United Nations
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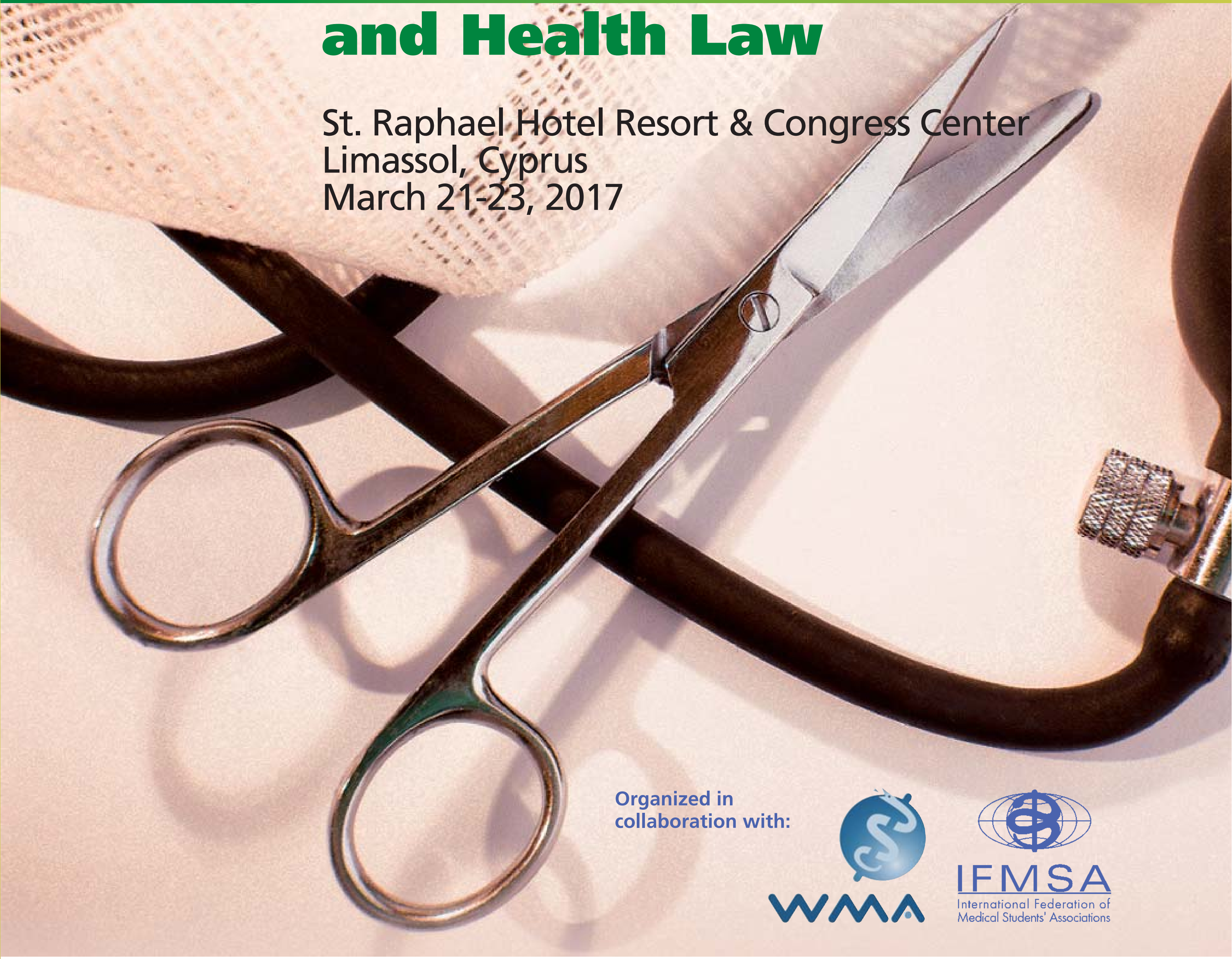
UNESCO Chair
in Bioethics (Haifa)

12th World Conference

Bioethics, Medical Ethics and Health Law

St. Raphael Hotel Resort & Congress Center
Limassol, Cyprus
March 21-23, 2017



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Редактор:
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The UNESCO Chair in Bioethics
生殖健康 案例研究與倫理評析
Reproductive Health

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UNESCO Chair in Bioethics
Informed Consent
Editor
Prof. Amnon Carmi

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Informovaný súhlas
Zostavil: Prof. Amnon Carmi

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Aydınlatılmış Onam

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WPA Standing Committee on Ethics
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UNESCO Chair in Bioethics

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MESSAGE FROM THE CONFERENCE PRESIDENT

For the first fifty years of bioethics we discussed the construction and development of its concept. The original idea slowly gained its directions and followers, and constitutes a comprehensive perception concerning many issues that are critical for our human society. We are now facing a second stage, a new task, that seems to be even more important, complex and difficult, namely the delivering of our message to society, by planting the ethical values into the soul of the people and into their daily life and behavior.

Our task may be and should be realized in two ways, by two different tools: An educational tool and a legal tool. The educational tool will consist of the use of novel methods that will enable us access to the minds of potential “consumers” – the students, the caretakers, the patients and the public at large. The theory and language of bioethics should be translated and adopted by the legislator and the judiciary, and constitute the legal tool.

A concrete example can be found in the Universal Declaration of Bioethics and Human Rights of UNESCO, and its application by the UNESCO Chair in Bioethics. The UNESCO Declaration includes 15 ethical principles that have been approved and accepted by all the states worldwide. Our UNESCO Chair in Bioethics was authorized to deliver the message of the Declaration to the students all over the world. The first step has been made. We have published ten guidance books for teachers and have established not less than 154 Units in academic institutes on five continents. Each Unit is committed to the advancement of ethics education in its university and around its country and region.

The experts that attend our conference in Limassol are expected to undertake this mission, to start the second step and to establish additional units in their own institutes. You have the knowledge and the close contact to the field of bioethics, you understand its relevance and importance, you have the tools, the wisdom and the courage to motivate this process.

Let the Conference in Limassol function and serve as the bioethical lighthouse for the next generation.

Amnon Carmi

Prof. Amnon Carmi
President of the Conference

Conference President

Prof. Amnon Carmi, Israel

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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

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 154 Units in 74 countries and regions in the five continents.

If you wish to establish a new UNESCO Unit in your own institute you may forward your application to:
amnoncarmi@gmail.com

For more details, guidelines and list of other Units, see:
www.unesco-chair-bioethics.org

GENERAL INFORMATION

Conference Venue:
St. Raphael Hotel Resort & Congress Center
Amathus Avenue, Limassol, Cyprus
Tel: +357 25 834 200

Information Desk:
St. Raphael Hotel Resort & Congress Center Lobby
Registration: March 21-23, from 08:00

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

Social Events:
Get-Together Dinner (€55)
Tuesday, March 21, 2017 ♦ St. Raphael Hotel – Panorama Hall
20:00 Cocktail and Folklore Performance (by the Limassol Folklore Association)
21:00 Get-together Dinner

Gala Dinner and Folklore Evening (€65)
Wednesday, March 22, 2017 ♦ St. Raphael Hotel – Panorama Hall
20:00 Cocktail and Israel Dance Group: "Dance the Ethics"
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.

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.

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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, March 21, 2017

08:00: Registration
08:30-10:00: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
'Vulnerable, Undocumented and Forcibly Displaced': Key Social, Ethical and Health-Related Challenges Facing Migrant Populations	**Addiction and Alcohol Problems**	**Medical Education and Bioethics**	**Assisted Suicide**
Chair: ***Vojin Rakić***	**Co-Chairs:** ***Doreen Maller, Jillian Gardner***	**Co-Chairs:** ***S. Geethalakshmi, G.B. Gupta***	**Co-Chairs:** ***Ilora Finlay, Bert Broeckaert***
Undocumented Migrants' Access to Health Care and Theories of Applied Ethics *Helena Siipi, University of Turku, Finland* **Bioethics and Human Rights: Forced Displacement in Conflict Scenarios** *Andrea Hellemeyer, Pontificia Universidad Javeriana, Colombia* **Electronic Health Records and Vulnerable Migrants: The Framework for Robust ELSI Criteria** *Oliver Feeney, NUI Galway, Ireland* **INCLUDE: Involving Vulnerable Populations in Clinical Research, A Narrative Ethics Review** *Martha Finnegan, Trinity College Dublin, Ireland*	**The Truth About Addiction: Using Science to Destigmatize Addiction** *Constance Scharff, Cliffside Malibu, USA* **Addiction and its Effects on the Family: Using Psychoeducation with Collateral Family Members** *Doreen Maller, John F Kennedy University, USA* **Should it be a Crime to Drink During Pregnancy in Order to Prevent Fetal Alcohol Spectrum Disorder in South Africa?** *Jillian Gardner, University of Witwatersrand, South Africa*	**Medical Education and the Ethics of Caring** *Russell D'Souza, Asia Pacific Division - UNESCO Chair in Bioethics, Australia* **Ethical Dimensions of Teaching Bioethics** *Mary Mathew, Manipal University and Head Indian Program, India* **The Need to Teach Bioethics in the Clinical Setting** *Ravi Wankhedkar, Indian Medical Association and SBH Government Medical College, India* **The Ethics of Medical Education** *Chandrakant Mhaske, Govt Medical College Aurangabad, India* **The Medical Record Keeping** *Naveen Gupta, Pt. Deendayal Upadhyay Memmorial Health Sciences & Ayush University of C.G. Raipur, India*	**Incremental Extension of Assisted Suicide and Euthanasia** *Ilora Finlay, Cardiff University, UK* **A (European) Right to Die – A Utopia?** *Angelika Reichstein, School of Law, UEA, UK* **From Euthanasia to Palliative Sedation. A Conceptual Framework Regarding Treatment Decisions at the End of Life** *Bert Broeckaert, KU Leuven, Belgium* **Medical Assistance in Dying in Canada: The Role of a National Medical Association in this New Legal and Clinical Landscape and What Others Can Learn from Our Experience (Part 1)** *Jeff Blackmer, Canadian Medical Association, Canada* **Medical Assistance in Dying in Canada: The Ethical and Practical Challenges of the Implementation of a New (Contested) Medical Intervention** *Cécile Bensimon, Canadian Medical Association, Canada*

HALL E	HALL F	HALL G	
Euthanasia and Good Health	**End of Life**	**The Declaration of Geneva**	
Co-Chairs: ***Susanna H. Davtyan, George Mendz***	**Co-Chairs:** ***Patrizia Borsellino, Samuel Seitler***	**Co-Chairs:** ***Urban Wiesing, Ramin Parsa-Parsi***	
Philosophical Analysis of the Euthanasia Problem: The Peculiarities of Cultural Environment, Social Opinion and Mentality *Susanna H. Davtyan, Yerevan State Medical University after Mkhitar Heratsi, Armenia* **Euthanasia: Freedom and Autonomy?** *George Mendz, The University of Notre Dame, Australia* **The Biotechnoscientific Paradigm in the Practice of Intensive Care Units and the Bioethical Approach on Dying** *João Andrade Sales, Oswaldo Cruz Foundation, Brazil* **The Transformation and Practice of "Good Death": On the Legalization of End-of-Life Care in Taiwan** *Yicheng Chung, Ritsumeikan University (Kyoto), Japan* **An Empirical Model of Factors Associated with Individuals' Attitudes Towards Euthanasia** *Anja Terkamo-Moisio, University of Eastern Finland*	**Limitation of the Therapeutic Effort: Ethical and Legal Justification for Witholding and Withdrawing Life Sustaining Treatment** *Patrizia Borsellino, Universita' Degli Studi Di Milano-Bicocca, Italy* **To Die Today. De-ritualizazion of Death, Loneliness of Dying, Cultural and Social Answers** *Raffaele Mantegazza, University Milan-Bicocca, Italy* **Life: Quantity or Quality? the Place of The Doctrine of Sanctity of Life in End of Life Care** *Samuel Seitler, University of Birmingham, UK* **Mediating Religious Objections to End-of-Life Care: Scope and Limitations** *Kartina A. Choong, University of Central Lancashire, UK* **Confusions and Solutions on Executing Euthanasia for Cancer Patients in Agonal Stage in China** *Deguo Wang, Jining Medical University Unit of the UNESCO Chair in Bioethics*	**Medical Ethics and the Modern Doctor: On the Need for a Universal Physicians' Oath - The Declaration of Geneva of the World Medical Association I** *Urban Wiesing, University of Tuebingen, Germany* **Medical Ethics and the Modern Doctor: On the Need for a Universal Physicians' Oath. The Declaration of Geneva of the World Medical Association II** *Ramin Parsa-Parsi, German Medical Association, Germany* **Ethical Considerations in the Compilation of an International Oath of Medical Ethics** *Rael Strous, Maayenei Hayeshua Medical Center and Tel Aviv University, Israel*	

10:00-10:30: Coffee Break and Poster Session
10:30-12:00: Opening Session will be held at the Panorama Hall

Tuesday, March 21, 2017

Panorama Hall

10:30-12:00: Opening Session

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

Video About Cyprus

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Welcome Greetings:

Mr. Nikos Nikolaides, Mayor of Limassol
Prof. Ketan Desai, President, World Medical Association
Dr. Alexander Lachapelle, International Federation of Medical Students Associations
Mrs. Annita Demetriadou, Acting Director General of Cyprus Tourism Organization
Mr. Petros Agathangelou, President, Board of Cyprus Medical Association
Prof. Amnon Carmi, Head, UNESCO Chair in Bioethics

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Presentation:

Prof. Jonathan Halevy
Director General, Shaare Zedek Medical Center, Jerusalem, Israel

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Leading Medical Facilities – The Role of the Morality Factor and the Empathy

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Honorary Awards Ceremony

Tuesday, March 21, 2017

12:00-13:30: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
Ethical Language and Thought	Medical Tourism	Bioethics Education for Students	The New Declaration of Taipei
Co-Chairs: ***Liora Weinbach, Valeria Trigueiro Santos Adinolfi***	Co-Chairs: ***Tami Karni, Istifanus Anekoson Joshua***	Co-Chairs: ***Michal Elboim-Gabyzon, Lesné Pucjlowski***	Co-Chairs: ***Otmar Kloiber, Jon Snaedal***
Switch My Mind - SMM: The Method to Ratio-Humanication Skills *Liora Weinbach, University of Haifa, Israel* **What Between Institutional Ethics to What's Within** *Limor Ulukaya, Emotional Intelligence Center, Israel* **Ethics Kindergarten** *Einat Hirsh, Kibbutz Hulata Kindergarten, Israel* **Values Education and Ethical Perceptions of IT Students at a Brazilian Course of System Analyse** *Valeria Trigueiro Santos Adinolfi, IFSP- Federal Institute of Education, Science and Technology of São Paulo, Brazil* **Children Bioethics and the Question of Normality: The Cases of Behavioral and Cognitive Disorders Through Pharmaceutical Treatment** *Anastasia Zanni, Greece*	**The Joint Ethical Treaty Between the Israeli Medical Association and Medical Tourism Companies** *Tami Karni, Israeli Medical Association, Israel* **Medico-Legal Dilemmas in Medical Tourism** *Malke Borow, Israeli Medical Association, Israel* **The Treatment of Medical Tourists in Countries with Public Health Systems** *Yoav Luria, Israeli Medical Association, Israel* **The Ethics of Medical Tourism/Travel Business Strategies: Is There Empirical Data to Support an Impact?** *David Vequist, Center for Medical Tourism Research (CMTR), USA* **Nigeria, Medical Tourism and the Challenges** *Istifanus Anekoson Joshua, Ahmadu Bello University, Nigeria*	**Weight Stigmatization Among Physical Therapy Students** *Michal Elboim-Gabyzon, University of Haifa and Zefat Academic College, Israel* **Wits Students' Bioethics Society: Bioethics for Students, by Students** *Lesné Pucjlowski, The University of the Witwatersrand, South Africa* **The Evolution of Bioethics Education at the University of the Witwatersrand** *Lizeka Tandwa, University of the Witwatersrand, South Africa* **'Movies and Arts' as an Effective Tool in Bioethics Training for Health Profession Education Students from India** *Sayli Kalzunkar, Seth G S Medical College and K E M Hospital, Mumbai, India* **Ethical Possibility of Reverse Recross Improvement from A Posteriori Estimation to A Priori Estimation** *Akiko Sawaguchi, Japan Women's Medical Association,Tokyo University of Welfare, Toshiko Sawaguchi, National Institute of Public Health (Showa University of School of Medicine), Japan*	**The WMA Declaration of Taipei – Realizing Informed Consent in a Virtual Environment** *Otmar Kloiber, World Medical Association, France* **Including the Taipei Declaration in the Governance of European Biobanks** *Emmanuelle Rial-Sebbag, UMR 1027 Inserm and Toulouse University, France* **The WMA Declaration of Taipei on Ethical Considerations regarding Health Databases and Biobanks** *Jon Snaedal, World Medical Association, Iceland* **The New EU Regulation on Data Protection in Relation to the WMA Declaration of Taipei** *Annabel Seebohm, Standing Committee of European Doctors (CPME), Belgium*
HALL E	HALL F		
Surrogacy Around the World	Clinical Trials		
Co-Chairs: ***Igor Milinkovic, Katarzyna Chludzińska***	Co-Chairs: ***Gerhard Fortwengel, Ilene Wilets***		
Surrogate Motherhood, Protection of Minors and Equality: The Conflict is Served *María Belén García Romero, Universidad de Murcia, Spain* **Surrogate Motherhood and the Autonomy of Moral Agents in Immanuel Kant's and John Stuart Mill's Thoughts** *Kalomoira Sakellaraki, National and Kapodistrian University of Athens and University of Peloponnese, Greece* **Surrogacy: Ethical and Legal Controversies (A View from Bosnia and Herzegovina)** *Igor Milinkovic, University of Banjaluka, Bosnia and Herzegovina* **Surrogacy in Greece: Restrictions and Regulations** *Maria Vastaroucha, Nomos Law Firm, Greece* **My Body – My Choice to Enter Surrogacy Arrangement** *Katarzyna Chludzińska, University of Warsaw, Poland*	**Length and Format of Informed Consent Forms in Clinical Trials in Different Patient Populations (Pediatric, Adult, Elderly)** *Agata Bloswick, Jagiellonian University Medical College, Poland* **Emergency Research on Incapable Subjects. Preliminary Results of the Erois Study** *Antonio G. Spagnolo, Institute of Bioethics and Medical Humanities, Italy* **Use of Embryos for Scientific Research** *Simona Zaami, "Sapienza" University of Rome, Italy* **Informed Consents Form in Israel Clinical Trials** *Ornit Cohen, Barzilai Medical Center, Israel* **A Global Understanding of Decision-Making for Participation in Medical Research** *Ilene Wilets, Icahn School of Medicine, USA* **Standard of Care and Transparency in Clinical Trials – Could They Go Together?** *Gerhard Fortwengel, Hochschule Hannover, Germany*		

13:30-14:30: Lunch Break

Tuesday, March 21, 2017

14:30-16:00: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
Bioethics and Democratic Culture	Benefit and Harm	Bioethics Education	Autonomy and General Issues
Co-Chairs: ***Joanna Rozynska, Pawel Lukow***	Chair: ***Peter Lachmann***	Co-Chairs: ***Georgios Boutlas, Joseph Thornton***	Co-Chairs: ***Adam Doležal, Mira Kochanovsky***
Democratic Culture, Informed Consent, and the Social Role of Bioethics *Pawel Lukow, University of Warsaw, Poland* **Healthcare Ethics Committees in Young Democracies** *Joanna Rozynska, University of Warsaw, Poland* **Challenges for the Patient-Centered Mission of Hospital Ethics Committees** *Marek Czarkowski, Warsaw Medical University, Poland* **Clinical Ethics Consultations, Democratic Inclusion, and the Best Interests Standard** *Jakub Zawila Niedzwiecki, University of Warsaw, Poland* **The Role and the Limits of Democracy in Bioethical Education** *Emilia Kaczmarek, University of Warsaw, Poland*	**When are Boundary Crossings Really Boundary Violations?** *Ronald Abramson, USA* **The Ethical Problems of Strict Liability, Absolute Risk and the Litigation Culture** *Peter Lachmann, University of Cambridge, UK* **Ethics in Perception, Attitude and Practices Towards Sickle Cell Disease: Experiences of a Rural Community, Kaduna State, North West, Nigeria** *Zainab Kwaru Muhammad-Idris, Department of Community Medicine, Kaduna State University, Nigeria* **The Principle of Benefit from Drug Development for Patients in Clinical Research** *Vanessa Strüver, University of Applied Sciences and Arts, Germany*	**The Review and Prospect of the Medical Education for the Disabled in Binzhou Medical University** *Gaofang Cao, Binzhou Medical University, China* **The Kantian Perfect – Imperfect Duties Distinction and the Problem of Priority of Principles in Bioethics** *Georgios Boutlas, National and Kapodistrian University of Athens, Greece* **Participatory Introduction to the UNESCO Declaration of Bioethics and Human Rights** *Joseph Thornton, University of Florida Veterans Health Administration, USA* **Incorporating Medical Anthropology into Teaching Bioethics in Medical Faculty: A Case Example from Turkey** *Gülkızılca Yürür, Istanbul Kemerburgaz University, Turkey* **Medical Ethics Teaching Reform and Practice in Local Medical University of China** *Chenge Liao, BinZhou Medical University, China*	**A Critical Analysis of Autonomy in Bioethics** *Adam Doležal, The Institute of State and Law of the Academy of Science, Czech Republic* **Informed Consent as Waiver. Do We Really Know What We Waive?** *Tomáš Doležal, Institute of State and Law of the Academy of Sciences, Czech Republic* **Welfare, Autonomy, and the End of Life** *David Černý, Institute of State and Law of the Academy of Sciences, Czech Republic* **The Patient's Rights Act in Israel – 20 years later** *Mira Kochanovsky, Ono Academic College, Israel* **Bioethics of Smoking** *Anna Nikolaidis, National and Kapodistrian University of Athens, Greece* **Principled Autonomy and Rightful Interactions: Bioethical Reflections from a Kantian Standpoint** *Stergios Mitas, University of Nicosia, Cyprus*
HALL E	HALL F	Hall G	
Autonomy and Family Planning Decision Making	Cultural Pluralism	Ethics Nutrition	
Co-Chairs: ***Virginia Novaes Procópio de Araujo, Roberto Rosset***	Co-Chairs: ***Yuval Cherlow, Pierre Effa***	Co-Chairs: ***Irit Poraz, Hilla Zaharoni***	
Male Involvement in Family Planning Decision Making in Northern Nigeria: Ethical Implications *Awawu Grace Nmadu, Kaduna State University, Nigeria* **A Bioethical and Feminist Approach to Social Egg Freezing** *Virginia Novaes Procópio de Araujo, Dublin City University - DCU, Ireland* **The Italian Syndrome** *Roberto Rosset, Order of Doctors of Aosta Valley, Italy* **Incidental Findings in Exome and Genome Analysis: A Proposal of Comparison.** *Marco Flavio Michele Vismara, Tor Vergata University of Rome, Italy*	**Taking into Account Cultural and Religious Attitudes of Minority Groups in Setting Ethical Rules of the State** *Yuval Cherlow, Yeshivat Amit Orot Shaul and Zohar Rabies, Israel* **When Ethics Meet Diversity.** *Barbara Rabin, Meir Medical Center, Israel* **Cultural Sensitivity in Physician-Patient Interactions: A Growing Ethical Challenge in the Philippine Setting** *Pacifico Eric Calderon, De La Salle University, Philippines* **Yaounde CERB Unit Advocacy for a Reference Book of the UNESCO Chair in Bioethics on the Field of Bioethics and Bioethics Paradigm** *Pierre Effa, Ethics and Bioethics Research Centre, Cameroon*	**Ethical Code to Dietitians In Israel – Interactive Presentation to Implement the Code** *Irit Poraz, Clalit Health Services, Israel* **A Creative Invention of Model to Deal with an Ethical Nutritional Issues** *Hilla Zaharoni, Kaplan and Harzfeld Hospital, Israel* **To Write or Not to Write? Record-Keeping Controversies: Ethical and Clinical Challenges for the Dietitian** *Dana Weiner, Sheba Medical Center, Israel* **Feeding Since the Beginning – Ethical Dilemmas in Neonatal Nutrition Therapy** *Shachar Shalit, Meir Hospital, Israel*	

16:00-16:30: **Coffee Break and Poster Session**

Tuesday, March 21, 2017

16:30-18:00: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
Decision Making at the End of Life	Confidentiality	Medical Ethics in Cyprus	Perspective of Nursing Care and Education
Co-Chairs: *Sangli Yu, Esther-Lee Marcus*	Chair: *Elchanan Lewis*	Co-Chairs: *Andrie Panayiotou, Constantinos Phellas*	Co-Chairs: *Laura Martinez, Liz Stokes*
The Moral Conscience of the Physician in Critical Situations of the End of Life *Maria Rosaria Romano, Pontifical University, Italy* **Complementary Therapies in Cancer Care: An Overview of the Early Italian Experiences** *Sabrina Prisco, Clinical Research Technology, Italy* **Pacemaker Implantation in a Severely Anoxic Brain-Damaged Patient: Medical, Ethical and Religious Considerations** *Esther-Lee Marcus, Herzog Medical Center, Israel* **Ethical Thinking of the Torrance Therapy for the Cancer Patients in the Later Stage** *Sangli Yu, Chinese Academy of Medical Sciences, China* **When Ethics, Jewish Law ("Halakha"), Science and Medical Technology Meet: A Study of the Halakhic Discourse on Determining the Moment of Death and Vital Organ Transplants** *Irit Offer-Stark, Ono Academic College, Shalom Hartman Institute and Schechter Institute for Jewish Studies, Israel*	**The Duty of Medical Confidentiality in War** *Hila Nadav, Israel* **Surgical Ethics** *Siddharth Dubhashi, MGM Institute of Health Sciences, Navi Mumbai, India* **Ethical Dilemmas in Maintaining Anonymity** *Michal Lev Ari, Eran Emotional First Aid Services, Israel* **Medical Confidentiality and Lifesaving Dilemmas from a Jewish Viewpoint** *Elchanan Lewis, PUAH, Israel* **Ethical Issue on Doctor Usage of Social Media** *Wunna Tun, Myanmar Medical Association, Young Doctor Society, Myanmar*	**Ethical and Legal Responsibilities Towards the Dental Patient. The Cyprus Case** *Andreas Prokopiou, University of Nicosia, Cyprus* **The Ethical Perspective of Nursing Care Rationing** *Evridiki Papastavrou, Cyprus University of Technology, Cyprus* **Organ Donation in Cyprus: Opting-in or Opting-out** *Andrie Panayiotou, Cyprus University of Technology, Cyprus* **Teaching Ethics to Student Health Care Professionals** *Maria Kampanaros, Cyprus University of Technology, Cyprus* **Current Status of Medical Ethics and Law in Medical Curricula in Cyprus** *Jirayr Ajzajian, International Federation of Medical Students Association (IFMSA), Cyprus*	**Ethics and Nursing: Specific Issues in Nursing Practice. Cypriot Reality** *Andreas Tifas, National and Kapodistrian University of Athens., Cyprus* **Provide a Good Care for Diverse Population: Actors in Transcultural Care** *Laura Martinez, Saint John of God Nursing School, Spain* **The Emerging Role of the Nurse in Assisted Death** *Liz Stokes, American Nurses Association, USA* **The Types of Ethical Climate as Related to Missed Nursing Care in Cancer Care Units** *Stavros Vryonides, Cyprus University of Technology, Cyprus*
HALL E	Hall F		
Ethics Education	Environmental Protection		
Chair: *Shimpa Sharma*	Co-Chairs: *Nahal Haghbin, Jani Purnawanty*		
Knowledge and Practice of Clinical Ethics Among Private Medical Practitioners from Mumbai, India *Dnyanesh Limaye, Hochschule Hannover, Germany* **Prudent Clinical Decision Making and Problem Based Learning** *Julia Maria Hynes, University of Nicosia Medical School, Cyprus* **Translation of Ethics Education in Interns and Post Graduate Students – A Questionnaire-Based Study** *Shimpa Sharma, D Y Patil Medical College, Kolhapur, India* **Developing Teaching of Bioethics in African Division of the UNESCO Chair in Bioethics, The Strategy of Yaounde CERB Unit** *Victor J. Steve Effa Ateba, Ethics and Bioethics Research Centre, Cameroon*	**Agriculture and Genetic Modification vs. Biodiversity? Challenges and Prospects of a Scientific-Philosophical Conflict** *Konstantina Mylona-Giannakakou, National Kapodistrian University of Athens, Greece* **Isolated Patients During an Outbreak: Arguments for the Ethical Importance of Family Presence** *Nahal Haghbin, Yong Loo Lin School of Medicine, Singapore* **Bioethics Principles in Sanitary and Phytosanitary Measures of the WTO** *Jani Purnawanty, Universitas Airlangga (Unair), Surabaya, Indonesia* **Making Longevity Ethically Mainstream or Die Trying** *Didier Coeurnelle, Heales (Healthy Life Extension Society), Belgium* **Ethical Consideration and Policy Suggestion on Forest Medicine in China** *Wang Weijia, China Health Law Society , China* **Ethical Consideration on the Management of the Usage of the Pesticides and Chemical Fertilizers** *Wei Hao, China Health Law Society, China*		

Wednesday, March 22, 2017

08:00: Registration
08:30-10:00: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
Symposium: Bioethics through Arts I	Aspect of Regulation	Bioethics and Education Tools	Ethical Standards in Psychiatry and Mental Health
Co-Chairs: ***Riccardo Zoja, M. Antonella Piga***	Co-Chairs: ***Mair Crouch, Jana Zuscinova***	Chair: ***Tessa Chelouche***	Co-Chairs: ***Andrés Arriaga, Miftar Zenelaj***
Bioethics Through Arts *Riccardo Zoja, Universita' Degli Studi Di Milano, Italy* **Art as Therapy** *Alberto Amadasi, Riccardo Zoja, Università degli Studi di Milano, Italy* **The Prejudice and the Bad Body: From Ethics to Iconography** *Isabella Merzagora, Alberto Blandino, Università degli Studi di Milano, Italy*	**Cognition Enhancement and the Principles of Continental Civil Law** *Andrzej Girdwoyń, University of Warsaw, Poland* **Public Order v. Parentage Recognition in International Surrogacy** *Nikolaos Koumoutzis, University of Nicosia and Aristotle University of Thessaloniki, Cyprus* **From Biobanks to Babies: Have Developments in Stem Cell Technology Changed the Status of Immortalised Cell Lines?** *Mair Crouch, Bioethics University of Glasgow, UK* **Got Milk? The Market for Mother's Milk and its Regulation** *Pamela Laufer-Ukeles, Academic Center of Law and Science, Israel* **Good Governance of New Biotechnologies: Playing Politics** *Jana Zuscinova, European Parliament, Belgium, Slovakia* **Marijuana – Medical Efficacy and Lawlessness** *Roslyn Dauber, DFS LLC, USA*	**Professional Development Activities- Tools for Enhancing Student Engagement with Biomedical Ethics** *June Jones, University of Birmingham, UK* **"The UNESCO Casebook on Bioethics and the Holocaust": Reflecting on the Past to Protect the Future** *Tessa Chelouche, The Technion, Israel* **Self-Awareness as a Prerequisite to Making Ethical Decisions** *Akiva Harow, Kav L'Noar, Israel* **Get Smart by " RND " Reflective Nursing Debriefing, A Model for Promoting Critical Thinking and Professional Ethical Values by Nursing Students** *Iris Goldman, Tel Aviv University, Israel*	**The Need to Redefine Ethical Standards in Psychiatry and Mental Health** *Andrés Arriaga, Universidad Europea Madrid and Instituto Etica Clinica Francisco Valles, Spain* **Integration and Psycho-Social Rehabilitation of Chronic Psychiatric Patients in Kosovo** *Miftar Zenelaj, The Center for Integration and Rehabilitation of Chronic Psychiatric Patients-Shtime, Kosovo* **Review of the Results from Brain Imaging Science of Dissociative Identification Disorders (DID) By Bibriographical Survey** *Toshiko Sawaguchi, National Institute of Public Health (Showa University of School of Medicine), Japan*

HALL E	HALL F	HALL G	
Human Rights and Ethical Principles	Emotional Intelligence	Bioethics Education I	
Co-Chairs: ***Radmyla Hrevtsova, Andrea Hellemeyer***	Chair: ***Daniella Keider***	Co-Chairs: ***Michelle A. Mullen, Rotem Waitzman***	
Protecting Human Rights in the Field of Biomedicine by Means of Criminal Law: Lessons from Ukraine *Radmyla Hrevtsova, Taras Shevtchenko National University of Kyiv and Academy of Advocacy of Ukraine, Ukraine* **Human Rights for Medical Practitioners - Advanced Training in Human Rights and Ethical Principles in Clinical Settings** *Marián Sedlák, International Federation of Medical Students' Associations (IFMSA), Slovakia* **Medical Students Taking Initiative in Ethics and Human Rights Education Within IFMSA Ethics and Human Rights in Health Program** *Maria Gołębiowska, IFMSA-Poland, Poland*	**Ethical Aspects of Interrogation – Dissonance or Consensus?** *Daniel Atias, University of Haifa, Israel* **The Seven Wonders of the Soul – How to Be Happier Daily?** *Cila Ben Aroya, University of Haifa, Israel* **Bioethical Dilemmas in the War Against Airport Terrorism: A Forensic-Psychiatric Dissection** *Daniella Keidar, University of Haifa and Zefat Academic College, Israel, Gen Tanaka, Oregon Health & Science University, USA* **A Case Study of Ethics, Management and Emotional Intelligence in the Field of Education** *Nava Peretz, University of Haifa, Israel* **Can Pain and Suffering Really Be Measured?** *Natali Levin, University Adam Mickiewicz, Poland*	**Bioethics Education: The UNESCO Chair's Methodology** *Amnon Carmi, University of Haifa, Israel* **Current Situation of Description of Universal Declaration of Bioethics and Human Rights in Syllabuses of Medical Schools in Japan** *Mitsuyasu Kurosu, Tokyo Medical University, Japan* **'Competitive Learning' in Bioethics Education – an Indian Experience** *Prajakta Kulkarni, Seth G S Medical College and K E M Hospital, Mumbai, India* **Development of a Clinical Paediatric Bioethics Residency Curriculum** *Michelle A. Mullen, University of Ottawa, Children`s Hospital of Eastern Ontario (CHEO), Canada* **The Importance of Teaching Communication Skills in Multi-Cultural Societies** *Rotem Waitzman, Poznan University for Management and Economics, Poland* **Detention at 1st MBBS Level ,Early and Unethical - A "Systems Approach" to Indian Medical Education System** *Rose Chakkola, Govt.T.D.Medical College, India*	

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

Wednesday, March 22, 2017

10:30-12:00: **Parallel Sessions**

HALL A	HALL B	HALL C	HALL D
Symposium: Bioethics through Arts II	Esthetics and Bioethics	Nursing Profession and Ethical Decision Making	Ethical Code
Co-Chairs: ***Riccardo Zoja, M. Antonella Piga***	Chair: ***Alberto Garcia***	Co-Chairs: ***Nili Tabak, Amélie Perron***	Co-Chairs: ***Barna Ganguly, Elena Toader***
Fiction Writers and the Concerns of Bioethics: "La Sacrée Semaine Qui Changea La Face Du Monde" by Marc Augé *M. Antonella Piga, Eleonora Burgazzi, Università degli Studi di Milano, Italy* **Mythos: Bridge of Bioethics to the Future** *Umberto Genovese, Claudio Spada, Healthcare Accountability Lab - DIPO Università degli Studi di Milano, Italy* **Body Art: Ethical Issues** *Andrea Gentilomo, Susanna Triulzi, Università degli Studi di Milano, Italy*	**Vegan and Vegetarian Food Choices as Bioethical Issue. The Interested Parties, Contradictions and Possible Effect on the Biological Life of the Planet** *Pasqualino Santori, Veterinary Bioethical Committee, Italy* **The Good, the Bad and the Ugly: Esthetics and Bioethics** *Joseph Tham, UNESCO Chair in Bioethics and Human Rights, Italy* **Bioethics Global Art: The Transformative Power of Art in Human Behavior** *Alberto Garcia, UNESCO Chair in Bioethics and Human Rights, Italy*	**Nursing Professional Standards from an Israeli Legal Perspective** *Nili Tabak, Tel Aviv University, Israel* **Are Doctors Using Their Stethoscopes Ethically?** *Tanya Manisha Machado, Father Muller Medical College, India* **Ethical Issues in International Cooperation Health Projects** *David Lorenzo, Saint John of God Nursing School, Spain* **Caring for Patients or Institutions? Nurses' Ethics in the Service of Abuse** *Amélie Perron, University of Ottawa, Canada* **Ethical Decision Making and Patient Autonomy Views Among the Nursing Staff** *Shani Fisher, HaEmek Medical Center, Israel*	**Leading via Values - Establishing an Ethical Code in a Hospital Network Using a Multidisciplinary Model** *Yossi Weiss, Assuta Medical Centers, Israel* **Adherence to Ethical Standards in Publications by the Authors** *Barna Ganguly, Pramukhswami Medical College, India* **Conscientious Objection - A Right of the Doctor or Only an Ethics Debate** *Elena Toader, "Gr. T. Popa" University of Medicine and Pharmacy, Romania* **Neuro Management in Non-Profit Fundraising Milieu and Compulsion of Framing Code of Ethics** *Sundarraj Palanichamy, Meenakshi Mission Hospital and Research Centre, India*
HALL E	HALL F	HALL G	
Human Rights	Ethics Committees and Immigration	Bioethics Education II	
Co-Chairs: ***Johanna Kostenzer*, *Antonio G. Spagnolo***	Co-Chairs: ***Praveen Kumar Arora, Miriam I. Siebzehner***	Chair: ***Alexander Lachapelle***	
Cross Cutting Between the Principles of Universal Declaration on Bioethics and Human Rights and the Import Restriction Rules Due to the Protection of Health on the International Trading System *Putu Sri Agung Paramita Kelakan, Airlangga University, Indonesia* **Human Trafficking and Exploitation for the Purpose of Reproduction** *Johanna Kostenzer, Management Center Innsbruck, Austria* **A Universal Bioethical Appeal for Greater Global Equality in Health Research in Light of Article 10 of the Universal Declaration of Bioethics and Human Rights by UNESCO** *A.L. (Riaan) Rheeder, North-West University, Potchefstroom Campus, South Africa* **Practitioner-Patient Relationship: An Evaluation of Perceptions in Ghana** *John Kwaku Opoku, Kwame Nkrumah University of Science and Technology (Knust), Ghana* **Trafficking and Ehics. The Case of Child Exploitation** *Antonia Pothoulaki, National and Kapodistrian University of Athens, Greece* **Assessing Physicians Communication and Interpersonal Skills Across Different Specialities in a Tertiary Care Teaching Hospital in North India** *Ravi Kant, King George's Medical University, Lucknow, India*	**Social and Economic Impact of Illegal Immigrants** *Miriam I. Siebzehner, Ministry of Health, Israel* **The Changing Trend of Immigration and Its Repercussions to Mankind; the Ethical Perspective** *Daniel Gbujie, University of Port Harcourt Teaching Hospital, Nigeria* **The Protection of Privacy In Multinational Research Setting: Lessons From B3Africa** *Santa Slokenberga, Uppsala University, Sweden* **Identifying Bioethical Issues in Intensive Care** *Praveen Kumar Arora, Dr. D. Y. Patil Medical College, Hospital and Research Centre, India*	**Bioethics Education and Research in Post-Brexit UK** *Anand Ramakrishnan, Nottinghamshire Healthcare NHS Foundation Trust, UK* **Addressing Moral Distress in Healthcare and Healthcare Training** *Margarita Theofano Gkritzela, University of Cyprus, Cyprus* **Bioethics Education Through Communication Skills Enhancement Workshops for Postgraduate Students** *Santosh Salagre, Seth G S Medical College and K E M Hospital, India* **Teaching Bioethics in Republic of Serbia: Whom Should We Educate?** *Milica Prostran, University of Belgrade, Serbia*	

Wednesday, March 22, 2017

12:00-13:30: **Parallel Sessions**

HALL A	HALL B	HALL C	HALL D
Youth Bioethics Education	Human Dignity	Reproduction	Autonomy I
Co-Chairs: ***Alessandra Pentone, Carlo Pasetti***	Chair: ***Miriam Bentwich***	Chair: ***Jacob Shapiro***	Co-Chairs: ***Gabriele Werner-Felmayer, Sashka Popova***
The Use of Moral Games for Bioethics Education *Hanna Carmi, Israel* **Special Needs Pupils Inclusion in Mainstream Italian Schools: Does This Process Result as Effective? Pros and Cons of the Multi-Year Italian Experience** *Alessandra Pentone, European Centre for Bioethics and Quality of Life, Italy* **Approaching Genetic Testing in the Classroom** *Norma Trezzi, Consulta di Bioetica, Italy* **Movies and Bioethics: An Innovative Approach to Teaching Bioethics** *Ines Giorgi, Istituti Clinici Scientifici Maugeri spa Sb , Institute of Pavia IRCCS, Italy* **Is it More Important to Win or to Take Part? Bioethics Education Through Sport: Sport as a Fundamental Tool in Life and Education** *Miroslava Vasinova, European Centre for Bioethics and Quality of Life, Italy*	**How Does Figurative Language Reflect and Shape a Person-Centered Approach of Formal Caregivers Toward Patients with Dementia?** *Miriam Bentwich, Bar-Ilan University, Israel* **Discrimination on People with Dementia in Hospital Settings - A Scoping Review** *Melina Evripidou, Cyprus University of Technology, Cyprus* **Looking for Consciousness Neuroimaging Vegetative State and Human Dignity** *Luciano Sesta, University of Palermo, Italy*	**The Ethical and Legal Consequences of Posthumous Reproduction** *Browne Lewis, Cleveland State University, USA* **Infertility as the Right to Reproduce: Will the Right Apply also for Legal Persons?** *Hana Konecna, University of South Bohemia, Czech Republic* **The Cypriot Laws on the Application of Medically Assisted Reproduction** *Theodoros Trokanas, European University, Cyprus* **Fertile Couples and Medically Assisted Reproduction: The Judgment of the Italian Constitutional Court** *Gianluca Montanari Vergallo, "Sapienza" University of Rome, Italy* **Does the Right to Parent Extend Beyond the Grave? - Posthumous Sperm Donation: Israeli Law, Jewish Law and Meta Jewish Law** *Jacob Shapiro, Ministry of Justice, Israel*	**The Concept of Autonomy in Biomedicine in the Context of Patient-centered Decision Making** *Gabriele Werner-Felmayer, Medical University Innsbruck, Austria* **The Concept of Autonomy and Clinical Ethics Consultation** *Verena Stühlinger, UMIT, Health and Life Sciences University, Austria* **Procreative Autonomy – A Matter of Choices?** *Magdalena Flatscher-Thöni, UMIT, Health and Life Sciences University, Austria* **Moral Enhancement and the Issue of Autonomy: An Alternative Kantian Perspective** *Evangelos Protopapadakis, National and Kapodistrian University of Athens, Greece* **Transparent Patients? Is the Autonomy and Equality of the Elderly Kept in a Health Care?** *Inna Nesher, Ziva Tal Academic Nursing School, Israel* **Patient-Centered Care: The Need for New Care Models** *Sashka Popova, Medical University of Sofia, Bulgaria*
HALL E	**HALL F**	**HALL G**	
Informed Consent I	Justice	Genetics: Ethical Aspects I	
Co-Chairs: ***Fruzsina Molnár-Gábor, Daniel Fu-Chang Tsai***	Co-Chairs: ***Donna McNamara, Sonia Jimeno***	Co-Chairs: ***Vasiliki Rahimzadeh, Grace Kwok***	
The Influence of Global Data Sharing on Informed Consent *Fruzsina Molnár-Gábor, Heidelberg Academy of Sciences and Humanities, Germany* **Informed Consent? The Blurred Boundary between Biomedical Researchers and Participants in Citizen Science Era** *Chuan-Feng Wu, Institutum Iurisprudentiae and Academia Sinica, Taiwan* **Informed Consent for NGS Study** *Daniel Fu-Chang Tsai, National Taiwan University College of Medicine, Taiwan* **The Role of IRB in Utilization of National Health Insurance Big Data: From Taiwan Court Verdict as an Example** *Jiin Ger, Taipei Veterans General Hospital, Taiwan* **Head Transplantation - A Step Too Far?** *Julie Woodley, University of the West of England (UWE), UK*	**How to Prevent and Manage Wrongful Birth and Wrongful Life Claims** *Enrico Marinelli, "Sapienza" University of Rome, Italy* **Conflict of Interest Disclosure: A Concordance Study** *Nuno Moreira Fonseca, Central Lisbon Hospital Center, Portugal* **Barriers to Justice for Suspects with Disabilities in Ireland** *Donna McNamara, Dublin City University, Ireland* **The Era of Biotechnology: Patents as Biopolitical Devices and Bioprecauriosness** *Sonia Jimeno, University of Barcelona, Spain* **To Do Justice Doesn't Mean to Treat Equally. Non-Human Animals in Bioethics** *Joanna Wysocka-Andrusiewicz, University of Warsaw, Institute of Philosophy, Poland*	**Trisomy 18: To What Extent Should We Provide Medical and Surgical Intervention?** *Grace Kwok, King's College London, UK* **Sharing Outside the Sandbox: Phase I of a Policy Delphi Study to Develop an Ethical Framework for Sharing Genomic Research and Clinical Data Involving Children** *Vasiliki Rahimzadeh, McGill University, Canada* **Bioethical Concerns About "CRISPR": A Genome Editing Technique** *Ashima Bhan, Dr.D.Y.Patil Biotechnology and Bioinformatics Institute, Pune, India* **Reproductive Labour as a Tool for Deciding Frozen Embryo Disputes** *Alex Chrysanthou, University of Southampton, UK* **Bioethical Perspectives in Pharmacogenomics and Precision Medicine: Physicians' Views and Attitudes** *Sabina Semiz, International University of Sarajevo, Bosnia and Herzegovina*	

13:30-14:30: **Lunch Break**

Wednesday, March 22, 2017

14:30-16:00: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
Workshop: Immigration	Research in Bioethics: Practices, Methods and Examples	Health Professions and International Cooperation	Autonomy II
Co-Chairs: *Letizia Alfieri, Federico Gustavo Pizzetti*	Co-Chairs: *Rui Nunes, Francisca Rego*	Chair: *Jean-Laurent Astier*	Co-Chairs: *Alan Jotkowitz, Mark Jayes*
Forensic Advice for Asylum-Seekers: The Experience in Ferrara Municipality Since 2010 Rosa Maria Gaudio *Letizia Alfieri, University of Ferrara, Italy* **Mental Disorder in Asylum Seekers: Diagnosis and Medico-Legal Report** *Erica Bacchio, University of Ferrara, Italy* **Global Approach to Migration: Ethical Aspects and Comparison to Belonging in Multicultural Education and Socio-health Field** *Fulvia Dematteis, European Center for Bioethic and Quality of Life, Italy*	**Bioethics and Palliative Care** *Francisca Rego, Faculty of Medicine, The University of Porto, Portugal* **Bioethics and Inclusion** *Ivone Duarte, Faculty of Medicine, The University of Porto, Portugal* **Bioethics and Education** *Guilhermina Rego, Faculty of Medicine, The University of Porto, Portugal* **Research in Bioethics: Practices, Methods and Examples** *Rui Nunes, Faculty of Medicine, The University of Porto, Portugal* **Medical and Human Genetics: Some Bioethical Considerations** *Natália Oliva-Teles, Centro Hospitalar do Porto and University of Porto, Portugal* **Wellness and Distress in Health Care Professionals Dealing with Bioethical Issues in Their Everyday Working Life** *Working Group of Bioethics, Istituti Clinici Scientifici Maugeri Spa SB, Italy*	**The Dual Ethical Role of the Therapist/Researcher** *Ioannis Poulis, Technological Educational Institute of Central Greece, Greece* **Free Movement of Professionals Within the EU: The Issue of Language Competence for Health Care Providers** *Jean-Laurent Astier, CPLOL / FNO (European and French Associations of SLTs), France* **A Possible Triple Win for Europe Thanks to Innovation and Technologies in Health Care in the Ageing Population. Do We Need to Keep an Eye on Bioethics?** *Anna Giardini, Istituti Clinici Scientifici Maugeri, IRCCS Montescano - UNESCO Chair in Bioethics – Italian Unit* **Bioethical Questions in SLT Interventions with the Refugee Population** *Maria Vlassopoulos, CPLOL, Greece*	**Development and Feasibility of the Mental Capacity Assessment Support Tool (MCAST)** *Mark Jayes, University of Sheffield and Sheffield Teaching Hospitals NHS Foundation Trust, UK* **Should Religious Patients Be Considered Autonomous in Their Decision-Making?** *Simrit Kudhail, University of Birmingham, UK* **Reflections on Coercive Treatment of Patients: The Case of Jehovah's Witnesses and the Changing Thresholds for Blood Transfusions** *Alan Jotkowitz, Ben-Gurion University of the Negev, Israel* **"When the Relevant Functions Cease": The Policy/Practice Divide and Ethical Challenges in Determining Death** *Jeffrey S. Farroni, University of Texas Medical Branch at Galveston, USA* **Re-Consent in Longitudinal Health Research in Europe: A Choice?** *Georgia Charalambidou, University of Manchester, UK* **Perspectives of Adolescents on Their Rights in Two Sudanese Pediatrics Hospital** *Ebtihal Eltyeb, Jazan University, Saudi Arabia*
HALL E	HALL F	HALL G	
Informed Consent II	Reproduction	Genetics: Ethical Aspects II	
Co-Chairs: *Katarzyna Syroka-Marczewska, Konstantinos Papageorgiou*	Chair: *Georgia Livieri*	Co-Chairs: *Niklas Juth, Kyriaki Papakonstantinou*	
Ethical Issues in the Field of Radiolody *Christina Mhaske, University of Applied Sciences Hochschule Hannover, Germany & Govt Medical College Aurangabad, India* **The Subtle Colourings of (Informed) Consent in Sports Doping** *Konstantinos Papageorgiou, National & Kapodestrian University of Athens, School of Philosophy, Greece* **Informed Consent – How it Works in Practice?** *Katarzyna Syroka-Marczewska, University of Warsaw, Poland* **Navigating Ages of Majority: Consent/Assent in Global Health Research** *James Ninia, Columbia University, USA* **Feasibility of Informed Consent Process in a Busy Psychiatry Outpatient Department** *Smita N. Deshpande, PGIMER- Dr. Ram Manohar Lohia Hospital, India*	**NIPT: A New Tool for Sex Selections?** *Narine Harutyunyan, University of Bologna, Italy* **Involuntary Paternity** *Georgia Livieri, National and Kapodistrian University of Athens, Greece* **Contextual Determinants and Ethical Perspective of Domestic Violence in Nigeria** *Adegboyega Moses Oyefabi, Kaduna State University, Nigeria*	**Who is a Parent? : Bioethical and Legal Challenges of Infertility Solutions in Kenya** *Marion Mutugi, University of Kabianga, Kenya* **Ethical and Metaphysical Aspects of Germline Genetic Modification through CRISPR-Cas9** *Niklas Juth, Karolinska institutet, Sweden* **Genetic Manipulation, Moral Enhancement and Free Will** *Kyriaki Papakonstantinou, National and Kapodistrian University of Athens - University of Peloponnese, Greece* **Legal and Ethical Implications of Indigenous Genomics** *Luke Hamlin, University of Notre Dame, Australia* **Comparative Legal Review: Conflicts of Patenting Genetic Testing and Subsequent Implications on the Access to Genetic Diagnostics** *Li Du, University of Macau, Faculty of Law, Macau, SAR*	

16:00-16:30: Coffee Break and Poster Session

Wednesday, March 22, 2017

16:30-18:00: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
Workshop: Speech and Language Therapy	Workshop: Bioethics and Disabilities	Healthcare Services and Costs	Human Life: Sacred Life, Quality of Life
Co-Chairs: ***Michele Kaufmann-Meyer, Fofi Constantinidou***	Co-Chairs: ***Ines Giorgi, Alessandra Pentone***	Co-Chairs: ***Christopher Wareham, Safia Mahomed***	Co-Chairs: ***Ovadia Ezra, Deborah Kala Perkins***
Speech and Language Therapy in the Juvenile Justice System: Experiences, Evidences and Value *Raffaella Citro, Anna Giula de Cagno, CPLOL (Standing Liaison Committee of E.U. Speech and Language Therapists and Logopedists), Italy* **The Ethics' Value in the Speech and Language Therapy Profession in Europe: United in Diversity I** *Michele Kaufmann-Meyer, President CPLOL, Switzerland* **The Ethics' Value in the Speech and Language Therapy Profession in Europe: United in Diversity II** *Fofi Constantinidou, Cypriot Delegate of CPLOL, Cyprus* **Ethical Dilemmas in SLT and Economic Situation Effects on the Clinical Practice** *Nina Iordanova, CPLOL, Bulgaria* **SLT in Europe : Shared Ethical Principles for an Ethical Clinical Practice** *Mireille Kerlan, CPLOL, France* **Speech & Language Therapy and the New Media: Ethical Issues** *Tiziana Rossetto, CPLOL, Italy*	**Sport and Community Integration after Disability** *Gabriella Fizzotti, Istituti Clinici Scientifici Maugeri spa Sb and Institute of Pavia IRCCS, Italy* **The Dignity of Regain Independence in Daily Life: Low Vision Knows No Barriers** *Monica Schmid, Istituti Clinici Scientifici Maugeri IRCCS Pavia, Italy* **The Principle of Vulnerability: Living the Impossibility** *Alessandra Fabbri, University of Genoa, Italy*	**A Comparative Ethico-Legal Analysis of Human Biobanking in Developed and Developing Countries** *Safia Mahomed, University of South Africa* **The Reimbursement by Spanish National Health Service of Expenses Resulting from Fertility Treatments Carried out in Private Healthcare Centers** *Francisca María Ferrando-García, Universidad de Murcia, Spain* **Recent Work in the Ethics of Ageing** *Christopher Wareham, Steve Biko Centre for Bioethics, South Africa*	**Birthing a Culture of Life: An Astrobiology Imploring Sanctity** *Deborah Kala Perkins, Graduate Theological Union, USA* **Moral Dilemmas in Chemotherapy: Life Expectancy vs. Quality of Life** *Ovadia Ezra, Tel Aviv University, Israel* **The Concept of Rational Dignity is not Suitable for Bioethics** *Han Yuehong, Kunming University of Science and Technology, China*
HALL E	HALL F	HALL G	
Medical Negligence	Ethical Value in Clinical Practice	Medical Ethics: Surgery	
Co-Chairs: ***Tamar Gidron, Barbara Pfeffer Billauer***	Co-Chairs: ***Ames Dhai, Shimon M. Glick***	Co-Chairs: ***Henry Coudane, Vasilios Tanos***	
Protection of Physical Autonomy in Israeli Medical Negligence Law – A Time to Reconsider *Tamar Gidron, Zefat Academic College, Israel* **Medical Negligence Claims - The Limitations of the Process of Law in Being Able to Determine Medical Negligence - An Anecdotal Australian Experience.** *Roslyn Jones, Royal Prince Alfred Hospital, Australia* **Legal Liability of Sperm Banks – A Wrong Without Redress** *Barbara Pfeffer Billauer, University of Haifa, Israel*	**Defining Vulnerability in Health Research** *Ames Dhai, University of the Witwatersrand, South Africa* **Bioethical Content of Contemporary Studies in Medicine** *Alena Donika, Volgograd State Medical University, Russia* **Human Neuroenhancement and Fundamental Rights** *Federico Gustavo Pizzetti, University of Milan, Italy* **Force-Feeding of Hunger-Striking Prisoners; Another View** *Shimon M. Glick, Ben-Gurion University of the Negev, Israel* **Vicissitude for Prescribing Growth Hormones** *Eduardo Raúl Ramos, Sociedad Psicoanalítica de Mendoza- Sociedad Argentina de Pediatría, Argentine*	**Implementation of Minimal Invasive Gynaecological Surgery Certification Will Challenge Gynaecologists with New Legal and Ethical Issues** *Vasilios Tanos, Aretaeio Hospital and Nicosia University, Cyprus* **Ethical Review Standards of Separation Surgery to Conjoined Twins** *Chen Ying, Forensic School of Kunming Medical University, China* **The «No Go» in Orthopaedic Surgery** *Henry Coudane, CHU de Nancy, France* **Essential to Establish Medical Examination System for Medical Harms in Traditional Chinese Medicine** *Jiang Yinghua, Liaoning Renhe of Judicial Identification Center, China*	

Thursday, March 23, 2017

08:00: Registration
08:30-10:00: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
Medical Ethics and Humanitarian Aid	Medical Ethics: Globalization	Bioethics: General	Medical Ethics in Times of Crisis: Coping with Viral Infections and Other Disasters
Co-Chairs: *Arnon Afek, Salman Zarka*	Co-Chairs: *Chris Durante, Markus Frischhut*	Co-Chairs: *Maya Peled-Raz, Seán Byrne*	Co-Chairs: *Bethany Macdonald, Vojin Rakić*
The Humanitarian Aid to the Syrian Casualties – Ethical Considerations *Salman Zarka, Ziv Medical Center, Israel* **Doctor in the Sky: Medico-Legal Issues During In-Flight Emergencies** *Marcus Wong, Durham University, UK* **Corruptio Optimi Pessima: Ethical Challenges to Environmental Epidemiologists Posed by Chemical Warfare** *Elihu D. Richter, Hebrew University-Hadassah, Israel* **When the West Encounters the East - Ethical Dilemmas in Humanitarian Aid Missions** *Arnon Afek, Ministry of Health of Israel and Tel Aviv University, Israel* **Ethical Challenges at the Intersection of Policy and Practice in Humanitarian Contexts** *Leigh-Anne Gillespie, McMaster University, Canada* **Ethical Issues Within Humanitarian Prison Medicine in a South East Asian Country** *Rachael Pickering, St Mary's University, UK*	**An Increasing Role for Ethics In EU Member States Based on EU Ethicalization?** *Markus Frischhut, MCI Management Center Innsbruck, Austria* **Global Bioethics & the Art of Ethical Conversations** *Chris Durante, Manhattan College, USA* **IFMSA Training Disaster Medicine Trainers** *Andreia Oliveira, International Federation of Medical Students' Associations (IFMSA), Portugal*	**Bioethics Mediation in Health Care Settings - An Innovative Approach to Shaping Shared Solutions in Ethics Disputes** *Efpraxia Avlogiari, Aristotle University, Greece* **Regulation of New Sciences and Technology** *Seán Byrne, University of Manchester, England and Katholieke Universiteit Leuven, Belgium* **Big Data and Machine Learning in Medicine: A Review of Major Ethical and Legal Considerations** *Alexander Lachapelle, McGill University, Canada* **Defensive Medicine v. Professional Commitment to Improve Care – The Case of Systematic Digital Recording and Documentation of Medical Procedures** *Maya Peled-Raz, University of Haifa, Israel* **Medical Ethics, Medical Law, Medical Discipline and Defensive Medicine** *Siti Pariani, Airlangga University, Indonesia*	**Ethics, Global Health and Zika Virus Infection: A View from Brazil** *Sergio Rego, Oswaldo Cruz Foundation and National School of Public Health, Brazil* **Should Doctors Be Obliged to Treat Despite Risk to Themselves? A Re-Examination of the Duty to Treat After the 2014 Ebola Virus Disease Epidemic** *Bethany Macdonald, University of Birmingham, UK* **Emergency Response to Viral Haemorrhagic Fever: The Need for Capacity Building of Health Professionals in West Africa on Bioethics** *Marius Kedote, Université d'Abomey-Calavi, Benin* **Religous Purification and Safe Burial of Ebola Victims** *Yehoshua Weisinger, Mercaz Harav, Israel* **An Evaluation of Incidents Raising Ethical Issues in the 2014 Ebola Epidemic Response: A Reflection-for-Action Approach** *Charles Mpofu, Auckland University of Technology, New Zealand* **Consequentialism in Disaster Bioethics** *Vojin Rakic, European Division UNESCO Chair in Bioethics, Serbia*
HALL E			
Bioethics General			
Chair: *Pierre Effa*			
Meditation Program in Schools (PROMECO) *Daniel Lopez Rosetti, Central University Hospital of San Isidro "Dr. Melchor Angel Posse", Argentine* **A Model Study on Classified Compensation for Abnormal Response Following Immunization** *Hongjie Man, Shandong University, China* **Ethical and Legal Progress in the Protection of the Rights and Interests of Human Subjects in Biomedical Research in China** *Tao Wu, Xi'an Medical University, China* **About the Doctoral Graduate School of CUBE, The University Centre on Ethics and Bioethics which is Taking Over the CERB** *Emmanuel Richard Dipoko Dibotto, Ethics and Bioethics Research Centre, Cameroon*			

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

Thursday, March 23, 2017

10:30-12:00: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
Error	Children and General Bioethics	Medical Ethics	Bioethics and International Law
Co-Chairs: *Piero Francesco Sirianni, Maria Sokalska*	Co-Chairs: *Ruth Alejandra Taborda, Tamar Katz-Peled*	Co-Chairs: *Prasanta Kumar Mitra, Mentor Hamiti*	Co-Chairs: *Chongqi Wu, Galit Keidar*
The Impact of Supervisors' Constructive Listening on the Nurses' Response to Errors of Treatment *Haya Raz, Jerusalem College of Technology, Israel* **Physician Perspective of Challenges in Medical Error Disclosure – Case Study in Undergraduate Medical Student Education** *Sangita Sukumaran, Terna Medical College, Nerul, Maharashtra, India* **Medical Mal Practice and Medical Mediation** *Anna Plevri, University of Nicosia, Cyprus* **The Phenomen of Defensive Medicine in Italy: New Law About the Professional Responsibility** *Piero Francesco Sirianni, Ordine dei Medici Chirurghi e Odontoiatri – Aosta, Italy* **Barriers to Reporting Medical Errors in Johannesburg, South Africa** *Trevor Carmichael, University of the Witwatersrand, South Africa* **To Err is Human- Incident Disclosure after Adverse Events - Promises and Problems** *Maria Sokalska, European Association of Health Law, Poland*	**The Over-Patologization and Over-Medicalization of Children: A Current Problem** *Ruth Alejandra Taborda, Psychology Faculty National University San Luis, Argentine* **Internet and Adolescents: Reflecting on Data from a Descriptive Statistical Analysis** *Giuliana Pulvirenti, University of Messina, Italy* **The Israeli Issue: Reproduction from the Dead - The Deceased Parentage Rights as Non-Issue** *Tamar Katz-Peled, The Technion, The Galil College, Israel* **Assessing Organizational Change: A Need for Better Integration of Ethics into Health Services Management** *Tzekomir Vodenitcharov, Medical University of Sofia, Bulgaria*	**Medical Ethics Among Medical Intern Students: A Study from Eastern Part of India** *Prasanta Kumar Mitra, Sikkim Manipal University and Sikkim Manipal Institute of Medical Sciences, India* **Ethical Dilemmas in the Use of Information Technology in Medical Institutions** *Mentor Hamiti, South East European University, Former Yugoslav Republic of Macedonia* **Ethical Issues in Cancer Screening** *Kanchanmala Ghorpade, Terna Medical College, Navi Mumbai, India* **Assisted Reproductive Technology (ART) – The Gaps in the Health Care Legislation in Georgia** *Gulnara Shelia, Tsereteli State University, Georgia* **Self-Efficacy Perception Dealing with Ethical Issues Among Nursing Students Through the "Ethic Stories"** *Michal Man, Max Stern Yezreel Valley College, Israel*	**Ethical Aspects of Litigations in Family Disputes and Mediations Alternatives as a Solution** *Galit Keidar, Israel* **Explain the Relationship Between Health Law and the Other Departmental Laws** *Chongqi Wu, China Health Law Society, China* **Advance Directives and Dementia: An Ethical Issue that Still Remains Controversial** *Carlo Pasetti, Istituti Clinici Scientifici Maugeri, Italy* **Law and Patient Autonomy: Liberation or Limitation?** *Hsiu-I Yang, National Yang Ming University, Taiwan*
HALL E			
Bioethics Education and Training in Undergraduate Medical Education			
Co-Chairs*: Adit Desai, Russell D'Souza*			
Medical Humanities in the Undergraduate Medical Curriculum *Adit Desai, Gujarat University and Medical Students' Association of India* **Medical Ethics and the Ethics of Caring** *Hansel Misquitta, Terna Medical College Maharashtra University of Health Sciences (MUHS), India* **Cadavers are Indispensable Teachers – The Cadaveric Oath and Human Dignity** *Shreyas Chawathey, Dr D Y Patil University School of Medicine, Navi Mumbai, India*			

Thursday, March 23, 2017

12:00-13:30: Parallel Sessions

HALL A	HALL B	HALL C	HALL D
Biomedical Research	Equality and Decision Making	Bioethics and Neurosciences – Neuroethics	Palliative Care and Communication Skills
Co-Chairs: ***Thangaraju Palanimuthu, Hande Atalay***	Co-Chairs: ***Lars Øystein Ursin, Blerta Zenelaj***	Co-Chairs: ***Dinesh Narayan, Chandrakant Mhaske***	Chair: ***Dorit Rubinstein***
Ethical Issues in Biomedical Research *Thangaraju Palanimuthu, SRM University, Tamilnadu State, India* **Building Consensus in Decision-Making Around Ethical Dilemmas in HIV Prevention Trials: Challenges to Determining the Standard of Care** *Hande Atalay, Duquesne University, USA* **Reshaping fMRI Research: How Anime Can Be Used to Stimulate Medical Advancement** *Tyler Jaynes, Utah Valley University, USA*	**The Role of Equality in Guidelines for Decision-Making at the Borderline of Viability** *Lars Øystein Ursin, NTNU, Norwegian University of Science and Technology, Norway* **A Philosophical Challenge to the Constitutionality of the Eighth Amendment of the Irish Constitution which Guarantees Equal Right to Life of the Unborn and the Mother** *Olan Thomas Harrington, University of Glasgow, UK* **Legal Capacity a Step Towards Equal Recognition Before the Law** *Blerta Zenelaj, Erasmus University of Rotterdam, The Netherlands* **Autonomy and Equality: A Christian Perspective** *Iraklis Pantelidakis, Nicosia University, Cyprus* **Low Socioeconomic Status: A Health Compromise?** *Rushd Al-Shama, Dubai Medical College and Dubai Health Authority, United Arab Emirates*	**Ethical Dilemmas - Novel Neurotechnologie** *E. Mohandas Warrier, Sun Medical & Research Centre, India* **Ethical Legal and Social Implications of Genomic Psychiatry and Personal psychiatry** *Dinesh Narayan, Amrita Institute of Medical Sciences, India* **Ethical Issues at the Intersection of Technology and Psychiatry** *Harischandra Gambheera, National Bioethics Unit, Srilanka* **How to Resolve an Ethical Dilemma in Clinical Practice in a Psychiatric Setting** *Srikantah Nimmagadda, Steering Committee International Forum Teacher, UK*	**Caring by Professional Caregivers – Program of Team Support** *Dorit Rubinstein, Ministry of Health, Israel* **Positioning Values Education and the Social Determinants of Health on the Primary Care Development Agenda** *Krasimira Markova, Medical University of Sofia, Bulgaria* **The Ethics of Caring for Hospital-Dependent Patients** *Calvin Sung, Quinnipiac University, USA*
HALL E			
Bioethics: General and Forensic Medicine			
Co-Chairs: ***Philip Stevens, Francesco Cupella***			
Bioethics and Professional in Economics *Stella Maris Castaño, Universidad de Morón, Argentine* **A Mythical Journey. Ethical Issues in Digestive Endoscopy** *Francesco Cupella, Istituti Clinici Scientifici Maugeri spa Sb and Institute of Pavia, Italy* **Postpartum Disorders, the DSM-V and Criminal Responsibility - A South African Medico-Legal Perspective** *Philip Stevens, University of Pretoria, South Africa*			

14:00: Cyprus Dental Association Sessions

*subject to change

Poster Presentations – Tuesday, March 21, 2017

Morning Session

Assisted Suicide: Choosing How and When to Die According to the ECHR
Angel Francisco Abellan-Aleman, Hospital Universitario Los Arcos del Mar Menor, Spain

Developments in the Outpatient Care Capacities Among Patients with Psychiatric Disorders and the Effect of Changes on the Situation of Patients in the Light of Law Regarding Capacity Regulation in Hungary Between 1990 and 2014
Istvan Agoston, University of Pécs Faculty of Health Sciences, Hungary

Discussion on Medical Informed Consent Right System
Song Bai, Beijing No.2 Intermediate People's Court, China

Knowledge and Utilization of Pap Smear: Are We Doing Enough?
Halima Bello-Manga, Kaduna State University, Nigeria

Main Areas of Biomedical Ethics in Algeria: Law, Health and Religion
Zoulikha Boucif Debab, Medical Genetics Laboratory Applied to Ophthalmology, University of Oran, Algeria

The Ethical Values of Confucian Benevolence Thoughts in the Construction of a Harmonious Doctor-Patient Relationship
Wenyu Cheng, Southwest Medical University, China

Rare Diseases Within European Cross Border Healthcare
Gema Chicano Saura, Universidad de Murcia, Spain

A Tool to Measure Ethical Sensitivity in Medical College for Medical Ethics Education
Hou-Chang Chiu, College of Medicine Fujen University, Shin-Kong WHS Memorial Hospital, Taiwan

Afternoon Session

The Danger to Society Posed by the Mental Ill: Forensic Psychiatric Evaluation in an Ethical Perspective
Antonello Crisci, Department of "Medicine and Surgery" Salerno University, Italy

The Significance of Right Protection of AIDS Patients
Hong Deng, Kunming Medical University, China

Christian Morality and Sentimentalism: A Common Approach to Bioethics?
Francesca Donato, "L'orientale" University of Naples, Italy

Ethical Issues in Pharmacy Shops Practice
Firas Fneish, Hochschule Hannover of Applied Science, Germany

Clinical Trials Ethics and the Orthodox Christian Church
Christos Hadjimichael, National and Kapodistrian University of Athens, Greece

Eating Disorders: The Clients that Do Not Want to Be Treated
Michal Hason Rozenstein, Tachanat Ha'Amakim, Israeli Association for Eating Disorders, Israel

Bioethical Issues of Genetically Modified Foods
Irada M. Huseynova, Azerbaijan National Academy of Sciences, Azerbaijan

Intensive Care Nurses' Attitudes and Views Regarding Patients' Rights and Nurses' Moral Distress
Elena Kleanthous, Cyprus University of Technology, Cyprus

Poster Presentations – Wednesday, March 22, 2017

Morning Session

‘Competitive Learning’ in Bioethics Education – An Indian Experience
Prajakta Kulkarni, Seth G S Medical College, K E M Hospital, India

Placebos Clinical Trials for HIV-Infected People. Ethical or Not?
Maria Kyprianidou, Cyprus

The Development of Chinese Legal System Governing Ethical Review of Clinical Trials
Hong Le, Tongji Medical College, Huazhong University of Science and Technology, China

Ethical Conflicts Faced by Dying Patients' Families in the Palliative Sedation
Bin Liao, Southwest Medical University, China

Vulnerable Older People and the New System of Pharmaceutical Copayment in Spain
María del Carmen López Aniorte, Universidad de Murcia, Spain

The Role of Forensic Psychiatry in Mental Health Systems Across Europe and the Rising Subject of Forensic Psychiatry in Cyprus
Kyriakoula Manaridou, Forensic Psychiatry Clinic II, LVR-Klinik, Germany

Family and Community Nursing in Italy. Theoretical Model and Ethical Challenges
Silvia Marcadelli, Tor Vergata University, Italy

On the Implementation of Two-Way Transferred Treatment in China
Dacheng Mei, Southwest Medical University, China

I Am Not Eligible to Use My Preferred Form of Contraception! A Case Report on the Dilemma of Contraceptive Choice in a Low Resource Setting
Amina Mohammed-Durosinlorun, Kaduna State University, Barau Dikko Teaching Hospital, Nigeria

Does the NHS Have an Obligation to Fund IVF?
Emma Morrison, University of Birmingham, UK

Towards Activation of the Empathic Resources During Terminal Care – An Art and/or a Necessity?
Adolf Alakidi, Medical University Sofia, Bulgaria

Afternoon Session

‘More than a Feeling’: How Should Compassion Be Conceived and Enacted in End of Life Care? A Patient Perspective
Hannah Palfrey, University of Birmingham, UK

Irregular Workers and Right to Health in Spain
María Magnolia Pardo-López, Universidad de Murcia, Spain

Aesthetic Surgery in Adolescents – When is it Ethically Justified?
Sunil Parthiban, University College London, UK

Establishment of the Ethics Committee of the Faculty of Medicine in Niš and Adoption of the Code of Research Ethics as the Means to Secure Close Observation of the Principles of Good Scientific Practice
Dusica Pavlovic, University of Nis, Serbia

Ethics Committee Clinical Research: What Ethical Issues We Are Using for? A Case Study
Jesús Pineda, Saint John of God Research Foundation, Spain

Trends of Indigenous Healing Among People with Psychiatric Disorders: Comparative Study of Arabic and Kurdish Ethnicities in Iraq
Twana Rahim, University of Sulymanaia, Iraq

Professionalism in the Use of Social Media
Ankit Raj, Kasturba Medical College, Manipal University, Manipal, India

Legal and Ethical Aspects of Health Care in Terms of Mandatory Health Insurance in the Republic of Kazakhstan
Bakhyt Sarymsakova, Astana Medical University, Kazakhstan

Ethical Implications of Incidental Findings in Research Projects Involving Whole Genome Sequencing
Iwona Seredynska, University of Luxembourg

The Necessity of Law Reforms on Law Mandatory Social Service for Medical Students in Mexico
Erick Torres, International Federation of Medical Students Associations’ (IFMSA), Universidad Autónoma de Nuevo León, Mexico

Poster Presentations - Thursday, March 23, 2017

Morning Session

Dr. Vesna Bosanac: Ethical Decisions in Times of War
Ivana Viani, Harvard Medical School, USA

Continuous Medical Education as a Tool to Reduce Medication Errors in Mexico
Sergio Alberto Viruete Cisneros, Centro Universitario de la Costa Universidad de Guadalajara, Mexico

Behavioral Ethics in Healthcare Professionals
Paola Vitale, Educatore Servizio Tossicodipendenze, Maria Luisa Pascarella, Medico Legale, Italy

The Operation of the Center for the Promotion of Bioethics in China
Weijia Wang, Beijing Guojie Law Firm, China

Thoughts on Perfecting the Operation Mechanism of Judicial Expertise Management and Use - From the Perspective of "Trial-Centered Litigation System Reform"
Yang Wei, Southwest Medical University, China

The Construction of Patients Rights & Obligations
Xueqian Zheng, Beijing Huawei Law Firm; China Hospital Association, China

Physician's vs. Patient's Autonomy by Decision Making - Transplantation Issues
Lada Zibar, University Hospital Centre Osijek, University Josip Juraj Strossmayer Osijek, Croatian Medical Chamber, Croatia

Bioethics, Human Rights and Education: Some Critical Considerations
Andriana Zisimatou-Kalomoiri, National and Kapodistrian University of Athens, Greece

Brain Death – Brain as the Final Arbiter
Miroslava Zivkovic, University of Nis, Serbia

International Actions to Protect the Right to Health in People With HIV: Can the Law Save Lives?
Fela Paulina Contreras Berecochea, Centro Universitario de la Costa, Universidad de Guadalajara, Mexico

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SOCIAL PROGRAM

COCKTAIL AND GET-TOGETHER DINNER (Optional - €55)

Date: Tuesday, 21.3.17
Time: 20:00
Venue: The Panorama Hall, the St. Raphael Hotel
Master of Ceremony: Prof. Shai Linn

Greetings:
Prof. Shai Linn, UNESCO Chair in Bioethics
Mrs. Loukia Hadjigavriel, Cyprus National Commission for UNESCO
Prof. Russell D'Souza, Head, Asia- Pacific Division, the UNESCO Chair in Bioethics

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Dancing Performance: **Limassol Folklore Association**

21:00 – GET-TOGETHER DINNER

COCKTAIL AND GALA DINNER AND FOLKLORE EVENING (Optional - €65)

Date: Wednesday, 22.3.17
Time: 20:00
Venue: The Panorama Hall, the St. Raphael Hotel
Master of Ceremony: Prof. Yoram Blachar

Greetings:
Prof. Yoram Blachar, Past President, World Medical Association
Dr. Otmar Kloiber, Secretary-General, World Medical Association
Dr. Vasos Economou, Deontology Division, Cyprus
Dr. Miroslava Vasinova, UNESCO Chair in Bioethics

*

Israeli Dance Group: **A Bioethical Dance**

21:00 – GALA FAREWELL DINNER

Abstracts
Oral Presentations

WHEN ARE BOUNDARY CROSSINGS REALLY BOUNDARY VIOLATIONS?

Ronald Abramson
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The topic of harmful boundary violations and harmless, possible beneficial, boundary crossings in psychotherapy has been the subject of a great deal of discussion[1,2] This presentation is a reflection on several boundary crossings that have occurred in the course of a 40+ year private practice of psychodynamic psychotherapy with psychopharmacology. One case is that of a 40 year old single man with military service connected PTSD and a substance use disorder who at the end of his sessions gives me a hug and says, "I love you man." Then there are three cases of patients who asked me for and received a ride home: a 16 year old girl with some rebelliousness, a 23 year old man with schizophrenia, and a 60 year old man with substance use disorder. On another occasion, I had briefly been seeing a 53 year old woman with depression who brought me a small gift. I did not accept it because of wanting to keep a therapeutic boundary. She was crushed and broke of therapy, and since then I have always accepted inexpensive gifts proffered by patients.

Finally, there is the case of a 33 year old woman with profound borderline personality disorder or schizophrenia who is now, 25 years later, publishing a book of her experiences in which I appear by name[3]. At stages during her treatment with me there were boundary crossings which benefitted her but which were "skating close to the edge." I believe that such actions are sometimes necessary.

REFERENCES

1. Pope KS, Keith-Spiegel P, A Practical Approach to Boundaries in Psychotherapy: Making Decisions, Bypassing Blunders, and Mending Fences. J Clinical Psychology, 64:638-652, May 2008.
2. Gutheil TG, Gabbard GO, Misuses and Misunderstandings of Boundary Theory in Clinical and Regulatory Settings, Am J Psychiatry, 155: 409-414, March 1998.
3. Bourdon G, Journey, Green Ivy, 2016.

WHEN THE WEST ENCOUNTERS THE EAST – ETHICAL DILEMMAS IN HUMANITARIAN AID MISSIONS

Arnon Afek
Ministry of Health of Israel; Sackler School Tel Aviv University, Israel
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Disasters, both natural and man-made, are typically more common in developing countries than in more advanced countries. These developing countries, unable to meet health demands, are faced with overwhelming health needs in times of disastrous events. International health missions are meant to bridge the gap and assist such countries in dealing with-- and overcoming --these events.

Israel has vast experience in humanitarian health missions to deal with disasters in developing countries. Since 1979, the Israeli field hospital has been sent to such countries as Myanmar, and recently to the Philippines and Nepal. The Israeli field hospital was the first to be accredited by the WHO as a Level I hospital.

The field hospital is built and equipped to take care of trauma patients injured in the disasters. However, after the first few days, the characteristics of the patients change, and more and more sick people, not disaster related, who have been unable to receive help for their exceptional or unusual illnesses, seek medical assistance from field hospitals which represent to them Western medicine. Field hospitals are faced, therefore, with challenges that they were not designed or meant to address. Treating such patients also poses possible ethical dilemmas due to the differences in medical care and standards between countries. Such dilemmas may include cultural and religious differences, supply of drugs, availability and usability of equipment, and other considerations.

In this presentation, I will discuss scenarios met by Israeli rescue teams during humanitarian missions, the ethical dilemmas, and the ways they were managed by the Israeli teams.

CURRENT STATUS OF MEDICAL ETHICS AND LAW IN MEDICAL CURRICULA IN CYPRUS

Jirayr Ajzajian
International Federation of Medical Students Association (IFMSA); Cyprus Medical Students Association / University of Cyprus, Cyprus
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There's a consensus among medical education course-directors that ethics and medical law should be integrated in the medical curricula. To say more, knowledge of medical ethics, analysis of controversial medical queries and appreciation of law in medical practice have increasingly become an inseparable part of medical education. Fresh medical-school graduates are considered to be competitive not only based on their scientific or medical knowledge, but also their proficiency in ethics, law and professionalism. Moreover, these ethico-legal components are equally valued when it comes to post-graduate medical training admissions also. For instance, United States Medical License Examination (USMLE) for residency programs in North America or Situational Judgment Test (SJT) for Foundation programme in UK heavily assesses professionalism, ethics and law in their respective tests.

In Cyprus currently there are four different medical programs running in three different universities. All four programs were established during the past decade. Nevertheless, the three programs are undergraduate programs and the fourth one, which adapts a British curriculum, is a graduate-entry program. Moreover, three out of the four universities attract international students from countries other than Cyprus who will eventually practice in their own homeland.

The aim of the presentation is to analyze the different curricula in the four different medical programs in Cyprus. This is to weigh how heavily ethics, law and professionalism have been integrated in the modules and how these domains are assessed in examinations. Finally, because of the diversity of students, light should be shed on whether these students face difficulties in understanding the respective laws or moral principles in their home countries.

FORENSIC ADVICE FOR ASYLUM-SEEKERS: THE EXPERIENCE IN FERRARA MUNICIPALITY SINCE 2010

Letizia Alfieri, Erica Bacchio, Sara Benedetti, Francesco Maria Avato, Rosa Maria Gaudio
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The Forensic Medicine Operating Unit of Ferrara University has started the activity of medico-legal certification, for foreign people victim of torture, who ask for asylum, since 2010. This activity, born in cooperation with associations involved in reception projects for asylum seekers or refugees, at first in Ferrara's municipal territory but recently extended to Bologna and Rimini territory, intends to furnish the victims with a specialized certification of the results of intentional violence identifiable with torture. Forensic advice is part of a project that takes care of the asylum-seekers in their needs and every step tends not only to a thorough medical testing but also to protect the seekers psychophysical health with a special attention to their weakness. The forensic advice includes anamnestic interviews, with the help of a cultural mediator, a physical examination in order to evaluate their general physical conditions and to ascertain scar tissues as a result of cruel treatments. The outcome of the visit is integrated by the examination of medical documents or by results of instrumental tests. Permanent results found go from amputations (limbs, genitals) to cutaneous scars mostly produced by cutting weapons or blunt instruments. The examined subjects, 65 all males, have an average age of 27.7 years, with ages between 16 and 57 years, 8 are unaccompanied minors. Currently 32 gained some form of humanitarian protection, 6 gained a subsidiary protection, 2 obtained the Refugee Status. In few cases a medico-legal advice was asked in order to produce new documents for an appeal, after a previous denial.

LOW SOCIOECONOMIC STATUS: A HEALTH COMPROMISE?

Rushd Al-Shama
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The accessibility of healthcare was reiterated yet implementation within the industry can be questionable. In many countries like UAE, medical procedures are of high cost, even in emergency situations. As some procedures are exempt from payment based on urgency and effect on life, when and who decides how urgent, vital, or life-saving the procedure is? How biased is that decision? Where does functionality consideration stand? Can we individualize yet maintain consistency in decision or will we rely on patient luck on who assesses him then and there?

We witness on daily basis construction workers of low socioeconomic status who get into occupational accidents where surgical options to treat and prevent lifelong sequel can be performed. They, however, don't get those services because they cannot pay, and their job managers refuse covering costs, resulting in discharging them with permanent disability.

In the paper, using published evidence, I would like to tackle what results beyond this scene. Analyzing the situation from an ethical point of view. Considering the timeline of the chain reaction and providing questions and possible answers using universally agreed core values to answer: can the system ethically reject those cases? Which point defines life-threatening nature? Is overall health and functionality studied? On the other side: will affordability increase unsafe practices?

Discussing multi-disciplinary interference options while pointing out levels of root causes, effects on different health aspects, the consequent growing burden on health, economics, and society, as well as ethical standpoints of the onsite decision making will be pointed out.

THE BIOTECHNOSCIENTIFIC PARADIGM IN THE PRACTICE OF INTENSIVE CARE UNITS AND THE BIOETHICAL APPROACH ON DYING

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The technicality incorporated in the practice of the intensive care units instigated problematic situations in places where we do not have correct perceptions of the moral implications for the individual and the society. The artificial support of life in intensive care units (ICUs) has altered the time of dying. Natural death ceases to exist and we prolong the biological life without any reflection, in many cases, about issues which are inseparable from what we understand about living and participating in the world. Humanity suffers discomfort with finitude. This point becomes even more relevant with health professionals who have become wounded in their narcissist vision of death as a failure. The obstinate continuation of biological life, artificially supported bodies, causes suffering, social and existential tension, and therefore needs to be better reflected. Although intensive medical care has saved many lives, it has also generated intense and unnecessary suffering. Many bioethical issues need further discussion. Studies clearly show different positions among countries in relation to the end of life. We are faced with many questions when attempting to understand living and dying in this scenario: therapeutic limitations, ethical boundaries in the body's interventions and the process of dying. What actually ethically legitimizes this intensive manipulation of the bodies? We address bioethical issues related to dying in ICUs.

IDENTIFYING BIOETHICAL ISSUES IN INTENSIVE CARE

Praveen Kumar Arora[1], Sonal Singh[2]
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A life is facing the struggle between life and death. A group of people highly trained and immensely skilled in performing high end medical interventions are giving in their best to save the life. The team of health care providers is stressed and anxious about the outcomes of their most sincere efforts for saving their patient. Intensive/critical care unit, a place where the hope of preserving life and defying death floats, but also a place where limitations of not only scientific and technological advances in medicine but also those of human abilities, patience, faith and ethical values are tested and identified. Ethical dilemmas often faced by medical professionals in such situations revolve around whether to resuscitate a patient or let the patient die; to use expensive resources in spite of financial restrains of family; to withdraw futile medical treatment unilaterally or on patient's family's request or to hasten the death. Such issues push the limits of ethical decision making abilities of physicians and they often sought help of ethical committees. Many articles discuss these issues. But besides these, there are many other ethical and bioethical principles, which are at stake and are violated daily during our day to day interactions with critically ill patients, para-medical and other health care providers, and colleagues or otherwise unknowingly due to unconscious behavior of health care providers. This paper will discuss many such issues, which need to be identified and addressed during routine intensive care practice.

THE NEED TO REDEFINE ETHICAL STANDARDS IN PSYCHIATRY AND MENTAL HEALTH

Andres Arriaga[1,2], Beatriz Moreno[2], Maria Cristina Coca[2], Benjamin Herreros[2]
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Some of the problems that arise in the ethical debate in psychiatry are common to those of other medical conditions, but a number of factors make more evident the need to integrate the values and the facts in the process of clinical decision making: Cultural, social, theoretical and issues related to the specific relationships between clinician and patients, frame a field that needs to go further the limits that are established by the ethical standards that have been traditionally applied in psychiatry. Therefore, the problems with the diagnosis and the goals and therapeutic means are added to more classically studied standards as the involuntary hospitalization, the confidentiality or the informed consent. Moreover, many of the justice conflicts the arise in the clinical procedures and research or experimentation trials, are constantly showing us that the bioethical standards do not seem to be sufficient to fit in such a vast, subjective and individualized medical discipline.

FREE MOVEMENT OF PROFESSIONALS WITHIN THE EU: THE ISSUE OF LANGUAGE COMPETENCE FOR HEALTH CARE PROVIDERS

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In health care, in an increasingly pluralistic and multicultural society, clinicians are faced with ethical choices on an everyday basis. They need to be able to access the patient's state of mind, to understand what he or she says and what remains untold… In order to make the best choices, SLTs are facing one further dimension, that of language, which is the main tool used by the SLT in his/her interventions, and precisely the function defecting for the patient.

Bioethics has identified certain fundamental principles regarding the provision of services to people in need of them: these include respect for the individual, beneficence (eg applying the right interventions), non-maleficence (including negligence), justice (providing the same quality of service to all the patients) and autonomy (giving the right information to help the patient in his/her decisions). It seems evident to state that the health care professional is bound by these moral duties, though some situations seem to extenuate his/her application of them.

These situations are presented by the free movement of individuals within the European Union. In this case, the European Union claims that this is desirable, yet health care ethics self-evidently asserts that there are certain caveats, the principle one being that of the clinician's language competence. Careful and considered planning is needed before these guidelines are applied as they must keep the patient's maximum 'benefit' in mind. It seems obvious to state that all interventions should be dispensed fairly, and this can only be achieved if the clinician has a very high level of linguistic competence.

BUILDING CONSENSUS IN DECISION-MAKING AROUND ETHICAL DILEMMAS IN HIV PREVENTION TRIALS: CHALLENGES TO DETERMINING THE STANDARD OF CARE

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HIV/AIDS has become a global problem since the first outbreak of the virus. Due to its aggressiveness and worldwide prevalence, curing the virus has become a global emergency. HIV clinical trials in developing countries play a crucial role in addressing this emergency. However, there exist various ethical problems regarding standards of care for research participants. Risk assessment and the protection of participants' rights are the most important facets at stake regarding global bioethics within these trials based on the UNESCO Universal Declaration on Bioethics and Human Rights. Furthermore, a double standard is present due to the vast differences that lie between standards of care of developed and developing countries. This paper examines the evolution of standards of care criteria in HIV prevention research and aims to raise awareness regarding current ethical dilemmas in HIV clinical trials. Upon addressing previous debates regarding a double standard of care in developed and developing countries, this paper subsequently examines the novel problems that accompany contemporary HIV research. Recent advances in HIV prevention methods have raised questions that have ultimately made the design of these trials far more complicated than previous trials. This paper's main ethical and scientific considerations are investigated by implementing four key parameters including scientific viability, participant and community welfare, trial efficiency, and trial usefulness for decision-making. Finally, in the light of the latest edition of UNAIDS' stakeholder engagement plan, this paper concludes by arguing for an appropriate method of building consensus around the complex practical and ethical dilemmas in clinical testing of HIV prevention interventions.

ETHICAL ASPECTS OF INTERROGATION – DISSONANCE OR CONSENSUS?

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Criminal investigation is mostly characterized by the researcher's effort to confront the suspect with the evidence and findings, and by the suspect's attempts to prove he did not commit the alleged offense. This gap naturally creates a conflict, which inevitably disrupts the balance of human equality and, under the circumstances, raises complex ethical dilemmas.

And yet, the Israeli ruling defined "unacceptable fathers" to ensure a due process of inquiry without harming the body or mind of the suspect. Thus, "unacceptable fathers" serves as a deterrent and as a balancing factor for any possible abnormal behavior or proper basic ethics in the interrogation room.

Integrity in public service is a unique concept in Hebrew and the essence of democracy. It is said in the Code of Ethics of the European Union Police as follows: the role of the police in maintaining the rule of law is so important that the situation of democracy is reflected in the very conduct of the police. The public demands law enforcers to provide a high degree of confidence, a unique form of integrity, honesty and super-sensitivity to moral and ethical norms.

As an investigator, I would spend hours, days and nights in the company of detainees inside interrogation rooms, which allowed me, through many opportunities to use as many manipulations of inquiry as I saw fit in order to bring a murderer, robber or a rapist to admission of the offense. I have constantly had my conscience as a flag and lighthouse to carefully guide me through proportionality, fairness and restraint power.

The complexity of ethical dilemmas coming from the interrogation room found its expression in a certain case, where a factory worker stabbed his employer and caused severe injuries to his wife. During interrogation, the suspect remained silent. The investigator, in turn, decided to use tactics and lied the suspect that his mother was not interested at all in seeing him because of the murder and that for her he was no longer her son. In light of these words, said by the investigator, the suspect was very upset and so, he committed suicide in his cell. The ethical dilemmas that arise from this hard case are questions such as, how far can one go with lies in an investigation? By the way, in this case the Court ruled that this trick was bearable and not entirely wrong doing.

Being a senior instructor for interrogation at the National Police School, I showed my students that giving basic respect to a suspect during investigation advances us to reach the truth. From my experience in interrogations I have learned that every person, much more than they care to admit, needs to be acknowledged and respected. So, at least at the beginning of an investigation, I treated everyone, even a murder suspect, as a person minus an offense, not a person plus an offense. Usually, a result, I gained his cooperation in a manner of full confession of the alleged offense.

BIOETHICS MEDIATIONI IN HEALTH CARE SETTINGS – AN INNOVATIVE APPROACH TO SHAPING SHARED SOLUTIONS IN ETHICS DISPUTES

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Bioethics Mediation combines the clinical substance and perspective of clinical ethics consultation with the tools of the mediation process, using the techniques of mediation and dispute resolution to help patients, families and healthcare providers enmeshed in conflict as they wrestle with decisions about life and death. Mediation has long been used to resolve disputes. In the hospital setting, where health care providers, faced with intense demands on their time, are called on to explain complex information and deliver bad news to physically and emotionally vulnerable patients and their families, and where large numbers of physicians, nurses and other providers interact with one another and with the patient, it is not surprising that communication breaks down and disputes arise. Bioethics Mediation training and services are now available for medical staff conflicts, difficult patient care decisions, employee disputes, medical malpractice claims and bioethics disputes.

THE SEVEN WONDERS OF THE SOUL – HOW TO BE HAPPIER DAILY?

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"Just smile for no reason…A life of love" – Noa (Ahinoam) Nini, an Israeli singer

Ethics and Emotional Intelligence (EQ) education is like muscle training in the gym, with variable instruments If we train the "emotional muscle", ethics and EQ become a natural part of our conduct and an inseparable part of our daily life.

We are daily faced with numerous situations when a stimulus is followed by a response. We ask ourselves: How do we react? Do we choose our reaction? We will show ways when we are the "drivers" inside the cars of our lives, not those sitting at the back letting the automatic pilot control our lives.

Different items will be presented, such as, Kaleidoscope, a box, a jar and a rope, to demonstrate effective ways to develop emotional well-being and ethical behaves for meaningful life. Using items as projective means will get the learner involved, and will help internalize the material studied.

This observation through a positive and ethical filter will pave the way to a more relaxed daily life even at times when we are "kidnapped" to the daily angers

Intimacy is "INTO ME SEE" which is a phase that will upgrade us to conscious observation around us through the filter of difference and similarity, and thus we will be able to contain the differences from people near and far.

Activation of the five sense (yes… taste included) will turn the learning process to an experience, and translate EQ to a language of ESL – **Emotional Second Language** – but above all, a smile will accompany us in learning and experiencing life.

MEDICAL ASSISTANCE IN DYING IN CANADA: THE ETHICAL AND PRACTICAL CHALLENGES OF THE IMPLEMENTATION OF A NEW (CONTESTED) MEDICAL INTERVENTION

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In February 2015, the Supreme Court of Canada (SCC) released its decision in Carter v. Canada that asked the SCC to consider the constitutional validity of existing Criminal Code provisions prohibiting physician-assisted dying in Canada. In a unanimous decision, the SCC ruled that the challenged Criminal Code provisions on voluntary euthanasia (section 14) and assisted suicide (section 241(b)) are constitutionally invalid. The SCC suspended its decision for 16 months to allow time to enact legislation in compliance with the Court's ruling. Today, physician-assisted dying is legal in Canada and has been carefully circumscribed in legislation.

The SCC's reversal of the prohibition on assisted dying raises a host of complex issues that have implications for both policy and practice. This presentation will highlight the ethical and practical challenges of implementing assisted dying as regards to what constitutes an appropriate scope of patient eligibility, the delicate balance between respecting autonomy for those seeking access and instituting safeguards to protect the vulnerable, and how we may equally respect both conscientious objection and conscientious participation. To that end, it will explore questions such as: Should advance requests or eligibility based on a psychiatric condition as the sole underlying condition be permitted? To what extent do patients need to have explored other options? What are the implications of significant differences in emerging practices in the absence of standardized regulations?

The importance and complexity of what is essentially a new medical intervention in Canada cannot be overstated. It is important to understand the many challenges that its implementation raises.

HOW DOES FIGURATIVE LANGUAGE REFLECT AND SHAPE A PERSON-CENTERED APPROACH OF FORMAL CAREGIVERS TOWARD PATIENTS WITH DEMENTIA?

Miriam Bentwich[1], Amitai Oberman[1,2], Yaarit Bokek-Cohen[3], Nomy Dickman[1]
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Purpose of the Study: Person-centered care, aimed at providing care that respects patients' human dignity and personhood is the gold-standard in dementia care. In a previous study, we revealed that Arab caregivers were found to be putting the strongest emphasis on a person-centered approach, stressing the personhood of the patient as part of respecting her human dignity. In the current article we delve into the narration style of these caregivers and look for linguistic cues that may both shape and reflect their emphasis on person-centered approach.

Design and Methods: Qualitative study, utilizing a discourse analysis on twenty transcribed semi-structured interviews with formal caregivers (nurses, nurse's aides, and occupational therapists). These caregivers were working either in a nursing home or a hospital, and were divided between three main cultural groups – Arabs, Immigrants from the former Soviet Union (IFSU), and Jews born in Israel (JBI).

Results: There were 20 figurative language expressions (FLEs) in the narratives of JBI caregivers and 11 FLEs among IFSU caregivers. In contrast, the Arab caregivers conveyed 48 FLEs. Also, much of the Arab caregivers' FLEs were not associated with the 'regular' domains articulated by the other caregivers (family, small children, militaristic language).

Implications: The extensive employment of figurative language is revealed as a possible mechanism behind Arab caregivers' emphasis on person-centered approach, manifested in their stress on the PWD's personhood. This mechanism may also be related to a higher ability for empathizing with PWDs, subsequently leading caregivers to an emphasis on a person-centered approach.

BIOETHICAL CONCERNS ABOUT "CRISPR": A GENOME EDITING TECHNIQUE

Ashima Bhan
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A recent major scientific achievement is the discovery of CRISPR (clustered regularly-interspaced short palindromic repeats) which has become one of the most popular tool of the modern era. The technique had gained popularity because of its low cost, high degree of fidelity, simple and efficient way of editing the genome with a well-structured and channelized pathway and thus holds a key to almost any field of medical, biological, and environmental sciences. CRISPR technology can efficiently be used as a tool for gene therapies, gene manipulation, and has applications in the treatment of diseases such as HIV/AIDS, hemophilia, herpes infection, several forms of cancer etc.

However, ethical concerns about the use of CRISPR cannot be ignored and have to be taken seriously and need to be addressed. Some of the major ethical concerns would be the need for a regulated structure for implementation of the technology, and risk assessment in particular to human life and environment, ensuring attention to safety issues, and promulgation of regulatory guidelines, well-thought policies and procedures to avoid misuse, such as for genetic enhancement. The evolutionary effect of the outcome of such technique needs due consideration. Our moral obligation towards such advanced technology cannot be ignored, as any mistake could destroy the utility of this promising technology.

Our paper will examine the ethical, legal and societal issues with the use of CRISPR technology, and make recommendations about governance mechanisms needed to ensure its ethical use, especially from a Low and middle-income country perspective.

LEGAL LIABILITY OF SPERM BANKS – A WRONG WITHOUT REDRESS

Barbara Pfeffer Billauer
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In 1989, Germany’s Constitutional Court decided that individuals should have the right to know their genetic identity. The ruling seems both fair and equitable. Most reputable clinics screen sperm donors and prospective mother’s select genetic traits they feel would be beneficial.

But what if – horrifically enough – the sperm donor turns out – unbeknownst to the mother who took great care in sperm selection – to be a criminal? A psychopath? What are the responsibilities of the sperm donor and sperm bank? What impact will such disclosure have on the gamete recipient?

In the recent case of *ANGELA COLLINS et al. v. XYTEX CORPORATION et al* the Georgia Court of Appeals affirmed a lower court ruling, accusing a sperm bank of advertising the prospective sperm donor as a healthy intelligent individual pursuing doctorate in neuroscience. Several years later it was learned that the donor was a college dropout with a previous felony conviction and diagnosed schizophrenia. Claims including fraud, negligence, negligent misrepresentation and unfair business practices were all dismissed. The trial judge noted that, “this claim most closely (though by no means perfectly) fits a claim for wrongful birth — and so is not allowed… “Science has once again — as it always does — outstripped the law… “he direction from the higher courts and the Legislature is clear — perhaps a half-step behind today's science, but clear — and until it is changed, it controls the outcome of this case.”

An exploration of comparative law and new approaches is warranted. It is time for the law to come to grips with the science.

MEDICAL ASSISTANCE IN DYING IN CANADA: THE ROLE OF A NATIONAL MEDICAL ASSOCIATION IN THIS NEW LEGAL & CLINICAL LANDSCAPE & WHAT OTHERS CAN LEARN FROM OUR EXPERIENCE (PART 1)

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In February 2015, the Supreme Court of Canada (SCC) released its decision in Carter v. Canada that asked the SCC to consider the constitutional validity of existing Criminal Code provisions prohibiting physician-assisted dying in Canada. In a unanimous decision, the SCC ruled that the challenged Criminal Code provisions on voluntary euthanasia (section 14) and assisted suicide (section 241(b)) are constitutionally invalid. The SCC suspended its decision for 16 months to allow time to enact legislation in compliance with the Court’s ruling. Today, physician-assisted dying is legal in Canada and has been carefully circumscribed in legislation. In response to the Court’s ruling, the Canadian Medical Association (CMA) developed principles-based recommendations to guide the implementation of assisted dying in Canada. These recommendations, anchored in a set of foundational principles, outline proposed criteria for patient eligibility for access to and assessment for assisted dying, procedural safeguards to ensure eligibility criteria are met, and how we may achieve an appropriate balance between physicians’ freedom of conscience and patient’s request for access to assisted dying.

This presentation will describe the SCC case and the Canadian Medical Association’s consultative process that generated an unprecedented level of participation, as well as the role it played in the policy and legislative processes that informed the new legislation and regulations in Canada. It is important to appreciate how a national medical association can both address and contribute to managing the opportunities and challenges presented by the legalization and implementation of assisted dying.

LENGTH AND FORMAT OF INFORMED CONSENT FORMS IN CLINICAL TRIALS IN DIFFERENT PATIENT POPULATIONS (PEDIATRIC, ADULT, ELDERLY)

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The length or format of informed consent documents is not regulated by clinical trial guidelines, yet informed consent is the critical element of any clinical trial, and failure to document obtaining one from a participant, may result in rejection of the clinical trial’s data. This study involved a review of 140 informed consent forms approved for use in clinical trials in Poland in differing trial population age groups: adult, elderly and pediatric. The study analyzed the growing length of the forms over time, the use of visual aids in the informed consent forms, and how these factors were dependent on the intended reader of the document. The results showed a significant increase in the length of the informed consent forms during the years 2011-2014 in comparison with 2001-2010. The examination also showed that the use of visual aids is over 5 times less frequent in the adult and elderly populations than in the guardian consent forms for pediatric trials, despite the fact that the forms for each group are aimed at adult readers. In preparation of the informed consent forms, the writers do not take into consideration the decreasing reading skills of the elderly population. The elderly are provided with the same type of informed consents as adults. It seems therefore advisable that all of the documents designed for all populations could be designed to help the participants make informed decisions.

MEDICO-LEGAL DILEMMAS IN MEDICAL TOURISM

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The growing trend of medical tourism raises many ethical and legal issues.

1. Often cost is the driving factor in travelling abroad for medical tourism. However, sometimes people travel abroad because the treatment they seek is illegal in their home country (e.g., organ sale, assisted suicide/euthanasia, unproven treatments, abortion, IVF, surrogacy, stem cell treatment, drug trials etc.)
2. Which laws take precedence when dealing with a cross border transaction? Can patients be prosecuted when returning to their home country for actions that would have been illegal in their home country, but are not in the country where the medical procedure occurred? What about a doctor who travels abroad to perform such a procedure?
3. What allows health care costs to be so low in other countries and how should this factor into whether or not to allow medical tourism. For example, does the country of destination offer inferior pay and working conditions to its health care workers? Is the care substandard? Are there limited legal remedies in the case of malpractice?

In June 2016, the Israeli Ministry of Health publicized a draft law on the topic, in order to reach a more systematic regulation of the issue. The proposed law is predicated on three basic principles-preventing harm to the local patient, strengthening the public health system by ensuring that income from medical tourism is funneled back into the public system, and regulating ethical and professional treatment of the medical tourist.

It should be noted that many of the principles set forth echo the principles already set out in the IMA ethical treaty with the medical tourism companies.

LIMITATION OF THE THERAPEUTIC EFFORT: ETHICAL AND LEGAL JUSTIFICATION FOR WITHOLDING AND WITHDRAWING LIFE SUSTAINING TREATMENT

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Withholding and withdrawing a treatment already established are two forms of limitation of the therapeutic effort. The question of undergoing or not undergoing lifesaving medical treatments is not restricted to a specific health care context, as it refers to a variety of treatments, and it is not related to a confined group of diseases. LTE has become part of the options compatible with the good clinical practice, in accordance with a deep change of the modern medicine's 'mission' along with the increased importance attributed to the patient's general, personal condition, and to the quality of his/her life. However, LTE remains a controversial issue, and it still has many opponents, in particular, but not exclusively, in those cases in which the question is the withdrawal of treatments, which a widespread conventional wisdom considers ethically and legally different from not initiating treatments. But is it justified to address LTE as a totally controversial issue? And are the opponents' reasons, especially in case of withdrawal of treatments, based on the assumption that it is ethically different to withdraw and to withhold a treatment, good ones? The paper answers negatively to this second question. As for the first question, it will be argued that LTE is a knotty issue, but there are criteria both in medical ethics and in law often adequate enough to remove doubts, and to guide decisions and actions.

THE KANTIAN PERFECT – IMPERFECT DUTIES DISTINCTION AND THE PROBLEM OF PRIORITY OF PRINCIPLES IN BIOETHICS

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Principilism, in the form of the four principles, brought in practical ethics by Beauchamb's and Childress' *Principles of Biomedical Ethics* first published in 1979, has been accepted as the bioethics' predominant theory worldwide. 'Four Principles Plus Scope' (as the method is defined by Raanan Gillon), is based on four common basic prima faciae moral commitments – respect for autonomy, beneficence, non maleficence, and justice – plus concern for their scope of application. The four principles theory has been accused between others, of promoting moral relativism and not offering a guidance of principles' priority while 'balancing' between them in cases of moral conflict. I intent to examine the relativism accusation and after finding a way out of it, I am going to examine the possibility of getting help from the Kantian perfect- imperfect duties distinction, in the principles' priority problem. This distinction is well known and variably commented in Kantian scholarship but still remains a controversial account. The discussion in the Kantian field about the nature of duties and the priority in case of conflict, has 'infected' bioethics and in this relatively new field is connected with priority of principles, especially between respect for autonomy and beneficence (the second often referred as the 'imperfect duty of beneficence'). I am going to examine the various interpretations of the Kantian perfect- imperfect duties distinction, and thus illuminate the principles' priority problem in bioethics, which emerges while 'balancing' the four principles and defining their scope in each case of moral dilemma.

FROM EUTHANASIA TO PALLIATIVE SEDATION: A CONCEPTUAL FRAMEWORK REGARDING TREATMENT DECISIONS AT THE END OF LIFE

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After discussing the old typology based on the term euthanasia (indirect/direct, voluntary/nonvoluntary/involuntary, active/passive) and the typology introduced by van der Wal and van der Maas ('medical decisions at the end of life'), I present my own typology regarding treatment decisions in patients with advanced disease. In this typology I distinguish between three types of decisions. First decisions regarding curative and/or life-sustaining treatment. This treatment can be started or continued, or withheld or withdrawn. Withholding or withdrawing treatment can be done in order to avoid futile treatment (non-treatment decision) or it can be done because the (competent) patient simply refuses treatment (refusal of treatment). A second category refers to decisions regarding symptom control or palliative treatment. In this category we offer clear definitions of both pain control and palliative sedation. In both cases we opt for a dynamic definition that focuses not only on the intention, but also on the act itself and its consequences. Choices with regard to euthanasia and assisted suicide constitute a third category of treatment decisions at the end of life. We distinguish three kinds of acts belonging to this category: (1) assisted suicide, (2) voluntary euthanasia, and finally (3) non-voluntary euthanasia. At the end of our presentation we discuss the way we are working with this new typology in both Belgian and international palliative care.

REGULATION OF NEW SCIENCES AND TECHNOLOGY

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This presentation will look at the establishment of a governmental institution which is tasked with the regulation of new sciences and technologies. The purpose of such a group would be to oversee research projects being carried out by labs / biotechnology / pharmaceutical companies, and to ensure primarily an application of moral and ethical principles.

Such an institution would incorporate a mechanism to be informed by way of public consultation; to this end the institution would be similar in nature to the Human Fertilisation and Embryology Authority in the United Kingdom. An analysis will be offered, comparing how a new institution could take example from the HFEA, but also highlighting areas which would pose difficulty to implementation.

CULTURAL SENSITIVITY IN PHYSICIAN-PATIENT INTERACTIONS: A GROWING ETHICAL CHALLENGE IN THE PHILIPPINE SETTING

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The Filipino culture is a mixture of diverse indigenous and foreign influences. As an archipelagic state consisting of more than seven thousand islands, the Philippines is home to 175 ethno-linguistic groups, each with its unique history, cultural identity, and health beliefs and practices. In the realm of healthcare, it is essential to understand the relationship between culture and health and its impacts on health-related behavior of patients. This article aims (1) to discuss the value of cultural sensitivity in physician-patient interactions and (2) to discuss the ethical challenges surrounding the delivery of culturally competent healthcare in the Philippine setting. Empowering patients to share their views concerning culturally sensitive healthcare is an indicator of patient-centeredness. Acknowledging and respecting the context of worldviews and decision-making processes of patients can improve communication and healthcare outcomes. This paradigm involving a fiduciary physician-patient relationship is commensurate with genuine respect for human dignity. In the Philippines, there is a need to generate specific, relevant, and useful information about the level of cultural sensitivity of physicians. To optimize healthcare delivery, Filipino physicians must be equipped with the necessary training to provide competent care to patients coming from a wide range of backgrounds. Medical education and clinical training should put emphasis on understanding and respecting culture and its crucial role in molding individual and societal concepts about health. Research should be done to evaluate the impact of incorporating cultural sensitivity into healthcare delivery using important outcome measures such as patient satisfaction, treatment adherence, and improvements in health-seeking behavior.

BIOETHICS EDUCATION: THE UNESCO CHAIR'S METHODOLOGY

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In 1995, the International Center for Health, Law and Ethic (the Haifa University), held a global research about ethics education in medical schools. The research produced several findings. First, many of the doctors who taught ethics in medical schools worldwide have never studied ethics and bioethics. Second, most of the doctors who taught ethics have never acquainted with the art of teaching. Third, most physicians were accustomed to teach and talk about ethics ex-cathedra, and many students felt a lack of interest, rejection and even disgust when compelled to listen to speeches or preaching. In light of these findings, the Center undertook the mission of allocating a different manner of delivering the message of ethics to students. The new method consisted of a few basic components. First of all, waiver or abandonment of long speeches as teaching tools for ethics education. Second, the initiation of and call for active involvement of the students in the discussion and decision-making process. Third, the use of real medical cases while dealing with ethical dilemmas. Fourth, the collection of such cases from different countries and variety of cultures in order to formulate a universal method of teaching to fit any site. Fifth, the construction of a uniform structure of the syllabus: Starting with a short review of the case, that is followed by a leading question such as: "What or how should the doctor react in this case? In the next stage the syllabus presents the students with a few alternative ethical options.

THE USE OF MORAL GAMES FOR BIOETHICS EDUCATION

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Games are an important tool for bioethics education in addition to the instrumental use of stories. Their aim is to create sensitivity with regard to physical and spiritual hurts. Ethics, unlike the law, does not provide unequivocal answers. Many factors, including subjective ones, are involved in the decision making process while trying to cope with sensitive situations that produce identification feelings towards the sufferer. Games may enable the children to experience various kinds of hurts, to develop the feelings of compassion and empathy, and to offer support to those who need it. The expectation is that the youngsters will be able to involve ethical ingredients while coping with complex dilemmas. The paper will present several moral games that might be used for various ages.

BARRIERS TO REPORTING MEDICAL ERRORS IN JOHANNESBURG, SOUTH AFRICA

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Objective: To investigate why doctors are unwilling to report medical errors that cause injury, or potential injury, to patients. It was a survey to establish the 'lay of the land' (current status).
Design and methods: A questionnaire-based study was performed using REDCap (Research electronic data capture, Vanderbilt University). Emails were sent to medical doctors working in surgical and medical disciplines on the teaching circuit of the University of the Witwatersrand working in four Public Sector hospitals.
Results: 211 doctors responded and 55% agreed that doctors, but mostly hospitals (69%) were to blame for the major problems with medical errors. Public sector staff shortages and patient overload (96%) as well as poor record-keeping systems (89%) were identified as reasons for errors. 83% agreed that doctors 'ought' to disclose harmful medical errors (83%) and to a lesser degree 'potentially harmful' errors (70%).
Fears of victimisation by colleagues (59%) and medico-legal consequence (56%) were prominent as reasons not to disclose medical errors. Poor reporting systems available (66%) and insufficient support from senior staff made it difficult for doctors to report errors. Training on correct disclosing of errors to patients and family was seen as necessary to improve skills and facilitate effective disclosure (94%).
Conclusions: Several barriers to medical error disclosure were found. Dealing with fears of victimization and medico-legal sequel to reporting could promote disclosure of medical errors. Reporting systems need to be well defined and practical. Training on correct ways of disclosure may assist in promoting transparency within our training hospitals.

BIOETHICS AND PROFESSIONAL IN ECONOMICS

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In the framework of the inter and multidisciplinary bioethics, there is a need to involve the economics professional, especially the accountant professional responsible for the development of economic reports that will allow players in the world economy for decision making through its reports. Health systems, science, medicine, progress, needs and results are measured through various reports expressing scientific results and their comparison with economic ones. It´s the economic results, through statistics among others, which encourage or discourage the development of the various disciplines.
It is imperative that the economic sciences have a view from bioethics as guiding principles in decision-making, incorporating ethics as a fundamental element in vocational training, trying not to limit its actions to merely displaying Social Balances as an element of accountability in its commitment to the environment, ecology and humanity. The accounting professional has the ability to produce reports to induce third parties to decision-making and therefore has the responsibility of transparency and ethics as rector of his performance.

WELFARE, AUTONOMY, AND THE END OF LIFE

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Autonomy and well-being or welfare normally ordinarily run together as the justifying values of many decisions at the end of human life. There is however, a great difference between them: wellbeing or welfare expresses itself in a series of prudential values determining whether a choice is prudentially reasonable or not and autonomy can be best understood as a principle enabling human persons to make choices. Even those choices that are not prudentially reasonable and have negative impacts on welfare are an integral part of autonomy. This raises an important issue in the context of the discussion about assisted dying: which value is more fundamental (if any) and should take precedence in healthcare decision making?

During my presentation I will try to distinguish two broad classes of theories of welfare: subjective theories and objective theories. I will then go on and argue that if we accept a subjective theory of welfare, we should value autonomy in making decisions at the end of human life nearly as much as welfare, because what is best for a person and ipso facto prudentially reasonable is ultimately determined by his or her own feelings, tastes or preferences. On the other hand, if we accept an objective theory of welfare, we are entitled to assign more importance to welfare over autonomy in all cases in which important prudential values are at stake.

DETENTION AT 1st MBBS LEVEL, EARLY & UNETHICAL – A “SYSTEMS APPROACH” TO INDIAN MEDICAL EDUCATION SYSTEM

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Input is learner/ student. Process is the evaluation and teaching by the system specialist – the educator. Output is goal of MCI "a doctor who can communicate, diagnose, cure and behave with ethical principles! Learner selection is by an MCQ entrance exam. No aptitude test. 40% enter on pure merit, the rest on various reservations.Since 1st year is shortened to10 months & the real aptitude is exposed only at the end of second year, after clinical & ethical classes, detention at 1st yr level is too early. “Labelling as additional batch & denial of “interaction with their peers” (the coping strategy to manage affect component of stress) are risk factors” for poor learning capacity. They add to stressors among medical students. (Sathi devi et al 2009, Rosenberg PP. 1971). In attribution retraining – an effective learning method, one goal is to concentrate on the task rather than distracted by fear of failure (Brophy 1986), here it is fear of early detention. These factors make some chronic additional. No way to leave the course for which have to pay liquidated damages (Prospectus for admission to professional Degree courses 2013) no way to go forward, and no scope for lateral entry. Trapped & unable to take a self decision. Is it ethical? (IHRC 22) According to International human rights commission this situation is violation of human rights; article12 and 26. Being additional batch too early is a modifiable risk factor. The Protection of Human Rights Act 1993 CHAPTER III – functions and powers of the commission says to review the factors that inhibit the enjoyment of human rights and recommend appropriate remedial measures.

RE-CONSENT IN LONGITUDINAL HEALTH RESEARCH IN EUROPE: A CHOICE?

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The current legal framework that regulates consent requirements in the European Union, Directive 95/46/EC, will soon be superseded by the General Data Protection Regulation (Regulation). The Directive provides an important case study regarding evaluating and comprehending consent issues; an analysis of the current situation can help in the future implementation of the Regulation. It aims to achieve a higher level of harmonization across Europe; nevertheless, it is doubtful whether the enforcement of the Regulation alone can tackle the issues of data re-use. The article advocates that the suggestion of re-consent as a choice under a participation framework will help tackle old, unresolved regulatory issues and new gaps in the Regulation. To put forward this suggestion the article considers: what is a participation framework, what is at stake when re-consent is missing, consent and re-consent re-conceptualization under autonomy, and the challenges of re-consent as a choice.

CADAVERS AS INDISPENSABLE TEACHERS: THE CADAVERIC OATH AND HUMAN DIGNITY

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When an aspiring doctor enters medical school as a first year medical or dental student, he is most likely to first come in contact with cadavers: human remains which have been donated for furthering our knowledge of human anatomy.

Cadavers are very difficult to procure especially in a society like India where many religious groups with different ideologies and belief systems believe that the soul of the dead does not achieve salvation if the body is not cremated in its intact form at death. This belief system plays an important role for people to decide whether or not to do body or even organ donation, for that matter, for the purpose of anatomical dissection. However, growing awareness in the lay population is now changing this situation slowly and gradually the number of voluntary donors may rise.

However, not only generously donating a body but also maintaining high standards of dignity, respect and valuing the human remains are something all members of the medical community must observe, and mainly by those individuals who are directly involved in the preservation, embalming and dissection of the human remains concerned. This means that anatomists as well as students of anatomy must be proactive in maintaining the ethical standards prescribed under the “Cadaveric Oath” taken by first year medical students.

Medical students often are seen doing some objectionable activities such as improperly treating the cadaver or untoward actions like mocking at the facial expression of the human remains in the dissection hall. This is very innocent but yet not acceptable as we owe great care and respect to these people who gave meaningful contributions even in their death.

Education and Realization of holding up the dignity of human beings, even after death, is an important lesson to learn for the medical students as they begin their career in a profession such as medicine and surgery for becoming doctors of the future with a good moral fibre and awareness of human rights.

"THE UNESCO CASEBOOK ON BIOETHICS AND THE HOLOCAUST": REFLECTING ON THE PAST TO PROTECT THE FUTURE

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When reflecting upon medicine in the context of the Third Reich and the Holocaust, we encounter some of the most difficult and profound choices of our humanity. Medical practice during this era provided the basis for the present bioethical doctrine. Consequently, it is safe to state that this subject does not belong to history but rather, to the future.

With this in mind, under the auspices of the International Center for Health, Law and Ethics at Haifa University and the Israel National Commission for UNESCO and the Israeli Head of the Chair of Bioethics, Professor Amnon Carmi, together with Geoffrey Brahmer and Susan Benedict, I published a casebook using personal cases from the Holocaust on various bioethical issues that are relevant and pertinent to today's bioethical discussion. The different aspects of medicine during the Third Reich are demonstrated, reflecting both the perpetrators and the victims. Each case is accompanied by an historical background to provide the correct context and is followed by an ethical discussion aiming to provide a tool for reflection and dialogue on bioethical issues relevant to both the Holocaust and the present.

Greater knowledge and ethical discussion on these profound issues can not only help combat ignorance and prejudice, but can also inspire healthcare professionals to practice with greater compassion, knowledge, tolerance, respect and justice on behalf of their patients.

In this presentation I shall present an overview of the contents of the Casebook and how this work reflects the discourse on the ethical issues that involve Medicine and the Holocaust. I too shall talk about the experience that has accumulated in various universities and medical schools worldwide on the utilization of the Casebook in bioethics education.

ETHICAL REVIEW STANDARDS OF SEPARATION SURGERY TO CONJOINED TWINS

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The ethical review on a clinical case of separation surgery for conjoined twins was analyzed, through which the separation surgery was divided into two categories from ethical perspective. Comparing to save life surgery needed to be performed in time, the other kind of selective operation on the condition of patients' safety is aiming to improve the quality of life. The main indicators of safety assessment include the type of conjoined twins, the difficulty of the separation surgery, evaluation of trade-offs between adverse effects and the improvement of life quality, as well as the previous case reports. Save life separation surgery should be performed in accordance with the principles of "invalid treatment, parasitic twins and threat to life". Moreover, the review should also take technical support, informed consent, power of attorney and confidentiality into consideration, so that the legal requirements can be reached according to different kinds of separation surgery with specialty and complexity.

TAKING INTO ACCOUNT CULTURAL AND RELIGIOUS ATTITUDES OF MINORITY GROUPS IN SETTING ETHICAL RULES OF THE STATE

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The modern state frequently contains religious minorities and cultural groups, that adopt different ethical rules. In Israel, for example, there is a relatively large religious group that does not recognize brain-respiratory death, and sees permit termination of such patient treatment - as a murder; A second example is the ethnic groups that consider very important the child sex, and thus appealing frequently for permission to use PGD in order to select the sex of the fetus.

Consideration of these positions often leads to conflicts with ethical principles accepted by the majority, and sometimes even create real harm (e.g. non-recognition of brain death requires investment of many medical resources). On the other hand, ignoring them is a severe ethical harm, to cultural and religious minority groups.

The presentation will review briefly some issues that are discussed topic in Israel, and will offer four ways to deal with this problem - from ignoring the claim of the minorities to the full acceptance of the right to live by their principles, threw embracing some moderate considerations that are required in those situations.

MY BODY – MY CHOICE TO ENTER SURROGACY ARRANGEMENT

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Surrogacy is still illegal or unregulated in many countries in the word. It is undoubtedly one of the most controversial issues in contemporary ethical and legal debates on human reproduction. These debates include various arguments. In this paper I will focus on a group of arguments referring to the principle of respect for a surrogate's autonomy and limits of a woman's right to freely dispose her body.

Arguments from a surrogate's autonomy are used in two different ways in the debate on surrogacy. On one hand, they are invoked by advocates of the practice as its main moral justification. They claim – often quoting J.S. Mill's famous words – that over herself, over her own body and mind, the individual is sovereign. Thus, *in principe*, women should be free to enter into surrogacy arrangement (as long as their decision does not harm anyone or violate any other important moral or social considerations). Surrogacy practices give women another reproductive choice and give them control over their own bodies and procreative abilities. On the other hand, the autonomy-based arguments are used by critics of the surrogacy practice who claim that, by facts, surrogates are usually representative of populations vulnerable to exploitation. Thus, informed consent may not be the best instrument for promoting their interests and rights.

In this talk I will examine philosophical and anthropological assumptions that lie behind the claim that respect for autonomy provides the main moral justification for legalization of the surrogacy arrangements. I will also analyze moral limits of a woman's right to freely dispose her body, and discuss whether they provide a justification for introducing legal ban on surrogacy as such or its certain forms (for example, commercial surrogacy).

MEDIATING RELIGIOUS OBJECTIONS TO END-OF-LIFE CARE: SCOPE AND LIMITATIONS

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Courts in the UK are witnessing a growth in the number of end-of-life cases relating to Muslim patients. The Court of Protection and the High Court have, particularly in the last 10 years, served as venues where disputes between family members who objected on religious grounds to the decision taken by the patients' doctors, are played out. However, be it a dissension over a decision to: terminate life-sustaining treatment from patients in a permanent vegetative state; withhold intensive care treatment from patients in a minimally conscious state; or switch off mechanical ventilation from patients diagnosed as brain stem dead, courts have frequently ruled against the family members. On many occasions, these decisions were reached without engaging with the religious arguments advanced.

This paper explores the viability of mediation as an alternative method for resolving such disputes. Admittedly, the deployment of mediation in the medical context is by no means novel. It has successfully been used for decades to resolve medical negligence claims. More recently, mediation has also been used in the UK to resolve conflicts between parents and the doctors who treat their children. However, is mediation suitable for disagreements over end-of-life care when the dissension was made on the grounds of religion? This paper seeks to research this question by studying the kinds of dispute for which mediation is suitable and those where it is less so. By extrapolating these findings to the present context, it aims to highlight the scope and limitations of mediation in resolving such disputes.

REPRODUCTIVE LABOUR AS A TOOL FOR DECIDING FROZEN EMBRYO DISPUTES

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Frozen embryo disputes are cases described as requiring the "wisdom of Solomon" due to the difficulty in assessing the potentially competing interests of gamete providers following IVF treatment and relationship breakdown. A legal framework modelled on a nuanced interpretation of John Locke's theory of labour could inform how authority over the disposition decisions of surplus embryo(s) should be allocated in such disputes. This construction of reproductive labour builds on the analyses of scholars such as Donna Dickenson who have queried why women's labour, in particular, is undervalued in biotechnologies. I consider how this model of reproductive labour could be used by four different areas of law by which frozen embryo disputes have traditionally been settled; namely: property law, contract law, estoppel, and a rights-based regime. A specific application of reproductive labour in all four of these areas of law highlights the importance of the investment made by the female partner which, in most circumstances, should grant her decisional authority over the disposition of surplus embryo(s). My conclusion is that whichever legal model is employed, it can be tailored (either by regulation, statute or case law) to more adequately recognise the role reproductive labour plays in IVF.

THE TRANSFORMATION AND PRACTICE OF "GOOD DEATH": ON THE LEGALIZATION OF END-OF-LIFE CARE IN TAIWAN

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In Taiwan, the cultural notion of "Good Death" as dying at home has been the foundation of Taiwanese view towards life and death. However, as the availability of medical care grows and the medical intervention of death becomes common, the medicalization of the concept "good death" appears and is related to the legalization of end-of-life care in Taiwan. In January 2016, a new law concerning patients' right to self-determination in the end-of-life care has been passed and will be implemented in 2019. The new law, named as Patient's Right to Self-determination Act, allows not only terminally ill patients but also those who are not terminally ill, such as coma, vegetative state, severe dementia patients to exercise their right to withhold or withdraw all invasive life-sustaining treatments, including the use of artificial nutrition and hydration, according to their own wish. The passage of new law shows not only the growing recognition of patient's autonomy in Taiwanese society, but also suggests the medicalization and the involvement of "self" in the practice of "good death."

This presentation focuses on the transformation of "good death" as a pure cultural concept to a medical, legal concept. The aim is to show how the culture and medical care in the end of life have been integrated, and thus created a locally adapted form of medical ethics in end-of-life care. The presentation concludes that even though the medicalization of "good death" is inevitable in modern society, the cultural aspect of it remains important in filling the gap between law and reality.

THE ETHICS' VALUE IN THE SPEECH AND LANGUAGE THERAPY PROFESSION IN EUROPE: UNITED IN DIVERSITY – SPEECH AND LANGUAGE THERAPY IN THE JUVENILE JUSTICE SYSTEM: EXPERIENCES, EVIDENCES AND VALUE

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Since 1966, researchers around the globe have studied the expressive and receptive language skills of young offenders, with evidence consistently identifying young offenders as a population that is at high-risk for clinically significant, yet unidentified language impairments. It is clear that young offenders experience language deficits far more commonly than their peers in the general population. High rates of speech, language and communication needs (SLCN) among young offenders, together with a high prevalence of co-morbid mental health problems and low educational attainment present complex challenges for staff working with this population. A model of service delivery to meet the SLCN of young offenders will be described in this presentation, together with a screening test for this population, an intervention package and educational tools to raise SLCN awareness amongst youth offending practitioners.

MAKING LONGEVITY ETHICALLY MAINSTREAM OR DIE TRYING

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A longer and healthier life is enjoyed by the citizens who can benefit from it. Longevity is one of the most important ethical questions of the next decades. It is potentially useful for a sustainable environment, for a peaceful society, for the level of well-being in the society.

The first part of the presentation is approaching the question "How to inform ethicists about longevity prospects?". It has to be done with an optimistic, but realistic description of the current scientific research and explaining the long-term prospective.

The second part of the presentation is approaching common aspects of the ideas of the mainstream ethicists compared to the objectives of "longevists" concerning:

- Environmental aspects
- Questions related to non-violence
- Objectives of equality and equity
- Priority for the weakest/oldest/frailest
- Other ethical questions

The ethical implications of the links between powerful IT companies, artificial intelligence and research in the field of health care for people advancing in age will be also approached.

The last part of the presentation is related to the difficulty of proposing long term goals to ethicists and to public institutions. Should the State subsidize life extension? Can we consider scientific research for a longer life as a moral obligation or a duty to rescue?

The short proposed answer is "Come up with long term ethical visions for longevity" and propose a "Moonshot longevist vision".

INFORMED CONSENTS FORM IN ISRAEL CLINICAL TRIALS

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Introduction: One of the most important roles of an Ethics Committee (EC), is to make sure that the Informed Consent Form (ICF) is informative, using clear simple language for the averaged participant to understand. Overtime the ICF turned into a long document with too many legal and medical aspects. In 2014 the Israeli MOH ordered to shorten the length of an ICF and simplifies its terms.

Purposes and methods: We aimed to estimate the changes in the ICFs appearance used in Hemato-Oncology clinical trials at Barzilai University Medical Center during the last 5 years.

We sampled 14 out of 42 ICFs in three experienced Principals Investigators (PI) phase three, pharmaceuticals, commercially sponsored trials. The length of Total form; Aim; Introduction; Methods; Risks; Confidentiality & Payment paragraphs were estimated.

Results: Average length of the ICF was 18±2 pages. "Risk" and "Methods" paragraphs have increased by 20% in the last 3 years, using much more words in the text and minimized Font size and spaces between lines. No changes were observed in "Payment information", "Confidentiality" and "Aim" issues.

Conclusion: The Hemato-Oncological ICFs trials are too complicated for the averaged participant to understand. Instead of being short, focused and practical, ICF have turned into documents that require the assistance of a lawyer and a medical specialist. The potential participant's decision can be taken only upon his or her trust with the PI.

Clear demands by the MOH on the ICF structure and length, is the only way to simplify it and return the ability to the participant to decide after having a logical thinking that take in consideration the risks versus the benefits.

THE «NO GO» IN ORTHOPAEDIC SURGERY

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Definition: « 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.

Methods: We have studied the No Go phenomenon through Carrying Risk Events (CRE) declared by the members of the Orthorisq (the accreditation organization of orthopaedic surgeons in France) which have been analyzed through an Alarm matrix that is commonly used in risk management. We have completed an analysis with the help of an extensive internet survey which has been sent to the 1828 Orthorisq members.

Results: The "No Go" is a frequent cause of dysfunction in planned orthopedic surgery; the causes of "No Go" are numerous and highly varied. Investigation demonstrated that 66% of the surgeons orthopedist meets this complication at least once in their professional exercise

Discussion: In case of realization of a "No Go process", in France, lawyer of the patient can lodge a complaint on the penal or civil court of justice when the patient was not warned of this procedure.

Conclusion: 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.

FROM BIOBANKS TO BABIES: HAVE DEVELOPMENTS IN STEM CELL TECHNOLOGY CHANGED THE STATUS OF IMMORTALISED CELL LINES?

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Science is developing at a pace to produce gametes by differentiation of somatic cells. This could have an impact in an area so far not adequately addressed.

Many countries are establishing large population based Biobanks including the UK with the UK Biobank and Generation Scotland. Their aim is to try and identify the genes contributing to complex diseases. The Biobanks require a permanent source of DNA. This can be achieved by creating immortalised cell cultures – the lymphoblastoid cell lines (LCLs) from blood samples. The LCLs can be reprogrammed to become induced pluripotent stem cells from which there are the potential to produce artificial gametes.

Analyses of the DNA may also reveal advantageous traits which might encourage the selection of these lines to create gametes and future children with these enhanced qualities. This potential development rests uneasily within the concept of broad consent under which the samples are altruistically donated to the Biobanks. Would the volunteers envisage that at some future date their samples could be used to create gametes? Even beyond their death? Protection is deemed if the samples are anonymised but of course with the advent of whole genome analysis this protection is lost as we all have an almost unique genetic profile- the genetic fingerprint.

While LCLs have been of immeasurable value for both fundamental research and commercial use I suggest it is timely to reconsider the regulation of LCLs in recognition of the advances of stem cell technology.

A MYTHICAL JOURNEY: ETHICAL ISSUES IN DIGESTIVE ENDOSCOPY

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Endoscopy represents a turning point of modern medicine with several innovations. An endoscope is not just an extension of the eye, but also the hand: find and cut are now combined in a single action. The connection between technology, practice and cultural representation reflected the so called "endoscopic gaze''. The shipment in the intestinal tract is characterized as 'a mythical journey'. Technological advances in endoscopy have therefore an impact on surgical techniques and on the patient's experience Ethics in gastroenterology, in particular in gastrointestinal endoscopy, are centered on the relationship between the patient's well-being and the results. While the patient satisfaction rate is considered an important factor in judging his experience in health care, endoscopy produced several related issues that can affect the emotional state, understanding and coping.

Ethical arguments mainly concern: the development of new technologies, the patient's experience and expectation, the impact of social media, communication, the medicalization of problems, information and consent and the quality.

CHALLENGES FOR THE PATIENT-CENTERED MISSION OF HOSPITAL ETHICS COMMITTEES

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Hospital Ethics Committees (HECs) are an integral part of the organisational infrastructure of many health care institutions (hospitals, nursing homes and hospices) in the USA, Canada, Australia and numerous European countries. They perform a variety of roles out of which the following three seem to be the most important: (i) providing ethical consultations in tough clinical cases, (ii) developing or revising institutional policies on controversial clinical matters, for example, on continuation of life-sustaining treatment, and (iii) providing ethical education for health care professionals as well as for patients and their families. All these activates must serve the HECs' principal mission which is to promote patients' rights and interests by facilitating shared decision-making being a key component of patient-centered healthcare defined as "care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions" (IOM 2001: 40).

The HECs' mission is embedded in values and ideals shared by all democratic societies. Thus, HECs' ability to fulfill this mission depends on the political context and intuitional environment. HECs seem to be useless or impotent in societies where ethical and legal perplexities in health care delivery are ignored or unseen. Patients cannot seek HECs' support when the most morally controversial procedures are prohibited or decisions in such cases (i.e. withholding or withdrawing life-sustaining treatment) are left entirely to physicians. Moreover, HECs are not able to fulfill their principal role if there is no understanding that they "should be designed primarily to assist the patent rather than the health care team of institution" (Belton & Meyer, 1992: 205). Finally, HECs cannot function properly, if they have no access to necessary funds and resources. In this talk, I will analyze these problems, using – as an example – the current situation of HECs in Poland (Czarkowski et al. 2015).

MARIJUANA – MEDICAL EFFICACY AND LAWLESSNESS

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De-criminalization of marijuana in the US has been led by individual states' licensing for medical use while remaining a Schedule 1 (most illegal category of drugs) in the Federal system. This has created chaos for medical patients and professionals. MEDICAL MARIJUANA: UNDERSTANDING CANNABIS AS MEDICINE, a documentary film, examines the ethics and complexity of restricting a plant medicine that has not been subject to standard research and competes with pharmaceuticals on the market. What can be learned from the variety of laws and restrictions from state to state, patient experience, and medical acceptance can guide new legislation being worldwide. Right now some states, most notably Colorado, have strict labeling requirements. California with the largest number of medical marijuana users, has none. What are the medical ethics surrounding the creation of a large gray market for a drug that has proven benefits for certain medical conditions (like glaucoma and seizures) and relieves symptoms (eg. pain for migraines & nausea for chemotherapy)? How marijuana is currently prescribed and/or incorporated into treatment plans is sketchy. Marijuana certificates are obtained in prescription mills, not by primary care physicians. Few medical personnel are trained to understand the benefits that would justify prescription. There is a lot of conflicting information. A case study of a patient's decision to use medical marijuana shows contradictions faced while juggling recommendations for treatment using pharmaceuticals, supplements, and medical marijuana. How can the medical world guide patients to use the entire toolkit of medicines available?

PHILOSOPHICAL ANALYSIS OF THE EUTHANASIA PROBLEM: THE PECULIARITIES OF CULTURAL ENVIRONMENT, SOCIAL OPINION AND MENTALITY

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Philosophical analysis of the Euthanasia problem leads to its sens not only as an option between death and life, but between death and death: a death with pain and a death without suffering. Facing the problems connected with euthanasia rushes into the mentality's, traditions', habits' and other ethno-cultural peculiarities of the nation, as well the socio-economic condition. Referring to Euthanasia the ideas of medieval Armenian thinkers are cited in the article, which have negative opinion about Euthanasia phenomenon in general.

The social opinion has several layers:

Superficial, external layer, which expresses superficial estimation of this problem, which has no connection with exact situations and personalities.

Situational level, i.e. it can suggest one step, but larger and inclusive factors should be considered as well.

When answers are considered from the personal-situational point of view, the answers begin to differ and change greatly. Those who were against euthanasia don't exclude it, they even consider it possible and the only way out in separate exact cases, e.g. we ask: "If you were in a severe, hopeless condition, would you like to die, would you prefer euthanasia or not?" the majority answered: "Yes, I would".

Thus, in the oral, verbal level people are against euthanasia, but when the situation is made more personal, respondents do not exclude the possibility of consenting to euthanasia. The positive and negative answers shouldn't be accepted as unchangeable.

There is contradiction between the expressed thoughts and real opinion i.e. they are for euthanasia on verbal level, but practically; personally and individually they are against. Because the society maintains the social opinion, mentality, psychology, the Christian culture that "The God has created, let him take away", people tend to disagree about euthanasia. It's impossible not to consider the social opinion. If any of our close relatives is awfully ill, exhausted, suffers and there is nothing to save him, you think: "Poor… it would be better if he died" (we express our sorrow in this word). But, on the other hand, he does nothing in this aspect (he doesn't allow himself: "What would the others say?"). This is the contradiction in the social opinion, which testifies to the difference between the expressed words and real opinion.

GLOBAL APPROACH TO MIGRATION: ETHICAL ASPECTS & COMPARISON TO BELONGING IN MULTICULTURAL EDUCATION & SOCIO-HEALTH FIELD

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Integration is a process not always conscious, sometimes socialization can't be solely the product of the company's political will but becomes a complex reality that carries symbolic representations and stereotypes with which to compare.

The challenge lies ahead and that must be addressed in an ethics of migration requires: - Effective Strategies to combat racism, discrimination and intolerance; - Development of the concept of "good life" for all - Train for change - Setting up a new / different role of intercultural mediation

We may therefore speak of welcoming and accepting of migrants only in ethics of the agreements as people other than us but still human beings with their history and their dignity.

MEDICAL HUMANITIES IN THE UNDERGRADUATE MEDICAL CURRICULUM

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There has been a trend towards establishing medical humanities as a component of medical education. The aim of this study is to assess the necessity and outcomes of compilation of humanities in pursuit of medical education sciences at undergraduate level.

Perspectives from art are drawn to give a whole new dimension to the medical sciences such as in medical education. It can be used to critique healthcare policies and medical educational standards.

Inculcation of medical humanities at the undergraduate level will help students and future doctors to think more comprehensively about their patients without any ethical violation. Lack of humanities in application of theoretical medical sciences undermines the quality of a good physician and takes away the 'healing touch' and weakens therapeutic alliance between a physician and her patient. Education in medical humanities can widen the perspective of a medical student and help him or her build an interpersonal relationship with his patient on basis of compassion and betterment of his patient.

Inculcation of humanities helps the student learn values of professionalism and guide him to a better judgement to do what is right in any situation that may arise.

FEASIBILITY OF INFORMED CONSENT PROCESS IN A BUSY PSYCHIATRY OUTPATIENT DEPARTMENT

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Introduction: Consent process is especially important for Psychiatry patients, since their competence to consent may be doubtful. However capacity to consent varies widely among psychiatry patients. As part of the international field testing of the Cultural Formulation Interview (CFI) for the Diagnostic and Statistical Manual of Mental Disorders -DSM IV (APA 2000), outpatients presenting for the first time at the Psychiatry Outpatients were requested for consent.
Method: The international consent form was translated into Hindi. A trained MD Psychiatry post graduate student informed the first new patient about the study. S/he introduced the CFI through a brief standard introduction, and asked for CFI participation. In case the patient refused, the next new patient was asked. Capacity to consent was tested through probes at the end of the consent process.
Results: A total of 68 patients consented for the CFI from October 2012 to March 2013, 11 refused before consent, mostly because they could not spare the time (about four hours in all). Although specific records were not maintained, usually the first or at most third patient asked, consented. One subject requested for withdrawal 15 days after completing all CFI procedures and all her data including audiotapes were destroyed.
Discussion: Patients beliefs, background, and education all contribute to their decision to participate in research. It is quite possible to obtain proper consent in a busy Psychiatry OPD as there is varied ability to consent even for the most seriously mentally ill and when they have no direct advantage.

DEFINING VULNERABILITY IN HEALTH RESEARCH

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Protectionism in health research emerged, with the Nuremberg Code of 1947. The Belmont Report which had a major influence on international and national guidelines, introduced “vulnerability” and the “group” or “subpopulation” lexicon into research ethics guidance documents and is the root cause of the confusion and the labelling of people in this arena. The concept of vulnerability in health research has been described as nebulous and being too broad and too narrow at the same time. Using a combination of a normative, metaethical and historical inquiry, an operational definition of vulnerability and a Vulnerability Assessment Scale were developed and tested using two Court Judgements in South Africa where aggrieved research participants sought justice for social and physical wrongs. The value of the definition and Scale was clearly demonstrated to extend beyond the review process. These instruments can also be used during the course of research, after the research is over and as an adjudication tool should a dispute arise. The tools developed offer a guide on the moral obligations of research ethics committees and researchers in terms of avoiding wrongs to research participants with vulnerabilities by respecting them as autonomous agents or their proxies as such (where relevant); guarding against them being harmed; behaving justly and fairly towards them and optimizing benefits to them. In this presentation, I will describe the process of ethical inquiry leading up to the development of these instruments and how their appropriate implementation will prevent exploitation of participant vulnerabilities in the health research context.

ABOUT THE DOCTORAL GRADUATE SCHOOL OF CUBE, THE UNIVERSITY CENTRE ON ETHICS AND BIOETHICS WHICH IS TAKING OVER THE CERB

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Since October 2015, the Centre for Study and Research in Ethics and Bioethics (CERB) and also scientific and technical secretariat of the Pan African Congress for Ethics and Bioethics, is part of the international network of units of the UNESCO Chair in Bioethics, Haifa. Since then, he has been assigned the task of implementing Units and then ensuring the teaching of Bioethics in Central Africa, the West and the North. This is accompanied by the contribution to the teaching of Bioethics from the nursery school to the Doctoral School housed in the Yaoundé CERB Unit of the UNESCO Chair.
In order to contribute to the fulfillment of CERB's missions, COPAB has requested the preparation of a Master's Degree in Teaching and Research program to be made available to academic institutions in Africa and elsewhere and has signed a partnership agreement with the Ministry of Higher Education of Cameroon. The latter supervises the validation of the graduation of the Doctoral School.
In its development, and in line with the terms of the Resolution of the Heads of State and Government of the OAU / AU on Bioethics and Development of Africa signed in July 1996 in Yaoundé, the CERB, melting pot of meeting Experts in ethics and bioethics, proposes spaces of African location of the research institutes of the other continents.
This institutional functioning of the CUBE initiated from its inception makes the Doctoral Graduate School of the African Division of the UNESCO Chair in Bioethics the space of operationalization international dialogue in bioethics and of the living together of the international community.

A CRITICAL ANALYSIS OF AUTONOMY IN BIOETHICS

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In the conception of modern bioethics, the concept of autonomy plays a dominant role. Contemporary bioethical discourse in many cases glorifies an approach founded on this principle, and it seems that its role in moral conduct in applied bioethics is considered to be the key to salvation. This presentation attempts, to a certain extent, to relativize the dominant principle of autonomy, especially in medical ethics, even if it does not deny its indispensability. It points, however, to particular practical aspects which respect for the principle of autonomy, especially in the doctor-patient relation, can influence in a negative way, or can quite negate. As the basic antithesis to theories which found the priority on the axiom of respect to autonomy, the author then presents neo-paternalistic concepts in bioethics which find support, above all, in the principle of beneficence.

INFORMED CONSENT AS WAIVER. DO WE REALLY KNOW WHAT WE WAIVE?

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Across the last fifty years informed consent requirements in medical practice have grown enormously. The scope of these requirements has been prescribed with increasing specificity and rigour and is an integral part of modern medical law codes. We all accept that informed consent represents a respect to the individual autonomy and through this procedure we waive some of the legal prohibitions and allow to the physicians to interfere to the bodily integrity of the individuals.

Informed consent as useful tool presupposes the patient´s knowledge and freedom to choose. But in many situations, these basic requirements are lacking. Do we have generally in these situations the capacity to make right choices? Maybe it is time to rethink the basic principles of the informed consent …

BIOETHICAL CONTENT OF CONTEMPORARY STUDIES IN MEDICINE

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Contemporary studies of the professionalization phenomenon in medicine focus on socio-psychological determinants of professional growth in dynamics of personal socialization. Since personalized and stratified medicine has become a part of medical sciences, whereas biotechnologies in treatment of socially important diseases have started developing within the interdisciplinary area of medicine, biology (genetics) and chemistry, international ethical conflicts are inevitable. Hence modern research trend of professionalization in medicine is its bioethical content. The analysis of contemporary studies carried out within the interdisciplinary area of sociology of medicine allowed us to conclude that on the whole Russian methodology in the studies is based on classical conceptualization of profession and tends to continental (European) approach to the concepts of profession and professionalism, professional identity, career trajectory, professional training and cultural competences being kept as subjects of research. The authors have focused on such socially important phenomena of medical specialists' professionalization as reproduction of scientific capability, socially oriented management in medicine, professional deformation and deprofessionalization. The results of authorial initiative studies have proved negative tendency to further development of medical specialists' social deprivation in biomedical sciences and scientific interest gain to bioethical aspects of professionalization in medicine.

MEDICAL EDUCATION AND THE ETHICS OF CARING

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The ethics of caring, though the subject of much recent discussion by philosophers has hardly been applied to medical ethics and medical education. Based on receptivity toward and taking responsibility fir other persons, the ethics of caring has relevance to medicine. Caring guides the physician always to remain the patients advocate and to maintain the therapeutic relationship when dealing with and resolving ethical dilemmas' This presentation will bring forward the philosophy behind the ethics of caring and then explores that arise in this context. Receptivity, taking responsibility and creating an educational environment that foster caring.

ALTERED PERCEPTION OF MEDICAL STUDENTS AND ISSUES ON SELF ENHANCEMENT

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Body image is physical expression of one's personality. We recognize humans by their physical appearance which is the body. The investigators undertook a questionnaire survey among the 1st year and 3rd year medical students to affirm the view point on determinants of perception on body image. When asked if they would accept plastic surgery to enhance beauty, Majority of the students disagreed for the same, this view is independent of their year of study. Taking pills for weight reduction has been the recent trend among adolescents but the students from our study found it resentful to take medication for this purpose. It has been shows that irrespective of the year of study feasting on junk food is resorted to at least once a week in around (48.1%) of the students. The affinity towards junk food is the palatability, easy availability and convenience. Physical activity among medical students is around (48.1%). Time constraint and increased workload is the most important reason medical students give which hinders them from eating healthy or having physical exercise. Medical students as they ascend the academic ladder have greater exposure to knowledge of drugs and accessibility so the option of self medication did vary between the comparative population. As it is the onus on the physician in training to be in good health and it being the individual responsibility to adhere to healthy habits this study has drawn out definitive conclusion that allows for positive intervention.

COMPARATIVE LEGAL REVIEW: CONFLICTS OF PATENTING GENETIC TESTING AND SUBSEQUENT IMPLICATIONS ON THE ACCESS TO GENETIC DIAGNOSTICS

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The fast research progress of genetic diagnostic technology, along with the advent of second-generation gene sequencing platforms, makes DNA-related tests more available and affordable to patients. Some of these testing, which offer the promise of highly accurate results with comparatively lower risk, are estimated to have the potential to replace the current traditional tests and become routine examinations for certain diseases in the future healthcare service. As such, the new innovations of genetic testing methods are deemed to be an emerging engine of a national's economy. Similar with business models of other pharmaceutical innovations, the legal protection of the intellectual property plays a key role in securing a path forward to the commercialization of new genetic testing techniques. Some recent lawsuits in the US and Canada indicate that the use of the genetic diagnosis has raised challenges for the existing intellectual property laws and general legal rules. Relevant research has provided thoughtful and insightful discussions in this area, but most of them are elaborated in the US context. Given the booming global market of genetic testing services, an exploration of patent laws of other jurisdictions would provide useful arguments for the future development of patenting genetic testing legislation. This research, by conducting a legal comparative analysis of patent laws and relevant practice in the US, Canada, China and EU, aims to provide a better understanding of rationales behind patent legislations on genetic research and diagnosis, and to evaluate subsequent implications on the access to the future novel genetic diagnosis.

BIOETHICS AND INCLUSION

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Objectives: Deafness in children evokes specific ethical questions because auditory rehabilitation may question some of the traditional values the Deaf-World worldwide. Indeed, cochlear implantation is currently considered as an option because numerous studies demonstrate that children with profound deafness obtain considerable benefits with this technology. However, few studies have considered general aspects of the lives of these individuals, such as quality of life (QoL), particularly with regard to the manner in which self-perception of QoL is related to the health of these children and adolescents.

Method: This study aimed to determine whether QoL is related to the health of a sample of implanted prelingual children and adolescents aged between 8 and 18 years who attend school in Portugal. This study was a cross-sectional study that included three groups: prelingual implanted deaf children and adolescents; prelingual deaf children and adolescents without implants; and normal-hearing children and adolescents. Parents and children/adolescents were surveyed using the Kidscreen-52.

Results: The hearing participants exhibited significantly higher QoL than the deaf participants without implants in nearly all domains. In contrast, although hearing participants exhibited a slightly higher QoL than implanted deaf children, these differences failed to reach statistical significance.

Conclusions: Cochlear implantation appears to favour the perception of improved QoL among children and adolescents. Similar trends were observed among the responses of deaf children and their parents. From an ethical perspective these results suggest that deaf children should not be deprived of the benefits of auditory rehabilitation, notwithstanding the fact that the Deaf-World values' should still be promoted.

SURGICAL ETHICS

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Surgical consultation and intervention must be done with an ethical umbrella. At the end of the session, the delegates will be able to comprehend various ethical issues related to surgery such as: Informed consent, confidentiality, communication skills, withdrawal of life support, surgical research, professionalism, constructive criticism, teaching surgical ethics. Respect for human dignity is respect for human autonomy. Patients have the right to exercise choice over their surgical care. In surgical practice, respect for autonomy translates into the clinical duty to obtain informed consent before the commencement of treatment. Surgeons should write brief notes of what they have said to patients about their proposed treatments, especially information about significant risks and the same should be entered into the clinical case sheet. Good communication skills go hand in hand with properly obtaining informed consent for surgery. The right of a competent adult to consent to and refuse treatment is unlimited, including the refusal of life-sustaining treatment. Surgeons must not discuss clinical matters with relatives, friends, employers and others unless the patient explicitly agrees. Surgeons can communicate private information to other professionals who are part of the health-care team – provided that the information has a direct bearing on treatment. Surgical research is a part of the academic responsibilities. However, it should be ethically conducted with due approval of ethics committees. Surgeons must only offer specialized treatment in which they have been properly trained. During training, surgery should be practiced only under appropriate supervision by someone who has appropriate levels of skill. Structure surgical audit is the need of the hour. Good surgical practices warrant training of students and delivery of health care with fairness and justice, without any element of prejudice. The conduct of ethical surgery illustrates good citizenship.

GLOBAL BIOETHICS & THE ART OF ETHICAL CONVERSATIONS

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This presentation will discuss the foundations of a method of discourse for global bioethics that can aptly cope with the difficulties that arise when religious, cultural and moral differences are given due recognition in bioethical deliberations regarding shared guidelines and common codes, such as the Universal Declaration of Bioethics & Human Rights. This is a method that seeks consensus without overlooking the importance of respecting diversity. While consensus does indeed entail agreement we must always be cognizant of the fact that there are levels of agreement to be achieved. Hence, this method proposes a multifaceted and multi-tiered approach to consensus building. Once interlocutors have arrived at agreement regarding a set of norms or guidelines it will be argued that it is necessary to invite interlocutors to recognize and affirm diverse interpretations of a given norm. In this way it is my hope that the deeper doctrinal disagreements that often ensue after initial consensus has been reached can be avoided by providing a richer and more pluralistic basis for interpreting shared norms. Furthermore, in cases in which attempts to reach consensus have been exhausted and the prospects for agreement upon shared truth claims seem unlikely, this method suggests that we shift the focus of our inquiry away from methods of ethical agreement aiming at the discovery of mutual truths toward discussions of those practices and behaviors interlocutors can respectively and mutually tolerate. In this way an attempt to reach consensus regarding that which each can permit once their fundamental disagreements have been acknowledged in an attempt to accommodate one another.

YAOUNDE CERB UNIT ADVOCACY FOR A REFERENCE BOOK OF THE UNESCO CHAIR IN BIOETHICS ON THE FIELD OF BIOETHICS AND BIOETHICS PARADIGM

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Introduced as a perception of the biosphere with anthropological questions and answers, bioethics activities vary greatly according to people and spaces. Depending on the concerns of communities and policies, the concept has a diversity of expression. Its field always is growing. It is sometimes even a variation observed in time in some communities. This typological diversity constitutes a wealth that deserves to be valued. It is indeed a cultural richness, a value to be shared by all communities.

Taking into account the fundamental unity of Ethics together with the universal character of Bioethics, this cultural diversity constitutes a community value, which makes the dignity of the community to which it belongs. It naturally arouses the obligation of respect.

It would thus be commendable and interesting for the UNESCO Chair in Bioethics and the pleasure of all humanity to document this development of the concept of Bioethics and the field of bioethics.

The Yaoundé CERB Unit and the whole African Division of the Chair could lend themselves to the organization of its elaboration under the supervision of the central level designated by the Head of the Chair of the UNESCO Chair in Bioethics, Haifa.

DEVELOPING TEACHING OF BIOETHICS IN AFRICAN DIVISION OF THE UNESCO CHAIR IN BIOETHICS, THE STRATEGY OF YAOUNDE CERB UNIT

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Born in the African Movement for Ethics and Bioethics in the 1990s, ethical watch was institutionalized in July 1996, following the signing of the Resolution of African Heads of State and Government on Bioethics and the Development of Africa. The creation of the Centre for Study and Research in Ethics and Bioethics (CERB) and the Pan African Congress for Ethics and Bioethics (COPAB) stimulated its implementation through the development of instruments, tools, Institutions for the security of life and promotion of living together in the African continent. This is the African Ethics Platform for the development of regulations; the Protocol of the African Charter on Human and Peoples' Rights on Ethics and Bioethics for the elaboration of laws and the Forum of Ethics and Bioethics for the issuance of authorized opinions involved.

COPAB, which coordinates this system, has signed an agreement with one of the member states of the African Union for the organization of the teaching of Ethics and Bioethics. This education is envisaged from kindergarten to doctoral level. The technical secretariat of COPAB is provided by the CERB whose organizational chart is configured to organize the education of all communities in Ethics and Bioethics. The African Division of the UNESCO Chair in Bioethics will lead the teaching program as part of activities of the African Bioethics Consortium being implemented.

WEIGHT STIGMATIZATION AMONG PHYSICAL THERAPY STUDENTS

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Weight stigmatization is often reflected in anti-fat attitudes and stereotypical perceptions of overweight people, such as laziness or lack of self-discipline. Previous studies found explicit evidence of weight stigmatization among physiotherapists.

Physiotherapy students are exposed to the same cultural messages as the rest of society, but additional factors may contribute to negative perceptions and stereotypes toward overweight persons. These students are often drawn to the profession because of an interest in athleticism, health, and physical function, which may contribute toward a negative view of obesity.

Given the prevalence of obesity worldwide and current initiatives on treatment, undergraduate physiotherapy students will likely encounter overweight patients. Students' negative attitudes and stereotypical perceptions of overweight people can affect their clinical judgment and behavior as future health professionals.

Anti-fat attitudes and stereotypical perceptions should be addressed and remediated early with educational interventions during undergraduate studies. Additionally, academic curricula should target the complex etiology of obesity and weight management while examining possible mechanisms underlying perceptions toward overweight individuals.

This lecture will present the results of a cross-sectional, anonymous, computerized self-report survey of undergraduate physiotherapy students in Israel. Attitudes and beliefs of the participants were assessed with the Hebrew version of three common questionnaires: the Fat Phobia Scale (short form), the Anti-fat Attitudes Questionnaire, and Beliefs about Obese People (BAOP).

PERSPECTIVES OF ADOLESCENTS ON THEIR RIGHTS IN TWO SUDANESE PEDIATRICS HOSPITALS

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Background: Adolescents' rights in healthcare services which include: the right to privacy, autonomy, information, consent, as well as some gender issues (like examination by different sex doctors) seems to be of poor quality in the pediatrics' hospitals in Sudan. The aim of this study was to assess the adolescent's perspectives on their rights.

Methods: A cross-sectional hospital-based study was carried out in two pediatrics hospitals in Omdurman during September-January 2015. Seventy participants were interviewed.

Results: Out of 70 adolescent interviewed only 5.7% have autonomy to give the medical history to their treating doctors, while 57% of them never share to choose the medications types or routes. 80% of the adolescents thought there is no privacy in the hospital, with 65.7% experienced breaching of their privacy. However less than third of the participant adolescents feel discomfort from the doctor's number who perform physical examination and 80% did not care whether the examined doctor was a male or female. No consent for physical examination is experienced by more than third, and about half of the participant not consented for blood samples or procedures. 94.3% of the adolescents were never informed by their doctors about their illness or the prognosis or even the treatment options.

Conclusion: this study furthers evidence of the importance of adolescents' perspectives on their rights in health care services. More efforts should be done to improve the adolescent's rights in health care services.

CARING BY PROFESSIONAL CAREGIVERS – PROGRAM OF TEAM SUPPORT

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Daily encounters with patients with complex conditions such as those who are hospitalized in the department of long term mechanical ventilation, requires not only dealing with patients and their families, but also to benefit from the experience.

Recently we are witnessing compassion fatigue phenomenon, predominant among health care teams. The term refers to the natural reaction that occurs in part of the professional team as a result of their exposure to complex situations and particularly conditions such as pain and suffering and all other symptoms, without support of emotional and mental needs. The dilemmas with which the team were faced, could affect their ability to engage in the field.

Due to the problems arising from the field, it was decided to build a vocational training program which would provide professional tools and emotional support to deal with the daily work.

At the initiative of the Division of Geriatrics and the Social Work Service in the Ministry of Health in Israel, a training program was built for nurses and social workers who work in active, geriatric outpatient departments throughout the country.

By recognizing the importance of cooperation between health care professionals was to establish a preliminary condition for participation in the training program which demands being a representative of each one of the two sectors from each institution

The Program included ten meetings, seven at a frequency of once a week and then once a month. The program is based on two areas: one was combined of theoretical combinations of material and the other was active, when each pair was asked to decide what their target population is to work with a group and what would establish it. During three recent meetings the group's activation process was presented by participants of the program. The whole of this process will be exhibited in our presentations.

DISCRIMINATION ON PEOPLE WITH DEMENTIA IN HOSPITAL SETTINGS – A SCOPING REVIEW

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Introduction: Although, universal declarations on the promotion of patient's rights emphasize the importance of non-discrimination in the provision of care, evidence reveals that demented people are often unrecognized.

Aim: To examine if any discrimination occurs, for demented people, in hospital settings.

Methods: We have conducted a scoping review of published studies in four data bases CINAHL, PsycArticles, Pubmed and Cohrane. The review conducted between October and November 2016, using various combinations of the following key-words "discrimination", "care", "patients", "dementia", "cognitive impairment" and "human rights". The inclusion criteria were set for studies to focus on discrimination in hospital settings. No restrictions were set for research design or year of publication.

Results: A total of 1105 titles were screened and 24 articles were eligible for analysis. Studies revealed that chronic patients, such as dementia, receive less care and money, than acute patients. Demented patients are frequently victims of physical restraints, mistreatment and sedative medications. Their consent and preferences are underestimated. Operations in demented people are often replaced by conservative treatment or minor operations and treatment is lessening, as well. Furthermore, poor quality of health services and care, due to structural and organization factors, lack of time for those patients and information about their diagnosis, the absence of palliative care and shortcomings in training, were described as discrimination, in hospital settings. Gender and sociocultural level were described, by health providers, as factors of discrimination. Studies revealed that the staff is more tolerant of men idiosyncrasies than women.

Conclusion: Discrimination in hospital settings violates the principle of justice and equality. We need to emphasize this theme, so as to promote the moral practice and the positive approach of stigma among health providers.

MORAL DILEMMAS IN CHEMOTHERAPY: LIFE EXPECTANCY VS. QUALITY OF LIFE

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Long term chemotherapy treatment causes many physical as well as mental difficulties to the patient who goes through it. The side effects get worse and worse throughout the treatments, sometimes until the need or desire to postpone or even stop the treatment. Any of these alternatives has its own risks, advantages and possible consequences. The fundamental dilemma while thinking of postponing or quitting the treatment is between life expectancy (that might be significantly shortened, particularly in the case of metastatic cancer, if the treatment will be stopped) and the quality of life (which might be meaningfully improved, in the short run, if the treatment will be stopped or cancelled). Oncologists, as part of their medical obligation to sustain life, decisively support the choice of life expectancy. Patients are more hesitating and have doubts and uncertainties regarding both alternatives, and many times choose autonomously to postpone or even stop the treatment, due to their misery and weakness during the treatment.

In this paper I want to present my current consultations with my oncologist regarding the above dilemma. As a patient with a metastatic cancer (stage 4) I have my own preferences, and as a university professor of ethics, I have the ethical pro and con arguments for each choice. My oncologist has her medical considerations which include the patient’s welfare and possible solutions and medical alternatives for the current treatment protocol (one biological medicine, combined with two chemical medicines). Sometimes there is a possibility of compromising between the two (such as reducing the dose of the medicine that causes a specific problem), but not always. I will argue that many times the decisions which are finally taken are chosen due to considerations which are not purely medical. Sometimes considerations such as parental obligations, medical insurance coverage or social environment, are more crucial than the medical considerations.

THE PRINCIPLE OF VULNERABILITY: LIVING THE IMPOSSIBILITY

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Care is an integral part of our life, and the central role of care in our existence derives just from the vulnerability that characterizes our humanity. The concept of vulnerability, specifically speaking, refers to situations of particular fragility of those who, due to age or special needs, require additional protection. In its general meaning, on the other hand, it concerns humankind at large, in other words the condition of all individuals who are exposed, throughout their lives, to the risk of getting hurt and the possibility to need to either receive or provide care. The term ‘care’ is quite complex, and comprises a variety of aspects: while the word ‘cure’ defines a set of remedies aimed at restoring one or more diseased organs to their normal condition, ‘care’ refers to the attempt to meet all the needs of a sick individual as a whole. Thus, the latter is based on the consideration of the dignity and vulnerability of every single person, regardless of his or her specific physical or psychological condition, as highlighted by the Declaration of Barcelona of 1998.

‘Care’ has as its main objective the well-being of both the recipient and the giver.

The notion of well-being and consequently, that of well-living, which in my opinion is the goal of well-being, brings us to a set of further questions. Who is to decide what well-being really is? And who is to decide how to achieve it?

There are people who, living with disability, bump into impossibility on a daily basis. How can we reduce the inconveniences and hindrances and therefore the suffering of those who have a disability? In this respect, important tools (such as a methodology of analysis and action) are provided by care ethics and, more specifically, by the political version of care, which was developed by Joan Tronto: giving value to the act of taking care means interacting with others in a different way, recognizing their differences and different needs.

“WHEN THE RELEVANT FUNCTIONS CEASE”: THE POLICY/PRACTICE DIVIDE AND ETHICAL CHALLENGES IN DETERMINING DEATH

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Coping with dying and patient death is difficult, particularly in an oncology setting where the expectations of treatment are high. A recurrent and ethically challenging issue is the appropriate level of treatment when we suspect a patient meets the standards for brain death. State laws and institutional policies provide a framework to assess death by neurological criteria. Practical and ethical dilemmas arise when implementing these procedures into practice, especially when the family has strong, closely held beliefs that are contrary to the medical team’s perspective. Merely accepting legal definitions of death diminishes the important ethical discourse that compels us to confront fundamental questions such as the death of the body versus the death of the person, the nature of suffering, the preservation of dignity and the limits of patient autonomy. These important inquiries facilitate not only the clinical management of the patient but also our role as healers.

We present a case by which the clinical determination of death may have been clear to the clinical team but were challenged by the family’s acceptance, culture, faith tradition, expectations and hope. We discuss the ethical dilemmas that faced the medical team and the context by which the family expressed anticipatory grief and opposition to the recommended clinical plan. We discuss the process by which our Ethics Consultation Service assisted in developing a patient care plan that bridged the policy/practice gap in an empathetic, humanistic fashion. We also address the mutual distress and moral residue in the family and the clinical team.

ELECTRONIC HEALTH RECORDS AND VULNERABLE MIGRANTS: THE FRAMEWORK FOR ROBUST ELSI CRITERIA

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Collecting and maintaining data of a rapidly migrating population in times of crisis is, amongst other things, important for ensuring adequate healthcare and accurate monitoring of a displaced and vulnerable peoples’ health status. With developments in data sharing capabilities in ICT (eHealth), electronic health records are increasingly replacing less transportable paper records which, in addition to the usual advantages of improving accuracy and completeness of information, are self-evidently important for rapidly displaced populations. Due to ongoing conflicts as well as issues related to climate change, the prospect of displaced peoples (and electronic-based cross-border ehealth responses) will likely be a constant or regularly revisited theme into the future. While such a focus dove-tails with prominent European goals of cross-border eHealth (such as outlined in the provisions of the eHealth Action Plan 2012-2020), there is a need for a much greater focus on migrating populations in terms of electronic data sharing or eHealth in the European context. This paper will focus on outlining a framework of the key ethical, legal and social implications (ELSI) for a robust electronic health record system for vulnerable migrants in Europe. The paper will also seek to offer a critical evaluation on, and ELSI guidance for, existing data-sharing initiatives (eg. epSOS) with regard to their possible extension to focusing on migrating peoples as well as on newly emerging initiatives focused on creating an integrated system for monitoring the health status of migrants/refugees based on advance technology (eg Project CARE – Common Approach for REfugees and other migrants' health).

THE REIMBURSEMENT BY SPANISH NATIONAL HEALTH SERVICE OF EXPENSES RESULTING FROM FERTILITY TREATMENTS CARRIED OUT IN PRIVATE HEALTHCARE CENTERS

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This paper deals with the right to reimbursement of medical expenses by the NHS in those cases where patients go to private clinics for the treatment of assisted reproduction. The study considers the general regulatory framework for assisted human reproduction, now collected in Act 14/2006 of May 26, and the specific regulation of the right to the provision of assisted reproduction techniques by the SNS. The study makes special emphasis on the judicial doctrine, established from art. 102.3 LGSS/1974 and its regulations, regarding reimbursement of medical expenses in case of vital urgency and unjustified denial of treatment by the Health authorities.

INCREMENTAL EXTENSION OF ASSISTED SUICIDE AND EUTHANASIA

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Oregon's 1998 Death with Dignity Act, The Netherlands' 2002 'Termination of Life on Request Act' and Belgium's similar legislation all show features of incremental extension, sometimes termed 'The slippery slope'.

In Oregon and 80% increase in the number of Physician Assisted Suicide deaths has occurred, with 132 such deaths last year, an 8-fold increase since the law was enacted.

In The Netherlands, the moratorium on prosecutions prior to 2002 created an expectation that the numbers had already plateaued. Up to 2006 this appeared correct, but from 2007 a continuous and significant upturn in deaths has set in. In **2015 there were three times** as many deaths as when the law came into force; now **1 in 26** of all deaths (all causes) in The Netherlands is now the result of either PAS or PAE.

In Belgium the rise has been far steeper, with significant annual increments, to a total of 2021 euthanasias reported last year alone.

Another feature of the process of normalisation is the extension of the laxity with which the law is implemented. In Oregon a small number of physicians appear to provide the majority of prescriptions for lethal drugs, with one doctor issuing 29 such prescriptions last year.

Dutch official reports from their Euthanasia Scrutiny Boards revealed six cases of psychiatric problems following childhood sexual abuse that eventually had euthanasia at their request.

This broadening of the law's application warrants discussion.

INCLUDE: INVOLVING VULNERABLE POPULATIONS IN CLINICAL RESEARCH, A NARRATIVE ETHICS REVIEW

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Vulnerable people can be broadly defined as those who have an identifiably increased likelihood of being open to coercion or incurring additional wrong. Gaps exist in clinical research due to the often unnecessary exclusion of vulnerable populations from participation in research. Vulnerability in clinical research can arise as a result of either impaired decision-making capacity or impaired voluntariness, such as in dependent or unequal relationships. A 2006 review highlighted a lack of consensus in how to assess ethical risk in research as a barrier to conducting clinical research. This narrative ethics review explores the variety of methods available to researchers to include vulnerable groups in their clinical research and discusses the difficulties associated with each method, e.g. retrospective consent, supported decision-making, substitute consent. This presentation builds on a presentation the author gave at the 2015 UNESCO conference and is part of a postdoctoral research project in which I will formulate a framework for clinical researchers without bioethics training to use to identify potential vulnerable groups and appropriately include these in clinical research.

ETHICAL DECISION MAKING AND PATIENT AUTONOMY VIEWS AMONG THE NURSING STAFF

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Background: Several studies explored the attitude of doctors towards patients' autonomy, while others examined the family's role in patients' decision making in autonomy related manners. Yet, only few studies investigated the nursing staffs' views on the subject of patient's autonomy.

Objectives: We aim to explore the views of nurses, concerning the patient's autonomy and to compare the views in relation to their ethnicity, seniority and religion.

Methods: A survey amongst nurses was preformed between May and July 2014. We examined the approaches to patient autonomy through the attitude towards medical dilemmas represented in the form of six clinical cases and six additional general statements (Ruhnke et al. (2000) Questionnaire). The clinical cases are designed to explore the attitude issues relating to patient autonomy, family involvement and the doctors' authority in these cases.

Results: The survey included 185 nurses. Approximately 43% of the nurses had a strong tendency towards patients' autonomy with low regard towards the family and/or the doctors' authority.

A significant association was found between the nurses seniority and the tendency towards patients' autonomy (P=0.0046). Regard for patient autonomy was higher among secular nurses compared to religion ones (P=0.0368). Family authority in these matters was considered significantly higher among Arab nurses compared to Jewish nurses (P=0.0389). Doctor authority was deemed significantly higher by senior nurses (P=0.0161).

Conclusion: Novice nurses tend to consider the patient as the sole authority regarding his medical decisions. Family authority was perceived as a crucial factor by Arab and religious nurses (of all ethnical spectrums).

SPORT & COMMUNITY INTEGRATION AFTER DISABILITY

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One of the most relevant disabilities is caused by spinal cord injury (SCI). Typical causes of spinal cord damage are trauma (such as a traffic collision, diving into shallow water, a fall, a sports injury), disease (such as transverse myelitis, multiple sclerosis or polio), or congenital disorders (such as spina bipida).

The ultimate aim of SCI Rehabilitation is to provide patient with the highest level of independence in all daily living activities and the highest level of participation in social life.

The inclusion of persons with SCI in social and recreational activities is one of the aspects of a long-term rehabilitation plan. Sports activities are implemented both during and after rehabilitation in order to improve strength, aerobic fitness, and physical functioning; in addition, sports activities have positive effects on psychological well-being. Occupational therapists assess the patient's limitations and plan the occupational activities. Emerging evidence indicates that exercise and sports can have significant physical and psychosocial health benefits for people with SCI. It can also provide a great social environment and is a great way to meet new friends. Quality of life is closely associated with independent living and, increasingly, it is a key outcome when measuring the success of rehabilitation.

PROCREATIVE AUTONOMY – A MATTER OF CHOICES?

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In times of fast evolving technologies in reproductive medicine and the respective societal developments, notions such as procreative liberty, procreative autonomy and reproductive freedom are used as conceptual building blocks when reproductive rights are discussed (Zeiler 2004). In this context, involved interest groups, e.g. potential parents, gamete donors, surrogates, but also medical experts and children can be identified as autonomous persons, who can be distinguished from their autonomous choices or actions. Analyzing examples from international surrogacy arrangements, to oocyte donation or repro genetics shows that the people involved may be willed to choose autonomously but are restricted by legal norms. In other words reproductive medicine and its legal framework do not allow all persons involved to choose autonomously, nor to always act autonomously.

Hence, the paper at hand is focusing on the relational aspects of the autonomous persons involved and is aiming at analyzing the role of law for establishing procreative autonomy.

STANDARD OF CARE AND TRANSPARENCY IN CLINICAL TRIALS – COULD THEY GO TOGETHER?

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Background: Ever since the 1996 revision of the Declaration of Helsinki (DoH), the WMA has attempted to address ethical and scientific concerns of its diverse stakeholders for articles 33 (use of placebo) and 34 (post-trial provisions), most recently in 2013. Both are inextricably linked to standard of care, an essential element of any comparative, interventional clinical trial.

Objective: Our aim was to examine the current status of clinical research practice and ethical guidance on standard of care with a focus on international health research and to review corresponding guidance issued by pharmaceutical sponsors in their publicly accessible policies on clinical research.

Methods: We reviewed ethical recommendations prior to and after 2013, scientific literature as well as major clinical trial registries (EU, US, WHO) to assess current clinical research practice related to standard of care. Further, the websites of the top ranked 25 pharmaceutical companies on sales figures in 2014 were reviewed for publicly accessible policies with reference to standard of care in clinical trials in emerging regions.

Results: The review of pharmaceutical sponsor websites revealed a highly varied picture with regards to publicly available policies or statements on this issue, particularly for research conducted in low to middle income countries. The review outcome spans results from any policy published to very clearly worded statements on clinical research in developing countries, the standard of care aspect during the trial conduct, and regulatory strategies after completion of product development.

AN INCREASING ROLE FOR ETHICS IN EU MEMBER STATES BASED ON EU ETHICALIZATION?

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Background: Increasingly, EU law (both Primary and, in particular, Secondary law) refers to non-legal concepts such as ethics and/or morality, without providing sufficient clarity on the understanding of these concepts (Frischhut, 2015). As EU directives (in case of Secondary law) require implementation into national law, there is a research gap with regard to the question, whether and how the national implementation measures (NIM) also make reference to ethics and / or morality (etc.).

Method: Based on the EU's (EUR-Lex) and different national legal databases, this presentation will analyze if EU Member States (EU-MS) have also referred to those concepts (ethics, morality and related key-terms such as values etc.) when implementing these directives. This research group has covered the following countries: Austria, France, Germany, Ireland, Spain, and the UK.

Results:

- The 27 **directives** mainly pertain to the field of healthcare, addressing issues of bioethics. Therefore, the majority of references to these concepts can be found in the field of healthcare, mainly referring to "ethics" (less to "morality").
- This is also true for the **NIM**, which mostly refer to ethics and especially "ethics committees"; primarily due to the clinical trials directive.

While some references to ethics etc. where unavoidable (i.e. mandatory for the EU-MS), we cannot observe a uniform "ethicalization" (Vöneky et al., 2013) via EU law in these six countries. Nevertheless, the EU's values (especially human dignity, human rights and justice) need to be referred to when dealing with those NIM.

ETHICAL ISSUES AT THE INTERSECTION OF TECHNOLOGY AND PSYCHIATRY

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Treating psychiatric patients have always given rise to many ethical dilemmas in all times. They were segregated for indefinite durations from their communities for the protection of others grossly disregarding their rights to live with their kith and kin. This was due to lack of understanding about the disease process and treatment modalities relieving undesirable aggressive symptoms harmful to others. Psychiatrists who were involved in treating mental retardation and mentally ill were instrumental for the forced sterilization up to euthanasia in eugenic movement in Europe after the First World War. The beneficence of treatment of mentally ill with prefrontal lobectomy was doubtful.

Many treatment modalities in psychiatry were not beneficial for mentally ill persons, in fact were harmful due to lack of understanding of pathophysiology of the disease process in the past. With the development of modern technology in neuropsychiatric research resulting new understanding on brain and its function enlightened the disease process of psychiatric illnesses. The impact of neurotechnology in practice of clinical psychiatry obviously gives rise to many ethical questions, the subject of neuroethics developed as a distinct field of study in bioethics. Sophisticated neuroimaging techniques intervening human cognition, emotion and behaviour and new knowledge in the mind-brain conundrum pose ethical issues.

Explanation of mental illness only by neuroimaging to neurochemistry and neuronal circuits obviously reduces complexities of human thought processes, action and behaviour. In other words the person has been reduced to his brain ignoring his behaviour and relationships. Oversimplification of mental illness to erroneous neuronal circuits and imbalance of neurotransmission by neurotechnology ignoring the significance of impact of person's behaviour and relationship gives rise to many ethical dilemmas in practising clinical psychiatry.

ADHERENCE TO ETHICAL STANDARDS IN PUBLICATIONS BY THE AUTHORS

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INTRODUCTION: Publication of research paper is a part of responsible conduct of research. The published article should reflect greater transparency on conduct of the study. In spite of various guidelines it has been observed that there is gap on responsible conduct of research which is often evident from the research publication.
The aim of this study was to assess the adherence to ethical standards by identifying the extent of reporting ethical issues by the authors in publication process.
METHODS: This was a cross sectional study on published research articles. Total of 60 original research papers from six journals of Pharmacology, Community Medicine and Pediatrics were selected randomly and published from India in PUBMED indexed journals. The issues like ethics committee approval, informed consent process of the study participants, declaration of conflict of interest, disclosure of funding sources were reviewed in order to verify the ethical standards in published article.
RESULTS: Results show that approval from institutional ethics committees and informed consent process were reported respectively in 61.66% in 51.66% of published papers. Out of those studies in which informed consent process was not mentioned, 11.66% were animal studies. Adherence to disclosure of conflict of interest and funding sources became mandatory for the journals and was found to be in 93.33% and 96.66% of the publications respectively.
The mandates following press release of COPE in 2011, are still not being well adhered with by the authors and journal editors. These findings can help appraising journals on the need of adhering to responsible, ethical conduct of research and publication.

ETHICAL THINKING ON THE CLINICAL APPLICATION OF HUMAN ASSISTED REPRODUCTIVE TECHNOLOGY UNDER CHINA'S NEW FERTILITY POLICY

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Full liberalization of two child birth, brings more greater demand for clinical application of human assisted reproductive technologies include artificial insemination, in vitro fertilization and embryo transfer and so on. Human assisted reproductive technology effectively solve the problem of male and female infertility and also caused a lot of ethical, legal and other social problems. Therefore, in the full liberalization of the two child family planning policy, how to make the human assisted reproductive technology not only good for couples who suffer from infertility fertility, but also good for the benefit of the China society and population, it is necessary to provide a good scientific and reasonable countermeasures for its application from the perspective of bioethics.

BIOETHICS GLOBAL ART: THE TRANSFORMATIVE POWER OF ART IN HUMAN BEHAVIOR

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This presentation looks at the esthetic dimension of human behavior and how the esthetic experience might encourage virtues. Philosophers, theologians, scientists, politicians, etc. have been interested, through history, in studying human behavior for different purposes and using different tools. How we behave awakens and stimulate intelectual curiosity and creativity. Currently research in neuroscience and neuroethics is exploring this field using neurotechnologies. An emerging field of studies is coined as "neuroesthetics". This presentation draws the attention of the esthetic experience in artists and artwork viewers and the influence of such experience in transforming their perception, attitudes, decisions and actions. We claim that the esthetic dimension of human behavior should be more deeply studied and deepened among peobles involved in bioethics, helping in a creative way to illuminate and educate peoples' conscience. Having esthetic experiences might stimulate virtue and respect for human dignity and human rights in the field of life sciences and medicine. Bioethics Global Art (www.bioethicsart.org) illustrates the beautiful challenge of exploring the transformative power of art in human behavior.

SURROGATE MOTHERHOOD, PROTECTION OF MINORS AND EQUALITY: THE CONFLICT IS SERVED

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The surrogacy – or surrogate motherhood as it is colloquially known – is a method of assisted human reproduction controversial not only from an ethical point of view but also from a legal perspective. Supported by some Legal Systems, there are more than few which reject it for various reasons, mostly of public policy, linked to the determination of parentage of the child so born, although it is true that this legal response seems to have much to do, almost certainly, with ethical and cultural considerations.
The refusal to legally recognize the maternal affiliation in favor of the non-pregnant woman in the case of surrogacy, so denying registration in the Civil Registry, produces harmful consequences to the child and sometimes even paradoxical for discriminatory effects between men and women. Similarly, discrimination may occur in response to sexual or social status of the parents (married / single or heterosexual / homosexual).
This paper aims to expose and make a critical comment of surrogacy and its legal consequences in Europe, paying particular attention to the Spanish case. As a starting point we will be analyzed from a perspective both bioethical and legal the judgments of the European Court of Human Rights (ECHR) issued in the leading cases Paradiso and Campanelli versus Italy, on January 27, 2015, and Mennesson versus France, 26 June 2014. Subsequently the most problematic points of the current Spanish regulations will be presented, with special mention of maternity leave.

SHOULD IT BE A CRIME TO DRINK DURING PREGNANCY IN ORDER TO PREVENT FETAL ALCOHOL SPECTRUM DISORDER IN SOUTH AFRICA?

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The harmful effects of alcohol use during pregnancy are well documented. Fetal alcohol spectrum disorder (FASD) is the collective term encompassing the various clinical diagnoses that can occur in a child who was exposed to alcohol prenatally. The affected child suffers a range of lifelong primary and secondary disabilities. There is no cure for FASD, but it is preventable if women do not drink during pregnancy.

In this presentation I consider the appropriateness of criminalising drinking during pregnancy as a means to prevent fetal harm and consequently FASD in children. I argue that criminal approaches are unjustified, potentially discriminatory and likely to be ineffective at preventing FASD. I maintain that an ethically appropriate and effective response to FASD prevention requires a coordinated multifaceted approach that does not penalise, but instead aims to assist women and children.

This approach should include: the education, early identification and referral of women at risk of having a child with FASD, the provision of appropriate treatment and rehabilitation facilities that cater for the needs of pregnant women, early diagnosis and therapy for children with FASD; and access to contraception and abortion services.

MENTAL DISORDER IN ASYLUM SEEKERS: DIAGNOSIS AND MEDICO-LEGAL REPORT

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The Department of Legal Medicine of the University of Ferrara examines asylum seekers, assumed victims of torture, evaluating the results of the somatic evidence of the violence undergone. Those who are forced to abandon their countries because of persecutions and apply for international protection, often have an increased risk of a range of both physical and mental problems.

Many surveys highlight that asylum seekers accepted in western countries have a higher probability of developing Post-Traumatic Stress Disorder (PTSD), ten times more than the local people. A person suffering from PTSD is an individual who has been directly or indirectly involved with death or death threats, with severe injuries or a threat to their or someone else's physical integrity which have developed feelings of intense fear, helplessness or horror. The individual may present a persistent attitude in avoiding any sort of stimulus associated with the trauma and symptoms of increased arousal (difficulty in falling asleep, irritability, exaggerated responses) can be evident.

It is thus important to take charge of the case as soon as possible, to be able to recognize those who are affected by mental disorder in view of a full medico-legal evaluation and to start both a diagnostic and a therapeutic procedure.

Thanks to the collaboration with the Psychiatric Clinic, interviews will be organized to highlight the presence of symptoms due to psychiatric suffering also through the use of validated scales.

The data will be useful for further monitoring in order to assess the epidemiology of these disorders.

THE CHANGING TREND OF IMMIGRATION AND ITS REPERCUSSIONS TO MANKIND; THE ETHICAL PERSPECTIVE

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The question of the sudden spike in migration is a global matter, though brought about by military conflict currently happening around the world. This article tries to proffer a solution to this challenge by identifying the causes and consequences while exploring the ethical perspectives. This article tries to address the issue of immigration from an ethical perspective, by analyzing articles from search engines like Google, sciencedirect,onlinelibrary.wiley.com, newspapers, journals, thesis and reports from international agencies on immigration; though very little research work exists linking immigration and ethics. Still this paper tried to conceptualize immigration with an ethical approach, powered by the human moral obligation to preserve life and uphold human rights. These arguments were extensively discussed in this article.

This paper also observed some behavioural changes over the century towards immigration, though offering ethically perspective and recommendations. Although, from the numerous article reviewed, hysteria seems to be the only explanation for the unethical stand taken by so developed democratic nations on the current force mass migration happening all over the world. This article equally raises questions as to whether humans in the 21st century are evolving in the ways they relate to others humans. In conclusion, by closely examining the few available research materials, new understanding has been shed on the role of ethics in immigration matters.

More than ever before there is a need for the establishment of a new mechanism for immigration and enforcement of acceptable ethical rules on immigration, especially whenever the peaceful conflict resolution is established.

MYTHOS: BRIDGE OF BIOETHICS TO THE FUTURE

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Αφροδίτη Κυπρής (Aphroditê Kypris), Aphrodite of Cyprus, is one of the many appellatives of the goddess Aphrodite, named after her cult site near Paphos which is claimed to be her place of birth in Cyprus.

Aphrodite is one of the many ancient deities revered as divine whose characteristics are of being with powers greater than those of ordinary humans. The narrative account (λόγος logos) unmarked by the imposition of reason or argument of the deities is the myth (μύθος mythos).

Mythos is a language, the mythical tales are the signifier, the contents of what we transmit is the meaning.

Myth provides a point of reference around which we can organize our lives, it provides exemplary models of human being and contain different aspects and implications. Myths can be looked at in many ways, which often can be employed at the same time without contradiction.

In the development of human culture, mythos and ethos are closely related, since every systematic approach to ethics is inevitably based on some fundamental mythological, religion-like or religious story that contribute to answer fundamentals questions of human nature that are also the roots of bioethical discussion.

The new technologies applied to biology and biomedicine require new standards for performing ethically consequential tasks. The future will be a question of uniting and converging by means of a responsible acquisition and application of knowledge and of safe healthcare and clinical activities. Bioethics has to convert them into a means of enhancing and increasing the progress of humankind.

BODY ART: ETHICAL ISSUES

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Tattoos, piercing, pearling, branding, scarification, etc.: the different forms of body art are widespread practices since ancient times, but still a subject of discussion, mostly in western society.

Non-therapeutic bodily modifications are a challenge for bioethics and no consensus exists on arguments for a possible ban on at least the most severe of them.

In the context of the relationship between the patient and the physician, however, the deontological obligation, governing medical practice, asks to respect the principle of proportionality.

Interesting insights, then, come by confronting the international legislation.

THE ROLE OF IRB IN UTILIZATION OF NATIONAL HEALTH INSURANCE BIG DATA: FROM TAIWAN COURT VERDICT AS AN EXAMPLE

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Cause of suit: 8 individual persons representing three groups (Taiwan Association of Human Right, Taiwan Women's Link, NHI Civic Surveillance Alliance) to sue the National Health Insurance (NHI) for (1) the inappropriate use of the personal information in accordance with the scope of NHI job functions provided by laws and regulations. (2) Allow withdrawal of personal information from the outside scope of use from NHI.

Verdict: (1) The information used outside the scope of NHI job functions for exemption of informed consent process should fulfill the followings: (a) The information may not lead to the identification of a specific person after processing, (b) necessary for public interests, (c) approved by Institutional Review Board (IRB) in advance. (d) the rights and interests of the person are not harmed. (2) The exemption in advance and allowance of withdrawal personal information are like two sides to one coin.

Discussion: (1) Hospital IRB is a compulsory unit for medical research in Taiwan Medical Care Act of 1987; (2) the scope of human subject research has expended to an individual person's biological behavior, physiological, and psychological information in the Human Subjects Research Act of 2011 in Taiwan.

ETHICAL ISSUES IN CANCER SCREENING

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The word `CANCER` is a name that applies to the entire group of diseases. All cancers are not alike. Cancer is 2nd leading cause of death in the U.S Ethical dilemma is for those cancers where screening potential is clear verses unclear. Are we doing harm in the pursuit of good? Early detection of cancer is important and valuable. Screening can have important benefits in certain cancers, for other cancers the efficacy and benefits of screening are doubtful.

Overtreatment: It can cause more harm than the cancers themselves would have especially in older patients. Procedures include surgeries, biopsies, radiation additional intervention and can have unwanted side effects. Overtreatment is costly, false positives and false negatives.

Over a lifetime of cancer screening cumulative risk grows, for men 60.4% and for women 48.8 %. In cervical cancers deaths have decreased dramatically due to screening tests. In prostate cancer screening may over detect and over treat cancers. Is it ethical to recommend screening when efficacy is unproven.

Informed consent and patient autonomy may play a role in the process.

Informed consent: Patients have a right to be informed of the risks and benefits of any procedure. Informed consent is a practice that is not always followed in prescribing screenings.

Patient Autonomy: Respect for individual decision making and right to have a say over what happens to our bodies. Disregard to patient autonomy can lead to more paternalistic actions. Patient should have right to choose, further ethical considerations.

Public health Needs – How to factor in what`s best for the individual while protecting the needs of the society at large.

Public policy making, Allocation of healthcare Resources, Individual patient differences; Who decides what constitute net benefits?

Possible Solutions: Increased clinician education regarding the importance of informed patient choice. Increased patient education regarding the risks and benefits of some screenings, scientific advances enabling us to detect cancers with better accuracy. Acknowledgement that it is alright to choose not to be screened or not be treated. This should be respected as a personal but collaborative decision.

A POSSIBLE TRIPLE WIN FOR EUROPE THANKS TO INNOVATION AND TECHNOLOGIES IN HEALTH CARE IN THE AGEING POPULATION: DO WE NEED TO KEEP AN EYE ON BIOETHICS?

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Nowadays healthcare processes and technologies are so deeply intertwined that means and purposes may not be easily discerned. The European Union is addressing the need to strengthen this interconnection in order to achieve a triple win: enabling EU citizens to lead healthy, active and independent lives while ageing, improving the sustainability and efficiency of social and health care systems and boosting innovative products and services thus creating new opportunities for businesses. The Action Group A1 of the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) supports this general objectives focusing on adherence to medical plans by bridging scientific activity into clinical practices through multidisciplinary approaches at European level. The differential speed of innovation and psicosocial patient development may generate dysfunctions leading to high technological assets that do not fit individual needs both at personal and professional level. This could be even more exacerbated for the elderly population, where digital education may determine even wider intergenerational gaps, loosing the patient in this path. Moreover, the recent introduction of Big Data, Artificial Intelligence, Health Technology Assessment methods pushes health care professionals to improve their technological literacy with complex and multidisciplinary concepts, keeping an eye on a future that can't be avoided. A patient-centric technology should always be the aim of innovation development keeping the individual wellness as essential condition. The EIP-AHA A1 consensus results on the necessity to integrate the patient, a fluid and rapidly changing society and innovation will be shared and discussed with the participants to the congress session.

PROTECTION OF PHYSICAL AUTONOMY IN ISRAELI MEDICAL NEGLIGENCE LAW – A TIME TO RECONSIDER

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Over the past few years tort liability in medical negligence cases has attracted heated debate in Israeli jurisprudence. Inspired by complex situations where it has proved difficult to establish factual causation, the Israeli Supreme Court has adopted the protection of a patient's interest in his or her physical "autonomy" as one of the main goals of medical negligence cases. Thus, in certain cases where informed consent is lacking, plaintiffs who fail to satisfy the 'but-for" test have been assisted by the Court to receive compensation for lost autonomy instead of or in addition to compensation for physical injury. The widened gates of liability in medical negligence cases has already led to an increase in compensation awards.

This paper will argue that the 'protection of autonomy' theory has been taken too far and that the ground for imposing legal responsibility in such cases is rapidly shifting from negligence to strict liability; the time has come to reconsider this unwanted development.

ETHICAL CHALLENGES AT THE INTERSECTION OF POLICY AND PRACTICE IN HUMANITARIAN CONTEXTS

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Healthcare professionals working in humanitarian contexts are at the forefront of some of the worst scenes imaginable, and can feel unprepared to respond effectively. Researchers have just begun to understand the range of ways in which humanitarian healthcare organizations' policies can shape ethical dilemmas in the field. The aim of this interpretive description study is to explore how policies and ethics inform each other, in order to better understand where problems arise in humanitarian healthcare organizations, and how policy can be improved in this regard. This study lays out some of the ethical tensions that affect the profession by identifying ethical challenges that arise from aid agency policies and practices, or that trigger the need for improved policy development. We interviewed 14 organizational members (OMs) from Canadian and international offices of humanitarian healthcare organizations. In order to understand how problems and ethical issues are identified in humanitarian aid organizations, and their relationship to policies and practices, we used interpretive description (ID) methodology. Three key themes were identified: participant perceptions of tensions related to 1) institutional memory loss; 2) priorities within different departments of humanitarian healthcare organizations; and, 3) social norms and expectations of humanitarian healthcare organizations and local communities. It is important for humanitarians to identify and discuss ethical challenges and problems, to ensure responses to emergencies are not disconnected or lead to negative impacts. This study is a move to bring stories forward and formalize and capture histories so we can learn from them.

MOVIES AND BIOETHICS: AN INNOVATIVE APPROACH TO TEACHING BIOETHICS

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How does the scientific literature suggests, movies provide a systematic framework to foster the development of critical thinking skills and the connections between theory and practice in ethical decisions.

Fiction, particularly movies, offers the opportunity for moral imaginative reflection and plays a role in moral reasoning. Movies should be a model and they can be submitted as evidence. The inclusion of the movie in training ethics is an innovative approach. Through movie telling you want to provide a better understanding of social experience of the disease, and place the patient's point of view in the foreground. The movie telling has the opportunity not only to illustrate the bioethical issues vividly, but also to the explore thesis an topics in the disease and in treatment decisions. It allows the construction of the different perspectives of the patient, family members and care givers. We have structured a residential course entitled "Bioethics and Movies" for healthcare professionals (doctors, psychologists, physiotherapists and nurses). The course includes a series of 5 days lasting three hours each in which will be addressed by speakers the following bioethical topics: 1) the health worker / patient-caregiver relationship -2) Disability and dignity 3) The end of life, euthanasia 4) The technique and the sick body 5) Genetics. Every one, will be shown a picture movie as facilitator for reflection on the subject, treated by the speakers. Subsequently they will be formed discussion groups of different professional operators to discuss about "ethics dilemmas" in the clinical practice.

COGNITION ENHANCEMENT AND THE PRINCIPLES OF CONTINENTAL CIVIL LAW

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Long has the notion of personal autonomy played the most significant role in the philosophical debate concerning cognition enhancement. The enhancement libertarians and liberals recognised the full freedom to enhance as a fundamental moral right of a human being, a duty of a person towards oneself as well as the whole society. Such a concept of the right to enhance seems compatible with the autonomy-focused traditions of continental civil law. Yet, despite all the effort put in theoretical inquires, the debate has not lead to significant changes in continental law systems.

The lack of a normative framework may be a result of an extensive scepticism towards the concept of autonomy, which we can observe in current continental civil law regulations. Nowadays legislators put much emphasis on the ideas of "protection of the weaker party" or non-exploitation. Within the modern civil law systems we can distinct a tendency to a much more society-oriented contract law in which the parties lose immunity and the contracts become protected by the state.

In my presentation I will argue that this tendency in modern civil law does not prevent us from regulating cognition enhancement. Quite the opposite, respecting the principles of modern continental civil law leads us toward a more comprehensive, yet flexible, laws on enhancement. Laws that could not only help us solve some classical cognition enhancement problems (fair access or individual's responsibility), but also become valuable instruments of public health enhancement policies.

ADDRESSING MORAL DISTRESS IN HEALTHCARE AND HEALTHCARE TRAINING

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Moral distress is a term used to describe the psychological and physiological suffering induced to any person who is impelled to act against their ethical judgement. The concept of moral distress is a growing reality in contemporary healthcare affecting both the quality of life of healthcare professionals and the quality of provided services reducing empathy and impairing decision making. However, it remains poorly addressed both in the healthcare setting as well as in health sciences training. In this research current bibliography is reviewed, using a combination of PubMED, PsycINFO and Scopus databases and making a qualitative comparison between different articles and case studies. The aim is to examine prevalence of moral distress amongst health professionals and trainees, determine different causes and preventive methods of the phenomenon, and finally propose ways in which healthcare setting organization and healthcare educational curricula can best promote the acknowledgement and management of moral distress.

FORCE-FEEDING OF HUNGER-STRIKING PRISONERS; ANOTHER VIEW

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Force-feeding of fasting hunger-striking prisoners has been declared unethical by the World Medical Association on several occasions in the most unequivocal terms. In accord with this policy dozens, and probably hundreds, of such prisoners have been allowed to starve to death in a slow and tortured process. This current attitude is the result of the rise of autonomy as a dominant value in medicine. Yet courts in several democratic countries have permitted force-feeding to prevent death, and leading bioethicists have taken issue with this position. The present presentation will argue that human life should take precedence over autonomy in most of these situations. Ideally the hunger striker should be cared for by physicians outside of the prison establishment, physicians in whom the prisoner has trust, and thereby be persuaded to end his/her strike. This has occurred most recently in several hunger strikes in Israel. But if the strike reaches a stage in which the prisoner's life is threatened life-saving coercion should be undertaken. Since almost none of these prisoners want to die, one might even argue that coercion is in keeping with the striker's deepest autonomous wish. The time has come for more openness in recognizing the right to assign different weights to competing ethical principles.

GET SMART BY “RND” REFLECTIVE NURSING DEBRIEFING – A MODEL FOR PROMOTING CRITICAL THINKING AND PROFESSIONAL ETHICAL VALUES BY NURSING STUDENTS

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In general, the term debriefing centers an aim to learn from mistakes and prevent they occurrence in the future.

We would like to propose an innovative model, in a proactive and more positive approach. The model is designed for addressing everyday normal or routine "incidences", occurring during clinical practice of nursing students, and suggest that they should be considered, while under examination, as "presuccess" equally to "premistakes".

In their clinical practice, nursing students are expected to develop critical and professional thinking, based on **moral and ethical values**, but are not equipped with practical tools to help them with that mission.

At our Academic Nursing School we have developed a reflective learning tool called by us “RND” Reflective Nursing Debriefing tool, which enables the student to perform some internal observation regarding their performance while reflecting on their thoughts, ideas, values, knowledge and so on. By using this very simple tool, the student goes through an internal process, while given oneself a chance to test and generate feedback to self-learning, examine possible alternative behaviors and focusing on the reasons that led them to "almost success" or "actual success". The students are trained to rephrase their previous knowledge, create new understanding and new concepts based on ethical and professional values, learned in the classroom, focusing on a positive perspective. (Cohen, Greenberg 2012)

In our presentation we will presents the model, the practical tool derived from it and show the various ways it has been used by nursing students, emphasizing the insights gained by them regarding ethical and professional values. We have used the tool for the last two years with much success in promoting systematic understanding and interpret meanings of personal and professional/**ethical values** - contributing to professional activities performed with success at the clinical placement of nursing students.

MEDICAL STUDENTS TAKING INITIATIVE IN ETHICS AND HUMAN RIGHTS EDUCATION WITHIN IFMSA ETHICS AND HUMAN RIGHTS IN HEALTH PROGRAM

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Background: The year 2015/16 marks as the beginning of implementation of IFMSA Programs. One of the priorities of IFMSA is to promote patient-centered healthcare and to assure that future medical professionals feel confident to take ethically based decisions, this is why IFMSA has developed Ethics and Human Rights in Health Program.

Program focuses on 4 principal areas:

- Basics of Human Rights for healthcare,
- Medical students skills regarding patient centered medicine and care for specified groups (critically ill, cultural and gender aspects of medicine, vulnerable groups),
- Rights of healthcare
- Corruption.

Methods and results: During the year we achieved successful promotion of the Program’s objectives, conducting 6 sessions during international IFMSA meetings on medical ethics and medical education, connection between Ethics and International Humanitarian Law, Doctors’ rights, Ethical Organ Donation, Multicultural aspects of students exchanges. Approximately 170 medial students from all around the world were educated on these topics in total.

15 activities, including campaigns, medical ethics documents, human rights workshops and trainings, good medical practice projects were successfully enrolled under the Program, making Ethics and Human Rights in Health one of the most active IFMSA Programs in that term. The ongoing initiatives are the implementation of Ethical Activities Toolkit for students, as well as a resources database on Ethics.

Conclusions: With this paper we would like to present the outcomes of successful implementation of the Ethics and Human Rights in Health Program in the year 2015/2016, as well as discuss the future course of the Program.

THE MEDICAL RECORD KEEPING

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Now a day’s Medical Profession not only deals with Medical affairs it involves various aspects of Legal Profession as well. Hence it should be re- coined as Medico Legal Profession. While providing any medical services if any issue arises then Doctors has to face the legal consequences and brought under the court jurisdiction for prosecution like other criminals.

The only thing which helps in front of court is the documents produced by the treating doctor, so keeping the Medical Records in meticulous manner, maintaining it & keeping it safe is very important.

So one should be very particular while recording the details & vitals in OPD Card, Bed Head ticket, Consent Form, Admission & Discharge Ticket of the patients. Doctors should be well aware of the things to be recorded into Medical Records, well verse about how to keep the records & to produce them when demanded in a legitimate manner.

ISOLATED PATIENTS DURING AN OUTBREAK: ARGUMENTS FOR THE ETHICAL IMPORTANCE OF FAMILY PRESENCE

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Due to infection prevention and control measures, families are restricted from going into isolation premises during an outbreak. In this paper, we first examine the adverse effects at the individual, family and societal levels arising from enforcing separation during the deadly 1918 Spanish influenza pandemic as well as the recent SARS (2003), MERS-CoV (2015) and Ebola (2016) outbreaks. Following this discussion, we examine ethical arguments in favor of providing familial members with the choice of being present in isolation premises.

Family presence, defined as “being there”, has been shown to be preferred by patients and/or families during other health crisis events such as pediatric hospitalization, resuscitation and brain death certification. It also has been proven to promote the physical, mental and spiritual well-being of patients and families in these contexts. Such positive outcomes could extend to family presence in isolation premises, particularly when patient health outcome is highly uncertain and take drastic turns for the worse within a short period of time. Allowing family presence will likely expose family members to risks of infection and increase resources to combat an outbreak. Nevertheless, allowing familial presence in isolation premises could ultimately protect the public by controlling the spread of infection and reducing stress, fear and panic arising from the uncertainties of separation that hamper outbreak control and management.

ETHICAL DILEMMAS IN THE USE OF INFORMATION TECHNOLOGY IN MEDICAL INSTITUTIONS

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In the past few years ethics is being treated very seriously in any modern society. The reason consists in the fact that it directly affects the lives of communities, family life, human relations, democracy and all social areas, including education and research institutions. It is worth mentioning the current trend of enriching study programs with courses dedicated to ethics. Moreover, research centers and professional units are continuously emerging as well as many international conferences are organized, where ethical issues are examined and explored from different angles.

In this context, the ethics of the use of Information Technology, considering the large number of users and the differences between them, is an important research topic and it deserves proper treatment. Therefore, in the framework of this paper is examined the current trend of Information Technology usage in relation to ethical issues. We researched the cases that have to do with ethical dilemmas of doctors, students and patients in medical institutions faced with the use of IT. Also we seek an answer to the question of what to expect in the future and how to support those users in maintaining ethical values when using Information Technology!

LEGAL AND ETHICAL IMPLICATIONS OF INDIGENOUS GENOMICS

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Minorities worldwide have historically been subjected to legal and ethical injustice because of the desire to advance medical knowledge and technology. This disempowerment has contributed to the health disparities faced by many minorities globally.

Indigenous genomics is an area of medicine that is at the forefront of medical research. We are fortunate to know a lot about people of European ancestry, but there is a lot less knowledge about the genomes of other populations around the world. What's more concerning is that we know almost nothing about the genomes of Indigenous Australians, who are considered to be the world's oldest civilisation.

Not only does genomic research explore the possibility of potential health benefits, it has numerous sociological and anthropological benefits. Furthermore, it can assist Indigenous communities with regards to repatriating ancient remains to their place of origin, reconnecting members of their families that may have been displaced, and providing information about identity.

Contemporarily, we are faced with the inherent need to implement a holistic and practical framework that works in conjunction with Indigenous communities before health disparities worsen.

This oral presentation will aim to explore the legal and ethical issues surrounding genomic research in Indigenous communities worldwide with a specific focus on the Pacific region. It will analyse Indigenous data sovereignty by addressing ways that we can engage with Indigenous communities in both a respectful and cultural way.

ETHICAL CONSIDERATION ON THE MANAGEMENT OF THE USAGE OF THE PESTICIDES AND CHEMICAL FERTILIZERS

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A revolutionary achievement of modern agricultural technology is the invention and application of pesticides and chemical fertilizers, which greatly improves the output of agricultural products. In recent years, a lot of environmental, ecological and social events have also been caused in some areas due to the improper usage of the pesticides and chemical fertilizers. The main reason for these events is not the pesticides, chemical fertilizers themselves, but because of the improper management of the usage of the pesticides and chemical fertilizers. According to the principles of justice, respect and humanitarianism, some ethical suggestions on the management of the usage of the pesticides and chemical fertilizers are put forward.

SELF-AWARENESS AS A PREREQUISITE TO MAKING ETHICAL DECISIONS

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The American Counseling Association (ACA) Code of Ethics (2005) serves as the counseling profession's foundation for professional practice and ethical responsibility (Ponton & Duba, 2009).

The Code of Ethics advises counselors who encounter an ethical dilemma to "engage in a carefully considered ethical decision-making process". At the core of ethical decision-making lie the principles of Autonomy, Beneficence, Nonmaleficence, Fidelity, Justice and Veracity.

These six principles in addition to the Ethical decision-making model which all counselors must study are essential tools which offer the framework for the counselor to make the most ethical decision possible. With that said, it is important to stress the essential part self-awareness has on practitioners decision making process.

Self-awareness is about learning to better understand why you feel what you feel and why you behave in a particular way. Once you begin to understand this concept you then have the opportunity and freedom to change things about yourself enabling you to better control your feelings, decisions and actions.

Self-awareness is important because when we have a better understanding of ourselves, we are able to experience ourselves as unique and separate individuals.

In order for ethical clinicians to reach a higher level of self-awareness they need to receive supervision which includes self-reflection as an essential part of their work.

As mentioned above, there are many different decision making models to assist ethical clinicians as they guide their clients with difficult dilemmas. Incorporating self-reflection into training programs and ongoing supervisions will help improve the ethical clinician's self-awareness which in turn will make the decision making process more clear and accurate.

A PHILOSOPHICAL CHALLENGE TO THE CONSTITUTIONALITY OF THE EIGHTH AMENDMENT OF THE IRISH CONSTITUTION WHICH GUARANTEES EQUAL RIGHT TO LIFE OF THE UNBORN AND THE MOTHER

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The Eighth Amendment, inserted into the Irish Constitution as article 40.3.3 in 1983, guarantees the equal right to life of the unborn and the mother. In this paper I argue that this gives rise to a particular kind of non-identity case. The rights based strategy for solving the non-identity problem argues that at least some existence inducing acts are wrong and that a bad act must be bad for someone. The subsequent rights based strategy for the 'bad without harm' solution argues that an act under scrutiny is bad without harming because it violates the rights of that future person. In this case, we address the equal right to life of the unborn and the mother.

First I argue that this is a particular form of non-identity case. I then argue with support from Persson, 2009 that the particular rights based strategy that underpins the constitutionality of the amendment is flawed. Subsequently I argue that this can be construed as meaning that the underlying system of rights that uphold The Eighth Amendment are inconsistent. It seems, according to argument, that both the mother's and child's rights cannot be respected at the same time. Therefore, we reach a conclusion where if we continue to choose to maintain that the rights based intuition is valid then the 8th amendment is indeed fundamentally unconstitutional and gives rise to the potential for a constitutional challenge to the Eighth Amendment.

NIPT: A NEW TOOL FOR SEX SELECTIONS?

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Non-invasive prenatal testing (alternatively cell free DNA testing) has been initially introduced as an option for pregnant women at higher risk. NIPT is advantageous over invasive tests due to its accuracy, capability of being performed at earlier stages of pregnancy and the fact that only a maternal blood sample is required for the test to be performed. This can lead to an assumption that NIPT will hopefully replace invasive tests in near future. In fact, their costs are already decreasing, which means more and more clinics will soon be introduced to this relatively new technique. As a result of geographical expansion, in countries with certain gender preference, future parents will face options for "reproductive choice" connected with the gender of the fetus. This raises a concern related to further misuse or "label-off" use of NIPT for sex-selective purposes. Will they eventually become a wide-spread tool for selective practices similar to ultrasound diagnostic machines? Given that NIPT has a potential of disclosing fetal sex starting from 9th week of pregnancy, it may lead to "legal" practices of abortion based on the information provided by the commercial companies offering the test. Therefore, there is a necessity to understand which type of information is provided by these companies when advertising NIPT technologies to customers and whether sex disclosure option is explicitly offered by them.

BIOETHICS AND HUMAN RIGHTS: FORCED DISPLACEMENT IN CONFLICT SCENARIOS

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The armed conflict in Colombia has been ongoing since the mid-1960s. Five decades of war has inflicted profound effects on the fabric of society. Apart from the countless deaths that deserve mention, Colombia has the highest number of internally displaced persons with most recent reports at 6 million people. According to Unicef, 55% of this population is under 18 years old and 13% are under the age of 5. Although the armed conflict has provoked many problems, this is among the most significant due to its magnitude. Unavoidably the war involves forced migration, the displacement of the poor, and an exponential rise of social disafilliation. Special attention deserve children as war reduplicates a state of helplessness and vulnerability that is in the heart of childhood.

ETHICS KINDERGARTEN

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My name is Einat Hirsh, a kindergarten teacher from a Kibbutz.

I will talk about the kindergarten in which I work and teach ethics to the children.

I will talk about my personal connection to ethics, with the help of Prof. Daniela Keidar and Prof. Amnon Carmi, who presented the topic simply and wisely, correlating with my own educational methods for many years.

Here is my educational credo:

Giving personal example through modeling, creating an atmosphere of respect by listening to the children, sharing and friendliness, according to their different needs.

Teaching ethics through stories with a personal touch and dealing with ethical dilemmas in order to learn the principles of ethics is a wonderful and challenging way, which allows learning and understanding in depth.

The Objectives – fostering values and rules of conduct, with the use of ethical principles in order to improve the dialogue in resolving conflicts.

The children will behave ethically, speak and act accordingly, develop an ethical language, shall give reasons and deal with conflicts using the learnt principles of ethics.

I will focus on the positive conduct of the children, emphasize and empower ethical behavior.

I chose 4 ethics principles and will demonstrate, with pictures, the way of learning.

I will give visual examples, such as conversational activities, explanations in small groups, cooperating in order to create the "Ethics-here" bench and more.

When I started teaching ethics in the kindergarten, I could not expect the children to actually connect to the subject. I'm surprised to realize how interested they are and that they even share this important issue with their parents.

PROTECTING HUMAN RIGHTS IN THE FIELD OF BIOMEDICINE BY MEANS OF CRIMINAL LAW: LESSONS FROM UKRAINE

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Human rights in the field of healthcare and biomedicine loom large among the social values protected by Ukrainian criminal law.

The legislation of Ukraine provides for criminal liability for a number of offences committed in the said field. It includes, among others, the crimes committed in connection with the provision of any medical care. Thus, for e.g., the Criminal Code of Ukraine ("CCU") protects human life and health as well as the right to quality care infringed by medical malpractice (Article 140 of the CCU), the right to medical secrecy (Articles 131, 145 of the CCU), the right to access health care that shall be provided in state- and municipally- owned healthcare institutions free of charge (Art. 184 of the CCU), etc.

Some of the articles are, however, very rarely used. According to official statistics, no guilty verdicts under Articles 141, 321-2 of the CCU protecting the rights of research subjects in clinical trials have lately entered into force. This is primarily because of the defects of the wording (Art. 141) and excessive criminal repression (Art. 321-2.)

Little number of persons is called to liability for unlawful human experimentation provided for by Article 142 of the CCU. The absence of a legislative definition and that of the procedure determined by law are among the reasons for that.

The level of protection of human rights in biomedicine by means of criminal law depends not only on the quality of such law but also on that regulating the use of biomedical technologies.

PRUDENT CLINICAL DECISION MAKING AND PROBLEM BASED LEARNING

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This oral presentation aims to offer a unique perspective on medical curricula worldwide. The author will demonstrate how the character of the medical student (proceeding to physician) can be encouraged to either develop, or whither, under the modern medical curriculum. It will concentrate on the modern Problem Based Learning (PBL) process and how clinical ethical reasoning can be encouraged and developed in this arena. It will draw on the wisdom of the Ancient Greek and Scholastic Philosophers and look into their treatment of the moral vvirtues. It will pay particular attention to prudence. This piece is of timely significance as the General Medical Council in the UK has re-emphasised in new guidance (which came into effect on 1st September 2016) the need for medical students, and in turn qualified doctors, to 'apply ethical and moral reasoning to their work'. (1)

It is not only the GMC and UK medical schools who are in agreement that ethics and law should be an integral part of the training of the doctor as a professional. In 1998 a consensus was reached among a number of UK medical schools, regarding the position of medical ethics and law within the medical curriculum. This statement echoed the guidance of the GMC and concluded that medical students should have a working knowledge of ethical and legal issues pertaining to medical practice. (2)

Over 10 years later the above mentioned 1993 consensus statement was revisited and revised; details of which were published in 2010. The paper commences with a stark and striking statement informing us that 'knowledge of the ethical and legal basis of medicine is as essential to clinical practice as an understanding of the basic clinical sciences'. (3) The paper also draws the reader's attention beyond the guidelines of the GMC to that of the British Medical Association and indeed into the international arena to groups such who also deem professionalism, in general and medical ethics and law in particular, of extreme importance. These bodies include the World Health Organization, the World Medical Association, to teachers of Ethics and Law in Australian, New Zealand and in America. (4-8)

This presentation will laud the innovative process of Problem Based Learning as a foundational stone for clinical-ethical decision making in medical practice.

1. General Medical Council. Achieving Good medical practice: guidance for medical students.
2. General Medical Council. Tomorrow's doctors, London; General Medial Council; 1993.
3. G M Stirrat, C Johnston, R Gillon *et al*., Consensus statement by teachers of medical ethics and law in UK medical schools. Teaching medical ethics and law within medical schools: a model for the UK core curriculum. J Med Ethics 1998: 24: 188-92.
4. G M Stirrat, C Johnston, R Gillon *et al*., Medical ethics and law for doctors of tomorrow: the 1998 Consensus Statement updated. J Med Ethics 2010: 35: 55-60.
5. British Medical Association. Medical ethics today: the BMA's handbook of ethics and law 2nd edn. London; BMA 2004; 648–9.
6. World Health Organization. The teaching of medical ethics: 4th consultation with leading medical practitioners. Geneva: WHO, 1995.
7. Association of Teachers of Ethics and Law in Australian and New Zealand Medical Schools. An ethics core curriculum for Australasian Medical Schools: a working group on behalf of ATEAM. Med J Aust. 2001; 175:205–10.
8. World Medical Association. Medical ethics manual. 2nd edn. 2009. WMA. Ferney-Voltaire, France.

THE ETHICS' VALUE IN THE SPEECH AND LANGUAGE THERAPY PROFESSION IN EUROPE: UNITED IN DIVERSITY – ETHICAL DILEMMAS IN SLT & ECONOMIC SITUATION EFFECTS ON THE CLINICAL PRACTICE

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As a European committee, CPLOL's duty is to provide guidance and support on professional ethics issues at any age, respecting the will and preferences of the patient, supporting decision making from the practitioner in order to provide the most appropriate case outcome. Using evidence based practice to avoid as much as possible economic misunderstandings between professionals and patients, our task is to support SLTs to optimise therapy timing for the benefit of the patient.

DEVELOPMENT AND FEASIBILITY OF THE MENTAL CAPACITY ASSESSMENT SUPPORT TOOL (MCAST)

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Introduction: The Mental Capacity Act (2005) requires healthcare staff in England and Wales to complete a mental capacity assessment if a patient appears to have difficulty making informed decisions. Mental capacity assessment is complex, especially when it involves patients with communication disorders. Inaccurate assessment risks excluding patients from autonomous decision-making or patients making uninformed decisions.

Aims: To develop a toolkit to facilitate and improve mental capacity assessment and test its feasibility.

Method: A user-centred design methodology was adopted. A prototype toolkit, the MCAST, was developed in collaboration with 16 multidisciplinary staff, seven service users and eight experts. 21 staff used the MCAST to assess capacity for patients with a diagnosis of stroke or cognitive impairment. Staff surveys and interviews with four patients and two carers were completed to investigate the MCAST's usability and acceptability. An audit of 10 patient records before staff used the MCAST was compared with an audit of 10 records after its introduction, to identify changes in assessment documentation.

Results: The MCAST was designed to enable staff to: i) prepare, complete and document robust capacity assessments; ii) identify patients with communication disorders; iii) select effective methods to support these patients to communicate during capacity assessments. 100% survey responders indicated the MCAST was easy to use, useful and beneficial to their ability to assess capacity. All patients and carers reported finding the MCAST processes and materials acceptable and potentially beneficial to patients' involvement in decision-making. The audit indicated that using the MCAST was associated with improved documentation.

RESHAPING fMRI RESEARCH: HOW ANIME CAN BE USED TO STIMULATE MEDICAL ADVANCEMENT

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What is commonly overlooked in functional magnetic resonance imaging (fMRI) is simply the lack of viable data it is actually able to provide. While the models that have been generated from modern use of fMRI data are highly accurate in nature, they are hardly enough to justify a complete understanding of how the brain actually functions. If one were to adapt the technology found in *Sword Art Online* and its NerveGear (which stimulates the wearer's five senses via signaling within the brain), there is the potential to discover much of what is unknown currently. The question presented is thus: should technology similar to NerveGear be developed and integrated with fMRI capabilities, under what circumstances should this technology be used for medical purposes? The function of this specific essay is to argue for the continued support in developing this technology and to contemplate potential benefits this technology could have in fMRI research, while also discussing the ethical concerns paramount in this given topic—the greatest of which would be whether or not one can morally allow children and adolescents to be subject to elongated tests within virtual reality given the fact that it might distort their perception of reality. Potential gains from these studies might hold the key to how memory is stored, however, as well as give hard evidence to sway epistemological and phenomenological thought and generate new models for ethical theory.

THE ERA OF BIOTECHNOLOGY: PATENTS AS BIOPOLITICAL DEVICES AND BIOPRECAURIOSNESS

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The present research is focused on the problem of access to essential drugs, as well as to the lack of research and development of new drugs for "neglected diseases". The main problem lies on the confrontation between the right to property specified in Article 17 of the Universal Declaration of Human Rights (intellectual property rights, patents) and the right to health specified in Article 25 (public, global health).

The root of such confrontation is due to the monopoly granted by a patent to the owner thereof during 20 years of exploitation, given that a patent is a property right granted by the Government of a country to an inventor to exclude others from making, using, offering for sale, or selling the invention in exchange for public disclosure. This monopoly granted, mainly, to big companies (especially to pharmaceutical and biotechnological companies) is protected by the TRIPS Agreement (Agreement on Trade-Related Aspects of Intellectual Property Rights) of the World Trade Organization and it is especially controversial in the so-called "patents of life" which allow to have control over life by patenting genes, seeds or drugs).

For analyzing this situation, I will follow a philosophical and legal perspective with authors such as Thomas Pogge in terms to access to essential drugs and Michel Foucault in terms of biopower and biopolitcs.

The conclusion is that the Ancient Greek distinction between natural life (zoé) and political life (bios) does no longer exist, as life itself or “bare life” (zoé) is politicized and turned into a “commodity”.

PROFESSIONAL DEVELOPMENT ACTIVITIES – TOOLS FOR ENHANCING STUDENT ENGAGEMENT WITH BIOMEDICAL ETHICS

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Medical students need to actively engage in biomedical ethics in order to develop into highly competent doctors. Most commonly, biomedical ethics is taught in the core curriculum and learning is assessed via some form of examination. Whilst some students respond well to standard biomedical ethics curriculum, others are less engaged. At Birmingham, we deliver a standard two years of formal ethics training which is embedded within the core curriculum. For third year students, we decided to create a suite of Professional Development Activities (PDA) where students could select from a wide range of workshops to explore professional ethical themes within contexts not covered by the core curriculum. Special effort was made to select a pool of workshop leaders who were highly enthusiastic about their specialist areas, and able to draw out ethical discussion in an engaging manner which would motivate students to critically reflect on learning. Students have a selection of 40 workshops, including music therapy for disable children, sports medicine, high altitude medicine, repatriation of human remains, medical make up for facial disfigurements and military medical ethics. We also decided to make PDA a non-assessed required component of the course. We believed that removing the hurdle of assessment would enable students to engage with biomedical ethics in a richer way. This presentation will report on three years of PDA data. It will explore the way the workshops were developed, the trends of student selection and the narrative students use to reflect on their bioethical learning.

MEDICAL NEGLIGENCE CLAIMS – THE LIMITATIONS OF THE PROCESS OF LAW IN BEING ABLE TO DETERMINE MEDICAL NEGLIGENCE – AN ANECDOTAL AUSTRALIAN EXPERIENCE

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In my experience of over twenty years in the management of medical negligence claims for a busy teaching hospital in Sydney, I have been dismayed that our legal system based on tort law is inconsistent in its ability to determine whether an adverse event is the result of medical negligence. For a medical negligence claim to be successful, the onus of proof lies with the plaintiff on the balance of probabilities that there has been harm and that this harm has been caused by negligence. Both the plaintiff and defendant/s seek medical expertise from ‘experts’ to base their claim /defence. These experts however have a varying degree of credibility within the medical profession. Nevertheless, when expert evidence is presented before the courts, the Judge lacks the necessary expertise in being able to assess the relative worth of the expert witness’ evidence. Increasingly, we are faced with a system by which claims are settled on a ‘commercial’ basis by mediation or informal settlement. This occurs because a judgement cannot be anticipated, despite the strength of the case or the defence, and because of prohibitive legal and court costs. The subject of this paper is a consideration of how this legal process can be improved by a reexamination of the presentation of expert evidence before the court in order to decrease legal costs, and provide plaintiffs and medical professionals with a reasonable expectation of outcomes and a degree of confidence that medical negligence cases will be heard fairly.

NIGERIA, MEDICAL TOURISM AND THE CHALLENGES

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Background: Nigeria with a population of over 140 million in 2006 is a major oil producer but has poor health indices. Medical tourism is a growing phenomenon in Nigeria which presents important concerns. This article gives an overview of Nigeria health indicators, the magnitude and causes of medical tourism in Nigeria, the ethical, legal, developmental and public health implications.

Methodology: A review of original research and reports was carried out using Medline, PubMed, Embase databases. The literature search words were health indicators, medical tourism, causes, challenges and Nigeria.

Results: The infant mortality and under-5 mortality rates are 69 and 128 deaths per 1,000 live births respectively. The maternal mortality ratio is 576 maternal deaths per 100,000 live births. Only 38.1% of births are attended to by skilled birth attendants. Nigeria is at the top of the medical tourism list of Africans to India. About 30, 000 Nigerians were estimated to spend about US$1 Billion annually on medical tourism in 2014. The drivers for medical tourism include cost effectiveness, high quality of healthcare, prompt treatment, travel opportunities, availability of some highly specialized care and means to transfer stolen money abroad by corrupt Nigerians. The challenges include ethical issues in organ transplant area, inequalities in healthcare, legal issues, microbial resistance, continuation of care and commercialization of referrals.

Conclusion: Medical tourism with huge capital flight is eroding the fabric of Nigerian health system. There is need for government to implement the National Health Bill in order to improve the quality of the healthcare.

REFLECTIONS ON COERCIVE TREATMENT OF PATIENTS: THE CASE OF JEHOVAH'S WITNESSES AND THE CHANGING THRESHOLDS FOR BLOOD TRANSFUSIONS

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Jehovah's witnesses oppose receiving blood transfusions based on religious grounds. This refusal raises complex medical, legal and ethical issues for the treating medical staff. In the past physicians attempted to force patients and children's to accept transfusions when deemed medically necessary through the use of court orders and other measures. However, in recent years the threshold for blood transfusion has been gradually raised by medical experts as expressed in consensus guidelines, which means that Jehovah's witnesses historical aversion to transfusion would have been partially justified medically. This paper will further discuss these current trends and the implications for other instances of coercive treatment of patients

ETHICAL AND METAPHYSICAL ASPECTS OF GERMLINE GENETIC MODIFICATION THROUGH CRISPR-CAS9

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Through CRISPR, genetic modification is rapid, inexpensive, and effective in an unprecedented way. The most controversial application is modifying the human genome so that the modification is inherited to future generations, so-called germline genetic modification. Germline genetic modification must be done at the sex cell or early on in the embryonic stages, before or in conjunction with the start of the existence of a human being. This gives rise to a metaphysical question as well as several related ethical questions. The metaphysical question is: will the individual become someone else than she would have been if the sex cell or embryo is subject to germline genetic modification? It is argued that the answer is negative for most conceivable modifications, analogously to genetic modification of an existing individual. Contrary to what has been claimed, this does not make embryonic germline genetic modification less morally problematic. This is so, since if germline genetic modification had been identity-affecting, it would face the well-known “non-identity problem”. So, surprisingly, there are reasons to consider germline genetic modification as less morally problematic than somatic genetic modification. The implications of this are discussed in this presentation.

THE ROLE AND THE LIMITS OF DEMOCRACY IN BIOETHICAL EDUCATION

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Bioethics as a discipline has been deeply involved in democratic values since its beginnings - this fact is also reflected in bioethical education. In this presentation three challenging aspects of the role of democracy in bioethical education will be briefly analyzed. The first one concerns the role and the limits of democracy during the process of bioethical education. The next two refer to the goals of that education - both in academic and broader social dimension.

The first problematic aspect of the role of democracy in bioethical education can be observed during academic classes. How democratic education should look like? What is the role of a teacher in bioethics? Shouldn’t we assess students beliefs? Is there a place for relativism in bioethical education? In this part of presentation the dual goals of bioethical education - formative and philosophical – will be analyzed.

The second aspect discussed concerns the future of the students who receive bioethical education. Who do we want to “make bioethicist”? What role should they play in a democratic societies? Are we, bioethicists entitled to act as moral experts?

The last problem discussed during the presentation refers to the broader impact of bioethical discourse and education on society. It can be argued that bioethics – while contributing to the democratization of medicine – increase also medicalization of society. There is a need of bioethical education that would be aware of both opportunities and threats of further democratization in the world of medicine.

‘MOVIES AND ARTS’ AS AN EFFECTIVE TOOL IN BIOETHICS TRAINING FOR HEALTH PROFESSION EDUCATION STUDENTS FROM INDIA

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Introduction: The UNESCO core curriculum on bioethics for health profession education students is being implemented by GSMC MUHS UNESCO Bioethics Unit, Mumbai. Adult learning principles are followed with interactive methods to make the sessions interesting and appealing to students. Additionally, efforts are directed towards ‘Hidden Curriculum’ with help of dramatics and arts.

Material:

1. **Movies** – After brainstorming sessions, relevant clips from international /regional movies and educational videos on bioethics were selected for bioethics training workshops. The selected movie clips of 2 to 10 minutes were screened followed by reflections by students on bioethical aspects. Student’s active participation was encouraged during the discussion. Students could relate the bioethical issue / conflict better with such tools.
2. **Dramatics** – As a part of world bioethics day celebrations, students under faculty supervision wrote, directed and enacted a skit on child dignity & child rights, which was seen by hundreds of students.
3. **Fine arts** – Rangoli, traditional Indian art with sand powder was used to sensitize bioethical principles - Non maleficence, human dignity and human rights. Several students got sensitized to these principles by the mega size rangoli.
4. **Creative arts** – Through the competition, 70 students created handmade posters on human dignity & human rights which were later displayed in college.

Observations: Students’ informal feedback was positive towards the T-L methods used. The use of media as an interactive tool and learning through creative arts were appreciated the most.

Conclusions: Interactive T-L methods in core curriculum implementation and planning hidden curriculum are effective in bioethics training.

TEACHING ETHICS TO STUDENT HEALTH CARE PROFESSIONALS

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Health care professionals are regularly confronted with complex ethical dilemmas in clinical practice. These dilemmas are particularly challenging for student health care professionals (e.g., nurses, speech and language therapists) who, without years of clinical experience, often feel uncertain in their clinical reasoning and decision-making.

While university course content can explain the different ethical theories and frameworks, hypothetical scenarios provide real-life examples to make this content meaningful.

The presentation focuses on the value of using hypothetical cases and simulated client interviews to support student learning of ethical reasoning and decision-making in clinical practice.

Perspectives are presented from the university lecturer teaching ethics within the curriculum, the student who attended the lectures and the simulated client constructing the role of the patient. The hypothetical ethical dilemma is addressed using two contrasting approaches: the principles-based approach (Beauchamp & Childress, 2001) and the narrative approach (Charon, 2001) following on from client-centred care (WHO, 2001).

These frameworks allow for multiple perspectives and several issues to be highlighted and carefully deliberated. A dynamic model of ethical reasoning proposed by Kenny et al. (2007) is discussed. The ultimate goal of experienced academics/clinicians is to support their health care professional students to develop a proactive model of ethical professional practice.

ASSESSING PHYSICIANS COMMUNICATION AND INTERPERSONAL SKILLS ACROSS DIFFERENT SPECIALITIES IN A TERTIARY CARE TEACHING HOSPITAL IN NORTH INDIA

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Background: Communication and interpersonal skills are an essential competence of a physician. They ensure upholding the principles of human dignity and right to information. Hence we assessed these across various departments in King George's Medical University, Lucknow, India.

Methods: In 5 departments (Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology and Trauma) care providers/patients were interviewed by trained staff within 48 hours of admission. Hindi translation of an Adapted 10-questions Patient Satisfaction Questionnaire (PSQ) of American Board Of Internal medicine on a 5 point Likert Scale was administered by interviewers. Maximum and minimum possible scores were 50 and 5. Questions were then reclassified into the 7 items of Kalamazoo Essential Element Checklist (KEEC).

Results: In December 2016, sixty interviews were done of which 22 (367%) were care providers and 25 (41.7%) male patients. Mean PSQ score was 27.3± 4.9 or 54.6% only. There was no difference by department, physician type, time of admission or gender of the patient. KEEC scores per domain were: building relationship (3 questions): 8.7 ± 1.6); sharing information (3 questions): 8.0 ± 1.8; gathering information (2 questions): 5.2 ±1.3; understanding patients' perspective (1 question): 3.1 ±0.8; opening discussion (1 question): 3.0 ±0.8; reaching agreement (1 question): 2.5 ±0.9 and closure (1 question): 2.2 ±0.9.

Conclusions: Since just over 50% of the desired scores were obtained, there is an urgent need to build communication and interpersonal skills across all cadres of physicians to ensure human dignity and right to information of the patients are upheld.

THE JOINT ETHICAL TREATY BETWEEN THE ISRAELI MEDICAL ASSOCIATION AND MEDICAL TOURISM COMPANIES

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Increasing globalization in general and in health care in particular has led to the pursuit and provision of cross border care, commonly referred to as "medical tourism." This phenomenon raises a slew of ethical issues, and solutions must on one hand protect the foreign patient from harm, fraud or unprofessionalism while also protecting the local patient, who deserves to receive fair, quality treatment from his or her health system. The issue is complicated by the fact that this is a new and developing field, and that many of the players are not physicians and are not subject to the principles of medical ethics.

It is for this reason that the Israeli Medical Association decided to cooperate with medical tourism companies in Israel to produce a joint ethical code. The collaboration of senior physicians, attorneys, social organizations, and representatives of the medical tourism companies and clinics allowed for a comprehensive discussion of the various problems in the field of medical tourism.

The ethical code presents solutions to many of the problems or controversial situations in the field. Among the issues covered are: preparing a treatment plan, treatment and follow-up, switching between medical tourism companies, advertising and publicity for medical tourism services, provision of medical treatment in accordance with the principle of just distribution of resources to Israeli citizens, and transparency and prevention of conflicts of interest. The Code also provides for the establishment of a joint forum to deal with ongoing issues and an ethical seal which is conferred upon any company meeting the ethical standards set out in the Code.

THE ISRAELI ISSUE: REPRODUCTION FROM THE DEAD – THE DECEASED PARENTAGE RIGHTS AS NON-ISSUE

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If a man suddenly dies, should his bereaved parents be allowed to create a new life from his genome and to raise the resulting child as biological parents? Yes, ruled the Israeli Family Court in September 2016. This judicial decision constitutes a landmark with respect to all the controversial judicial rulings concerning who should be authorized to draw sperm from a dead body and create life from it. At first, only the spouses were. In 2007, this circle expanded to the bereaved parents. They still had to give their full consent for the child's conception by a stranger woman that will be his biological mother. Also she had to be the one who will raise him. Another advance took place in 2015: bereaved parents subpoenaed the widow who refused to conceive from their late son's sperm. Finally, they were awarded control of it.

My study analyzes these rulings upon the "law and literature" tools and "law and culture" paradigm. According to my findings, the judges' assumptions about the deceased wishes were governed by the Jewish assumption that every man wants descendants. Also the child's best interests test was wrong.

I argue that these assumptions ignore the deceased's basic human right to determine the identities of their children's genetic mother and the mother that will raise them. Furthermore, they also contradict several judicial rulings on parentage rights. In preferring the bereaved parents' will and by positioning it as the issue, they ignore the deceased's approximate will and make it a non-issue.

THE ETHICS' VALUE IN THE SPEECH & LANGUAGE THERAPY PROFESSION IN EUROPE: UNITED IN DIVERSITY

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The Speech and Language Therapy is now a consolidated profession in the entire world. The scope of the profession is related to the maintenance, habilitation and rehabilitation of the Communication, the Language and the Oral Functions, in all the ages of the life, with interventions more and more scientifically evidence based.

The undergraduate and postgraduate education, as well as the Continuous Professional Development, are the strategic levers to build and maintain knowledges and competences of high quality, according to standards that can guarantee the protection of the citizens' health.

The community of the European SLTs, governed by the Permanent Liaison Committee CPLOL, has been working on these and other themes for many years, giving to the member associations a platform for the cooperation and the collaboration in the diffusion of the good practices.

However, some complex social phenomena recently hit the world and Europe in particular, such as the economic crisis and the impoverishment of the families, the big migrations that upset the Mediterranean area, the aging of the populations, the cuts in the healthcare. This asked the professional community to reflect on the way in which these phenomena are changing the professional practice.

The reflection in the European committee brought us to focus on the core values of the profession putting Ethics at the centre. Hence, our duty to work with appropriateness, without any discrimination, at any age, respecting the will and preferences of the patient, this can promote the inclusion and the development of all the people who have a disadvantage and can prevent social dropouts. The professional ethics should guarantee the answer to the needs of health of the citizens, from the birth to the elderly age and also in the emergencies as in the case of the migrants' crisis. To unite the duty and the value of the Ethics in the mission of the SLT is the centre of the interest in the CPLOL's work.

The workshop will address these issues through some concrete experiences where the ethical principles prevail in the clinical practice.

EMERGENCY RESPONSE TO VIRAL HAEMORRHAGIC FEVER: THE NEED FOR CAPACITY BUILDING OF HEALTH PROFESSIONALS IN WEST AFRICA ON BIOETHICS

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Introduction: Countries in the West African sub-region are dealing with major public health issues including outbreaks of viral haemorrhagic fevers, namely Lassa and Ebola fevers. The Lassa fever epidemic is endemic in Benin, Ghana, Guinea, Liberia, Mali, Nigeria, Sierra Leone and Togo. Over the past two years, Ebola has affected Guinea Liberia, Sierra Leone and, to a lesser extent, Nigeria, Senegal and Mali. Given that ethics in public health and research constitute barometers for appraisal of compliance to moral and ethical values, the magnitude of both outbreaks call for a critical look at patient care and administration of clinical trials.

Methodology: The methodology was based upon a literature review of reports and press clippings.

Findings: Substantial gaps in terms of public health ethics and research have been identified, among which:

- Breach of human dignity in the healthcare centres. Examples include: isolation of patients without food in the early part of the outbreak, patient neglect by healthcare professionals, and so on;
- Weak follow up on suspected cases, inadequate psychological care and reintegration of survivors;
- Ethical issues pertaining to clinical trials on unlicensed drugs and "therapeutic misconception".

Conclusion: To prepare an effective response to the re-emergence of viral haemorrhagic fever and preserve humane dignity in West Africa, it is all the more urgent to reinforce the capacity of professionals in bioethics.

ETHICAL ASPECTS OF LITIGATIONS IN FAMILY DISPUTES AND MEDIATIONS ALTERNATIVES AS A SOLUTION

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Divorce affects all life's realms – personal, familial, economical, social, judicial and religious. Divorce can be examined through two ends – as cognitively, emotionally and behaviorally draining traumatic process or as a life crisis that also allows regeneration.

Adversary litigations in a so complex and sensitive situation, more so when children are involved, raise many ethical and moral issues. Unlike "regular" legal disputes, a divorce does not end the family relationship and requires their new institutionalization by creating "a post-divorce family".

Various researches [Prof. Claire Rabin (2010); Dorit Eldar-Avidan (2011); Orna Cohen, Ahron Luxemburs, Naomi Datner and David, A. Katz (2000)] found that judicial adversary litigation intensifies damages caused to all family members and makes it even harder for them to overcome the crisis and recover.

In July 2016 the Family Dispute Litigation Settlement (Temporary Provision) Law - 2014 entered into force in Israel. The Law, similar to the legislation in Australia, Canada and Denmark, is consistent with the growing tendency to try and solve family disputes through alternative ways. Instead of combative and abusing statements of claims that mortally hamper the ability to cooperate and communicate, the parties are first required to turn to a structured mediation process under the country's supervision, thus allowing direct communication and keeping the dispute at a "low flame". The Law offers parents with extensive assistance at the early stages of the dispute thus creating direct negotiations between them and also reduces public expenses at the later stages of the dispute (like: Parental coordination, social workers surveys and enforcement and collection operations).

The lecture will deal with ethical and moral issues stemming from the new Law versus the adversary one and will suggest an enlarged ethical-legal practical theory that allows a better dialog, growth and regeneration of the disputed family.

CROSS CUTTING BETWEEN THE PRINCIPLES OF UNIVERSAL DECLARATION ON BIOETHICS AND HUMAN RIGHTS AND THE IMPORT RESTRICTION RULES DUE TO THE PROTECTION OF HEALTH ON THE INTERNATIONAL TRADING SYSTEM

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It was said on the Universal Declaration of Human Rights that human have the right to life. With the result that human also have the right to maintain their life, which one of the ways is to maintain their health. Similarly on the Universal Declaration on Bioethics and Human Rights, it was said that one of the principal of bioethics is social responsibility and health.

In this globalization era, health issues is not only related on medical but also on the other things such as free trading. So does bioethics, which is also can be related into other sciences over the medical science.

Free trading provides many kind of commodities in and give the consumers the right to choose which commodities they want to choose. Sometimes, there are some risks at the free trade that can threatening human's life.

In the international trading, there is known a rules which is a part of GATT 1994 that organize about general exception in the article XX. This article said on its part that a discrimination may allowed if it aims are to protect the life or the health of the citizens. This paper is trying to analyze the cross cutting between the principal of Universal Declaration on Bioethics and Human Rights with the GATT 1994.

THE ETHICS' VALUE IN THE SPEECH AND LANGUAGE THERAPY PROFESSION IN EUROPE: UNITED IN DIVERSITY – SLT IN EUROPE: SHARED ETHICAL PRINCIPLES FOR AN ETHICAL CLINICAL PRACTICE

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SLT is first and foremost a clinical profession structured deeply by practice and an investigation with ethical dimension, for two main reasons: first, the scope of practice, which are communication and language disorders and oro-facial functions, is directly related to the relation of the human being with their Self and with others. Therefore it raises the question of being a Human, with his individual identity and values as well as his relationship to the world and others.

The second reason is that the SLT profession is not only constantly facing linguistic rules but also social, educational and cultural rules, together with ethical, deontological and legal ones. Ethical questioning comes with the whole SLT clinical practice, which is a health care service for patients of all ages, without any discrimination, that respects the individual and seeks their autonomy.

THE WMA DECLARATION OF TAIPEI – REALIZING INFORMED CONSENT IN A VIRTUAL ENVIRONMENT

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The informed consent (IC) introduced internationally by the WMA Declaration of Helsinki is one of the most important safeguards for persons participating in research as subjects. However, it is based on a research process with a defined protocol, including clear information about benefits and risks. Research using databases and biobanks may not even have been conceptualised when the repositories are set up, thus truly informed consent is often impossible when subjects are being recruited.

The Declaration of Taipei (www.wma.net) extends IC and its protection into a virtual world. With initial consent, the person donating data or a specimen indicates his or her preparedness to allow the data/material to be used for later defined purposes (e.g. research). Simultaneously, the person is assured of a governance process providing additional safeguards when data/material are used.

This IC providing safeguards to the subject can be separated into several elements:

- Willingness for the data/specimen to be used for research or other purposes
- Balancing of risks and benefits
- Assessment of individual risks and their acceptability

By accepting that these elements and functions of IC can be tested and executed separately, and that some can be transferred to an ethics committee, a level of protection equal to classic IC can be achieved.

The combination of initial consent combined with a transparent governance process (and structure) allows for the evolutionary development of classic informed consent.

THE PATIENT'S RIGHTS ACT IN ISRAEL – 20 YEARS LATER

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The Patient's Rights Act was legislated in Israel in 1996 in order to determine patient's right to receive medical treatment and to protect his human rights during medical care.

The law regulates issues which are related to patient–physician relationship such as medical records, informed consent and medical confidentiality.

The law also establishes three statutory committees which their purpose is to investigate exceptional incidents, evaluated medical activity and improve quality and discuss specific ethical issues.

Some of the clauses in the law were written using general terms and vague wording, therefore court ruling and interpretation were needed for implementation of specific issues (e.g. informed consent).

However, some of this legal ruling were changed and redesigned from time to time. This fact constitutes an obstacle to the physician/caregiver who is required to implement court decisions, even when they are not well established or are still changing.

In addition, some interpretations are in contradiction and non – compatible with others and the physician has to handle, on top of clinical practical decisions, the complexity of legal uncertainty and unresolved dilemmas (e.g. expected physicians patient follow up vs. patients right to autonomy). The result is a more vulnerable patient–physician relationship, more defensive medicine, and inefficient utilization of limited resources in the health system.

Dr. Gil. Siegal et al. published in 2001 results of their research about physician's attitudes toward the Patients Rights Law, two years after his legislation and implementation. *(Siegal G, Siegal N, Weisman Y. "Patients' Rights Legislation - Physicians' Attitudes" Medicine and Law: 2001, 63-78 (1)20)*

Our present research propose to check, 20 years later, physician's knowledge about the law, and their understanding and perception about their obligations regarding court legal rulings and the needed balance between the different issues and instructions, e.g. limits of medical information required to obtain informed consent, the right balance between confidentiality and the obligation to provide information, patient follow up vs patient's right to autonomy.

The study is designed to reflect different sectors of caregivers approach, at hospitals and community clinics.

We expect the results to be an important data base to better understanding the needed changes in educational institutes, in management of health institutions regarding medicine and law (leading to enhancement of quality of care and patient safety) and even to deal with the courts demanding more clear and applicable instructions.

INFERTILITY AS THE RIGHT TO REPRODUCE: WILL THE RIGHT APPLY ALSO FOR LEGAL PERSONS?

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The WHO's current definition regards infertility as a health condition. But the intention to change it into a social condition was announced in October by medias: "The new standard suggests that the inability to find a suitable sexual partner – or the lack of sexual relationships which could achieve conception – could be considered an equal disability" reports for example The Daily Telegraph (20th October 2016). Rights should be fulfilled, disability should be mitigated or eliminated; in that case it means facilitating the access to medically assisted reproduction (MAR) for single persons and homosexual couples.

The intention understandably aroused great public interest, because changing the official definition also brings official substantial changes of social norms, values, policies, etc. However, many countries overtook the planned global change, single people and homosexual couples have already the access to MAR (e.g. UK, Spain), other governments prepare the new legislation (e.g. Czech Republic). The only condition for access to the MAR procedures is then often the criterion "welfare of the child".

It is this criterion we use in our thought experiment to estimate, whether access to MAR may be open in the future for other subjects entities. The experimental subject for demonstration of our thought experiment is a legal person. We will be happy if the audience finds a mistake in our logical deduction, as we come to the result, that this criterion does not prevent the access to MAR to the legal person.

HUMAN TRAFFICKING AND EXPLOITATION FOR THE PURPOSE OF REPRODUCTION

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Due to societal but also technological developments one so far neglected issue with regards to human trafficking will be addressed during this presentation: human trafficking and exploitation for the purpose of reproduction. The presentation will give an overview of current issues in this particular field; it offers an introduction to the human rights and bioethics framework and current knowledge of reproductive exploitation on the global level. Trends in reproductive health and assisted reproductive technology (e.g. egg-cell donation, surrogacy, and sex selection) increase the demand for donors and surrogate mothers and in the case of gender-biased sex selection may even lead to distorted sex ratios and a lack of women in society. Especially vulnerable groups of population are in danger of becoming victims of human trafficking and exploitation. The international dimension and potential implications of this phenomenon call for a global (bio-)ethical discourse. The presentation gives an overview of current developments in reproductive medicine and the actual and potential danger of exploitation and human trafficking in this context.

PUBLIC ORDER V. PARENTAGE RECOGNITION IN INTERNATIONAL SURROGACY

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Cross-border surrogacy is a widespread phenomenon; its most significant cause lies in the prohibition set to surrogacy by the states of origin, leading their citizens who can only reproduce through this particular method to look for the needed help overseas, in states where a permissive framework for surrogacy is in place. Upon their return to the state of origin, the parents seek to have recognized, according to domestic law, parentage ties already established between them and the newborn child, according to foreign law. The issue raised then is whether public order concerns in the state of origin oppose recognition and whether these trump the rights of the stakeholders –i.e. the parents and the child– to respect for their private and family life (art. 8 ECHR). The ECtHR recently addressed the issue, mainly in *Mennesson v. France* and *Labassee v. France*. Nevertheless, the relevant rulings seem bound to specific factual and legal circumstances of the litigated cases and thus fail to provide comprehensive answers as to when recognition is imperative and when the state of origin enjoys a margin of appreciation to defend its public order, even if doing so implicates limping father-child and mother-child relationships. Against this background, some further thoughts are offered for discussion, that also take into consideration the approaches of the national – French, English, German, Spanish, Swiss– High Courts in the aftermath of the ECtHR rulings.

SHOULD RELIGIOUS PATIENTS BE CONSIDERED AUTONOMOUS IN THEIR DECISION-MAKING?

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Respecting a patient's capacity for self-determination and self-governance of their healthcare is a central principle in Bioethics. Beauchamp and Childress posited the respect for autonomy as a central principle of medical ethics, where autonomy constitutes liberty (independence from an external influence) and agency (capacity for intentional action).

This presents an issue when determining whether patients acting upon religious convictions can be considered autonomous, as their health beliefs are not free from external influence. Beauchamp and Childress attempt to show the compatibility of religiosity and autonomy by suggesting individuals are free to choose their institution or tradition, however, I suggest their attempt is inadequate as it fails to address the variation in religious belief and its effect on adherents.

In response, I present a novel understanding of how an individual's personal autonomy is influenced by their religious beliefs. Using concepts from Procedural and Substantive accounts of personal autonomy, I then present the concept of an 'Influenced Autonomy', which requires beliefs to undergo a process of 'Rational Consideration' to be compatible with autonomous decision-making.

Exploring the use of an 'Influenced Autonomy' in the healthcare setting, I present hypothetical Sikh patients to demonstrate that decision-making is also subjected to one's cultural and social beliefs, not all of which can be rationally considered. Not all beliefs are (or should be) compatible with an 'Influenced Autonomy', but this process provides an insight into how one's beliefs affect their decision-making, therefore informing future health requirements and improving patient care.

CURRENT SITUATION OF DESCRIPTION OF UNIVERSAL DECLARATION OF BIOETHICS AND HUMAN RIGHTS IN SYLLABUSES OF MEDICAL SCHOOLS IN JAPAN

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Universal Declaration on Bioethics and Human Rights was adopted by UNESCO's General Conference on 19 October 2005. Beauchamp and Childress have proposed Four Principles in the Principles of Biomedical Ethics.

We investigated descriptions of the Declaration and the Four Principles in website syllabuses of medical schools and in medical text books on bioethics or medical ethics in Japan. Only one medical school described the Declaration in a subject on bioethics in 30 medical schools. On the other hand seven medical schools described the Four Principles in their syllabuses. Four bioethics text books described The Declaration has been described in four bioethical text books of 10 text books which has been published after 2006.The Four Principles have been described in five text books.

The Declaration emphasizes human dignity, respect for human vulnerability and personal integrity, solidarity and cooperation, protecting future generations. We recognize the importance of the Declaration, hence need to inform it in Japanese medical education.

TRISOMY 18: TO WHAT EXTENT SHOULD WE PROVIDE MEDICAL AND SURGICAL INTERVENTION?

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The Case: This case concerns the extent of medical interventions that ought to be carried out for a live baby prenatally diagnosed with trisomy 18 (T18) with potential thoracic and cardiac abnormalities. Parental request was for all forms of monitoring for the fetus and postnatal surgery should the need arise.

However, the life expectancy for an infant with T18 is reduced. There is mixed evidence on the improvement of survival rate with active interventions. This case raises a number of ethical dilemmas:

1. **Caesarean section**
   Would it be ethical to subject the mother for invasive surgery when the prognosis for a live baby would be so poor? This presents a conflict between our duty of non-maleficence and the woman's autonomy.
2. **Initial resuscitation**
   The boundaries of 'initial resuscitation' become less clear for a baby with cardiac and thoracic abnormalities. This might extend to repair of intrathoracic abnormalities involving cardiopulmonary bypass and long term positive pressure ventilation. Time spent at Intensive Care further compromises the prognosis of the baby.

3. **The argument of futility**
   Subsequent treatments may lead to physical suffering. The issue of 'futility' depends on the goal of the treatment and what prolongation of length and quality of life justifies invasive treatments.
4. **The vicious cycle**
   How much is the prognosis of T18 attributed to medical inaction? The life expectancy of T21 has increased following surgical interventions. If this line of argument was extrapolated, it may be unreasonable for surgeons to view trisomy 18 as a contraindication to surgery.

BIG DATA AND MACHINE LEARNING IN MEDICINE: A REVIEW OF MAJOR ETHICAL AND LEGAL CONSIDERATIONS

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Background & Purpose: Machine learning (ML) is a type of artificial intelligence that provides computers with the ability to analyze extremely large data sets – or big data –, recognize complex patterns, and learn without being explicitly programmed. The recent development of ML applications to healthcare has been exponential, driven by a desire to convert complex medical data (electronic medical records, genomic data, medical imagery, etc.) into actionable knowledge that can ultimately improve patient care. Very little literature currently exists on the ethical and legal implications of ML in healthcare.

Results: This study reviewed ethical and legal considerations at three junctions of the ML process: data collection, data analysis, and applications to patient care.

Big data: Difficulty to access sufficient clinical data has represented a significant barrier to entry in healthcare ML. Concerns surrounding patient privacy, confidentiality, and opt-in consent, have been mentioned.

The "blackbox": Artificial neural networks, very commonly used in diagnostic ML technology, often possess a "blackbox", i.e. they provide an answer without explaining the logic behind it, leading to potential dilemmas for physicians and patients having to make important clinical decisions without fully understanding their rationale.

Patient care: Regulatory authorities will have to adapt to ML use in healthcare, especially surrounding medical liability.

Conclusion: In the context of an exponential growth of big data in medicine, ML provides a fantastic opportunity to decrease diagnostic errors and improve patient care. Acknowledging and acting on essential ethical and legal implications is necessary to guarantee a safe, moral, and patient-centered system.

THE ETHICAL PROBLEMS OF STRICT LIABILITY, ABSOLUTE RISK AND THE LITIGATION CULTURE

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It now costs more than a billion dollars to take a new medicine to licensing. The ever increasing regulatory demands fuelling this intolerable expense present some ethical problems

The first is that medicines, alone among consumer products, are subject to strict liability rather than the tort of negligence. Even where there is no fault by the supplier there is liability for damages if there are any adverse side effects.

The second is that the safety of medicines is assessed by absolute rather than relative risk so that, while damages are given to those who suffer side effects, no consideration is given to those who suffer because the medicine is not available. This is part of a more general problem that harm caused by acts of commission is regarded as fundamentally distinct from harm caused by acts of omission.

The third is the litigation culture – especially in the US. Drug companies tend to settle class actions, sometimes even where there is no court judgment against them. They are not that concerned because the costs are just added to the price of the medicine.

GOT MILK? THE MARKET FOR MOTHER'S MILK AND ITS REGULATION

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The benefits of breastfeeding are increasingly agreed to be substantial, making breast milk the optimal nutrition of choice for newborns according to medical professionals, communities and parents alike – so much so that the World Health Organization has recently issued guidelines promoting exclusive breastfeeding for babies. However, breastfeeding and the provision of breast milk can be very burdensome if not infeasible either medically, circumstantially or both for many parents. Nutrition by formula has provided safe and nourishing food for many babies and parents' desire for the convenience and certainty of alternate forms of infant nutrition remains pressing. While some women have an oversupply of breast milk other parents are in need of assistance but still want to give their children the benefits of breast milk. Given the high amount of demand and the potential supply from mothers who are able to provide, it is not surprising that the market in breast milk is solidifying through the internet, community centers and other sources that help supply meet demand. It is the burgeoning market in breastmilk that this article explores.

In this article, we will consider the variety of issues surrounding markets in breastmilk. We will consider from a historical perspective the practice of wet nurses and the gradual disappearance of that market and the advent of formula. We will also consider the many health-related, cultural, socio-economic and ethical benefits of allowing or even supporting such a market. In addition to health benefits for babies in need of the superior nutritional source, we consider the way such markets may free women to be more active in the workplace, may promote the inclusion of homosexual parents in the world of breastmilk and the feminist arguments for providing compensation for traditional women's work. On the other hand, we will raise significant concerns in all of these areas. In addition to health concerns regarding proper refrigeration and the fear of contamination, we consider ways such a market can make the work-place less flexible for women and raise ethical concerns regarding women's exploitation and commodification.

Ultimately, we will consider a variety of options for how to move forward given the fact that these markets are already forming. Regulation can prohibit, protect or the state can allow a completely free market in breast milk. Our article considers the range of reactions to the nascent market and how regulation can, if at all, protect babies, women, parents and society from the concerns we raise while potentially capturing some of the benefits as well.

ETHICAL DILEMMAS IN MAINTAINING ANONYMITY

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Eran is a volunteer managed organization. As an emotional first aid service it provides many hotline centers in the country. ERAN's services have developed online with its mission statement: "To provide confidential, unconditional emotional support for all concerned".

Eran's guides are confronted with serious ethical dilemmas while trying to cope with thousands of suicide and risk calls. On one hand, the basic principle of Eran requires to keep unconditional confidentiality. Moreover, the UNESCO Universal Declaration on Dignity and Human Rights (2005) obliges (article 9) to respect the privacy of persons concerned and the confidentiality of their personal

information. On the other hand, there might be cases of serious urgent danger for life that will justify the disclosure of information to the appropriate authorities.
The lecture will describe a few real cases, identify the ethical issues, analyze the various options, and offer alternative solutions.

CAN PAIN AND SUFFERING REALLY BE MEASURED?

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Nonpecuniary harm belongs to the more human field of the work of law, and matters of the harmed party's pain and suffering as a person who represents a world in his own right make it difficult to be precise in the normative sense. Since this harm is a part of life, the need arises to arrange a framework for the identification of the tort relations between the litigants. The head of tort of the pain and suffering type for the person's body is not foreign to the law, and just as the harmed party is a person, the judge hearing the case is too.
The legal tools used to evaluate the damages are more correct for the pecuniary heads of tort, however the parallel use of these tools for the nonpecuniary harm leads to an unfair trial, lacking a uniformity of result and the involvement of subjective values in the law. Indeed, it is difficult for a person with the status of a judge to produce a result that worsens the situation of the harmed party in front of him, but this should not be seen as a weakness but as a strength. The power of judicial independence bears also the need for objectivity while setting a warning sign against identification with the harmed party.
In contemporary reality, the lack of defined standards that indicate uniformity in the ruling of damages for the head of tort of physical pain and suffering explains to a large extent the reason why these harms have been and will continue to be a focus for discussion.

THE ETHICAL AND LEGAL CONSEQUENCES OF POSTHUMOUS REPRODUCTION

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The reproductive technology now exists to conceive children using the sperm of dead men. In recent years, the number of people using that technology to procreate has increased. The reasons people use posthumous reproduction to conceive are as varied as the people. Some people are arrogant enough to think that they must be replicated. For instance, prior to committing suicide, one man wrote a will leaving his sperm to his girlfriend, so she could have his child. Other people are so greedy that they may use children as a means of gaining money. For example, after her billionaire husband died, Anna Nicole Smith could have used his sperm to conceive his heir. The saddest cases are the ones driven by grief. A mother in Texas was devastated when her twenty-three year old son was killed in a knife fight. In response, the mother had some of her son's sperm harvested, so that she could have a grandchild. Regardless of the reason why a person uses the technology, the existence of posthumous reproduction has ethical and legal consequences. My article explores some of those consequences. The main challenges are creating regulations and policies that protect the reproductive rights of the dead men and promote the best interest of the posthumously conceived children.

THE JEWISH APPROACH FOR HANDLING CONFLICTS OF CONFIDENTIALITY IN LIFE THREATENING SITUATIONS

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The verse in Leviticus 19:16 "You shall not go around as a gossipmonger amidst your people" is understood by the Jewish legal authorities to place a strict religious prohibition on revealing others' secrets which is the religious legal source for medical and professional confidentiality.
The second part of this very verse is: "You shall not stand by [the shedding of] your fellow's blood. I am the Lord." This verse obliges one to do all that is needed to save another's life at risk.
Medical and professional practitioners may encounter situations where maintaining confidentiality may put the life of the person being attended or lives of others, at risk.
In such cases, religious legal and ethical authorities will need to determine which part of the verse overrides the other.
This paper will present several cases where a breach of confidentiality can save lives, and explore the Jewish legal/ethical sources of the past three millennia till today in order to define the Jewish approach for handling these conflicts.

KNOWLEDGE AND PRACTICE OF CLINICAL ETHICS AMONG PRIVATE MEDICAL PRACTITIONERS FROM MUMBAI, INDIA

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Background: Medical practitioners are expected to have the skills and knowledge relevant to their field and should also be familiar with the ethical and legal expectations that arise out of the standard practices. The growing public concern about the ethical conduct of medical practitioners highlights the need to incorporate clinical ethics in medical education.
Objectives: To elucidate the practice of the medical practitioners in relation to clinical ethics in Mumbai, India.
Methods: A cross sectional study is ongoing with private medical practitioners from Mumbai, India. A face to face interview is done with 150 medical practitioners (Allopathic, Ayurvedic and Homeopathic) by trained pharmacy students using a structured questionnaire on their knowledge and adherence to ethical principles and issues in daily clinical practice.
Results: Data entry and descriptive analysis will be done using Microsoft excel and results will be discussed during the conference.

INVOLUNTARY PATERNITY

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In modern world, where prejudices concerning maternity out of marriage have suffered an eclipse, it is easier to be "father" having no inkling of that. Though maternity out of marriage and the parity of children' rights within and without marriage is a simple matter, arises a problem concerning paternity. Many men feel trapped due to being announced as "father", despite their will, according to pure luck or due to a badly-made plan. That is what we call as "involuntary paternity". In any case, law is clear: Father has many obligations, but no rights. In this short presentation, I will discuss the person of man in parturition, examining the right of man not wanting to be a father. Basing my opinion on the view of the philosopher Elizabeth Brake, who believes that it is absolutely necessary for men to be given more alternative choices, when they get a woman with child, I will argue that reproductive autonomy in parturition through natural way is not recognized to men and in particular since they might be deceived by a woman. I will conclude with the view that paternity is a social and physical role, rather than an attribute that could be imposed by law. All in all, among responsible adults, either men or women, should be recognized the right not to have children if they do not want to.

MEDITATION PROGRAM IN SCHOOLS (PROMECO)

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Promeco was designed in the Stress Medicine Department of Central Hospital of San Isidro "Dr. Melchor Angel Posse" in Buenos Aires, Argentina. The program was developed in order to introduce the practice of meditation in students of pre-primary, primary, middle and secondary schools, both public and private. This activity follows the principles, rules and guidelines of UNESCO and its chair with the aim to preserve the future generations.

After a pilot plan, during the academic year 2016, PROMECO was carried out at national level, with 11 year old students. In 2017, the program will be extended to pre-primary and primary education, with students aged 5 to 11, and will soon reach middle and secondary education.

The meditation practice takes place during class time and the effector is the teacher. Teachers are previously trained by the team of professionals of the Stress Medicine Department through a distance course and then the practice takes place throughout the academic year. The aim of this program is to enhance cognitive faculties, foster emotional regulation, and improve interpersonal relationships.

The results obtained so far have been as expected: improvement of academic achievement, positive emotional behavior, and changes in conduct towards calm and serenity.

ETHICAL ISSUES IN INTERNATIONAL COOPERATION HEALTH PROJECTS

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The aim of this communication is to address some ethical issues related to international cooperation health and Nursing education projects. The author of this proposal teaches Ethics at Saint John of God Nursing School in Barcelona, a School that belongs to the Hospitaller Order of Saint John of God.

The Order founded a hospital in 1967 in Mabesseneh, a little village in Sierra Leone. Some years after a long civil war (1991-2001), in 2005, the Saint John of God Hospital in Barcelona twinned with the hospital in Sierra Leone. Then, in 2007, the African Hospital started a Nursing School, which later twinned with the one in Barcelona, so that the Spanish institution started cooperation tasks like donating teaching materials, giving scholarships, providing teachers, etc. This cooperation continues nowadays.

In developing these projects, some ethical issues arise regarding some bioethical principles, namely the principles of autonomy, justice and beneficence. Some questions that arise are: How long must the cooperative institution keep its commitment to its partner? To what extent the cooperative institution has to respect the autonomy of its partner in managing some donated resources? To what extent the cooperative institution has to be in charge of some tasks that could be assigned to its partner? What must be the attitude of the cooperative institution towards local corrupt practices? What kind of personal relationships are more suitable or convenient between volunteers and the local people?

These are some of the ethical issues, among others, that arise in this international cooperation health project. The aim of this communication is to show these issues and, starting from them, to reflect on some ethical problems in international cooperation from a general approach (beyond this case).

DEMOCRATIC CULTURE, INFORMED CONSENT, AND THE SOCIAL ROLE OF BIOETHICS

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It is no accident that modern democracies, informed consent to medical intervention, and bioethics are essentially contemporaries. Informed consent and bioethics, it will be argued, are indispensable instruments of respect for the values and ideals of democratic societies.

The ethical and legal institution of informed consent emerged in response to citizens' endorsement of democratic values and ideals (in particular, those of individual liberty and equality) and their expectations, motivated by those values and ideals, in their encounters with healthcare professionals. The practice of seeking and respecting patient's or research subject's informed consent itself strengthens the democratic culture to the extent to which democratic values and ideals inform decisions and actions of patients, research subjects, and healthcare professionals. These values and ideals constitute the normative framework for discussions of ethical matters in medicine, including informed consent. The forum for such deliberations in a democratic society is provided by bioethics understood as a field of academic study and social practice, which engages both specialists and lay citizens. Bioethicists, therefore, assume part of responsibility for continued existence of the democratic culture. In particular, they need to make sure that bioethical debates and medical practice are not misused as a tool of promotion of a worldview, ideology, or religion but offer hospitable environment for participation of diverse moral outlooks which respect democratic ideals and values.

THE TREATMENT OF MEDICAL TOURISTS IN COUNTRIES WITH PUBLIC HEALTH SYSTEMS

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The issue of medical tourism raises unique ethical issues when instituted in a country with universal medical coverage for all its citizens. In Israel, all residents are entitled to free basic medical care. Essentially, medical tourists are treated in public facilities funded by the State for the benefit of its own citizens. The use of institutions, equipment and personnel in the public health system for the benefit of foreign medical tourists is apt to negatively affect the availability of such services for the local population. This creates a fundamental ethical dilemma concerning the principle of justice and equitable allocation of resources. The joint ethical treaty signed by the IMA and the medical tourism companies addressed this issue and proposed a course of conduct aimed at minimizing harm and maximizing beneficence.

SHOULD DOCTORS BE OBLIGED TO TREAT DESPITE RISK TO THEMSELVES? A RE-EXAMINATION OF THE DUTY TO TREAT AFTER THE 2014 EBOLA VIRUS DISEASE EPIDEMIC

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Doctors in developed countries nowadays anticipate a standard level of occupational risk when joining the medical profession, which since the development of infection control principles and invention of antibiotics, vaccinations and aseptic techniques, does not routinely involve treating infectious patients who pose significant risk to their doctors. Ethical discussion regarding the duty to treat first re-arose in the modern era during the 1980s HIV/AIDS epidemic, and has since re-arisen in subsequent SARS, Ebola and ongoing influenza epidemics. So far, codes of medical ethics worldwide mostly avoid outlining specific guidance as to the duties of doctors in infectious epidemics and thereby avoid endorsing a broad duty to treat in these scenarios. It is important that consensus of the duty to treat is reached as infectious epidemics pose significant civil emergency risks to nations and societies must be equipped to combat them when they arise, which includes having doctors who will comply with a duty to treat despite personal risk. This paper examines the social contract approach to ground the duty to treat and concludes that it is morally justifiable to expect doctors to care for patients whilst exposing themselves to personal risk on the basis of a 'Modified Social Contract', which outlines reciprocal obligations for society to minimize risk to doctors and the greater obligation of doctors with specialist expertise (e.g. infectious disease specialists). Three hypothetical outbreak scenarios are then considered and the duties to treat in each is outlined using the modified social contract approach.

ARE DOCTORS USING THEIR STETHOSCOPES ETHICALLY?

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Objectives: To assess stethoscope handling and maintenance practices among medical and nursing students, and factors affecting proper stethoscope usage with an ethical review

Introduction: We have ventured upon an aspect that is the appropriate application of a core technique in the biomedical arena. The doctors' identification tool is the stethoscope; it is but natural to know all the aspects of this implement. Unfortunately its usage is highly subjective. We conducted a study to assess the knowledge, attitude, and practices of medical and nursing students with respect to the stethoscope under an ethical scanner in Mangalore, India. Moreover, unscientific use of a diagnostic tool surmounts to unethical practice.

Methods: A descriptive, cross-sectional study was conducted among 110 participants using a self-administered questionnaire following which; their honesty, appropriate stethoscope skills and practices were evaluated

Results:

- Incorrect basic knowledge was reflected as poor confidence while using the stethoscope.
- The superficial practice without the ethical importance of stethoscope hygiene in prevention of nosocomial infections was seen.

Conclusion: Our study showed that:

- Medical professionals in training on evaluation showed poor knowledge, practices and skills that involve the use of stethoscope.
- The dishonesty in accepting the presence or absence of significant auscultatory sounds is unethical, yet widely practiced to maintain peer recognition.
- The inability to pick up significant sounds would be determined to the health of the patient and practice of medicine.
- Together this has a large scale detrimental implication for future patients who have entrusted their medical care in the hands of the above mentioned.

A COMPARATIVE ETHICO-LEGAL ANALYSIS OF HUMAN BIOBANKING IN DEVELOPED & DEVELOPING COUNTRIES

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Whilst the concept of human biobanking is not new, the open and evolving nature of biobanks has created profound ethical, legal and social implications for individual and group autonomy, informed consent, community engagement, public consultation, privacy, confidentiality, secondary uses of samples and data over time, ownership of samples and data, the return of results, data sharing, benefit sharing with communities, and premature or unplanned biobank closure. Complexities also emerge because of increasing international collaborations, and differing national positions. Implementing national laws in an internationally consistent manner is also problematic. The degrees and topics of concern also vary as legislative, ethical and social frameworks differ across developed and developing countries.

However, these concerns should not cause countries, especially developing countries, to lag behind as this novel wave of research gains momentum, particularly while several biobank initiatives are already underway. In this presentation, I will outline the lessons that can be learned from the developed world and mistakes which should be avoided when one considers human biobanking in the developing world, with specific reference to South Africa. I will provide a comparison between countries with already established national frameworks in respect of human biobanking and discuss whether these frameworks are sufficient in order to address developing country concerns.

ADDICTION AND ITS EFFECTS ON THE FAMILY: USING PSYCHOEDUCATION WITH COLLATERAL FAMILY MEMBERS

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Addiction and recovery treatment traditionally focuses solely on the needs of the addict with less support and focus for the families who are also impacted by addictive behaviours or absence of others. Family members often come to therapy with presenting problems of anxiety or depression and may report behaviour clusters indicative of reactions to substance abuse in others but may not be aware of these indications. An inter-relational view of family life at assessment and the use of psychoeducation and integrative aspects of behavioural tools can create an understanding of self, increase emotional regulation and can help families navigate the impact of substance use in others on their own emotional well being. Issues related to access to care and an understanding of care needs of all family members is necessary to systemic recovery.

Many behavioural and psychodeucational tools have their own evidence and clinical efficacy. This presentation opens a discussion of integrating aspects of evidenced psychodeucational and behavioural tools through which therapists can educate and create a common language for families impacted by the substance use of loved ones. Resourcing can help collateral family members find support for themselves beyond the therapy room as well as help for their loved ones. Since re-entry into the family system can be a high-risk time for the addict, the promise of this work is to support families as members move into recovery and are integrated back into the home.

SELF-EFFICACY PERCEPTION DEALING WITH ETHICAL ISSUES AMONG NURSING STUDENTS THROUGH THE "ETHIC STORIES"

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Nurses in Israel are obliged to work according to the rules of professional ethics required by the nurse's code of ethics. Ethics education increases ethical perception of nursing students and the development of reflective and analytical skills. The nursing department in Max Stern Yezreel Valley College initiated a workshop aimed to 1) raise awareness and sensitivity of the students to ethical issues and 2) to help students developing skills for decision-making based on knowledge and ethical considerations. Workshop contents focused on discussion and analyzing ethical stories (ethic narrative) told by students and based on clinical experience.

The present study was designed to evaluate the self-efficacy of nursing students regarding dealing with ethical dilemmas.

Methods: Quantitative study using a questionnaire based on the Generalized Self-Efficacy scale. Self-administered online questionnaire via Google Docs software sent to all fourth year students via the website of the course. Students were asked to fill it before the and after the workshop.

Results: Students reported more self-efficacy dealing with ethical issues after the workshops. Mean score was 3.8 before and 4.2 after (scale of 1-5); the difference was statistically significant ($P< 0.009$). Students reported on high mean score after the workshop regarding the overall self -efficacy dealing with ethics dilemma (mean 7.5; scale 1-10). And a high mean score regarding their satisfaction about the workshop (mean 7.5; scale 1-10).

Conclusions: The workshop can help students developing ethical skills and high levels of self-efficacy on dealing with ethical dilemmas.

TO DIE TODAY: DE-RITUALIZATION OF DEATH, LONELINESS OF DYING, CULTURAL & SOCIAL ANSWERS

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To die today is a loneliness experience, both from the point of view of the loneliness of the patient, inside and outside hospitals, and for the silence and the taboos surrounding death in our society. Starting from the turning point that Harvard provided to the definition of death, with its insistence of cerebral death, Western society has erased the experience of death from everyday life of women and men. Traditional and non-Wester societies have a lot to teach in this field, particularly about the socialization of death, the creation of a web of relationships and rites (i.e. the rites of mourning), the fact that death was something shared in everyday life, mainly for children and young men and women. Medicalization and hospitalization of death made it vanish from the landscape of everyday life; so death has become something pathological, something to hide from the eyes of human beings that dream to be eternal and never to grow old. A new look on traditional rites of dying, care of dying ones, mourning in traditional cultures and of the presence of death in religious texts (i.s. Bible) can be useful for a new look on death also from a medical and clinical point of view.

PACEMAKER IMPLANTATION IN A SEVERELY ANOXIC BRAIN-DAMAGED PATIENT: MEDICAL, ETHICAL AND RELIGIOUS CONSIDERATIONS

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Background: Advances in technology affect the practical, ethical, and religious aspects of medical care. There is scarce ethical discussion about cardiac pacemaker (PM) implantation in patients with severely-impaired consciousness, especially when the etiology is anoxic.

Case: A 70-year-old man collapsed in the street and was resuscitated with return of spontaneous circulation. Initial ECG showed complete AV block (CAVB). Urgent catheterization resulted in no intervention. CAVB resolved after temporary pacing and hypothermic therapy was applied. He never regained consciousness and was transferred to a long-term ventilation ward. Approximately 1 year later, he again developed CAVB and was transferred back to the original treating hospital. The dilemma of whether to implant a permanent PM arose; however, he regained a normal sinus rhythm. 4 months later AV block reappeared and persisted. After consideration by the Hospital Ethics Committee, a permanent PM was implanted.

Discussion: A PM can greatly sustain\extend life. However, in an unconscious patient on long-term ventilation this may prolong suffering for the patient, prolong the family's emotional suffering, and place a substantial economic burden on the family and health system. Nevertheless, according to many religious beliefs, life has infinite value and cannot be truncated arbitrarily due to financial or emotional reasons, even if lifesaving interventions seem "futile". According to Israeli law, once a PM is inserted, it cannot be deactivated, especially if the patient is dependent on it.

Conclusions: In patients with prolonged impairment of consciousness, the ability to sustain life with PM insertion must be weighed against the relative costs and benefits of the intervention, taking into consideration medical, ethical, and legal issues.

HOW TO PREVENT AND MANAGE WRONGFUL BIRTH AND WRONGFUL LIFE CLAIMS

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Wrongful birth and wrongful life claims are a crucial field of research and practice both because of the high level of compensations granted by Courts and their implications on the physician-patient relationship.

On the basis of scientific evidence, no diagnostic test exists capable of assuring 100% of sensitivity and specificity, particularly in the field of fetal malformation early diagnosis. In order to diagnose such diseases, the crucial time lapse is the second trimester when the morphology ecography is usually performed. But even in this period it is not always possible to diagnose the disease. For example, the major cardiovascular alterations can be diagnosed only in the 50% of cases.

The physician has to deal with the comprehensible but unreasonable expectations of the couples, which usually ignore the limits of the diagnostic tests and consequently think they have been damaged by the doctor.

The oral presentation aims to elaborate on real cases examined during the professional activity of the main author and analyze the principles laid out by the Italian Supreme Court (judgment n. 25767 of December 22, 2015) about compensation of damages in wrongful birth and wrongful life claims. The authors, on the one hand, criticize the current trend of granting compensation without undisputable evidence of medical negligence and, on the other, highlight the importance of the communication between physicians and couples in order to avoid unreasonable expectations on the part of the latter.

POSITIONING VALUES EDUCATION AND THE SOCIAL DETERMINANTS OF HEALTH ON THE PRIMARY CARE DEVELOPMENT AGENDA

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International evidence suggests that the four main processes for enhancing primary care are: access, continuity, coordination and comprehensiveness. In the last twenty years, the trend in our country has been to expand population coverage. The reforms have focused on the development of a team-based approach to the delivery of primary care services, which is an important component of coordinated care, and an important aspect of improving quality of primary care. There has been a particular focus on diverting care for chronic diseases from acute to primary care settings, thereby expanding the range of health problems for which primary care is provided. Our research study shows that gaps in coverage in our country already create significant financial barriers to access, particularly for people who do not have medical insurance, resulting not only in unmet need but also in inequitable and inefficient patterns of use especially for primary care. The crucial areas for improving efficiency and outcomes, and patient safety in general practice appear to be diagnosis, medication prescribing, dispensing and administration; and communication within practices, between different professions, and between primary and secondary care. There is a need of an integrated approach to incorporating education on values and social determinants of health for primary care professionals. These programs aim to define improved and more efficient patient pathways, and to encourage a shift from reactive to planned patient care.

PROVIDE A GOOD CARE FOR DIVERSE POPULATION: ACTORS IN TRANSCULTURAL CARE

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Background: The increased awareness of cultural diversity nowadays, the rapid advance of health technology, and the tendency towards moral pluralism makes old classic ethics fade away. The global changes demand transcultural nursing ethics to provide a good care for diverse population. What is our perspective over this population?
Objective: We aim explore the characteristics and functions that have every member of the relationship: nurses and patients, which are grounding on the debate on transcultural nursing care.
Data Sources: A systematic literature search was conducted using the following electronic databases: Pubmed, CINAHL, Scopus, Google Scholar, Web of Science, and Cuiden.
Study Selection: We only included normative ethics studies focusing on transcultural issues in clinical nursing care and were published in English or Spanish between 1990 and 2015. Articles focusing on transcultural issues in nursing education or nursing research were excluded. 31 articles were included.
Data Extraction: The data abstraction and synthesis process consisted or re-reading, comparing, categorizing and relating the data to each other with the purpose to identify recurring themes and arguments as well as the higher level concepts.
Data Synthesis: In our synthesis, we distinguish three dimensions. The first dimension describes which are the different actors (caregivers and users) who interact with each other in transcultural care and with the health system. The perspective generates ethical dilemmas.
Conclusions: The increasing diversity raises questions regarding how to deliver appropriate and respectful care. In this sense, nurses, try to find a dignified answer to the vulnerable situation of ethnic minority patients, expanding the worldview to one and accommodate global care and make a morally sensitive professional to respond to multicultural population.

ETHICAL DIMENSIONS OF TEACHING BIOETHICS

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Bioethics is a soft science in a hard world with hard consequences. Teaching Bioethics is a moral craft with self-reflection and involves trust and caring on the part of the teacher. Teachers in bioethics are expected to be moral exemplars and model ethical principles through their pedagogy. Additionally, they are expected to create an environment which fosters ethical practice. The ultimate aim is to produce well faceted medical professionals equipped to deal with ethical challenges in practice.

BARRIERS TO JUSTICE FOR SUSPECTS WITH DISABILITIES IN IRELAND

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People with mental illnesses and cognitive disabilities are widely over-represented in prison populations worldwide. Police officers regularly come into contact with people with disabilities, either as suspects, victims or witnesses of crime. Therefore, it is necessary to ensure police officers receive appropriate training in how to provide care to people with disabilities, how to identify and communicate with vulnerable suspects, carrying out risk assessments and de-escalation techniques. In Ireland, the Garda Síochána have the power to detain persons with mental illnesses, even when they have not committed crimes, but in situations where their behavior poses a risk to themselves or others. Creating awareness of the extensive issues facing people with disabilities in police custody is fundamentally important for police officers, who have been described as "psychiatrists in blue."
This paper will consider the use of police training as a means of enhancing the rights of suspects with disabilities in Ireland. It will consider the application of the UN Convention on the Rights of Persons with Disabilities, which Ireland is due to ratify this year, which seeks to promote and protect the rights of all individuals living with long-term disabilities. Article 13 of the Convention requires State Parties to promote appropriate training for all people working in the field of administration of justice, including the police and prison staff. With reference to international best practice and case law, this paper will explore the importance of police training in human rights and disability-related issues.

A MODEL STUDY ON CLASSIFIED COMPENSATION FOR ABNORMAL RESPONSE FOLLOWING IMMUNIZATION

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China has a classified compensation mechanism for Category 1 and Category 2 vaccines when abnormal response occurs. This mechanism gives rise to fairness problems because there should be no compensational difference between Category 1 and Category 2 vaccines, thus calling for a new compensational standard. This paper makes a discussion on the principle and standard for reclassifying vaccines and gives suggestions on the compensational model for abnormal responses.

EUTHANASIA: FREEDOM AND AUTONOMY?

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Clear understanding of the meaning of 'freedom' and 'autonomy' is pivotal in assessing Euthanasia. Those in favour argue that its legalisation promotes freedom by removing obstacles to personal action and fostering personal autonomy. The importance of Euthanasia warrants an in-depth analysis of both concepts and their specific applications.
An idea of freedom based on a triadic relation between an agent, the constraints or limitations to his actions, and his purpose, was used as the framework to analyse freedom in Euthanasia, and the contribution of its legalisation would make to the freedom of individuals.
Personal autonomy was examined from the perspective of agency. Autonomous agents act by self-governing; their initiate their actions exercising their power to do so. Notwithstanding the inalienable nature of their authority over themselves, it is recognised that agents could be deprived of their autonomy by various conditions under which they do not govern themselves even if they acted thinking to have sufficient reasons to do so. An example of a minimal condition of personal autonomy is the desire to be a self-governing agent; that is, the desire to have sufficient power to determine one's own motives. Commonly, the circumstances of persons requesting Euthanasia are such that death is regarded as the only escape; this is an autonomy-*undermining* reasoning. Although the request for death may be expressed freely, the motives to act are forced upon them by their perception of the circumstances. Not being able to establish their own motives they do not act as self-governing agents.

THE PREJUDICE AND THE BAD BODY: FROM ETHICS TO ICONOGRAPHY

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Today we can see that particular emphasis is given to aesthetic judgements. Likewise, although no one would dare to state explicitly that the physical aspect is the mirror of the moral qualities, there is an unconscious prejudice which attributes positive characteristics to attractive people.

In ancient Greece there was the "kalokagathia" concept, that means the ideal of gentlemanly personal conduct, translated also in the concept that "beauty is good". Over the centuries in the art there have been, and there still are, numerous references to the attribution of positive characteristics to attractive people, with further extensions of a mirrored concept, the "Ugly is bad" stereotype. For example, it is well-known that martyrs and saints are represented as extremely beautiful and devils and witches as ugly beings. As years go by, aesthetic standards have changed, although similar concepts may be seen in our enviroment. It is widely recognized that aesthetics conceptions should be regarded as subjective and devoid of moral qualities, since it is recognized as a politically incorrect way of reasoning. Nevertheless, attractiveness and unattractiveness stereotyping still exist in the art and in the everyday world.

THE NEED TO TEACH BIOETHICS IN THE CLINICAL SETTING

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Primary reason for teaching ethics to clinicians is to enhance their ability to care for patients and families at the bedside and in clinical setting. This presentation will discuss issues and a model to be used to in teaching integrated bioethics in a clinical setting.

ETHICAL ISSUES IN THE FIELD OF RADIOLODY

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After the discovery of X-rays by Prof. Wilhelm Rontgen, different experiments showed that this radiation could penetrate soft tissues but not bone and would produce shadow images on photographic plates, scientists got interested in its potentialities in diagnosis of diseases and therapy and thus the branch of radiology came into existence. Radiology basically include Radiographs, CT, MRI, PET-scan, ULTRASOUND, MULTIMODALITY FUSION IMAGING, MOLECULAR IMAGING etc.

These advances gave rise to several bioethical issues.

- Informed consent- the patient must be informed of the risks and benefits of the diagnostic procedures and a proper informed consent be taken
- Overuse of diagnostic procedures- majority of these investigations use X-rays as a source of image formation. X-rays are ionising radiation that cause damage to DNA, increasing a person's risk of developing cancer.
- The cost of imaging procedures
- Medical malpractice-breach of duty, causation, resulting damage. The most common cause of malpractice claim against radiologist is error in diagnosis/failure to diagnose f/b procedure related complications & then inadequate communication with patients or referring physician
- Unnecessary investigations-the most common reason doctors order too many tests is defensive medicine-the fear of being sued by patients for not ordering a test. Secondly the radiology tests have become a crutch and a doctor in training can't function without them. In fact many of the surgeons won't see a patient until they have an imaging test report. Thirdly to make money. Fourth patients themselves play a role in unnecessary testing.

This rise in the ethical issues in the field call for the need of early teaching of ethics to medical graduates and residents in radiology. There is also need for new laws and their enforcement. Every radiologist should commit to the health and safety of all, practicing with integrity and honesty & with commitment to self development maintaining high standards of ethics and behaviour following the code of conduct. Inform the patient about potential risk with radiological examination-Radiation dose and contrast reactions. To prepare detailed and proper report, encourage payment of fees, to avoid repeated examinations and to offer maximum benefit to genuine patients. Consult with Radiologist for choosing the appropriate investigation. Exposure – ALARA As Low As Reasonably Achievable.

SURROGACY: ETHICAL AND LEGAL CONTROVERSIES (A VIEW FROM BOSNIA AND HERZEGOVINA)

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Rapid development of biomedical technologies continually creates new ethical and legal dilemmas. A "biomedical revolution", almost on the daily basis, raises important new questions for legislators and legal and ethical thinkers. One of the fields of medicine particularly rich in controversies is the area of assisted human reproduction. A form of assisted reproductive technology that arouses most controversies is surrogacy, a prefertilization agreement by which a woman (surrogate mother) agrees to bear a child for another person or couple (intended parents).

In the first part, ethical controversies surrounding the practice of surrogacy will be analyzed. Different ethical treatment of altruistic and commercial surrogacy will be critically observed. The question will be asked: Is commercial surrogacy unethical per se or just the perversions of this type of surrogacy are morally unacceptable? And are there the appropriate legal safeguards against the perversions of the commercial surrogacy practice? The risk of fostering a broader sense of commodification (Radin) will be examined. In the second part, a recent (unsuccessful) attempt to develop European guidelines related to surrogacy will be mentioned and the relevant decisions of the European Court of Human Rights will be analyzed. Finally, legal treatment of surrogacy in Bosnia and Herzegovina will be explained. Although surrogate motherhood is not explicitly forbidden, the existing legal framework does not offer an adequate basis for the surrogacy introduction. The expected adoption of the assisted reproduction laws at the entity level will provide the opportunity for a wider debate regarding the surrogate motherhood acceptability. Recent initiatives for surrogacy legalization in some of the neighbouring countries will be analyzed as well, as a possible source of influence on legislative processes in Bosnia and Herzegovina.

MEDICAL ETHICS & ETHICS OF CARING

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The four principles of medical ethics when it comes to treating patents includes beneficence, non- maleficence, autonomy and justice. Ethics of care is primarily based on the premise of beneficence. It holds treatment of persons regardless of religion, race, creed, occupation or disease. Today, we find this of value in treatment of certain diseases which are considered to be a social stigma such as HIV/AIDS, Leprosy, certain cancers like Kaposi sarcoma, to name a few. Further, the premise of beneficence extends to situations of war in which healthcare providers must provide care and relief to any soldier regardless of the side he belongs to. Treatment should be unbiased. Also, this is applicable to care of dependent people such as the geriatric age group, mentally challenged, terminally ill and such cases. Similarly, treatment of neuropsychiatric illnesses is another challenge towards reaching the goal of maintaining ethics in treatment. Further, this also applies to patients on palliative care. In this scenario, the patients must receive adequate relief from pain and discomfort and improvement in quality of life. This is where defensive medicine comes into picture, where doctors do not prescribe adequate analgesics such as opioids for intractable pain due to fear of prosecution for abetting addiction formation. This calls for important educational and managerial reforms to assist in better management of such groups of persons. Medical futility and substituted judgment during crisis or in cases of organ transplantations have become rather controversial. To ensure proper ethical values re applied to hospital settings, it is rather quintessential that ethical considerations are taken into account for example with respect to the physician's integrity, conflict of interest, research ethics and organ transplantation ethics. Cultural differences can give rise to a lot of ethical dilemmas. Hence truth telling, creating awareness, education should be prioritized. Also importance of informed consent which is essential in hospital and private healthcare set ups in developing a healthy doctor-patient relationship.

The present study was therefore conducted among the students various Indian universities to assess their knowledge and attitude regarding organ transplantation and medical ethics. This study assesses the knowledge and attitudes of university students toward organ transplantation and medical ethics. Medical students completed a self-administered questionnaire after a lecture. Non-medical students completed the same questionnaire at the university center. A standardized questionnaire was use in printed form assess knowledge about organ donation and transplantation and ethics. Attitudes were assessed by determining whether the student carried a signed organ donor card and their reasons if they did not. The differences between the perceptions and knowledge between medical and non-medical students were also noted. The results will be assessed using statistical software and the Chi square test to rule out the null hypothesis, P values will be calculated. The study is still under process and results awaited.

PRINCIPLED AUTONOMY AND RIGHTFUL INTERACTIONS: BIOETHICAL REFLECTIONS FROM A KANTIAN STANDPOINT

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The concept of autonomy has become fundamental to contemporary bioethical debates and human rights policies. Although claiming Kantian credentials –apparently due to the central role Kant gave it in his philosophical system–, at more thorough study it has little to do with Kant's own conception of *principled autonomy* – hardly equated to mere consent respect or unconditional self-disposition. In this respect, attempts to combine bioethical argumentation with Kantian theory tend to be unsuccessful: Either because writers on the field usually refer to critical Kantian notions out of their textual context; either because they refer to relevant Kantian texts, though in default of the overall structure of Kantian theory. Particularly, at the foundations of Kant's moral-practical theory lies the –often overlooked– distinction between (duties of) *Virtue* and (duties of) *Justice*, actually inferred from the very notion of *principled autonomy* and the answer to which limitations and for what reason can be forcibly placed on our actions. The present paper aims to elucidate this key-distinction and, subsequently, work out its theoretical implications, in specific with regard to bioethical debates. By concluding, we elaborate some arguments concerning the traditionally debated issues of abortion and, so called, euthanasia rights. It appears, then, that the very fact that something proves to be (in certain conditions) *morally unacceptable* doesn't turn it as well to be *legally significant* – while at the same time the very fact that something is *morally significant* doesn't amount by itself to being further *legally unacceptable* (unless certain conditions are met).

MEDICAL ETHICS AMONG MEDICAL INTERN STUDENTS: A STUDY FROM EASTERN PART OF INDIA

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Knowledge, attitudes and practices of medical ethics among 297 undergraduate medical interns of four medical colleges from eastern part of India were assessed using a self administered structured questionnaire. Questions on source of medical ethics, codes and guidelines were set to assess the knowledge of medical ethics while importance of ethics, autonomy, justice and confidentiality were used as questions to assess attitudes towards medical ethics. Practices of medical ethics, however, were assessed by questions on frequency of ethical dilemma, research ethics etc. Out of 297, 259 interns (87.2%) responded. 106 interns (40.92%) said that sources of knowing medical ethics are lectures and/or seminars. Others told either through own reading (20.6%), training (18.8%) or during doing work (18.7%). In code & guidelines, all interns knew Hippocratic Oath but 52.3% interns were aware of Indian Council of Medical Research's code of ethics. 87.6% interns admitted importance of ethics in their work but 22.5% interns believed that consent is required only during operation and not at the time of taking blood. In practice of ethics 52.5% interns told that ethical dilemma comes once in a month. 12.4% interns, however, told that they faced ethical dilemma in their daily work. Regarding application of consent form in human research, 58.1% interns knew about informed consent. 100% interns had no clear cut idea about ethical issue on end-of-life.

Implementation of teaching on medical ethics seems to be important in undergraduate medical curriculum in this study zone.

THE INFLUENCE OF GLOBAL DATA SHARING ON INFORMED CONSENT

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Global data sharing in biology and health has recently initiated new regulatory measures on privacy and data protection. The increasing inclusion of the right to data protection into working programs of global stake-holders, such as those of the WMA and UNESCO, as well as multiple efforts to interpret this right can be observed. In Europe the General Data Protection Regulation came into force in May 2016. These new interpretations of the right to data protection influence informed consent processes.

Taking the efforts to interpret the right to data protection into consideration, it is increasingly understood as a whole of various limited rights and freedoms, among others the right to access, rectify, or delate data, the right to withdraw, to be forgotten, and to data portability. Simultaneously a comprehensive responsibility and accountability of data controllers is now being codified. The controller is responsible for the implementation of all principles of data processing and, in particular, has the duty to ensure the enforcement of the rights of affected persons.

This development results in a less prominent position of informed consent as an act of approval of data processing – instead, data subjects should be able to control and actively influence the processing of their data beyond prior consent. However, in order to enforce these rights of data subjects, the accountability of data controllers foremost results in organisational responsibilities. Providing governance structures as a conditional framework can allow data subjects to exercise their rights and freedoms and the control over information over them.

FERTILE COUPLES AND MEDICALLY ASSISTED REPRODUCTION: THE JUDGMENT OF THE ITALIAN CONSTITUTIONAL COURT

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A couple, carrier of cystic fibrosis - already transmitted to one daughter, and subsequent cause of abortion - had not been authorized to *in vitro* fertilization and pre-implant diagnosis because it was "fertile". The couple therefore appealed to the European Court of Human Rights claiming the right to pre-implant diagnosis in order to know beforehand if the embryo was affected by the genetic disease they were carriers of. The Court accepted the appeal and condemned Italy (requiring the State to comply with the judgement) as it deemed that the prohibition provided for by the Italian law was irrational and overstepped the discretion limit allowed to the State by Art. 8 of the European Convention on Human Rights.

For this reason, some Courts have appealed the Constitutional Court. By Judgement n. 96 of June 5, 2015, the Court confirmed the illegitimacy. The above mentioned prohibition violates the woman right to health without protecting the unborn, since law n.194/78 allows to interrupt pregnancy (even repeatedly), certainly a more traumatic event. For this reason, fertile couples affected by serious genetic diseases (even as healthy carriers) that, according to scientific evidence, can transmit serious anomalies or malformations to the unborn can also access medically assisted reproduction and pre-implant diagnosis.

To protect the embryo's dignity, it is still effective the prohibition to suppress it and the obligation for medically assisted reproduction centres to cryopreserve it indefinitely.

CONFLICT OF INTEREST DISCLOSURE: A CONCORDANCE STUDY

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Aims: To assess conflict of interest disclosure (COI) in a Portuguese top-tier medical journal by comparing self-reported COI by authors with payments reported in the official database of the Portuguese ministry of health.

Methodology: Authors' self-reported COI were compared to payments reported in the "Plataforma de Comunicações - Transparência e Publicidade", the Portuguese ministry of health sunshine database. All articles published in the *Portuguese Journal of Cardiology* from December 2015 to May 2016 were reviewed. Articles based on clinical images, with authors affiliated to foreign institutions, editorials, letters to the editor, or submitted before January 1st 2015 were excluded. Authors (n=155) were categorized based on concordance between self-reported disclosures and payments listed in the database.

Results: Of the 155 authors surveyed, 82 (53%) were in perfect concordance with the sunshine database, while 73 authors (47%) had one or more undisclosed payments. Undisclosed payments totaled over €210,000. Only 4 (17%) articles mentioned a conflict of interest, while 24 articles (96%) had at least one author with undisclosed payments.

Conclusion: The lack of concordance between self reported conflicts of interest and payments found in the database raises concerns about incomplete disclosure.

AN EVALUATION OF INCIDENTS RAISING ETHICAL ISSUES IN THE 2014 EBOLA EPIDEMIC RESPONSE: A REFLECTION-FOR-ACTION APPROACH

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The scale and spread of the 2014 West Africa Ebola outbreak has been so unexpected that responses to it, both in the centres of the outbreaks and globally, have inadvertently raised ethical questions. The threat of rapid spread had a potential to rich a level that could have been hard to contain and the spread to other countries, especially the developed world, was one of the many issues that were newer and more pressing than in the previous episodes. The local and global responses, therefore, resulted in actions that inadvertently raised ethical questions. This paper identifies and evaluates these issues and proposes a model for carrying out future emergency responses in an ethically sound manner. Issues reviewed include the limited resources available to handle the epidemic and the pace and scale of international response. There is however the potential for such ethical questions to be used as a platform for managing the possible future epidemics as well as the current Zika virus outbreak.

ETHICS IN PERCEPTION, ATTITUDE & PRACTICES TOWARDS SICKLE CELL DISEASE: EXPERIENCES OF A RURAL COMMUNITY, KADUNA STATE, NORTH WEST, NIGERIA

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Introduction: Sickle cell disease (SCD) is a key health problem in Nigeria, the most populous black African nation, which has the highest burden with about 150,000 births annually. It affects about 2% of the over 140 million people, 24% are carriers, and reduced life expectancy of 25-30 years. The Nigerian society has aberrant practices and perception towards people with SCD believing its cause to be magical/spiritual thus leading to unethical attitude/practice towards SCD patients. The aim of the study was to assess perception, attitude and practice of rural dwellers to SCD and its ethical implications.

Methods: Cross-sectional descriptive study carried out in Tudun Biye community, Giwa LGA, Kaduna State. Interviewer-administered questionnaire used to obtain information on perception, attitude, and practice of rural dwellers on SCD. Data was analyzed using SPSS version 21 and results presented using descriptive statistics. A P-value less than 0.05 was considered significant.

Results: Of 152 respondents interviewed, 45.1% had poor perception with 48.6% saying SCD can be cured by traditional healers. One-third of respondents (32.2%) said people with SCD should be blamed for their condition thus leading to stigmatization, disrespect, and rejection while 35.5 % will put a spoon in the mouth of the patient when SCD crisis occurs. Majority (92.3%) were unaware of their genotype and others (51%) never received counselling.

Conclusion: Significant number of respondents demonstrated poor perception and attitude towards SCD. This predisposes to negative practices that infringe on the 'access' and 'do no harm' rights of patients. Behaviour change communication (BCC) through health promotion and education therefore has a significant role in addressing these issues relating to SCD.

DEVELOPMENT OF A CLINICAL PAEDIATRIC BIOETHICS RESIDENCY CURRICULUM

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This paper describes the development and evolution of a post graduate bioethics training curriculum for paediatric residents. The programme encompasses a broad range of substantive ethical issues and competencies in clinical paediatrics. It was developed in response to feedback from trainees and their needs as identified principally through the Royal College of Physicians and Surgeons of Canada (RCPSC) examinations. The purpose is two-fold:
1) provide the basis for ethical and legal conduct and decision-making throughout the residency period and prepare candidates for independent practice
2) address competencies and knowledge deficits required for successful completion of the RCPSC examination(s).
The curriculum is comprised of six units (academic half days) provided over a 2-year cycle. These include: Approaches to Clinical Paediatric Ethics; Withdrawal of Treatment/Refusal of Treatment; Demands for Treatment/ "Futility"/Resource Allocation; Ability/Disability: the geneticized society; Parents/Patients/Privacy and the 'right' to know; Issues at the End of Life/Transplantation. The curriculum and cases are developed through an ongoing iterative process with learners.
Key challenges remain. First, there is the problem of balance between 'teaching to examinations' and teaching skills for best practice – how can these become more congruent goals? Secondly, are the issues of comprehensiveness (content areas and clinical scenarios) and contemporariness in a field which itself is rapidly evolving by virtue of technological possibilities, changing social and statutory expectations, and fiscal realities. Finally, evaluation of programme effectiveness in the most important domains of practice behaviours, patient outcomes and experience, and social justice pose formidable challenges for discussion.

SUB-ACUTE TOXICITY EVALUATION OF THE LEAF EXTRACT OF *TERMINALIA AVICENNIOIDES* IN SWISS ALBINO RATS

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Introduction: Nigeria, like many other developing countries, has a rich tradition of using herbal medication which are perceived as effective and safe though these are not scientifically verified for their toxic effects. This often led to unethical practices. Between 60 to 70% of populations of urban and rural communities use plants for their primary health care. *Terminalia avicennioides* is commonly used against diarrhoeal pathogens like *Escherichia coli* and *Salmonella* Typhimurium. The aim of the study was to assess the sub-acute toxicity effect of the leaf extract of *Terminalia avicennioides* in Swiss albino rats because of limited information available on its toxic effect.
Methods: Standard laboratory method involving animal model which complied with International Regulation for Animal Research was adopted using Swiss albino rats. Rats were treated with varied doses of the leaf extract for a period of 28 days to obtain information on the effect of plant extract on weight, liver and kidneys of rats. Data was analysed using SPSS version 21 and results presented using ANOVA table. A P-value less than 0.05 was considered significant
Results: There was a significant increase in the mean weights of all extract treated rats ($p<0.05$). The differences in relative mean weights of organs of liver and kidney were not significant ($P>0.05$). Focal areas of hepatocytes and necrosis of the liver where observed in the tissues of one of the rat group treated with 1000mg/kg body weight of crude extract. Concentrations of 250 and 500mg/kg body weight of the leaf extract of *T. avicenniodes* and its n-butanol fraction are safe for consumption. Higher doses (1000 mg/kg body weight) could affect the liver.
Conclusion: The result of the study has provided range of doses that could be used for subsequent studies within acceptable research ethics guidelines and standards.

WHO IS A PARENT? BIOETHICAL AND LEGAL CHALLENGES OF INFERTILITY SOLUTIONS IN KENYA

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Infertility is a problem that affects couples worldwide. Its importance is linked to the very core of heredity; perpetuation of the species. Socially, it prevents perpetuation of the family line and threatens security in old age. There are age old solutions of infertility as well as modern scientific solutions. The core issue in these solutions is related to the definition of a parent as the one who sires or begets (the genetic parent), bears (the gestational parent) and/or rears (the nurturing parent). These solutions however often pose ethical issues of right and wrong as well as legal issues that at times require judicial determination. This paper discusses these solutions while citing Kenyan examples, ethical challenges, legal determination and gaps.

AGRICULTURE AND GENETIC MODIFICATION VS BIODIVERSITY? CHALLENGES AND PROSPECTS OF A SCIENTIFIC-PHILOSOPHICAL CONFLICT

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The balance between environmental sustainability and the inherent ecological interventions of agricultural biotechnology is a field of ongoing disagreement in the last decades. However, the extreme confrontation in the scientific community between supporters and opponents of genetically engineered crops cannot be sufficiently explained even by recent multiannual studies about biodiversity hazards. In this paper I will argue that this debate is primarily a philosophical one, and that it concerns two distinct materialistic approaches that are used extensively with the purpose to provide support to diverse contradicting conclusions. I will examine the so called reductionist (or molecularist) view in contrast to the holistic (or organismic) one. I will assume that both equally fail to answer sufficiently such concerns. As for the first, I will argue that being an anthropocentric approach, proves unsuccessful in building any concept of ecosystem integrity on the basis of moral duty; as for the second, I will claim that, being biocentric, it does not take into consideration the possible effects on human population. I will tag along with the view that acknowledges the duty to conduct agriculture in a manner that supports the survival and prosperity of human population while simultaneously maintains the ecological equilibrium that sustains life. Based on Bryan Norton's "weak anthropocentrism" approach, I will support the view that we can move to the "convergence" of policies, through a "contextualized" hierarchy of moral choices without rejecting genetically engineered agriculture.

THE DUTY OF MEDICAL CONFIDENTIALITY IN WAR

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In 2014, as part of the military's combat were leaked details about the names of the killed and wounded soldiers.
In the era of the global village we live in cases of disasters reported and reviewed in real-time communication.
Israel had several cases where families of IDF soldiers who were killed received the news of the death of their son by watching television,

when images of the wounded and the dead are broadcast before the families of the injured are reported.

In addition there are reports current on their health and the care they receive.

These conditions stimulate the clash between two basic human rights the public right to know alongside the right to dignity and secrecy.

Patients' Rights Act was passed in 1996 states according to it is forbidden for a doctors to therapist a medical book private information about a patient who appeared to him during their duties.

In 2014 also passed Etiquette IMA in Chapter 7 D it stipulates that doctors must maintain the confidentiality of the patient even in the event of an attack and disasters that are in the f interest to the media.

In cases of soldiers the are even more questions who is authorized to sign a waiver when it comes to a soldier who considered a military purchase.

And what rules of ethics, should be applied in war and whether should be a difference between a war and other situations.

ETHICAL, LEGAL & SOCIAL IMPLICATIONS OF GENOMIC PSYCHIATRY & PERSONALISED PSYCHIATRY

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Genomics has contributed greatly to our understanding of the molecular basis of disease and, to a lesser but growing extent, to the development of effective interventions. Genomic psychiatry has arrived and the potential of genetics in treating psychiatric conditions is in the offing. For instance there are studies that a mutation in the MTHFR gene may increase the risk of psychiatric disorders. Depending on the variation of the mutation, it could also signify which medications are most useful. For instance studies placing the BDNF variant suggest that people with BDNF polymorphism might have different responses to CBT. Psychiatrists often rely on trial and error to determine the right medication to treat a person's condition. There are a large number of researchers searching for biological clues to psychiatric treatment with support from several agencies, including the National Institutes of Mental Health. This field is called "personalized psychiatry." Tom Insel Director NIMH announced NIMH funding would be shifting towards the search for psychiatric biomarkers—a practice he calls "precision psychiatry." I will conclude examining public expectations and fears about the effect of genomics, the challenges to the goals of antidiscrimination laws, to the nature of the physician-patient relationship, the contrasting perspectives and legal rules that apply to personal medical care and public health. The acknowledging and examination of these complex issues are critical for identifying the appropriate ethical principles that should be applied, for creating the necessary legislative and regulatory responses that will need to be considered alongside these dynamic developments in neurosciences to allay the concerns of clinicians and indeed society in Large.

TRANSPARENT PATIENTS? IS THE AUTONOMY AND EQUALITY OF THE ELDERLY ARE KEPT IN A HEALTH CARE?

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Elderly patients are entitled to equal treatment similar to younger patients. Expression of this privilege is in professional responsibility to assess, to decision making, informatics and respectful relationships founded upon trust between the patient and the career.

Lecture will be presented four events in which describes unintended behavioral failures in interaction with elderly patients.

Further will be presented dilemmas based on bioethics principles and Gerontologic approaches:

1. Autonomy vs. Paternalism - the challenge of maintaining the patient's dignity and right to autonomy in the wake of the Ageism stigma and paternalistic reference to elderly patient
2. Beneficence vs. Nonmaleficence - violation of the right of preventing damage, and the discovery of severe physical disorder requiring urgent treatment

The reality of health services indicates the need to improve knowledge, behavior and attitudes toward the elderly. A recent study shows that positive attitudes toward the elderly affect the quality of care and reduce complications and mortality.

Vocational training institutions must improve the training process of staff to ensure compliance to the bioethics principles and ensuring the rights of elderly patients.

BIOETHICS OF SMOKING

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Smoking habits generate a number of problems today in our society. Smoking is one of the biggest public health threat around the globe, killing 6 million people each year. More than 5 million die of the direct tobacco use, while more than 600,000 die as a consequence of second hand smoking. Smokers claim their "right" to smoke as a right to autonomy. Passive smoking is not just unpleasant or inconvenient, but similarly to smokers causes heart disease, lung cancer, asthma, ear infections, asthma & other respiratory diseases, allergies and skin problems, and equally important adverse effects on pregnant women, fetuses and children. E-cigarette and nicotine patches offer alternatives to the traditional smoking approach; however, nicotine addiction and the unknown consequences of aromatic ingredients elicited along with the vapor generate new concerns on the widespread use. Here, we discuss the bioethical implications of smoking affecting citizens' rights, public health, economy and society.

HOW TO RESOLVE AN ETHICAL DILEMMA IN CLINICAL PRACTICE IN A PSYCHIATRIC SETTING?

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The presentation will highlight some of the specific legal problems and ethical dilemmas encountered in the practice of psychiatry. For example, issues relating to autonomy, beneficence and other ethical principles were explored in some detail. Various moral and ethical dilemmas regarding consent, confidentiality, clinical negligence, use of physical treatment without consent relevant to psychiatric settings were discussed. The presenter will offer framework to address these moral and ethical dilemmas in clear and logical way in mental health settings.

NAVIGATING AGES OF MAJORITY: CONSENT/ASSENT IN GLOBAL HEALTH RESEARCH

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When conducting international clinical trials, researchers and ethics committees pay close attention to the regulatory, cultural, and political contexts of the host countries. The issues that emerge in global health research are especially salient when the subjects are pediatric. Children are considered by the WHO to be a vulnerable population, and are themselves quite different from adults in terms of somatic and cognitive development. Within the pediatric population there are also great differences (e.g. neonates require different sets of considerations than adolescents).

When participating in clinical trials, adults undergo a continuous process of informed consent, while children undergo the assent process. Regional and cultural differences in ages of majority can create certain challenges for researchers carrying out international health research in adolescent populations. For this reason, it is important from both an ethical and scientific point of view that those individuals conducting international clinical trials in adolescents be understanding of these different conventions and the local ethical perspective as it comes into contact with a broader, global perspective. Additionally, consideration needs to be given to the interests and well-being of all parties involved in the research. This paper will explore the challenges and considerations that emerge when carrying out international clinical trials in child and adolescent subjects in nations with distinct ages of majority.

MALE INVOLVEMENT IN FAMILY PLANNING DECISION MAKING IN NORTHERN NIGERIA: ETHICAL IMPLICATIONS

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Globally, Nigeria is the seventh most populous country with a current estimated population of 183 million, which is projected to reach 285 million by 2050. According to the World Health Organization (WHO) though Nigeria has only 2% of the global population, it contributes a disproportionate 14% to the global burden of 289,000 annual maternal deaths. Men are recognized to be responsible for a significant proportion of reproductive ill-health suffered by their female partners in Northern Nigeria. The northern part of Nigeria has one of the lowest contraceptive use in the world due to a host of socioeconomic, religious and cultural barriers. The Nigerian 2013 Demographic and Health Survey (NDHS) reported that the percentage of married women of reproductive age in Northern Nigeria that were using a contraceptive method as ranging from 15% in North central zones to as low as 3% in the North Eastern zones. It is well documented that men's general knowledge and attitude concerning family planning mainly influence women's preferences and opinions in this region. Male involvement in family planning helps in accepting a contraceptive method and also in its effective use and continuation. Studies of spousal communication have demonstrated a strong positive association between spousal communication and contraceptive use. This review explores the awareness about family planning methods among men in Northern Nigeria, their attitude and practice about self and spousal use of family planning, the barriers to male involvement in family planning, spousal communication about family planning decision making in Northern Nigeria and the ethical implications.

A BIOETHICAL AND FEMINIST APPROACH TO SOCIAL EGG FREEZING

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Egg freezing ceased to be considered experimental in 2013, which encouraged healthy and fertile women to freeze their eggs due to lifestyle reasons: the absence of a partner, career advancement, fertility insurance, psychological and financial reasons. This new trend was coined as "social egg freezing" or "fertility preservation for non-medical reasons" and companies such as Apple and Facebook are offering it as a benefit for their female employees. Considering this novelty is in its early stages, there is scarcity of information of its practical impacts in modern life, which raises a few concerns: if this is a new manner of family planning, if women will be coerced to do it to ensure a successful career, if it will increase or decrease gender inequalities, if it will increase social pressure over women to become mothers and if the health risks and realistic success rates are clearly emphasised to women.

Feminists who embrace reproductive technologies, such as Haraway, claim that it has given women more control over their reproductive autonomy, empowering and expanding their options regarding motherhood. On the other hand, feminists who criticise reproductive technologies, such as Corea, state they are oppressive and patriarchal, in which genetic linked children are desirable for men at the expense of women's health.

This presentation aims to study social egg freezing through a Bioethical and Feminist approach and determine if it is an empowering or oppressive opportunity for women and if their autonomy is respected in choosing to freeze their eggs.

RESEARCH IN BIOETHICS: PRACTICES, METHODS AND EXAMPLES

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From a scientific perspective, bioethics is considered a multi and interdisciplinary activity. Therefore, bioethics must obviously incorporate different scientific paradigms and different rules and procedures in research. Also, as bioethics is a consequence of secular, pluralistic societies', different conceptions of the common good can and should be accepted. It follows that different theoretical backgrounds are acceptable as long as the original position of the scientist is clearly stated.

In this context, the scientific approach of bioethics implies a specific bioethical hypothesis that should always be formulated. That is, an investigational question should be at the core of any scientific project in this area. Also, moral pluralism implies that doing science in bioethics should begin by evaluating different ethical approaches, namely regarding the analysis of the values at stake. It should be reminded that bioethics is more and more at the core of many different areas and professions. It follows that the traditional philosopher approach of "reading, thinking and writing" is just one way of doing bioethics, as it has many distinctive features namely bringing insight to bioethical research.

Bioethical research performed by other scientists may follow accepted standards, namely the well-known framework "objectives, materials and methods, results, and conclusion". Moreover, such a perspective – focused on objectivity – would strength the contribution of rational democratic deliberation to normative bioethics and therefore to the scientific knowledge of social trends in bioethics. This research context is exemplified by different examples of practices and methods in Bioethics, namely in education, inclusion and palliative care.

WHEN ETHICS, JEWISH LAW ("HALAKHA"), SCIENCE AND MEDICAL TECHNOLOGY MEET: A STUDY OF THE HALAKHIC DISCOURSE ON DETERMINING THE MOMENT OF DEATH AND VITAL ORGAN TRANSPLANTS

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The main claim I would like to present in my lecture is that Jewish Law ("Halakhic") decisions regarding determining the moment of death and transplanting vital organs is influenced by an array of ethical considerations and meta-halakhic concepts of religious authorities, and are not the product of an objective legal system with a tendency to formalism. I shall demonstrate this assertion on the basis of a comparative study of the rulings of five leading halakhic authorities of the twentieth century: (Rabbi Waldenberg, Rabbi Wasner, Rabbi Goren, Rabbi Auerbach and Rabbi Israeli). I shall present the arguments they give in their rulings, demonstrating how meta-halakhic concepts pertaining to Halakha, science, medical technology and ethics influence to a degree the halakhic decision-making. In this framework I shall examine the attitude of decisors (POSKIM) towards science and towards the development of medical technological, the question of the reliability of doctors, the attitude of decisors towards naturalistic concepts and alike.

The suggested assertion, that subjective meta-halakhic concepts have great influence on halakhic decision making, conforms to contemporary hermeneutic approaches (and among them the concept of legal realism), commonly accepted in research into the philosophy of Halakha in recent years, according to which there is no purely objective halakhic ruling, uninfluenced by reality and the world views and ethical considerations of the decisor. Analysis of rulings regarding how to determine the moment of death and transplanting vital organs grant additional validity to this view, and constitute a highly notable example of the **consequences** of such an essentialist - ethical legal system. In fact a critical question – whether a person is considered alive or dead – is determined according to the subjective ethical world view of the decisor. Determining the moment of death and its definition are influenced by the world view of the decisors and do not reflect absolute and objective biological criteria.

MEDICAL AND HUMAN GENETICS: SOME BIOETHICAL CONSIDERATIONS

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Genetics and Bioethics are two fields of knowledge that have greatly evolved in the last decades and their advances and interfaces can be used for the benefit of mankind and increasing respect for human rights. As a Human Genetics professional with an interest in Bioethics, empirical research combining the two fields from the points of view of both “routine” and “research” genetics seems a productive approach.

A philosophical article combining these two fields may be based on a good literature review of one chosen subject, such as “responsibility”, with an adequate philosophical framing; this will constitute the raw data and basis for the introduction. These data may arise from practical routine difficulties in Genetics with a bioethical framework or a chosen ethical problem that was the result of a research project and became “the problem”. After the literature selection, the definition of terms and choice of the various fields to approach is important (ex: present/future, individual/social, ethical/moral). The core subject may then be addressed in various selected ways, while practical, empirical examples may be added to enrich the article; this will correspond to materials, methods and results. The concluding remarks do not need elaborate development when compared with the whole article, since the various analyses will have be done previously, in each of the sub-chapters.

IFMSA TRAINING DISASTER MEDICINE TRAINERS

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The number of disasters has increased, along with their negatives effects on communities. In 2015, during the Third United Nations (UN) World Conference on disaster risk reduction (DRR), the Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted, urging enhanced investments and actions on DRR around the world.

The provision of health care is a key part in disaster response. However, hardly no medical curriculums include disaster medicine and medical ethics in clinical settings of disasters, conflicts and other emergencies. This gap of knowledge contributes to challenges in provision of dignified and non-discriminatory health care for all.

How to deal with different cultures, perspectives and priorities in humanitarian settings? How to deliver proper care to patients while maintaining ethical principles of health care in conflicts and other emergencies?

Training disaster medicine Trainers (TdmT) aims to answer some of these questions. This program is based on 4 months course and is conducted through two stages: students have 2-week on campus training with traditional-led teaching, encompassing innovative education tools, as for virtual simulations. Second phase is held through online platforms, allowing to explore deeper and more advanced components of disaster medicine and its ethical components. Among broad range of topics, students have the chance to discuss ethical dilemmas in disaster settings and explore real case studies.

TdmT graduates are reaching out to peer medical students and communities around them. They are raising awareness about ethical aspects of disaster medicine and creating a resilient generation of future health care practitioners.

PRACTITIONER-PATIENT RELATIONSHIP: AN EVALUATION OF PERCEPTIONS IN GHANA

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The relationship between health practitioners and their clients is central to the practice of healthcare as well as essential to the delivery of quality diagnosis and treatment of diseases. It forms one of the foundations of modern-day healthcare ethics; thus, a keystone of general healthcare. As expected of medical practitioners to maintain a serene and professional rapport with clients, support clients’ dignity, and respect their position in the continuous development of health care, patients, on the other hand, are also anticipated not to annihilate this relationship. In Ghana, for instance, this relationship seems not to have obtained absolute appreciation, thereby hindering its helpful effects on healthcare delivery in general. As its purpose, the paper evaluates knowledge and perceptions concerning patient-practitioner relationship in Ghana to understand the context within which this relationship operates. This research -conducted in 2 districts in the Ashanti region of Ghana – involved a sample size of 300 respondents (78 healthcare professionals from 13 health institutions and 222 clients). A systematic search with questionnaires and interviews as research tools were used in gathering data. Respondents (over 85 per cent) exhibited a higher level of knowledge as regards health professional-patient relationship. Respondents were, however, divided as to whether or not this relationship was a positive one in their respective health centres. While some respondents (mostly health personnel) believed that the relationship was cordial, others (mostly patients) taught otherwise. This research is made relevant since there is considerable curative power in proper alliance between patients and health practitioners.

CONTEXTUAL DETERMINANTS AND ETHICAL PERSPECTIVE OF DOMESTIC VIOLENCE IN NIGERIA

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The World Health Organization defines Domestic Violence (DV) as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, or deprivation”. The Nigeria Demographic and Health Survey (NDHS) 2013 focuses on domestic violence as form of gender-based violence, which is as any act of violence resulting in physical, sexual, or psychological harm or suffering to women, girls, or men, including threats of such acts, coercion, or arbitrary deprivation of liberty which is a violation of basic human rights with consequent health burdens, intergenerational effects, and socio demographic negative consequences.

The NDHS reported that the prevalence of Domestic violence by women of reproductive age group was 28%. Sexual, emotional, and physical violence constitute 7%, 25% and 11% respectively, with most DV being perpetrated by the husbands. Analyzing the NDHS data using the Mixed model technique reveals that the individual socio demographics, type of family settings and community socio cultural factors are the determinants of domestic violence in Nigeria. This practice contravenes the Nigeria 1999 constitution section 42(1), the Nigeria family laws, the United Nation Charter Article 13 on human right and Convention on the Elimination of all forms of Discrimination against Women. The Nigeria government needs to ensure the speedy implementation Violence against Persons (Prohibition) act which prohibits all forms of violence against persons in public and private life.

NEURO MANAGEMENT IN NON PROFIT FUNDRAISING MILIEU & COMPULSION OF FRAMING CODE OF ETHICS

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This research provides insight into human decision making and other general social behavior.

Goal of study:

- To familiarize the donors/prospects with broad topic of neuro management and use of the charitable institution as well as donor.
- To learn the influence of neuro management among the donors on several fund raising efforts.
- To know the fund raising results, benefits of segmentation of humans in terms of identification of targeted donors.
- To develop a code of ethics in Neuro Management.
- To frame a module for future implementation.

Tools: MEG, FMRI, EEG, Semi-Structured Questionnaire, Cost Analysis.

Method: Samples will be selected from the Meenakshi Mission Hospital existing donors list. Around 30 (18 M + 12 F) donors who are all willing to do for the experiments, taken for the study. Samples will include cross section of Gender, Occupation and Age. The researcher took 6 months to complete the study. An Imaging Science Consultant, Bio-statistician, Social Scientist involved to facilitate the process.

Donors are ask to underwent the physical assessment, while testing, the researcher asking questions, through projection, simulation lab based on the suitable situations.

Results: The significant changes in the brain were found out to deal with decision making for charity (to activate 'give button') was 80%, influence about the service expansion (65%), Increasing in brain activation while witnessing nonprofit advertising (Habitat for Humanity, Save The Children, UNICEF etc.,) (70%). Model code of ethics in the neuro ethics field was framed.

ETHICAL ISSUES IN BIOMEDICAL RESEARCH

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From time immemorial, the animals had served mankind in many ways for his livelihood. Research on living animals has been practiced since 500 BC. Among the animals, the mouse is the most used animal, accounting for 75 percent of research which had led to the award of 30 Nobel prizes in Medicine and Physiology. The knowledge acquired by animal experimentation has resulted in the discovery of several new drugs, Vaccines, Diagnostics and medical technologies such as Heart lung machine, Cardiac pace maker, CT scanner, MRI, Organ transplantation, In-vitro fertilization, Gene manipulation and cloning.

Animals and Humans: In the real world, there is no need to use animals as research subjects; but we do not live in real world – some ethical and moral Issues arise. Even though animals differ from humans in many ways; they are also very similar to humans in many ways. Humans have 65 infectious diseases in common with Dogs, 50 with Cattle, 46 with Sheep and Goats, 42 with Pigs, 35 with Horses and 26 with Fowls. Is it ethical to allow humans and animals to suffer from diseases when treatment and cures can be discovered through animal research?. Public opinion had shown that majority of people approve the use of animals in biomedical research that does not cause pain and leads to new treatments and cures. Another group of people had expressed weather it is morally acceptable to perform research on animals that is painful even if it leads to new and better treatments. Some of them have advocated the use of computers and non animal models for research. But scientist reported many of the interactions that occur between molecules, Cells, Tissues, Organs, Organisms, and the environment are too complex even for the most sophisticated computer models. Hence animal research is indispensable.

Current Scenario: Over the years, to decrease the use of animals in research, several legislations have been enacted to curb animal usage, particularly in the pre-market testing of drugs and cosmetics, in UK, USA, Germany, Netherlands and several other European Countries. Globally the usage of animals showed a declining trend.

ORGAN DONATION IN CYPRUS: OPTING-IN OR OPTING-OUT

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The problem of organ shortage for transplantation is one that plaques most countries, including Cyprus, where an opting-in scheme has been implemented for the past years. Recently, the minister of Health announced that they would be looking into changing the existing scheme for an opting-out scheme, in order to tackle organ shortage. This announcement has been met with objections with regards to the ethical justification and acceptability of such a change. This paper will present the existing practices in European countries and beyond, with references to the explicit Vs presumed consent legal framework. The ethical principles underpinning national organ donation systems will be discussed, such as autonomy and consent. Emphasis will also be given to the principles of altruism and utilitarianism for the welfare of society, whereas issues such as body and organ ownership will also be touched upon. Based on the above arguments we will reach a conclusion as to whether such a scheme is morally and ethically justifiable in Cyprus, and propose other potential options for closing the gap between organ offer and demand in the case of Cyprus.

AUTONOMY & EQUALITY: A CHRISTIAN PERSPECTIVE

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Autonomy and equality are two cornerstone values in the building of Bioethics as they represent two of the main principles of the field, namely the principle of autonomy and that of Justice. Although these two concepts seem to be in conflict, contemporary liberal thinkers like John Rawls and Ronald Dworkin have introduced liberal egalitarian theories that respect both. Ethical individualism stemming from the latter has been a formula both for philosophical and political equality. It contains the principle of equal value or equal respect which requires that we should show equal concern to people in different circumstances because they all have the important task of leading a flourishing life. The second principle is that of special responsibility and covers the libertarian element; it declares that everyone is responsible in succeeding to the ethical challenge of life. The issue has surprisingly been addressed by a contemporary Father of the Orthodox Christian Church, Archimandrite Sophrony Sakharov. In his works the formula of the reverse pyramid is proposed as a solution to the conflict between autonomy and equality. It is a proposition that takes into account the capacity of autonomy to be subservient not simply to equality but to a prioritarianism towards all fellow human agents and the divine person of Christ. Archimandrite Sophrony's scheme is neither philosophical nor political but ascetical and evangelical. It however introduces the law of love to the world of ethics, where the immense responsibility of personal deification passes through the deification of the other.

THE SUBTLE COLOURINGS OF (INFORMED) CONSENT IN SPORTS DOPING

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The analytic method, part of the epistemonic method, provides us with a way to cope with difficult cases, without even referring to the world out there. We are able to predict all possible variations of consent, and go on forming minimum *logical quadripoles*, 8-poles, 16-poles, etc., before even trying to make *any* connection to the world. This way, there are two major outcomes: all possible scenarios are *predicted*, and, because of that, our “logical generator” produces scenarios we couldn’t even think of. Consent is, therefore, neither *binary* (existence or absence), nor just a *continuum* from existence to absence, but a *cladistic tree* stemming from the basic quadripole “existence of consent / not existence of consent / absence of consent / not absence of consent”. The complexity increases rapidly when other terms are included; try: “existence of informed consent”, or “existence of unintentional consent”. More levels develop as we examine relevant terms, such as “exposure”, “protection”, or “consumption”. In our case-study, we shall examine how different aspects of consent are expressed regarding the issue of *sports doping*. We shall see that, under our definitions, the doped athlete rarely – if ever – gives his “full informed consent”, at least as society views it. Many different terms may describe the most common situations, namely, “uniformed consent”, “unintentional consent”, “non-intentional consent”, “not absence of consent”, and also, “unintentional exposure”, “intentional non-protection”, and so on. In Greek language, the possible variations are even *more* (there are *two kinds* of negation in Greek). All the aforementioned terms have different ethical consequences.

GENETIC MANIPULATION, MORAL ENHANCEMENT AND FREE WILL

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Recent rapid advances in genetics and biotechnology raise serious moral concerns. Among the key issues is the one that concerns the way our genetic structure as well as our brain chemistry influences our behavior. In this presentation I will discuss the prospect of morally enhancing human beings by means of genetic engineering. In particular I will focus on whether genetic manipulation would undermine the autonomy of moral agents, their free will and overall freedom by limiting or, even worse, eliminating their options and their ability to develop various moral attitudes and make diverse moral choices. I will argue that genetic engineering might indeed have a huge effect on the autonomy and freedom of moral agents. I will conclude with the view that every future step we might take in this emerging science should be taken with both eyes fixed on safeguarding and securing the autonomy of the moral agent.

THE ETHICAL PERSPECTIVE OF NURSING CARE RATIONING

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Rationing of nursing care occurs when resources are not sufficient to provide necessary care to all patients, but there is no evidence as to the moral meaning of rationing especially regarding the essence of justice, equality in care, patient dignity and the values when prioritizing. Equally important, there is no discussion on how human rights may be affected as basic care is omitted, particularly if this is linked to discrimination based on age, severity and chronicity of the condition. Furthermore, nursing care rationing is related to nurses' moral strain that may develop due to the conflict in prioritizing care, and/or delaying or omitting certain elements of care that is beneficial to patients. There is also some evidence that certain organizational characteristics such as ethical climate may relate to omissions of care. The aim of this paper is to present an Action funded by EU-COST, THE RANCARE, CA15208. One of the main topics in this action is ethical issues. Especially in this part of the project, the aim is to encourage development of knowledge about the ethical dimensions of rationing of nursing care. The overall aim of the Action is to facilitate discussion about rationing of nursing care based on a cross-national comparative approach with implications for practice and professional development.

MEDICAL ETHICS, MEDICAL LAW, MEDICAL DISCIPLINE AND DEFENSIVE MEDICINE

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Defensive medicine also called defensive medical decision making, refers to the practice of recommending a diagnostic test or treatment that is not necessarily the best option for the patient, but an option that mainly serves the function to protect the physician against the patient as potential plaintiff. Defensive medicine takes two main forms: assurance behavior and avoidance behavior in health care services.

In the health care services the physician have three difference rules as medical discipline, medical ethics and medical law toward patient and community safety. Discipline is a domain of knowledge, instruction or learning of the sciences. Medical is relating to the treatment of diseases and injuries. Than, the medical discipline is the knowledge, instruction or learning the treatment of diseases and injuries.

Medical ethics is a system of moral principles that apply values and judgments to the practice of medicine. Ethic is a moral principles that govern a person’s behavior or conducting of an activity. The basic concepts and fundamental principles of decent human conduct. It includes study of universal values such as the essential equality of all men and women, human or natural rights, obedience to the law of land, concern for health and safety and, increasingly, also for the natural environment

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 (especially medical malpractice), and criminal law and ethics

The physician should concern in the patient safety. However, because the medical physician should comply the medical ethics, medical law and medical discipline, with on will be comply first to avoid defensive medicine? Every cases have their own attention. Some cases require the first is medical ethic, another need medical law the others claim medical discipline. Who, when, where, how the decision making process in the patient care than the physician can avoid defensive medicine.

MEDICAL ETHICS AND THE MODERN DOCTOR: ON THE NEED FOR A UNIVERSAL PHYSICIANS’ OATH THE DECLARATION OF GENEVA OF THE WORLD MEDICAL ASSOCIATION

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The Declaration of Geneva is one of the core documents of medical ethics. Adopted by the World Medical Association (WMA) in 1948, it was seen as a modern version of the Hippocratic Oath and meant to be sworn by physicians entering the medical profession. Since its adoption, the Declaration of Geneva has been amended three times (in 1968, 1983 and 1994) and undergone editorial revisions on two other occasions (in 2005 and 2006).

In 2016, the WMA established an international workgroup to assess the Declaration of Geneva's content, structure, audience and implementation and to determine whether amendments are necessary.

The workgroup has carefully considered this document in light of modern developments in medicine and medical ethics and proposed minor changes to existing content, along with the addition of several new provisions. Most notable among these are respect for patient autonomy; reciprocal respect between teachers and students of medicine; the obligation of the physician to share medical knowledge for the benefit of the patient and the advancement of healthcare; and the need for physicians to foster their own health and ability to provide care of the highest standard (i.e. physician well-being).

Using the most recent revised draft of the Declaration of Geneva as a springboard, this session will analyze the key ethical provisions currently under consideration and explore the feasibility of creating an oath that provides a core moral basis for physicians worldwide.

ADVANCE DIRECTIVES AND DEMENTIA: AN ETHICAL ISSUE THAT STILL REMAINS CONTROVERSIAL

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The Advance Directives (A.D.), being a tool of culture and safeguard of the autonomy, have, however, some critical points, particularly related to withholding or withdrawal of life-sustaining treatment:

A) the impossibility to change at the last minute

Approaching of death might evoke irrational responses, different from those that patients gave when it was still far away. In this case the patient could be totally incompetent.

B) possible changes which arise with extension of knowledge which might make available the effective treatment lacking at the time when the AD were drawn up.

C) possible change in the personal identity of the individual

We might wonder whether the today's patient is different from the one at the beginning of the disease in a way that he/she does not recognise himself/herself in their choices. Which motive is to be followed?

This debate denotes a possible discrepancy between the previous patient's interests and values and the current ones, as though he/she were a different person. This is particularly true if the current patient does not show anxiety towards death or distress, but seems to be experiencing a state of relative well-being so that certain choices become problematic.

In conclusion: the A.D. in dementia is a still unsolved problem in which decision-making should be carried out case by case and with caution. One should leave aside binding guidelines and take into account the patient's wishes and his/her current state, basing on non-verbal communication and the opinion shared by the doctor and the caregiver.

WELLNESS AND DISTRESS IN HEALTH CARE PROFESSIONALS DEALING WITH BIOETHICAL ISSUES IN THEIR EVERYDAY WORKING LIFE

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Burnout, fatigue and distress are well known, with different percentages when considering different health care professionals groups. But little is known about their relation with the necessity to deal with bioethical issues. Aim of the study is to assess, through an observational cross-sectional international study, positive aspects, meaning in life and distress in professionals dealing with bioethics issues in their working life and to consider the possible relations among variables. The following instruments will be administered, all free of charge (to be discussed and, if needed, modified within the working group): SMILE - Schedule for Meaning in Life Evaluation (available in German, English, French, Italian, Spanish, Japanese, Hindi, Dutch, Persian, Turkish); PANAS - positive affect and negative affect scale (available in English, Italian, Spanish, Portogese, Hugarian, Dutch, Persian, Turkish); IANUS – assessing distress and positive aspects (available in English and in Italian); Maugeri Stress Index – assessing stress in working environments (available in English and in Italian), LOT-R – Life Orientation Test Revised (assessing optimism towards life) (available in English, Italian, French, Serbian, Spanish); and a tool purposely designed for the study, to assess bioethics issues job related. To be constructed within the working group. Moreover, it will be to consider if compassion fatigue and/or compassion satisfaction needs to be assessed. Timing: Literature review, design of the study, instruments translations (if needed) and bioethics tool construction (12 months); recruitment and data entry (six months); data analysis (six months); deliverables, dissemination, writing of scientific paper (six months – one year).

DEFENSIVE MEDICINE V. PROFESSIONAL COMMITMENT TO IMPROVE CARE – THE CASE OF SYSTEMATIC DIGITAL RECORDING AND DOCUMENTATION OF MEDICAL PROCEDURES

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In recent years the tools to record and archive digital recordings of scopic procedure have become more and more accessible and prevalent – yet their systematic use has encountered hesitation and reluctance.

The practice of systematic digital recording and documentation (DRD) raises practical, ethical and legal issues, frequently debated both in the sphere of medical practice and in academic writing. Simplified, this debate may be summarized in the following way: DRD is vastly useful as a teaching and self-improving tool, but it also can easily become a part of the discovery process in a malpractice suit.

We have conducted a survey aimed to evaluate the use of DRD in scopic procedures in Israel, to examine the support this practice receives amongst physicians from the major relevant specializations and to map the different consideration pulling away from a more extensive use of DRD as well as pushing towards it.

A total of 322 physicians were anonymously surveyed using the Google documents platform. The survey included questions regarding their specialty, main employment venue (hospital vs. community), existence of recording equipment, the existence of institutional guidelines regarding DRD, and finally, their personal attitudes and common practice regarding DRD.

Physicians' reasoning for and against DRD was evaluated based on their agreement with relevant statements regarding DRD, chosen based on a preliminary round-table expert discussion.

The results of this survey and their ethical implications as well as their implications to health-system risk management will be discussed in this presentation.

SPECIAL NEEDS PUPILS INCLUSION IN MAINSTREAM ITALIAN SCHOOLS: DOES THIS PROCESS RESULT AS EFFECTIVE? PROS AND CONS OF THE MULTI-YEAR ITALIAN EXPERIENCE

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Since the late 70's, Italy has been pioneering in special needs education, realizing from a progressive integration to a full inclusion of pupils with special educational needs in the schools of all levels and degrees. This kind of model, named one-track approach, followed by some other European countries, has been influencing and gradually changing the two-track approach, where these pupils are placed in special schools or classes, separated by the mainstream schools, and the multi-track approach that offers a variety of services between the two aforementioned systems. Recalling the 2nd Article of the 1994 Salamanca Statement and Framework for Action on Special Need Education adopted in cooperation with UNESCO:

- every child has a **fundamental right to education**, and must be given the opportunity to achieve and maintain an acceptable level of learning;
- **every child has unique characteristics, interests, abilities and learning needs;**
- education systems should be designed and educational programs implemented to take into account **the wide diversity** of these characteristics and needs;
- those with special educational **needs must have access to regular schools** which should accommodate them within **a child centered pedagogy** capable of meeting these needs;
- regular schools with this **inclusive orientation** are the **most effective means** of **combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for** all; moreover, they provide **an effective education** to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system.

We are going to discuss how far these goals may/may not, should/should not, can/cannot be achieved, analyzing the pros and cons of the long-term Italian educational experience in this particular field.

A CASE STUDY OF ETHICS, MANAGEMENT AND EMOTIONAL INTELLIGENCE IN THE FIELD OF EDUCATION

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The following is a case of an ethical dilemma in the field of education with seemingly contradictory loyalties of the school principal to various stakeholders: the school administration, the parents, the students and the teachers.

This case study represents other, sometimes identical cases, which many school principals face on a daily basis in professional intersections, when they must clarify to themselves some issues of ethical loyalty. A thorough ethical personal introspection at the right priorities will lead to satisfactory solutions for all parties involved, meet the ethics of the person at the head of the organization, and will impact the school climate and the overall organizational culture as well.

Resolving such dilemmas can be done by presenting a case study and an intervention model which could be tools for those dealing in the educational field.

For example:

The location: An elementary school in Yizre'el Valley, Israel.

The case deals with parents from a well-established settlement in the valley, who complained to the school about their daughter's social difficulties.

This family has 2 children who study at the same school, and the third boy is about to enter first grade next year.

The eldest daughter is a fourth grader, the younger is a second grader and the youngest is 5 years old.

Liya (fake name) from the fourth grade is a powerful opinionated girl, who belongs to a group of 5 girls from the same settlement and who struggles to find her place among the other girls in the group, all of whom strong and opinionated.

During class activities, in studying and social group work, Liya insists that her opinion be taken and if not, there are quarrels and crying.

The parents blame the homeroom teacher for doing nothing to prevent those quarrels and turned to me, as the principal, to intervene.

The family blamed the homeroom teacher for choosing the wrong approach and hinted it was due to her age.

It was also suggested that the school administration does not do enough and advised us to make personal changes (referring to the homeroom teacher), adding an element of threat that unless matters are dealt with to their satisfaction, they will move Liya to another school nearby.

This school works on rotation, therefore it is likely that the same homeroom teacher will teach their young son the following year, which is another factor to be considered.

A few meetings were held with the parents, the homeroom teacher and the counseling staff, and with all the people involved, the routine work procedures at school regarding this case were brought before the parents, with the emphasis on ethical approach towards the homeroom teacher, the student and the policy of assigning teachers' positions.

I made it clear that "professionally speaking and according to experience, I don't believe in switching the problem from one place to another, rather, the dealing with the situation is what matters". I stated my opinion that "School can find, together with the parents, a solution to this situation." I invited them to look for joint solutions together.

We concluded the session by clarifying that only ethical considerations guide us and we, the school, should continue doing whatever is possible to make Liya feel good at school.

An intervention program was made by the homeroom teacher together with the counseling staff, which was presented to the parents to their satisfaction during another session. I summarized the meeting by saying that we respect all parties involved and thanked them for their cooperation, devotion, care and dedication to their children, and with the hope we served as role models for the young students in their future.

The conclusion from this case study is that ethics is a great assisting tool in solving complex problems. Being loyal to my values guided me to act in this case.

Human respect, equality, finding agreed solutions, joint responsibility, giving free choice, empathy and the acceptance of opposing opinions are essential values when we solve both simple and complex issues.

Education, ethical and bioethical aspects in education are the future platform for these young students on which they would run their adult life, personally and professionally.

BIRTHING A CULTURE OF LIFE: AN ASTROBIOLOGY IMPLORING SANCTITY

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The organic molecules from which our bodies are formed were originally forged in burning nuclear furnaces of ancient stars. It appears from the frontiers of research in cosmology and astrobiology, that the substances for life as we know it may have originated from the birth and death of the earliest stars, approximately 10-12 billion years ago. Current research implies that more than half the stars (approx. 10^{24}) actually have planets. Thus life may indeed fill the universe we are fathoming. Yet the question remains how these substances come to be integrated and imbued by life itself. We understand biology, chemistry, biophysics, genetics and more; yet we still do not actually know from where life itself arises, nor have we as a race actualized a culture which cognizes and holds the sanctity of life as primary. Across the globe, women suffer unnecessarily in childbirth, raising families in substandard conditions; local officers routinely cull street children in certain cities of the global south; the human slave trade in women and children rivals the global military budget; over 64 million people are among refugees populations. We are far from granting a global minimum subsistence to every human being, although the cost of this equals 1/10th the annual US military budget. This presentation explores women's spiritual experiences around childbirth from multicultural research conducted internationally over the past 30 years, inquiring at this nexus into diverse understandings on the origins and sanctity of life itself.

CARING FOR PATIENTS OR INSTITUTIONS? NURSES' ETHICS IN THE SERVICE OF ABUSE

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While nurses top the polls as caring and trustworthy professionals, their expertise and skills as health care providers make them ideal agents for perpetrating acts of abuse, violence and torture against specific individuals. All nurses assert that their relationship with patients is a privileged one because of the level of trust and intimacy that must be achieved in order to reach health-related goals. However, nurses can become instrumentalised in carrying out certain policies or programs that stand in stark opposition to their values and ethics, while "treatment" is redefined so as to fit within a specific, control-oriented register situated outside of the nursing or health domain. In this presentation, I wish to discuss the way nurses can become enrolled in activities of social control in two contexts: while caring for inmates with mental health issues; and during the carrying out of the death penalty. These contexts share a pivotal feature, in that nurses have dual loyalty to their patients as well as a third party to which they are accountable. The way this dual loyalty is mediated by existing ethical and legal frameworks is discussed, as well as the way the nursing domain is opened up to unethical and abusive practices in the name of security, surveillance, and control.

ETHICAL ISSUES WITHIN HUMANITARIAN PRISON MEDICINE IN A SOUTH EAST ASIAN COUNTRY

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The presentation presents the ethical issues encountered during the first two years of establishing a humanitarian medicine service within a regional cluster of remand prisons in a particular South East Asian country.*

Background information is presented about the country's healthcare system and its adherence to international ethical codes.

The specific ethical issues, ranging from breaching patients' medical confidentiality through to the diagnosis of recent torture, are identified and listed in order of their frequency. A few poignant case studies of particular interest are presented; the cases are then analysed and their outcomes explained. And an attempt is made, whilst interacting with the presentation's audience, to grade the identified issues in order of their seriousness.

The presentation concludes with some suggestions as to the changes required in order to improve the standard of medical ethics within the country's prisons and other secure environments.

* The country has not been identified in order to preserve the pride of its Ministry of Justice officials and so endanger neither the humanitarian project nor the healthcare professionals providing it.

FICTION WRITERS AND THE CONCERNS OF BIOETHICS: <LA SACRÉE SEMAINE QUI CHANGEA LA FACE DU MONDE> BY MARC AUGÉ

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In December 2003, the President's Council on Bioethics published "Being human: core readings in the Humanities", an anthology of 95 works of literature that speaks about bioethical dilemmas, asking us to seek wisdom we can apply to issues in bioethics from literary texts.

But, how bioethical issues are compared through literature?

An interesting example is offered by a recent *divertissement* by the french anthropologist Marc Augé, known for his theory of "supermodernity" and "non-places".

In <La Sacrée Semaine Qui Changea La Face Du Monde>, Augé imagines that on 1st April 2018, Easter Sunday, Pope Francis announces to the world "God doesn't exist", after having accepted to take a drug synthesized by neuroscientists of a movement called "Librement" ("Freely").

The novel deals with some important issues of the bioethical debate: first of all, with the quest for universality of bioethics: should we purify it from all references or interventions to religions?; secondary, it deals with the dialogue between science and religion and with the moral bioenhancement discourse.

The authors review the current state of ethics literature on the topics mentioned above and analyse how Augé uses them in his book.

LEADING VIA VALUES – ESTABLISHING AN ETHICAL CODE IN A HOSPITAL NETWORK USING A MULTIDISCIPLINARY MODEL

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According to leaders around the world, the most important leadership competencies are to create a safe and trusting environment based on high ethical and moral standards and to communicate clear expectations. Moreover history teaches us that leaders that embraced ethics in their daily decisions were more effective comparing to "unethical" leaders. Ethics seems, therefore, as a natural and logical choice of behavior.

Establishing an ethical code in any medical facility is a challenging task that must inspire and requires a lot of pre planning. The process involves many aspects as formulating a shared vision, educating medical staff as well as other employees, organizational change that is supported by the leading management and many more.

Purpose: To present a process and lessons learned from developing an ethical code and an organizational intervention program that uses a multidisciplinary approach leaning on leadership via values.

Method: A step by step process of creating engagement for a practical applicable ethical program to a hospital network.

The process: We began by looking inside, defining the need - the why question for incorporate an ethical code to our organization, then we looked on other ethical programs around the world. The second stage was recruiting and creating "Ethics Team leaders" – a group of dedicated cross organizational people that were committed and willingly joined the enterprise and served as "ethics ambassadors". We than defined what is medical and organizational ethics in our view. As the aim is creating a cultural change by implementing an ethical code and a thorough organizational change, the tool to create this cultural change must be a cross organization education process. Such a process must be defined by clear mile stones for reaching the desired goal. Preliminary actions were handling and processing questioners in order to check attitudes and fillings about ethics in the organization and some workshops dealing with ethics in order to learn what the ethical mood is. As we felt that such a change should be supported by other steps rather than education alone and hence defined four different ways of action in order to achieve our goal;

- Leadership – appointing ethical leaders and making ethics as a major component in daily hospital life.

- Education – educating the whole hospital staff how to implement ethical and moral standards in daily life activities.
- Professionalism – refining professionalism as a mean to achieve ethical behavior since ethical behavior is an integral part of professionalism.
- Culture Change-Creating culture of ethics by collaborating with the Jerusalem Center for Ethics for achieving a healthier organization.

We believe that the goal of achieving such a change is reachable and the return on investment will contribute not only to a better hospital performance but also to our patient's interests. Concentrating on developing ethical leadership, educating the whole staff using a personalized, "tailor made" education sessions combined with developing professionalism seems to us as a good and effective approach.

Conclusion: A multidisciplinary approach seems to be an effective tool in creating an ethical organizational change. As we continue in our quest to refining our ethical program we can see the advantages and disadvantages of this approach, but at all we recommend to adopt such a multidisciplinary model of implementing an ethical program in other hospitals as well.

HUMAN NEUROENHANCEMENT AND FUNDAMENTAL RIGHTS

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The scientific and technical progress in the fields of neuroscience is leading to the creation of tools for "human Neuro-enhancement" even in the cognitive or moral spheres of the individual.

This scenario, whose horizons even outline the creation of intelligent and self-learning devices internal or external to the human body, may impede several constitutional rights and principles.

Just to provide some examples, let us think to: the recognition of legal subjectivity also to “smart devices” having strong cognitive abilities; the identification of the legal status of human beings enhanced; the principle of equality in fair access to those resources and/or parity between enhanced and non enhanced persons; the protection of the physical and moral freedom in self-determination or in memory when neuro-enhancers may be imposed under public duties (such as in the military); the protection of the right to health between disease, disability and extension; the promotion of scientific and technical research; the respect of cultural identity and values concerning the essential characteristics of the person.

The presentation, after a brief survey of the instruments of human enhancement currently available and expected in the foreseeable future, will provide a sketch of the current legal framework of physical enhancement (doping), which represents the starting point of an investigation into the human enhancement in general, and then will move to the Neuro-enhancement in particular, considering, under the perspective of public law, the fabric of the constitutional principles and fundamental rights, even at international level (UNESCO Declaration on Bioethics and Human Rights).

MEDICAL MALPRACTICE AND MEDICAL MEDIATION

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Medical errors and medical malpractice in general, “create” disputes where often compensation is claimed in the frames of the “litigation culture”. After filing an action claiming compensation, both parties are about to embark on a long, emotionally wrenching, highly distressed, expensive and time consuming process which is litigation. But litigation is not the only or the appropriate way to resolve medical malpractice cases. Another option is medical mediation as a forum for dispute resolution in the health service.

Mediation is a constructive dialogue between opposing parties. The efforts of a mediator are concentrated at helping the parties to reach an amicable solution and resolve their dispute in a mutually acceptable manner. Medical Mediation offers a constructive pathway to the solution of medical staff issues, medical malpractice and personal injury claims and medical practice. Engaging in mediation, can send a clear message to all involved, but perhaps particularly the patient, that the complaints or claims are being taken seriously and everyone is engaged in trying to resolve the issues quickly. In addition for the clinicians, it can also be helpful to engage in a process that is confidential and away from the public eye, and for the patient to have an apology, and an offer of fair compensation.

In the light of the above, the paper aims to present and to analyze how medical mediation works and how can resolve healthcare disputes and at the same time improve patient safety and the quality of care.

PATIENT-CENTERED CARE: THE NEED FOR NEW CARE MODELS

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Patient-centered care is a growingly important topic among scholars and practitioners. In discussing the barriers which have to be overcome further theoretical and empirical developments are needed to shade the light on organizational improvements in terms of increased effectiveness. Our research draws attention to the strengths and weaknesses of vertical and virtual integration both in theory and in practice from a practitioner perspective. Research shows that a key problem lies in the imbalances in the structures and functions of the health system. Health practitioners point out it is crucial to enhance patient engagement and improve health outcomes. This requires investment in training, decision support and effective ethical interventions. While many current health care structures have scarce resources research shows that it is difficult to achieve lower costs and increased efficiency when structures are subject to radical changes. New care models and innovations should be considered out of the hospital into the community for people with complex needs developing extended primary care services, including multidisciplinary teams, to deliver a range of adult health and care services.

ETHICAL CODE TO DIETITIANS IN ISRAEL – INTERACTIVE PRESENTATION TO IMPLEMENT THE CODE

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Until recently there was no ethical code for the Israeli dietitians.

We established an ethical nutritional committee based on dietitians from different organizations, and heterogeneous positions and occupations to create an ethical code for the dietitians.

The process itself took us more than 2 years, more than 10 meetings together.

During the code development we have looked at dietetics code from Canada, New Zealand, United Kingdom, United States and Australia to adapt some of the criteria to our Israeli culture, as well as codes for other professions and generate some innovative criteria, customized to our needs.

When we finished writing the code we have sent it to a lot of leader opinion dietitians for feedback and reassurance.

For the code implementation, 128 dietitians from all over the country, different positions and Health groups were gathered together in a designated conference.

We create an interactive "Kahoot" questionnaire to emphasize the principles of the code.

As we got very supportive feedback, we wish to introduce it here.

TRAFFICKING AND ETHICS: THE CASE OF CHILD EXPLOITATION

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This paper discusses the emergence of the phenomenon trafficking and the violation of fundamental human rights. Trafficking is presented as a modern form of slavery and is identified with the concept of human trafficking. We set questions like how can slavery of the human body be stamped out and why there are still people who are not protected by this criminal activity. It will be a selective reference to trafficking in children and the legislative survey of international and Greek framework laid down for combating organized crime and the protection of children will be highlighted. We will examine in detail the forms of commerce to promote economic and sexual exploitation of children and composed of prostitution, child pornography and sex tourism. Finally preventive and inhibitory mechanisms to tackle the increase in these acts will be proposed.

THE DUAL ETHICAL ROLE OF THE THERAPIST/RESEARCHER

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Research involving human subjects is usually intertwined with clinical treatment, creating dual roles both for therapists, who also act as researchers, and for patients, who are treated as research subjects. This reciprocal relationship creates serious moral confusion, as the ethics which governs a therapeutic relationship is clearly different from research ethics. The boundaries between research and treatment are blurry, resulting in many therapeutic misconceptions, both for the therapist/researcher and for the patient/participant. We attempt to demonstrate the irresolvable conflict between treatment and research, and to propose how it should be handled. We discuss the concept of clinical equipoise, which helps the therapist/researcher decide between the gain of knowledge and the individual patient's immediate welfare, based on ethical reasoning. We then focus on the distinct ethical demands which treatment procedures and research activity pose, and we note that at the core of the conflict lies a typical dispute between deontology and utilitarianism; hence its irresolvable status. In the end, we assert that health professionals must be well aware of this situation, accept it, and explain it to their patients. The conflict between treatment and research cannot be resolved, but its tension can be eased if some therapeutic misconceptions are cleared up.

COMPLEMENTARY THERAPIES IN CANCER CARE: AN OVERVIEW OF THE EARLY ITALIAN EXPERIENCES

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Cultivate the art and creativity has been recognized as a way to help people cope with different types of diseases. Advantages reported range from the distraction art may induce over pain and anxiety, to the expression of hidden feeling, from stress reduction to the promotion of self-confidence. Recently it is investigating whether the additional activities related to the arts, cancer patients can also help to cope with high stress, anxiety, depression and social distress often linked to cancer pathology. The major cancer centers in the US are in promoting complementary activities and the National Institute of Health states that these activities help people face therapies with a better attitude. Art therapy in Italy is developing recently. Popular activities are: music, dance, drawing and painting. Even the narrative medicine (NBM) is an activity in strong growth and is based on the idea that storytelling is an essential tool to capture, understand and integrate the different points of view of those involved the care process. The NBM integrates with the EBM and makes the most comprehensive clinical care decisions, personalized and appropriate. These activities can lead to lower levels of anxiety and stress, better pain control, better compliance to anticancer treatments and can provide psychological support to both patients and their families. A recent Cochrane review did not find enough support to assert scientifically that there are effects of art therapy on cancer patients. However, the results of individual studies suggest that art therapy can have beneficial effects on quality of life.

ETHICAL & LEGAL RESPONSIBILITIES TOWARDS THE DENTAL PATIENT: THE CYPRUS CASE

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The essence of every health profession is service about self. The dentists' primary obligation is service to the patient and they must always act in the best interest of their patients.

It is of particular importance to the patients, the right of receiving care in a healthy, safe and secure environment that maintains essential hygiene, mandatory equipment, safe sterilisation and standard infection control procedures.

All the above are included in the ethical and legal obligations, which dental professionals have to follow.

It is true that the majority of the dentists in Cyprus are following high standards of services; however, the responsibilities are not only theirs but are also extending to the Cyprus authorities, i.e. the government, Dental Council, Professional Associations and even to the patients associations.

In particular, there is not any legislation concerning the inspection and controlling of dental surgeries. There is no official independent organisation, like the Care Quality Commission in the UK, responsible for setting, monitoring, managing, inspecting and regulating services to make sure that the dental surgeries and dentists meet fundamental standards of quality and safety preventing measures.

As a consequence, a new approach has to be established from the Cyprus authorities in an attempt to meet the ethical criteria for the protection of dental patients.

TEACHING BIOETHICS IN REPUBLIC OF SERBIA: WHOM SHOULD WE EDUCATE?

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Day (2007: Dictionary for Clinical Trials, 2nd edition) describes vulnerable subject as subjects who are at risk from trialist rather than from a disease. Patients with serious diseases were included in this group, as well as persons who have a working relationship with the investigators: nurses, medical students, employees working in the pharmaceutical companies, etc. In other words, vulnerability refers to the inability to protect oneself. It can be due to intrinsic and situational factors that threaten voluntary choice of the patient. The presence of vulnerability makes the achievement of a correct, valid informed consent, which is a procedure not a finished product, rather problematic. Informed consent is not a mere permission for investigators to perform a medical procedure on a patient and it is not solely a legal doctrine. During the very fine continuous medical education seminar held in the Center for the Study of Bioethics in Belgrade on May 17, 2016 under the title: New ethical challenges in investigations which include human subjects, a very fruitful discussion was observed. Most attendees, mainly medical doctors and pharmacists were interested in topics such as placebo and informed consent. We teach medical students about these issues in undergraduate courses in pharmacology (3rd year) and clinical pharmacology (6th year). Also, they are additionally taught during various types of postgraduate studies. But, unfortunately, this was not enough, especially regarding placebo itself and the ethics of use of placebo in different types of clinical trials. It seems to me that basic principles of clinical pharmacology including principles of bioethics should be included in various types of education for all medical doctors. In other words, all medical doctors as well as pharmacists should be educated continuously about these issues. Also, the general population should be informed *via* media about ethical considerations in investigations including not only human subjects.

MORAL ENHANCEMENT & THE ISSUE OF AUTONOMY: AN ALTERNATIVE KANTIAN PERSPECTIVE

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If it weren't for our autonomy and freedom, I assume moral enhancement by means either of intervening in the chemical condition of our body or modifying our genome would be welcomed maybe as the only – or, at least, as the most immediately effective – remedy for the very slow moral progress of our species. Current advances in biomedicine seem to hold the promise of affecting the decision-making of already existing humans, while genetic engineering is now capable to locate and eliminate once and for all the defective genes in our gene-set. Both these possibilities, however, would render us immune to certain vices or, even, altogether to evil, which means that we would be totally deprived of the possibility – and the freedom – to err. Next to its beneficial effects, this would have a huge effect on our autonomy and freedom, and hence on our dignity. In this short presentation I will discuss whether considerations as such could be as plausible and justifiable as they seem. I will argue that moral enhancement by means of genetic engineering and medical intervention would not necessarily compromise either the free will or the autonomy of moral agents. I will conclude with the view that moral enhancement could even be considered as a way of safeguarding and preserving both our autonomy and freedom.

WITS STUDENTS' BIOETHICS SOCIETY: BIOETHICS FOR STUDENTS, BY STUDENTS

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Steve Biko, a South African advocate and medical student was such a threat to antihuman ideals at the pinnacle of apartheid, that he was assassinated. If one voice can be so influential, the potential of the voices of all medical students is incredible.

In this presentation, I will show how the student voice can be instrumental to societal change using Bioethics. Employing an informal, yet pivotal approach to Bioethics education, a myriad of student-led activities are hosted to bring Bioethics alive. I will highlight past, present and future activities that are aimed at promoting Bioethics at Wits University.

In March of 2014, Wits Students' Bioethics Society was launched under the wing of the Steve Biko Centre for Bioethics. The society is health sciences' student-run with a vision to take bioethics back to the bedside – where best-practice should be guided by bioethical principles.

The society's innovative premise is to engage with bioethical concepts in a comfortable environment, culminating in a popular event dubbed Bioethics' Café (where the cafeteria becomes a venue for a round-table discussion-space to address current bioethical topics). Student discourse is also encouraged through annual symposia gathering the health sciences faculty; both staff and students, to debate the bioethics of a relevant topic.

This discursive approach to bioethics has resulted in the recognition and promotion of bioethical principles within our health sciences' student body. The anticipation is that future healthcare workers will be more mindful of their role as patient-advocates, because our world needs a generation of bioethically driven patient-advocates.

INTERNET AND ADOLESCENTS: REFLECTING ON DATA FROM A DESCRIPTIVE STATISTICAL ANALYSIS

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Although Internet was not created with young people in mind, it now represents a huge part of their lives. Many concerns have arisen regarding potential risks, and several measures have been proposed to manage them as well as better understand the phenomenon and its social consequences.

This presentation aims to reflect on some data from a previous study titled "Internet and adolescents: use and access, behavior, cyberbullying and grooming" conducted under the program "Strategies for a better internet for children" started in May 2012 by the European Commission. That study was the main result of the project "Anche io ho qualcosa da dire" (I too have something to say). We conducted a descriptive statistical analysis, a survey about the internet usage habits of all the public high school population (age 14-18) of a whole Italian regional capital, Catanzaro, during the school year 2014. These results provide a snapshot of the frequency and methods of internet usage of a highly representative sample of Italian adolescents. Data appear to suggest issues related to some attributes of communication mediated by new digital technologies: anonymity, asynchronization, and accessibility. We would now like to analyze some key aspects of these findings from a philosophical and ethical perspective.

The information we collected represents a valuable starting point in overcoming the generational gap arisen between teens and their tutorial figures. It can also be used to assess outcomes and risk factors, to better understand the social consequences of the phenomenon and generate hypotheses about strategies for intervention.

BIOETHICS PRINCIPLES IN SANITARY AND PHYTOSANITARY MEASURES OF THE WTO

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Two-thirds of the World Trade Organization (WTO) member states are developing countries. Although large in quantity, they have not fully reaped the maximum benefits of free trade. Problems often arise in the context of the application of Sanitary Phytosanitary Measures (SPS Measures).

SPS Measures is one of the WTO laws intended to ensure all forms of human food derived from agriculture, livestock, or the sea, are safe for consumption by certain standards. SPS Measures is often considered burdensome and detrimental to developing countries. Many times this is the reality because developing countries, which mostly rely on natural resources as their leading trade commodities, encountered difficulties in fulfilling high provisions on the feasibility and safety of food commodities, as determined by the majority of developed countries. The lack in fulfilling such high qualifications is often prejudiced as a systematic effort to marginalize developing countries.

SPS Measures also serves to ensure the rules on food feasibility and safety are not abusively exercised by the developed countries for protective purposes and fraudulent practices which will potentially distort free trade. Application of the standards established unilaterally by developed countries as importing countries is often seen as unfair for the developing countries. Determination of high standards on this regard should be based on neutral and universal parameters; so that disputes which are rooted in the perception of being treated unfairly can be minimized. Bioethics principles should be placed and used as parameter in this context.

WHEN ETHICS MEET DIVERSITY

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The ethical committee at Meir Medical Center meets on a regular monthly basis discussing ethical dilemmas presented by the staff. It functions as a consulting committee with the ability to be of a teaching capacity. Over the years it has been noted that almost always cultural issues are part of the dilemma and of the solution. This has become a corner stone in the process and content of the learning and educational aspects of the committee. Israel is a melting pot of different nationalities and religions and each patient that is presented for consultation includes the cultural aspects of the bio psycho social diagnosis.

Cultural idiosyncrasies impact expectations, customs and interpretations and infinitely define the balance within the doctor patient relationship Different views concerning health care is one of the important challenges in medical ethics today.

Our resources have enabled us to collaborate with different ethnic mediators in an effort to obtain a better understanding of the others health belief. We have as our consultants, representatives of all religious groups in Israel. We work towards cross cultural sensitivity and competence with the belief that better clinical efficiency can be gained.

The Kess is the religious, spiritual and community leader of the Jewish Ethiopians whose function is to maintain and preserve the religious beliefs amongst the people. Several cases from this ethnic background will be presented illustrating how these mediators have assisted in reaching our goals.

SHARING OUTSIDE THE SANDBOX: PHASE I OF A POLICY DELPHI STUDY TO DEVELOP AN ETHICAL FRAMEWORK FOR SHARING GENOMIC RESEARCH AND CLINICAL DATA INVOLVING CHILDREN

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Background: The ability to make scientifically sound links between the human genome and childhood disease rests on sharing both genomic and health-related data. This is particularly true for children whose genetic conditions may be exceedingly rare. Linked phenotypic and genotypic data yields the most clinically useful information for the individual as well as future patients. The increased potential for identifiability as a result of such linkage, however, accentuates the ethico-legal concerns related to data sharing. Despite both an ethical and scientific imperative to share data, there has been little policy attention paid to the ethical, legal and social implications (ELSI) of data sharing in pediatric populations, specifically. We report findings from the first phase of a larger policy Delphi study, which aimed to empirically support a suite of policy points to consider that will serve as the basis for subsequent Delphi deliberations.

Methods: A systematic literature mapping review was conducted on ELSI considerations for pediatric data sharing. The review was guided by the following research question: What are the ethical, legal and social considerations for sharing linked genotypic and phenotypic data involving children?

Results: Ten policy points to consider were synthesized from the literature based on the following thematic categories: i) children's involvement, ii) parental involvement, iii) individual and population risk-benefit analysis, and iv) data protection and access.

Future directions: The methodological strength of the policy Delphi approach to empirical bioethics scholarship will be discussed. The next phases of this study will also be presented, namely how the policy points that emerged from the review will be validated, negotiated and further refined during the policy Delphi process.

CONSEQUENTIALISM IN DISASTER BIOETHICS

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I will give an interpretation of the role consequentialist (bio)ethics can have in disaster settings. My argument will be that consequentialist (bio)ethics is most appropriate when decisions are taken that affect not single individuals but larger numbers of people. This is frequently the case in political decision making, especially when powerful states act in the domain of international relations, but also in disaster and emergency settings. I will argue that consequentialism is most adequate as a moral theory in the latter contexts, contending that different situational settings require different (bio)ethics. The moral relevance of these situational settings is primarily not dependent on differences in cultural contexts, but rather on the number of people effected by (bio)ethical decision making.

BIOETHICS EDUCATION AND RESEARCH IN POST-BREXIT UK

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UK has a recently established new UNESCO Chair in Bioethics Unit. We are in the process of mapping current state of bioethics in education and research in UK.

It is important to discuss the state of ethics in relation to education and research in the post Brexit future, as 13% of undergraduate students, 38% of postgraduate students and 28% of academic staff in universities in UK are from outside the UK. 16% of research and development funding received by UK universities in 2014-15 came from overseas sources-the majority (£ 0.8 billion) from within the EU. The universities UK (UUK) and the Standing Conference of Principals (SCOP) conducted a questionnaire survey in 2004 on current ethics practices in higher education institutions. 99 higher education institutions responded to the questionnaire, which represents 63% of UUK and SCOP's members. 82% responded with documents, including mission or values statements and other ethics -related codes, policies, statements or guidelines. Currently, 53 universities provide a degree in philosophy/ethics. There are premium institutions in UK like Medical Royal colleges, Nuffield trust, Institute of medical ethics, Institute of Business ethics, British Medical Association and Law Society who are actively involved in discussing, interpreting and giving expert opinions on ethical matters that form the basis of various policies of medical and educational institutions and of the government. The presentation discusses the challenges and opportunities that exist in UK for the future.

VICISSITUDE FOR PRESCRIBING GROWTH HORMONES

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Emotionally unfavorable situations in childhood may coincide with a variation of growth in infants. There are multiple studies explaining this circumstance by a reversible deficit of growth hormones in children exposed to psychological or physical abuse, abandonment or orphanhood.

The applied treatments vary from hormone substitution to psychotherapy, the combination of both and/ or the change of environment.

The following article evaluates the variation of growth in children considering adverse situations experienced by the child, not being perceived as such by the dependent adults.

A clinical case was investigated over a period of nine years:

1) alteration of velocity of growth;
2) relationship to adverse situations experienced by the child (intermittent parental separation, maternal depression, entering daycare, journeys):
3) ethical concept at the time treatment is chosen.

Related to the last item we choose to:

a) eliminate the presence of other conditions that may affect growth;
b) evaluate decrease of size;
c) evaluate necessity of prescription of growth hormones by an endocrinologist
d) postpone hormonal treatment
e) initialize psychotherapy
f) implement informed consent with parents
g) interdisciplinary follow up by pediatrician, endocrinologist and psychotherapist

The ethical perspective applied, which respects the regulations of the Chair of Bioethics of the UNESCO, helped to avoid an expensive treatment and a hormonal therapy which is not free of risks for the patient. It also helped to avoid the suffering of a long term and daily use of inyectable medications.

We hope that this particular case will lead to more extensive investigations on the subject.

THE IMPACT OF SUPERVISORS' CONSTRUCTIVE LISTENING ON THE NURSES' RESPONSE TO ERRORS OF TREATMENT

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The rationale of this study's model was to explore the relationship between nurses' perceptions regarding their supervisors' practice of CL and their emotional experiences after committing an error related to patient care. Dependent variables included of guilt, empathy towards the patient, general and professional self-assessment, shame, and Negative and Positive Affect.

Participants: A total of 162 nurses participated, 103 of them (63.6%) held a Registered Nurse (RN) BA degree. Seniority had high variability, ranging from 3 months to 45 years.

Procedure: Participation was offered to nurses working in a health care workplace. The study was approved by the ethics committee.

Methods & Setting: We conducted a quantitative analysis. Participants were recruited using a snowball sampling method in the health care workplace.

Results: The main findings were: a high rating of perceived supervisor's CL led to high state-guilt ($\beta = .15$, $p = .04$). Next, higher state-guilt led to high PA ($\beta = .18$, $p = .02$) and to high NA ($\beta = .45$, $p < .001$). High PA led to reporting the error ($\beta = .17$, $p = .03$), whereas high NA led to a high degree of empathy towards the patient ($\beta=.17$, $p = .03$).

Conclusions: Findings show the importance of CL, which led to reporting of the error and also to a higher degree of empathy towards patients, mediated by increased state-guilt and by increased positive and negative affect.

Supervisor nurses should use CL to create an atmosphere of trust which fosters the reporting of errors for the goal of improving patients' safety.

BIOETHICS AND PALLIATIVE CARE

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Introduction: In palliative care a biopsychosocial-spiritual model is essential to address the patient in its totality. Spirituality is often a relevant issue in such settings, yet there is a need to differentiate spirituality from religion. Spirituality in palliative care focuses on the psychological and spiritual aspects of care, helping to relieve the physical, emotional, social and spiritual distresses of the patient, family members and health care professionals, produced in such conditions.

Objectives: The aim of this paper is to determine if by incorporating a spiritual component, the psychologist gains value insight about the patient, and helps to fulfil the duty of responsibly caring for the "whole" person and, therefore if he/she respects the patients' dignity, and right for self-determination.

Method: To understand this issue and validate our proposition, a theoretical research was conducted and posteriorly a systematic review was done using the keywords "palliative care" and "psychology" and "spirituality".

Results and Conclusions: The incorporation of spirituality into psychological end of life care demonstrates cultural inclusiveness and comprises the patient as a whole, promoting an appropriate response to the patient's needs and to the dying process. As all patients have different needs, some may need religious/spiritual guidance, in collaboration with a spiritual care workers, and others may not demonstrate needs regarding these issues. However, from an ethical perspective the primary role of the counsellor in this regard is to listen nonjudgmentally and to assist the patients in determining what actions are needed to fulfil these needs. Always from a non-directive approach.

BIOETHICS AND EDUCATION

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Objectives: "Education for Values and Bioethics" is a project which aims to help the student to build his/her personal ethics.

Method: It was addressed to ninth grade students (mean age 14) who frequented public education in all schools of the City of Porto, Portugal-EU in 2010–2013 (N-1164). This research and action project intended to promote the acquisition of knowledge in the following areas: interpersonal relationships, human rights, responsible sexuality, health, environment and sustainable development, preservation of public property, culture, financial education, social innovation and ethical education for work. The students were asked to answer to a knowledge questionnaire on bioethics. To assess the values it was used Leonard Gordon's Survey of Personal Values and Survey of Interpersonal Values.

Results and Conclusions: The results of this study show that the project contributes to an increase of knowledge in the area of bioethics. Also the students enrolled in the program showed a development with regards the acquisition of the basic values of pluralistic societies. It is also suggested that this general knowledge on bioethics could be especially helpful to students that want a career in health sciences.

ETHICS, GLOBAL HEALTH & ZIKA VIRUS INFECTION: A VIEW FROM BRAZIL

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Background: The emergency of Zika virus outbreak, the risk of presumed congenital syndrome Zika and other events connected with the neurotropism of the virus, as well as unequal access to resources for diagnosis and health care to the affected present a scenario with several ethical concerns.

Development: This paper discusses three ethical issues related to the infection with Zika virus. These questions are important from a Brazilian perspective. The first refers to the relations between national states in a particular geopolitical context of "Public Health Emergency of International Concern". The second issue is the balance between individual freedom and rights and the need for state intervention. This issue although universal, it is reasonable that balance tends to one or other side depending on the social, cultural, legal, moral context in which the outbreak takes place. And the final issue is related to one of the most important consequences of the infection in Brazil: the woman's right to choose the abortion and the assistance for a legion of children with neuropathic syndromes and their families.

Conclusion: To cope with a possible pandemic disease in a world without boundaries we should set up international teams in cooperatives bases, dealing with different cultural approaches upon the balance between individual and collective rights and the consequences to assistance and public policies. The Zika virus infection brings, as most of emerging or re-emerging diseases, some moral questions. Future generations will judge us considering how we deal with them today by our ability and capacity to act ethically.

A (EUROPEAN) RIGHT TO DIE – A UTOPIA?

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Article 2 of the European Convention on Human Rights (ECHR) grants individuals a right to life. While the necessity and value of a right to life are obvious, there is a detrimental side-effect to said right: it is used as an instant stop to claims concerning a right to die and assistance in dying. This paper will argue that assisted dying needs to be legalized on a national level, based on ideas of dignity and autonomy, in order for the European Court of Human Rights (ECtHR) to be able to have a firmer affirmative approach towards a right to die. The paper starts off with an overview of the right to die cases the ECtHR has had to deal with so far, showing the ECtHR’s dilemma in the absence of a European consensus due to the inherent sensitive nature of the subject. It will then analyze how dignity and autonomy ask for a legalization of assisted dying to enable individuals to get the assistance they wish for in order to die in a dignified way. Dignity and autonomy both work as relational concepts which hasn’t been recognized by the law on assisted dying so far.

This paper takes the position that current law is discriminating in that able bodied individuals are free to commit suicide while those requiring assistance cannot legally obtain it. Ultimately, this goes against ideas of a dignified death and relational autonomy and therefore needs changing. In order for the ECtHR to be able to change its approach, law has to be changed on a national level, a change this paper strongly endorses.

A UNIVERSAL BIOETHICAL APPEAL FOR GREATER GLOBAL EQUALITY IN HEALTH RESEARCH IN LIGHT OF ARTICLE 10 OF THE UNIVERSAL DECLARATION OF BIOETHICS AND HUMAN RIGHTS BY UNESCO

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Global inequality is a major reality and there are different manifestations of inequality in the health care setting. It is not possible in this study to address all the global inequalities and therefore I will only focus on the uneven spending of available global funds for research as an example. Currently less than 10% of available global funds are spent on research of diseases and conditions that affect more than 90% of the world population. Less than 1% of overall funds available for research are spent on tuberculosis and take herewith into account that there is a growing return of tuberculosis because of resistance to drugs (e.g. South Africa). South Africa has one of the largest tuberculosis incidence in the world. The incidence of tuberculosis increased from 300/100 000 in the 1990s to more than 950 per 100 000 in 2012. In view of this issue the bioethical question arises of whether a nation state / global community has the moral right to a request for greater equal justice and distribution of global funding for research aimed at the promotion of health (and addressing other global inequalities in health)?

INCLUDING THE TAIPEI DECLARATION IN THE GOVERNANCE OF EUROPEAN BIOBANKS

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The Taipei Declaration adopted by the World Medical Association (WMA) in October 2016 on Ethical Considerations regarding Health Databases and Biobanks echoes the progress done in research using biobanks and health databases. Whereas this Declaration was adopted by a professional organization, some regulations was about to enter into force in Europe. In order to promote a global and coherent governance framework for research and for the protection of personal data, there is a need to assess the Declaration, in particular the rights it intends to protect, with regards to the EU regulation on data protection (2016) and to the Council of Europe Convention 108 currently under revision. We will notably survey the issue of governance of health personal data, informed consent and re-use of data for secondary purpose in research. At the same time, these issues were also voiced by several research groups at the European level such as BBMRI-ERIC (European infrastructure of Biobanks). This infrastructure, set up in 2013, aims at identifying the existing biological and biomolecular resources in Europe, at providing support to store and share them and at offering some services for quality management, IT and ELSI issues. The group has identified some roadblocks from the practices possibly impairing these missions. We will then analyse if the Taipei Declaration has met the BBMRI-ERIC needs.

CORRUPTIO OPTIMI PESSIMA: ETHICAL CHALLENGES TO ENVIRONMENTAL EPIDEMIOLOGISTS POSED BY CHEMICAL WARFARE

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Objectives: To review the timeline of sarin usage in Syria’s Civil War, which violated the Geneva Conventions banning Chemical and Biologic Weapons (CBW); To promote early response by professional groups

Background: The August 21, 2013 chemical attack in Ghouta, Syria, during the Syrian Civil War.

Methods: Timelines of the attack, responses and counterfactual (“what-if”) assessments of alternative scenarios

Results: By August 2013, 100,000+ individuals, many children and civilians, had been killed in Syria’s war. Footage and reports of Syrians suffering severe respiratory distress, foaming, pinpoint pupils and convulsions became available almost immediately. Doctors Without Frontiers reported 355 deaths within three hours and 3,600+ admitted with nerve gas symptoms following the attacks. Proposals for early intervention were ignored. An August 28 appeal proposed that ISEE release an emergency resolution condemning the use of CBW. On August 30, the White House released a statement confirming the use of sarin with evidence of Syrian Government perpetration. No professional group concerned with health and ethics put forth a condemnation. By 2106, when the death toll was 600,000+, CBW abuses had increased. The reemergence of CBW in Syria, and reports of such in Darfur and now Mosul indicate worse things to come

THE MORAL CONSCIENCE OF THE PHYSICIAN IN CRITICAL SITUATIONS OF THE END OF LIFE

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The essential matters of Bioethics at the End of Life, according to experts, can be reduced to two: anticipation of natural death by euthanasia, active or passive; determination of brain death or total death of a subject. Both of these conditions pose bioethicist in front of so-called "end of life decisions". Decisions that affect both the autonomy and self-determination of the subject-patient, but even more the moral conscience of the doctor, called to move between individual moral conscience, professional ethics, scientific and medical evidence. When it comes, then, to the specific situations of so-called "critical," in which the presumptive diagnosis or experience is, as they say, "inauspicious", or the expectation of supposed life is minimal, such decisions are even more delicate, even if they should be accepted by health care assistant, in agreement with the subject-patient and the family group of reference, in a reasonably limited time (given the situation of the patient's terminal illness). It becomes, therefore, important to focus on, rather than the technical and moral solutions already available in the debate, the path that must be taken by the moral conscience of the doctor (conscience, not consciousness), to develop a therapeutic solution that is capable of comply, on the one hand, respect for the dignity and sanctity of life even in its terminal phase, until does not intervene the so-called "natural" death; and, on the other hand, the right to die in peace without aggressive treatments and without disproportionate treatment.

THE ITALIAN SYNDROME

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The first notice was in 2005 by two psychiatrists Andriy Kiselyov and Anatoliy Faifrych

The symptoms are a bad mood, persistent sadness, loss of weight, loss of appetite, insomnia, fatigue, suicidal fantasies.

Patients are carers, who worked extensively as comfort women, nurse, handyman assistants in Italian homes. Their generic depressive symptoms trigger on a new fracture, namely the weakening of the sense of motherhood deep loneliness and the radical identity split by two major transformations: the Italy aging and the collapse of families and political and economic changes in the Eastern Europe.

Kiselyov and Faifrych diagnosed the first cases in 2005, just three years after the great amnesty of 2002 that allowed the regularization tens of thousands of domestic workers who have come to be the central backbone of the "management" of our local non-self-sufficient elderly.

We did a survey through interviews in our region about the management of the "Italian Syndrome"

Just rebuild the family unit and, suddenly, all the malaise wears off. Often, however, is not so easy: when they return at their country of origin, many women do not find what they remember of having left, affections, friendships, relationships and find themselves in a new limbo in a country that no longer regard as their own. Meanwhile, the children are grown and have definitively turned its back on them.

The "Italian Syndrome" can be cured by listening, warmth, community work, consideration, esteem and affection, but above all with the formation

THE ETHICS' VALUE IN THE SPEECH AND LANGUAGE THERAPY PROFESSION IN EUROPE: UNITED IN DIVERSITY – SPEECH & LANGUAGE THERAPY AND THE NEW MEDIA: ETHICAL ISSUES

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The role of the professional associations is to protect citizens through ethics and ethical behaviour documents. The Speech and Language Therapist is a Health Professional who interweaves personal and professional relationships in the era of communication and social networks. The right to health must be linked to the right to privacy with respect to professional confidentiality. This is why health professionals consider it an ethical obligation which is laid down in their codes of ethics. However, the excessive use of social networks demands greater responsibility in their use. SLTs should be aware of the possible risks: violation of professional boundaries, a tarnished image of the SLT and the organization to which s/he belongs. The SLT profession must be protected online through the proper use of communication in the web and users' confidence should not be betrayed.

HEALTHCARE ETHICS COMMITTEES IN YOUNG DEMOCRACIES

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Healthcare Ethics Committees (HECs) developed in response to complex medical, ethical and legal changes in health care delivery in the last two decades of 20th century. They provide a multidisciplinary *forum* for discussion of difficult clinical issues where the voices – goals, interests, values, and preferences – of *all* of the involved parties, especially patient or patient's surrogate and health professionals, can be heard and respected. Therefore, it is often said that HECs "introduce local *democracy* into *clinical* practice" (Beyleveld et al. 2002, p. 20).

HECs have already become a vital element of health care delivery in the United States, Western Europe, and many other well-developed democratic societies. However, they are still a relatively novel phenomenon in many young democracies (transitional societies), for example in Poland and other CEE countries. I this talk I will present result of literature review and empirical studies on HECs in CEE countries that have been conducted under the auspices of the Center for Bioethics and Biolaw, University of Warsaw. The result will be discussed against research hypothesis that organization and functioning of HECs in CEE countries are highly influenced by two groups of factors, namely: socio-cultural factors and economic factors. The first group contains: weak tradition of democratic discourse; low awareness and respect of the patient's rights, in particular the patient's right to information and her right to autonomy; strong tradition of medical paternalism and an authoritarian style of medical decision-making. The second group contains factors stemming from the weaknesses of health care systems in low- and middle-income countries. In such systems HECs are often considered to be an unnecessary luxury as they are time-consuming and costly.

SURROGATE MOTHERHOOD AND THE AUTONOMY OF MORAL AGENTS IN IMMANUEL KANT'S AND JOHN STUART MILL'S THOUGHTS

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This paper discusses surrogate motherhood and the way it affects the autonomy of the moral agents that are involved in this process. I will focus in particular on the Kantian view, according to which man and every rational being exists as an aim in itself and not as a means of arbitrary use of any will. Human being must be considered as an objective in all its acts or those turning to itself or to other rational beings. Last but not least we will analyze John Stuart Mill's views, according to which utility, which is based in individual's basic interests, is the criterion for all moral issues. The defense of individuality is emphasized, as reaching the philosophical model of this philosopher.

BIOETHICS EDUCATION THROUGH COMMUNICATION SKILLS ENHANCEMENT WORKSHOPS FOR POSTGRADUATE STUDENTS

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Introduction: Knowledge, Attitude and Practices of bioethics are important in postgraduate students of Medicine. Structured program related to bioethical aspects was lacking at department, institution and university in postgraduate curriculum.

Material: The structured program was formulated and implemented through a series of communication skills enhancement workshops conducted by trained faculty over last five years to incorporate key issues in bioethics for postgraduate students of medicine from municipal medical college in a metropolitan city. Sixteen second year postgraduate students per year underwent self assessment, initial assessment of bioethical aspects and communication skills through workplace based assessment by four assessors using pre-validated tools with five point Likert scale. The topics namely empathy, doctor-patient relationship, interpersonal skills, bioethical principals, medico legal aspects, counselling skills, verbal – nonverbal and written communication were covered over a period of one year and impact was evaluated with post test.

Observations: Pretests revealed lower level of scores (1 to 3) related to communication skills and gross lacunae related to knowledge, attitude and practices of bioethical aspects. The communication skills score showed significant improvement (Wilcoxon Signed Ranks Test *p* value = 0.005) in post intervention assessment. The significantly positive impact of the skills enhancement program was seen on the understanding of bioethical principals.

Conclusions: The lacunae identified in understanding and implementation of bioethical principals were enhanced by the training program in postgraduate students. Postgraduate students of medicine in their formative years should be assessed and trained in bioethics through soft skills enhancement to bring out skilled Indian Medical Postgraduates.

VEGAN AND VEGETARIAN FOOD CHOICES AS BIOETHICAL ISSUE – THE INTERESTED PARTIES, CONTRADICTIONS AND POSSIBLE EFFECT ON THE BIOLOGICAL LIFE OF THE PLANET

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An important task of bioethics is to bring parts into contact and allow confrontation between them, points of view, cultures, religions, groups of interest in order to facilitate life in common, to find mutual agreement points, to discover new balances and where possible to favor the enjoyment of novelty.

Autonomy in choosing foods, in the hope they do not cause any health problems must be guaranteed. The feeling of cultural belonging that some food choices give at present, in a growing part of the population, may require an attempt of rationalization.

In particular, some arguments at the basis of vegetarian and vegan choices and also some considerations together with the effect of food consumption on the agricultural production chain, all have bioethical importance.

The surface of the Earth and the biosphere are in great part involved in agriculture and with its variety of social and technical problems it depends from the consumers' choices.

The structure of the subject matter must consider: individuation of the interested parties, analysis of their real and presumable interest including those of the animals, promotion of the coexistence and potential integration of the different moral views according to principles of equity and justice, protection of the biological life of the planet and of the fertility of the land, the careful examination of alternative technologic options, the definition of standards through which to pursue an improvement of life condition of the animals as outcome of a public debate.

ETHICAL POSSIBILITY OF REVERSE RECROSS IMPROVEMENT FROM A POSTERIORI ESTIMATION TO A PRIORI ESTIMATION

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Aim of this study: Aim of this study is to show the ethical possibility of reverse re-cross improvement from a posteriori estimation to a priori estimation.

Materials & Methods: We have one example to perform the medical and health care approach for the elder people by the Japan Women's Medical Association. This approach is the education for development of human resources to keep sustainable aspiration of sputum for elder people. Questionnaire has been performed for a posteriori estimation and for a priori estimation and the results were analyzed by χsquare analysis etc using SAS9.4.

Results: The results by a priori estimation was quite high but the results by a posteriori estimation of the rate to perform aspiration of sputum for elder people was quite low.

Conclusion: This is the reverse & re-cross assessment from a posteriori estimation to a priori estimation. Here re-crossing means the change of crossing between a priori phenomenon and a posteriori phenomenon. This approach is effective to confirm the significance of health & medical care project.

Here even if the education for the development of human resources seems to be estimated highly effective, it might not be enough to occur the ethical motivation to lead to actual health & medical care action.

REVIEW OF THE RESULTS FROM BRAIN IMAGING SCIENCE OF DISSOCIATIVE IDENTIFICATION DISORDERS (DID) BY BIBRIOGRAPHICAL SURVEY

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Aim: The aim of this study is to get the actual proof of multiple personality via recent brain imaging (CT/MRI/DWI/SPECT) trials and to know the rate of sexual abuse in total DID population.

Materials and methods: The bibrigographical survey on DIDs using pubmed have been peformed.

Results: In Dissociative Amnesia, activity of frontal lobe has decreased and exterior side of right temporal lobe has been recognized as post-traumatic lesion. In the borderline personal disorder (BPD)s, right parietal cortex has decreased 9% and when DIDs and disintegration of multiple personality has occurred with BPDs postcentral gyrus has increased 13%. If the sexual abuse has occurred before 11 year old age, the primary sensory cortex in the right post-temporal lobe has more decreased and in the male patients the decreased rate has been much bigger. The similarly localized parts has been observed both in DIDs and sexual abuse patients but the tendency of volume change has not been the same and the gender difference has been existed on the left and right differences.

Discussion: These organic changes suggested by brain imaging should be recognized as one of scientific evidence to protect the human rights of DID patients and sexual abuse survivors. Sometimes in some situations victims and survivors could express over their organic changes by their own psycho-mental ability. This fact could be also to protect their human rights by themselves. In that sense, the value of evidence via brain science shown by brain imaging has been limit.

THE TRUTH ABOUT ADDICTION:
USING SCIENCE TO DESTIGMATIZE ADDICTION

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Like so many mental health problems, addiction is stigmatized and this stigma leads to lack of community investment in mental healthcare or an inability or unwillingness of individuals to seek treatment. The UN notes that international drug abuse and drug trafficking costs nations billions of dollars a year and undermines development efforts. The World Health Organization suggests that almost every nation in the world has a reasonably significant substance abuse problem. In the USA alone, it is estimated that 10% of the population are addicts. The scope of the problem is tremendous and global. How do we help this population when the stigma against addiction is so strong?

Neuropsychological research has shown that the brain is changed by addiction, preventing the addict from voluntarily changing his/her behavior for any appreciable period. The goal of treatment therefore must be to a) address the underlying psychological causes of the addiction and heal any trauma and b) to build new neural pathways in the brain to allow the addict to be able to make healthy decisions. This must be done concurrently with treating any co-occurring psychological disorders. The combination of intensive one-on-one psychotherapy with a host of whole-health therapies has a proven success rate of 70% at one year. The focus of this talk will be on the neurological changes addiction makes to the brain and on the complementary and alternative therapies that are available with proven results. Special attention will be given to whole-health practices that are available even on limited budgets.

THE DIGNITY OF REGAIN INDEPENDENCE IN DAILY LIFE: LOW VISION KNOWS NO BARRIERS

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Low vision affect community even more then blindness. In Italy the number of people affected by low vision is around a million and half individuals and this phenomenon is in constant increase due to the ageing of Italian population.

The decrease in the mortality and natality rate and the increase in life expectancy have caused an increase in the number of elderly, therefore as well an increase in the number of people affected by macular degeneration, glaucoma and diabetes.

Is important to take in account as well that therapy improvement has caused that many eye pathology that in past used to cause full blindness now only reach the stage of low vision.

Is possible that individuals affected by low vision are incapable of taking care of them shelf, and are unable to live in full autonomy their social and work life, causing difficulties to their family and to the community.

The health service and the administration, at national and international level, should prevent the incidence of low vision and when that is impossible they should guaranty access to rehabilitation process that aim to re-establish the individual autonomy of the patient, in both the work and social environment.

Our experience since 2001, have allowed us to develop a multidisciplinary model that employ ophthalmologists, opticians, psychologists and occupational therapists. This model identifies patient's needs to develop a rehabilitation process that lead to the prescription the right aid.

This model optimizes community cost thanks to an efficient management of every single patient's needs.

HUMAN RIGHTS FOR MEDICAL PRACTITIONERS – ADVANCED TRAINING IN HUMAN RIGHTS AND ETHICAL PRINCIPLES IN CLINICAL SETTINGS

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Background: When society faces challenges and difficulties, the role of physicians remains intact. Our responsibility to speak up for our patients does not change, however, the environment in which we live and work calls for new tools to advocate and defend access to healthcare, the right to health and understanding the importance of ethics in clinical settings. With this interactive workshop, we intend to instill core ethical values within our generation's youth and future practitioners, to contribute to a behavioral change where human rights have the fullest respect and health professionals are able to understand and use fundamental ethical principals in clinical settings, to subsequently provide patients with the best possible healthcare.

Methodology: The International Federation of Medical Students' Associations (IFMSA) take initiatives to fill the gaps in medical curricula. With this workshop, we wish to strengthen future physicians' commitments towards Human Rights and Ethics. By using a mixture of non-formal educational technics, formal debating theater based techniques, interactive sessions, working groups and case studies we aim to empower the participants to think critically about ethical dilemmas and human rights issues and encourage them to focus on the roots of the ethical dilemmas and human rights violations.

Discussion and conclusion: This oral presentation aims to discuss the workshop "Human Rights for Medical Practitioners - Advanced Training in Human Rights and Ethical Principles in Clinical Settings" as a way of medical students taking the lead to enhance medical education and ultimately patient care and invites participants to consider how faculties in their countries tackle ethics and human right in the medical curriculum together with medical students worldwide.

THE NEW EU REGULATION ON DATA PROTECTION IN RELATION TO THE WMA DECLARATION OF TAIPEI

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Introduction: In May 2016 the new Regulation on data protection - commonly referred to as the General Data Protection Regulation (GDPR) – was published in the official journal of the European Union. It replaces the current Directive. The GDPR introduces the concepts of "Privacy by Design" and "Privacy by Default. Amongst other mechanisms these aim to protect the right to privacy and thus personal autonomy like the new Declaration of Taipei (DoT) on ethical principles for health data bases and biobanks (www.wma.net). The DoT introduces a detailed concept of gaining consent and protection. This contribution aims to analyse synergies of the GDPR and the DoT.

New Rules: The GDPR strengthens the rights of the so called data subject, although the basic principles remain consistent with the current Directive. Newly introduced are the concepts of

- Privacy by Design aiming to integrate privacy and data protection compliance from the start into the design specifications of technologies and
- Privacy by Default aiming that appropriate technical and organisational measures must be taken to ensure that "by default", only personal data which are necessary for each specific purpose are processed.

However, the GDPR does not specify precise protection for the re-use of personal data for research purposes ("secondary purposes") but leaves further safeguards to the national level.

The DoT offers a multiple step consent mechanism based on a governance solution involving an initially given consent with limited information and commissioned reviews of the use of data or specimen by a dedicated ethics committee.

Discussion: While the GDPR sets a very general but strict standard for implementing privacy, the DoT aims at an operational solution for the unknown future uses and effects of data and specimen use.

Conclusion: Although very different in their approaches both the application of the GDPR as well as the consent plus governance solution recommended by the WMA do not contradict each other, but rather provide complimentary safeguards for the protection of personal autonomy.

LIFE: QUANTITY OR QUALITY? THE PLACE OF THE DOCTRINE OF SANCTITY OF LIFE IN END OF LIFE CARE

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The doctrine of sanctity of life (SOL) is frequently used by doctors, judges and politicians in arguments against euthanasia and abortion. However, its true meaning and application is contentious. Developments in end of life medical technology have challenged the core of this doctrine such that its relevance and significance in end of life decision-making have been questioned. By combining analysis of the biblical sources for SOL alongside contemporary philosophical approaches I formulated a revised understanding of SOL that is readily applicable to healthcare and law. This understanding sees sanctity as an activity, rather than an inherent property of life; the individual sanctifies their life through their thoughts and actions. By seeing sanctity as a capacity, SOL is no longer pitted against the quality of life ethic. QOL is instead defined as the relationship between the patient's medical condition and their ability to sanctify their life. The concepts co-operate to ensure the patient receives the best care. Application of this revised understanding to end of life care dictates that if a patient is no longer capable of sanctifying their life, due to disease or disability, they may be allowed to die. However, the doctor's duty to sanctify their own life precludes actively terminating the life of the patient. While controversial, I believe this interpretation of SOL will ensure the continued relevance of this doctrine and lead to more informed ethical discussion about end of life care in the UK.

BIOETHICAL PERSPECTIVES IN PHARMACOGENOMICS & PRECISION MEDICINE: PHYSICIANS' VIEWS & ATTITUDES

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The specific promises associated with precision medicine include the use of the patient's unique genetic profile to detect the onset of disease at its earliest stage, prevent the progression of disease, and optimize disease treatment. However, there are different bioethical challenges in clinical implementation of pharmacogenomics (PG) and this more stratified treatment approach. Information regarding the physicians' opinion regarding PG and its practical clinical application is lacking. In this descriptive, cross-sectional study we have recruited 149 physicians currently practicing in hospitals in Bosnia and Herzegovina (BH) and analyzed the level of their awareness regarding genetic tests and personalized treatment by using a 46-question survey. Statistical analysis was performed by using SPSS v.23 software. Our results showed that the majority of physicians (66%) agreed that PG represents a new and promising health care model. Importantly, a large number of physicians (71%) have positive attitudes regarding the application of PG in the medical practice. However, more than a third of physicians did not feel sure about interpreting the results of PG tests. Interestingly, younger physicians were more comfortable interpreting results of PG tests as compared to those with more years of experience. In addition, younger physicians are also more aware of the importance of PG for the medical practice compared to others. Furthermore, it appears that about a half of study participants (52%) believe that the data confidentiality is the key ethical issue, while 44% of them think that patient privacy is the most important ethical aspect of genetic testing. Thus, our results suggest that physicians in BH are aware of the benefits of PG and personalized medicine and that they would need more professional education in order to implement the PG testing in their clinical practice. It would be pertinent to offer more topics related to PG and personalized therapy in current curricula in biomedical studies, postgraduate training, and continued education of healthcare professionals.

LOOKING FOR CONSCIOUSNESS NEUROIMAGING, VEGETATIVE STATE AND HUMAN DIGNITY

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Since 1972, when B. Jennet and F. Plum coined for the first time the expression "vegetative state", they distinguished "wakefulness" from "awareness", equalizing "consciousness" with observable responses to behavioral stimuli. Recent advances in brain imaging applied to diagnosis of severe brain injury, by enabling to go beyond observable behavior, are questioning the well-established opinion that vegetative state patients would not be conscious. The moral question of autonomy or a patient's best interest to continue living or not, indeed, depends on their capacity to realize cost and benefits of their own condition. Regardless of ethical issues about advance directives, withholding or withdrawing nutrition and hydration, the use of functional magnetic resonance imaging (FMRI) brings about bioethical debate to focus on restricted question whether these patients are or are not conscious, by diverting our attention from some hidden presuppositions of debate, as equivalence between higher brain and consciousness. Focusing on such equivalence, this paper challenges the so-called "cortico-centric perspective", by arguing that we can detect possible responses to stimuli, not their condition, namely consciousness in itself. As subjective experience, indeed, consciousness escapes objective scientific observation, usually being detectable by wider and complicated assessment at the bedside. If consciousness is "the most complex and impenetrable human property" (A. Damasio), the growing use of FMRI to detect it, should be scaled down. The response to the question how we should treat vegetative state patients, therefore, is independent from our ability to verify empirical presence or absence of their consciousness, concerning rather the human dignity principle.

FEEDING SINCE THE BEGINNING – ETHICAL DILEMMAS IN NEONATAL NUTRITION THERAPY

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Feeding a new born is one of the basic most primary interactions parents have with their child. When a baby requires intensive care immediately after birth due to prematurity or other neonatal complications the responsibility for feeding, growth and development

is incorporated as part of daily care in the Neonatal Intensive Care Unit (NICU).
At all walks of life, nutrition therapy is a part of the comprehensive understanding of the person's condition, prognosis and quality of life. In the NICU, there is often a need for invasive feeding techniques in order to sustain life even though the baby's diagnosis and therefore prognosis and best interest is not clear. This raises ethical dilemmas in the neonatal dietitian's work as part of the multidisciplinary team of NICU health professionals.

DOES THE RIGHT TO PARENT EXTEND BEYOND THE GRAVE? POSTHUMOUS SPERM DONATION: ISRAELI LAW, JEWISH LAW AND META JEWISH LAW

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Demand for taking and using posthumous sperm is a social-ethical issue that raises several quandaries for doctors, families and legislators and is under debate in Israeli society.
In the vacuum created by lack of Israeli legislation, Israeli courts have been asked to address the requests of relatives of the deceased to extract sperm from their loved ones in order to leave a "biological will"—either with a woman in need of a sperm donation or a designated partner.
These requests raise several questions: Is it ethically sound to deliberately father an orphan? Who chooses the mother? What if the deceased expressed his desire orally, perhaps obliquely—is that sufficient to extract sperm posthumously?
Thirteen years ago the Attorney General at the time, Elyakim Rubinstein, issued guidelines providing the conditions according to which extracting sperm from the deceased and using it for insemination may be permitted. The guidelines state that they were formulated "on the basis of the values of the State of Israel as a Jewish and democratic state and on the basis of the human rights granted by Israeli law." Relatives of deceased and the courts do not necessarily see themselves bound by the Attorney General's guidelines, and Legislation is still in stages of preparation. As a result, rulings are diverse, and all players bring their values and principles to the table.
In this presentation we shall discuss the positions of various Jewish legal decisions on the subject, comparing the principles and values that underlie their rulings with those that underlie the rulings of the Israeli courts and the Attorney General's guideline.

TRANSLATION OF ETHICS EDUCATION IN INTERNS AND POST GRADUATE STUDENTS – A QUESTIONNAIRE-BASED STUDY

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Introduction: A test of ethics education is the application of its principles in daily behavior and work by medical interns and doctors. We attempt to understand the perceptions of interns and resident doctors on medical ethics and its application.
Methodology: 150 peer-validated questionnaires, were distributed amongst respondents to be voluntarily filled and returned within 15 minutes. Responses were entered in Excel sheet and data analysed in SPSS V20.0. The questions are in Yes/No response or on Likert scale.
Results: Response rate was 76.7%. All agreed on the importance of medical ethics and teaching it as separate subject. Only 53.6% admitted to receiving ethics education in undergraduate school with resident doctors significantly reporting lesser exposure ($p<0.05$). Mode of learning most accepted was deliberate teaching while not favored was religious teachings. Respondents were divided on other modes with highest variability regarding role models (IQR4, Mdn 3). Significantly few students admitted to undesirable actions in ethical scenarios outlined ($p<0.05$). Those who accepted deliberate teaching as a mode of learning reported maximum undesirable acts (75 by 56 respondents). Least undesirable practices were reported by those accepting religious teachings (21 by 29 respondents) with significantly less admission of discussing mistakes of colleagues ($p<0.05$).
Conclusion: Penetration of ethics education to all medical students needs to be further enhanced. The poor acceptability of role models as a learning resource by the respondents mandates further exploration. The translational outcome of medical ethics education and factors that influence them need to be identified, monitored and addressed.

CONSTITUTIONAL CONSIDERATIONS OF LIFE ETHICS EDUCATION

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Right to life is a right of living, it's content is people enjoy life safety and tranquility, and the right to life is the base of all the other right. For this, nearly 200 countries around the world invariably write the right to life in the Constitution. Every government is making an active effort to respect and protect the right to life. With the advent of new technologies related to life such as euthanasia, organ transplantation, assisted reproductive technology, genetic engineering, how to improve the quality of life, respect for life, quality and dignity of living has become a global focus of attention, and then, what is to be mentioned is how the Constitution respects and safeguards the right to life. A country's constitution is not only the basis of other laws of the country, but also the most fundamental criteria for activities of all the country's organizations and groups. Under the guidance of the constitution, the education of life ethics education will lead to the exploration of life and the concern for the right to life, it will guide the people to correctly handle the activities related to the right to life. This is the common value between countries, the linkage between countries will trigger a new wave of thinking in the context of life ethics.

SOCIAL & ECONOMIC IMPACT OF ILLEGAL IMMIGRANTS

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Illegal immigrants are all foreign-born non-citizens who are not legal residents. Most of them either entered the country without inspection or were admitted temporarily as tourist and stayed past the date they were required to leave.
Illegal immigrants are only a drain on government services when they are incapable of paying taxes or other expenses. This incapacity is the result of restrictive policies that require proof of citizenship. Without citizenship they are not able to work legally. This situation can lead to misconduct behavior.
Countries need to cope with this phenomenon that often creates ethical dilemmas.
The presentation includes the arguments of the questions arise, the ethical approaches involved and conclusions regarding the social and economic issues related to illegal immigrants.

UNDOCUMENTED MIGRANTS' ACCESS TO HEALTH CARE AND THEORIES OF APPLIED ETHICS

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In many countries undocumented migrants' access to public health care is limited. Often they only have access to emergency care and in some countries not even emergency care is provided for them (Cuadra 2011; Hacker et al 2015). In this paper I analyze moral acceptability of the policies of not providing public health care or of providing only very limited public health care to undocumented migrants. The points of view is the following theories of ethics: ethical egoism, utilitarianism, right based ethics and duty based ethics. In addition I will discuss the undocumented migrants' right to health care from the points of view of theories of justice by John Rawls and Robert Nozick. The conclusion is that none of the theories discussed supports the solution of denying health care services *only* from undocumented migrants. Some theories support giving public health care services to everybody. According to other theories only some people should have access to public health care. Yet, none of the theories implies that everybody else *except* undocumented migrants should receive public health care services.

THE PHENOMEN OF DEFENSIVE MEDICINE IN ITALY: NEW LAW ABOUT THE PROFESSIONAL RESPONSIBILITY

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Medico-legal disputes between doctors and patients for cases of allegedly incorrect performance are constantly rising.

According to ANIA (Italian Association Of Insurance Companies), there are about 30.000 cases of damages claimed each year and half of them end up in court.

Ninety percent of these trials end in acquittals or are shelved.

But this so-called 'Defensive Medicine' costs the Italian Society over 10 billion euros a year.

In Italy this situation has determined fear and hesitation on the part of the physician to perform his job as well as the rupturing of reciprocal confidence between patient and doctor: there are surgeons refusing to operate for fear of being denounced.

For these reasons, an immediate commitment on the part of Italian politics (government and parliament) is necessary in order to emanate a law concerning Professional Responsibility which is equal to that assumed by the law for civil rights.

It's been about seven months now since the Government began working on the draft of the decree-law that will soon be completed.

Only in this way, will it be possible to restore serenity to doctors to be able to perform their jobs and give patients the right to be treated in the best possible way.

THE PROTECTION OF PRIVACY IN MULTINATIONAL RESEARCH SETTING: LESSONS FROM B3AFRICA

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Privacy is a context and culture-specific concept. In Europe, it has long been a cherished value and a protected right. In Africa, where Ubuntu cultural values exist, historically it has not been a cherished value. The Ubuntu culture of openness and transparency is in strong contrast to the western culture of privacy and private autonomous spheres. Consequently, the protection of privacy and data protection is only starting to find its place in Africa relatively recently.

B3Africa is a project that aims to build biobank research capacity in the EU and Africa by creating and enabling the use of eB3Kit. This project has a twofold ambition: to enable the use of the kit on site as well as to ensure a two-way collaboration between the EU Member States and the African States. This collaboration, however, is rather difficult to achieve because of considerable differences in the evolution and the stage of development of privacy and data protection in both of the continents.

This research seeks to scrutinize the challenges to ensuring the protection of privacy and personal data that the aspiration for collaboration between the EU Member States and the African States presents. Likewise, it examines the potential ways of overcoming them. In achieving the aim, it shares the lessons gained within B3Africa project.

THE WMA DECLARATION OF TAIPEI ON ETHICAL CONSIDERATIONS REGARDING HEALTH DATABASES AND BIOBANKS

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Introduction: Data on health from patients and healthy individuals are increasingly collected into databases and vast databases containing information on millions of individuals are now a reality. This creates various concerns, not only of practical and technical nature but also ethical.

WMA Revision process: The WMA has considered the ethical aspects of collecting, storing, using and reusing data from databases and biobanks and has now produced a new policy in this area in 2016, The Declaration of Taipei (www.wma.net). The policy was created in collaboration with many partners through open consultations and in discussions in meetings and conferences.

Main issues: The declaration addresses several issues but the main focus was on balancing the benefits of the use of biological material and data against the rights of individuals providing information and material. Some of the main issues of the declaration listed here will be discussed in more detail:

- To address various types of databases.
- Is it ethically acceptable to ask for broad consent for later use of data, not known at the outset?
- Should individuals have the right to opt out, ask for deletion or corrections?
- Should the same ethical principles apply to genetic information as for other health information?
- Which rules should apply when biological material or information thereof is transferred to other repositories?

Conclusion: There is a huge interest in using the benefits of health data. The WMA wishes to provide a sound ethical platform by its new declaration.

TO ERR IS HUMAN – INCIDENT DISCLOSURE AFTER ADVERSE EVENTS – PROMISES AND PROBLEMS

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To err is human – incident disclosure – promises and problems

Health care has become more effective more complex with grater use of new technologies. Health services treat older and sicker patients who often present with significant co-morbidities requiring more difficult decisions. According to statistical data in Europe every 10 patient experiences preventable harm or adverse event in hospital causing suffering and loss for the patient their families and health care providers. While incident disclosure after adverse events is widely endorsed even in health care systems with well articulated disclosure policy, incident disclosure remains limited in practice. It is estimated that 50 % of all health care providers at least once in their career have been involved in or exposed to adverse event. These individuals referred to as second victims need emotional support from colleagues and supervisors so that the occurrence of patient safety incidents results in constructive change in practice. In this presentation I will discuss both promises and problems in sharing experiences, learning from failure and effective evidence based care.

EMERGENCY RESEARCH ON INCAPABLE SUBJECTS: PRELIMINARY RESULTS OF THE EROIS STUDY

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Emergency Research (ER) is the experimentation of new diagnostics/ therapies for patients in critical condition, frequently incapable to consent. Today the debate is particularly focused on this shortage of consent of the incapable subjects. Oviedo Convention (OC) and his Additional Protocols set up a safeguards system to ensure the protection of incompetent persons in clinical research, but its application has been quite “patchy”: most countries have ratified it, but in some cases OC was not ratified or the process has never been completed. In USA the exception to informed consent was introduced in 1996 from FDA through the adoption of Regulation 21 GFR 50.24. The new European Regulation (EU) 536/2014 introduce the possibility to conduct an ER but some dilemmas remain about ethical application of ER. With the aim to contribute to define the ethical conduction of ER we have designed the EROIS (Emergency Research On Incapable Subjects) Study, an international multicentered study. The application of EROIS Study involved the “A. Gemelli” University Hospital in Rome and was carried out on patients of Stroke Unit, Nephrology and Dialysis department; on LARs of these patients and on healthy persons in particular university students of health care degree courses. EROIS preliminary data highlights the need to improve public knowledge and culture on ER in order to the correct implementation of the article 35 and to ensure the integral management of ER.

POSTPARTUM DISORDERS, THE DSM-V AND CRIMINAL RESPONSIBILITY – A SOUTH AFRICAN MEDICO-LEGAL PERSPECTIVE

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The interface between criminal law and the field of psychiatry has manifested predominantly with reference to the defence of pathological criminal incapacity or more commonly referred to as the insanity defence. The threshold requirement for establishing the defence of pathological criminal incapacity entails that the accused at the time of the commission of the offence should have suffered from a “mental illness” or “mental defect”. Once it is established that the accused suffered from a mental illness or mental defect at the time of the commission of the offence, an assessment is conducted to determine whether the mental illness or mental defect rendered the accused either incapable of appreciating the wrongfulness of the act or of acting in accordance with such appreciation. The problem which inevitably arises during the assessment of the defence of pathological criminal incapacity relates to the fact that the terms “mental illness” and “mental defect” are not defined. Mental health practitioners mainly rely on the DSM for answers yet the DSM cautions that these disorders contained in the DSM may not be wholly relevant for legal purposes. In addition, the DSM often does not contain disorders the accused might have suffered from at the time of the commission of the offence. Postpartum disorders typically fall into the latter category. Postpartum disorders are generally classified as postpartum depression and the more serious manifestation-postpartum psychosis. Postpartum disorders were not provided for in the DSM-IV (1994) or the DSM-IV-TR (2000). The DSM-V recently came into operation and yet again these disorders fall outside the scope of the DSM-V. Research indicates that the mental health professional plays a vital and pivotal role in explaining these disorders and the various complexities associated therewith. The focus of this presentation will be to illustrate the phenomena of postpartum depression and postpartum psychosis against the backdrop of the defence of pathological criminal incapacity within the context of South African criminal law. The vital and essential role of the mental health expert within such context will be illustrated. The ethical dilemmas mental health professionals are faced with will be elucidated and discussed.

THE EMERGING ROLE OF THE NURSE IN ASSISTED DEATH

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As the debate on assisted death continues, there are many physicians who refuse to participate, leaving the opportunity for participation by other members of the health care team, such as nurse practitioners. This presentation will discuss the historical role of nurses around the world in assisted death and the challenges that nurses face in caring for patients at the end of life. The discussion will be cased-based and identify the ethical and legal challenges that nurses may face with patients who have requested assistance in dying. Several nursing organizations and several professional Codes of Ethics expressly prohibit a nurse’s involvement in hastening a patient’s death because it is against the ethical traditions and goals of the profession, and its covenant with society. The International Council for Nurses is silent on the specific role of the nurse in assisted death, but advocates for a palliative care approach aimed to reduce suffering for patients at the end of life.

Canada is the first country in the world to allow nurse practitioners, rather than physicians, to administer lethal medication in assisted death. There will be an interactive discussion of the role of the nurse in assisted death and the ramifications of this significant shift in policy. The discussion will conclude with practical methods for nurses and nurse practitioners to utilize in caring for patients who have requested assisted death, including refusal, conscientious objection and withdrawal of care.

ETHICAL CONSIDERATIONS IN THE COMPILATION OF AN INTERNATIONAL OATH OF MEDICAL ETHICS

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Physicians compelling themselves to an oath of allegiance to medical ethics principles represents the moral commitment of the members of the profession to a code of behavior fundamental to medicine. What is unique about the medical profession is that many of the values of the vocation are supposed to apply regardless of culture, ethnicity and generation. However, it is here that international codes such as the most recent Declaration of Geneva (the modern Hippocratic Oath) face a challenge. How does one include respect for international diversity while at the same time compile a code applicable to all? What are the defining values of the medical field that are applicable regardless of nation, religion and culture? What are the most important medical ethics principles that need to be included in an oath with international applicability? Who decides? Is it even ethical to compel all members of the profession worldwide to pledge allegiance to such an oath? Does a medical oath guarantee quality of ethical performance and conduct and how can this be evaluated? These issues and others, including several examples from medical oaths either already in existence or "retired" will be explored.

THE PRINCIPLE OF BENEFIT FROM DRUG DEVELOPMENT FOR PATIENTS IN CLINICAL RESEARCH

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Background: From an ethical perspective clinical research involving humans is only acceptable if it involves the potential for benefit. Various characteristics can be applied to differentiate research benefit. Often benefit is categorized in direct or indirect benefit.

Methods: Literature on research benefit was identified by searching PubMed database using several combinations of keywords like “benefit” and “clinical research”. The search was limited to articles published in English language. Likewise, a google search without any language limitation was done. Additionally, the reference lists of promising articles were screened for further thematically related articles. Finally, the review included English and German articles published between 1996 and 2016.

Results: Based on the reviewed literature it can be stated that the principle of benefit from drug development is routinely divided into two main classes, namely individual patient benefits and collective benefits for the society [National Bioethics Advisory Commission (1998)]. Thirty-four (34) of an overall of 39 articles and publications by governmental medical institutes focused on the personal benefit of the patients. Hereby, the leading benefit is an increased quality of life (41.2%). The collective benefit was discussed in 18 of the 39 articles and described general knowledge gain (72.2%) as main benefit.

Conclusions: Individual patient benefit from drug development appears to be more frequently as benefits concerning the society in general. Though a scientific approach is population based and consequently closer to the social benefit category. Each individual patient has the right to look and hope for a personal benefit from participating in a clinical trial [Ulrich et al. (2016)]. From an ethical point of view each benefit achieved for individual patients as part of a clinical trial, might be seen as social benefit as well.

THE CONCEPT OF AUTONOMY AND CLINICAL ETHICS CONSULTATION

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Human rights and patient rights movements in Europe have transformed the physician-patient relationship in the past decades. Nowadays, the principle of autonomy in form of the right to self-rule and autonomous choice is a broadly acknowledged standard. However, full respect for this principle in modern treatment situations sometimes leads persons involved to their limits and can create uncertainties or tendencies towards interference, e.g. if a therapeutic goal has to be changed or if the best treatment option from a medical/care point of view is not the right option for the individual patient. Other factors, such as different (cultural) attitudes towards health and illness or new, complex technologies can lead to misunderstandings and situations, in which a patients' freedom of choice is impaired. Multidisciplinary reflections of complex treatment situations can bring more transparency to the decision making process, enhance communication and can lead to a clarification of the principle of autonomy in a specific treatment situation. This presentation will reflect on which role clinical ethics consultation can play in the context of autonomy by presenting results of an interview study conducted with members of a clinical ethics committee.

PHYSICIAN PERSPECTIVE OF CHALLENGES IN MEDICAL ERROR DISCLOSURE – CASE STUDY IN UNDERGRADUATE MEDICAL STUDENT EDUCATION

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Medical error is a mistake committed by health professionals which results in harm to the patient. Medical errors can occur due to wrong diagnosis, error in administration of drugs, error in performance of surgical procedures, error in the use of equipment or misinterpretation of laboratory findings. When medical error occurs the most common dilemma faced by doctors is whether or not to disclose the error to the patient. Physicians often conceal the error due to fear of negative consequences. The flip side, if error disclosures are handled well - patient trust in physician could increase, can be used to improve processes (enhance patient safety) and prevent lawsuit on the hospital.

A survey was undertaken with undergraduate medical students to understand their perception and attitude towards disclosing medical errors. Three case scenarios were discussed with students. Students were encouraged to discuss the principles of bioethics that are violated due to non-disclosure of medical errors. At the end of the survey, students voiced the need for teaching communication skills for disclosure of medical errors in the medical curriculum. A step-wise communication model to handle disclosure of medical errors was taught using role plays and a subsequent survey was taken to assess the impact of the intervention.

While disclosure of medical error was felt important, in view of the principles of beneficence, non-maleficence and patient's autonomy, it was difficult to do so. Complete medical error disclosure should be managed as a group (health care team) process.

THE ETHICS OF CARING FOR HOSPITAL-DEPENDENT PATIENTS

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Hospital-dependent patients are individuals who are repeatedly readmitted to the hospital because their acute medical needs cannot be met elsewhere. Unlike the chronically critically ill, these patients do not have a continuous need for life-sustaining equipment and can experience periods of relative stability where they have a good quality of life. However, some end up spending months or even years in the hospital receiving resource-intensive care, and are unable to be safely discharged, despite an initial optimistic prognosis. The inability to safely discharge these patients to their home or to a skilled nursing facility and prevent rapid readmissions in the future creates ethical implications for the physicians who care for them. Because hospital-dependent patients' medical needs thwart the traditional goal of safe discharge, both clinical ethics and physicians' professional responsibilities are implicated by their care. On the clinical ethics front, the inability to reliably identify these patients early can complicate discussions about treatment goals and informed consent. Similarly, the tremendous dedication of limited resources to these patients without safe discharge back to the community may raise concerns of poor stewardship. Regarding professional responsibilities, unexpected decompensations can call the physician's competency into question leading to frustration and possible burnout. Further research and support of this population is needed to more reliably identify hospital-dependent patients on admission, better inform the discussions of short- and long-term treatment goals, more wisely allocate resources both within our acute care hospitals and larger healthcare system, and reduce burnout for the professionals caring for these patients.

INFORMED CONSENT – HOW IT WORKS IN PRACTICE?

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According to 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 any intervention in the health field may only be carried out after the person concerned has given free and informed consent. Patient have the right to receive understandable information on health condition, diagnosis, suggested and possible diagnostics and treatment methods, possible to foresee results of their application and omission, treatment outcomes and prognosis. In my opinion unfortunately it doesn't work properly in practice in Europe. Contrary to popular point of view, one of the main problems in providing excellence in health care in Europe is not only lack of money, but lack of information. Patients are not properly advised about risks, consequences, possible results and alternative to a proposed treatment. Therefore, even if they consent, they are not exercising choice. They do not share responsibility for their treatment in the way they were meant to.

Relying medical intervention possibility on receiving appropriate consent gives the guarantee of respect for the patient's autonomy, and in wider perspective - respect of human's dignity, referred to in Article 30 of Polish Constitution, European Convention on Human Rights and Biomedicine. The consent shall be thus an act executing the protection of patient's autonomy in terms of basic personal interests. It cannot be expressed under duress, mistake or in mental condition which makes conscious decision making impossible. The content of the consent shall be explicit and must not refer to any medical procedures (*in blanco* method) - it must be clear to whom and for what action it is given.

Making a medical procedure without the patient's consent is one of the offences against freedom. For example :the Polish Penal Code of 1997 has introduced in Article 192 new type of offence, which states that any person who performs medical procedure without the patient's consent, shall be liable with fine, penalty of limitation of freedom or imprisonment up to 2 years.

The law should serve to commonly recognized moral values and if the legal norms will be supported by the values, application of law will be more ascertained and will lack intuitive adjudicates - in accordance with unspecified criteria - dilemmas of an ethic nature. In my opinion in the light of contemporary medicine achievements, the tasks set to the legislator are extremely difficult to perform. Undoubtedly, the possibilities of medicine and physicians' action have been primary to the legal regulation, which aren't always compatible with the reality, thus, respecting legal norms in force is necessary, especially in the field of health and patient's rights. In addition creating health care regulation we cannot forget about European and international experiences and knowledge.

NURSING PROFESSIONAL STANDARDS FROM AN ISRAELI LEGAL PERSPECTIVE

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The presentation aims to analyze the Legal reference to the required nursing professional standards in Israel. This is done based on various scenarios, mainly those described in legal proceedings. Such proceedings may be a criminal charge against the nurse, a damages claim or a disciplinary procedure. These proceedings may have different aims and structure but they may be used together to construct a general picture of the legal reference to the required behavioral norms expected of nurses.

The following breaches of nursing standards are mentioned in the paper: A mistake that is considered to be negligence, bad clinical judgement in the time of the event (as opposed to hindsight), failure to obtain information related to the patient, breach of the duty to observe a patient, failure to medicate properly, failure to protect patient's privacy, breaching of duty of care in relation to medical devices (failure to detect malfunctioning equipment, failure to detect patient's disruption of the equipment functionality), failure to record or report, improper nursing diagnosis, not obtaining a physician's confirmation or validation to comprehensive or substantial instruction/orders, not implementing medical instruction in a critical manner while considering benefit and harm, failing to meet the experienced nurse standard, and to meet the novice nurse standard. The court reasoning and decisions seem similar in those cases to cases focusing on physicians standards of care. Although the "public discussion" usually revolves around Medical Malpractice, it seems that in some cases, the nursing staff is equally liable and in others the nursing staff is the only liable party. This emphasizes the important role of nurses within the medical staff and their accountability.

THE OVER-PATOLOGIZATION & OVER-MEDICALIZATION OF CHILDREN: A CURRENT PROBLEM

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Currently vertiginous modifications carve tense coexistence between old and new paradigms. Embedded in the hasty, unprecedented subjective expressions appear on the scene, with such celerity that the existing linguistic categories are not enough to embrace them, to name them, to describe them as such - at best - are partially thought out. The empty spaces left by language promote the languages of segregation. The over-patologization and over-medicalization of children due to school difficulties and / or attentional difficulties are privileged ways of expressing exclusion movements. The Argentina Mental Health law (№ 26657) and UNESCO's developments on ecobioethics open spaces for reworking the parameters and conceptual matrices involved in psychodiagnostics, in order to promote readings of transdisciplinary interrelations centered on human rights.

In order to understand the theoretical and clinical complexity of the psychodiagnosis of children, the ongoing research project, endorsed of the San Luis University (Argentina) included: 1. Epidemiological studies of the consultation. 2. Development of diagnostic and therapeutic resources. 3. Etiological review of the symptom. 4. Analysis of therapeutic effectiveness. 5. Comparison of two psychoanalytic psychotherapeutic modalities (parallel group of parents and children versus individual treatment of the child.

The clinical and empirical studies allow us to propose, within the framework of an extended diagnostic device, a new diagnostic indicator: the evolution of attentional difficulties - after six months to one year of psychotherapy - before resorting to pharmacological treatments. It is emphasized that diagnosis in a person's life is never neutral, therapeutic or iatrogenic.

BIOETHICAL DILEMMAS IN THE WAR AGAINST AIRPORT TERRORISM: A FORENSIC-PSYCHIATRIC DISSECTION

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In 2016, American Unit of the UNESCO Bioethics Chair held a two day conference with a representative from Israel Airport Authority to discuss how to can one practice effective and ethical airport security. We explored how bioethically informed forensic psychiatric practices can be implemented to avoid the dynamic, pitfalls of responses to fear. These include stereotyping, false positives, denial and false negatives.

The conference yielded a successful platform for a workshop for airport security personnel, but also raised multiple bioethical dilemmas at varying levels: dilemma of firstly defining bioethics against terrorism that exists as antithesis to all human morals and dignity, dilemma at staff personnel level, dilemma of implementation of bioethical practice at organizational level, dilemma at state level, and ultimately the dilemma at the international level. However, when one applies basic evidence-based medical model and core ethical principles as forensic psychiatrist, many of these dilemmas can be at least re-defined into dichotomies, such as bioethical dilemmas between subjective assessment and objective assessment at staff personnel level. Furthermore, these disparate assessments can ultimately reach consensus through using a shared, empirical method of identification. Likewise, at all levels from microscopic to macroscopic, core psychiatric ethics and scientific practices are implemented to address bioethical dilemmas in a war against Airport Terrorism.

THE EVOLUTION OF BIOETHICS EDUCATION AT THE UNIVERSITY OF THE WITWATERSRAND

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Past events that occurred in the apartheid era in South Africa and innovations; both locally and internationally, in medicine and science have necessitated Bioethics and Health Law training in South African Medical Schools. Bioethics education at the University of the Witwatersrand has grown over the past four decades, and flourished after 2006 when the Committee on Human Rights, Ethics and

Professional Practice of the Health Professions Council of South Africa formulated guidelines and objectives for Bioethics, Health Law and Human Rights training.

In this presentation I shall show the inception of Bioethics training – dating informally from 1973, and formally since 1980. I shall explore the "then and now" through the evolution of the Bioethics training; including the time spent in Bioethics training and the development of the teaching curriculum. I shall also present the milestones of the University of the Witwatersrand in both formal and informal training of Bioethics; along with pivotal role-players in what Bioethics is at the University today.

The University of the Witwatersrand Faculty of Health Sciences is currently undergoing transformation of the curricula, so this is a prime period to assess the progress the faculty has made in introducing and promoting Bioethics training to ensure that South African health practitioners are conscientious, adequately trained and prepared for ethically challenging conundrums in practice.

IMPLEMENTATION OF MINIMAL INVASIVE GYNAECOLOGICAL SURGERY CERTIFICATION WILL CHALLENGE GYNAECOLOGISTS WITH NEW LEGAL AND ETHICAL ISSUES

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The introduction of a certification / diploma program in Minimal Invasive Surgery (MIS) is expected to improve surgical performance, patient's safety and outcome. The Gynaecological Endoscopic Surgical Education and Assessment programme (GESEA) and the ESHRE Certification for Reproductive Endoscopic Surgery (ECRES) provides a structured learning path, recognising different pillars of competence. In order to achieve a high level of competence a two steps validation is necessary: (a) the individual should be certified of having the appropriate theoretical knowledge and (b) the endoscopic psychomotor skills before entering in the diploma programme reflecting the surgical competence. The influence of such an educational and credentialing path could improve safety and offer financial benefits to the hospitals, physicians and healthcare authorities. Moreover, the medicolegal consequences can be important when a significant number of surgeons possess the different diplomas. As the programs are becoming universally accessible, recognised as the best scientific standard, included in the continuous medical education (CME) and continuous professional development (CPD), it is expected that a significant number of surgeons will soon accomplish the diploma path. The co-existence and practice of both non-certified and certified surgeons with different degrees of experience is unavoidable. However, it is expected that national health systems (NHS), hospitals and insurance companies will demand and hire doctors with high and specific proficiency to endoscopic surgery. When medico-legal cases are under investigation, the experts should be aware of the limitations that individual experience provides. The court, primarily examines and then judges if there is negligence and decides accordingly. However, lack of certification may be considered as negligence by a surgeon operating a case that eventual faces litigation problems. Patients' safety and objective preoperative counselling are mandatory, directly connected to MIS certification while eliminating any dispute of surgeons' credibility.

AN EMPIRICAL MODEL OF FACTORS ASSOCIATED WITH INDIVIDUALS' ATTITUDES TOWARDS EUTHANASIA

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Background: Traditionally individuals' attitudes towards euthanasia have been associated with age, gender, educational level, religion and family-related factors. The findings of existing literature are partly contradictory. In addition, the connection between one's attitudes towards death and euthanasia has previously not been specifically explored.

Aim: The aim of this study was to develop an empirical model of factors associated with individuals' attitudes towards euthanasia by employing the Bayesian Network

Methods: The data were collected in October-November 2014 with an electronic questionnaire that was designed for this study among the general public (n=2796) and nurses (n=1003) in Finland. In addition to the frequentist statistical methods, the data were analyzed with BayesiaLab 5.3.3. A factor analysis was conducted by using a Taboo algorithm, whereby the euthanasia attitude was set as a target node. The Augmented Markov Algorithm was used to analyze the connections between the nodes.

Results: The resulted model consists of six factors that are indicated by 19 manifest variables. Three factors: Death attitude, Religiosity and Profession influence individuals' attitudes towards euthanasia directly and to factors: Family and Death acceptance influence it indirectly. Individuals who are not nurses, not religious and have a neutral attitude towards death held the most favorable attitudes towards euthanasia.

Conclusion: The empirical model reveals that individuals' death-related attitudes influence their attitudes towards euthanasia. However, the traditional factors fail to explain individuals' attitudes, therefore further characterization of one's euthanasia-related attitudes and the influencing factors is needed. An approach that emphasizes relational aspects is recommended for further research.

THE GOOD, THE BAD AND THE UGLY: ESTHETICS AND BIOETHICS

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This presentation looks at the relationship between esthetics and ethics. First, it explores the relation between goodness, truth and beauty in traditional metaphysics and the difficulties posed by modernity. Then, it looks at the nature of repulsion toward ugliness, both as an aesthetic experience and as moral intuition and the relation between them. It examines in particular the case of the "abortion art", a controversy that provoked immediate and universal disgust and condemnation. It analyzes, through the lens of esthetics and bioethics, some of the reasons for this reaction. Lastly, it examines the problem of ugliness, which is paradoxically attractive as a false beauty.

PARTICIPATORY INTRODUCTION TO THE UNESCO DECLARATION OF BIOETHICS AND HUMAN RIGHTS

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In recognition of World Bioethics Day, The University of Florida-Veterans Administration UNESCO Bioethics Unit developed and distributed a participatory introduction to the UNESCO Declaration on Bioethics and Human Rights (Declaration). The authors used the platform of Survey Monkey to create a synopsis of the Declaration embedded with confirmatory questions on the content of the Declaration. The survey also solicited voluntary information from the participant to document the worldwide distribution of the survey. This presentation will cover data collected from October 19, 2016 through February 28, 2017. The survey is distributed by email to groups and individuals. The participants access the survey by way of a web link (https://surveymonkey.com/r/UNESCO-BIOETHICS) or by hard copy that is returned to the authors. The survey contains 9 questions regarding the content of the Declaration and 2 questions for voluntary information from the participant. There is a link for a full pdf copy of the Declaration. The content questions are simple to answer and the correct response rate is expected to be near 100%. The emphasis for this report is on the geographic distribution and volume of participation. At the time of this submission responses have been obtained from Asia, Australia, Europe, North America, and South America. The authors will discuss the revisions of the survey for 2017 and further discuss this methodology for expanding engagement worldwide in the Declaration.

ETHICS AND NURSING: SPECIFIC ISSUES IN NURSING PRACTICE. CYPRIOT REALITY

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Introduction: Specific ethical issues are situations or events that occur rarely or have a very difficult deal. The nurse in dealing with these issues in a very difficult position. In an effort to address or solve the ethical conflicts arise. The nursing worker needs to know the methods / strategies that these conflicts will be addressed and will lead to timely prevent and address specific ethical issues. This is evident in Cyprus, especially in the health sector. There are the requisite structures are malfunctioning or not used.

Purpose: The aim of this work is the identification and analysis of specific ethical issues and conflicts that arise when trying to troubleshoot. Also highlight the problem that exists in Cyprus. In the implementation of daily nursing care of patients resulting ethical dilemmas: To follow the nurse's instructions the doctor or the staff nurse with specialty at infections control? Who is the most important for patient care? They must inform the husband that had blood transfusion to his wife before he died despite the refusal?

Method: The method to be followed includes literature review Greek and international. In reviewing the Scopus search engines used, Medline, Google Scholar. Keywords used are also: ethics, nursing ethics, moral issues, nursing values.

Results: The nurses when caring for patients have to decide through complex situations and dilemmas, the decision is difficult. As can be seen from the literature for this decision requires the knowledge and awareness of both the nursing care principles and ethical principles.

Conclusions: Ethics and care coupling necessity in nursing practice is obvious and significant. Timely and correct address specific ethical issues in care facilities is important. In an effort to prevent a significant part is the prevention of potential ethical conflicts.

Suggestions: The adoption and implementation of prevention strategies and addressing the ethical conflict is **Imperative**. Prevention strategies include: developing and implementing training programs on ethical issues, the creation of ethics boards, improved communication and cooperation, participation of nurses in clinical decisions, enhance nurses moral integrity.

CONSCIENTIOUS OBJECTION – A RIGHT OF THE DOCTOR OR ONLY AN ETHICS DEBATE

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The debate on conscientious objection, focusing on interactions between moral convictions, religious motivations and the right to freedom of conscience articulated with analyzes and medical concepts, highlights the transition from ethical constraints relevance attention to moral values dialogue. The conscientious objection phenomenon, although has been recognized accepted and legalized in many states, through ethical challenges derived from the right to freedom of conscience remain a very challenged issue in the different medical fields, such as reproductive medicine, terminal stages, reparatory and esthetic facial surgery, etc. Ethical is important to clarify how the doctor can maintain their own values and genuine respect for a variety of beliefs, values, traditions, experiences resulting from varied professional circumstances. Therefore, the debate on this topic is motivated by the desire for a balance between professional obligations of doctors, the right not to act contrary to their convictions and legal rights of patients to access medical services performed within the health system.

APPROACHING GENETIC TESTING IN THE CLASSROOM

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HOW TO DEAL WITH BIOETHICAL DILEMMAS IN TEENGERS' CLASSROOM?

We are going to present how bioethical dilemmas, as the ones arising from genetic testing, 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.

Genetic testing is a tool that utilizes information about the genome for diagnostic, predictive and pharmacological purposes

Genetic data is particularly sensitive, as it can provide information on the future health of individuals, and evidence of the likelihood of a future medical condition.

There are many reasons that have led the scientific community to impose standards for the protection of the rights of individuals against dangers linked to the improper use of genetic information: Personal information about ones genetic inheritance, the pervasiveness of one's genetic profile, and the involvement of other family members, are among them.

Specific laws cover those areas where genetic information might be misused by employers and insurance companies, resulting in discrimination against individuals with predispositions towards specific medical conditions.

Other forms of discrimination could come from friends and neighbors who may have preconceived negative notions about those conditions.

To prevent the disclosure of information garnered from genetic testing, the concept of "genetic privacy" has been developed. These policies contain rules and regulations that are generally more stringent than those utilized in generic "medical privacy".

The concept of genetic privacy is a balancing act between the right of the person to not know, and the duty to inform family members expected to experience the same disease.

Some have highlighted the social implications of genetic exploitation, as it could be the impetus to the spread of a culture of genetic "determinism" where by human beings are defined solely by their genetic makeup.

The recent development of genetic testing, risks over emphasizing the role of genetic information in the causes of disease, in clinical practice, and in our way of thinking about disease.

Society risks identifying persons by their genes, favoring genotype information over phenotype.

VALUES EDUCATION AND ETHICAL PERCEPTIONS OF IT STUDENTS AT A BRAZILIAN COURSE OF SYSTEM ANALYSE

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Background of the top: In contemporary times, IT became a part of daily life for an expressive portion of world population – not just in things like mobile internet but also in transport systems, surveillance systems, health monitoring systems, domestic automatization, cars systems… In addition, as a human product, IT represents an ethical dilemma. There are risks to be considered. However, could the public really be informed about the risks and benefits when the future professionals are not? IT can save lives, but can also cause a pane that result in deaths. The use of IT can be a powerful tool for social integration of people around the globe, for political manifestation for democracy, or be a place for the dirtiest portion of human nature. Even IT projects designed to promote benefits to individuals and populations may become harmful over time, when unknown or not estimated risks produce social, moral, cultural, and economic and health damage. The massive use of IT in our era need to be studied as an important ethical dilemma that can shape our perception of human beings, property rights, liberty, democracy. This way, IT professionals must be prepared to make ethical evaluations and judgements, what requires values education. However, what is the perception of students about it? This work intends to discuss these questions from the perspective of a case study conducted at The Federal Institute of Education, Science and Technology of São Paulo - IFSP, a state, public institution dedicated to education and applied research in STEM areas (Science, Technology, Engineering and Mathematics) and teacher´s formation. The IFSP campus Caraguatatuba is located in Sao Paulo State north coast, and offers a higher education formation on Systems Analyse – among others.

Aim/purpose: This work investigates IT ethical perception of Brazilian students of Systems Analyse at a technological institute campus.

Methods and/or philosophical perspective: It results from a qualitative research driven in curricula and syllabuses about values formation contents and electronic surveys with students.

Results, outcomes and implications: The search in syllabuses and curricula showed that Ethics is not a proper subject; however, values education occurs as a transversal debate inside a course named "History of Science and Technology". This paper discuss the sufficiency (or not) of this approach, based on the answers given by students: they manifest interest in a proper course of Ethics, they are interested in and they considered it is important. By other side, it is preoccupant that an expressive portion of students considerer they can be involved in cybercrime because of the lack of information, for example.

THE CYPRIOT LAWS ON THE APPLICATION OF MEDICAL ASSISTED REPRODUCTION

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In May 2015 Cyprus enacted its first Law 69 (I)/2015 on the application of medically assisted reproduction. Though modelled on the two Greek Laws of 2002 and 2005, the Cypriot law includes several innovative elements, thus offering food for thought. If common practice in most European legislations is to allow access to MAR to heterosexual both married and non-married couples which maintain a stable and permanent relationship, the Cypriot legislation blazes the trail by extending access to MAR to solitary persons (both women and men) under certain conditions. Moreover, closely aligned with many European legislations, such the French or the Greek one, the Cypriot Law acknowledges the application of MAR techniques to persons affected with HIV/AIDS or other viral diseases. Furthermore, the admissibility of the use of the results of a preimplantation genetic diagnosis for saving other sick children (savior siblings) by the Cypriot lawmaker is to be welcomed as it constitutes a proactive provision in other European legislations such as the Spanish (2006) or the British one (2008). On the other hand, other provisions such as the ban on therapeutic cloning are to be treated with skepticism. In December 2015 the amending Law 194 (I)/2015 was voted, which in fact suspended indefinitely many provisions of the basic law until a new act of the Cabinet is published. In July 2016 the second amending Law 92 (I)/2016 was voted, which introduced minor changes as far as gamete donation, conditions of access for solitary persons and surrogacy are concerned, but without bringing again into force the suspended provisions. This paper intends to present the fundamental principles behind the Cypriot Law, to highlight its novelties in comparison to the older Greek Laws and to assess its likely impact not only on Cyprus, but at a European level.

INFORMED CONSENT FOR NGS STUDY

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Next-generation sequencing (NGS) has been widely applied in genetic research as well as developed for personalized medicine. However, because NGS sequences all genetic information for individual, it also raises many ethical concerns among which informed consent is essential to the protection of study subjects and patients. Two NGS expert meetings were held in July and August 2016 to understand the current application of NGS in Taiwan, and its possible impact and ethical issues in research and clinical practice. Eight researchers, scholars and experts in medical genetics and bioethics in Taiwan attended our meetings. Based on the expert meeting, we have developed guideline and standard formats for the informed consent for NGS Study, documents which are also useful for research ethics committee/Institutional Review Board review. In this guideline, researchers explain whether and how they plan to disclose primary findings, incidental findings and variants of uncertain significance (VUS) to study subjects. The informed consent form for study subjects reflects the informing plan of researchers and the research participants' right for choosing to know or not to know. We believe these two documents highly reflect the current practical research environment in Taiwan while meeting international ethical requirements. By using these documents, researchers in Taiwan can be better prepared for the informed consent process while study subjects are bettered informed to reduce misunderstanding and increase protection for them in NGS studies.

ETHICAL ISSUE ON DOCTOR USAGE OF SOCIAL MEDIA

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Medical ethics may vary according to country, culture, custom, belief. Social Media is a form of platform to connect each other digitally and become revolutionized way of connecting people. Physician or doctors' usage on social media without professional regulation is not uncommon practice in some countries while some have regulation and recommendation guideline on doctors that they should use social media ethically.

There is increasing in litigation issue on physician regarding their unethical usage of social media especially facebook nowadays. In this era of patients' privacy and confidentiality concern, crossing personal and professional life has become ethical dilemma on physician health.

In this context, this paper will first review Ethical Issue on Doctor Usage of Social Media. We will then mention the survey result on graduated doctor in Myanmar about their knowledge, altitude and perspective on social media usage by doctors. Finally, we will consider potential recommendations for overcoming the barrier for social media usage of doctors.

WHAT BETWEEN INSTITUTIONAL ETHICS TO WHAT'S WITHIN

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Since 20 years I have been an art teacher in a high school in the north of Israel. This high school contains a very challenging population both economically and culturally.

I would like to introduce you to 2 short stories which represent the dilemmas I had confronted as a teacher, facing school rules and the personal lives of my students. These stories reflect in my opinion, the inability of the educational system to provide an answer to a self-conflict within school demands

Gretel: First day of a new high school, and mine as a fresh teacher, she entered the class room. Bold, fierce eyes, worn out ''All-star'' shoes and no school uniform .... and very late. No apology, no reaction, not even a glance, she climbed one of the desks, laid down and fell asleep.

Julia: Few years later… the doors opens after the lesson has started, there she stood with a covered box in her hands. She entered and handed me the box...."Take it!" she said, and lowered her eyes. "It is yours, i stole it from your art workshop 2 years ago!" "Take it back, now it is yours ", I answered and waited for an explanation" "The box " she said, "contains all I used to be, all I ever hoped to be, and all I am now."

She opened the box slowly like Pandora opening the box giving to her by Hermes, unleashing the beasts and agony of the world She pulled out newspaper articles about damages of drugs, internet recipes for making drug cocktails, health food recipe's, poems, drawings and one torn photo of a man.

"Please ".... I begged her to explain.

"The last three years I was mainly doing drugs not the light stuff but the heavy chemicals. The only thing that saved me from living in the streets and selling my body was your art lessons and your acceptance with an open heart"

Gretel, the first girl survived high school and graduated with excellence! In her graduation speech she pointed out art lessons and my non-judgmental acceptance and open heart listening as a healing force which kept her in school and enabled her success. This girl managed to survive the school management the only saw the wrongs and don't do's of her. She managed to survive the immigrancy from Argentina with former very successful parents who have lost everything. The moment they came to Israel her father became paralyzed and her mother got very severe stroke. She survived being the head of the family at the age of 16!!!

Julia, the second girl, survived the horrible experience of immigrancy as well. At the age of 10, on their way to the airport heading Israel her father deserted them, leaving huge black hole in her heart. She tried to reach him during all those years with no success. This girl had also graduated with certificate of excellence and later during her military service she started teaching at a boarding school of girls in distress.

Why I am telling you these stories? Well, in both cases there are heart breaking life experiences. In both stories there are 2 brilliant girls, where we notice impossible ethical dilemmas.

DILEMMAS: How could I let such conducting of breaking school rules in my classroom? What message does it deliver to the rest of the students? How can I confront school management which demands blind obedience whilst I know the circumstances?

Although I have warned the school pedagogic councillor over and over about my ... suspicion of drug use, nothing was seriously done about it! As for me, I had to contain those emotional storms. In both cases the main force which kept these 2 girls going was someone within the school who accepted them with no judgment, and listened them with an open heart.

HOW CAN WE ACHIVE THAT IN OUR SCHOOLS? The council: Today I am part of an educational team that trains pedagogical stuff to work with the way of council which is communication technology. Nothing is new! The way of the council reminds us the quality of listening to ourselves and the others we have long forgotten.

The Council method teaches new communication patterns that create closeness and understanding in our relationships. The council is an unbelievable healing force. It enables us to feel part of a community again. I believe that we all want to see. Such an educational system, that consists of people with self-awareness.

An individual who is intensified by his environment, part of a community that listen to him and his needs!

"Sometimes all a person wants is an empathetic ear; all he or she needs is to talk it out. Just offering a listening ear and an understanding heart for his or her suffering can be a big comfort."

THE ROLE OF EQUALITY IN GUIDELINES FOR DECISION-MAKING AT THE BORDERLINE OF VIABILITY

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The huge international and intranational variations in guideline recommendations concerning treatment of extremely premature babies is increasingly debated and criticised. Several types of discriminations are argued to result in conflicting and inappropriate guidelines that skew the basis for medical decision-making, parental autonomy and distort the rights of the new-born. In this presentation four types of discrimination – in terms of gestational age, premature status, parental values and geographical variation – are identified, and the role and importance of equality in neonatal decision-making is discussed, especially in relation to shared decision-making with parents. Findings from interviews with parents and health personnel in Norway are brought into this discussion.

IS IT MORE IMPORTANT TO WIN OR TO TAKE PART? BIOETHICS EDUCATION THROUGH SPORT: SPORT AS A FUNDAMENTAL TOOL IN LIFE AND EDUCATION

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The word "sport", shortening of "disport", from old French "desporter", means "to take pleasure, to amuse oneself". According to the European Sports Charter, Article 2: "Sport means all forms of physical activity, which, through casual or organized participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels." Sport promotes health at all ages, enhancing socialization and social bonds without any kind of discrimination, by respecting its own rules and fair playing. It represents an essential part of education, not only encouraging personal development by understanding and accepting personal limits and respecting antagonists but even enabling all kind of people, young gifted individuals as well as disadvantaged or disabled ones, to have the same opportunity to play and take part in it. The bioethical principles inspiring all kind of sports contribute in building a strong personal citizen's ethic. We are going to present the new BIOETHICS EDUCATION THROUGH SPORT PROJECT.

SURROGACY IN GREECE:
RESTRICTIONS AND REGULATIONS

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Nowadays surrogacy is a process practiced in many countries of the world and spark a deep interest in many couples that face fertility problems and consider it as the only way to realize their dream of parenthood. The presentation focuses on the increasing conclusion of international surrogacy agreements as a consequence of the different countries' approaches and aims to provide analysis of the Greek surrogacy law, after the latest legal reform, pursuant to which the prerequisite of permanent stay in Greece, as a criterion for the application of the law, has been abolished. The presentation highlights the recent changes in Greek surrogacy law and its impact on the altruistic nature of surrogacy, the access of single people and same sex couples on surrogacy programs, especially in light of the recent WHO's proposed definition of infertility and the importance of the protection of human rights of people involved in surrogacy process.

JEWISH PERSPECTIVES TO ASSISTED REPRODUCTIVE TECHNOLOGIES

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Assisted Reproductive Technologies (ARTs) trail common ideals and values; they force individuals to question their moral limits when deciding which treatment is more appropriate. Ethical concerns are raised and this is common in religious individuals. The Jewish religion is an example of this. Judaism entails a relationship between practical actions and faith. Jewish law imposes a strong hold on Orthodox Jews and this is particularly seen when it comes to procreation. My thesis discusses Jewish views to various ARTs, including IVF, gamete donation, surrogacy and preimplantation genetic diagnosis (PGD) for sex selection to understand which ARTs. The *Torah,* the Holiest text in Judaism was explored to understand the basic Jewish laws that relate to fertility. Other researched Jewish sources include important voices within Judaism such as Rabbis of significant value within Jewish communities. Jewish law is clear and emphasizes the need to procreate and the importance of having a stable and nuclear Jewish family. Opinions amongst Rabbis vary between permitting treatments under certain circumstances or completely forbidding their practice. Judaism is accepting of the help that these treatments provide but there is no general consensus on which treatments should or should not be permitted. Decisions are made on an individual basis for each couple. ARTs will continue to evolve and further guidance will be needed to set a decisive framework for the observant groups within Judaism.

THE ETHICS OF MEDICAL TOURISM/TRAVEL BUSINESS STRATEGIES: IS THERE EMPIRICAL DATA TO SUPPORT AN IMPACT?

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Ethical issues abound in the field and business of medical tourism (see Vequist, et al, 2012 for a complete summary of many of these issues). Not the least is the concern by many stakeholders that local or domestic residents will not get the care they require because of utilization of healthcare resources by medical tourists which typically are higher profit margin patients than most traditional populations (Adams, et al, 2013) possibly impacting public health outcomes by focusing on foreign patients.

Despite the intense interest and scrutiny that medical tourism has received over the years- most of the research in the field has been speculative and unempirical for the most part (Guiry & Vequist, 2011 and Manaf, et al, 2015). Policy makers and researchers however, are aware that there has been broad macro environmental and societal changes that have been reported as part of regions that have invested heavily in medical tourism (Yu, 2011). The economic impacts alone in places like Korea, Malaysia, Jordan, Turkey, India and in Houston, Texas (U.S.A.) from medical tourism have been significant.

Most of the literature on ethics in the medical tourism/travel field focuses on the theoretical impact of the industry on patient populations and the local economies. Although some studies have attempted to evaluate the ethical issues in this industry (Mutalib, et al, 2016), this lecture will pull together empirical data to shed light on the impacts of this controversial business trend and project how these impacts will grow and develop in the near future.

RESEARCH BIOETHICS TRAINING IN FIJI: A SURVEY OF STAKEHOLDERS' OPINION ON CULTURALLY-RELEVANT LEARNING OUTCOMES

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As interest continues to grow on involvement of human participants in health research, evidence suggests that improving capacity and competence of health researchers has the potentials to enhance responsible conduct of research. A culturally-relevant research ethics training programme could contribute to protection of participants and promote good ethical practices. Currently, there is no health research ethics training programmes specifically adapted to the socio-cultural values of the Pacific people. As a preliminary step towards developing a health research training framework for the Pacific, we surveyed the opinion of stakeholders on culturally-relevant learning outcomes.

A descriptive cross sectional survey was conducted using a pre-tested questionnaire, developed through a systemic review of relevant literatures. Participants were researchers and members of institutional and national ethics review boards. The questionnaire was self-administered and contains open and close ended questions on curriculum and competencies learning outcomes. Data were analysed thematically.

The survey response rate was 73% (n= 140/192). About 40% (n=53) of the participants had some form of research ethics training; average work experience was 17 ± 11 years. We identified seven core learning domains namely: historical background of ethics in research, International guidelines and standards, principles of bioethics, scientific validity, local laws and regulations, cultural sensitivity and research ethics approval processes. Core competencies for each of the learning domains were identified for investigators and review boards members.

Participants agree that there is need for health research bioethics training programme for the Pacific. Learning outcomes for relevant domains and competency levels were identified.

INCIDENTAL FINDINGS IN EXOME AND GENOME ANALYSIS: A PROPOSAL OF COMPARISON

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Next-generation sequencing (NGS) has recently been implemented in biomedical diagnosis and research making now possible a deeper genetic and genomic analysis at a reduced cost. However, analysis of evidence that is based on exomes and genomes can result in the generation of data that are not relevant to the clinical question posed because some genes are associated with multiple medical conditions. These kind of information are commonly referred to as "incidental findings" (although the term is often applied inconsistently) and their management pose new ethical issues, especially regarding their disclosure to patients as well as the role of the different medical figures involved.

Numerous discussions have been conducted in order to reach a consensus on how to handle such findings in line with the legal and cultural particularities of individual states and general bio-ethical principles.

In this work we aim to analyze different recommendations and guidelines, referring in particular to USA and Europe (ACMG Board of Directors 2012, 2014; Matthijs G et al 2014; Ayme S et al 2013). These reports mainly focus on the pros and cons of NGS technology and potential benefits and risks for reporting of incidental findings. We want to compare these various statements and try to figure out how patient's decision making could be better included in the testing process in order to respect its autonomy. We also emphasize the need for continued research and discussion among all stakeholders to improve our understanding of the effect that different policies have on patients, providers, and laboratories.

THE ETHICS' VALUE IN THE SPEECH AND LANGUAGE THERAPY PROFESSION IN EUROPE: UNITED IN DIVERSITY – BIOETHICAL QUESTIONS IN SLT INTERVENTIONS WITH THE REFUGEE POPULATION

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In the current refugee crisis, the mental health professional is faced with bioethical questions which s/he must address for best possible practice when treating this population. In SLT a common strategy should be sought, which however must be flexible enough to incorporate all the biopsychosocial difficulties of each individual family in a holistic approach. These issues will be discussed through the case studies presented.

ASSESSING ORGANIZATIONAL CHANGE:
A NEED FOR BETTER INTEGRATION OF ETHICS INTO HEALTH SERVICES MANAGEMENT

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The Health Management reforms in our country have introduced a variety of performance measurement and management practices. Among the solutions implemented were the creation of networks for chronic diseases and health technology assessments, public-private partnership, and support systems for health research. As health care has become more highly technical and impersonal, providing high quality care remains a significant challenge. How best to integrate ethics into health care will be an ongoing challenge for managers, researchers, and clinicians who are on the frontlines of transforming our healthcare system. The overall aim of our study is to identify managerial strategies that have impact on quality of care. Our research combines expert interviews with findings from relevant publications. Most of interviewees pointed out common gaps and barriers to better integration, among them gaps in information on the social determinants of health, expenditure by disease, or out-of-pocket payments, often missing the holistic approach integrating all aspects of the functioning of public sector organizations. Educating managers about leadership and governance are prerequisites for developing better integration and seeking to learn how to practice evidence-based management and decision making for systematic application of the best available evidence to the evaluation of managerial strategies for improving the performance of health services organizations.

THE TYPES OF ETHICAL CLIMATE AS RELATED TO MISSED NURSING CARE IN CANCER CARE UNITS

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Background: Nurses' work environment has been linked to missed nursing care. Ethical climate is a part of this environment but its relationship to missed care is unknown.

Research objectives: To describe the types of ethical climate in adult in-patient cancer care settings, and their relationship to missed nursing care.

Research design: A descriptive correlation design using the Ethical Climate Questionnaire and the Misscare Survey Tool.

Participants and research context: All Nurses from relevant units in the Republic of Cyprus were invited to participate.

Ethical considerations: The protocol has approved according to national legislation, all licenses been obtained and respondents were informed and participated voluntarily.

Findings: Response rate was 91.8%. Five ethical climates identified, Caring (M=3.18 SD=1.39), Law and Code (M=3.18 SD=0.96), Rules (M=3.17 SD=0.73), Instrumental (M=2.88 SD=1.34) and Independence (M=2.74 SD=0.94). Statistically significant differences ($p<0.05$) found between particular units, for Instrumental ($F_{7,148}=4.51$), Caring ($F_{7,148}=4.42$) and Independence ($F_{7,149}=4.43$) climates but not for the others. The reported overall missed care (range 1-5), was M=2.51 (SD=0.90), and positively ($p<0.05$) related with Instrumental ($r=0.612$) and Independence ($r=0.461$) climates and negatively ($p<0.05$) with Caring ($r=-0.695$), Rules ($r=-0.367$), and Law and Code ($r=-0.487$). After controlling for care units, missed nursing was positively ($p<0.05$) related with Instrumental ($b=0.337$) and Independence ($b=0.324$) climates and negatively ($p<0.05$) with Caring ($b=-0.314$), Rules ($b=-0.365$) and Law and code ($b=-0.327$).

Conclusion: Efforts to reduce the influence of Instrumental and Independence types and fostering Caring, Law and code and Rules types, might decrease missed nursing care. However, more robust evidence is needed.

THE IMPORTANCE OF TEACHING COMMUNICATION SKILLS IN MULTI-CULTURAL SOCIETIES

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"It's A Small World" it is not only a song when people can move from one country to another and that they can work together via the Internet and even treat people from a different country. The difference in the language, culture and believes can cause misunderstanding, for example, between team members and between physician and patient. It can affect the work environment and health care. Before the communication barriers will affect the work environment and the health care, then there is the need to teach from a young age how to communicate clearly, that include how to listen and how to formulate a clear message. The goal of the research is to find a way to teach youth who volunteer in multi-cultural emergency medical teams how to better communicate, between one another and between them to people that they help them. The research population is the youth volunteers in the emergency medical services in Israel. The research method is workshop that the youth volunteer are going through questionnaires before and after. In doing the study shows the causes for the communication barriers and the difficult way to improve it.

THE REVIEW & PROSPECT OF THE MEDICAL EDUCATION FOR THE DISABLED IN BINZHOU MEDICAL UNIVERSITY

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In 1985, Binzhou Medical university first recruited disabled youth for undergraduate course in China and created the disabled higher medical education in China. The history of the development of education for the disabled in China become the landmark event. In the past 30 years, more than one thousand disabled graduates has been training for the society, forming a fusion, residual health education and rehabilitation combined with disabled personnel training "Binzhou Medical University model" cast "benevolence education" cultural brand, widely praised by the community. Under the new situation of the construction of "healthy China", the university will seize the opportunity, make great efforts to build the national disabled people's higher education and rehabilitation of the famous top colleges and universities.

THE ETHICS OF MEDICAL EDUCATION

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Medical students and doctors in training need to hone their clinical skills on patients to make themselves better doctors, but patients may not benefit directly from such attention. This presentation will discuss this ethical dilemma and ways to minimise the potential harm to patients by applying 3 principals off research ethics.

RECENT WORK IN THE ETHICS OF AGEING

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Given the greying of societies in both the developed and developing world, it is unsurprising that the ethics of ageing is a burgeoning field in contemporary ethics. This paper maps the conceptual terrain, setting out two dimensions a study on the ethics of ageing must address. The first dimension concerns the goods and meaning of life. In this dimension it is essential to consider the nature of individual and social goods and their correct distribution in life and society. The second dimension concerns the appropriate roles of decision makers with respect to these goods. Making use of these dimensions, I categorise problematic ageing-related ethical decisions presented to health professionals, hospital managers, policy makers, and the ageing person herself. These include, inter alia, decisions related to how long one should aim to live for, whether it is just to discriminate against the elderly in health policy, and whether social restrictions such as compulsory retirement ages are justified. In presenting and categorising literature on these issues, I point to fruitful areas ripe for normative analysis.

ETHICAL DILEMMAS – NOVEL NEUROTECHNOLOGIES

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Neuroethics, evolved since 2002, is beset with multiple ethical questions. The phenomenal advancement in neuroscience generated wide spread enthusiasm in novel neurotechnologies to unearth neural underpinnings of human emotion and behavior. In that quest many ethical principles got diluted resulting in formulation of framework of Responsible Research and Innovation (RRI) by Nuffield Council encompassing ethical principles of Autonomy, Beneficence/non-maleficence, Justice, Trust and Privacy. Guidance is also provided on virtues like Inventiveness, Humility and Responsibility. Certain new terms like cognitive liberty, brain privacy are also highlighted. Also discussed are the correlation of objective technological information with subject distress and the concerns of zealous stake holders.

SWITCH MY MIND – SMM:
THE METHOD TO RATIO-HUMANICATION SKILLS

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Code of ethics in interpersonal, professional and intercultural discourse to achieve a quantum leap in education and society & an instrument for the realization of the UNESCO universal declaration on bioethics and human rights

The present lecture introduces an interdisciplinary and multicultural model which will expose the principles of human existence and its essential humanity. That model unifies speakers of world languages in terms of ethics, thought and speech throughout various circles of dialogue, including electronic means of communication and the Internet. The model to be presented holds an explanation and an answer to the question of slander, incitement and the phenomenon of shaming. The theoretical both practical model comprises the missing link for the implementation of the UNESCO Universal Declaration on Ethics and Human Rights.These findings are based on many years of research with several milestones:
A multidisciplinary research among 12 speakers of world languages has exposed the universal aspect of human discourse. **Cooperation with a Neurophysiologist**, has led to mapping the patterns of discourse and their affinity to the centers of the conscious and the unconscious brain. In turn, due to that process of mapping, the Switch My Mind (SMM) Method was developed. That conception was upheld by means of MRI and by mapping the Isotopic brain.
The findings were compared to the biblical text: that research revealed within the Bible '**A Model of Layers of Memory** (Babel-Tower)**'** The biblical model was explored by the New-Testament, the Koran, Buddhism and I Ching, wherefore invaluable light was cast on its tremendous contribution to the unification of people, languages, sciences and national heritages. **Conclusions deriving:**

1) **Presentation of the SMM method** for the realization of UNESCO's universal principles of bioethics and human rights.
2) **Presentation of the findings and results** from an experiment of applying the SMM method onto the community.
3) **Planned courses and an Internet forum for providing existential ethics to the community,** on the website of The International Center for Health and Ethics at Haifa University.
4) **A planned conference on the topic**: Ethics in the personal, public, multicultural and Internet discourse.
5) **Presentation of a multicultural vision** – Education for humane Ethics existence.

TO WRITE OR NOT TO WRITE?
RECORD-KEEPING CONTROVERSIES:
ETHICAL & CLINICAL CHALLENGES FOR THE DIETITIAN

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Good quality medical and nutritional records are an essential component of safe and effective healthcare. Their main function is to facilitate continuity of care, but there are also many secondary uses they are put to.
Clinical records hold life-changing power. A record's facts, implications, conclusions, gaps, inaccuracies, wording and tone can affect a patient's life.
The growing array of record-keeping laws, ethical standards and professional guidelines has created controversy and confusion. Dietitians struggle with what to leave in or out, how to handle records securely, when to agree to requests from patients to omit information versus when to refuse and so on.
This abstract focuses on several challenging areas: confidentiality; the law and legal requirements and third-parties; It emphasizes the potential problems with any "1 size fits all" approach and the difficulties in creating sensible regulations that do justice to the diversity of values, contexts, cultures, and theoretical orientations in the field of nutrition.

RELIGOUS PURIFICATION AND SAFE BURIAL
OF EBOLA VICTIMS

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The Jewish religion places upmost importance to the dignified treatment of the dead body. This includes a careful washing of the cadaver. The Ebola outbreaks challenge this practice as any contact with the infected body may endanger those caring for it. A less risky, but similarly problematic challenge is the care of victims that died by AIDS.

Even though this seems to be a problem of religious ethics and the relationship between religion and public health, it seems that the thrust of the problem lies in psychology and spirituality, not religious law. Indeed, Jewish law, as well as other religions, grant unconditional priority to safety over ritual. However, the extreme anguish experienced by relatives and community members in relation to "unpurified" burial pushes ethics and public health to compromise.

This presentation explores the origins of Jewish religious purification of the dead as a case study of personal religious and communal values in circumstances of emergency and risk. As well of, up to date Practical Solutions for such cases. We will discuss a Legal portfolio in a similar event, that this research was submitted as a position paper to the Court.

THE CONCEPT OF AUTONOMY IN BIOMEDICINE IN THE CONTEXT OF PATIENT-CENTERED DECISION MAKING

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In the context of medical decision making and patient-centered care we often find terms referring to freedom, free will, choice, living will etc. These terms are based on a certain understanding of autonomy and an opaque understanding of freedom without making any distinction between the freedom of will and the freedom to act. These notions go hand in hand with ideas about responsibility which under certain circumstances leads to the idea that illness is related to 'guilt' and health is a duty that can be achieved when making the 'right choices'. Autonomous, i.e. self-responsible (or so-called 'empowered') patients – who are in this sense 'free' – give their written consent to certain measures after having been informed about the procedure and its possible side effects. There is a general understanding that this information which is given from the doctor to the patient leads to a clear and in-depth understanding of the treatments and their possible consequences. However, particularly in the context of novel biotechnologies in medicine such concepts are highly insufficient and need to be reconsidered.

MEDICAL ETHICS AND THE MODERN DOCTOR: ON THE NEED FOR A UNIVERSAL PHYSICIANS' OATH THE DECLARATION OF GENEVA OF THE WORLD MEDICAL ASSOCIATION

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In 1948, the Declaration of Geneva was adopted by the World Medical Association (WMA) as a modern affirmation of physicians' commitment to the humanitarian principles of medicine. This crucial document succinctly outlines some of the key tenets of medical ethics and is viewed as a modern Hippocratic Oath and one of the WMA's most important documents. Over time, it has also come to form the cornerstone of several physician codes of conduct worldwide.

A workgroup formed by the WMA is currently reviewing the oath to determine whether aspects of it should be revised or strengthened and whether other aspects should be added in light of modern developments in medicine and medical ethics. As part of this revision process, the WMA has conducted a global, empirical study to determine the extent to which the Declaration of Geneva is implemented throughout the world.

The results revealed that, while the Declaration of Geneva is sworn by doctors entering the medical profession in some countries, there are other countries which have adopted modified versions of the Declaration of Geneva or completely different oaths. Some do not require that an oath be sworn at all.

This session will provide a forum for discussing the survey results as well as key ethical provisions under consideration in the revision process. It will also raise the question of whether a global physicians' oath is necessary and, if so, how to advocate for a universal, consistent and modern physicians' oath which can be implemented on a more global scale.

A GLOBAL UNDERSTANDING OF DECISION-MAKING FOR PARTICIPATION IN MEDICAL RESEARCH

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Medical research is the means for innovation in the diagnosis, treatment and prevention of acute and chronic disease. To foster scientific inquiry and clinical advances it is essential that investigative teams have the capacity to enroll patients and healthy volunteers in well-designed, empirical studies. Success in this area requires an in-depth understanding of the willingness of individuals to participate in research, and of the motivations underlying this commitment.

At Mount Sinai Medical Center in New York City, we explored decision-making for study participation through a series of focus groups and structured interviews. We specifically asked persons with and without research experience what they considered to be the value of medical research, and what factors served as barriers and motivators for study involvement. In addition, we queried individuals about their level of trust and public confidence in medicine as well as research.

Our New York-based findings offered a compelling lens for how medical research is viewed by racial and ethnically diverse community members in an urban environment.

These findings led us to question whether these views were specific to New York or representative of the United States. This work also led us to question how, and to what extent, the lay public in developing countries thinks about the value of medical research and research participation.

This paper will provide findings from a comprehensive review of the global health literature addressing public perceptions of medical research, and elucidating the various factors influencing study participation.

DOCTOR IN THE SKY: MEDICO-LEGAL ISSUES DURING IN-FLIGHT EMERGENCIES

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More people are travelling by air and in-flight medical emergencies are becoming more common. Some in-flight emergencies require assistance from passenger doctors who act as good Samaritans in the sky. Their liability and the associated medico-legal issues of providing assistance in mid-flight emergencies are unknown. Although provisions exist in theory about good Samaritans on the ground, it is unclear to what extent these doctrines are applicable to good Samaritans in the sky. This presentation examines the obligations, liability and legal protection of doctors when acting as good Samaritans in mid-flight emergencies, regardless of their nationalities. It examines the jurisdiction, existing legislations, case law in the United Kingdom and compares with their equivalence in the United States and to some extent, with the legal provisions in France. In addition to in-flight emergencies, this presentation reviews airlines' liability for injuries sustained by passengers during flight, with reference to case law in the UK and the US.

HEAD TRANSPLANTATION – A STEP TOO FAR?

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Research Problem and Findings: Sergio Canavero, an Italian neurosurgeon, has recently publicised his plans to carry out the first head transplant, possibly as early as 2017. Following this announcement he has called for debate surrounding this cutting edge technique. Whilst there are still major technical hurdles to be overcome, these may not be insurmountable as Canavero himself has already published his "Gemini protocol" which puts forward a possible solution to the fact that at present it is impossible to reconnect severed nervous tissue. Once these technical difficulties are overcome this procedure could soon be a reality.

This innovation does have the potential to be of great benefit to patients whose bodies may be paralysed or diseased but this critique will examine whether there is an absolute limit to acceptable risk when outcomes are far from predictable.

There are obvious parallels between this technique and those concerns that were previously raised regarding face transplantation but this discussion expands on the issues of identity, informed consent and acceptable risk that are novel in this instance.

This paper provides a critique of the literature and arguments related to similar developments in cutting edge surgical techniques.

These types of cutting edge techniques often evoke fierce debate because they push the boundaries of standard medical practice and accepted ethical norms.

Conclusion*:* The controversy around this and similar techniques will go on but it is perhaps the wider debate around acceptable risk and the limits to informed consent that may help us to frame this debate.

EXPLAIN THE RELATIONSHIP BETWEEN HEALTH LAW AND THE OTHER DEPARTMENTAL LAWS

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The paper again explains the relationship between health law and the other departmental laws from the concept of law, health law and the science of health law. The paper also explains the health law system and the thinking, concept and model for the construction of the health law discipline. It reiterates the meditation of the legislation of the law for life and health right protection by the state. We will study on the frame work of legislation of laws, tasks, key points and unchangeable of the readjustment and at the same time we must fully think the tasks of laws at the present stage and the amalgamation of the ethics of the China nation for the pursuit of the rehabilitation of the great Chinese nation

INFORMED CONSENT? THE BLURRED BOUNDARY BETWEEN BIOMEDICAL RESEARCHERS AND PARTICIPANTS IN CITIZEN SCIENCE ERA

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Community-based participatory research (CBPR), incorporating with citizen science framework, has been adopted as an important strategy in biomedical research designs recently. Unlike the traditional experimental methods, which focus mainly on the recruitment of research subjects, the CBPR research framework denotes community involvement in all stages of the research process, shows significant variation in degrees of community control, and provides a different research tool other than the conventional ones. Since the CBPR approach incorporates more postmodern perspectives on ethics of care strategies than do bioethical principles of clinical research, it raises distinctive bioethical challenges relating to developing partnership, maintaining anonymity and blurred boundaries between researchers and researched. One essential challenge involves the informed consent issue, which includes how to respect community's autonomy, appreciate its needs and maintain culture congruence. First, in the context of traditional bioethics discussions, autonomy theory emphasizes the exploration of specific factors interfering with the individual agent's autonomy. However, the operation of CBPR might affect whole social groups rather than simply disrupting discrete individuals. Second, CBPR blurs the line between researchers and research subjects and creates complicated, multilayered relationships and tensions between the researcher, the agency of the group, and its individual members. The legitimacy of informed consent then might be challenged because of the potential conflicting conceptions of public engagement and research participation. This paper examined the adequacy and relevance of the application of the autonomy principle in CBPR and argued for the need to recognize the group considerations and to rethink the informed consent mechanism in the CBPR era.

ETHICAL AND LEGAL PROGRESS IN THE PROTECTION OF THE RIGHTS AND INTERESTS OF HUMAN SUBJECTS IN BIOMEDICAL RESEARCH IN CHINA

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The rapid development of biomedical technology in China requires much research and a large number of human subjects have emerged in response. Chinese government has been sparing no efforts in protecting the rights of human subjects by the law and has made further achievements in 2016. This article finds that the laws are being improved, the ethical principles have been growing clearer, the validity of informed consent has been better guaranteed and the gap that the law fails to fill has been compensated for in legislation in China. Though legislative technique and legislation in this field need improvement, the legal guarantee of the rights of subjects is promising.

TO DO JUSTICE DOESN'T MEAN TO TREAT EQUALLY: NON-HUMAN ANIMALS IN BIOETHICS

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When talking about the moral status of non-human animals, we often use term "animals" and tend to treat all the different species as a one group – in many cases in opposition to humans (human exceptionalism). But the Animalia (Metazoa) kingdom assembles such different organisms like sponges, snails, insects, mammals etc.

There are also philosophers and bioethicists who try to list criteria which will allow us 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. The list includes such criteria as sentience, awareness and self-awareness, memory, capability of making plans or having interests and more.

Should we draw a line between classes, families or species during the debate on the moral status of non-human animals? When talking about ethical concern and moral responsibility should we even talk about "animals"?

ETHICAL CONSIDERATION AND POLICY SUGGESTION ON FOREST MEDICINE IN CHINA

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Forest medicine mainly focuses on the impact of forest environment on human health, which belongs to the category of alternative medicine, environment medicine and preventive medicine. According to the experimental studies and evidence in recent years, the effect of forest environment on human health can be reflected in the nervous system, psychological reaction, endocrine system and immune system, which is of great benefit to people's health. From the perspective of Life Ethics, developing forest medical conforms to the ethical principles of Respect for Life and People-Oriented; In addition, the use of forest resources can be relatively save health resources and realize sustainable development, which conforms to the ethical principle of Benefit. For future development, some ethical suggestions need to be pointed out: First, to follow the principle of Justice, to benefit the public; Next, to follow the principle of Humanitarian to promote forest health; Finally, to follow the principle of Respect and strive to provide quality service of forest care. For the future development of forest medicine and rehabilitation of China, we should pay attention to the following: Establishing norms and standards of the industry to promote the development of the sanatorium forest; Encourage the development of forest health industry, for example, open forest rehabilitation hospital, etc. Pay attention to forest medical research and talent training; Improve publicity of forest medical and rehabilitation concept and develop multi-field cooperation mechanism.

MEDICAL ETHICS TEACHING REFORM AND PRACTICE IN LOCAL MEDICAL UNIVERSITY OF CHINA

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In the teaching reform of medical ethics in local medical university of China, several factors, including simplistic curriculum, large class teaching and the lack of humanistic quality among professional teachers significantly influence teaching outcomes. But the new teaching idea that targets clinical application in primary hospitals through the way that teaching practice fits into educational goals has been more and more acceptable. Combined with the teaching reform and practice in Xi'an Medical University, the establishment of medical humanities curriculum system with the reform of medical ethics course as the driving force and the foundation can promote the innovation of medical ethics teaching contents, teaching methods and assessment and improve the professional teachers' humanistic quality so as play the role of medical ethics course in promoting the development of medical students' professional quality.

LAW AND PATIENT AUTONOMY: LIBERATION OR LIMITATION?

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Taiwan passed the Asia-first Patient Autonomy Right Act in 2016, which seems a big step toward supporting patient autonomy in the sense that the new law expands the right to refuse life-sustaining treatment from the "terminal patients" to five categories of seriously ill patients. Nonetheless, critiques argue that the law unduly limits a patient's constitutional right to natural death by requiring a statutory advance care planning counseling process for the advance directives to be effective. In the subject of patient autonomy, what roles should the law play? This paper tries to answer this question by comparing the legislative development and contents of the American Patient Self-Determination Act 1990, Taiwan Hospice and Palliative Care Act 2000, British Mental Capacity Act 2005, German Civil Code Revision of section 1901 2009, and Taiwan Patient Autonomy Right Act 2016. The author concludes that the ethic-driven concept of patient autonomy is not suitable for regulation. While the law tries to facilitate the implementation of autonomy by setting procedural safeguards, it often brings unforeseen and unpleasant consequences.

ETHICAL THINKING OF THE TORRANCE THERAPY FOR THE CANCER PATIENTS IN THE LATER STAGE

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There are three basic ethical principles in medical ethics, which are favorable, respect and justice. One of the new research directions of modern medical ethics is: health care as a social cause, it is necessary to consider whether the distribution of benefits and burdens and the allocation is fair, especially the fair distribution of health resources and the possible use of these resources to make most people get the best medical services related to health policy, system and development strategy, which constitutes a new content of medical ethics, namely the public interest theory. Therefore, the author has the premise of ethical thinking under the condition of modern medical technology and human resources, the existing medical health inputs are unlikely to provide unlimited demand, for advanced cancer patients in the informed consent to choose "palliative" to improve the quality of life of patients.

INCORPORATING MEDICAL ANTHROPOLOGY INTO TEACHING BIOETHICS IN MEDICAL FACULTY: A CASE EXAMPLE FROM TURKEY

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Ever since private medical education became available in Turkey, 14 private medical faculties are providing medical training alone in Istanbul. Most of these faculties also have English teaching programs, leading to an influx of international students, especially from the Middle East, and Islamic African countries such as Egypt and Nigeria. The changing student profile should induce changes in the teaching program, at least, in medical humanities, as the needs for developing inter-cultural communication skills pose themselves anew both for faculty staff, and the prospective medical professionals. In the case example to be presented, an effort for introducing medical anthropology into the curriculum will be discussed, with a focus on how it effects students' capacities of empathy, self critical examination of ethnocentrism, just behavior towards vulnerable patient groups and effective teamwork with professionals from other gender, ethnicity, faith and class backgrounds.

USE OF EMBRYOS FOR SCIENTIFIC RESEARCH

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The Italian law n. 40/2004 prohibits to perform scientific research on embryos even if supernumerary, ill or abandoned. Two different positions have been reported in literature on the matter: on the one hand, some researchers state that those embryos should be used in scientific research, because a) embryos not implanted will eventually be lost; and b) scientific research can save millions of human lives. On the other hand, other authors underline that use and manipulation of human embryos in scientific research would involve their destruction. This is in contract with the concept that embryos must be considered subjects with human dignity since they are conceived.

The European Court of Human Rights acknowledged that the decision to donate the embryos to scientific research is set by art. 8 of the European Convention as it is an expression of self-determination freedom related to private and family life, but excluded that Italian law violated the Convention because embryos cannot be reduced to mere own "objects".

The Constitutional Court in its judgment n. 84 of April 13, 2016 underlines firstly that European law does not regulate this matter and leaves the single States a wide margin of high discretion. Therefore, the Court declared not acceptable the appeal raised by the Court of Florence, and referred the decision to the legislator in charge of assessing through the different options, taking into consideration the majority of opinions on the matter. The oral presentation focuses on the ethico-legal analysis of such judgments.

A CREATIVE INVENTION OF MODEL TO DEAL WITH AN ETHICAL NUTRITIONAL ISSUES

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While we were processing the code we felt that time had come to train dietitians as ethics-nutrition trusties in Clalit Health Services. We asked all the 22 nutrition and dietetics departments in Clalit to take part in this unique course to develop a new approach, thinking, create a language and state-of-the-art tools to deal with ethical nutritional issues.

During this breaking through process we have developed 4 unique models, one merged from the other until we were satisfied with the results. Each step with each of the models were tested and used to analyze daily ethical problems, till we adapted the last one, for the time being.

Forty five dietitians were graduated a 56 hour course, and 22 were nominated as ethics-nutrition trusties in Clalit, in a conference in Zefat with the honorable Prof. Amnon Carmi.

From the end of this imparting, the dietitians are involved with ethical challenges, problems and activities in the hospitals they are working at.

The last so far model is used as a guide to assist ethical discussion.

CHILDREN BIOETHICS & THE QUESTION OF NORMALITY: THE CASES OF BEHAVIORAL & COGNITIVE DISORDERS THROUGH PHARMACEUTICAL TREATMENT

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In contemporary discourse, bioethics has come to be synonymous with the inquiry into the ethical implications of modern scientific and technological development in medicine. It assumes the existence of physical pathology that can be objectively defined, and it aims at improving the understanding of the human body as a means of conquering it and providing solutions for its “dysfunctions”. This is depicted, for example, in the case of children with behavioral and cognitive irregularities and disorders, especially in relation to school.

One way, in which discussion of such disorders, manifests itself is through a proliferation of relevant concepts, many of which have also entered our everyday language. Non-specialists, concerned parents, mere observers of children playing, are now more than ever before eager to use clinical terms such as hyperactive, attention deficit, bipolar and so on. We use such terms because we believe that they represent the truth and that this is purely a biological matter. But in doing so, our everyday talk encourages and promotes an overall clinical reductive view of behaviour. These include not only the well-documented tendencies of pharmaceutical companies to maximize profits but also social factors such as a desire to find quick fixes and solutions, either through lack of time or through a culture that idolizes hard science. The aim of this paper is to focus on the triangle between the child, the parents, and the state, in an attempt to narrate what is in the child’s best interest under the perspective of bioethics.

THE HUMANITARIAN AID TO THE SYRIAN CASUALTIES – ETHICAL CONSIDERATIONS

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At February 16th, 2013, seven Syrian wounded arrived to the Israeli border asking for medical treatment. All the wounded were treated by the military medical staff at the border and all of them were evacuated to Ziv Medical Center. After that event, Israel decided to provide medical humanitarian aid to the Syrian wounded that reach the borders.

Till Sep. 2016, about 650 Syrian people treated at Ziv Medical Center, a small governmental hospital at the north of Israel. The Syrian wounded includes men and women and comprise infant to the elderly. They are suffering from diverse war injuries especially orthopedics injuries.

This unusual and complicated humanitarian project that prolongs more than three years has several ethical issues that will be discussed including standards of care and partial information about the patients.

CLINICAL ETHICS CONSULTATIONS, DEMOCRATIC INCLUSION, AND THE BEST INTERESTS STANDARD

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The phenomenon of persons unable to make choices (incompetent persons) presents unique set of challenges for clinical ethics consultations (CECs). Such persons, while being right-holders, need other persons’ judgements to benefit from their rights. In a sense, substitute decision-makers hold some part of the autonomy of incompetent persons and take up their role in relevant situations. They are the voice of the incompetent – the children, the senile, the persons with mental disability.

In this presentation I will analyze the best interests standard as a unique mechanism of inclusion and protection of the incompetent person’s interests within the context of CECs understood as a forum for democratic discourse. First, I will discuss how best interests standard is relevant to all of substituted decision making in modern biomedicine. Second, I will propose a typology of interests as employed in the best interest standard. I will show that incompetent patient’s interests differ in terms of their epistemic status, their relation to the patient’s primary goods, their temporal connection to the patient’s present, past, or future goals and preferences, and in terms of their potential to enter into conflict with the interests of the substitute decision-maker. I will argue that these differences should influence the standards for substitute-decision making in biomedicine, if we want the best interests standard to be a genuine inclusion mechanism, not just a useful normative fiction. Finally, I will show how my analyses of the best interest standard serve to elucidate the possible conflicts and faults within usually employed substitute-decision making frameworks, and the rules of selecting of the substitutes.

LEGAL CAPACITY A STEP TOWARDS EQUAL RECOGNITION BEFORE THE LAW

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People with a mental disorder are being discriminated due to their mental health problems. Usually they are considered incapable of making decisions autonomously. More controversially, they are not allowed to decide about their own daily affairs and are often isolated into long-stay institutions. Therefore, their mental capacity and legal capacity on decision-making are continuously discussed. Unfortunately, mental capacity has been used as a condition to

restrict the autonomy and violate the human dignity for people with (a) mental health problem (s). Furthermore, mental disorder was used to justify the denial of legal capacity. This paper examines to what extent people with (a) mental disorder (s) are recognized as equals by the United Nations Convention of Persons with Disabilities (UNCRPD).
Being recognised equal before the law is related with rights and obligations that people with mental health problems are entitled and confronted in their every day life. Deprivation of their human rights and obligations had been usually legitimized under the guardianship system. This guardianship system was not helping the "decision-making capabilities" of people with mental health problems. Recognizing the need for tailored-made-support, depending on different types of mental health disorders, might enable them to regain their capabilities. A global commitment from the State Parties to develop and update their policies to recognize the full personhood of people with (a) mental health disorder(s).

INTEGRATION AND PSYCHO-SOCIAL REHABILITATION OF CHRONIC PSYCHIATRIC PATIENTS IN KOSOVO

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Mental health is a fundamental factor to the overall health, it is the basis for successful contributions to family, community and society in general. Throughout life, mental health is the source of thinking, communication, learning, action, and respect for oneself and for others.
Thus, there is no healthy life without mental health.
Mental disorders are and should be considered as common, as all other medical illnesses. Around 2.8% of the global adult population suffers from serious mental disorders, such as schizophrenia or personality disorders, and, according to the WHO, around 26 million people in the world suffer from schizophrenia, while every fifth inhabitant of Europe suffers from one of common mental disorders such as anxiety disorders, depressive disorders or abuse of psycho-active substances.
All patients suffering from mental illnesses need treatment and psycho-social rehabilitation at the same time.
Rehabilitation and psycho-social integration principles focus on the concept of dignified treatment of residents, including the respect for the bioethical norms and principles during the treatment.
The goal of psychiatric rehabilitation is to help persons with disabilities develop their emotional, social and intellectual abilities which are necessary to live, learn and work in a community with as little social support as possible.
This category of the society must be provided with constant support for an indefinite period of time. First of all, it has to be clearly understood that the integration and rehabilitation of this category does not depend only on their mental disability, but also on the willingness of the institutions and the society to integrate its members with disabilities.

ESSENTIAL TO ESTABLISH MEDICAL EXAMINATION SYSTEM FOR MEDICAL HARMS IN TRADITIONAL CHINESE MEDICINE

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As traditional medicine, Traditional Chinese Medicine has made great contributions to the reproduction and protecting the health of Chinese nation, and it has been recognized by many countries. At present, the identification of medical damage in China is mainly based on modern medicine. Traditional Chinese Medicine activities appeared in medical dispute; too, if things go on like this, it is not conducive to the development of Traditional Chinese Medicine. The medical damage in Traditional Chinese Medicine system should be established fully considers the characteristic of Traditional Chinese Medicine, for the promotion and protection of the sustainable development of the cause of Traditional Chinese Medicine has a very important significance.

AN INTERNATIONAL COMPARISON OF APPROACHES TO PALLIATIVE CARE

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I propose an examination of how countries approach the provision of palliative care services. This presentation would address issues such as how providers ensure that quality services are provided, the sorts of services deemed necessary by individual countries, policies and forms adopted at hospitals for patients choosing palliative care, the incorporation of patient spirituality in this model and the integration of palliative care services into other health services and how seamless this coordination is (or is not).
Two issues I especially wish to focus upon include the education of medical and other health students and court cases and other legal issues. First, the education of future doctors and other health provides is an important part of ensuring that patients have options at the end of their lives to die in comfort. It is essential that medical students understand this approach.
Second, I would like to explore a few leading cases from the U.S. and other select countries to consider when patient wishes may not have been respected. The role of the courts may have a significant impact on the rights of patients in these cases.

ART AS THERAPY

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Using art as a healing medium dates back to ancient times: most ancient cultures, in particular, used the seemingly magical power of music to affect health and behaviour.
Nowadays, art therapy is a recognised profession, employed in many clinical fields as well as among other settings and training courses are run by colleges and universities: a second level degree program of "Theory and Practice of Art Therapy", for instance, is offered by the Brera Fine Arts Academy of Milan, one of the most important art education institutions in Italy.
Many doctors and nurses witnessed the effect of art-based interventions in reducing adverse physiological and psychological outcomes, but nowadays, in a scenario where evidence of good practice is growingly requested, there is a legitimate quest for thorough research supporting its use in clinical practice.
The main focus of this presentation will be a review of the relevant literature and the presentation of the state of the debate between the community of art-therapists and the sceptical world outside the discipline.

BIOETHICS THROUGH ARTS

Riccardo Zoja, Alberto Amadasi, Isabella Merzagora, Alberto Blandino, Andrea Gentilomo, Susanna Triulzi, Umberto Genovese,
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"Art is the ideal place for reflection, individual expression, freedom and fundamental questions". This is what Christine Macel, the director of the 2017 Venice Biennale and chief curator at the Centre Pompidou, wrote last September. If the argument is valid, bioethics would benefit from opening to contributions from the arts. To discuss this subject we are pleased to propose a thematic session with **five oral presentations** on: - the healing power of art and the current status of medical evidence supporting its use in clinical practice (**"Art**

as therapy", R. Zoja & A. Amadasi); - the "kalos kai agathos" prejudice in the representation of the human body in illustrations, sculptures, drawings and, in particular, the influence of lombrosian theory on artists (**"The prejudice and the bad body: from ethics to iconography", I. Merzagora & A. Blandino**); - a cross-cultural ethical reflection on body modifications as artistic practice (**"Body art: ethical issues", A. Gentilomo & S. Triulzi**); - the importance and the influence of mythology for contemporary bioethics (**"Mythos: bridge of bioethics to the future", U. Genovese & C. Spada**); - how bioethical issues are compared and discussed through literature, using the example of a recent *divertissement* by a French anthropologist, imaging a peaceful world freed from religion by neuroscience **("Fiction Writers and the concerns of bioethics: <La Sacrée Semaine Qui Changea La Face Du Monde> by Marc Augé", A. Piga & E. Burgazzi**).

GOOD GOVERNANCE OF NEW BIOTECHNOLOGIES: PLAYING POLITICS

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The era of new biotechnologies has brought many significant ethical concerns with regard to human dignity. From IVF process of human (re)production to CRISPR/Cas9 targeted genome editing, we as a mankind have been facing multiple challenges to (re)define our own identity based on gradual de(con)struction of true maternity and paternity. What is the role of politics in shaping key perceptions of humanity? What are the driving forces and rationale in behind? Tremendous business pressure to embrace new biotechnologies without satisfactory political, ethical and legal scrutiny results to an abyss of societal relativism, superficiality and hypocrisy as shown by the surrogate motherhood being one of the most fervently discussed bioethical issues nowadays. I argue we need more time to allow for proper examination of all existential aspects of envisaged new biotechnologies not just their simple legal permission.

Abstracts
Poster Presentations

ASSISTED SUICIDE: CHOOSING HOW AND WHEN TO DIE ACCORDING TO THE ECHR

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In recent years, the European Court of Human Rights has had the opportunity of pronouncing in several cases on dignified death, the right to die and assisted suicide. Given that in the Autonomous Community of the Region of Murcia (CARM) is currently being elaborated a Bill on dignified death, it would be interesting to return to the Jurisprudence of this Court to verify the conditions required to adjust the internal state regulations to the European Convention on Human Rights. In the approach to this old issue and still not resolved peacefully by Legislators, Constitutional Courts and Society it will be taken into account the different ethical and legal issues involved. Particular attention will be paid to the general principles of Law usually dealt with by the European Court of Human Rights: respect for national peculiarities, proportionality, non-discrimination and autonomy.

DEVELOPMENTS IN THE OUTPATIENT CARE CAPACITIES AMONG PATIENTS WITH PSYCHIATRIC DISORDERS AND THE EFFECT OF CHANGES ON THE SITUATION OF PATIENTS IN THE LIGHT OF LAW REGARDING CAPACITY REGULATION IN HUNGARY BETWEEN 1990 AND 2014

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Purpose: We investigated the effect of law concerning hospital capacities for the care of patients with psychiatric disorders from 1990 until nowadays in Hungary.

Data: We investigated the effect of law concerning the hospital capacities in Hungary on the capacities for psychiatric care and patients with psychiatric disorders. The data used came from the Central Office of Statistics.

Discussion: Following the transition to capitalism in Hungary, care of patients with psychiatric disorder was affected by four significant changes in law. The 2006 Care Development Law influenced the position of patients to the greatest extent involving decisions, such as the shutdown of the National Institute of Psychiatry and Neurology. The policy decision in 2001, which separated the number of active and chronic beds for patients with psychiatric disorder, had a significant impact on their position. Between 2001 and 2014, the number of the active hospital and psychiatric beds decreased by 32%, at the same time with the 38% reduction of the patients discharged from Psychiatry and the 13% reduction of patients from active beds. Concerning chronic beds, a 12% reduction in the bed numbers was found, while chronic beds at Psychiatry were reduced by 58% due to the separation of active and chronic beds.

Conclusion: Behind the changes of psychiatric capacities, a policy decision can be found which places the emphasis from inpatient care towards psychiatric homes in accordance with the decree of the Health Law which Act states that patients suffering from psychiatric disorders should be accommodated in family or residential areas.

TOWARDS ACTIVATION OF THE EMPATHIC RESOURCES DURING TERMINAL CARE – AN ART AND/OR A NECESSITY?

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A brief historico-analytical review of the origin, essence and development of empathy has been made. The theoretical measurements in the study of the empathic ability are subject to special attention. On the basis of topical definitions of the concept, the application of the approach in different spheres of life, and more specifically in medical practice, has been discussed. The types of communicative behavior in primary medical practice have been differentiated. A theoretical applied method of communication intervention within the framework of operationalization and scaling of the empathic interaction is proposed. On the basis of the assumption of genetically determined property of co-experience, the preconditions for establishment of optimal interpersonal context upon exchange of information between the physician and the patient and making medical decisions have been outlined.

Led by the so systematized and analyzed models and considering the specification of the transformed and activated empathic resources in cases of terminal conditions, an attempt has been made for presentation of an extensive type of empathic interaction, applied in palliative medicine. The outlining of key messages in cases of terminal conditions in the specified model is complex and at the same time an open dynamic process, requiring adaptation and enrichment with parameters of religious, ethnical and social nature, and other factors of psychological, spiritual and bio-ethical type in the complex interactive space of palliative medicine.

DISCUSSION ON MEDICAL INFORMED CONSENT RIGHT SYSTEM

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In recent years, the courts involved in the trial of medical damages cases, almost all of the patients have made the hospital medical infringing patients the right to informed consent, the court also appeared in the judgment hospital to violate the patient's informed consent Responsibility. Then, in the medical treatment process, what is the doctor should be informed to the patient? What treatment options must be approved by the patient's signature? If the doctor fails to inform the patient, he / she is deemed to have infringed the patient's rights and should bear the corresponding legal responsibility. These are very concerned about the issue of both doctors and patients. Therefore, it is necessary to study the contents, scope and legal responsibility of the right to informed consent.

KNOWLEDGE AND UTILIZATION OF PAP SMEAR: ARE WE DOING ENOUGH?

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Introduction: Cancer of the cervix ranks second among all cancers affecting women globally. The high mortality, morbidity, and poor quality of life associated with the disease are preventable through screening methods, one of which is the Pap smear. In Nigeria, with a prevalence of 23.6%, awareness of both the condition and its prevention is low. There are currently no established screening programs in the country due to competing urgent health needs and a poorly functioning health care delivery systems leading to inequity and neglect of important life-saving interventions.

Methodology: A cross-sectional descriptive study carried out in Kaduna North LGA, Nigeria. A total of 210 women, aged 15 to 45 years, and residing within the stated location were recruited for the study. Data was collected via a structured questionnaire from consenting participants. Data was analyzed using SPSS version 17.0. Level of statistical significance was set at 0.05.

Results: Majority (72.9%) of the respondents had tertiary education. Knowledge of pap smear was 59.8% but utilization was low at 14.8%. The major reason given for non-utilization was lack of recommendation by health care personnel, other reasons were; unavailability, busy lifestyle, cost and not needing it.

Conclusion: There is a gap in the knowledge and utilization of pap smear among the women studied. A significant number revealed that non-utilization is due to non-recommendation by their doctors. Health care providers need to be more pro-active in their roles by routinely educating women on the need for screening for the prevention of some diseases.

MAIN AREAS OF BIOMEDICAL ETHICS IN ALGERIA: LAW, HEALTH AND RELIGION

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Introduction and Objectives: Biomedical ethics is generated by the rapid growth of medical and scientific research. Today, life can be rescued to the means of organ transplants, given outside of the natural processes through methods of assisted reproduction and also modified by gene therapy.

Our present study aims to firstly establish an inventory of the main areas of biomedical ethics in Algeria and also trace the legislative, medical and religious.

Materials and methods: We started our exploration by investigating these practices, then we traced the box: legal, medical and religious.

Results & Discussion: The term "medical ethics" appears for the first time in Algeria in a legal text on 31 July 1990. The National Ethics Council of the Health Sciences in Algeria was created on 31 July 1990 and installed by the Minister of health and population on 13 October 1996. His first concern was to essentially discuss problems related to organ transplants. The work program has focused on ethical aspects are other topics including genetic diseases and medically assisted procreation. The theological basis of the texts came from Islamic fatwas of Muslim religious and moral superior council.

Conclusion: Culture and religion play an important role in determining the ethical behavior of a company.

THE ETHICAL VALUES OF CONFUCIAN BENEVOLENCE THOUGHTS IN THE CONSTRUCTION OF A HARMONIOUS DOCTOR-PATIENT RELATIONSHIP

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The Confucian Benevolence Thoughts is with abundant content and distinctive characteristics, consisting of both the detailed code of moral practice in interpersonal relationship adjustment and the ethics formed in such code. It is of great importance that requesting both the medical staff and the patients with the Confucian Benevolence Thoughts to rebuild the medical ethics and the patient virtues.

RARE DISEASES WITHIN EUROPEAN CROSS BORDER HEALTHCARE

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Rare diseases has been for a long time neglected diseases but, at this moment, between 5000 and 8000 different rare diseases affect an estimated 30 million people in the European Union. European Reference Networks may be a solution for developing professional excellence, medical training and research, and especially, provide healthcare services to patients who have special problems and multiple needs; patients and experts are few and geographically scattered, research is fragmented, reliable information is scarce, resources are limited, etc.

According to the European Union the health of the population is a key factor for productivity and grown but it is also a right derived directly from the principle of human rights.

A TOOL TO MEASURE ETHICAL SENSITIVITY IN MEDICAL COLLEGE FOR MEDICAL ETHICS EDUCATION

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This study attempted to develop an innovative ethical sensitivity tool to foster progress in teaching and research in medical ethics education. The tool, “Ethical Sensitivity Video-Based Situational Assessment Tool”(ESVST) contained two parts: six videos and one questionnaire. The development were conducted by a multidisciplinary team comprised of two medical ethic professionals, one clinical psychologist, one drama teacher and one drama director. Consensus meetings were held to decide the contexts and structures of cases, as well as the realness, representativeness, and the relation to ethical sensitivity. The questionnaire with open questions was designed to measure three components of ethical sensitivity: identification of ethical issues, awareness of the others’ needs, and imagination of one’s behavior consequences.

In 2013-2015, ethics leaning modules were implemented in thirteen courses of College of Medicine at Fu-Jen Catholic University. These leaning modules were developed by the authors and experts who excel on teaching through theatre. The effectiveness of these modules was evaluated by the instrument—ESVST.

The students in our College had promising changes on ethical sensitivity after these ethical sensitivity experiential learning modules. Among the 331 students who responded to the outcome evaluation, 62% of them demonstrated various psychological change from quantitative measurement. These results suggested that students found ethics learning modules interesting and useful, and their ethical sensitivity improved. For qualitative analyses, 30 of 46 (65%) valid questionnaires demonstrated various psychological changes on ethical sensitivity.

These results indicated that students’ sensitivity was improved on identification of ethical issues (2 themes with 10 categories), awareness of the others’ needs (3 themes with 13 categories), and imagination of one’s behavior consequences (2 themes with 6 categories). The qualitative results of this study shows that students had multiple and sophisticated changes in ethical sensitivity after these modules. These results may help teachers understand more about what students learned from these modules.

INTERNATIONAL ACTIONS TO PROTECT THE RIGHT TO HEALTH IN PEOPLE WITH HIV: CAN THE LAW TO SAVE LIVES?

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HIV/AIDS is a pathological entity that affects over 36.9 million people around the world; in 2014 it reached a mortality of 1.2 million and 2 million of new cases were reported. These numbers are of vital importance since they represent the total of people with the disease which have a high potential of suffering any kind of violation to their human rights and consequently, to their human dignity. For this reason, a variety of international programs have been developed to manage and improve the social situation of people with HIV. Furthermore, every country should have specialized legislations to ensure the accomplishment of these rights in this group of people. Only 123 countries have laws for social protection, whereas 45 countries do not have laws and the situation in 41 countries is unknown. Despite the increasing involvement of different social and legislative programs, the law by itself cannot stop HIV/AIDS, and it cannot be solely responsible when the social responses are inadequate. Nevertheless, the exercise of a legal environment can play a crucial role in the welfare of people living with or vulnerable to HIV.

THE DANGER TO SOCIETY POSED BY THE MENTAL ILL: FORENSIC PSYCHIATRIC EVALUATION IN AN ETHICAL PERSPECTIVE

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In Italian criminal law when there is assessment of mental illness there are two possibilities. If a criminal offender during a process is considered not dangerous to public safety, he/she can receive standard mental healthcare; whereas if the person is judged to be dangerous to public safety, he/she was admitted to a forensic psychiatric hospitals until 2014-2015. Now forensic hospitals are substituted by R.E.M.S. (Residences for the implementation of security measures) even if there are some organization problems.

Psychiatric evaluation is an important issue in determining danger to society. Authors discuss this theme in an ethical perspective and presents two cases observed in their experience.

THE SIGNIFICANCE OF RIGHT PROTECTION OF AIDS PATIENTS

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Discrimination is one of the most unfair treatments that AIDS patients or HIV carriers groups encounter. For the purpose of eliminating their discrimination, legal precedents from foreign countries have provided cases analyze about the rights protection of AIDS patients and carriers profound in meaning for us. These legal precedents are worthy of our study and reference. Sidney Abbott was a female HIV carrier for eight years and no symptom in Maine in the United States in 1994. She was refused by a dentist for the treatment of dental caries when she disclosed her living with HIV in registration. Ms. Abbott claim to be discriminated according to The Americans with Disabilities Act in the court. This paper would discuss that doctor's refusal should be treated as discrimination? How we could protect the social right of AIDS patients and HIV carriers?

CHRISTIAN MORALITY AND SENTIMENTALISM: A COMMON APPROACH TO BIOETHICS?

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The goal of this work is to briefly introduce and defend the idea that a naturalistic position in moral philosophy is not incompatible with Christian ethics. Nonetheless, such awareness may result in tangible positive effects on stating shared positions in bioethical moral choices.

The prototypical naturalistic position is traceable in David Hume's Treatise of Human Nature: "No quality of human nature is more remarkable, both in itself and in its consequences, than that propensity we have to sympathize with others…" (Section XI, Part I, Vol. II). The word "συμπάθεια" in ancient Greek means to empathize with other people.

In the Gospels, terms derived from greek root "σπλαϒχ-" are indicative of empathic behavior both for Jesus Christ (Mk 1, 41) and for good people like the Good Samaritan that spontaneously does the will of God (Lk 10, 30-36). From such a root words, like "splanchnic", that refer to visceral structures found in both man and animals, are derived.

We therefore think that a supernaturalistic, non-regulatory, approach does not exclude a naturalistic points of view, contrary to what is claimed by the majority of authors (C.B. Miller 2016), in the evaluation of moral choices. This position might be called "weak supernaturalistic approach".

In end-of-life bioethical issues, for instance, a weak supernaturalistic approach may avoid impractical regulations in the management of terminally ill patients.

ETHICAL ISSUES IN PHARMACY SHOPS PRACTICE

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Worldwide self medication is on rise and has different reasons. Prescription only drugs should only be sold by pharmacy shops to the patient with a prescription of the medical doctor. The main ethical problem is that patient wants the drug depending on his own belief of self-medication and the pharmacist is interested in selling his products without taking into consideration if the drug should be provided or is it suitable to the patient or not. Our aim is to study how pharmacies in Lebanon apply this concept, whether they do sell the drugs to the patient having a prescription or not. The study has been initiated in Beirut, Lebanon by interviewing pharmacies about the standards of how they sell the drug to the patient and whether the pharmacist is guided with the instruction of the prescriber.

CLINICAL TRIALS ETHICS AND THE ORTHODOX CHRISTIAN CHURCH

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It is widely acknowledged that clinical trials are of great importance to human health. The role of clinical trials in the introduction of a new pharmaceutical product is indisputable. However, because of the direct or indirect involvement of human subjects in the conduct of clinical trials, ethical considerations on various aspects of clinical trials are constantly arising. In addition to the medical, legal, social and bioethical assessment of clinical trials, a religious evaluation of the issue is vital to be added. The present study explores, for the first time, the Orthodox Christian Church approach towards clinical trials. In Orthodox Christian Theology, the sanctity of life is crucial, and the spiritual development of each person constitutes the touchstone for decision-making on a number of subjects in clinical trials. The Orthodox Church approach is primarily teleological and as such gives priority to the soul. This, by no means, underestimates the value of human body. The Orthodox tradition is opponent to egocentric and utilitarian use of clinical trials.

EATING DISORDERS: THE CLIENTS THAT DO NOT WANT TO BE TREATED

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Resistance and non-cooperation is a major part of treating women (and men) who suffer from eating disorders. Practitioners are busy with the ethical question of treating people who do not want to be treated. It is well known that resistance to treatment is a main symptom of the disorder, and that eating disorders can be life threatening. Thus, the issue is a common conflict. As therapist, we try psychoeducation strategies, but often, the family of the patient has to force treatment (ambulatory or hospitalization) in teenagers. In adults, they sometimes have to go to court against their daughter, in order to get her to treatment. Since eating disorders are not considered as impairment in reality judgment, it is very rare that judges decide to force treatment. Actually this is similar to respecting a depressed person wish to die. Eating disorders do have high rates of death from physiological complications and suicide. Research have already shown that on these cases when treatment is forced, the outcome is not significantly different than in treatment with an agreement, which makes the conflict even more confusing. With a theoretical overview and clinical examples, this presentation examines and tries to explain the ambivalence toward treatment of eating disorders, the difficulties therapist working with these disorders and the various ways that therapist can use to work within this conflict.

BIOETHICAL ISSUES OF GENETICALLY MODIFIED FOODS

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A number of potential risks and bioethical concerns over genetically modified (GM) foods are the most discussed problems of recent years. In spite of conflicting opinions about GM foods are harmful or useful, millions of people use these products in the world. There are the risks of GM organisms, including the most dangerous uncontrolled using of GM products in the food industry with the possibility of harm to human health. Given that virus or bacteria DNAs are used in the genetic modification of plants, in future it could cause new diseases in humans who consume GM products. There is concern that by genetic modification of crops, the antibiotic-resistant genes could be passed on to pathogen microbes and any new resistance could prove disastrous with widespread antibiotic resistance. Using of the transgenic species instead of the existing species in agriculture may result in loss of those species and decrease of biodiversity. In the purpose of health of the future generations, protecting of environment and biodiversity, GM products should be strictly controlled and their commercial use, import, export should be regulated by law. So during 2013-2015 years project entitled “Molecular diagnosis of different diseases of agricultural plants, seeds and GMO products imported into Azerbaijan” within the framework of the Program “Strengthening Bio-Safety and Bio-Security Capabilities in South Caucasus and in Central Asian Countries” of the United Nations Interregional Crime and Justice Research Institute (UNICRI) was successfully implemented in our institute.

TO WHAT EXTENT SHOULD BELIEF DETERMINE TREATMENT? A CASE OF THROMBOCYTOPENIA IN PREGNANCY IN A JEHOVAH’S WITNESS

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Introduction: Thrombocytopenia (platelet count of <150 x 10^9/L) is a common finding in pregnancy, second only to anemia. It may be pregnancy-related or due to some causes outside the pregnancy and may be associated with an increased risk of bleeding in both mother and child. The severity of bleeding depends on the cause. Blood component therapy is a modality of treatment in the management of thrombocytopenia in pregnancy.

Jehovah’s Witness is a religious group averse to the use of blood components even in life- threatening situations, thus posing an ethical dilemma to the medical practitioner.

We hereby present a 38-year-old Jehovah’s Witness with thrombocytopenia and splenomegaly in pregnancy.

Case Report: A 38-year-old Jehovah’s Witness presented with easy bruising and gum bleeding. On examination, the most significant finding was a splenomegaly. Laboratory investigations showed anemia and thrombocytopenia. Examination of the bone marrow was not informative.

She was managed as a case of immune thrombocytopenia with splenomegaly in pregnancy and commenced on steroid therapy. Her condition improved significantly.

She however developed hypertensive complications, which warranted an emergency Caesarean section following which she became comatose with rapidly declining hemoglobin, platelets and elevated liver enzymes; a diagnosis of HELLPs was made. At this point, she may have benefitted from component therapy. Patient’s condition remained critical until death.

Conclusion: A proper understanding of the extent to which patients’ beliefs determine choice of treatment should be addressed as soon as such cases are encountered so that necessary measures are taken to prevent fatal outcomes.

INTENSIVE CARE NURSES’ ATTITUDES AND VIEWS REGARDING PATIENTS’ RIGHTS AND NURSES’ MORAL DISTRESS

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Aim: To explore the attitudes and experience of intensive care nurses and associate it with moral distress

Method: A descriptive study with cross-sectional comparisons and correlations was employed at a targeted sample of all intensive care nurses in public and selected private intensive care units in Cyprus. A modified scale of Chrysospathi and Papathanassoglou 2011 and the Corley distress scale have been used. For the media level comparison of attitudes t-test was used and Non parametric Kruskall Wallis and ANOVA were used where was required. Questions correlations were done with non-parametric Spearmans’s rank- order correlations.

Results: The majority of responders 82.5% were aware of the existence of legislation on patients’ rights’ but they do not know the content of it 61.6%. The factor ‘attitudes towards patients’ advocacy’ women had higher levels than men. In public hospitals the factor ‘experience in information of patients/relatives’ has higher levels than in private hospitals. The moral distress seems to associate with the ‘experience in observance of patients’ rights in ICU’. In General intensive care units nurses have reduced levels of attitudes in relation to other intensive units and in addition female nurses have increase intensity than men.

Conclusion: There is lack of knowledge about the content of the patients’ rights legislation in Cyprus. There is a need for increase courses in ethical issues and especially patients’ rights.

ETHICAL CHALLENGES TO CRISPR RNA-GUIDED NUCLEASES THERAPEUTIC IMPLEMENTATION

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Gene therapy relies on finding a dependable system that allows specific genomic alternation in specific cell target population. Among the most advanced approaches CRISPR RNA-guided nucleases seems to be the most specific one. It relies on simple Watson-Crick base pairing rules, circumvent many of the engineering obstacles, allows simultaneous multi-loci editing and as such, CRIPR genome-altering technology could become an innovative therapeutic approach.

On one hand, as a therapeutic technology, CRISPR applications are expected to be fully compliant with the existing regulation and ethical guidelines. On the other hand, as an innovative technology its products could challenge moral norms and established practices. Therefore, CRISPR applications should be preemptively evaluated. The aim of our work is to broaden the discussion regarding this promising technology and incorporate the ethical evaluation into future products design process.

For that purpose, we speculated future devices that rely on CRISPR multiple characteristics and devised scenarios for their application. We simultaneously assessed those putative products against current regulations and biomedical ethics norms as well as searched for unique ethical challenges they present. We identified a segregation of several ethical issues in CRISPR therapeutic application including issues of distributive justice, disease definition, patient physician relationship etc. Even though, none of these issues is entirely new their unique segregation in CRISPR applications demand attention before they are clinically tested.

‘COMPETITIVE LEARNING’ IN BIOETHICS EDUCATION – AN INDIAN EXPERIENCE

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Rationale: Apart from teacher centered group/individual learning and co-operative learning, ‘competitive learning’ is important in bioethics education. Learning is often motivated by a competition and is basically an extracurricular activity which develops creativity and problem solving skills.

What was done? : GSMC MUHS UNESCO Bioethics Unit, Mumbai, India is implementing module based core bioethics curriculum for health profession students through interactive workshops over last one year. In addition, the unit implemented ‘competitive learning’ model to impart bioethics education. 211 students participated in **essay competition** on preannounced topics on a specified day. Later, the prize winning essays were displayed on students’ notice board. Creativity of 70 students reflected through **poster making competition** on human dignity and human rights. The handmade thematic posters were later exhibited. **Debate competition** on ethical issues had 24 students participating in a team of two each, who effectively debated on various ethical dilemmas. The structured assessment for each competition was carried out by panel of judges’ expert in the field of bioethics, law & education. All participants were awarded appreciation certificate and winners were felicitated.

Issues & challenges: Competitive learning may be linked to high anxiety levels, self-doubt, selfishness, cheating and aggression. It may interfere with the capacity of problem solving. Since there are few winners, other students may feel discouraged.

Learning pearls: The model of Competitive Learning was effective in imparting bioethics education beyond the borders of classroom. The reinforcement of bioethics curriculum topics can be effectively implemented through competitions. Issues related to Competitive Learning should be addressed.

PLACEBOS CLINICAL TRIALS FOR HIV-INFECTED PEOPLE. ETHICAL OR NOT?

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In the less economically developed countries, the scourge afflicting the majority of residents is the HIV virus. For the millions of HIV-infected people, there is unfortunately a low chance of overcoming the disease, due to unfavourable conditions that exist in the economic field as well as in healthcare. The costly drug combinations available in developed countries are beyond this group’s financial capabilities. Some arguments support that when a nation is unable to provide adequate medical care, the use of placebos becomes morally justified. Due to the severity of the situation, many clinical trials are held for HIV infected people, during whom some individuals are prescribed drugs that have the power to improve health, and some are merely given placebos. The use of placebos on patients suffering from diseases as serious as HIV holds severe dangers. According to bioethics and individual rights, all patients must have access to medication. On the contrary, clinical trials must be carried out for the progression of science and the development of pharmaceutical import to combat the deadly HIV virus. So, the question remains on whether these clinical trials are in fact ethical.

THE DEVELOPMENT OF CHINESE LEGAL SYSTEM GOVERNING ETHICAL REVIEW OF CLINICAL TRIALS

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Combined with the background analysis of the development of Chinese clinical trials and the international construction of ethical review legal system, this paper introduced the current relevant legislation and development process of clinical trial ethics censorship, analyzing the experience and problems in the construction of Chinese ethical review system, and according to the situation and challenges of the development of bioethics, it put forward the improved direction of clinical trial ethics censorship in China.

ETHICAL CONFLICTS FACED BY DYING PATIENTS' FAMILIES IN THE PALLIATIVE SEDATION

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In this paper, the author analyzed the ethical conflicts of the patients’ family members when the dying patients were being faced with palliative sedation, and put forward some suggestions, expecting that medical personnel can better understand the patients' families, communicate with them more effectively, and jointly safeguard the patients’ life quality and dignity.

VULNERABLE OLDER PEOPLE AND THE NEW SYSTEM OF PHARMACEUTICAL COPAYMENT IN SPAIN

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Since the creation of the Spanish social security system, the system of financing pharmaceutical provision has evolved with the gradual loss of rights of the beneficiaries that has led to the adoption of the Royal Decree-Law 16/2012, particularly following the amendment of article 135 of the Spanish Constitution (SC). This is the first time in Spain that there has been a generalised copayment system, including for vulnerable groups, such as low income pensioners.

Our presentation includes an examination of the new system of pharmaceutical copayment for outpatient services. The constitutional foundations are found in the right to pharmaceutical provision (article 43.1 and 15 SC) and the distribution of competences (article 149.1.16 and 149.17 SC).

The elderly, living on very low pensions or with family obligations (this is a country of high unemployment), cannot afford treatment or could even abandon it. All this contributes to a rise in health expenditure, which is a breach of the fundamental right to life and physical and mental integrity (article 15 SC).

Our presentation includes the solutions given by various Spanish regions which counter the worst effects of this rule.

THE ROLE OF FORENSIC PSYCHIATRY IN MENTAL HEALTH SYSTEMS ACROSS EUROPE AND THE RISING SUBJECT OF FORENSIC PSYCHIATRY IN CYPRUS

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This study aims to reveal the importance of forensic psychiatry across EU and its health care system. It is examined the criminal responsibility and the forensic psychiatry facilities as well as the psychiatry in prison across Europe. There are implications for the need of a momentum for EU countries concerning forensic psychiatry far from ideological, political and historical differences. Research in this field is arising as well as the need of experts in this field. It is also discussed the primary steps of forensic psychiatry in Cyprus and the interference from forensic psychologists.

FAMILY AND COMMUNITY NURSING IN ITALY. THEORETICAL MODEL AND ETHICAL CHALLENGES

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Objectives: To build a model of family and community nursing that can be applied to improve the Italian National Health System for families.

Methods: An investigation to identify the use of organizational models for family and community nursing throughout Italy was conducted. A mixed method research was accomplished via a parallel concurrent design. A web survey was conducted through the National Federation of Ipasvi Colleges website to obtain quantitative data. Relevant stakeholders (n=140), from different backgrounds (GPs, nurses, nurse managers, service users), participated in semi-structured interviews, to obtain qualitative data.

Results: Although a variety of organizational models have been used to foster continuity of care among the different regions of Italy, a critical problem was the lack of a clear and ethical defined model for family and community nursing. The role of family nursing was not well delineated. Furthermore, a lack of a formal recognition in the role of family/community nurses, including none existing working contractual agreements emerged as an ethical dilemma.

Discussion: The characteristics and challenges that the Italian NHS is experiencing in efforts to introduce family and community nursing and to guarantee coordination of care for patients in chronic conditions are urgent priorities in Italy. A theoretical model that centers primary care services through district agencies, specifically home care or health homes, managed by nurses was produced. The model also makes salient the ethical implications to improve the Italian National Health system.

ON THE IMPLEMENTATION OF TWO-WAY TRANSFERRED TREATMENT IN CHINA

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The two-way transferred treatment, which not only overcomes the disadvantages of large hospitals' overcrowding and the small hospitals' being deserted by few patients, but also can solve the problem of the urban and rural residents due to the inequalities in their income and residence and some other reasons. However, because there are many reasons, including patients' disapproving of the medical levels of the basic medical institutions, the hospitals and doctors' not supporting the two-way transferred treatment, the complicated two-way transferred treatment procedures and other reasons in China, which lead to the implementation of two-way transferred treatment with difficulties. The implementation of two-way transferred treatment cannot be done without close cooperation between the different levels of regional medical institutions; it cannot be done without the financing mechanism to improve the treatment conditions of basic medical institutions; it cannot be done without the interest coordinating mechanism between the different levels of medical institutions; it cannot be done without the incentive mechanism to guide the patients with common diseases, patients in frequently-occurring diseases and rehabilitation patients to get treatment in the grassroots' medical institutions; especially, it cannot be done without the establishment of the relevant policy.

I AM NOT ELIGIBLE TO USE MY PREFERRED FORM OF CONTRACEPTION! A CASE REPORT ON THE DILEMMA OF CONTRACEPTIVE CHOICE IN A LOW RESOURCE SETTING

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Introduction: A showcase of dilemma faced choosing contraception in a low resource setting where the full range of options may not be available.

Case: A nurse with risk for sickle cell disease in her children, diabetic and hypertensive, with a history of four previous caesarean sections had attained a good family size but was unsure about having a tubal ligation giving consent intraoperatively so it was not done, feared that side effects of hormonal contraception may worsen her medical disorders, and her chosen method for contraception (intrauterine device) was hindered by a deformed cervix.

Discussion: Despite 25% risk for offspring with SCD, she had no premarital counseling, prenatal diagnosis is not available and abortion laws are still restrictive. Though the SCD carrier state and controlled medical disease are not contraindication to contraception contrary to negative perception. Another delivery by caesarean is associated with higher risks of maternal morbidity and mortality. Her missed opportunity for bilateral tubal ligation (BTL) at no extra cost was due to ethical issues concerns about late consent which was only verbal, and in a paternalistic society her husband was not involved. Her choice was intrauterine device as an interval procedure but her cervix was inaccessible.

Conclusion: If a woman does not understand why she cannot use a contraceptive method of choice, it may reduce satisfaction, compliance and result in contraceptive failure. Proper counseling and patient selection for various contraceptive methods using standardized eligibility criteria is thus important.

DOES THE NHS HAVE AN OBLIGATION TO FUND IVF?

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Background: Infertility is the 2^{nd} most common reason for female medical consultation and affects 1 in 7 UK couples. Despite NICE recommendation that all women under 40 should receive 3 funded cycles of IVF, the UK healthcare commissioning model results in geographical inequalities of provision.
Methods: Literature review followed by a theoretical approach using philosophical methods of argument and counterargument.
Aim: To defend the view that the NHS has an obligation to provide treatment for infertility on the basis of a universal right to reproduce.
Discussion: After establishing that IVF is prima facie acceptable, three questions were addressed:

1. Is treating infertility the responsibility of the NHS?
2. Is there a right to reproduce?
3. Does the NHS have an obligation to facilitate this right?

The project established that as a health need, treatment of infertility is the responsibility of the NHS. The right to reproduce has been established in both legal and ethical settings. However, it is usually described as a negative right, calling in to question the obligation of the NHS. Nonetheless, the special type of moral good held by parenting suggests that it should be valued such that it is provided wherever possible.
Conclusion: IVF should be funded by the NHS because it is a health need associated with physical and psychological pathology. There exists both a right to reproduce and a need to parent, and due to the inherent and irreplaceable value of the parent-child relationship the state should act to meet this need.

'MORE THAN A FEELING': HOW SHOULD COMPASSION BE CONCEIVED AND ENACTED IN END OF LIFE CARE?
A PATIENT PERSPECTIVE

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Background: As agency and capacity decline towards the end of life, compassion becomes an increasingly important and apposite feature of healthcare. Whilst more compassionate healthcare is being called for, especially in end of life contexts, there is relatively little understanding of what compassion actually is, or how it can be enacted.
Aim: To conduct an empirical bioethics analysis to explore the concept of compassion and how this is understood by patients, in order to inform an ethical analysis of how compassion ought to be conceived and performed in end of life care (EOLC).
Methods: An exploratory qualitative approach underpinned by Frith's Symbiotic Empirical Ethics methodology was used. Six semi-structured interviews were conducted in a UK hospice.
Results and discussion: Compassion was conceived in different ways by different participants, but 6 key themes emerged that patient's identified as essential to a compassionate experience: 'caring motivation', 'attentive acts', 'caring what I care about', 'being relational', 'response to suffering' and 'time.' However, these themes are not all compatible. Consequently, each constituent of compassion was explored; examining whether each was necessary for an acceptable definition of compassion. From this analysis, a conceptualisation of compassion in EOLC was developed that focuses on compassion being relational, centred on performing attentive individualistic acts.
Conclusion: Compassionate care should be based on an individual patient's needs, and this study acts as a reminder that compassionate acts need not be lengthy. Moreover, compassion is a holistic concept, should be treated as such. Finally, through attentive practice, compassion can be 'learned'.

References:
Palfrey H, Armour K, Grubb R, Ives J (2016) How should compassion be conceived and enacted in end of life care? A patient perspective. *BMJ Support Palliat Care* 2016;6:401

IRREGULAR WORKERS AND RIGHT TO HEALTH IN SPAIN

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The right to health assistance in the frame of National Health Service was drastically modified by means of Royal Decree-Law 16/2012, which restricted the free access of irregular workers to health assistance and benefits. As a result, their free health assistance has been constrained to vital emergency cases and maternity care, even though minors (those aged under 18) are protected in any case. In considering the referred amendment, the European Committee of Social Rights (ECSR) has concluded that Spanish legislation infringed the right to health enshrined by Arts. 11 and 13 European Social Charter. Spanish Government in turn, has brought appeals of unconstitutionality before the Constitutional Court against those Autonomous Communities which decided to extend health care to irregular workers on the same basis as legal workers. The poster will address this issue from a bioethical point of view and focusing on the right to health protection, recognized by Art. 43 of Spanish Constitution.
Furthermore, the proposed study will deal with the social protection of immigrants who access to jobs under irregular conditions (i.e. without residence and/or work permits), with regard to unemployment benefits, as well as benefits granted in case of professional contingencies (work accident and illness), such as permanent and temporary disability benefits.

AESTHETIC SURGERY IN ADOLESCENTS – WHEN IS IT ETHICALLY JUSTIFIED?

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"When is it ethical to perform aesthetic surgery on an adolescent?" This question has been asked by M. Bermant and is one that still hasn't been answered. There has been a growing demand for aesthetic surgery in recent years, as pressure from mainstream media has developed an image obsessed culture amongst young people. This study looked at the ethics involved with aesthetic surgery in adolescents across the world. I compared systems such as the National Health Service (NHS) in the United Kingdom (UK) which is predominantly a state led service to health care in America and Australia which are predominantly privately run.
Attitudes and regulations towards aesthetic surgery differ across the world. Beauchamp presented the four principles to act as the ethical basis for modern medicine: autonomy, beneficence, non-maleficence and justice. These four principles were used as the basis of this study. Adolescents are considered vulnerable people in society and it is important that they are not misguided into thinking they need aesthetic surgery. As part of this study, I have conducted an extensive analysis of the literature and interviewed a variety of patients and their parents, both from the UK and from Australia. There was a marked difference in their views of what was ethically acceptable in terms of procedure and expectations. This study will provide insight as to when it is ethical to offer aesthetic surgery to adolescents, as well as recommendations in ways to assess what the best interests for a patient may be.

ESTABLISHMENT OF THE ETHICS COMMITTEE OF THE FACULTY OF MEDICINE IN NIŠ AND ADOPTION OF THE CODE OF RESEARCH ETHICS AS THE MEANS TO SECURE CLOSE OBSERVATION OF THE PRINCIPLES OF GOOD SCIENTIFIC PRACTICE

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By the adoption of the Law of Higher Education in 2005 in the Republic of Serbia, all independent higher education institutions were obliged to establish an expert body – Ethics Committee – which via the adoption of the Code of Ethics had to define the principles of ethics in higher education and research. The first Ethics Committee of the Faculty of Medicine was established back in 2007, and the new composition of the Committee was established by the decision of the Assembly for Education and Science in 2015. This expert body has got 9 members, out of which one is not a Faculty employee and one is a student representative. There have been 34 sessions of the Committee so far, approving the requests for research studies on animal or human subjects regulated by numerous mandatory regulations and the code of ethics of good scientific practice. In these documents, protection of human dignity is of primary concern, as well as the prevention of degrading or inhuman behaviors towards the examinees and prevention of their unvoluntary or non-informed involvement in research projects. General principles and guidelines of good scientific practice (GSP) as well as the tasks of the Ethics Committee of this higher education institution are as follows: 1) to supervise the formation of research groups; 2) to take care of the immediate scientific posterity; 3) to provide high quality laboratory work; 4) to provide proper keeping/storage of the documents and information; 5) to keep under control authorships and originality of scientific publications. Moreover, the Code of Ethics defines the violations of the principles of good scientific practice, as well as the procedures taken to establish such violations and to deliver sanctions and other measures.

ETHICS COMMITTEE CLINICAL RESEARCH: WHAT ETHICAL ISSUES WE ARE USING FOR? A CASE STUDY

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Background: Clinical research in Health Sciences plays an increasingly important role in developing and improving health care role. Therefore knowledge of ethical issues in research with human beings, in clinical drug trials, clinical essays or research on nursing care becomes necessary.

Aim: The aim of this exploratory research was to analyze the more usual ethic problems that appear in the research clinical projects.

Methods: Using a qualitative case study design, we analyzed the minute of the Research Ethical Committee during the 2015. We did a content analysis of the minutes in order to identify the ethical issues by using a constant comparison research method between researchers.

Results and Discussion: Qualitative analysis allowed us to identify the following recurring themes:

Although there are a lot of literature and training about ethics questions, the informed consent, confidentiality of data and not clear research guidelines appear in a high number.

Ethical questions relationship with ethics of care appear in reference to the process, the way as we practice the Information patient process, technological process and end way process in the clinical research when the drug trial or an experimental treatment fails in a patient as a last option of treatment.

Conclusion: Our study emphasizes that the work of the Ethics Committee on Clinical Research is complex due to the diversity of issues that need to be answered, and you should consider.

We can also see problems of legal loopholes that the Committee considered bad practices or questionable ethics.

TRENDS OF INDIGENOUS HEALING AMONG PEOPLE WITH PSYCHIATRIC DISORDERS: COMPARATIVE STUDY OF ARABIC AND KURDISH ETHNICITIES IN IRAQ

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Indigenous healing is commonly practiced in Middle East. Little is known about trends of indigenous therapies among patients with psychiatric disorders in Iraq. To determine and compare rates and predictors of indigenous healings by individuals with psychiatric disorders, and the practiced rituals among Arabic and Kurdish ethnicities in Iraq, patients aged 18 year and older attending outpatients in Erbil and Najaf were assessed for their prior contacts with indigenous healers. About 48.9 % had indigenous healer's consultations before visiting their psychiatrists; the figure was three times higher among Arabs than Kurds. Higher consultation rate was detected among younger and less formally educated patients. Fourteen types of religious therapeutic rituals have been practiced. Indigenous healing is widespread in Iraq. It is more common among Arabs, younger and less educated people with psychiatric disorders. Participants consider indigenous healing for their psychiatric more than non-psychiatric disorders.

PROFESSIONALISM IN THE USE OF SOCIAL MEDIA

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Social network sites are web-based services that allow individuals to construct a public or semi-public profile within a bounded system, articulate a list of other users with whom they share a connection, view and traverse their list of connections and those made by others within the system.

In recent times, there has been advent of several medical profession-specific social media platforms and over engagement of doctors and healthcare professionals to their colleague, patients and general population online. Concerns range from reports of patients stalking their physician, health care professionals disclosing private information about patients, medical students' blogging or sharing online descriptions of patients under their care and potential Conflicts of Interest. Despite the presence of several guidelines on use of social media by physicians, there is lack of awareness and practice among the healthcare professionals, including medical students. There is also lack of training among physicians towards correct usage of social media.

This oral presentation aims to discuss on these aspects of social media usage among medical professionals and try to suggest remedial and preventive measures for the same through few case studies as well as discuss current guidelines and any modification in them, if needed.

LEGAL AND ETHICAL ASPECTS OF HEALTH CARE IN TERMS OF MANDATORY HEALTH INSURANCE IN THE REPUBLIC OF KAZAKHSTAN

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Health care reform and development of a mandatory health insurance system, the implementation of which is planned from 2018, are currently carried out in the Republic of Kazakhstan. The new challenges associated with the protection of patients' rights and protection of the rights of health workers are being discussed during the implementation of the State Program "Densaulyk" (2016-2020). A significant increase in the cases of patient claims to the judicial authorities, non-governmental organizations for the protection of patients' rights, compulsory health insurance funds with claims for compensation for damage caused by inadequate provision of medical and diagnostic services, as well as moral damages is expected with the introduction of health insurance.

The current practice in the Republic of Kazakhstan is based primarily on the criminal responsibility of health workers for a professional offense. At the same time, there is no system of measures to improve medical and legal security and insurance of doctors. The issue of legal protection of doctors, especially in the context of compulsory medical insurance remains quite urgent. There is enough information on the rights of patients and their protection in the existing and ongoing legislative documents, but the rights of health care workers in the performance of their professional duties are not succifiently covered. The starting point of complaints and claims are often gross deontological violations.

According to the Committee of Control of the medical and pharmaceutical activity of the Ministry of Health and Social Development of the Republic of Kazakhstan, there is a tendency in reducing the proportion of patients claims on the issues of "Ethics and deontology" amounting in 2013 to 6.6% in 2014 - 4.8%, in 2015 - 1.8% based on the analysis of the structure appeals to the blog platform of Health and Social Development Minister for the years 2013-2015.

However, the research results on the study of patient satisfaction with the provided medical assistance, security and the implementation of the rights of patients justify the need for a more detailed study of ethical problems in the provision of health services for the development and management decision-making to address ethical issues. According to a survey of patient satisfaction with myocardial infarction quality and availability of cardiac care, 68.8% of patients who received the question "In your opinion, what needs to be improved in the quality of a cardiac care?" answered "Ethics of the medical staff" (χ^2=40,172; df=1; p=0,001).

According to a study on the implementation of the rights of patients, the public and health care workers show low awareness of citizens' rights when receiving medical care. 56.5% of doctors believe that the confidentiality of medical information is properly protected, whereas only 17.5% of the population agree with this statement (χ^2=158,7; p<0,001).

A stable growth in the number of citizens' complaints on the quality of health care (2005 - 420; 2006 - 949; 2007 - 1386; 2008 - 1662; 2009 - 2126; y=412,5x+71,1; R^2=0,99) indicates a lack of effectiveness in the system for handling complaints and response efforts, as well as the need for its further development (L.Koshekenova, 2015). To date, systematic monitoring and in-depth analysis of ethical issues in the provision of medical care is not carried out neither by state nor non-governmental health organizations.

Patients' rights violation is one of the leading concern in medical care. When the Committee for Control of medical and pharmaceutical activity of the Ministry of Health of the Republic of Kazakhstan considered the complaints about poor-quality medical care, it was found that the process of care and the reasons associated with the human factor showed the highest number of claims from the citizens. Among the reasons associated with the human factor prevail negligence, incompetence, incompetence, violation of ethics and deontology.

All this dictates the need for studies on the analysis of the ethical, medical and legal issues in medicine, allowing to develop a system of legal protection of medical personnel and the introduction of legal information in medicine. The study of the system of compulsory medical insurance, which has a long and controversial history of the formation of the new economic conditions of our country, deserves a special attention. With the introduction of compulsory health insurance, the contradictions between the moral, ethical and professional duty of health worker will be regulated, on one hand, a qualitative, accessible, free medical care to any patient and on another hand, the ability to implement it within market conditions.

ETHICAL IMPLICATIONS OF INCIDENTAL FINDINGS IN RESEARCH PROJECTS INVOLVING WHOLE GENOME SEQUENCING

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While conducting a research that involves whole genome sequencing, a researcher gathers huge amount of information, which in some cases may lead to finding out, outside the scope of the main research project, about a previously undiagnosed medical condition or potential condition of a study participant. Such incidental findings, although rare, involve many ethical considerations that should be taken into account already at the stage of planning the research project.

In our poster, that bases on experiences arising from Parkinson's Disease oriented research within the National Centre for Excellence in Research in Luxembourg, we would like to indicate and address the most important ethical issues linked to incidental findings arising from the research projects involving whole genome sequencing. They include the concerns whether a study participant should be informed at all about incidental findings; should he or she be informed about any incidental findings or selected ones, e.g. only about those where a possible treatment exists. We tackle the issue if the scope of the informed consent for a participation in a research project should limit the possibility to contact the concerned person or if ethical obligation to protect study participant should prevail. Finally, we analyse the issue how the study subject should be contacted, in cases when there is a positive decision about contacting him or her, and how to transmit the incidental findings. Given that incidental findings usually refer to serious health or hereditary concerns, all these issues should be treated with utmost care.

THE NECESSITY OF LAW REFORMS ON LAW MANDATORY SOCIAL SERVICE FOR MEDICAL STUDENTS IN MEXICO

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Since its first official appearance (1936) and its further inclusion (1945) in the Mexican constitution as a mandatory labor to obtain a professional degree, Social Service (SS) hasn't had a major reform in almost 80 years. Within history of the SS, the national situation during its creation, the medical needs of rural communities and growth in practice and experience for young doctors acted as pillars on the construction of this new system of professional development. However, almost a century after the birth of SS, conditions of our country and medical education have evolved, whereas the main structure of SS hasn't.

Mexico nowadays, as many other worldwide nations, suffers from a variety of public and administration health related issues. Among them, stands the doctor's overpopulation within urbanized cities, an improper distribution of health centers, inadequacy of medical specialists on determinant areas of need, unsufficient capacity for postgraduate students and general practitioners' lack of motivation for global areas of medicine (master degrees, public health advocates, medical first care providers amid others).

Many of these circumstances are thought to be lead through a misunderstanding and misguidance on what medical doctors should do after finishing their studies and which are currently the actual needs from professional of health in Mexico. Yet, as these issues might be originated across several antecedents, an adequate reform on our current SS would advocate on solving many of them, as well as proposing different perspectives on our country's present challenges and the global future of medicine.

DR. VESNA BOSANAC: ETHICAL DECISIONS IN TIMES OF WAR

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Vesna Bosanac (1949-) is a pediatrician who served as the director of a hospital in Eastern Croatia, where in 1991 over 4,000 civilians and soldiers from both defenders' and aggressors' troops sought health care or refuge during the most violent conflict since the Second World War. Dr. Bosanac's actions are exemplary of the addition of duties and difficult ethical choices faced by physicians in times of extraordinary humanitarian crises. Under the immense stress of daily bombardment of the hospital and increasing number of patients from both sides of the conflict, Dr. Bosanac managed to ensure provision of high level of equitable care. This case study elucidates the actions of Dr. Bosanac during the siege of Vukovar and identifies factors that facilitated her ethical decisions under conditions of adversity and uncertainty. The preliminary observation shows that Dr. Bosanac's (1) early exposure to a multi-ethnic population, (2) family education in acceptance of all peoples as fundamentally equal, and (3) instillation of early values which included impeccable work ethic, amiability, resourcefulness, and determination, facilitated her exemplary ethical conduct and enabled her to save thousands of lives of her fellow citizens. These factors may serve as starting points for future examination of qualities needed to be sought and/or developed in those who will be entrusted with the health of populations not only in normal circumstances but also in times of complex emergencies and humanitarian disasters.

CONTINUOUS MEDICAL EDUCATION AS A TOOL TO REDUCE MEDICATION ERRORS IN MEXICO

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In Mexico, medication errors (ME) represent an issue not only for the physician, but also for the patient, and the health sector. Nowadays, public hospitals do not have a unified system to prevent and report the incidence of these errors. About 50% of the ME happens in the prescription stage, which places the physician as the first link to correct this problem. In this context, the principal causes of ME are: miscalculated and bad dilution dosage, incorrect posology, and wrong wording. To prevent them, is necessary to make primary emphasis in continuous medical education through critical reasoning and reinforcement in basic sciences, fundamentals of pharmacology and therapeutics, as well as real time information research. Secondary measures can be applied, for example, the use of electronic medical records, use of support systems for decision making, integration of a pharmacologist in the medical team, implementation of single dose dispensing system, and report incidents of ME. These actions would be applicable if the health institution is conscious enough about clinical security, and when the healthcare's professionals are well informed that the data will not be applied with punitive purposes. By employing adequate educational measures, with full adherence of the health personnel, it would be expected to decrease the frequency of the ME as has been shown by previous studies in some institutions of Mexico.

BEHAVIORAL ETHICS IN HEALTHCARE PROFESSIONALS

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It is commonly accepted that Bioethics has a fundamental role in educating Healthcare Professionals considering that taking care of a patient should first of all be based on the care relationship and the alliance between the parties.

Healthcare professionals are daily in touch with human vulnerability, constantly experiencing the value of Behavioral Ethics in seeking confidence among the patient/professional/organization relationship. This is the first step of a difficult path that has to be sustained by the essential human support as well as by the therapeutic and helpful ones.

The constant professionals' task should be focused on education to life and health, taking into account that people vulnerability is often related to different problems such as behavioral disorders, bulimia, anorexia, alcohol addiction, school dropout, etc. with an extensive involvement of the individual, familiar and social sphere.

It is often requested not only to meet the needs expressed by a single person but also by the couple, the family, the community, and therefore, to carry out integrated actions of prevention, information, and health education.

The Professional Educator often experiences how a daily exchange of information, advice and opinions among operators as well as between operators and users proves how this experience is useful and has a value both in sharing of scientific knowledge and in creating spaces of solidarity and human support.

Professional experience helps, though, even to think that Bioethics should much earlier be part of the educational background, crosscutting all the professions.

Training should be extended to teachers starting from kindergarten. This way, Bioethical Education can always contribute more to strengthen education to life and health.

THE OPERATION OF THE CENTER FOR THE PROMOTION OF BIOETHICS IN CHINA

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Since teaching propulsion mechanism of bioethics education of the UNESCO (Haifa) member coordination center has established in Hainan Medical University in September 2016, the first group of 12 member units have been award in Nanning. In order to promote the Chinese member coordination center for the healthy and orderly operation, we should proceed from the following aspects: first, establish and improve the Chinese member units coordination center to promote the healthy development; second, enrich and improve the Chinese member coordination center staff members of the secretariat in order to achieve the responsibility; third, to explore and form autotrophic mechanism based Chinese member unit coordination center long-term development; fourth, coordination and implementation of division and cooperation of various member units is the main function of the center; fifth, to promote the implementation of the specific work and bioethics education is the lifeline of the center; sixth, to expand and promote and other areas of bioethics education in order to improve the image of China.

THOUGHTS ON PERFECTING THE OPERATION MECHANISM OF JUDICIAL EXPERTISE MANAGEMENT AND USE – FROM THE PERSPECTIVE OF "TRIAL-CENTERED LITIGATION SYSTEM REFORM"

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Forensic expert system is an important part of our country's judicial system. There is a lot of connection between forensic appraisal management and court's use of "appraisal opinion". This paper analyzes the current situation of management and use of forensic expert, and puts forward some suggestions on perfecting its operation mechanism.

THE CONSTRUCTION OF PATIENTS RIGHTS AND OBLIGATIONS

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In recent years, involving medical cases frequently appear in public view, tense doctor-patient relationship has become one of the important issues affecting the development of China's medical and health services. With the deepening of the rule of law and promote the reform of the medical and health system, and constantly promote the legislative work of basic medical and health law, how to build a good doctor-patient relationship is one of the key problem to be solved. The common restriction of the harmonious doctor-patient relationship of law and morality, doctors and patients rights and obligations as the main content of the doctor-patient relationship, not only to guide and restrict the moral, need legal protection and norms. At present, our country pays much attention to the legal provisions on the rights and obligations of the doctor, the lack of provisions on the rights and obligations of the patients. Aims to discuss the rights and obligations of the patients with ethical and legal perspectives, with analysis of how to build a system of rights and obligations to promote the stable development of China's medical and health undertakings.

PHYSICIAN'S VS PATIENT'S AUTONOMY BY DECISION MAKING – TRANSPLANTATION ISSUES

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May or must physician accept to participate in a risky therapeutic patient's choice? Patient's autonomy in deciding upon his/her own health seems not to have alternative in modern medical practice. Physician's role has changed over time from the one who "knows the best" to the one who is supposed to comply with the patient's decision. However, the physician's duties are not passive, for they have to inform patients about his/her state, therapeutic possibilities and expected outcomes. A risky scenario is sometimes related to physician's doing or not doing the treatment, and there is a question of physician's autonomy in participating or not in the chosen therapeutic option. Organ transplantation field faces several problems within the context: marginal living donors willing to donate and to take risk for his/her own health, Jehovah's Witness willing to receive an organ but not the blood transfusion if necessary, a strong willing recipient with relative contraindication for transplantation (vascular problems, noncompliance, psychiatric disorders, socioeconomic conditions), etc. Ethical codex and the law are sometimes contradictory, within and/or between themselves. It is not only availability of the conscientious objection that matters, but legal responsibilities, professionalism and humanity issues. Several levels should be synchronized therefore: law, ethical codex, guidelines, public health engagement in improving health literacy and coordinating social care, and medical professional insurance, protecting physician's autonomy by decision making. Medical chambers are in charge to protect physician's position, however, p*rimum nil nocere* must not be revised. It is certainly a heavy task.

BIOETHICS, HUMAN RIGHTS AND EDUCATION: SOME CRITICAL CONSIDERATIONS

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Recent biotechnological developments offer mankind the possibility to intervene decisively in nature. This, however, brings along medical, biological, biotechnological, legal, religious, economic, social and political considerations and deadlocks, which demand clear-cut solutions. Among all these, the most burning issue is the one that concerns the protection of human rights, especially with regard to bioethics. In this short presentation I will claim that today more than ever there is an urgent need for an articulate and coherent educational approach to bioethical issues in general, and to issues concerning human rights in particular. I will discuss the ways this could be implemented in primary and secondary education. I will argue that it is of paramount importance to introduce bioethics in the curriculum of studies even of primary education. I will also suggest that bioethics has the potential to become the tool to raise people's understanding and awareness concerning to human rights. I will conclude with the view that our main concern is to inform and educate people and much more the new generations.

BRAIN DEATH – BRAIN AS THE FINAL ARBITER

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The advent of modern technology in medicine has enabled the survival of a large number of seriously ill and injured people, but at the same time it prolonged the process of dying. As long as the concept of life is based on cardiorespiratory activity, there are no problems in recognizing death. However, when the machines came on the scene, the usual criteria for the recognition of death have become confusing. The options available of modern resuscitation and opening of well-equipped intensive care units enabled artificial maintenance of many vital processes in the body, including cardiorespiratory function, thus taking over the function of entire organic systems in a situation where the brain was irreversibly damaged. This was the reason to redefine death using the brain function instead of cardiorespiratory system. Technological development which has enabled the artificial maintenance of circulation and respiration brought into focus the problem of cerebral death, and therefore the problem of defining death in general.

In recent years, with the development of cadaveric organ transplantation, this problem was given primary importance, both in medicine and law. The need for cadaveric organs in the transplantation process caused the redefinition of the concept of death and opened up numerous ethical dilemmas for wide consideration.

Without the legal redefinition of the concept of death and introduction of the concept of cerebral death it was not possible to perform cadaveric organ transplantation.

Clinical Center Nis has gained extensive experience in the field and has been performing the determination and confirmation of brain death for years in the context of organ transplantation.

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