasizes the vulnerability of trans* individuals. Most commonly, the higher incidence of suicidal tendencies in trans* people is pointed out, as is the case in Alex Dubov and Liana Fraenkel’s recent article on facial feminization surgery in the *American Journal of Bioethics* (AJOB); according to which feminization surgery should not be categorized as cosmetic, but rather as a medical intervention necessary for suicide prevention.

This study seeks to critically examine this rationalization, since the argument of suicide prevention alone does not give the trans* phenomenon due respect. In this thinking it does not suffice that trans* individuals do seek medical assistance. The depathologization of transgender and the ongoing importance of medicine for trans* people raise the medical-ethical question: which criteria, besides the standard condition of being ill, justify medical interventions? Here, parallels to the enhancement debate are evident. The example of trans* individuals discussed here shows that if medicine wishes to pursue an ethic of recognition and respect, certain issues that are not categorized as pathological conditions should not be dismissed. Specifically, it shall be examined whether using medical-ethical relevant criteria (e.g. freedom from suffering, dignity, respect) can

uncover profound alternatives to the suicide prevention argument in the debate on trans* health. It is also about better coping with the WHO's decision for depathologization, as the concept of prevention also faces the problem of notoriously indicating vulnerabilities and the predisposition towards becoming ill.

CONTRIBUTION OF THE AGGRIEVED PARTY AND IMPROPERLY PERFORMED MEDICAL PRACTICE IN POLISH AND AMERICAN MEDICAL LAW – ADMINISTRATIVE AND CIVIL LIABILITY

Weronika Wojturska, Paweł Wajda
University of Warsaw, Poland
wwojturska@op.pl

The presentation reveals results of author's legal analysis of a comparative and interdisciplinary nature. Legal constructions such as the contribution of the injured patient and professional negligence of doctors were considered. It is important to consider not only the evaluation of determinants assessing the behavior of the victim in the context of contributing to the injury, but also the enforceability of medical liability for a medical doctor who, while practicing medicine, is obliged to maintain a higher degree of diligence based on an objective criterion. Both issues in the context of the exercise of the right to health constitute a link to causing damage, entailing both administrative and civil liability. The author undertook a legal analysis of the problem of mending the compensation due to the patient from the doctor or the therapeutic entity depending on the contribution to the victim, and the degree of medical negligence. The legal assessment will be based on a comparative analysis of solutions adopted by the Polish legislator in the scope of the institution's mechanism of applying the contribution of art. 362 of the Civil Code in comparison with the American system based on the theory of contributory negligence and comparative negligence systems. According to the author, the achievements of Polish doctrine and jurisprudence in comparison with the legitimacy of presented solutions by the American legislature, allow to see the correlation between two different legal regimes and the ability to imply appropriate elements that contribute to the concept of the victim's contribution in a transparent manner.

THE MEDIATING ROLE OF COPING STYLE: ASSOCIATIONS BETWEEN INTIMATE PARTNER VIOLENCE AND SUICIDE RISKS AMONG CHINESE WIVES OF MEN WHO HAVE SEX WITH MEN

Weizi Wu, Xianhong Li
Central South University, China
177812041@csu.edu.cn

Background: The wives of men who have sex with men (MSM), known as "Tongqi" in China, has increasingly attracted public attention due to their potential risks for Sexually Transmitted infections (STI) and HIV. However, few studies have explored intimate partner violence (IPV), IPV's association with suicide ideation and attempts, or the mediating effect of coping style on these associations among Tongqi in China. The objective of this study was to describe the relationship between IPV, coping style and suicide risks (ideation/attempts) among Tongqi in China.

Methods: A cross-sectional online survey was conducted in China from February 2016 to February 2017. A questionnaire which consisted of the Revised Conflict Tactics Scales(CTS-2S), the Simplified Coping Style Questionnaire(SCSQ), the Beck Scale for Suicide Ideation and reports of suicide attempts was completed by 178 Chinese Tongqi. Correlations and Bootstrap tests were performed to determine the mediating role of coping styles on the association between IPV and suicide risks.

Results: The median IPV score was 14 (range 0-50), with the domain of negotiation ranking highest. The mean coping style score was (0.37±0.73); 61.2% women had ever had suicide ideation, and 11.8%

women had ever attempted suicide. IPV was significantly correlated with suicide ideation ($r_s=0.188$, $P<0.01$) and the number of suicide attempts ($r_s=0.294$, $P<0.001$). Participants with a negative coping style tended to have higher suicide ideation ($r_s=-0.394$, $P<0.01$) and suicide attempt ($r_s=-0.215$, $P<0.01$). Coping style had a full mediating effect on the association between IPV and suicide ideation, and a partial mediating effect on suicide attempt.

Conclusion: Chinese Tongqi experienced high level of IPV and suicide risks (ideation/attempts). IPV contributed to the suicide risks for Chinese Tongqi, but these associations were mediated by coping style. Therefore, interventions to improve the mental health and prevent suicide risks for Chinese Tongqi should focus on helping them developing a positive coping style.

A REALISTIC ETHICAL IDEAL OF NON-HUMAN ANIMAL USE IN SCIENCE (AN ATTEMPT TO DEFINE)

Joanna Wysocka-Andrusiewicz
Uniwersytet Warszawski – University of Warsaw, Poland
joanna.andrusiewicz@gmail.com

The question of animal use in science brings a lot of emotions, whether discussion takes place in social media, television or in Academia. We can hear opponents of animal experiments calling researchers who conduct them "cruel" or "sadistic" and animal experiments' supporters claiming that their opponents tend to choose animals over humans or that all "true" scientists support their position (otherwise they cannot call themselves scientists).

There are also few misunderstandings and misconceptions concerning concepts like "necessity", "vivisection" or "euthanasia" which seem to be crucial in bioethical debate on non-human animal use in science.

Among philosophers and bioethicists supporting animal rights (or animal interests) we can find very different approaches to animal experiments. Some of them try to list criteria which will allow to draw the line between those animals which deserve our moral concern and those which do not, or to define those which not only deserve our moral concern but also have some basic moral rights and valid moral claims against us. Although all of them claim that non-human animal do matter, the standpoint of Peter Singer is very different from Tom Regan's point of view and none of them would agree with Gary L. Francione.

When talking about animal use in science – which criteria could (and should?) be taken into consideration and is there even a chance for agreement?

This presentation is related to author's talk on 31st Conference of the European Society for Philosophy of Medicine and Health Care (Belgrad, Serbia). It has been revised and - unlike the previous talk - it is focused mostly on the author's attempt itself, not the philosophical background.

THE PATH OF SOCIAL SECURITY AND SUPPORT SYSTEM FOR HOSPICE CARE IN THE ELDERLY

Wang Xingming¹, Liao Cheng²
¹ Binzhou Medical University, China
² China
13605356016@163.com

Under the background of aging, there are some problems in the social security and system construction of hospice care for the elderly, such as the imperfection of the current medical insurance system and the difficulty in raising funds; the number of hospice care institutions is small, the scale is small, the number of employees is small, the lack of industry standards; the lack of social support resources; the weakening of family support function in informal support. And so on. The main reasons are that governments at all levels and their departments do not attach enough importance to it, lack of system guarantee, lack of overall understanding and knowledge of hospice care; to solve the problem fundamentally, the government should strengthen the top-level design, explore the social security path of hospice care for the elderly from the policy and system; and

strengthen hospice care. Propaganda to promote the universal education of life and death.

MEDICAL GENOCIDE: HIDDEN MASS MURDER IN CHINA'S ORGAN TRANSPLANT INDUSTRY

Israella Yablonka
Israel
elaya@zahav.net.il

This lecture places a spotlight on continues transplant abuse in China. On doctors who harvest organs from living and healthy people imprisoned in camps or prisons.

In most cases the victims are prisoners of conscience or spiritual believers whose only crime is their faith. That in and of itself is a gross violation of human rights in China.

China now performs the most organ transplants in the world yet has few voluntary donors. While the government has admitted to harvesting organs from death row prisoners, they account for a tiny fraction of transplants performed in the country.

"Medical Genocide: Hidden Mass Murder in China's Organ Transplant Industry" documentary which will be screened, is the result of a research that lasted for over a decade and uncovers the true source of these organs: an ongoing crime against humanity with an estimated tens of thousands of innocent victims each year.

This investigation film gives voice to the pleas of those who have no voice.

How people's bodies have become a source of income; an industry that earns millions when human beings, and their organs, are treated as raw material.

Hard to believe how doctors became murderers and why we close our eyes.

ACCESS TO REIMBURSED DRUGS IN CASE OF DRUG SHORTAGES – THE REGULATOR'S DILEMMA

Zohar Yahalom¹, Segev Shani²
¹ HFN Law Offices, Israel
² Ben Gurion University, Israel
yahalomz@hfn.co.il

Drug shortages pose a significant global health problem which presents challenges to almost all countries. Shortages of reimbursed pharmaceuticals, in both developing and developed countries may have a detrimental impact on public health and patients' wellbeing by causing disruption, delay or even lack of treatment. The consequences of drug shortages may include deterioration in patient's disease state, the need to change the treatment and may increase the public expenditure for pharmaceuticals.

Analysis of the root cause of shortages reveals that most are caused by quality issues in the supply chain of the products and non-conformance with Good Manufacturing Practices requirements, ranging from substandard raw materials, improper shipping and distribution conditions, products not meeting their specifications, etc.

Regulators worldwide are exploring steps to be taken in order to prevent and mitigate drug shortages. One of the common actions taken by regulators was to implement a mandatory process of early notification of the shortage by the Marketing Authorization Holder.

Upon receipt of a notification of a shortage, the regulator needs to assess the situation and evaluate whether there are existing treatment alternatives in the market. If no alternatives exist, then the regulator faces a dilemma – it has to assess the severity of the defect or non-conformance of the product versus the risk to the patients not having access to their current treatment. Based on this assessment, the regulator has to decide whether to enable the use of a product which does meet certain regulatory requirements in order to assure continuous medical treatment.

BETWEEN THE INDIVIDUAL AND THE FAMILY: THE FAMILY'S PLACE IN MAKING DECISIONS AT THE END OF LIFE

Gila Yakov¹, Tali Samson²
¹ Yizreel Valley College and the Technion – Israel Institute of Technology, Israel
² Ben-Gurion University of the Negev, Israel
gilayvc@gmail.com

In recent years, there is a trend of shifting the end of life palliative care to community setting. This trend reflects both patients' preference to die in their homes, and institutional preference.

In Israel, despite the process of shifting the actual place of death to the patient's home, where the primary care giver is a family member, the family members have no legal status in the process of end of life decision making process. The prevailing approach grants autonomy of the patient and enables him to make decisions related to his body and allows him to share or prevent the participation of his family members in the process.

Although the natural expectation, that family members will know the preferences of their members at the end of their life, research findings reveals low degree of congruence between patient preferences and family preferences among families that were required to make medical decisions at end-of-life situations. This reality arises many ethical dilemmas with which professionals are forced to face.

The current lecture will present a theoretical review alongside, a presentation of various models for dealing with ethical issues. We will emphasize the importance of the transition from a patient focused decision-making, to a more comprehensive model, which views the individual as part of a family system, and therefore takes into consideration all the factors related to coping.

IMPLEMENTING OF EDUCATION IN BIOETHICS AT CONTEMPORARY SCHOOLS IN BULGARIA

Antoniya Yanakieva, Alexandrina Vodenitcharova, Kristina Popova
Medical University – Sofia, Bulgaria
antoniya.yanakieva@gmail.com

The aim of the project is to assist and initiate bioethics training of kids and teenagers on the basis of ethical principles from the Universal Declaration on Bioethics of UNESCO. The project puts into practice the methodology and the First pilot program of the European Center of Bioethics, Italian Unit of the Department on bioethics of UNESCO.

A course was carried out for education of teachers in different age groups /children from 3 to 18 years/ in Sofia schools and academic teachers in the Faculty of Public Health with main methods – lectures, seminars, analyses of publications and cases, simulation games, round table and work in small groups. Books and professional advice were placed at teachers' disposal.

Teachers that successfully passed over the course got certificates as a guarantee for the acquired knowledge and skills necessary for their professional work as teachers on Bioethics in Bulgarian educational system.

We made a study of teachers' opinion and suggestions for the implementation of a syllabus for bioethics education in the schools and the needed teaching aids.

Respondents specify as the utmost benefit of education that students will study the methods for applying the bioethical principles, the active participation in debates and decision making /80%/. Two thirds of respondents consider it necessary to implement bioethics education and one third point at the presence of different difficulties for the implementation of education. 60% of teachers indicate that the bioethics program is appropriate for all children up to 18 years. One fifth of the participants point the age from 7 to 14 years as the most suitable for the bioethics education.

All teachers consider the course as helping their teaching, giving fresh direction of their work and express a desire to continue their education on bioethics.

The introduction of bioethics training will have a positive impact on expanding and enhancing the knowledge of pupils in Bulgaria as they

will be able to establish better self assessment values and society based values.

UTERUS TRANSPLANTS: HAZARDS, BENEFITS, UNIQUE CHARACTERISTICS AND COMPLICATIONS

Simona Zaami
University of Rome "Sapienza", Italy
simona.zaami@tiscali.it

Organ transplantation has made giant strides from the standpoints of surgical techniques and anti-rejection therapies, but uterus transplant presents unique traits, in that its stated goal is to keep uterine functions intact in order to achieve pregnancy and successful childbearing. Uterine transplant falls within the realm of clinical as well as therapeutic research, since women who undergo it hoping for the opportunity to go forward with their pregnancies, thus benefiting from the procedure on a personal level. However, uterine transplant offers only minimal chances to attain pregnancy, although it entails substantial risks, which make necessary further preclinical studies and trials on animals.

Several complications are common to all surgical procedures, such as postoperative bleeding, infections possibly resulting in death or in the need for organ removal or further surgery. Immunosuppressive therapy hinders the treatment of infections and tissue healing, due to the overall weakening of the immunosystem. Further complications of various nature may ensue (pulmonary embolism, heart failure, fibrillation, pleural effusion. In the long term, there is an increased risk of cancer, kidney damage, high blood pressure etc... Uterine artery occlusion has been recorded as well, which leads to the loss of the transplanted organ. Organ transplantation is usually deemed ethically acceptable when it is aimed at enabling patients to survive, (heart transplants are emblematic in that regard), thus it is somewhat contentious to resort to the transplant of organs that are not life, even more so in light of the low likelihood of a successful outcome. Uterus transplantation entails multiple issues that need to be thoroughly addressed before it can be viewed as standard clinical practice. There is therefore a pressing need for a careful assessment of the risk-benefit ratio, and a reflection on whether the wish to achieve motherhood may warrant the risks that are inherent in this procedure, for both the mother and the fetus.

THE STATE OF PSYCHOLOGICAL SERVICE DELIVERY TO THE COURT IN ISRAEL

Moshe Zaki
Israel
Pr.M.Zaki@gmail.com

In Israel, service delivery to the Court consists of two main interventions: Assessment and Treatment.

Instruments used to assess psychopathology, intelligence, personality and academic achievement – lack reliability and validity for forensic assessment – in that they do not assess a focus on specific legal standards. In Israel, forensic assessment models have been developed and published in order to adjust psychological tests to forensic settings for example: The model for Psychological Evaluation of Parental Competence, Child Custody Evaluation, The model for evaluation of Criminal responsibility of mental retarded...

In Israel as well as in the United States, the absence of a clear treatment emphasis within the forensic psychology specialty area is significant. In contrast to forensic psychological assessment, in which developments have occurred at a rapid pace, less research or training programs devoted to treating forensic population involved with the legal system. Our Department has adopted techniques such as focused psychotherapy and the eclectic approach as effective in forensic psychology treatments: In coping with recidivism, domestic violence, parental incompetence rehabilitation...

The Practice Standards of the Ethical Code of IPA contribute to these interventions in ethical level.

HUMANITARIAN AID – NEW SET-UP AND NEW CHALLENGES

Salman Zarka
Ziv Medical Center, Israel
menahel.ziv@ziv.health.gov.il

After the Second World War and the collective trauma it caused to the Countries of Europe, many organizations were established, both religious and otherwise, dealing with the giving of humanitarian aid. The deeper understanding of responsibility, of new values that solidified themselves in modern society - all these have to an increase wishing to contribute to humanitarian efforts. Nevertheless, there is no doubt that the field requires regulation, and it was in 1949 in Geneva where that process began taking shape.

The principles of humanity, neutrality, impartiality and independence are grounded in international humanitarian law and were ratified by the Geneva Conventions of 1949. In 1997, the Geneva-based Sphere Project established basic standards for the provision of humanitarian medical aid, while focusing primarily on the right to life with dignity.

Usually, humanitarian aid was given at the disaster sites. Neighboring (and not quite as neighboring) countries would send teams to the site, a temporary facility would be built within hours and aid was given to the people coming to seek it. Once aid was given the facilities would be removed, the teams would leave and the operation would be concluded. This kind of humanitarian aid setup is still relevant especially for providing medical and humanitarian support to the people at the site of the disaster. But it is apparently that by the 21st century, new challenges and complexity have been emerged even to this apparently simple procedure - borders were breached and refugees arrive not only to neighboring countries, but to Europe as well and even as far as North America (The Syrian conflict). The leaderships of the countries receiving refugees undoubtedly have several questions concerning proper care of the sudden influx of people in need at their doorstep.

Are we prepared for the changes such a conversation might bring? Can the standards and principles of the Geneva Convention give answers to the questions we struggle with in the 21st century or should they be refitted for modern circumstances? This subject should be discussed while considering the thousands of Syrians receiving medical treatment in Israel.

MEDICAL PLURALISM: THE CASE OF 'ALTERNATIVE MEDICINE'

Jakub Zawila-Niedzwiecki
University of Warsaw, Poland
j.zawila-niedzwiecki@uw.edu.pl

The world is conceptualised in various ways depending on the cultural and social background of any single person. Just as persons are worthy of respect, their views demand respect as well. Nowhere is this more pronounced than in the context of healthcare. The movement to be inclusive towards alternatives to the so-called 'western medicine' is one of the results of such respect. This can be seen in selected national healthcare systems, as well as some WHO documents that have been mentioning 'traditional medicines', 'Complementary and Alternative Medicine' (CAM) and 'ethnic medicines' for some time now. One can point even to the Art. 24 of the UN Declaration on the Rights of Indigenous Peoples where the idea of respect for 'traditional' medicine has one of its normative roots. Proponents of such approach coined the term 'integrative medicine' to name their efforts towards inclusivity.

This raises multiple questions for philosophers, physicians and bioethicists. The presentation will concentrate on the question whether all medical practices are equal and how these varied practices can be viewed in respect to the bioethical notions of beneficence, justice and autonomy. To arrive at an ethical analysis, I will look both at the philosophy of science behind modern medicine and the methodology of evidence-based medicine (EBM), as well as the historical and conceptual roots of the aforementioned 'alternative' healing practices. I will employ the notion of science-based medicine

(SBM) as used by Novella, Gorski and others, to provide a clear division between various practices, while remaining respectful of different cultures, viewpoints and notions of healthcare practice. The final goal is to provide an ethical framework to guide individual healthcare practitioners as well as regulators and lawmakers with acknowledgement of varied beliefs regarding healthcare.

EUTHANASIA AND PSYCHIATRIST'S ASSISTANCE – THE CHALLENGE OF ETHICAL PRINCIPLES

Miftar Zenelaj¹, Terry Bard²

¹ *Hospital and University Clinical Service of Kosovo, Kosovo*

² *Harvard Medical School, USA*

m_zenelaj@hotmail.com

Euthanasia has been defined as "inflicting a painless and easy death to a patient from an incurable disease or an irreversible comatose". Euthanasia and psychiatric evaluation concerning a willful desire for suicidal condition (DEATH), conscious request of a patient to end life in order to stop the suffering represents one of the most important ethical dilemmas in last decade.

A critical issue for psychiatry has been raised regarding the "assistance of a psychiatrist in the suicide" (PAS), with the justification of advising patients or their family members in case the patient is in a comatose state.

Compulsory psychiatric evaluation – Medical Assistance to Suicide (PAS), in these cases, a psychiatrist is expecting to conduct an evaluation of patient's decision-making abilities. The ethical dilemma rests in the fact that the role of a psychiatrist in such a situation is to provide assistance in preventing and opposing the suicide and change his/her role from a therapist to the role of a mediator to alleviate the suicide in patients who have lost all hope.

The situation, such a dilemma, is a curse for a psychiatrist. A psychiatrist should pull out of the position of the mediator between the patient, the family and the medical staff.

The compulsory psychiatric evaluation puts a psychiatrist in a problematic position.

UNIQUENESS OF CROATIAN ETHICAL CONCERNS IN ORGAN TRANSPLANTATION

Lada Zibar

University Hospital Osijek and University Josip Juraj Strossmayer Osijek, Croatia

ladazibar@gmail.com

Croatian ethical uniqueness in organ transplantation (TX) originates from the excellent success in the field and an outstanding relevant legislation. The most frequent ethical problems in TX worldwide, such as organ shortage, donation, allocation and distributive justice, are not of major concern in Croatia. Other issues have been recognized that raised certain ethical concerns: lack of knowledge of the opt-out law of organ donation after brain death, lack of agreement of this law with the Codex of Medical Ethics and Deontology regarding the family permission for organ donation after brain death, and insufficient recruitment of patients that are candidates for TX. Although these issues are viewed as „sweet worries“, further steps to correct them are needed.

BIOETHICS AND THE UNITED NATIONS: WHY THE U.S. SHOULD RATIFY THE CONVENTION ON THE RIGHTS OF THE CHILD

Susan Zinner

Indiana University Northwest, USA

szinner@iun.edu

The United States remains the only country which has not ratified the United Nations Convention on the Rights of the Child (CRC). I believe

that the United States should stand with the rest of the world in acknowledging that children deserve, at a minimum, such basic rights as survival and development (Article 6), parental care and nonseparation (Article 9), education (Article 28) and protection from sexual exploitation (Article 34). Conservatives have traditionally argued, however, that passage of the CRC could limit parental involvement, capital punishment, corporal punishment and increase the number of abortions sought by minors.

I would argue that the overall advantages provided to children and their families by the CRC outweigh any possible disadvantages. In particular, Article 24 mandates "the highest attainable standard of health," while Article 12 acknowledges that the child "has a right to express these views freely in all matters affecting the child." While Article 12 applies to legal actions, some medical encounters do result in legal action. Given this possibility, providers may wish to consider adoption of this standard in medical encounters. Furthermore, Article 5 notes that the "evolving capacities of the child" must be respected. Taken together, these three articles may allow those under the age of 18 in the United States to be accorded greater respect in all medical encounters and possibly be granted the power to overrule decisions by parents and guardians, especially in situations involving serious illness or end-of-life decision-making.

If the CRC were to become law in the United States, the Senate has the freedom to determine the method of implementing the legislation concerning how the ratifying nation interprets specific provisions of the treaty. Therefore, those provisions that provoke concern among conservative legislators could be clarified. For instance, the United States could choose to remain neutral on some of the more controversial provisions of the CRC.

In conclusion, I would appreciate the opportunity to offer several arguments supporting passage of the CRC by the United States and its potential positive impact on transparency in pediatric patient encounters. These include increased respect for the minor who has developed cognitive skills more akin to those of adult patients and the likelihood of improved health.

DIFFERENT ASPECTS OF SURROGACY

Jehan Zoabi

Emek Medical Center, Israel

shams1@walla.co.il

Every young couple has one dream: Getting married, building a family, and bringing children to the world. Life does not always allow fulfillment of all desires and dreams. Thus, sometimes couples has no other choice but turning to the last possibility of fulfilling the dream, which is surrogacy.

Surrogacy seems to be a gift for any couple who dream about parenting and have not managed to have a child. What is special its biological and genetical aspects.

It is impossible to ignore the different aspects of the subject. There is a religious, cultural aspect that cannot be accepted in every religion, and not every religion is happy with surrogacy: For example, in the Islamic religion According to Aramesh, (2009). There are departments between the Sunnis and the Shiites, who do not allow women to be surrogate mothers because of the insertion of a man's sperm into the uterus of an unmarried woman. However, most Shiite scholars have fatwas?? that allow surrogacy in infertility. The economic aspects as surrogacy has an immense economic expense and high fees are required for the surrogate mother: During pregnancy procedures and as a wage for her pregnancy and painful birth process. There are also moral and legal ethical aspects related to surrogacy, which are of great significance in an important process of giving new life to desperate people, In the circumstances, one must also think about the consequences of the subject and there is need accompanied advice by legal-medical-social advisors from beginning to end. It is important to examine readiness for the surrogacy of the mother and the intended family.

It is therefore important to examine and understand the various aspects of this review regarding surrogacy.

RACISM AND ANTISEMITISM TODAY THROUGH THE WEB

Riccardo Zoia, Isabella Merzagora, Alberto Blandino
University of Milan, Italy
 riccardo.zoia@unimi.it

One of the most disturbing questions that arises after the Shoah is: "Could these things happen again?"

Some episodes that have recently occurred in Italy have led to the fear of a resurgence of racism and anti-Semitism; concerns also denounced by the latest Amnesty International Report, which expressed the same worries also for other countries, not just the European ones.

Today that communication is largely effectuated through the web, we decided to analyze the messages with racist and anti-Semitic content that appeared on the main social networks. With regard to anti-Semitism, this survey was carried out by the Anti-Semitism Observatory of the Center for Contemporary Jewish Documentation, and did not limit itself to social media networks.

Regarding the racism, hundreds of messages of web's users have been collected during crime news episodes of particular interest: messages were then evaluated through a sentiment analysis.

Evaluating scientific literature, the authors analyzed this documentation, expressing hypotheses on the possibility of a resumption of racism and ethnocentrism.

MAY WE MAKE THE WORLD? GENE DRIVE AND THE ETHICS OF VECTOR CONTROL

Laurie Zoloth
University of Chicago, USA
 lzoloth@uchicago.edu

Malaria has proven one of humanities most difficult foes. Globally, malaria, with 200 million cases and 627,000 deaths annually – about a 1000 people a day. The burden of malaria is most fully born by the very poorest and most marginalized populations on the planet, areas that are also sites of ecological decline, war, lack of stable education or any sort of civil services. Children under the age of five are at particular risk of the worse aspects of the illness, including encephalopathy and death. Sub-Saharan Africa has the most intractable problem, with areas of resistant disease and the most deadly forms of the plasmodium parasite. Further malaria largely occurs in remote regions where health care in general is hard to access making the death toll higher. In the 1950's mass DDT campaigns came close to eliminating malaria in most areas, but were stopped when Rachel Carson and others raised alarms about the environmental effects of DDT. Bed nets have been widely distributed, and nets have reduced the exposure rate, but the nets need constant replacement, and are temptingly useful as fishing or hunting tools. And the parasite quickly adapts and become resistant to drugs that treat the disease. The current drug, Artemisin, now produced

synthetically, will become useless in the same way quinine did—and even a single dose, radical cure, which be useful, is not enough to eliminate malaria. Next generation insecticides, and vaccines only have a relatively incomplete impact on transmission—about 60%. To really end malaria, new technologies are needed. So far, the most interesting one is a genetic control method called a "gene drive." Replicating a naturally occurring reproductive phenomena, scientists genetically modify mosquitos to shift the sex ratio so that fewer females are born, reducing the biting rate which reduces transmission. Against the enormity of benefit that eliminating deaths from malaria would bring should this be successful, there are questions that can be raised about possible harms. These range from the possibility of unintended consequences when a species is eliminated from an ecological niche to the cultural and religious concerns about a technology so powerful it can interfere with the reproductive cycle. This paper delineates and analyses the competing ethical concerns that attend to this technology.

PREIMPLANTATION GENETIC DIAGNOSIS FOR CANCER PREDISPOSITION: ETHICAL IMPLICATIONS OF BRCA1/2 CARRIERS PERFORMING PGD

Shachar Zuckerman, Gheona Altarescu
Shaare Zedek Medical Center, Israel
 shacharz@ekmd.huji.ac.il

PGD users engaged in the procedure in order to prevent BRCA1/2 mutations in their offspring are a distinct group, since the genetic condition they are at risk for is a late onset and partial penetrant. Moreover, preventive and therapeutic options for decreasing morbidity and mortality are available and ongoing cancer research might reveal treatments altering the natural history of cancer in the next decades. Several researches explored perceptions of PGD among BRCA1/2 carriers. Most studies were based on participants' theoretical declarative intentions. Actual use of PGD for BRCA1/2 carriers has rarely been reported and analyzed.

Overall, 119 BRCA1/2 carriers approached PGD counselling in our unit. After counseling 112 (94%) decided to engage in the procedure: 70 (63%) carriers of BRCA1; 36 (32%) carriers of BRCA2 and 6 (5%) compound heterozygotes of BRCA1 and BRCA2. Two women carriers (1.8%) were affected with breast cancer. Out of total no. of couples in 24% the carrier partner was the male. In 84% of couples history of breast /ovarian/pancreas cancer in family was evident. Only 2 couples agreed to transfer carrier male embryo but most couples agree to freeze male embryo carrier for future discussion.

Reproductive decision-making regarding PGD is a complex and stressful process for BRCA1/2 carriers because of emotional, moral and medical aspects. Health professionals involved in the process should be aware and address the specific issues and concerns of this group in order to allow an informed and thorough personal reproductive decision making process.



Abstracts Poster Presentations

BIOETHICAL PRINCIPLES AND TOOLS OF THE QUALITY: REDUCTION MEASURES OF THE SURGICAL SITES INFECTIONS

Maria Laura Alchorne Trivelin¹, Talita Da Silva¹, Elisa Spolaore¹,
Matheus Da Silva²

¹ Hospital Israelita Albert Einstein, Brazil

² Universidade Nove de Julho, Brazil

mltrivelin@uol.com.br

Introduction: The surgical sites infections (SSI) have been pointed as the main cause of post-surgery complications. The anaesthesia cart is manipulated by the anesthetist during all the procedure. That is the reason why a rigorous cleaning of the anaesthesia cart is so important.

Objective: Aware the healthcare professionals about the importance of cleaning the anaesthesia cart as way to reduce the SSI.

Methods: Explanation of the bioethical principles (autonomy, beneficence, justice and non-maleficence) to healthcare professionals, as guiding principles of the practice, decisions, procedures and discussions related to health care. The tools of the quality used were PDCA (Plan, Do, Check, Act), Ishikawa Diagram and 5W2H.

Observational actions took place with the anesthesiologists, aiming to detect the most touched points at the anaesthesia carts. These places were marked with a fluorescent marker, then posters were made with photos of the anaesthesia cart and the marked points. After the anaesthesia cart cleaning, it was evaluated through the fluorescence if the marked points were efficiently cleaned.

Results and Discussion: After intervention, with the explanation of the bioethical principles, which allow to understand that ethics in health care doesn't resides in specific actions, but in the healthcare professionals attitude and the importance of cleaning between each surgical procedure as SSI reduction measures, cleaning was observed in 75% of the selected anaesthesia carts.

Conclusion: The understanding of the principles of bioethics and the quality tools provided the implementation of awareness actions, team engagement and the concurrent cleaning became part of the routine.

COMPARATIVE EVALUATION OF VALVE PATIENT CREATIVITY IN THE PRE- AND POST-OPERATIVE PERIODS

Jacqueline Mac-Dowell Alves, Flávio Tarasouchti, Roney Sampaio

University of São Paulo, Brazil

jacmcdowel@usp.br

Creativity is an inherent phenomenon for the human being. There are several lines of investigation regarding the creative process, modalities of creative production, characteristics of the creative personality and types of environments that facilitate creativity. And it is bioethics that allows us to study these phenomena in various instances, because it is dealing with a transdisciplinary area, passing through the biological sciences of the subject, the science of the health of the subject and its connection with the environment that lives. Let us understand the importance of linking the most diverse areas to better adapt to the development of lifelong learning. Assuming that creativity ensures the mental health of the individual, and that period of stress can affect that ability. The present study is necessary to quantify, identify and analyze the creativity before and after the impact of the surgery on patients with valve diseases. Objectives: to identify the creative profile or not between the pre and post-surgical periods of valve patients. Method: Evaluation of approximately 96 patients with valvular heart disease, followed at the Heart Institute, aged between 18 and 75 years, during the 24 months and during the pre and postoperative period. Quantitative data of creativity were considered by the Torrance Creative Thinking and Personality Wartegg and Socioeconomic Questionnaire tests, as well as the stress test, heart failure (Kansas City).

THE JUSTICE – A NATURAL LAW OF NATURE

Teodor Angelov, Vlayko Vodenicharov, Vidin Kirkov, Mila Kirkova,
Sashka Popova

Medical University of Sofia, Bulgaria

teodor_a@abv.bg

Justice – harmonic relation between personalities. Justice – a devious element of purity, the truthfulness of the relations in past and present. Justice – a natural law of nature.

Justice is a notion for moral rightness. Based on bioethics and the rights of all human beings, it shows the equality of humans before the law and denies discrimination based on race, gender, country of origin, religion and social status.

Justice is a fundamental ethical category from ancient times. The Greek philosopher Platon puts the theses for the fair citizen and fair country – a moment marked in the history of social relations, a moment, etc.

Justice is a fundamental moral category. One needs long periods of time and individual efforts in order to get a proper understanding of this moral category.

Justice is a superior virtue. Its violation is the first step to the downfall of a personality, to the “death” of the soul.

Justice is infectious. Because the community is a living organism. It affects not only separate organs, but the whole organism. Because medicine cures the whole organism.

As citizens of the world, we owe some things to ourselves. A world in which no one starves. A world in which no one is offended. A world in which the feeling of impunity, frustration, helplessness does not exist.

AGED AND DECISION MAKING IN MALAYSIA: THE LEGAL LIMITATIONS

Usharani Balasingam

University of Malaya, Malaysia

usha@um.edu.my

Malaysia is a developing country which is to attain the status of an ageing nation in 2030. This is when over 15 % of her population is aged 60 years and above. The increased life expectancy of her people will raise many socio-economic and legal issues. The paper intend to examine the existing laws in Malaysia with regards to her state of readiness to deal with increased life expectancy of the aged in terms of legal decision making in medical and health matters. In this regard proposed reforms are considered based on models of other jurisdictions. The significance is to enable the elder population to live a life of dignity and to dictate their wishes for the authorship of their decision making even when they are no longer considered able to make an informed consent from a legal perspective.

STEPPING UP REGULATIONS: ME-TOO DRUGS AND THE NEED FOR COMPROMISE

Teresa Barcina

CEU San Pablo University, Spain

t.barcina@usp.ceu.es

The increasing popularity of me-too approaches for drug development has raised criticism within certain sectors, which define the current epoch as an era of molecular modifications. The question on whether me-too products should be banned or allowed, and when allowed, whether they should be subjected to more strict regulations, remains unresolved and drives a polarized debate. The current regulations for me-too drugs leave some issues unaddressed in terms of patient safety and the protection of the patient-prescriber relationship.

This paper relies on a pluralistic analytical approach to study the me-too conflict, where the views of each party are neutrally exposed. This is aimed to establish a baseline for decision-making in relation to standing regulations.

Assuming long-lasting innovation to be the outcome that may benefit all the parties involved in the conflict, this paper signals the need to

develop consensual regulations specific for me-too drugs and provides a regulatory framework proposal. This proposal relies on the enforcement of Phase IV Clinical Trials for me-too products and in the consistent incorporation of the obtained information into the prescription evidence-based system, as a tool for risk minimization. This approach is expected to increase the prescriber's reliance on long-term drug quality data over marketing strategies and to reduce, in the long-run, the risk for prescription bias.

It is concluded that the step up in regulations specific for me-too products, reached through a consensus between the parties, will maximize the benefits of me-too drugs approval and address the current ethical concerns associated to their use.

CONTENTS OF BIOETHICS IN THE AREA OF NATIONAL DEFENSE: AN EXPERIENCE WITH UNDERGRADUATE CIVILIAN STUDENTS

Sandra Becker Tavares

UFRJ – Federal University of Rio de Janeiro, Brazil
smbtav@gmail.com

The world agenda has discussed problems regarding the use of weapons of mass destruction, which might have biological and chemical agents, considering the existence of international covenants on fundamental rights and human security. In addition, the research of effective and efficient drugs, immunobiological and dietetic products has mobilized professionals from different areas and also financial and logistics markets worldwide.

In this text, it was presented epistemological elements which were extracted from my experience in the creation and implementation of two (2) theoretical academic modules – 'Bioethics and Defense' and 'Technologies, Ethics and States of Violence'. These modules are part of the curriculum of the undergraduate courses 'Defense and International Strategic Management' and 'International Relations' of a Brazilian public university. Among the specific contents of Bioethics, it was highlighted those related to Techno-scientific innovations that pointed to deep links with the National Defense and Security themes, both during times of Peace and in times of exception. These questions indicated potential ethics conflicts related to those technologies that might result in development of a modified human being, by intervention of enhancement, changing or improvement, because they concerned the research of dual or sensitive technologies carried out by the defense industry or the academic world. These inquiries demanded theoretical support from Ethical Theories, Justice Theories, discussions about Foucauldian ideals as well as the understanding of the National Research Ethics Committee system (Comissão Nacional de Ética em Pesquisa – CEP-CONEP).

ORGAN DONATION: A HIDDEN FACTOR IN SUPPORT FOR EUTHANASIA

Jadranka Buturovic-Ponikvar^{1,2}, Rafael Ponikvar¹, Zeljka Buturovic³

¹ *University Medical Center Ljubljana, Slovenia*

² *University of Ljubljana, Slovenia*

³ *Institute for Social Sciences, Serbia*

jadranka.buturovic@mf.uni-lj.si

The role of organ transplantation in expanding euthanasia legislation has often been underappreciated. While popular and ethical discussion regarding legalization often focus on the issues of autonomy, right to die and dignity, an interest for euthanasia among medical professionals and decision-makers may be driven by more pecuniary and practical considerations.

This is especially true for the transplant community which prioritizes quick harvesting of organs from euthanasia patients while barely engaging with the ethical issues and their own incentives regarding euthanasia. Thus, following a recent legalization of euthanasia in Quebec the most pressing concern expressed among professionals engaged in transplantation appears to have been the ways to swiftly proceed with organ harvesting without hurting family. (Achille M. Using Canadian code of ethics for psychologists to determine

acceptability of organ donation following medical assistance to die. In: Massey et al, eds. Ethical, legal and psychosocial aspects of transplantation. Global challenges. Pabst Science Publishers, Lengerich 2017; 113-122) Similarly, a discussion at a recent ELPAT congress in Rome 2016 was focused mainly on logistics of harvesting organs from euthanasia patients without acknowledgment of the role that incentive to obtain organs might play in their own attitudes toward euthanasia.

As discussed elsewhere transplant community has been myopically focused on increasing the supply of organs, recently suggesting abandonment of such long standing postulates as dead donor rule (Nair-Collins M, JME 2014), and embracing ever widening indications for euthanasia (e.g. mental disorders, Alzheimer disease), all while often ignoring numerous promising alternatives to transplantation such as regenerative medicine, artificial and bioartificial organs. Recently, organ donation euthanasia procedure was suggested, consisting in euthanasing the candidate, remove all organs from the person while he is still alive, with heart removal concluding the procedure (Wilkinson, Savulescu, Bioethics 26: 1: 32-48).

None of this is necessary. Slovenian ethics committee in 2012 has declared against the use of organs from donors killed by euthanasia. Slovenian model of organ transplantation is a living proof that an adequate transplantation program can be sustained without resorting to ethically controversial practices.

THE PROGRAM MORE DOCTORS FOR BRAZIL/PMMB FROM A BIOETHICS PERSPECTIVE

Ana Maria de Oliveira, Claudio Siqueira, Carolina Silva, Elias Rassi Neto, Alessandra Naghettini, Luiz Antonio Brasil, Gustavo Henrique Queiroz, Nadya Bomtempo, Marta Maria Silva
Federal University of Goias, Brazil
dr.amoliveira@gmail.com

The More Doctors Program for Brazil (Programa Mais Médicos-PMMB), while public policy has its historical process of three prominent elements: as social units that share politics, such as those that confer materiality and state policy. Data from the Ministry of Health indicate about 14,100 doctors allocated in 3,785 municipalities, of which 77% were allocated to municipalities with priority/vulnerability criteria. The political moment it was conducive for the construction of the Health Agenda that emerged at the heart of the political debate, demanding actions and decisions from political authority and institutions. The thesis that the PMMB provides justice and guarantee access to primary health care is based on Norman Daniels' Theory of Justice, which proposes a reflection on three aspects regarding health needs: 1st) health has a special moral importance; 2nd) when inequality of health can be considered unfair and 3rd) how we can meet our health needs if we cannot supply all our needs. The ideology of the PMMB addresses the first aspect of the Theory of Justice insofar as health is a social right inscribed in the Federal Constitution. Is this inequality considered unfair if it does not consider primary care as the guiding and structuring axis of Brazil's Sistema Único de Saúde (SUS - Single Health System), whose guidelines are universality, completeness and equity. And ultimately, the inclusion of health on the agenda of other public policies is more than considering a problem of scarcity or allocation of financial resources.

MINDREADING REPORT: COULD THE INTERPRETATION OF NEUROIMAGING BY fMRI CAUSE THREAT TO COGNITIVE PRIVACY?

Jelena Dimitrijevic

University of Belgrade, Serbia
jrdjedimitrijevic@gmail.com

The recent development of the fMRI has increased our understanding of cognitive processes. The range of this application has spread to various fields and even new, various societally relevant applications have been discussed (e.g. application in forensic psychiatry, crime

prediction, prediction or even influence on future behavior, prediction of diseases etc.). Although, neuroscientists are still doing research on how language is represented in the brain and "the language of thought" has not yet been completely understood, it could be only a matter of time.

Nevertheless, it is time to impose a question: does mindreading represent a threat to cognitive privacy? Many ethicists stress the importance of privacy for individual well-being. But how can individual interest in privacy justify a right to mental privacy? The answer on the question 'does mindreading represent a threat to cognitive privacy?' will depend on what we consider under the concept of mindreading. For instance, if we consider our everyday presuppositions on the subject's mental state based on his actions as "natural mindreading" then we should explain why natural mindreading does not represent a threat to mental privacy, while neurotechnological mindreading does. The crucial difference can be found in nature and the amount of information that could be acquired through mindreading. Through neuroscientific mindreading we can gather information on the subject's mental health and other types of sensitive data, which if violated by sharing with a third party could cause harm to the subject.

MENTAL ILLNESS AND PARADOXICAL BIOETHICS AT THE TIME OF TOTALITARIANISMS

Giuseppe Donato¹, Francesca Donato², Annalidia Donato¹, Luigina Volpentesta³, Marco Vismara⁴

¹ *Università Magna Grecia, Italy*

² *University L'Orientale, Italy*

³ *ASP Cosenza, Italy*

⁴ *University La Sapienza, Italy*

gdonato@unicz.it

Benito Mussolini claimed a "totalitarian will" for fascism. It was a matter of conceiving highly authoritarian political institutions, but also capable of involving the popular masses and of strictly controlling consciences. The citizen thus became an organ in the body of the state. This organ, when it was ill, had to be cured or eliminated. The term race was to delimit what was included within the limits of the organism / state compared to what was foreign to it. At the basis of the vision of man in the state of health and in that of illness at the time of totalitarianism, there was not only idealistic philosophy, but also positivist thinking.

This is mainly revealed by the great attention paid to the mental illness that was given in Nazi Germany and in the Soviet Union. Dissent considered as madness, is an important signal that should make us reflect and warn about the fact that a democratic regime is degenerating into any form of totalitarian massification.

INTRODUCTION OF PERIPHERAL ARTERIAL DISEASE SCREENING IN SLOVAKIA JUDICIOUSLY

Katarina Dostalova¹, Peter Makara², Lucia Kukuckova², Stefania Moricova¹, Viera Stvrtinova³

¹ *Slovak Medical University, Slovakia*

² *Slovak Society of General Practice, Slovakia*

³ *Comenius University, Slovakia*

dostalova11@gmail.com

This year 50 years have passed since Jungner and Wilson published principles and practice of screening for disease.

The peripheral arterial disease (PAD) appears to be one of the forms of systemic atherosclerosis. Determining the diagnosis of manifest or non-manifest (PAD) can lead us to diagnose atherosclerosis in another blood vessels and to specify the cardiovascular risk. The presence of PAD is determined by measurement of ankle-brachial index (ABI).

Slovak Angiological Society and Slovak Society of General Practice considered whether ABI measurement would be beneficial in screening and could be performed by general practitioners. The basic and important step was the pilot study in 2009: 24 GP's under supervision of 7 angiologists carried out ABI examinations in 2,207 consecutive patients older than 60 years. They measured an ABI index

examination with a pocket Doppler probe. 67.4% of patients had normal ABI (0.9-1.2), 9.4% of patients had a decreased ABI (<0.9) and 23.2% of patients had increased ABI (> 1.2).

The numerous workshops and educational activities organised by professional societies followed. The outcome of the effort is that since 01.04.2016 GP's in Slovakia perform within the preventive examination (Dg Z 00.0) in patients with risk factors over 50 years and in all over 60 years with automatic oscillometric devices. ABI measurement is covered by health insurance.

Decreased ABI values in screening lead the general practitioner to more actively risk factors management as well as closer co-operation with the vascular specialist.

OBSESITY MAKES HEALTHCARE MORE DIFFICULT

Kristina Dostalova¹, Katarina Dostalova², Lucia Kukuckova³, Diana Ponosova³, Peter Petrasko³, Jana Bendova², Stefania Moricova²

¹ *Pantheon-Assas, Paris 2, France*

² *Slovak Medical University, Slovakia*

³ *University Hospital Bratislava, Slovakia*

dostalova.kristina997@gmail.com

Obesity leads to severe acute and long-term health consequences and increases the cost of social care. It competes with smoking in the etiology of premature death. The problem is in diagnostics, treatment and nursing care too. Complicated drug dosing, surgical procedures and wound healing, same way infectious complications, incontinence, and immobility.

We illustrate a problem by a case report of an extremely obese 62-year-old woman, hospitalized at the Long-Term Patient Department.

The patient was a former smoker, a hypertonic patient, after an infarction of myocardium with an implanted pacemaker, a diabetic, for several years in a chronic dialysis program. Upon admission to the hospital for unbalanced blood pressure, the patient reported a weight of 120 kg and height of 157 cm but it could not be verified for immobility. We measured the waist circumference 160 cm. All examinations and therapy have become difficult during hospitalization. Sometimes we faced almost irresolvable situations, for example when the patient shrank to the ground at night, and the currently attended medical staff could not pick her up. Unfortunately, after 24 days of hospitalization the patient died despite the excessive effort of the entire team of the department.

The health care system should be prepared to deal with the obesity epidemic. The resources to care for an increasing number of obese people will not be enough in the future. It is necessary to focus on forming attitudes in the care of obese patients, both in undergraduate and postgraduate education of health professionals.

USE OF INTERPRETERS IN HEALTH CARE RESEARCH WITH ASYLUM SEEKERS

Niina Eklöf^{1,2}, Maija Hupli², Helena Leino-Kilpi²

¹ *South-Eastern Finland University of Applied Sciences, Finland*

² *University of Turku, Finland*

niina.eklof@xamk.fi

In health research, asylum seekers are considered a vulnerable group based on their pre- and post-settlement experiences, which has raised discussion on the ethics of conducting research with asylum seekers. However, the importance of giving the vulnerable population a voice should be acknowledged. Research with asylum seekers usually requires an interpreter, who can have an impact on the whole research process.

The aim of this paper, is to discuss based on a literature review, the factors related to the use of interpreters in health research with asylum seekers. A database search was conducted to Medline and CINAHL databases, with the search terms interpreter and research method. The term asylum seeker was not included, since including it limited the results into one publication. Articles with the following inclusion criteria were selected: Article discussed research methods and research in multicultural settings, published 2000-2017. Out of 82

hits, a total of 17 were selected, the data were analysed using content analysis.

Based on the analysis, the factors related to the use of interpreters in health research with asylum seekers, were divided into planning and conducting the research. Planning the research included acknowledging asylum seekers' immigration status, choosing the research methods, recruiting asylum seekers and choosing an interpreter. Factors related to conducting the research included communication through the interpreter, creating a respectful and trustful environment and recognition of cultural aspects.

A careful planning and conduct of the research enables the asylum seekers to feel safe when participating in health research.

HEALTH PROFESSIONALS: A VIEW ON DEATH AND DYSTHANASIA

Julia Messina Gonzaga Ferreira, Juliana Luporini Nascimento,
Flavio Cesar de Sá
Universidade Estadual de Campinas, Brazil
julia.messina95@gmail.com

Death is common issue in the health professionals' routine. Nowadays, caring for the terminally ill patient is a matter of great relevance, mainly because of the improvement of care and technology that has allowed the prolonging of many lives. Therefore, we seek to evaluate if the health professional has been previously prepared (technically and emotionally) to deal with terminality and to avoid dysthanasia. For that, we interviewed health professionals who took care of patients in severe or terminal conditions in a hospital in the city of Campinas – SP (Brazil), seeking to include different health professional categories from the institution. This is a qualitative study, based on semi-structured interviews. The content of each interview was analyzed with content analysis technique and the sample was limited by saturation. We observed some common issues in their speeches, pointing to the following conclusions: (1) the sense of discomfort and lack of preparation to talk about death with the patient and their relatives; (2) the sense of compartmentalization within professionals of multiprofessional team; (3) the difficulty of dealing with families that often do not accept their relative's death process; and (4) the professional's lack of knowledge of concepts involved in palliative care such as "dysthanasia", "orthanasia" and "euthanasia". After analyzing results, it is clear that there is an important need to discuss death and terminality (as well as communication skills practice) during the education of health professionals, also focusing the importance of multiprofessional work, thus integrating care and optimizing its quality for every patient.

DISPELLING FEARS OF BIOTERRORISM: PUBLIC HEALTH EDUCATION RESPONSIBILITIES AFTER DISEASE OUTBREAKS

Brenna Gautam
Georgetown University Law Center, USA
bgm81@georgetown.edu

My research focuses on how civilian health agencies have an ethical obligation to combat misplaced public attribution as it relates to infectious disease outbreaks perceived as biological warfare. After working in Sierra Leone two years after the worst of the Ebola outbreak in that country, I learned that many colleagues believed Ebola was in fact attributable to failed U.S. military experiments gone wrong, attempts to test biological agents for use in warfare gone awry. The perception of U.S. military bases in Western Africa, confusion over slow international response, and poor public awareness campaigns in the aftermath of the outbreak all contributed to this widespread view.

As biological warfare is still something of alien territory to the military, civilian government health agencies are generally those most informed about biological threats, and thus the responsibility of public perception consequence management should fall to them. After surveying case studies of recent infectious disease outbreaks, my

paper argues that while successful public perception consequence management in the military can be important in minimizing the recurrence of an intentional biological attack, it is of greater practical and strategic importance for civilian health agencies to respond clearly and quickly to natural-occurring outbreaks and epidemics. Otherwise, rumors of attribution may grow and lead to further distrust and regional instability. To counter a misperception of accountability that could lead to widespread public distrust of health services, civilian health agencies have a responsibility to invest more in coordinated public awareness campaigns both during disease outbreaks and in the aftermath.

RETHINKING DEATH AS A SOCIALLY-CONSTRUCTED CONCEPT

Min Heo
Seoul National University, South Korea
heomin@snu.ac.kr

Here I review two ways of defining death, i.e. definition-criterion-test (DCT) model and undefinable-death account, and argue that they ignore a value-dependency of death. I suggest that we can better understand death and its implication by thinking it value-dependent. Traditional DCT model asserts i) that we can give a philosophical definition of death which consists of necessary-and-sufficient condition; and ii) that the definition yields a criterion which enumerates specific biologic functions and the criterion leads to a relevant test. In contrast, the undefinable-death account argues that death cannot be defined in terms of necessary-and-sufficient condition because death is a natural kind, whose essential features cannot be articulated, or has only a family resemblance in each case. However, one definition can yield different criteria due to ambiguity and underdeterminacy of concept. Concepts which consist a definition of death could mean and designate different things due to interpreters' own view or value system. Even if we take undefinable-death account, we need to set the criteria of death in order to determine when a person dies. Then we have to decide, based on our value system, significant features for regarding someone as dead. By accepting a value-dependency of death, we can make sense of the dispute about definition of death. Based on their own value system, competing paradigms construe same phenomenon differently. Each way of defining death can be seen as a paradigm. Incommensurability emerges as the reason of the persisting and inevitable disagreement about the definition of death.

PRINCIPLE OF AUTONOMY, ELDERLY PEOPLE AND INFORMATION IN PALLIATIVE PHASES OF ILLNESS: ARE THEY INFORMED ABOUT THEIR HEALTH PROCESS?

Elvira Huerta¹, Elisenda Badia¹, Cristina Serrabasa¹, Esther Celda¹,
Arcadi Boixadera¹, Juan Tarrús de Vehí², Armand Grau Martín³
¹ *Fundació Salut Empordà, Spain*
² *Hospital Trueta, Spain*
³ *Hospital de Figueres, Fundació Salut Empordà, Spain*
eha4419@gmail.com

Introduction: The patient has the right to know their health data, to decide what and with whom it will be shared, to participate actively in the processes related to their disease and to have their decisions respected - according to the Principle of Autonomy. Especially in terminal diseases, where the main objective is to improve the quality of life. Being informed about diagnosis and prognosis is fundamental to be able to make decisions, to express needs and wishes which can then be respected. However, it appears that there is frequently a lack of information passed on.

Objective: To find out the degree of information shared regarding diagnosis and prognosis of terminal illness, in those older than 75 years, without cognitive deterioration, in the first assessment carried out by a Palliative Care support team, UFISS.

Material and Methods: Descriptive, retrospective study, by reviewing clinical histories of the evaluations carried out by UFISS.

Results: A total of 150 cases were evaluated, oncological and non-oncological.

46,6% were older than 75 years old.

54% were not informed of diagnosis. Older than 80 years old: 59%

75,7% were not informed of prognosis. Older than 80 years old: 80%.

Conclusions: A high percentage of elderly patients are uninformed about the process of their disease.

The lack of information increases as the age group does.

The lack of information is greater on prognosis.

There is a high percentage of elderly patients who are kept away from the process of their disease.

Misinformation prevents reaching decisions and could violate the principle of Autonomy.

SOME ETHICAL CONSIDERATIONS IN ORGAN, TISSUE AND CELL DONATION

Ramadan Jashari, Altin Stafa, Ridvan Alimehmeti, Dritan Todhe
Albania Unit of the UNESCO Chair in Bioethics (Haifa)
rjashari@clstjean.be

Donation of human substances has already a long history. Millions of organs/tissues/cells are used from living and/or deceased donors yearly, saving/enhancing lives of persons in need.

Ethically, donation and transplantation of human body substances must be in conformity with "Oviedo Convention on Human Rights and Biomedicine" (1997), "Additional Protocol on transplantation of organs and tissues of human origin (2002)", "The Committee of Ministers Resolution on harmonization of legislation of member States relating to removal, grafting and transplantation of human substances", "WHO Guiding principles of human cell, tissue and organ transplantation" (2010) and "Declaration of Istanbul on organ trafficking and transplant tourism" (2008) that present the ethical guidelines in the European sole.

Information of the community about needs for cells, tissues and organs is critical. Promotion of altruistic donation of body parts after death as gift-of-life to those who need them, is the priority of modern society. The community needs solidarity, objectivity, honesty, transparency and equality in distribution of donated human substances, no matter of social, economic, regional, religious or cultural belonging of donors and recipients. Intellectuals, politicians, media, medical and educational institutions should contribute in creation of the appropriate conditions for realisation of such important task of the modern society. The public confidence must be obtained and maintained by engaging donor's trust and commitment through acquisition of consent, reducing the risk of nefarious trading with the donated body parts.

SRI LANKAN MEDICAL PRACTITIONERS' KNOWLEDGE OF ETHICAL ISSUES ASSOCIATED WITH GENETIC AND GENOMIC DIAGNOSTICS

S.M.A. Jayawardana
Rajarata University of Sri Lanka, Sri Lanka
smajawardana@gmail.com

Introduction: Poor knowledge in genetics and genomic diagnostics has been identified as a global problem in medical education.

Methodology: This study was carried out using an on-line questionnaire created using Google forms and convenient sampling was used. A request email containing link to the questionnaire was sent and anonymous responses were collected to an online database.

Results: Out of 973 individuals contacted via emails only 123(12.64%) responded. Majority of respondents (81.3%) agreed on taking informed written consent as an essential step for all genetic tests. High percentage (94.3%) agreed that predictive genetic testing for cancers should be encouraged while only 69.1% agreed on the encouragement of predictive genetic testing for common medical conditions such as diabetes. However 84.6% agreed pre test counseling as an essential component in predictive genetic testing in addition to consent. Majority accepted high cost beyond the reach of

general public (88.6%) and unavailability in most areas of the country (74.6%) as barriers for access to the benefits of modern diagnostic techniques. Majority (82.1%) agreed the need for expanding of genetic diagnostic facilities.

Vast majority 117 (95.12%) gained knowledge on medical genetics from undergraduate education while in 53.6% it was the only source of knowledge. Only 11.4% agreed upon the adequacy of undergraduate genetic education to apply in the practice while 86.2% agreed the need of a continuous medical education programme to update their knowledge

Conclusion: Both undergraduate and continuous medical education approaches should be modified to improve the knowledge on increasingly complicated technological and ethical aspects associated with modern genetic diagnostics.

NONINDICATED CARE — ACCORDING TO WHOM?

Philip Kayser
Wake Forest School of Medicine, USA
pkayser@wakehealth.edu

Shortly after her 22nd birthday, Sorcha Glenn of Derry, Northern Ireland began experiencing severe cramps, abnormal vaginal bleeding, and back pain. Following these symptoms, she went to her doctor and requested a Papanicolaou smear (Pap smear) to check for cervical abnormalities. However, her doctor declined to perform the procedure, citing national guidelines for Pap smear screening. The NHS Cervical Screening Programme in England voted to move the minimum age from 20 to 25 in 2003 based on recommendations from an independent advisory committee, which found that because cervical cancer in women younger than 25 is rare, screening them can do more harm than good. Months passed, and Glenn's symptoms did not improve. Following a second, more directed request of her physician, she received a smear which revealed a cervical tumor. Glenn went through several rounds of chemotherapy and radiation over the next several months and died in October 2013.

This presentation explores whether physicians are obligated to provide care they deem nonindicated, such as the case of providing Sorcha Glenn a Pap smear. It argues that a physician is not obligated to provide care when 1) Care is likely to do more harm than good, such as a large dose of barbiturates for insomnia, and/or 2) Requested care conflicts with distributive justice, such as if treatment would deprive another medically needy patient of the procedure. Ultimately, treatment should weigh evidence-based guidelines, clinical judgment, and an individual's preferences, as none is perfect.

COLLABORATION BETWEEN DIFFERENT INSTITUTIONS IN THE UNIVERSITY AND PUBLIC SECTORS IN A CANADIAN CONTEXT

Joy Knight¹, Jennifer Longaphy², Kathryn Bigsby², Lyndsay Moffatt¹, James Moran¹
¹ University of Prince Edward Island, Canada
² Health PEI, Canada
mknight@upe.ca

The University of Prince Edward Island, Canada (UPEI) Research Ethics Board (REB) and Health PEI REB collaborated to develop a streamlined process to reduce redundancy associated with the preparation and review of applications submitted by UPEI researchers for research involving patients, staff, resources or data under the auspices of the provincial Dept of Health and Wellness, and Health PEI. Previously, UPEI researchers in this field of research were required to submit different applications for independent review and approval by each of the REBs. The new streamlined review process began with the development of an MOU describing the terms and process of the agreement and the development of a common application form. This new review process requires that researchers submit their application to the UPEI REB for initial review to ensure that the protocol is in compliance with university policies. Complete applications are forwarded to the Health PEI REB for full review.

Since implementation in 2017, researchers have benefitted from less paperwork to submit, a shorter review turnover time and consistent ethics-oriented feedback. Both boards have aligned to provide shared standards and have fostered mutual trust in the others' decision-making. The MOU has led to both institutes' administrations needing to adapt their procedures. Through collaboration, an amalgamated renewal calendar, shared forms and parallel submission requirements have been drafted. Moving forward, both institutions will work to refine these processes to bring all shared applications into a smooth, timely and concise model of review.

DEATH AND DYING OF HOMELESS POPULATION IN BRAZIL

Edna Lopes Dantas Paes, Venancio Pereira Dantas Filho, Andressa Karoline De Souza Avelino, Erica Cazetta Chinellato, Sonia Regina Perez Evangelista Dantas
Campinas State University, Brazil
srpedantas@gmail.com

It is estimated that 101,854 people are homeless in Brazil and that most sleep in public places (sidewalks, squares, viaducts) and municipal or philanthropic lodgings.

Objective: To reflect the process of death and dying in the reality of homeless in Brazil.

Method: Theoretical and reflexive study carried out by means of a bibliographical review carried out between 2000 and 2017 in the LILACS, Scielo and MedLine health databases, using the DeCS descriptors: death, thanatology, vulnerable populations and street people in Portuguese, English and Spanish.

Results: 100 articles were found in the review but only 3 were discussing aspects of death and dying of homeless. Cobucci and Duarte (2013)³ highlighted the role of bioethics in ensuring equity in health care in the country; Gurgel (2007)⁴ emphasizes that death can not be understood as a mere clinical question, but as an expression of the social question, and Carvalho et al. (2015)⁵ conclude that omission of the state favors mistanasia or social euthanasia, definitions used for miserable death, outside and before its time, which occurs due to lack of minimum health conditions and results in affront to the dignity of the human person, rights and guarantees.

Conclusion: The process of death and dying of homeless people in Brazil needs to be researched in the public health area and our study have highlighted the importance of political, social and ethical issues.

THE TEACHING OF ETHICS AND THE MORAL COMPETENCE OF NURSING STUDENTS – INTEGRATIVE LITERATURE REVIEW

Vera Martins, Rui Nunes, Ivone Duarte
University of Porto, Portugal
veritaas@gmail.com

Objective: To study the available evidence in the scientific literature about the relationship between the teaching of Ethics and the moral competence of nursing students.

Method: An integrative review of the literature was performed in Pubmed and Scopus databases using the following key concepts: "morals" and "ethics" and "nursing students". Of a total of 646 articles found, 6 articles were included. They were then categorized into levels of evidence, and a descriptive analysis was performed on the results obtained.

Results: Through the results it is verified that the moral competence of nursing students is higher at the end than at the beginning of the course. In the same way, it is possible to verify that after the end of the graduation, the nurse is confronted with ethical dilemmas that require their intervention, reason why the authors propose that the nurses as students are prepared to deal with the ethical dilemmas.

Conclusion: Through the analysis of the articles, it can be verified that the moral competence of nursing students is higher at the end of the course. Although in the literature analyzed there is no evidence to prove that this variation is due to the teaching of Ethics, the authors

are unanimous in suggesting that the teaching of Ethics may influence the moral competence of the nursing student.

DEVELOPING A TECHNOLOGY ENABLED MODULE IN BIOETHICS FOR HEALTH CARE PROFESSIONALS WITH AN INDIAN PERSPECTIVE

Mary Mathew^{1,2}, Monica Solomon^{2,3}
¹ *Kasturba Medical College, India*
² *Manipal Academy of Higher Sciences, India*
³ *Manipal College of Dental Sciences, India*
marymathew883@gmail.com

General purpose: Bioethics education in Indian health curriculum is yet to evolve as a specific discipline in health care training. The current few courses available are drawn from Western experiences and pose challenges in ethical decision making and application. The ethical principles should be culturally relevant, keeping in mind the multi-religious and multicultural context and practices in India. This E-module is a concerted attempt to develop a culturally relevant course which aligns with the Indian ethos.

Specific goals: The aim of this study was to develop an online module to sensitize health care professionals to ethical dilemmas specific to the Indian culture in order to foster better and improved health care practices.

Research design: The study was designed in four phases. Phase one consisted of a Needs Assessment Survey among health professionals with and without training in Bioethics and faculty of Humanities. The second phase was the development and design of the E-module. The third phase was the web design of the module followed by vetting for reliability, comprehensibility, and ease of use. The module was uploaded to an education website and is open to all health professionals and students. The fourth phase was analysis and feedback of the module.

Significance and contribution: The advantage of developing an E-module in Bioethics is the accessibility and availability to a large number of healthcare professionals in different fields and stages of the career.

XENOTRANSPLANTATION – AN INTERRELIGIOUS PERSPECTIVE

Richard Mathieu
Ludwig-Maximilians-Universität München, Germany
Richard.Mathieu@kaththeol.uni-muenchen.de

Although exclusively secular approaches to xenotransplantation are methodologically necessary to establish a fundamental verdict on its theoretical ethical acceptability, it is nevertheless pragmatically appropriate to take into account specifically religious positions, as religion is a factor relevant to societal acceptability. Apart from the aspect of societal acceptability, a comparison of Jewish and Catholic bioethics may enrich the broader ethical discourse on xenotransplantation, as some of its principles—pikuach nefesh being the most prominent one—are plausible even in the framework of secular ethics. This project explores concepts of formal normativity in Jewish and Catholic ethics before identifying specific ethical issues in possible resolutions offered within the normative frameworks of Jewish and Catholic ethics, and examines the implications for the broader debate on xenotransplantation. Religions in general cannot and should not be systematically excluded from ethical debates, not only because they may provide helpful input, but also because religion, religiousness and the affiliation to a religion can be crucial factors regarding the societal acceptability of specific medical technologies and procedures as they may be important aspects of an individual's identity. The principles of Jewish and Catholic bioethics may be compelling to those who do not necessarily share the specifically religious prerequisites they are established. Judaism and Catholicism offer different approaches to natural law and the descriptive category of naturalness, which, in Judaism, is more open to medical technologies and procedures deemed as unnatural and thus

morally wrong by other religious parties in public discourse. Yet, Jewish and Catholic ethics appear to have strong tendencies toward supporting xenotransplantation given a certain criteria is met. Neither Catholic nor Jewish Ethics thus suggest a categorical ban on xenotransplantation.

EXPANDING KNOWLEDGE ON INTERNET'S BEHAVIOURS: A FOCUS ON CYBERBULLYING IN ITALIAN HIGH SCHOOL

Viviana Meschesi¹, Marco Flavio Vismara², Valeria Moroni³, Laura Coltrinari⁴, Rosa Marotta⁵, Umberto Rapetto⁶, Roberta Elisabetta Vismara⁷, Joseph Toaff⁸, Giuliana Pulvirenti⁹, Chiara Settanni¹⁰, Serena Marianna Lavano¹¹, Erika Meschesi¹²
¹ MIUR (Ministero dell'Istruzione, Università, Ricerca), Università degli Studi Romatre, Italy
² Sapienza University, Rome, Italy
³ Italy
⁴ Chamber of Lawyers of Rome
⁵ Magna Graecia University, Italy
⁶ HKAO Consulting, Italy
⁷ Torino University, Italy
⁸ Communication Science and Media Consulting, France
⁹ University of Messina, Italy
¹⁰ Settanni Consulting Group, Italy
¹¹ Magna Graecia University, Italy
¹² Policlinico Casilino, Italy
viviana.meschesi@gmail.com

Modalities of access and use of the internet by teenagers is a determinant factor to assess risks and risky behaviors. Among the risks associated with internet use, the growing phenomenon of cyberbullying has a great relevance. According to our previous study supported by the program "Strategy for a better internet for children" by European Commission, the aim of this present study is to test and verify the same items with another sample in order to compare the results and enrich the survey with a new cluster structured for revealing the sample awareness and knowledge about what cyberbullying is and means.

The introduction of a further set of questions in the previous questionnaire moves from the advisability of estimate the correspondence between the invariance of the stimulus and the uniformity of the meanings with the purpose of avoid to build on action plan on cyberbullying unreliable data based.

According with our research hypothesis this new cluster will be able to provide the opportunity to weigh up the results of the previous clusters through the new cluster and reveal the reliability of the answers the students will provide, in order to identify targeted strategic interventions.

The results we are collecting will be available on October 2018.

THE EFFECT OF CLINICAL EXPOSURE ON MEDICAL STUDENTS POSITIONS REGARDING RESOURCE ALLOCATION IN TIMES OF CRISIS

Daniel Minkin Levy¹, Alan Jotkowitz², Iftach Sagy³
¹ Ben Gurion University, Israel
² Israel
³ Soroka University Medical Center, Israel
danielevy.dl@gmail.com

Objective: To compare the perspectives of medical students in the preclinical and clinical phases of training on the issue of rationing scarce medical resources allocation in time of crisis.

Methods: Questionnaire-based Cross-sectional study

Results: 201 participants took part in the study, with 100 participants in the pre-clinical phase group and 101 in the clinical phase group. A multi-variable analysis found that 14.9% (n=34) of the clinical phase students were willing to give a short-supplied RBC unit to the first arrived patient to the emergency room when more patients are expected to arrive, compared to 63.9% in the pre-clinical group (n=62)

($p < 0.001$, OR=0.75 CI 0.029-0.192). 74% (n=74) of the clinical-years students were found to be willing to remove a patient from a respirator and allocate it to an ill child, compared to 35.7% (n=35) in the pre-clinical phase group ($p < 0.001$, OR=4.168 95% CI 1.931-8.998). 46.6% (n=41) of the clinical phase group were willing to allocate a short-supplied flu medicine to a patient with limited prognosis, compared to 57.7% (n=56) in the clinical-phase group ($p = 0.04$, OR=0.457 95% CI 0.216-0.966).

Conclusion: Clinical exposure during training may affect the way medical students make ethical decisions, independent of age, sex, marital status and having children.

PUBLIC HEALTH AND GLOBALIZATION, IS IT TIME TO IMPLEMENT A UNIVERSAL CODE OF ETHICS?

Elisabeth Modena
Yale, USA; Université de Strasbourg, France;
Fundação Oswaldo Cruz, Brazil
elisabethderesendemodena@gmail.com

Institutionalization of ethics proceeds through the adoption of codes or ethical charters. Through these tools, organizations affirm their values that will guide behaviors and create the common framework of action. Nevertheless, the context of globalization with new ethical challenges directly impacts the field of public health. Scandals such as contaminated blood, the use of transgenics, asbestos contamination, new challenges for health, such as the advent of HIV but also technological, demographic, epidemiological mutations challenge the role, strength, applicability and limits of codes of ethics public health in a globalizing dynamic. Public health is suffering the most harmful effects. Is there a need for an Universal Ethic Code in a pluralistic world with so many social differences? Where is the place for Ethics in case of the "double standards" practice for business model? Can the OCDE, the OMC, the WHO take action to stop that? The Rights Declaration would be a model for an Ethics Universal Code for Public Health. Given these paradigms and new challenges of Public Health, this study focus on the possibility of a Universal Code of Ethics for public health based on the logic of the Universal Declaration of Human Rights. It does not pretend to exhaust all the possible approaches on the issue but to feed the reflection and debates on whether the World Health Organization should elaborate a Universal Code of Ethics to generalize certain practices of Health and to take into account the protection of people against devastating market practices for humankind and the environment.

RISK OF MALPRACTICE ACCORDING TO MEDICAL SPECIALTY IN CHILE: YEARS 2002-2016

Karla Moscoso^{1,2}, Marcelo Hermsilla¹
¹ Servicio Medico Legal, Chile
² Universidad San Sebastian, Chile
kmoscoso@gmail.com

It was analyzed totality of malpractice cases made by the Legal Medical Service of Chile between 2002 and 2016. This institution executed the majority of cases of medical liability in the country. During this period of time 5,772 cases of malpractice were made it. Of the total successful claims, except finished to administrative reasons (54.4%), there was 36.7% of cases without malpractice versus 4.57% with evidence of malpractice and 4% not possible conclusive.

The all cases admitted, 24.8% are to gynecology & obstetrics, followed by surgery (14.9%), internal medicine (13.0%), pediatrics (9.32%) and traumatology & orthopedic (7.4%). However, the specialties with higher proportion of error versus regard to malpractice claims are: dentistry (63%); maxilo facial (58%); otorhinolaryngology (34%), traumatology (24%). On the contrary, there are specialties where the proportion malpractice is very low, such as: internal medicine and neonatology with 0.05% each; ophthalmology and neurosurgery (0.06%) and gynecology & obstetrics (0.08%).

Conclusion: Unfortunately there are limitations to data analysis due to the poor quality of the databases. Without prejudice to this, it is

dentists and maxillofacials (doctors or dentists) who proportionally fail more. On the opposite, the most high-risk specialties with regard to malpractice claims such as gynecology-obstetrics and general surgery, rarely is a malpractice

BIOETHICS AND BIOLOGY: VISIONS AND ETHICAL ISSUES OF UNDERGRADUATE STUDENTS

Lucas Nascimento Ferreira Lopes¹, Carlos Dimas Martins Ribeiro²

¹ PPGBIOS – UFF, Brazil

² UFF, Brazil

lucas.lopes22@hotmail.com

The formation of the biologist usually does not present many spaces designated to the ethical reflection of this professional performance and this can generate an important gap related to his performance. The present work proposed semi-structured interviews with undergraduate students in Biological Sciences in the last year of a public university so they can evaluate what ethical issues are important/identified by them. Using the Functionings Approach as an ethical theory, we analyzed their speeches to identify if and which functions of the students were being neglected or affected by the current formation structure. We observed the identification of problematic issues by the students, which focused mainly on the formation of the biologist and his performance. Thinking about the formation, questions about animal use (didactic purposes), spaces for ethical reflection, and problems of relations between students themselves and students and professors were mentioned as important issues. Regarding the professional biologist work, the questions raised were about the biologist's appreciation, his possible actions, and the natural focus on the research only. These varied issues show that student's functionings are being neglected or affected by the lack of ethical reflections about the nature of the biologist's own performance. To foster such reflections and to address such issues as ethical in nature may be the way to better integrate and value the biologist in society. Moreover, the inclusion of reflexional spaces and teachings in ethics can provide both the student and the professional the tools to solve the ethical and moral issues they find.

BRAZILIAN ETHICAL RESEARCH GUIDELINES ANALYSIS FOR PARTICIPANTS WITH ULTRARARE DISEASES

Ludmila Naud

Universidade de São Paulo, Brazil

ludmial@usp.br

Introduction: Ultra-rare disease is defined as a chronic, debilitating or life-threatening disease, with incidence less than or equal to 1 case per 50,000 inhabitants. Scarce legislation on ultra-rare diseases is an impedance factor for further research in the field.

Aim: Study the Brazilian legislation related to ultra-rare diseases.

Methodology: A review work was done with rare and ultra-rare diseases that contributed to Brazil Resolution CNS nº 563 formulation. All documentary research was done through consultation of Brazilian laws.

Results:

1. Rare diseases

Defined as diseases that affect up to 65 in every 100,000 individuals, in 2000 the National Policy for Comprehensive Care in Clinical Genetics was originated. Noting the need for multidisciplinary care of people with rare diseases, public consultation nº7 was held for discussion. Considering the suggestions given by such consultation, the National Policy for Comprehensive Care for Persons with Rare Diseases was established through Ordinance nº 199 in 2014.

2. Ultra-rare diseases

In Brazil, it is considered the same definition of England where it has at least one case per 50,000 inhabitants. Considering the need to define guidelines and actions in the field, Resolution 563 was created in 2017.

Conclusion: Rare and ultra-rare diseases present low frequency in general population. Its low prevalence constitutes a lack of public resources. However, there are so many different diseases that the

total number of sick individuals ends up having a considerable number. In view of the evolution of rare disease legislation, this is expected to be the case for ultra-rare diseases.

DIGNITY AND VULNERABILITY OF CRITICALLY CHRONICALLY ILL PATIENTS IN END-OF-LIFE: PALLIATIVE CARE AND PROTECTION

Marcio Niemeyer-Guimaraes^{1,2,3}, Ricardo T. Carvalho³,

Fermin R. Schramm¹

¹ ENSP-PPGBIOS, Brazil

² HFSE-MS, Brazil

³ HC-USP, Brazil

muracio@gmail.com

Objective: to discuss on the principles of dignity and vulnerability of critically chronically patients in the context of terminality, considering an opportunity for protection by a palliative care approach.

Methods: review on the bioethical aspects in healthcare and the risk of vulnerabilizing the critically chronically ill patients in EOL.

Discussion: the effect of the biotechnoscience paradigm since the mid-twentieth century in the biomedical field especially in the context of the development of biotechnologies has dramatically changed the course of disease, resulting in the current demographic change of the world population and the prevalence of non-transmissible, chronic-degenerative diseases, with an economic and social impact. Although the urgent demand for palliative care in the world, especially for developing countries, aspects about the dignity and vulnerability of the sick person have been neglected because of the blind willfulness therapeutic and the great significance of "naked" and artificial life, strengthened by the principle of the sacredness of life, then subjecting patients to the actions of 'vulnerabilizing' in the context of end-of-life.

Conclusion: a more inclusive and comprehensive approach of early integrated palliative care in a perspective of bioethics of protection may contribute to reduce the suffering in the terminal phase of chronic critical illness by offering better quality healthcare to patients and families, and, thus avoiding the actions of 'vulnerabilizing' associated to the overuse of biotechnologies.

THE SPEECH AND LANGUAGE THERAPIST IN THE NICU: ETHICAL REASONING ON THE NEWBORNS WITH COMPLEX NEEDS

Sara Panizzolo, Raffaella Citro

Federazione Logopedisti Italiani, Italy

panizzolosara@gmail.com

The increase in the births and in the survival rate of premature and immature newborns required an evolution of the Neonatal Intensive Care Units (NICU) in terms of organization and treatment patterns. The figure of the Speech and Language Therapist (SLT) is inserted in the multidisciplinary team, as a professional who provides support and assistance in the NICU in order to facilitate the transition from feeding through the Naso - Oro Gastric tube to natural, autonomous per os feeding, so that the baby may soon go home and the relation of the mother-child dyad may develop.

An high percentage of the babies who needed NICU, have difficulties in their neuro-cognitive development, including the communicative development. The SLT coaches the parents to observe, stimulate and interact with the baby in a proper way, so that an indirect intervention is early settled and the collaboration with the SLT is early based.

In the scientific literature we can find evidence of the advantages of the SLT intervention in the NICU. Though, this intervention is not widely diffused because of the shortage of funds and professional resources. Probably, it is believed that the intervention on such babies is not a priority. Indeed, leaving these fragile babies without the support that they need cuts their possibilities to become healthy children and is highly unethical. In addition, this can result in higher expenses for the Health System and for society later on. On the contrary, the proper and timed aid since the NICU days can make a big difference for the babies, their families and the whole society.

PRENATAL STRESS AND RISK FOR PSYCHOPATHOLOGY

Zoi Papadopoulou¹, Daniela Theodoridou¹, Konstantina Tsoni², Eleni Agakidou², Petros Petrikis¹, Vasiliki Drosou-Agakidou², Maria Syrrou¹, Stelios Virvidakis³

¹ University of Ioannina, Greece

² Hippokraton General Hospital, Aristotle University of Thessaloniki, Greece

³ National and Kapodistrian University of Athens, Greece

zoe_papad@hotmail.com

Stress related neuropsychiatric diseases are not Mendelian (single gene) but multifactorial (many genes, environmental factors). The identification of the causative mutation provides diagnosis in Mendelian disorders whereas the clinical utility of variants in multifactorial disease is limited, because it does not provide diagnosis but prognosis of probability of risk. Vulnerability regarding the disease is influenced by individual differences. Therefore, the risk reflects the combined effects of individual genetic, and dynamic, putatively reversible epigenetic interactions.

Low birth weight (LBW) is an indicator of early stress. Maternal prenatal stress and depression have been associated with LBW and neuropsychiatric disease predisposition. Inter-individual genetic differences (genetic profile), together with epigenetic differences (epigenetic profile) might result in variations in individual response to specific environmental stimuli and personal risk. Genetic variants and epigenetic changes influence adaptation or vulnerability to anxiety and stress related disorders and risk for LBW.

This approach may raise ethical issues concerning the parents, the child, and health care professionals. A mother should be able to estimate the impact of her psychological status on her child's health and her responsibility towards the new life; health care professionals have to assess the possibility of rejection of the newborn after the disclosure of the data. We shall focus on questions regarding the decision to inform or not the parents in cases that the provided information leads not to a diagnosis but to the detection of a future probable risk. We are going to discuss arguments regarding whether the parents have a right to be informed, and whether health professionals have an obligation to provide such presymptomatic information.

"KALOTHANASIA" IN THE CONTEXT OF CLINICAL BIOETHICS AND PALLIATIVE CARE

Venâncio Pereira Dantas Filho, Ana Luiza Borges de Sá Sforcin, Juliana Evangelista Dantas, Flávio Cesar de Sá
State University of Campinas – UNICAMP, Brazil
venancio@hc.unicamp.br

Advances in medical technology and the real possibility of intervening in the process of the death of people nowadays arouses debates about the situations of Euthanasia (anticipation of the moment of death) and Dysthanasia (obstinate prolongation of the death process). It emphasizes the importance of Orthothanasia, which is the therapeutic resources rational use aiming a dignified death, with better as possible control of suffering and pain, avoiding an unnecessary prolongation of the process. In addition to the concept of Orthothanasia, which is now practically restricted to respect to the patient's autonomy, more recently we have sought the rescue of a special disposition to confront the disease, which gives meaning to death through a process of socially shared and ritualized dying. This concept has been referred to Kalothanasia (gr. Kalos - beautiful and thanatos - death). The notion of Kalothanasia is distinct, more comprehensive, and less well-known than orthothanasia, and has been more generally simply referred as "good death" or even "beautiful death". It is understood today that good medicine is not enough for a good death, it is necessary the combination of therapeutic, moral and spiritual resources. The notion of Kalothanasia includes also aesthetics efforts for respectful care of the beliefs and values that give meaning to the life of the patient and his family. The authors emphasize that the concept of Kalothanasia should be divulged and incorporated, and should also be part of the

training of all the professionals involved in Palliative Care and Clinical Bioethics.

SOUTH AFRICAN NATIONAL HEALTH ACT (NO. 61 OF 2003) VS. EMMANUEL FRAMEWORK FOR ETHICAL RESEARCH (2004): IMPLICATIONS FOR CHILDREN RESEARCH

Dimpho Ralefala¹, Mariana Kruger², Nicola Barsdorf²

¹ University of Botswana, Botswana

² Stellenbosch University, South Africa

dnjadingwe@gmail.com

The South African government promulgated the National Health Act (NHA) (Act No. 61 of 2003) in 2004, where Section 71 (promulgated in March 2012) regulates research involving human participants, including minors. This study evaluated potential implications of compliance of paediatric research with the NHA, as well as with the framework for ethical research proposed by Emanuel et al. (2004), through the review of 55 published journal articles involving children as research participants, published by researchers from the Department of Paediatrics and Child Health at Stellenbosch University from 1 March 2012 – 31 March 2013, after the promulgation of Section 71. The majority (89%) of the studies could be defined as non-therapeutic research, with no prospect of direct benefit for the individual child. This study established that the NHA places more stringent review standards for lower risk non-therapeutic research, but not for therapeutic research that is likely to involve more than minimal risk. Also, the NHA assumes that non-therapeutic studies present no direct benefits to child participants; however, this study found out that some non-therapeutic studies did present some direct benefits. The framework for ethical research proposed by Emanuel et al. (2004) is proven a valuable framework in this study to determine if paediatric research is ethically acceptable. In situations where national regulations have been recently enacted, as in the case of the SA NHA (No. 61 of 2003) Section 71, it is very important to assess the implications to ensure that essential paediatric research can be conducted.

A CROSS-COUNTRY COMPARISON: TRENDS IN THE REGULATION OF SURROGACY AT THE NATIONAL LEVEL

Rebecca Reingold, Kathryn Gottschalk
O'Neill Institute for National and Global Health Law,
Georgetown Law, USA
rr951@law.georgetown.edu

Countries around the world have adopted a wide range of approaches to regulating the practice of surrogacy, ranging from absolute prohibition to full legalization. The resulting patchwork legal system at the national level has led to a spike in international surrogacy arrangements, as intended parents in countries with restrictive surrogacy laws are increasingly using surrogacy services in countries with more liberal laws. Unfortunately, such arrangements are subject to little regulation at the international level and, as a result, can have negative consequences for all parties involved, including the intended child (e.g. statelessness), the intended parent/s (e.g. limited protection of parental rights) and the surrogate (e.g. exploitation). Our cross-country analysis of the regulation of surrogacy at the national level has enormous utility in this context, uncovering numerous regulation-related trends among countries (e.g. by region, religion, per capita GDP, etc.). Given the diverse local moral, cultural and religious values involved in this context, it may not be possible to identify "model legislation" for national-level regulation of surrogacy. However, our comparative law research suggests that key improvements can be made to existing laws to help prevent or mitigate the negative consequences of international surrogacy arrangements.

Our comparative law research and analysis considers the surrogacy laws of 40+ countries from various regions, with diverse majority religions, and a range of per capita GDP. Our recommendations for key

improvements are grounded in the well-established principles of bioethics and international human rights standards that are relevant in this context.

ETHICAL CONSIDERATIONS OF REGULATING INNOVATIVE SURGERY

Christopher Rutter
Kenyon College, USA
rutter1@kenyon.edu

The question of how to regulate novel surgeries has been widely debated in research, clinical, and surgical bioethics, with a tendency to propose greater restrictions to prevent malpractice. However, current proposals for regulating experimental surgeries leave little room for innovation. This research suggests that the inclination to create extensive restrictions on novel surgeries is often ineffective and harmful to medical innovation, beginning with an analysis of the three primary types of proposals for regulating innovative surgeries: preclinical trials, independent review, and data transparency. The use of these categories, alongside specific surgical examples such as the slide tracheoplasty, provide evidence to how current regulatory proposals are problematic and often ethically unjustifiable. Secondly, a reexamination of normative ethics, principlism, and Kantian ethics demonstrate the unique nature of surgery, and why separating experimental surgery from classical human subject research is imperative to creating a standard for surgical ethics. Finally, I offer preliminary suggestions to dealing with bioethical concerns associated with regulating surgery while allowing for innovation. Ethical arguments for increasing regulation must account for the different factors associated with surgery, the costs of limiting innovation, and the limitations of current empirical data. It is important that regulatory proposals reflect this deeper consideration of the ethical problems specific to innovative surgery.

BIOETHICS INSTITUTIONALIZATION OF HUMANITARIAN EXPERTISE

Tatyana Sidorova
Novosibirsk State University, Russia
vasinatan@mail.ru

Ethical control in biomedical research is a well-established institutional activity form in bioethics. In a broad network of ethical committees and in the IRB, mostly professionals and social people work. Ethical expertise should be professional and corresponds to the scientific level. Therefore, all members of ethics committee must be studied to become experts. Humanitarian expertise is a generic term of ethical expertise. Here regulation objects are not only projects had to be necessary protected. The main goal of humanitarian expertise are projects which touch the lives of a wide population section or humanity. These are not projects of individual research groups, but large-scale trends in modern technology where laboratories, money, management, and power are united. In biomedicine, such tendencies can include cloning programs, personalized medicine based on the use of patient genetic data, assistant reproduction via evaluating its cumulative effects and impact on human reproduction. The newest trend is an application of neuroscience results not only in neurological disorders patients' treatment but firstly for human improvement. A concrete scientific project might be proposed to improve a human being subjected to ethical review. Therefore, it is necessary to create institutions providing a broad humanitarian assessment of the latest trends. They will aim at changing the lives of both individual communities and all people. Humanitarian expertise overcomes monodisciplinary framework, unites various discourses, makes find special rules of social life organization or institutionalizes social frames come into our lives with new technologies. Humanitarian expertise exists not about a man, but for a man.

This work was supported by the Russian Foundation for Basic Research [№17-29-02053].

UNDERSTANDING PARTICIPANTS' CONSENT IN AN ENTERO-TOXIGENIC VACCINES TRIAL IN MISISI TOWNSHIP IN LUSAKA, ZAMBIA

Bornwell Sikateyo
University of Zambia, Zambia
bsikateyo@gmail.com

Informed consent is considered a prerequisite for ethically sound research in human experimentation. Consent can be indicated either by oral expression, voluntary actions, or a signed document. However, it should be borne in mind that informed consent is not meant to protect people from risk because in research there are always risks. The main objective rather, is to allow people to make an autonomous choice and to willingly submit themselves to risk. Therefore, the aim of this study was to interrogate the consent undertaken by participants in a diarrhoeal vaccines trial in Misisi Township in Lusaka – Zambia. Rather than considering the principles upon which informed consent is based, this study aimed to understand how ethical and moral behaviours emerge in the context of a complex and challenging trial in a poor-resource setting. This study employed an ethnographic approach to explore the evolving relationships between researchers and participants' expectations over the course of the trial, and the responsibilities these inspired.

This study found that abstract ethical principles alone do not seem to adequately reflect the nature of ethical practice in the field. Although informed consent processes were rigorously followed, a number of important stages of the trial were not well understood. For the most part, participants enrolled to gain access to the resources necessary for survival. They viewed trials as an opportunity to enhance their well-being and that of their families although it required work. For those who participate, ethical research is not a matter of technical details of research, but rather, socially and materially transacted in day-to-day social interactions and engagements.

This study has shown that the ethical issues raised by trial participation need to be addressed by taking into account the fact that research in resource-poor settings will never follow the ethical models set in place in the West; we have to look for new analytical resources. Because research settings are highly context-specific, supplementing ethical review with ethnographic approaches to medical research practice should be encouraged. Research should also be encouraged to involve long-term collaboration and/or local health system improvements in order to account for the underlying irregularities that both cause ill-health and pose a challenge to genuinely ethical research.

THE CONTRIBUTION OF KAROL WOJTYLA'S PHILOSOPHY TO BIOETHICS

Marcelo Antonio Silva
Instituto Superior de Filosofia e Ciências Religiosas São Boaventura,
Brazil
marceloantonios@uol.com.br

In recognizing the value of the individual as a human being, who is unique and unrepeatable, of dignity and nobility that differs from any other species, Wojtyla leads us to treat it as an end in itself and never as a means. From this, it is verified that the personalism of Karol Wojtyla contributes with Bioethics practice, from the philosophical and anthropological contribution present in his works.

In analyzing his thinking, we find authentic reference points that will lead Bioethics to ensure the life and dignity of the human being, subject and main object of his work.

In this perspective, Wojtylian thought values and improves the key concepts of bioethics, pointing to the human being as Person who, through his action, influences and transforms the world that surrounds him. Bioethics, in turn, helps it to do so with special efficacy based on its multidisciplinary character offering tools to analyze, value and act, pointing ways and attitudes of man on man, always in the sense of respecting and defending life and dignity, especially when they are in a situation of vulnerability to progress and technique.

X-MEN IN THE MILITARY: THE ETHICAL IMPLICATIONS OF CREATING THE SUPER-SOLDIER

Oluwatomisin Sontan
Yale, USA
oluwatomisin.sontan@yale.edu

Seeing as we now have the technology to make superheroes, the subject of significant American media and intellectual intrigue, many must wonder why we hesitate. The discussion surrounding new gene-editing technologies that could have many human applications tends to avoid the concept of the "super-soldier". Choosing to focus on the escalation of biological warfare in terms of microbial agents and the intentional release of deadly viruses, researchers, philosophers, and ethicists have left the real possibility of the genetically-engineered soldier mostly untouched. My research evaluates the some of the possible ethical implications of using CRISPR/Cas9 technology in order to create the ultimate fighting force. Utilizing science fiction that has discussed the issue for decades, I employ the use of close analysis on the film, *X-Men Origins: Wolverine*, to draw out ethical concerns. Upon further analysis, my qualitative research suggests that the idea of the super-soldier, while interesting, is better left unexplored.

A RESPONSIBILITY: INCLUDING LGBTQ COMMUNITIES IN THE DISCUSSION OF BIOETHICS

Sarah Stewart
Kenyon College, USA
stewart1@kenyon.edu

The question of when and how to include LGBTQ communities in bioethics has become widely debated in medical research and public policy. It is increasingly urgent to discuss the broader need for queerness in bioethics as our understanding of the genetic, hormonal, and antepartum aspects of sexual preference and sexual identity increases. I begin by critically discussing the way medicine and law have systematically excluded, inaccurately categorized, and psychologically as well as bodily harmed the LGBTQ community. Next, I make plain the need to debunk corrective treatments as dangerous, fallacious, and ineffectual. Finally, the examination of normative ethics--virtue ethics specifically--and principlism allow for further consideration of future concerns surrounding the LGBTQ community. Looking forward, I discuss the ethical responsibility to revolutionize the cultural norms surrounding sexual minorities, as well as prospective concerns their identities may face. As our understanding of the biological mechanisms behind queerness advance, the discussion must shift to the possible erasure of a historically stigmatized community. The field of bioethics is implicated in determining whether or not scientific information about queerness is exploited, and by whom.

MEET (MEDICAL EDUCATION EMPOWERED BY THEATER), A METHOD FOR TEACHING ETHICS

Marcia Strazzacappa, Adilson Ledubino, Leticia Frutuoso,
Marco Antonio Carvalho
UNICAMP, Brazil
marciastrazzacappa@gmail.com

The goal of medical education is to deliver competent professionals fully committed to the virtues and values of the good and ethical medical practice. Researchers in medical education agreed on the relevance of understanding and modulating medical students' professional identity development. Augusto Boal's Forum Theater activates individuals towards the consolidation of their autonomy in situations of social oppression and unbalanced power relationships, common on the hierarchical environment of medical education. During an obligatory course based on Boal's methodology, students (n=340) engaged in body exercises and theater games designed to create emotional and relational awareness. Through theatrical

improvisation students performed scenes connected with the themes discussed during the encounters and were interviewed afterwards. This methodology encouraged reflection on ethical behavior and emotional development. Knowledge was co-constructed in a collaborative and sensitive way, relying on the body and interrelationships as the main engines. The scenes revealed conscious and unconscious conflicts and unspoken feelings. In the debriefing, students shared impressions, had insights, and became aware of the process of forming their new professional identity. The results allowed us to introduce a new field of transdisciplinary study: MEET (Medical Education Empowered by Theater), an active teaching-learning methodology that fosters communication skills, providing space for personal, social and ethical reflection, and raising students' awareness of the inherent conflicts in the process of becoming a doctor. MEET comprehends concepts and techniques that can be taught and learned, contributing to ethics and humanization, fostering empathy and resilience, and assuring a new space for creativity in Medical Education.

OPTIMIZATION OF END OF LIFE RELIGIOUS/SPIRITUAL SUPPORT TO HOSPITALIZED PATIENTS

Norberto Tortorello Bonfim, Venâncio Pereira Dantas Filho,
Célia Regina Boccati, João Sílvia Rocha, Flávio César de Sá
Clinical Hospital of State University of Campinas – UNICAMP, Brazil
venancio@hc.unicamp.br

Nowadays the importance of religious/spiritual support (RSS) in the end of life mourning process is emphasized and also this support should be widely offered. The results of interventions to optimize the offer of RSS by the Hospital Chaplaincy Service (HCS) to end-of-life patients in a general university hospital of 405 beds (65 of ICU) were evaluated. Data regarding the total number of deaths in the hospital and deaths attended by HCS in the first half of 2015 (group A) were retrospectively analyzed. The following interventions were performed: increase number of chaplaincy agents from 35 to 70, retraining the agents with reinforcement of RSS importance, targeting the most critical areas (ICUs) and more judicious recording of the visits. After the interventions, new data were collected from the first half of 2016 (group B) and the results compared with group A. There were no statistically significant differences (chi-squared and Student's t-test) between gender, mean age and mean of hospitalization time between A and B groups. In group A, 630 patients died and 95 received RSS (15.08%), while in group B, 487 patients died and 222 received RSS (45.58%) (p < 0.0001). The measures implemented were considered effective. The authors conclude that practical and low-cost measures can result in effective improvement in care.

JEWISH PERSPECTIVES TO FERTILITY TREATMENTS

Alegria Vaz Mouyal¹, Dan Reisel¹, Jackie Leach Scully², Joyce Harper¹
¹ University College London, UK
² Newcastle University, UK
alegria.mouyal.13@ucl.ac.uk

Attitudes towards Assisted Reproductive Technologies (ART) mirror a person's values; they often challenge a person to question their ethical limits when deciding which treatment is appropriate. Orthodox Jews are characterized by stringent adherence to the corpus of Jewish Halakhic practice, and this includes reproductive practices. My research focuses on understanding the role religion plays in the decision making of Orthodox Jews especially when it comes to deciding which fertility treatment to have. The aim of my research is to improve communication between health care providers and girls and women in Orthodox communities, bring fertility and sex education to those who do not have it in their schools and to help policy makers, hospital chaplains and future Orthodox couples who might require assisted reproductive technologies. This poster I am submitting describes the first part of my research. I carried out 8 qualitative interviews with scholars and 17 with women

in the Orthodox Jewish community in London. Participants were asked questions on: IVF, embryo freezing, social egg freezing, preimplantation genetic diagnosis (PGD), sex selection, gamete donation, surrogacy and treatments for single women and homosexual couples.

The findings suggest that knowledge of fertility and fertility treatments is relatively low in this population, and that more fertility information should be delivered in the Orthodox Jewish community. Nevertheless, both Orthodox Jewish women and religious scholars were generally not opposed to most ART. This is a result of the positive attitude Judaism has to fertility. A deeper understanding of the religious background of such couples will allow better counselling and care of couples and single women with an Orthodox Jewish background when it comes to them needed assisted reproductive technologies.

ON WHY SURROGACY WOULD HELP TO BALANCE SPANISH SOCIETY

Ana María Vilchez Simó
Universidad Europea de Madrid, Spain
ana.vilchezsimo@gmail.com

Surrogacy has been a subject of debate in Spain for years. Despite all the arguments for and against it, there seems to be no consensus on the ethical bases that would justify the approval or absolute prohibition of the process. Instead, we find a country where surrogacy is not allowed, but reproductive tourism towards other countries is. The consequence of the current legislation is an absolute discrimination against women, since only men can claim paternity if the baby was born out of the country and they returned; towards couples formed by two men and single men, since they would be the only part of the population that would not have alternatives to have biological children; and towards people who can not afford to travel to other countries to carry out the process, also promoting the exploitation of women from developing countries. My objective in this article is to discuss the ethical and moral bases that would justify the approval of this law and explain why the arguments against it are not valid in their entirety. After exposing the consequent iniquities to the current situation, I will prove that the approval of altruistic surrogacy is, without a doubt, a solid solution that leads us towards a more balanced society.

ETHICAL VALUES IN PHYSIOTHERAPY – REAL GUIDELINES OR MERELY IDEALISTIC ASSUMPTIONS?

Agnieszka Wójcik¹, Anna Ratajska², Emilia Dadura¹,
Alicja Przyłuska-Fischer¹
¹ *Józef Piłsudski University of Physical Education, Poland*
² *Kazimierz Wielki University in Bydgoszcz / Dr. Jan Biziel University Hospital No. 2, Poland*
agnieszka.wojcik@awf.edu.pl

Physiotherapist's ethics is a relatively new field of bioethical considerations which has not been fully defined yet. Its codes refer to values universal for various health professions without paying sufficient attention to the moral significance and problems of physiotherapist's work. Considering the therapeutic role of touch, attitude towards the human body, discussions on disability, and a holistic human model it is difficult to comprehend why literature devotes so little space to theoretical and philosophical analyses of the human body which is still treated merely as a biomechanical object of manipulation. Experiences of people with disabilities, bioethical reflection on their cognitive, emotional, psychological, existential and axiological problems are very important for physiotherapy and the validity of the quality of therapeutic relationship and its effectiveness should be stressed. One of the ethical aspects concerns physiotherapist's intimate relationship with a patient based on trust, touch, communication and sometimes patient's dependency. Ethical problems are mainly discussed in the context of disabled people, but

in physiotherapy they should also include the relationship-centered care model.

The American Physical Therapy Association initiated a discussion on "core values" and amended code of physiotherapist's ethics which, however, is culture specific. The differences between essential values in European and American bioethics, professional status, diverse legal, organizational and financial conditions and avoiding the issue of moral problems concerning therapeutic touch provide justification for considering ethical values as essential guidelines in physiotherapy. The work is the result of a research project nr 2016/21/B/HS1/01824 funded by the National Research Centre.

TEACHING AND LEARNING OF RESEARCH ETHICS: THE CASES OF A GENERAL AND A MEDICAL UNIVERSITY IN JAPAN

Akinori Yamabe
Jichi Medical University, Japan
yamabe@jichi.ac.jp

In recent years, many problems related to research misconducts occurred in Japan. Until now, educations for improving the consciousness of research ethics has not been done sufficiently at Japanese universities. In response to problems the above, some trainings for researchers has been frequently conducted recently. However, it seems that it's too late to educate those after they have already engaged in some kind of researches directly. It is thought that the education at earlier stage in the university is more significant. In this study, we consider about the education of research ethics in undergraduate course taking example of a general universities (the University of Tokyo) and a medical university (Jichi Medical University) in Japan.

At the University of Tokyo, the class was proceeded with active learning method. Through group discussions, the students made various plans to learning research ethics. In the presentation, some group analyzed by focusing on the difference in the quality of pressure felt by prominent researchers and unnamed researchers, other group created an appealing novel which describes some fraudulent hints which will link to research misconducts. With the use of collected questionnaires before and after the class, many positive educational effects were shown such as, deeper understandings of research ethics, improving the consciousness to prevent research misconducts.

In addition, students will likely learn more if they use human as their subject in their research. Therefore the class was conducted in Jichi Medical University where all students will be medical doctors. Here, using various visual materials and more concrete examples related to medicine and bioethics and health law. It also became a significant opportunity for them to think about the essential of ethics deeply and act with ethically correctness in the future.

ETHICS AND EMOTIONAL INTELLIGENCE AS A PROCESS OF STUDENT'S EMPOWERMENT IN EDUCATIONAL FRAMEWORKS

Halah Zidan
Top Interpersonal Communication, Israel
zidan.halah@hotmail.com

Students' empowerment at school is manifested by educating the students for values, norms and ethics of central issues that deal with human dignity; such as, integrity, forgiveness and tolerance, mutual respect for personal and interpersonal development, multiculturalism, autonomy, equality recognition and individual difference and environment.

In his/her daily work, the teacher and the educator's role is to develop and raise the personal and interpersonal awareness about the issues mentioned above. In each learning subject, an emphasis is put on ethical aspects.

The assimilation process begins with developing cognitive processes and world-view. An additional stage is the connection to emotions.

Developing immanent emotional language is a basis and a condition to create behavior motivation.

The teacher and the educator management is a model to his/her students. It starts with verbal and non-verbal language, behavior and attitude toward the students and colleagues and the way he/she deals with the surrounding where he/she teaches. All this is reflected to the students.

The process of assimilation to values, norms and ethics will be carried out by triggering student's curiosity and developing personal interest to the process itself. Therefore, the teacher should use various didactic tools, like using stories to raise ethical dilemmas, movies, group work, games, cards' sits, music and arts. These tools lead to stimulating and triggering the students' preference to learn the school subjects.

The teacher should develop and increase the students' values, norms, ethics and motivation. He/she also should educate the students to respect others by their cultural differences, to be aware of the equality between people, the multi culturalism and to be able to accept the other. The teacher needs to teach the student how to relate to the rest of the group and how the group relates to the individual and to the people surrounding him/her, particularly those who are disabled and irregular.

The teacher has a variety of tools to achieve this goal: activities and trainings that aim to assimilate insights as well as, plays, social role playing games and texts about the issues of human dignity, environment and the relations between people.

The students of today are the people of tomorrow. They are the future generation, policy makers and a model.

ETHICS AND NEUROETHICS

Miroslava Zivković, Dusica Pavlović, Nevena Petrusić
University of Niš, Serbia
 miraz3011@gmail.com

The past decade has brought about surprising knowledge in the field of neuroscience as well as giant steps in the way of knowing the greatest truths of the mankind. During the decade, brain research involved a wide spectrum of integrative systems from molecular to systemic functioning, with clearer designs and hidden rules of brain functioning. This knowledge resulted in a lot of benefits, enormous risk, inequality in power and authority, great rights and obligations. The mere presence of technology did not require the creation of a special discipline of bioethics that would be an arbiter of ethical issues.

The possibility of abuse and change in human kind is frightening. How can we use knowledge and technology for the common good? These emerging technologies raise all kinds of well-known ethical and social issues such as security, privacy, autonomy, responsibility, physical and psychological integrity and access to technology, as well as less known issues such as: human development, social improvement, ownership of biological data, freedom of information, consumer competence and medicalization.

Ethics shall not be involved in science at the moment when something goes wrong. The idea is that ethics specialists should be an advisory body during the development of a scientific product. Neuroethics comes prior to legal regulations and warns of the possible consequences of scientific research.

In the 21st century, the partnership between bioethics and neuroscience resulted in the emergence of neuroethics, a modern discipline that has the task of improving the ethical, social and legal aspects of this interrelation. Above all, it is required to protect privacy and identity when it comes to the prediction of a disease outcome.

ETHICS AND NANOTECHNOLOGY: THE SCIENCE OF INTERFACES

Víctor Manuel Castaño Meneses, Lili Marlen Aguilar Chávez,
Fabiola Arellano González, Eduardo Farías Trujillo,
Oscar Armando Rico Chávez, José Robles Martínez,
Juan Carlos Romo y López Guerrero,
Víctor Manuel Castaño Meneses
Universidad Autónoma de Querétaro, Mexico
victor.m.castano@gmail.com

The concept of interface in Physics and Chemistry is reviewed, emphasizing its importance towards the understanding of the basics of Nanotechnology, one of the most important emerging sciences in the last couple of decades. Then, the concept of social interface, originally developed in the 1960 within the context of the growing influence of media on society, is discussed in terms of the role that nanosciences are increasingly playing not only on technological developments, but also on the perception of the public towards science and technology.

That's how the context of society starts to develop a new way of organization through the science and technology but at the beginning just with the purpose of generate comforts and better ways of social growth, getting away the community of people knowing people and creating the social network, giving space to social interface to create and modify the approach we have of the world.

Also, the analogy of these two types of interfaces is then elaborated from various perspectives: philosophical, epistemological, legal, medical, artistic and technological, where it becomes evident a space for moral reflection of the actions derived from contemporary techno-scientific through the Nano ethics; to explicitly show the relevant ethical problems that the evolution of these interfaces are generating, and for which there is scarcely a conceptual framework which could allow to classify, understand and cope with such emerging dilemma, which are already posing important challenges to contemporary societies.

COPING WITH BREAST CANCER USING EMOTIONAL INTELLIGENCE – IT'S ALL ABOUT APPROACH!!!

Shosh Cohen
Israel
Shoshcohen11@gmail.com

In May 2014 I was told that I had a particularly violent breast cancer! The first thing I understood immediately was that I was going to war, the war for my life!!! To win the war I have to mobilize all the mental resources I have. I prepared an organized work plan for details. My strength is my soul, believing that body and soul are one and the same!

Using different strategies will increase my chances of recovery.
For example:

Naming – Many people tend to call cancer "disease," I called it **cancer**. The use of the word "illness" attests to concealment, distortion of reality and fear of coping with the difficulty. When I say "breast cancer" I feel that I am looking at my enemy straight into its eyes without fear.

Referring – I treated chemotherapy as a preventive treatment rather than as a healing treatment. I called them: "**Perhaps Treatment**". I referred to the outbreak of breast cancer as a challenging task and not as a disease, to perform the task and to win!!

Because only I have the needed mental strength to withstand all the difficult challenges!!

Acceptance and Containment - I accepted the choice (of God / Destiny) with understanding and perfection. The thoughts like: why me? never came up.

Humor – I tried to combine at the time humor with the illness, in order to maintain a normal life without sadness, frustration and fear. Today, three years after the end of the intensive treatments, I am dealing with serious back-to-back diseases that have broken out as a

result of the treatments. I have to deal with them all my life. Nevertheless, I try to maintain a normal life.

It is important to know and understand that all of our lives are the result of behavior that stems from different approaches and decision-making.

Coping with a health crisis depends on our attitude and approach. If we surrender to fear, to illness – we break and lose. If we believe in our own forces, ourselves – we will overcome and win!

VIDEO-GAMES AS A DEDUCTIVE TOOL TO TEACH ETHICS

Paz Grace
University of Haifa, Israel
pazgrace@gmail.com

Video-games have proven to be useful teaching tools - in basic skills like math and language, complex theories like diplomacy and quantum mechanics, and abstract skills like reactions times and critical thinking - I'd like ethics to be on the list of skills learnt by the growing technology of video-games. Skills that can be taught using a smartphone, a tablet or a computer. All of which make for an exciting environment for youth and children to learn.

First, a game called SpaceTeam is introduced as a crash course to teambuilding - an environment where they have to work together, and share information for the betterment of their team, they realize how important effective communication is between each individual. Next, a game called Badland gets played to further encourage cooperation - played in a more compelling environment and in smaller teams of two to four. The third step uses a trivia game called Kahoot! to teach the remaining principles of Bioethics, all in great fun.

Each class consists of video-game playing, and workshops to discuss and reflect on what was learnt and felt playing the video games on the lessons chosen subject. Subjects like: dignity and human rights; interests and welfare of the individual, in light of the interests of a group; benefit and harm; direct and indirect benefits; informed consent; respect of vulnerability; personal integrity; equality, justice and equity; non-discrimination and non-stigmatization; respect for cultural diversity and pluralism; solidarity and cooperation; protecting future generations; protection of the environment, the biosphere and biodiversity.

ETHICAL ISSUES IN FETAL ALCOHOL SPECTRUM DISORDER

Yasmin Senturias
Atrium Health and UNC Chapel Hill, USA
ysenturias@yahoo.com

The ethical principles of confidentiality, autonomy, beneficence, nonmaleficence and justice are important considerations in understanding Fetal Alcohol Spectrum Disorders. Alcohol use during pregnancy brings in the principle of autonomy on the part of the woman to make decisions that would affect her health but this conflicts with the principle of beneficence which a health provider would call upon to protect the health of the fetus. Women advocate for justice or fair treatment for men and women alike. If men are allowed to drink in moderation, women should be allowed to do the same. However, nonmaleficence which health providers apply in this case as a deterrent to alcohol use just during the entire duration of the pregnancy given the detrimental effects of even small amounts of alcohol on the fetus, especially on the brain. This can lead to a lifetime of neurobehavioral challenges to the infant. When pregnant women go to their physicians, they do expect confidentiality, and physicians have to decide whether they honor this or find this to conflict with nonmaleficence to the fetus. This is especially true when the mother continues to drink alcohol despite advice from the physician. Some states in the US have mandated physicians to report alcohol use that could endanger the fetus, which would conflict with the principle of confidentiality. In order to provide the best care, it is important for healthcare providers to consider ethical issues in Fetal Alcohol Spectrum Disorders.



Authors Index

- Abdullahi, Z.....5
 Abramowitz, M.Z.....4
 Abu-Jabal, A.....77
 Ackerman, A.....92
 Adani-Beni, L.....3
 Adhikari, S.....78
 Agakidou, E.....111
 Aguilar, L.M.....73
 Akhmad, S.A.....3
 Alchorne Trivelin, M.L.....103
 Alimehmeti, R.....107
 Almog, S.....52
 Alonim, H.....10
 Altarescu, G.....99
 Alves, J.M.....103
 Amado, J.....49
 Anand, S.....32
 Anane-Sarpong, E.....3
 Anderson, C.....3
 Angelov, T.....103
 Anggara, B.A.....3
 Antonio Silva, M.....29
 Aoki, F.....75
 Aparecida da Silva, P.....29
 Architravo, A.....66
 Ardelean, A.....4
 Argentero, P.....32,52
 Argo, D.....4
 Arofah, B.S.....3
 Arora, P.K.....4
 Arora, S.S.....4
 Asempah, E.....4
 Ashkenazi, I.....5
 Asrani, S.....3
 Atkinson, M.....81
 Auckland, C.....35
 Avisar, I.....5
 Ayer, R.....29

 Baddarni, K.....5
 Badia, E.....106
 Badugu Patrick, E.....5
 Baird, D.....5
 Balasingam, U.....103
 Balik, C.....37
 Balqis, V.....68
 Banasiuk, J.....6
 Bar Gosen, N.....6
 Barash, I.....4
 Barcelos, I.....75
 Barcina, T.....103
 Bard, T.....6,98
 Barhoum, M.....77
 Barlevy, D.....7
 Barnea, R.....93
 Barnes, R.....55
 Barooah, R.....7
 Barsdorf, N.....111
 Batt, M.....7,20,22,36
 Becker Tavares, S.....104
 Bedi, M.....7
 Bedi, S.....7
 Bedrick, J.....8
 Bendova, J.....105
 Benevolo, E.....24
 Benfrech, E.....20

 Ben-Meir, P.....77
 Benyakar, M.....8
 Berent, I.....8
 Berger, F.....8
 Berman, R.....9
 Bernez, L.....7
 Bhanot, K.....36
 Bhave, S.....9
 Bigsby, K.....107
 Bilgaiyan, R.....9,53
 Blagojević, A.....88
 Blandino, A.....56,99
 Blau, A.....9
 Boixadera, A.....106
 Bomtempo, N.....104
 Bonolo, B.....42
 Borges de Sá Sforcin, A.L.....111
 Borow, M.....10
 Borsellino, P.....10
 Botbol Baum, M.....10
 Boutlas, G.....10
 Bozolan Sunaga, F.....29
 Brasil, L.A.....104
 Braude, H.....10
 Brendel, R.....11
 Brokesova, M.....47
 Broström, L.....26
 Bruce, L.....11
 Buccelli, C.....11
 Buccelli, P.....13,14,15,85
 Bussing, R.....61
 Buturovic, Z.....104
 Buturovic-Ponikvar, J.....104

 Calderon, P.E.....12
 Caleb, A.....12
 Calmonson, S.....12
 Camp, M.....36
 Campbell, E.....12
 Cannovo, N.....13,14,15,85
 Cantone, M.C.....66
 Cardarelli, M.....27
 Cardoso do Nascimento, S.M.....54
 Carlotto, I.N.....13
 Carlson-Oehlers, V.....13
 Carmi, H.....13
 Carmi, U.....14
 Carr, C.....14
 Carr, C.....14
 Čartolovni, A.....32
 Carvalho, M.A.....113
 Carvalho, R.T.....110
 Casella, C.....13,14,15,85
 Castagna, L.M.....15
 Castaño Meneses, V.M.....73
 Castaño, S.M.....15
 Castro Castillo, A.B.L.....15
 Cazetta Chinellato, E.....108
 Celda, E.....106
 Černý, D.....15
 Cerrone, I.....13,14,15,85
 Chalmers, B.....16
 Chan, G.....16
 Chandran, D.....16
 Chang, J.....36
 Chelouche, T.....17
 Chen, J.....63

 Chenge, L.....95
 Cherlow, Y.....17
 Chetri, V.A.....78
 Choi, Y.....17
 Chukwuneke, F.....18
 Ciesielska, M.....18
 Citro, R.....18,110
 Coeurnelle, D.....18
 Cohen, B.....13,19
 Cohen, D.....19
 Coleman, C.....19
 Collier, N.....19
 Collins, K.....20
 Coltrinari, L.....109
 Coman, J.....20
 Conte, A.....57
 Cooke, B.K.....86
 Costa, A.....76
 Coudane, H.....7,20,22,36
 Cox, C.....20
 Craig, S.....20
 Cuadros Aguilera, P.....21
 Cummings, B.M.....64
 Cumiskey, D.....21
 Czarkowski, M.....21

 Da Silva, M.....103
 Da Silva, T.....103
 Dadura, E.....21,70,114
 Danan, J.L.....7,20,22,36
 Daniega, D.....22
 Dantas Filho, V.....75
 Davidovitch, N.....52
 Davidow, Z.....22
 Davies, J.....22
 Davtyan, S.....23
 de Bont, A.....48
 De Cagno, A.G.....15,18
 de Haller, J.....23
 de Lucca, S.....75
 de Oliveira, A.M.....104
 De Ponte, B.....66
 De Souza Avelino, A.K.....108
 de Vehí, J.T.....106
 De Vries, J.....54
 Debout, C.....22
 DeKeyser-Ganz, F.....53
 Del Forno, D.....23
 Dennis, B.....23
 Di Patrizi, S.....24
 Di Somma, A.....24
 Dillon, R.....42
 Dima, A.....24
 DiMare Hering, C.....73
 Dimas Martins Ribeiro, C.....110
 Dimitrijevic, J.....104
 Doležal, A.....24
 Doležal, T.....25
 Dombe Doron, S.....25
 Dombe, S.....48
 Donato, A.....105
 Donato, F.....105
 Donato, G.....105
 Donika, A.....25
 Doskocil, O.....25
 Dostalova, K.....105

Dranseika, V.....	66	Goldsamt, L.....	92	Karahanci, O.N.....	42
Drosou-Agakidou, V.....	111	Goldstein, H.....	35	Kardas, P.....	32
Duarte, I.....	108	Gong, X.....	35	Karlsson, E.....	51
Effa, P.....	29	Goold, I.....	35	Karni, T.....	42
Egea, C.I.....	26	Gordon, M.....	35	Karpin, I.....	84
Eini, H.....	74	Gottlieb, D.....	35	Kassirer, Y.....	77
Eklöf, N.....	105	Gottschalk, K.....	111	Kasule, M.....	42
Elger, B.....	3	Grant, S.....	36	Katz Peled, T.....	43
Erculj, V.....	36	Gravelier, C.....	20,36	Katzenelson, E.....	43
Evangelista Dantas, J.....	111	Gravellie, C.....	22	Katzir, I.....	34
Eyal, N.....	26	Grosek, S.....	36	Katzman, J.....	43
Faden, R.R.....	42	Groselj, U.....	36	Kaufman, Z.....	43
Fanaj, N.....	26	Guardabasso, V.....	36	Kayser, P.....	107
Färdow, J.....	26	Gunderson, M.....	37	Keidar, D.....	44
Farhat, M.....	27	Güngör, S.....	37	Keidar, G.....	44
Farroni, J.....	27	Gupta, N.....	37	Kelam, I.....	44
Feeney, O.....	27	Guy, S.....	37	Kelishchek, S.....	37
Feinberg, P.....	5	HaGani, N.....	30	Kelly, A.M.....	20
Fenton, K.....	27	Haimovich, S.....	22	Kemelman, R.....	45
Ferdinandi, M.....	18	Haller-Hayon, O.....	37	Kepten, I.....	45
Ferrando-Garcia, F.....	28	Harper, J.....	113	Khaikin, R.....	37
Ferraz, A.C.....	28	Hartman, L.....	39	Khoshnood, K.....	92
Ferreira, J.M.G.....	106	Harutyunyan, M.....	23	Khoury, W.....	45
Figueiredo, B.H.....	84	Hashiloni-Dolev, Y.....	38	Kim, O.J.....	17
Finkelstein, A.....	53	Havyer, R.....	72	Kiosi, E.....	46
Finnerty, A.....	28	Hayes, S.....	38	Kirimuhuzya, C.....	46
Fins, J.....	30	Heo, M.....	106	Kirkov, V.....	103
Fizzotti, G.....	28	Herath, P.....	38	Kirkova, M.....	103
Fleisch, S.....	61	Hermosilla, M.....	109	Klim, S.....	20
Fleischman, T.....	41	Hirsh, E.....	38	Kloiber, O.....	46
Forni, L.....	29	Hobbs, J.....	61	Knight, J.....	107
Fortwengel, G.....	29	Høj, J.B.....	75	Kogan, L.....	77
Fox, M.....	29	Home, J.....	39	Komatsu Braga Massarollo, M.C.....	29
Fraga da Silva, P.....	29	Honnef, N.....	39	Kombe, F.....	46
Francesconi, M.....	33	Horn, L.....	60	Kommu Kumar, P.P.....	47
Friedmann, I.....	30	Hossain, R.....	39	Konecna, H.....	25,47
Frutuoso, L.....	113	Huang, J.T.Y.....	39	Koren, E.....	47
Fung, I.....	52	Huerta, E.....	106	Korenman, E.....	47
Gabbay, E.....	30	Huntoon, L.....	40	Kostenzer, J.....	48
Gagin, R.....	30	Hupli, M.....	105	Kreitler, S.....	25
Gajewski, P.....	18	Hynes, J.....	32	Kroqi-Gerxhaliu, V.....	32
Gallagher, C.....	31	Ibeneme, S.....	29	Kruger, M.....	111
Gallin, S.....	17,30	Ireni-Saban, L.....	40	Krylatova, I.....	48
Gampel, Y.....	33	Israel, M.....	31	Kudina, O.....	48
Gan, Z.R.....	31	Jaffe, E.F.....	42	Kukuckova, L.....	105
Gangani, S.....	31	Jafri, S.....	40	Kumar, K.....	16
Gautam, B.....	106	Jameel, S.....	40	Kuniavsky, M.....	48
Gebrewold, B.....	31	Jashari, R.....	107	Kurczewska-Michalak, M.....	32
Genovese, U.....	81	Jayawardana, S.M.A.....	107	Lasker, J.....	49
Gerxhaliu, A.....	32	Johansson, M.....	26	Łaszewska-Hellriegel, M.....	49
Ghosal, A.....	32	Jones, J.....	39,40	Laufer-Ukeles, P.....	49
Ghosh, T.....	58	Joshua, I.A.....	5	Lavano, S.M.....	109
Gianoli, S.....	66	Jotkowitz, A.....	69,109	Lavee, I.....	77
Giardini, A.....	32,52	Jung, P.....	13	Leach Scully, J.....	113
Gidron, T.....	32	Kabuth, B.....	20,22,36	Leal, A.R.....	49
Gilbar, R.....	33	Kahane, Y.....	47	Ledubino, A.....	113
Giorgi, I.....	32,33,52,65	Kahn, J.P.....	36	Lee, B.....	57
Girdwoyń, A.....	33	Kamdem, E.....	41	Lee, G.....	17
Gith, E.....	33	Kannai, R.....	41	Leino-Kilpi, H.....	105
Gluchman, V.....	34	Kanny, G.....	20,22,36	Leite, L.O.....	84
Goel, D.....	23,34	Kaplan, R.....	41	Lepping, P.....	49,70
Goffinet, L.....	36	Kaplan, Y.....	42	Lev Ari, M.....	50
Golan, O.....	34			Levin, N.....	50
				Lewis, B.....	50
				Lewis, E.....	50

Lewison, M	50	Miron-Shatz, T	58	Pariani, S	64
Lezerovich, I	76	Mitra, P	58	Paris, J.J	64
Li, X	50,63,71,95	Mitra, P.K	58	Park, S.M	17
Lighezzolo, J	36	Modena, E	109	Parsons, J	64
Lindén, T	51	Moffatt, L	107	Pasetti, C	65
Linn, R	51	Moran, J	107	Patel, C	65
Little, M	42	Mordhorst-Mayer, M	58	Pavlović, D	115
Liu, X	51,92	Moreira Fonseca, N	58	Pawlikowski, J	65
Longaphy, J	107	Moricova, S	105	Pentone, A	90
Lopes Dantas Paes, E	108	Moritz, D	59	Pereira Dantas Filho, V	108,111,113
Lopez de la Vieja, M.T	51	Moroni, V	109	Perez Evangelista Dantas, S.R	108
Lu, Y	51	Moscoso, K	109	Perkins, D.K	65
Lubin, G	4	Moukala Ndoumou, M	59	Petrasko, P	105
Lui, D	52	Muchnik, D	59	Petrikis, P	111
Lyerly, A.D	42	Muhammad-Idris, Z.K	5	Petrusić, N	115
Maffeo, M	90	Mullen, M	59	Pfeffer Billauer, B	66
Maffoni, M	32,52	Murdoch, N	81	Philip, S	66
Makara, P	105	Mustafa, S	26	Philpott-Jones, S	92
Mallam, D	5	Mwaka, E	60	Photiou, G	63
Malul, L	52	Myers, Y.J.B	60	Piasecki, J	66
Mancini, G	52	Myszczyk, A	60	Pickering, R	3
Mane, S	9,53	Nadav Carmel, H	60	Piga, M.A	66
Manera, M	28	Nagahama, T	61	Pimenta Dinis, M.A	13
Manoppo, P.J	53	Naghattini, A	104	Pinto da Costa, M.J	49
Mantegazza, R	53	Najjar, R	77	Pishchikova, L	67
Marçal de Barros Seródio, A	29	Nascimento Ferreira Lopes, L	110	Pizzetti, F.G	67
Marcus, E.L	53	Nascimento, J.L	106	Ponikvar, R	104
Marcus, J	37	Nath, C	40	Ponosova, D	105
Marelli, L	66	Naud, L	110	Popova, K	91,96
Marinaccio-Joseph, P	54	Naveen, C.K	66	Popova, O	67
Marinho, S	76	Nickerson, C	61	Popova, S	67,103
Markova, K	67	Niemeyer-Guimaraes, M	110	Posner, N	68
Marotta, R	109	Nissim, S	45	Prager, K	74
Marques Lima, M.V	54	Niu, H.C	61	Prakash, P	68
Martín, A.G	106	Northcutt, S	61	Price, K	31
Martins, V	108	Novakova, K	47	Primc, N	68
Martrille, L	20,36	Novick, W	27	Protopapadakis, E	68
Masiye, F	54	Nunes, J	3	Przyłuska-Fischer, A	21,70,114
Matandika, L	46	Nunes, R	62,71,108	Puig Hernández, M.A	68
Matas, D	54	Nwaigwe, C	62	Pulvirenti, G	109
Mathew, M	108	Ochayon, Y	22	Py, B	20
Mathieu, R	108	Ogni, L	59	Queiroz, G.H	104
Maugeri, C	65	Ogolnik, T	22	Quitiz, A	69
Mauri, A	55	Okoroafor, O	62	Rabinowich, A	69
Mayosi, B	54	Okoye, I	29	Rabinowich, L	69
McCarty, C	55	Oliva-Teles, N	62	Rajender, C	69
McGachie, M	55	Orazem, M	36	Rakic, V	69
McGee, K	55	Oster, N	5	Ralefala, D	111
Mehouadar, O	55	Ottonello, M	24	Ram, I	70
Meirelles, J	60	Ouelette, A	55	Ramusovic, M	70
Meiri, E	56	Ouma, S	92	Rapetto, U	109
Meka, I	18	Overbeek, A	39	Rassi Neto, E	104
Mendz, G.L	56	Oyefabi, A.M	62	Rassin, M	48
Merzagora, I	56,99	Pacia, D.M	63	Ratajska, A	21,70,114
Meschesi, E	109	Pakes, B	63	Raveesh, B.N	49,70
Meschesi, V	109	Palacios, M	76	Ravitsky, V	7,70
Mhaske, C	29,56	Pan, S	63	Reches, A	71
Mhaske, P	56	Panariello, F	66	Regina Boccati, C	113
Midolo, E	57	Panayiotou, A.G	63	Rêgo, F	32,71
Miezio, K	13	Panizzolo, S	110	Rego, G	62
Mileikowsky, G	57	Papadopoulou, Z	111	Reicher, S	71
Milinkovic, I	57	Paracchini, L	64	Reingold, R	111
Millbank, J	84	Pardo-Lopez, M.M	64	Reis, J	83
Miller, S	57			Reisel, D	113
Minkin Levy, D	109				

Ren, A	71	Shkedi-Rafid, S.....	38	Thornton, J.....	61,86
Rene, A	71	Shok, N	79	Ticho, A.....	86
Reznik, O.....	67	Sidorova, T	112	Tigard, D.....	86
Rheeder, R	72	Sikateyo, B.....	112	Tishchenko, P.....	86
Ribeiro, D.....	75	Siluyanova, I	80	Toader, E.....	87
Richa, J.H	68	Silva, C.....	104	Toaff, J	109
Richter, E	72	Silva, M.A	112	Todhe, D.....	107
Robles-Martínez, J.....	72	Silva, M.M	104	Torselli, E.....	24
Rogers, J.....	72	Silvers, W.....	57,80	Tortorello Bonfim, N.....	113
Rognoni, C	28	Sílvio Rocha, J	113	Towers, H.....	77
Roldan Gomez, I	73	Simonovic, N	80	Tracol, P	20
Romero-Zepeda, H	72,73	Singh, R.R	78	Trahtemberg, U.....	53
Romo, J.C.....	73	Siqueira, C	104	Trezzi, N	87
Ronchi, G.M.....	33	Skilton, G	81	Trigueiro Santos Adinolfi, V	87
Ropmay, A.D.....	73	Slong, D	73	Trognon, A	7,22,36
Rossetto, T.....	15,74	Smith, K	81	Tsafrir, A.....	58
Rothschild, B.....	45	Snellen, M	81	Tsai, D.F.C	87
Rubin, J	74	Sokolowski, M	81	Tsoni, K	111
Rubin, S.S.....	74	Solomon, M.....	108	Tucak, I.....	88
Rubinstein, D	74	Song, I.G	17	Tudosie, E.R	88
Rubinstein, E.....	53	Sontan, O.....	113	Tun, W	88
Rudkjøbing, A	75	Souza, A.....	60	Tune, E	88
Rudnick, A.....	75	Spada, C.....	81	Turner, A.....	61
Rusca, L.....	90	Spagnolo, A.G.....	57	Tyagi, H	53
Rutter, C	112	Spencer, P	83	Tzatzaki, V.....	89
Sá, F.C.....	29,75,106,111,113	Sperling, D.....	82	Ullmann, Y.....	89
Sabatelli, M.....	57	Spolaore, E	103	Urion, D.....	89
Sacardo, D.....	75	Stafa, A.....	107	Usha, S	68
Sacchini, D	57	Stambler, I.....	82	van Niekerk, A.....	89
Sagi, O.....	77	Staunton, C.....	82	Van Zeebroeck, S	90
Sagy, I	69,109	Stein, Y	83	Van Zyl, C	46
Sak, J.....	65	Steiner, R.....	83	Vânia Maria Lagos Guazzelli, E.....	29
Salerno, V	75	Steinman, M.....	85	Vasinova, M	90
Sales Junior, J.A.L.....	76	Stewart, S	113	Vaz Mouyal, A	113
Sampaio, R.....	103	Stoffel, B.....	83	Veerman, S.....	19
Samson, T	96	Strazacappa, M	113	Velayati, F	3
Sande, J.....	55	Strous, R	29,83	Verghese, R.....	90
Sankoh, O	3	Strozenberg, F.....	84	Vesterman, L.....	47
Sapir, H	76	Struever, V.....	84	Vettorello, M.....	90
Sarymsakova, B.....	76	Stuhmcke, A	84	Vihavainen, H.....	51
Sawaguchi, T.....	61,76	Stvrtinova, V.....	105	Vílchez Simó, A.M	114
Sawicki, S.K	77	Su, Y.....	84	Villafranca, A.....	91
Scherhans, M.....	77	Sudova, M	47	Virvidakis, S.....	111
Schiller, I	77	Sullivan, K.A.....	42	Vismar, A.....	76
Schimmel, M.....	77	Sunaga, F	75	Vismara, M.....	105,109
Schramm, F.....	76,110	Suresh, B.M.....	66	Vismara, R.E.....	109
Schreiber Lewison, C.....	50	Swanepoel, C.....	82	Vodenicharov, V.....	91,103
Schwartz Asaf, A	78	Sydney, M.....	66	Vodenicharova, A.....	67,96
Scotto di Fasano, D	33	Syrrou, M.....	111	Volery, I.....	36
Sedlak, M.....	24	Szabat, M.....	84	Volpentesta, L.....	105
Seema, B.....	68	Tabak, N	25,85	Wacht, O	91
Sellam, I	93	Taber, J.....	38,80	Waitzman, R.....	91
Serrabasa, C.....	106	Tait, C	72	Wajda, P.....	95
Settanni, C	109	Tal, O	77	Wakwe, V.....	91
Setti, I	32,52	Tandon, R	61,86	Wang, H	92
Shafrir, S	78	Tang, S.....	63	Wang, X.....	92
Shaham, D	53	Tanner, M.....	3	Wangmo, T.....	3
Shakya, D.R.....	78	Tarasouchti, F.....	103	Wassenaar, D.R.....	46
Shani, S	78,96	Terracciano, L.....	13,14,15,85	Wathuta, J.....	92
Shapiro, M	79	Testa, G	66	Weider, L.....	53
Sharma, S.....	78	Theodor, I.....	86	Weinbach, L	47,92
Sharon, I	79	Theodoridou, D	111	Weiner, Z	30
Shaulov, A.....	53	Thirthalli, J	16	Weinstein, A.....	93
Shcheglov, A	79	Thomas, M	55		
Shedua, L	62	Thompson, G.....	81		

Weiss, Y	93	Wysocka-Andrusiewicz, J	95	Zagaja, A	65
Werner-Felmayer, G	93	Xingming, W	95	Zaki, M	97
Westreich, M	93	Yablonka, I	96	Zarka, S	97
Westreich, R	93	Yahalom, Z	78,96	Zawila-Niedzwiecki, J	97
Wettlaufer, L	94	Yakov, G	96	Zeller, L	69
White, B.P	94	Yamabe, A	114	Zenelaj, M	98
Wickremsinhe, M	42	Yanakieva, A	96	Zibar, L	98
Widati, R	3	Yang, G	92	Zidan, H	114
Widdershoven, G	39	Yergen, C	61	Zijlstra, J	39
Wilson, D	94	Yip, C	52	Zinner, S	98
Wirth, M	94	Yud, R	76	Zivković, M	115
Wójcik, A	21,70,114	Yzoard, M	7	Zoabi, J	98
Wojturska, W	95	Zaami, S	97	Zoia, R	81,99
Woloski-Wruble, A	53			Zoloth, L	99
Wu, W	50,95			Zuckerman, S	99
Wynia, M	80			Zvikart, A	36



UNESCO Chair in Bioethics

The books are free under

www.unesco-chair-bioethics.org/UI/F01.aspx

Organized in collaboration with:

- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- World Medical Association (WMA)
- World Psychiatric Association (WPA)
- International Federation of Medical Students' Associations (IFMSA)
- Israel Medical Association (IMA)
- Israel Bar Association
- Zefat Bioethics Forum
- The International Center for Health, Law and Ethics, University of Haifa



Secretariat

ISAS International Seminars
POB 574, Jerusalem 91004, Israel
Tel: +972-2-6520574
Fax: +972-2-6520558
seminars@isas.co.il
www.bioethics-conferences.com

