



United Nations
Educational, Scientific and
Cultural Organization

UNESCO Chair
in Bioethics
(Haifa)



Università degli
studi di Napoli
Federico II

UNESCO Chair in Bioethics 11th World Conference on **Bioethics, Medical Ethics and Health Law**

Program and Book of Abstracts

Royal Continental Hotel
Naples, Italy
October 20-22, 2015



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

Defla Organizzazione Eventi • Via del Parco Margherita 49/3, 80121 Naples, Italy • Tel: +39 081402093 • bioethicsitaly@defla.it

www.bioethics-conferences.com



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MESSAGE FROM THE CONFERENCE PRESIDENTS

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 76 Units in academic institutes on five continents. Each Unit is committed to the advancement of ethics education in its university and around its country.

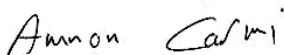
The experts that attend our conference in Naples are expected to undertake this mission, to start the second step and to establish additional units in their own institutes. You have the knowledge and the close contact to the field of bioethics, you understand its relevance and importance, you have the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

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



Prof. Claudio Buccelli

University of Naples Federico II Ethics Committee Director & International Office
for Bioethics Research Head & UNESCO Chair in Bioethics International Network
Scientific Coordinator



Prof. Amnon Carmi

Zefat Academic College



Dr. Yoram Blachar

Past President WMA



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Vice-President

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Heads of UNESCO Chair in Bioethics Units

Head and Chair Holder: Prof. Amnon Carmi

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India - Mangalore: Dr. Animesh Jain
India - Manipal: Dr. Mary Mathew
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India - Mumbai: Prof. Dr. Avinash N. Supe
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India - North: Prof. Mushtaq Margoob
India - New Delhi: Prof. Dr. Marthanda Pillai

India - New Delhi: Prof. Dr. Smita N. Deshpande
India - Pune: Prof. Praveen Arora
India - Sikkim: Prof. Dr. Mingma Lhama Sherpa
India - Srinagar Kashmir: Prof. Dr. Salim Khan
India - Trissur: Prof. Dr. E. Mohandas Warriar
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Russia - Volgograd: Prof. Natalia Nikolaevna Sedova
Serbia: Prof. Vojin Rakic
South Africa: Prof. Ames Dhai
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Prof. Maria Magnolia Pardo-Lopez
Sri Lanka: Dr. Harischandra Gambheera
Taiwan: Prof. Daniel Fu-Chang Tsai
United Kingdom: Prof. Baroness Ilora Finlay
USA: Dr. Harold J. Bursztajn, Prof. Terry Bard
USA - Florida: Prof. Joseph E. Thornton
USA - Indiana: Prof. Susan Zinner
Ukraine: Dr. Radmyla Hrevtsova
Vietnam: Prof. Nguyen Duc Hinh



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Vice President

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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 76 Units
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:

Royal Continental Congress Center
Via Partenope, 38-44, Naples, Italy
Tel+39 081 7644621

Information Desk:

Royal Continental Congress Center Lobby
Registration: October 20-22, from 08:00

Press Office:

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

Social Events:

Get-Together Dinner

Tuesday, October 20, 2015 ♦ Royal Continental Congress Auditorium

19:30 Chorus Performance
20:15 Cocktails (in Foyer)
21:00 Dinner (Hotel Dining Room)

Gala Dinner and Folklore Evening

Wednesday, October 21, 2015 ♦ Royal Continental Congress Foyer

20:00 Cocktails
20:30 Folklore Performance (Auditorium)
21:15 Gala Dinner

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

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.

Poster Presentations should be put up in the lobby area from 08:00-09:00 on the morning of presentation. A hostess will be available to help attach the posters each morning until 10:00. Posters must be removed at the end of the day. The Organizers will not be responsible for posters that have not been collected.

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

Conference Website:

www.bioethics-conferences.com

Conference Secretariat and PCO:

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

Defla Organizzazione Eventi • Via del Parco Margherita, 49/3, 80121, Naples, Italy • Tel: +39 081402093
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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, October 20, 2015*

08:00-09:00: Registration
09:00-10:30: Parallel Sessions

SVEVA			CATALANA		ANGIOINA		POSILLIPO		HALL M	
Medical Ethics I Chair: A.Stafa Co-Chair: S. Rubin	End of Life I Chair: A. Jacek Co-Chair: I. Milinkovic	Clinical Trials & Medical Research I – The Vulnerable Chair: J. Rozynska Co-Chair: J. Thornton	Human Dignity and Human Rights Chair: S. Paramonova Co-Chair: B. Roth	Symposium of Asia Pacific Bioethics Units Chair: R. D'Souza Co-Chair: J. Finlay						
Ethics as the “Third Rail” of relationships in clinical and academic settings: Balancing the risks of electrocution and the benefits of acting in good faith <i>Simon Shimshon Rubin, University of Haifa, Israel</i>	Legal and ethical framework of palliative care in Bosnia and Herzegovina <i>Igor Milinkovic, University of Banjaluka, Bosnia and Herzegovina</i>	Patients suffering from rare diseases in clinical trials: Are they vulnerable subjects? <i>Milica Prostran, University of Belgrade, Serbia</i>	Bioethics and criminal law: The role of the European court of human rights in setting standards for the protection of human rights <i>Svetlana Paramonova, Max Planck Institute for Foreign and International Criminal Law, Germany</i>	Current status of bioethics in medical training program in the Philippines <i>Maria.S.Vos, University of The Philippines, Manila</i>						
Do medical ethics have a chance in a world of profit, greed and fraudulent science? <i>Ross Halpin, Sydney University, Australia</i>	Selected legal aspects of persistent therapy in Poland <i>Anna Jacek, University of Rzeszów, Poland</i>	Barriers to research and care in vulnerable geriatric patients with delirium <i>Joseph Thornton, University of Florida, USA</i>	You know it is torture when there is official terror <i>Barry Roth, Massachusetts Mental Health Center, Harvard Medical School, USA</i>	Bioethics education programs in medical training in Nepal <i>Rupa R. Singh, B.K. Koirala Institute of Health Sciences, Nepal</i>						
Ethical dilemmas in the electronic medical era: An inter religious comparison <i>Yitschak Copperman, Assuta Hospital, Israel</i>	Care at the end of life: the African dilemma <i>Gbujie D. Chidubem, University of Port Harcourt, Nigeria</i>	Limiting risk in research on healthy volunteers <i>Joanna Rozynska, University of Warsaw, Poland</i>	Gregoire and treatment of psychiatric illness in the tribes of West Africa <i>Alessia Maccara, University of Naples Federico II, Italy</i>	The experience of medical students in the participation of Silent Mentor programme in Malaysia <i>K.F. Chin for M.P. Deva, University Tunku Abdul Rahman Kuala Lumpur, Malaysia</i>						
Dimensions in health communication: moral dilemma of the white coats <i>Liljana Siljanovska, South East European University, Republic of Macedonia</i>	On qualified palliative care and organization of hospices in Azerbaijan <i>Aytan Mustafayeva, Institute on Human Rights, Azerbaijan</i>		Deaf children and language rights: The unethical position of zero tolerance to non-oral alternatives <i>Christian Rathmann, Swarthmore College, USA</i>	Bioethics in medical training in Sri Lanka <i>Harischandra Gambhehra, National Institute of Mental Health Colombo, Sri Lanka</i>						
The perception of the right to be informed of the patient affected by an incurable disease. A current Albanian experience <i>Altin Stafa, Ca' Foncella Hospital, Albania, Italy</i>	The current situation of hospice care agency and development countermeasure in China <i>Zhao Li, Beijing University of Chinese Medicine, China</i>		Indispensability of dignity. The case of research involving humans <i>Pawel Luków, University of Warsaw, Poland</i>	Bioethics training at Pakistan Institute of Medical Sciences <i>Rizwan. Taj, Institute of Medical Sciences-Islamabad, Pakistan</i>						
CAPUANA		S. LUCIA		VESUVIO		PARTENOPE		AUDITORIUM		
Bioethics – Reproduction I		Ethics and Medical Practice I		The Patient's Right to Self-Determination from the Perspective of Forensic Medicine		Forensic Medicine in the Management of Lawsuits for Malpractice I		Testing on Humans and Protection of the Person		
Chair: C. Cox-George Co-Chair: R. Hrevtsova		Chairs: R. Lobello, D. Del Forno		Chair: A. Bonajuto Co-Chair: F. Buzzi		Chair: V. Fineschi Co-Chair: L. Tuccillo		Chair: G. Rossi Co-Chair: P. Giustiniani		
Embryo adoption in the United Kingdom: The case for NHS funding <i>Chantal Cox-George, University of Bristol, UK</i>		Critical issues in the communication of cytological diagnosis of cancer <i>Giuseppe Addeo, University of Naples Federico II, Italy</i>		Complete and concise information to the patient: A difficult goal <i>Aurelio Bonelli, University of Florence, Italy</i>		Clinical risk management: Medico-legal aspects <i>Massimo Martelloni, AUSL 2 Lucca, Italy</i>		Ethics and deontology of clinical testing <i>Claudio Buccelli, University of Naples Federico II, Italy</i>		
Fertility preservation for prepubescent girls with cancer: Should ethical analysis highlight the principles of future reproductive autonomy and "the child's right to an open future" <i>Aliya Oulaya Afifal, University of Montreal, Canada</i>		The features of informed consent in the trial with the psychiatric patient <i>Valentina Battimello, University of Naples Federico II, Italy</i>		The areas of relevance of genetic tests <i>Vincenzo Pascali, Catholic University of Sacred Heart, Rome, Italy</i>		Discharge from hospital <i>Raffaele Landi, Second University of Naples, Italy</i>		From testing "on the" person to testing "with" the person <i>Umberto Veronesi, IEO, Milan, Cinzia Caporale, CNR, Italy</i>		
Mitochondrial donation – The three parent embryo or not? <i>Mair Crouch, University of Glasgow, UK</i>		Rare diseases and testing <i>Ida Cerrone, University of Naples Federico II, Italy</i>		The refusal of life-saving medical treatments <i>Francesco De Stefano, University of Genoa, Italy</i>		Controversial aspects in clinical emergencies and urgencies <i>Alessandro dell'Erbia, University of Bari, Italy</i>		For a common Europe-wide clinical research trial <i>Lorenzo Chieffi, Second University of Naples, Italy</i>		
Is it ethically justified to offer oocyte cryopreservation to women of advanced reproductive age? <i>Daniella Gilboa, Tel Aviv University, Israel</i>		Possible serious haemorrhagic complications of episiotomy <i>Mimmo De Cristofaro, University of Naples Federico II, Italy</i>		Parental agreement, consent of the child, consent of adolescent patient in health treatment <i>Adelaide Conti, University of Brescia, Italy</i>		Ethical and deontological aspects in the medical legal doctor's practice in Italy <i>Daniele Rodriguez, University of Padua, Italy</i>		The evolutionary paths of the right of human trials: Ideas for a comparative analysis <i>Carlo Casonato, University of Trent, Italy</i>		
International medically assisted reproduction in Ukraine: Ethical and legal issues <i>Radmyla Hrevtsova, Taras Shevchenko National University of Kyiv, Ukraine</i>		Defensive medicine: A possible answer to the problem <i>Vincenzo Folliero, University of Naples Federico II, Italy</i>		Ethics and "information heroism" <i>Domenico De Leo, University of Verona, Italy</i>		Evaluation criteria in aesthetic damage <i>Ranieri Domenici, University of Pisa, Italy</i>		Contractual autonomy in the medical experimentation activities <i>Carlo Venditti, Second University of Naples, Italy</i>		
								Mass-media and medical-scientific spreading: Rare disease between ethics and audience <i>Anna Maria Filosa, CIRB Campania, Italy</i>		

Scientific Program - Tuesday, October 20, 2015*

10:30-11:00: Coffee Break

AUDITORIUM

Italian-English translation

11:00-12:30: Opening Session

Opening Session

Chair: Prof. Claudio Buccelli, Co-President of the Conference

Film on Napoli

Greetings:

Mayor of Naples

President of Campania Region

Rector of University of Naples Federico II

General Director of A.O.U. Federico II

President of World Medical Association

Representative of Italian Federation of the Order of Physicians

Representative of International Federation of Medical Students Associations

Head of Italian Unit, UNESCO Chair in Bioethics (Haifa)

Head, UNESCO Chair in Bioethics (Haifa)

Plenary Lecture:

The role of bioethics in the academic training of physicians

Gaetano Manfredi, Rector, University of Naples Federico II, Italy

12:30-14:00: Lunch Break

Scientific Program - Tuesday, October 20, 2015*					
14:00-15:30: Parallel Sessions					
CATALANA		ANGIONA		HALL M	
SVEVA		POSILLIPO		Symposium of Indian Program	
Medical Ethics II – New Technologies	End of Life II – World Medical Association Session	Clinical Trials and Medical Research II	Workshop – Human Dignity in Bioethics & Law		
Chair: M. Hamiti Co-Chair: S. Semiz	Chair: O. Kloiber Co-Chair: I. Finlay	Chair: C. Manfredi Co-Chair: S. Popova	Chair: M. Miranda Co-Chair: A. Aparisi Miralles	Chair: M. Mathew Co-Chair: E.M. Warrior	
Ethical issues in the use of information technology <i>Miftar Zenelaj, Integration and Rehabilitating Center of the Sick Psychiatric, Kosovo</i>	Choices and consent at the end of life - Pitfalls and safeguards <i>Ilora Finlay, Cardiff University, UK</i>	Ethical and deontological principles of medical research and its applications according to the deontological code of the Italian <i>Carlo Manfredi, Federazione Nazionale degli Ordini Dei Medici Chirurghi e degli Odontoiatri (FNOMCGO), Italy</i>	Right to life vs. right to die with dignity <i>Martha Miranda, University of La Sabana, Colombia</i>	Bioethics, biomaterials and biosafety in oral rehabilitation – an Indian perspective <i>Derek Dsouza, Sikkim Manipal Institute of Medical Sciences, India</i>	
The ethical considerations in the use of mobile phone software technology to improve maternal and child health by village health workers in northern Nigeria <i>Clement Waje, Kaduna State University, Nigeria</i>	Intentions, ethics, and the end of life <i>David Černý, Institute of State and Law of the Czech Academy of Sciences, Czech Republic</i>	Ethics and power in research - Researchers, participants, and the central role of other stakeholders <i>Guy Enosh, University of Haifa, Israel</i>	Bioethical review of the assisted reproduction <i>Pedro J. Sarmiento, Universidad de la Sabana, Colombia</i>	Ethics and the practice of laparoscopy <i>Prema Dcunha, Father Muller Medical College, India</i>	
Ethical issues in the use of information technology <i>Mentor Hamiti, S.E. European University, Macedonia</i>	End of life decisions – Cultural implications <i>Anu Kant Mital, Rajiv Gandhi Medical College, India</i>	Ethics and power in research - Researchers, participants, and the central role of other stakeholders <i>Guy Enosh, University of Haifa, Israel</i>	Implications of human dignity on the debate over human embryos <i>José López Guzmán, University of Navarra, Spain</i>	Building moral capabilities for bioethical action <i>Lesan Azadi, Bahad'i Academy, Maharashtra University of Health Sciences, India</i>	
Legal aspects of telemedicine in an inclusive, innovative and safe society <i>Luciana d'Acunzio, University of Naples Federico II, Italy</i>	End-of-life-related policies and their implementation in real-life clinical practice: Experience of the dying patient law committee in a large tertiary center in Israel <i>Shlomit Perry, Rabin Medical Center, Israel</i>	Advancing good research practice: Challenges for research ethics committees <i>Sashka Popova, Medical University of Sofia, Bulgaria</i>	Genetically modified humans: Case of UK three-person babies <i>Jana Zúščinová, European Parliament, Slovakia</i>	Bio-ethics in the Himalayan state of Sikkim, northeast India <i>Mingma Sherpa, Sikkim Manipal Institute of Medical Sciences, India</i>	
Ethical issues in pharmacogenomics and personalized medicine <i>Sabina Semiz, University of Sarajevo, Bosnia Herzegovina</i>	World Medical Association policy and care at the end of life <i>Otmir Kloiber, WMA, Germany</i>		Understanding the universal conception of human dignity <i>Angela Aparisi Miralles, University of Navarra, Spain</i>		
E-Health system in Poland <i>Renata Maria Pol, John Paul II Catholic University of Lublin, Poland</i>					
CAPUANA	S. LUCIA	VESUVIO	PARTENOPE	AUDITORIUM	
Bioethics – Reproduction II	Ethics and Medical Practice II	Forensic Medical Aspects of e-Medicine	Forensic Medical Guidelines Regarding Mental Disorders I	Subjects of the Experimental Procedure I	
Chair: J.C. Bélisle-Pipon Co-Chair: D. Todhe	Chairs: R. Lobello, D. Del Forno	Chair: G. Gensini Co-Chair: A. Carnevale	Chair: A. De Bartolomeis Co-Chair: A. Sirignano	Chair: E. Di Salvo Co-Chair: G. Castaldo	
The day-after pill and conscientious objection of pharmacists according to the Spanish constitutional court <i>Julián Valero-Torrijos, University of Murcia, Spain</i>	Rejection of treatments by Jehovah's witnesses: Legal, ethical and deontological considerations <i>Vincenzo Graziano, University of Naples Federico II, Italy</i>	E-Medicine and the physician-patient relationship <i>Mario Picozzi, University of Insubria, Italy</i>	The consent as clinical variable: Measure the consensus as a new perspective medico-legal <i>Roberto Catanesi, University Aldo Moro Bari, Italy</i>	Rules for patients' enrollment <i>Bruno Trimarco, University of Naples Federico II, Italy</i>	
Preparing for the arrival of pink viagra: The limits of direct-to-consumer information regulation <i>Jean-Christophe Bélisle-Pipon, Université de Montréal, Canada</i>	Neuroscience and neuroethics: Relation between two inseparable branches of knowledge <i>Arianna Iorio, University of Naples Federico II, Italy</i>	The teleconsultation: Medico-legal implications <i>Paola Procaccianti, University of Palermo, Italy</i>	Medico-legal issues of a new disorder: Gambling <i>Antonello Crisci, University of Salerno, Italy</i>	From the informed consent to the participation pact. The case of the research biobanks <i>Giovanni Boniolo, University of Milan, Italy</i>	
Ethical review of the prevalence, perceptions, consequences and determinants of induced abortion among students of the Kaduna State University, NW Nigeria <i>Yusuf Muhammad Suraj, Kaduna State University, Nigeria</i>	The quality of life in the patient undergoing glossectomy: Ethical and medico-legal aspects <i>Marco Lo Giudice, University of Naples Federico II, Italy</i>	Electronic health record between political issues and privacy <i>Giovanna De Minico, University of Naples Federico II, Italy</i>	Electro-convulsive therapy in ethical perspective <i>Riccardo Zoja, Antonella Piga, University of Milan, Italy</i>	Critical issue in conducting clinical trial in "vulnerable" people: In the elderly <i>Giuseppe Poalisso, Second University of Naples, Italy</i>	
A research study on the social perception of abortion in Albania during the period 1998-2008 <i>Dritan Todhe, Military Hospital, Tirana, Albania</i>	Comparison of social assistance in Europe: Treatment inequalities between C.E. citizens and homogeneity demands <i>Valeria Maietta, University of Naples Federico II, Italy</i>	E-Medicine - Quality and safety of healthcare treatments <i>Santa Davide Ferrara, University of Padua, Italy</i>	The forensic use of DSM-5 <i>Fabio Buzzi, University of Pavia, Italy</i>	Critical issue in conducting clinical trial in "vulnerable" people: Pharmacological trials in pregnant women <i>Carmine Nappi, University of Naples Federico II, Italy</i>	
	Dysfunctional national health service in media: Ethical aspects <i>Marta Maccia, University of Naples Federico II, Italy</i>	Information technology and medical deontology <i>Mauro Bacci, University of Perugia, Italy</i>	Persecutory acts and psychological damage in victims of stalking <i>Mario Gabrielli, University of Siena, Italy</i>	Critical issue in conducting clinical trial in terminally ill <i>Fabrizio Pane, University of Naples Federico II, Italy</i>	
				Information, consent and assent in clinical trials in paediatrics <i>Nicoletta Gasparini, ASL Naples, Italy</i>	
				Experimenter's autonomy and sponsor's interests <i>Carmine Donisi, University of Naples Federico II, Italy</i>	
15:30-16:00: Coffee Break					

Scientific Program - Tuesday, October 20, 2015*

16:00-17:30: Parallel Sessions				
VEVA				
Bioethics in Practice	CATALANA	ANGIOINA	POSILLIPO	HALL M
	Databases and Biobanks – World Medical Association Session	Clinical Trials and Medical Research III	End of Life III	Symposium of the UK Bioethics Unit
Chair: R. Rosset Co-Chair: R.J. Abbad The bioethics of health care offered by the NHS: Research addressed to doctors in Aosta Valley Piero F. Siranni, Aosta Valley Order of Physicians, Italy The social work ethic code between individualism and collectivism: Arab social workers dealing with social-medical dilemmas Romain Jammal Abbod, Haifa University, Israel Therapeutic coping with ADHD among children from the Arab Israeli sector with an emphasis on the therapist-patient relationship Emad Gith, The Sakhrin Academic College for Teacher Education, Israel Patient's privacy in Finnish operating department Mari Saanisto, University of Turku, Finland Individual and collective ethics Roberto Rosset, Aosta Valley Order of Physicians, Italy	Chair: J. Snaedal Co-Chair: S. Annabel EU Data Protection Law: Developments in the European Union and their relevance for health databases and biobanks Annabel Seebom, WMA, Germany Biobanking as a training ground of scientific knowledge & ethics Sara Casati, Milan-Bicocca University, Italy Pharma biobanks as undeclared byproduct of clinical trials Deborah Mascalcioni, EURAC (Accademia Europea di Bolzano), Italy Managing human tissue transfer across national boundaries: An approach from an institution in South Africa Safia Mohamed, University of the Witwatersrand, Johannesburg (WITS), South Africa Developing new WMA policy on the ethics of databases and biobanks Jon Snaedal, World Medical Association, Iceland	Chair: M. Kurosu Co-Chair: S. Zohalib Clinical research ethics in Japan Mitsuyasu Kurosu, Tokyo Medical University, Japan The concept of "race based medicine": Challenges for research ethics and distributive justice Syed Zohalib, University Innsbruck, Austria A comparative study of policies and guidelines for clinical trials in the pediatric population in the Philippines, European Union and the USA Maria Salome Vias, University of the Philippines Current state of clinical research ethics committees in Turkey: Feminist perspective Mukadder Gön, GMMMA Haydarpaşa Training Hospital, Turkey	Chair: V. Stühlinger Ethics consultation in end-of-life care in Austrian hospitals of the Hospitaller Order of St. John of God Jürgen Wallner, Hospitaller Order of St. John of God, Hospital Vienna, Austria Ethics consultation in end-of-life care in Swiss hospitals by "Dialog Ethik" Daniela Ritzenthaler, Dialog Ethik, Interdisziplinäres Institut für Ethik im Gesundheitswesen, Switzerland Impact of two different legal and cultural approaches on Clinical Ethics Consultation (CEC) – CEC in Austrian not-for profit Public Hospitals including University Hospitals Verena Stühlinger, Health and Life Sciences University, Austria	Chair: R. D'Souza Co-Chair: S.R. Nimmagadda Bioethics and the law in United Kingdom Ilori Finlay, Cardiff University, Wales, UK Essentials of modern day medicine: Confidentiality and duty of candour J.S. Bamrah, Manchester Mental Health & Social Care Trust, Manchester University, UK Legal and ethical dilemmas in psychiatric settings Srikanth Nimmagadda, Cheswold Park Hospital, Santhosh Mudholkar, Kneesworth Hospital, Seshagiri Rao Nimmagadda, UK Future of ethics in medical education in UK A. Ramakrishnan, Nottingham Trust, UK
CAPUANA				
Bioethics – Reproduction III	Ethics and Medical Practice III	Origin and Evaluation of Medical Errors	Ethical Aspects in Toxicology	Subjects of the Experimental Procedure II
Chair: D. Wilson Co-Chair: K. Yoshitake Recent developments in the Austrian Artificial Procreation Act: Does liberalisation really help? Magdalena Flatscher-Thöni, UNMIT, University of Health & Life Sciences, EWZ I, Austria The enforcement of criminal law sanctions on commercial surrogacy: Navigating between scylla and charybdis Debra Wilson, University of Canterbury, New Zealand Assisted reproductive choices and ethical consensus building Kumiko Yoshitake, Tokyo University of Technology, Japan Do IVF children have right to know their biological origins? Albert Pielak, University of Warsaw, Poland Suing mothers for damages for prenatal harm: The case for fetal alcohol syndrome (FAS) Jillian Gardner, University of Witwatersrand, South Africa	Chairs: R. Lobello, D. Del Forno Depleted uranium, nanoparticles and oncological diseases: Myth or reality? Mariasaria Nigues, University of Naples Federico II, Italy Tattooing and body piercing: Legal and medico-legal considerations Mariano Paternoster, University of Naples Federico II, Italy The dilemmas evaluation in death by suspension of ANH Franca Perrone, University of Naples Federico II, Italy Chemical safety, environmental healthiness, safeguard of humans and other living species: Ethical-legal aspects Fabio Polcino, University of Naples Federico II, Italy Containment between penal protection devices and ethical needs: Towards shared principles of juridical civilization Sabato Romano, UNICAL, Italy	Chair: S. Moccia Co-Chair: P. Frati, L. Regimenti The contribution of legal medicine in the evaluation of the causal nexus Pietrantonio Ricci, University Magna Graecia of Catanzaro, Italy Guidelines in clinical, medico-legal and jurisprudential practice Gian Aristide Norelli, University of Florence, Italy The medico-legal problem of complications in surgery Massimo Niola, University of Naples Federico II, Italy The liability of the healthcare professional due to lack of continuing education Giancarlo Di Vella, University of Turin, Italy Ethics and deontology of the medical examiner in malpractice compensation Luigi Mastroroberto, Unipolisa Insurance Melchiorre Gioia Association, Italy	Chair: E. Bertol Co-Chair: R. Borriello New Psychoactive substances abuse: Ethical uses in the adolescence Alessia Fioravanti, University of Florence, Italy Predictivity of toxicological tests: Ethical issues of their application in occupational and traffic safety Franco Tagliaro, University of Verona, Italy From pharmacological to genetic doping: Ethical issues Sabina Strano Rossi, Catholic University of the Sacred Heart, Italy Medical use of cannabis: What is the problem? Luca Morini, University of Pavia, Italy Ethical implication of the vaccine pharmacotherapy to treat and prevent drug of abuse dependence Renata Borriello, Second University of Naples, Italy Nanotechnologies and safety assessment towards human and environment Maria Pieri, University of Naples Federico II, Italy	Chair: E. Di Salvo Co-Chair: G. Castaldo The obligatory insurance in humans trials Igino Ammirante, University of Naples Federico II, Italy The costs of the trial: The experience in the Company University Hospital of Naples Federico II Gaetano Buonocore, AOU Federico II Naples, Italy The spread of trial results Maria Rosaria Romano, ASL Naples, Italy "Fury", "Futility", "Inadequate Study" in clinical research Nunzia Cannova, European Center for Bioethics and Quality of Life, Italy Testing in university and hospitals Sabina De Placido, University of Naples Federico II, Italy
VESUVIO				
S. LUCIA				
AUDITORIUM				

Scientific Program - Tuesday, October 20, 2015*						
17:30-19:00: Parallel Sessions						
SVEVA		CATALANA		ANGIOINA		POSILLIPO
Medical Law I		Bioethics and Uncertainty		Clinical Trials and Medical Research IV		End of Life IV
Chair: T. Doležal Co-Chair: J. Wu		Chair: M. Benyakar		Chair: I.R. Pavone Co-Chair: V. Marinković		Chair: B. Broeckaert Co-Chair: G.L. Mendz
Proof of causation in medical malpractice cases in the Czech Republic Tomáš Doležal, Institute of State and Law of Academy of Sciences, Czech Republic		Bioethical references: How to get these in crisis situations José T. Thomé, Del Salvador University, Brazil		"Will poop become valuable commodity?" Ethical consideration on Fecal Microbiota Research Yonghui Ma, Medical College, Xiamen University, China		Defining palliative sedation: The clinical importance of conceptual clarity Bert Broeckaert, KU Leuven, Belgium
A comparative study on judicial authenticator, expert witness and expert assessor Jian Wu, Kunming Medical University, China		Bioethics in face to the "New Rights" in Latin America: A Film perspective Juan Jorge Michel Fariña, Buenos Aires University, Argentina		Ethical implications of neuromarketing in pharmaceutical industry Valentina Marinković, University of Belgrade, Serbia		Discussing doctor assisted dying George L. Mendz, The University of Notre Dame Australia
Persons with expertise system in civil procedure Xiaoyan Li, Kunming Medical University, China		Bioethics Committees facing crisis and uncertainty Maty Benyakar, Del Salvador University, Buenos Aires University, Argentina		Double Standards in Biomedical research in developing countries: Ethical and legal aspects in the light of the revised Declaration of Helsinki Ilja Richard Pavone, Institute of Biomedical Technologies, Italy		Is it futile to continue medical intervention to keep a patient alive? A case in question and an ethical dilemma? Dhastagir S. Sheriff, Melmaruvathur Adhi Parasakthi Institute of Medical Sciences and Research Institute, India
Reflection of some bioethical issues in Criminal Code of Azerbaijan Nigar Qalandarli, Baku State University, Azerbaijan						A journey into the meaning of suffering and death Lorenzo Bertani, District Hospital of Padua, Italy
						The position of Jewish law concerning euthanasia Hila Nadav, Israel
						Euthanasia – religious, ethical and moralistic views from an Indian standpoint Avinash Desousa, Sion Hospital, Mumbai, India
						Euthanasia and ethical issues - Psychiatric perspective Joe Thornton, Uma Suryadevara, University of Florida, USA
CAPUANA		S. LUCIA		VESUVIO		PARTENOPE
Medical Humanities		Ethics and Medical Practice IV		Drugs		Dignity, Human Rights and Justice
Chair: S. Davtyan Co-Chair: S. Aparecida Cesarin		Chairs: R. Lobello, D. Del Forno		Chair: D. Mishori Co-Chair: L. Morini		Chair: R. Spece Co-Chair: A. Abbasova
Narekatsi in frames of bioethics curriculum Susanna Davtyan, Yerevan State Medical University, Republic of Armenia		Compulsive side effects of drugs: Ethical aspects Antonio Russo, University of Naples Federico II, Italy		The medicalization of cannabis Daniel Mishori, Tel Aviv University, Israel		The brave new pathology and its ethical issues Marco Flavio Vismara, TorVergata University of Rome, Italy
Bioethics and civil disobedience in human history: A relation between a law institute and bioethics ground principles through human history – from Antigone to Malala Selma Aparecida Cesarin, Centro Universitário São Camilo, Brasil		Proposal of a single European management of the home service for weak senior citizens Pasquale Severino, University of Naples Federico II, Italy		Marijuana legalization. Ethical challenges Ikket Kadilli, Catholic University of Sacred Heart, Rome, Italy		The constitution of bioethics: Fourth amendment Roy Spece, University of Arizona, USA
The law that wrote the myths of tomorrow Nese Cetin, Izmir University, Ege University, Turkey		Guidelines: Between best clinical practice and medico-legal importance Claudio Simeone, University of Naples Federico II, Italy		Considerations on the responsibility of people who receive benefits from medical drugs Yoichi Yamamoto, Osaka University Hospital, Japan		Protection of human rights in the health system of Azerbaijan Adila Abbasova, National Parliament of Azerbaijan Republic, Azerbaijan
The socio-economic role and legal treatment of the medici in the ancient Roman world Carmen Pennachio, University of Naples Federico II, Italy		An alleged case of professional responsibility for a rare adverse event during intra-vascular embolization of a brain artero-venous malformation Antonio Tuccillo, University of Naples Federico II, Italy				Professional ethics and abuse Agim Ramadani, SEE University, Macedonia

Scientific Program - Wednesday, October 21, 2015*									
08:00-09:00: Registration 09:00-10:30: Parallel Sessions									
SVEVA			CATALANA		ANGIOINA		POSILLIPO		
Medical Ethics III - Surgeries Chair: H. Coudane Co-Chair: T. Elliott			Informed Consent I Chair: R. Linn Co-Chair: B. Furrow		Bioethics – Gender Chair: A. Doležal Co-Chair: P. Fazzari		Ethics: Education I - Tools and Methods Chairs: C. Wu, A. Dhai		
Should we routinely offer a period of reflection to the patient for an intervention in orthopaedic surgery? <i>Henry Coudane, University of Lorraine, France</i>			The triumph of autonomy: England's journey to informed consent <i>Sharon Levy, University of East London, UK</i>		Gender and update of cataract services at the national eye center, Kaduna <i>Amos B. Silas, Kaduna State University, Nigeria</i>		Institutionalising bioethics teaching in South Africa: National perspectives, opportunities and challenges <i>Ames Dhai, University of the Witwatersrand, South Africa</i>		
Fundamental ethical issues in unnecessary surgical procedures <i>S.D. Dalvi, Deemed University, India</i>			Cultural issues : autonomy and collective autonomy <i>Avinash Desousa, India</i>		From gender medicine to gender sensitive research: A psychological discussion on "gender perspective" and applications in cases of diverse sexual development / intersex conditions <i>Paolo Fazzari, University of Naples Federico II, Italy</i>		Teaching medical students 'ethical decision making' using avs validated indigenous tool <i>Princy Louis Palatty, Father Muller Medical College, India</i>		
Going that extra mile to achieve the perfect smile: A risk worth taking? <i>Tracey Elliott, University of Leicester, UK</i>			Informed consent and disclosure of risks to insurability: what researchers and clinicians need to know <i>Shahad Salman, McGill University, Canada</i>		Gender and bioethics <i>Elena Carovigno, Italy</i>		The use of personal illness narratives in graduate bioethics education <i>Susan Zinner, Indiana University Northwest, USA</i>		
Advertising: Commercialisation of female cosmetic surgery to sell products <i>Inés Pérez Marín, University of the Balearic Islands, Spain</i>			Videoed inform consent – How does it help the Patient <i>Ran Linn, Rambam Medical Center, Israel</i>		Socio-legal situation of transgender people in the Czech Republic <i>Adam Doležal, The Institute of State and Law of the Academy of Sciences of the Czech Republic</i>		Case study based teaching of bioethics in undergraduate medical curriculum <i>Barna Ganguly, Pramukhswami Medical College, India</i>		
Can patients be smart consumers of health care? <i>Barry Furrow, Drexel University, US</i>							Consideration on the Future of the UNESCO Chair in Bioethics <i>C. Wu, China Health Law Society, China</i>		
CAPUANA		S. LUCIA		VESUVIO		PARTENOPE		AUDITORIUM	
Clinical Trials and Medical Research V - Protecting the Participants		Bioethics General I		Ethics & Immigration I		Disability in the Social Security System (Round Table by INPS)		Methodological and Typological Aspect of Trials I	
Chair: J. Rozyńska Co-Chair: J. Zawita Niedźwiecki		Chair: W. Tun Co-Chair: C. Mhaske		Chair: L. Chieffi Co-Chair: F.M. Avato		Chair: M. Piccioni Co-Chair: M.G. Samplero, P. Carassai, N. Di Luca		Chair: L. Annunziato Co-Chair: C. Tomino	
Use of students by students as participants in research: Should the ethical principles be relaxed? <i>Ratinder Jhaj, All India Institute of Medical Sciences (AIIMS), India</i>		Ethical issue of physician heal thyself <i>Wunna Tun, Myanmar Medical Association, Myanmar</i>		Mobility, immigration, bioethics <i>Francesca Maria Avato, University of Florence, Italy</i>		INPS Data Base <i>Valerio Sciannamea, INPS, Italy</i>		The protocol in clinical trials <i>Gianfranco Di Renzo, University of Naples Federico II, Italy</i>	
Competence – a problem for research in mental health that asks for novel approach <i>Jakub Zawita Niedźwiecki, University of Warsaw, Poland</i>		The physician as a prophet <i>Tami Karni, Israeli Medical Association, Israel</i>		Humanity: A people on the move <i>Miroslava Vasinova, European Centre for Bioethics and Quality of Life; Alessandra Pentone, University of Bari, Italy</i>		Disability in the social security system: Between welfare and assistance <i>Elisa Arena, INPS, Italy</i>		Impact of clinical trials on practice in medicine <i>Paolo Rubba, University of Naples Federico II, Italy</i>	
Who are the vulnerable in medical research setting? <i>Ivana Zagorac, University of Zagreb, Croatia</i>		Doctor patient relationship <i>Ezekiel Agyekum Obeng, IFMSA STF, University of Ghana</i>		The immigration: Women in comparison. Experiences of multicultural projects <i>Patrizia Scaglia, European Centre for Bioethics and Quality of Life, Italy</i>		The legal medical competences in INPS <i>Paola Fallani, INPS, Italy</i>		Bioethical pitfalls in randomization <i>Dario Bruzzese, University of Naples Federico II, Italy</i>	
		Multifetal reduction (MFPR) to twins or singleton – medical justification and ethical slippery slope <i>Arie Drugan, Technion Faculty of Medicine, Israel</i>		A global approach to immigration: Ethical aspects and comparison with multicultural identity in educational and formative setting <i>Fulvia Dematteis, European Centre for Bioethics and Quality of Life, Italy</i>				The ethics of placebo in clinical trials <i>Luigi Saccà, University of Naples Federico II, Italy</i>	
		Indian Medical Council- Ethics code and doctor pharma relationship <i>Chandrakant Mhaske, BJ Govt. Medical College Pune, India</i>		Ethical solution about migrant identification <i>Franco Introna, University of Bari, Italy</i>				Risk of results falsification in clinical trials: Possible solutions <i>Franco Rossi, Daniela Cimmaruta, Second University of Naples, Italy</i>	
10:30-11:00: Coffee Break									

Scientific Program - Wednesday, October 21, 2015 *

11:00-12:30: Parallel Sessions

SVEVA		CATALANA		ANGIOLINA		POSILLIPO	
Medical Ethics IV - Ethics, Global Health & Cultural Differences I		Informed Consent II - Public's Awareness		Bioethics - (Access to) Healthcare Services and Costs		Ethics Education II	
Chair: D. Sotirova Co-Chair: E. Toader	Chair: R.R. Singh Co-Chair: M. Ottonello	Chair: D.F.C. Tsai Co-Chair: N.M. Fonseca	Chair: S. Nissim Co-Chair: M. Albert				
Medical student exchanges: Tackling ethical and cultural dilemmas from the local level Tommaso Pomerani, IFMSA STF, University of Florence, Italy	What differences in disease awareness and knowledge of clinical procedures in patients with different chronic diseases? Some points of reflection and interest from an observational study Marcella Ottonello, Scientific Institute of Nervi, Italy	Optimizing healthcare transparency policies Nuno Moreira Fonseca, New York University, USA	Can professional integrity be taught during vocational education?!				
Moral domain and cultural differences in cross-cultural ethics Daniela Sotirova, Medical University of Sofia and Technical University of Sofia, Bulgaria	Ethics in neonatal critical care Rupa Rajbhandari Singh, BP Koirala Inst. of Health Sciences, Dharan, Nepal	Culture of red envelopes in medical practice: A Confucian reflection on conflict of interest Daniel Fu-Chang Tsai, National Taiwan University, Taiwan	Sara Nissim, Wolfson Academic Nursing School, Israel				
Ethical requirements for medical competence in global health Elena Toader, "Gr. T. Popa" University, Romania	Ethical issues in the distribution and acceptability of misoprostol for prevention of post partum hemorrhage in Kaduna State, Nigeria Farouk Adiri, Kaduna State University, Kaduna State, Nigeria	Effects of health care services and commodities cost a on the patients at the primary health facilities in Zaria metropolis, North Western Nigeria Adegboyega M. Oyejabi, Kaduna State University, Nigeria	Integration of bioethics into curricula of medical education in Lithuania Elmantas Pečiulis, Lithuanian University of Health Sciences, Lithuania				
Potential implications of current trade agreement negotiations on universal health workforce planning and coverage Elizabeth Wiley, IFMSA STF, University of Maryland, USA	Public health communication as an ethical tool for strengthening citizen's capacity for managing priority health conditions: Baseline study of two selected communities in Kaduna State, North West Nigeria Zainab K. Muhammad-Idris, Kaduna State University, Nigeria	Conscience clause of medical professions in Poland - constitutional dispute Katarzyna Miaszkowska-Daszkiewicz, John Paul II Catholic University of Lublin, Poland	Practical deliberation and the bioethics core curriculum Marta Albert, Universidad Rey Juan Carlos De Madrid, Spain				
Medium-term impact evaluation of the WHO Global Code of Practice on the international recruitment of health personnel Vivian Tam, IFMSA STF, McMaster University, Canada	Is autonomy somewhat overestimated in medical practice? A study concerning medical duty, truth telling and placebo treatments Evangelos D Protopapadakis, National and Kapodistrian, Greece	Costs of new anti hepatitis C regimens and access to care: The case for prioritization or universal cure Lucia Craxi, Catholic University of the Sacred Heart, Rome, Italy	Importance of role models in the medical bioethics education Siti Pariani, Indonesia				
Citizenship moral values, immigration and attitude to care in 150 samples of health professionals: Pilot research Antonietta Lanzarone, University of Palermo, Italy		Activities of Heydar Aliyev Foundation on protection of children's right to health Anar Alakbarov, Heydar Aliyev Foundation, Heydar Aliyev Center, Azerbaijan	Counter hegemonic knowledge, medical education and research: An analysis of current medical curricula in Brazilian medical schools Matheus Barbosa, IFMSASTF, University of Brasilia, Brazil				
CAPUANA	S. LUCIA	VESUVIO	PARTENOPE	AUDITORIUM			
Clinical Trials and Medical Research VI - Research and Exploitation?	Bioethics General II	Ethics & Immigration II	INAIL and the Ethical Professional Service: From the Forensic Medical Evaluation of Damage to the Valorisation of Residual Capability (Round Table by INAIL)	Methodological and Typological Aspect of Trials II			
Chair: S. Roksandić Vidlička Co-Chair: G. Fortwengel	Chair: M. Salim Khan Co-Chair: P. L. Tahalele	Chair: C. Donisi Co-Chair: A. Verde	Chairs: A. Gaggiamani, G. Paura , P. Iacoviello	Chair: L. Annunziato Co-Chair: C. Tomino			
Medical experiments on human beings as crimes against humanity Sunčana Roksandić Vidlička, University of Zagreb, Croatia	Basic principles of bioethics in Islamic perspective Muhammad Salim Khan, Government Medical College, India	South European border: Experience and classification of illegal administrative entrance Livia Milone, University of Palermo, Italy	Criteria and standards of efficiency-cost-effectiveness in the INAIL management model Patrizio Rossi, INAIL Rome, Italy	The ethics of non-inferiority trial Francesco Sacà, University of Naples Federico II, Italy			
The rhetoric of exploitation in international clinical research: An ethical consideration Deborah Akintoye, Babcock University, Nigeria	Bioethics in the Republic of Kazakhstan Aizhan Sadykova, Institute of Psychology and Psychotherapy, Kazakhstan	Who ask for asylum: Forensic methodology to verify qualification Rosa Maria Gaudio, University of Ferrara, Italy	The INAIL Prosthesis Centre research and testing activity aimed to improving the quality of life of injured workers with disabilities Angelo Andretta, INAIL Bologna, Italy	Protection of human embryo and scientific research: A really irreconcilable conflict? Barbara Salvatore, University of Naples Federico II, Italy			
The fine line between exploitation and fair treatment – does product registration constitute part of collaborative partnership? Gerhard Fortwengel, University of Applied Sciences and Arts Hannover, Germany	Bioethical issues in Indonesia Paul L Tahalele, Indonesia	The migrant: Criminological implications Isabella Merzagora, University of Milan, Italy	INAIL evaluation of residual working capacity: Area of competence and operating model Francesco Burlin, INAIL Campania, Italy	Clinical trials for “orphan” drugs Generoso Andria, University of Naples Federico II, Italy			
“\$100 is not much to you”: Unseen barriers in open science Louise Bezuidenhout, University of Witwatersrand, South. Africa		The underage migrant: Homesickness. ability to adapt, social identity Adolfo Francia, Italian Society of Criminology, Italy	Innovative articulation to complete electronic control for KAFO orthoses: A case study Marisa Scocca, INAIL Naples, Italy	Clinical trials for cellular therapies Lucio Pastore, University of Naples Federico II, Italy			
				Experimental studies in neurology Giuseppe De Michele, University of Naples Federico II, Italy			

12:30-14:00: Lunch Break

12:30-14:00: Lunch Break

Scientific Program - Wednesday, October 21, 2015*

14:00-15:30: Parallel Sessions				
SVEVA		CATALANA		ANGIOINA
Medical Ethics V - Ethics, Global Health and Cultural Differences II		Medical Ethics in Times of Crisis		Informed Consent III - to Tell or not to Tell?
Chair: M. Razai Co-Chair: A. Prokopiou	Chair: J. Halevy Co-Chair: A. Afek	Chair: M.E. Lemoine Co-Chair: M. Botbol Baum	Chair: A. Hellemeyer Co-Chair: R. Kannai	Ethics: Education III - Using Skills and Technology
Multiculturalism in medicine: A challenge for future healthcare? Defining possible goals and solutions within formal and nonformal medical education <i>Maria Golebiowska, IFMSA STF, Medical University of Lublin, Poland</i>	The Israeli field hospital in Nepal – Medical ethical issues in a disaster area <i>Jonathan Halevy, Shaare Zedek Medical Center, Israel</i>	Balance as neutrality, proportionality or accuracy; What goal for down syndrome information to prospective parents? <i>Marie-Eve Lemoine, University of Montreal, Canada</i>	Breaking bad news, ethics and communication in the movies <i>Ruth Kannai, Hebrew University of Jerusalem, Israel</i>	
Can I lie to an ethnic minority patient? A reflective case report <i>Mohammad Razai, University of Cambridge, UK</i>	“Neither sthou stand idly by the blood of thy neighbor” – Israeli rescue missions <i>Arnon Afek, Tel Aviv University, Ministry of Health, Israel</i>	Informed Consent: Cases when it can be omitted in Azerbaijan <i>Fidan Rustamova, Azerbaijan Unit of UNESCO Chair in Bioethics, Azerbaijan</i>	Teaching bioethics through cinema: Immigration, displacement in Colombian postconflict scenario <i>Andrea Hellemeyer, Pontifical Xavierian University, Colombia</i>	The use of films as an important teaching tool in clinical ethics <i>Diego Real de Asua, Rey Juan Carlos University European University of Madrid, Spain</i>
Volunteer and non volunteer doctors. Different ethics under different circumstances? <i>Andreas Prokopiou, University of Nicosia, Cyprus</i>	Public health and public discourse: Responding to parents online during a polio vaccination emergency <i>Lisa Rubin, Ministry of Health and University of Haifa, Israel</i>	Incidental findings and their consequences in terms of patients capabilities <i>Mylene Botbol Baum, UCL, Belgium</i>	A distance-learning course model on research ethics with a cognitive approach to foster moral competence <i>Sergio Rego, Oswaldo Cruz Foundation, Brazil</i>	Bioethics teaching skills advancement <i>Mohandas Warrier, SUN Medical & Research Centre, India</i>
Immigrant women and reproductive health: The moral imperative of transcultural service <i>Carmen Verrastro, Italy</i>		REB consent form template disclosure elements: Agreement and compliance with bioethics standards <i>Alexander Villafanica, University of Manitoba, Canada</i>		
CAPUANA		S. LUCIA		AUDITORIUM
How to Inform and Educate Members of Ethics Committees		Bioethics General III		Methodological and Typological Aspect of Trials III
Chair: U. Riccabona Co-Chair: S. Dinges	Chair: V. Mammadov Co-Chair: F. Manti	Chair: S. Panizzolo Co-Chair: G. Errica	Chair: I. Giorgi Co-Chair: C. Pasetti	Chair: L. Annunziato Co-Chair: C. Tomino
Implementation of a clinical ethics committee- experiences and challenges: Looking back the last 5 years and ways forward to further development its members' competence <i>Ursula Riccabona, University Hospital Innsbruck, Austria</i>	Eco-bioethics as social choice <i>Franco Manti, University of Genova, Italy</i>	Ethics at the heart of professional policies of European speech and language therapists <i>Raffaella Citro, Speech and Language Therapists National Federation, Italy</i>	Disorders of consciousness: Medical and ethical implications <i>Anna Estraneo, S. Maugeri Foundation, IRCCS Telese Terme, Italy</i>	Experimentation in surgery: Ethical issues <i>Alfonso Barbarisi, Second University of Naples, Italy</i>
From curricula to action – Implementing healthcare ethics committees and educating their members: Reflecting over 10 years experiences and perspectives in healthcare-systems in Germany and Austria <i>Stefan Dinges, University of Vienna, Austria</i>	Protection of biodiversity and organic food for future generations as one of main bioethical principles <i>Vugar Mammadov, Heydar Aliyev Center, Azerbaijan</i>	From core value to core curriculum for an ethical education <i>Giovanna Lovato, Speech and Language Therapists National Federation, Italy</i>	A game of Minors: Awareness of prognosis in the dynamic relationship patient-caregivers <i>Laura Velutti, Humanitas Clinical and Research Center, Milan, Italy</i>	Human experimentation: Balancing between self-determination and human dignity <i>Valeria Marzocco, University of Naples Federico II, Italy</i>
Educating members of Healthcare Ethics Committees (HECs) and granting the quality of their work: Experiences and challenges <i>Enrico Furlan, University of Padua, Italy</i>	Ecological projects of the Heydar Aliyev Center <i>Adil Karimli, Heydar Aliyev Center, Azerbaijan</i>	Harmonizing and implementing speech and language therapists' education in Europe: The Netques project <i>Rossella Muo, Speech and Language Therapists National Federation, Italy</i>	The ethical use of technology in patient-physician communication <i>Gabriella Fizzotti, S. Maugeri Foundation, IRCCS, Pavia, Italy</i>	Post-mortem testing <i>Francesco Sbordone, Second University of Naples, Claudio Buccelli, University of Naples Federico II, Italy</i>
	The ethical and juridical statute of biological samples <i>Claudio Sartea, University of Rome “Tor Vergata”, Italy</i>	Ethical dilemma in speech and language therapy: Which (kind of) education for a best practice? <i>Tiziana Rossetto, Speech and Language Therapists National Federation, Italy</i>	Ethical, legal and political aspects in colon cancer screening <i>Francesco Cupella, S. Maugeri Foundation, IRCCS, Pavia, Italy</i>	The future on animal experimentation <i>Luisella Battaglia, University of Genoa, Italy</i>

15:30-16:00: Coffee Break

Scientific Program - Wednesday, October 21, 2015*

16:00-17:30: Parallel Sessions

SVEVA			CATALANA		ANGIOIANA		POSILLIPO			
Medical Ethics VI - Health Resources, Management and Decision Making			Informed Consent IV - Treatment without Consent		Reproduction IV		Ethics Education IV - Students' Attitudes			
Chair: D. Swift Co-Chair: O. Cohen			Chair: J. Lamoure Co-Chair: M.J. DiStefano		Chair: M. Baziqov Co-Chair: C. Chakrabarti		Chair: M. Afolabi Co-Chair: M. Elboim-Gabyzon			
Health technology assessment: An effective dimension of evidence informed decision-making Antoniya Yanakieva, Medical University, Sofia, Bulgaria			Treatment without consent: lessons from the Irish Mental Health Act Martha Finnegan, Trinity College Dublin, Ireland		Reproductive health and family planning in Azerbaijan Republic Mahammad Baziqov, National Parliament of Azerbaijan Republic, Azerbaijan		Attitudes of students from different degree courses towards containment measures of psychiatric patients Valeria Sundas, University of Bologna, Italy			
The Army (US) - Baylor models for medical-ethical decision-making Douglas Swift, Army (US,)Baylor University, USA			Refusal of blood transfusion - a comparison study of court verdicts between Taiwan and UK Jiin Ger, Taipei Veterans General Hospital, Taiwan		Israeli fathers' experience of feticide Ronit D. Leichtenritt, Tel Aviv University, Israel		Health care student's attitude on embryonic stem cell research: A pilot study in a teaching hospital Aditya Challapalli, Father Muller Medical College, India			
The new style of management: Evidence-based management Alexandrina Vodenicharova, Medical University of Sofia, Bulgaria			Ethical medication challenges in correctional facilities: Highlighting diversion and "forced prescribing" Joel Lamoure, Evidence-Informed Medicine: Clinically Advanced Reviews (EIM-CARE), Canada		Medical Termination of Pregnancy (MTP) Act, India, and female foeticide: Bioethical issues and concerns Chhanda Chakrabarti, Indian Institute of Technology Kharagpur, India		Ontological inequities in international ethics education: an examination of vulnerabilities Michael Afolabi, Duquesne University, USA			
Overuse of medical imaging: A principle-based approach for a suitable justification of radiological examinations Victoria Doudenkova, University of Montreal, Canada			Tuberculosis treatment adherence, mobile health and incentives: Avoiding the pitfalls and realizing the potential ethically Michael J. DiStefano, University of Pennsylvania, USA		Post-pone motherhood and new rule of biotechnology Vitulia Ivone, University of Salerno, Italy		Evaluation of concept of peace ethics and ethical approaches of college students Sukran Sevimli, Yuzuncu Yil University, Turkey			
Data management in local IRB at Barizlai Medical Center Ornit Cohen, Barzilai University Medical Center, Israel							Attitudes and perception towards overweight/obese individuals among physiotherapists Michal Elboim-Gabyzon, University of Haifa, Israel			
							Knowledge of and attitudes towards malpractice among medical students in Turkey Murat Aksoy, IFMSA STE, Acibadem University, Turkey			
CAPUANA			S. LUCIA		VESUVIO		PARTENOPE		AUDITORIUM	
Ethics Committees			Bioethics General IV		Youth Bioethics Education I		Forensic Medical Problems in Gynecology and Obstetrics I: Round Table by AOGOI		Prospects of Experimenting I	
Chair: I. Pollard Co-Chair: G. Lebeer			Chair: G.L. Garcia Co-Chair: D. Coernelle		Chair: A. Carmi Co-Chair: M. Vasinova, G. Sado		Chair: A. Chiantera Co-Chair: E.G.De Biasi, B.F. Fucci		Chair: F. Cimino Co-Chair: P. Izzo	
Ethics committees and the political question Guy Lebeer, Free University of Brussels, Belgium			Resistance to the global poliomyelitis eradication initiative- perceptions and perspectives of recipients Victoria Omole, Kaduna State University, Nigeria		The box of secrets: A journey from the material world to the land of bioethical principles Alessandra Pentone, European Centre for Bioethics and Quality of Life, University of Bari, Italy		Ethics of the profession Vito Trojano, AOGOI, IRCCS Institute Giovanni Paolo II, Bari, Italy		Development of biotechnological and transductional drugs Roberto Bianco, University of Naples Federico II, Italy	
Purpose, composition and ethics committee working in associação das pioneiras sociais Katia Torres Batista, University of Brasília, Brasil			State of elderly persons in Nigeria: Ethical dimensions Awawu Grace Nmadu, Kaduna State University, Nigeria		The use of games and stories for bioethics education: "It is me to decide" Hanna Carmi, Israel		Guidelines Fabio Parazzini, University of Milan, Italy		Nanoparticles' use in biomedical experimentation Antonio Giocacchino Spagnolo, Catholic University of the Sacred Heart, Rome, Italy	
Ethics committees: Challenges and operational procedures with specific attention to epigenetic inheritance and the assisted reproductive technologies (ART) Irina Pollard, Macquarie University, Australia			Advantages and dangers of a world with or without life extension. A longer, healthier and ethical life for everybody? Didier Coernelle, Healthy Life Extension Society, Belgium		"Syllabus" a collection of teaching units in bioethics Claudio Todesco, European Centre for Bioethics and Quality of Life, Italy		The professional liability and the cross-border medicine Vania Ciresse, AOGOI, University of Rome Tor Vergata, Italy		The future of investigator driven clinical trials Gaetano Lombardi, University of Naples Federico II, Italy	
Role of committees on ethics in solution of ethical problems in the sphere of reproductive health Kamila Gudratovna Dadasova, Institute on Obstetrics and Gynecology, Azerbaijan			The impact of animal violence in the human violence Gina Lorena Garcia, University of the Llanos, Colombia		Equality, justice and equity, principles for teenagers Ornella Salvetti, European Centre for Bioethics and Quality of Life, Italy				Controls on research in developing countries Antonietta Perrone, AOU Federico II Naples, Italy	

Scientific Program - Wednesday, October 21, 2015 *

17:30-19:00: Parallel Sessions				
SVEVA		CATALANA		ANGLOINA
Medical Law II		Informed Consent V		Seven Decades from the Nurnberg Trials: Has the Pendulum Gone Full Swing?
Chair: T. Gidron Co-Chair: B. Pfeffer Billauer		Chair: R. Rheeder Co-Chair: U. Prieto y Schwartzman		Chair: S. Wolfman Co-Chair: M.Z. Abramowitz
Protection of physical autonomy in Israeli medical negligence law- A time to reconsider <i>Tamar Gidron, Israel</i>		Ethical and legal aspect treatment of tuberculosis at primary health care to prevent MDR-TB : Indonesian's context <i>Dedi Afandi, University of Riau, Indonesia</i>		What can we learn from the Holocaust survivors? Research on resilience and post traumatic growth <i>Yoram Blachar, Peres Academic Center, Israel Medical Association, World Medical Association, Israel</i>
New profiles and jurisprudential evolution of medical liability <i>Michele Capasso, University of Naples Federico II, Italy</i>		Completeness informed consent in research proposals submitted to an ethics committee review of research <i>Ulises Prieto y Schwartzman, Rede Sarah de Hospitais, Brazil</i>		Bioethics versus financial interests in clinical trials with medical marijuana <i>Samuel Wolfman, Law Faculty, Haifa University, Israel</i>
Medical liability and surgical complications <i>Gaoming Cui, China Health Law, China</i>		Protected by substitute consent <i>Riaan Rheeder, North-West University, Potchefstroom, South Africa</i>		Is it still possible to practice independent medical research in light of the current regulatory constraints? <i>Moshe Z. Abramowitz, Hebrew University Medical School, Madan Group, Israel</i>
Types of harm: Pecuniary harm and non-pecuniary harm <i>N. Levin, University Adam Mickiewicz, Poland</i>		Informed consent in nursing <i>Maria Silvia Verrastra, Italy</i>		Ethical considerations in research of post traumatic victims <i>Ety Cohen, Madan Group, Israel</i>
The impact of terminology in bioethics and law: A matter of definition <i>Barbara Pfeffer Billauer, University of Haifa, Israel</i>				
CAPUANA		S. LUCIA		PARTENOPE
Food and Death		Transplantation		Forensic Medical Problems in Gynecology and Obstetrics II
Chair: H. Sipi Co-Chair: R. Rantanen		Chair: E. Katvan Co-Chair: V. Maher		Chair: E. Turillazzi Co-Chair: P. Danesino, R. Zinno
Food security, safety, and food preferences <i>Helena Sipi, University of Turku, Finland</i>		Living renal transplant donors: Psychiatric and psychological evaluation in pre-transplant assessment <i>Diana Galletta, University of Naples Federico II, Italy</i>		Cesarean delivery on maternal request: ethical aspects <i>Laura Barbero, University of Pavia, Italy</i>
The ethical commitments to hunger <i>Andrea Borghini, College of the Holy Cross, USA</i>		Consensus for fresh homographs implantation in pediatric patients <i>Carlo Vosa, University of Naples Federico II, Italy</i>		Brain death and persistent vegetative state during pregnancy and the unborn: Legal and ethical issues <i>Lucia Busatta, University of Trento, Italy</i>
Gustatory wisdom <i>Nicola Perullo, University of Gastronomic Sciences, Italy</i>		Mind body interface <i>Vincent Maher, Iona College, USA</i>		Medically assisted procreation between social and ethical issues <i>Giuseppe De Placido, University of Naples Federico II, Italy</i>
Food and ethics of considerable life extension <i>Rosa Rantanen, University of Turku, Finland</i>		The abolition of age limit for inclusion in the organ transplantation waiting lists in Israel <i>Eyal Katvan, College of Law & Business, Israel</i>		Prenatal screening tests: Social, ethical and legal issues <i>Pasquale Martinelli, University of Naples Federico II, Italy</i>
The present status and future of moral bioenhancement technologies <i>Vojin Rakic, University of Belgrade, Serbia</i>		Causes of trafficking in human beings for the purpose of organ removal. Some ethical considerations <i>Frunza Mihaela, Babes-Bolyai University, SACRI, Romania</i>		The alternatives to in-vivo experimentation: Are they real or utopian? <i>Guido Rossi, University of Naples Federico II, Italy</i>
				The responsibility of the scientist in relation to bioethics <i>Francesco Salvatore, CEINGE Biotechnologie Avanzate, Italy</i>
				Biobanks: Which regulation? <i>Rosa Guarino, University of Naples Federico II, Italy</i>
				The broken pricing system and the rationing of drugs <i>Remo Italo Portali, Arcispedale Santa Maria La Nova, Reggio Emilia, Italy</i>

Scientific Program - Thursday, October 22, 2015*					
08:00-09:00: Registration 09:00-10:30: Parallel Sessions	CATALANA		ANGIOINA	POSILLIPO	HALL M
VEVEA	End of Life V		Emotional Intelligence and Ethics - Relationship between Therapists and Patients	Functioning Approach for a More Inclusive Moral Point of View I	Workshop on Case Based Teaching and Learning - Bioethics in Medical Education
Chair: D. Martins Co-Chair: F.B. Castaldo	Chair: Z. Li Co-Chair: B.C. Lewis	Chair: D. Keidar	Chair: M.C. Dias	Chair: R. D'Souza Co-Chair: P. Palatty, M. Mathew, B. Ganguly	
The influence of unorthodox medicine on health care Abdulmalik Makanjuola Olaniyi, V.N. Karazin Kharkiv National University, Nigeria Building an innovative curriculum of sports medicine for medical students: Necessary knowledge not taught in medical schools Iva Mileva, Medical University of Sofia, Bulgaria An example of third culture: Bioethics & sport Franco Bruno Castaldo, Disist Uniparthenope Naples, Italy Climate empowerment of future medical professionals Diogo Martins, IFMSA STF, Centro Hospitalar São João, Portugal Genetic testing in the ultra-orthodox Jewish community Elchanan Lewis, Puh Institute, Israel	Disposal people: Physician-involved suicide Browne C. Lewis, Cleveland State University, USA Healthcare professionals' perspective on end-of-life care António Maria Gonçalves, Portuguese Catholic University, Portugal Dying, a human thing Mary Joanne Verhoef, IFMSA STF, Leiden University, The Netherlands Patient autonomy and respect for living will Jussara Maria Leal de Meirelles, Pontifícia Universidade Católica do Paraná, Brazil Attitude to euthanasia, physician assisted suicide and withdrawal of life support among medical professionals at various stages in their career Smitha Bhat, Father Muller Medical College, India The present medical situation of euthanasia in China Zhen Li, Kunming Medical University, China	Emotional intelligence and ethics - Importance, implementation and assimilation for students with special needs Zehava Ohana, Haifa University, Israel Emotional Intelligence (EI) and its Influence over the healing process of cancer patients Bader Khazen-Nsair, Adam Mickiewicz University, Poland Interrogation and ethics - a role model for public servants Daniel Atlas, Haifa University, Israel Human communication: Brain, feelings and behaviour (emotional intelligence) as an essential and crucial element in educating medical students Daniella Keidar, University of Haifa, Zefat Academic College, Israel The journey of my life - a personal story Cila Ben Aroya, Haifa University, Israel	Functioning Approach: For a more inclusive moral point of view Maria Clara Dias, PPGBIOS-UFRJ, Brazil Neuroethics, extended mind and the Functioning Approach: a global view Diogo Machcovitch, Rio de Janeiro Federal University, Brazil Human enhancement: A proposal of regulation through a Functioning Approach Murilo Vilão, PPGBIOS-Fundação Oswaldo Cruz (FIOCRUZ), Brazil The Higher education in healthcare from a social justice perspective - the empirical use of the Functionings Approach Michelle Teixeira, Programa de Bioética, Ética Aplicada e Saúde Coletiva - PPGBIOS, Brazil	Case based learning is a specific group instructional process using case studies to tutor medical and health science students. Case based teaching and learning has been found an ideal method for medical education. This workshop will explain how to use the methodology of Case Based Teaching and Learning of bioethics for medical and health science education. This workshop will elaborate ways to identify common problems and offer solutions. Facilitating a CRTL course is more challenging for the medical teacher than traditional didactic lectures, but the learning outcomes for integrated bioethics in medical and health science curriculum is outstanding.	
CAPUANA	S. LUCIA	VESUVIO	PARTENOPE	AUDITORIUM	Italian-English translation
The Digital Era: Ethical Challenges for Health, Care and Biomedical Research Chair: G. Werner-Felmayer	Ethics and Experimentation I Chairs: O. De Divitiis, A. Vozza	The Medical Examiner and the Protection of Personal Freedoms Chair: L. De Giovanni Co-Chair: E. Consiglio	Ethics, Technology and Quality in Dental Profession I Chair: L. Califano Co-Chair: P. di Michele	Ethics Committees I Chair: A. Anzani Co-Chair: L. Sacca	
Is mHealth going to revolutionise healthcare? A matrix to distinguish ethical issues Federica Lucivero, King's College London, UK Mobile health applications in mental health Hermann Sinz, MCI Management Center Innsbruck, Austria Digitization, big data and the transformation of biomedical research Martina Naschberger, Medical University of Innsbruck, Austria Personal contributions to biomedical innovation in the age of big data Gabriele Werner-Felmayer, Biocentre, Medical University of Innsbruck, Austria	Ethical reflections on experimenting with vulnerable subjects in the light of the present experience of ethical committees Loriana Paciella, University of Naples Federico II, Italy Refusal to receive information expressed by patients in trials: Ethical and deontological considerations. A document by the ethics committee of the University Federico II of Naples Rosa Ferrara, University of Naples Federico II, Italy The experience of the University Federico II Ethics Committee of Naples in drug control during experimentation Elia Meccariello, University of Naples Federico II, Italy Opinion of the University Federico II Ethics Committee of Naples about the off-label use of a drug for the treatment of age-related macular degeneration Chiara Scafa, University of Naples Federico II, Italy Informed consent in clinical trials on underage subjects and its peculiarity: Ethics committee of the University of Naples Federico II's experience Adriana Scualto, University of Naples Federico II, Italy	The problem of restraining psychiatric patients Giuseppe Dell'Osso, University of Bologna Alma Mater, Italy Health and detention: The point of view of the medico-legal expert Bruno della Pietra, Second University of Naples, Italy Compulsory health treatments and induced damages Gianfranco Iadecola, Catholic University of Rome, Italy Female genital mutilation: A medico-legal view Emanuela Turillazzi, University of Foggia, Italy The person and the rights available under medical treatment Antonio Lepre, Naples Court, Italy	Deontological evolution in dentist's profession Gregorio Laino, Second University of Naples, Italy Training and updating in medical ethics for aesthetic dentistry: Clinical aspect Ezio Costa, University of Genoa, Italy Training and updating in medical ethics for aesthetic dentistry: Forensic medical implications Pietro di Michele, AUSL Modena, Italy Which trials in dentistry? Profiles of professional competence. Forensic medical implications: Clinical aspect Enzo Vaia, SIO, Italy Which trials in dentistry? Profiles of professional competence. Forensic medical implications: Medico-legal aspects Valeria Santoro, University of Bari, Italy	Legal subjectivity, independence and autonomy of Ethics Committees for testing Claudia Casella, University of Naples Federico II, Italy Ethics Committees in the Anglo-Saxon experience and in continental Europe Giovanni Ciccarelli, CIRB Campania, Italy The evaluation of the ethics of research protocols Roberta Minacori, Catholic University of the Sacred Heart, Italy Verifying the "competence" of the medical team Valeria Zambrano, University of Salerno, Italy	
10:30-11:00: Coffee Break					

Scientific Program - Thursday, October 22, 2015*

11:00-12:30: Parallel Sessions					
CATALANA			ANGIOINA	POSILLIPO	HALL M
SVEVA	Bioethics - Genetics I		Emotional Intelligence and Ethics Education : Patient / Therapist Effective Communication	Functioning Approach for a More Inclusive Moral Point of View II	Workshop (cont.) Case Based Teaching & Learning - Bioethics in Medical Education
Chair: C.Y. Tsai Co-Chair: A.P. França	Chair: M. Sabatello Co-Chair: F. Molnár-Gábor	Chair: B. Richter	Chair: B. Richter	Chair: A. Costa	Chair: R. D'Souza Co-Chair: P. Palatty, M. Mathew, B. Ganguly
Compassion: Concept analysis in child health nursing and pediatrics <i>Ana Paula França, Nursing School of Porto, Portugal</i>	Gene enhancement: Are we prepared? Legal, social, and ethical implications <i>Denisse Blanck, Ibarra, Del Paso, Gallego y Berezowsky, S.C. Mexico</i>	"Tell me, what is it you plan to do with your one wild and precious life." Why teaching ethics and emotional intelligence matter <i>Bonnie Richter, Center for Emotional Intelligence, Israel</i>	Emotional therapy in the educational system: A code of ethics in two voices <i>Shlomit Rinat, Beit Berl Academic College, Israel</i>	Intellectual disability and functionalities approach <i>Alexandre Costa, Federal University of Rio de Janeiro, Brazil</i>	Case based learning is a specific group instructional process using case studies to tutor medical and health science students. Case based teaching and learning has been found an ideal method for medical education. This workshop will explain how to use the methodology of Case Based Teaching and Learning of bioethics for medical and health science education. This workshop will elaborate ways to identify common problems and offer solutions. Facilitating a CRTL course is more challenging for the medical teacher than traditional didactic lectures, but the learning outcomes for integrated bioethics in medical and health science curriculum is outstanding.
A qualitative study: Professionalism in cosmetic nursing <i>Cheng-Yu Tsai, Taipei Medical University, Taiwan</i>	Raising genomic citizens <i>Maya Sabatello, Columbia University, USA</i>	Emotional therapy in the educational system: A code of ethics in two voices <i>Shlomit Rinat, Beit Berl Academic College, Israel</i>	Emotional therapy in the educational system: A code of ethics in two voices <i>Shlomit Rinat, Beit Berl Academic College, Israel</i>	Basic functionalities for transsexual women: Strategies for the evaluation of the Brazilian Program knows as "Processo Transsexualizador" <i>Cristiane Costa, Universidade do Estado do Rio de Janeiro, Brasil</i>	
Ethical dilemmas revealed by paradoxes of clinical nursing practice <i>Alessandro Stievano, Centre of Excellence for Nursing Scholarship, Rome, Italy</i>	A case of autism spectrum conditions <i>Huso Yi, The Chinese University of Hong Kong</i>	Care at the end of life <i>Jehan Zaabi, Emeq Hospital, Israel</i>	Care at the end of life <i>Jehan Zaabi, Emeq Hospital, Israel</i>	Functioning approach applied to an ecofeminism conception <i>Priscila Carvalho, Federal University of Rio de Janeiro, Brazil</i>	
Using qualitative methods for exploring the gap between attitudes and intended behavior toward nurse prescribing legislation in Israel <i>Orit Haller-Hayon, Tel-Aviv Shoenbrun Academic Nursing School, Israel</i>	Human germline genome editing : Clinical, ethical, and legal implications <i>Tetsuya Ishii, Hokkaido University, Japan</i>			Environmental and animal ethics from the functioning approach <i>Fabio Oliveira, Federal University of Rio de Janeiro, Brazil</i>	
The relationship between nurses attitude regarding their authority to prescribe & their attitudes regarding the Israeli health system <i>Chaya Balik, Tel-Aviv University, Israel</i>	Revising UNESCO's work on the issue of human genome and human rights: the binding effect of a future instrument <i>Fruzsina Molnár-Gábor, Heidelberg Academy of Sciences and Humanities, Germany</i>				
CAPUANA	S. LUCIA		VESUVIO	PARTENOPE	AUDITORIUM
Animals and Humans	Ethics and Experimentation II		Forensic Medical Considerations on Healthcare Treatments in "Vulnerable" People	Ethics, Technology and Quality in Dental Profession II	Ethics Committees II
Chair: M. Kusunose Co-Chair: F.A. Argüelles Becerra	Chairs: O. De Divitiis, A. Vozza	Chair: G. Valerio Co-Chair: G. Vacchiano	Chair: G. Valerio Co-Chair: G. Vacchiano	Chair: C. Buccelli Co-Chair: L. Guida	Chair: A. Anzani Co-Chair: L. Saccà
Public attitude toward the creation and utilization of "Animals Containing Human Material" for organ resources: Another perspective toward ACHM containing my material/ my-child's material - <i>Mayumi Kusunose, University of Tokyo, Japan</i>	Comparative evaluation of patient's information between profit and no-profit studies: What differences? <i>Lucia Terracciano, University of Naples Federico II, Italy</i>	The suitability judgment in paediatrics <i>Anna Aprile, University of Padua, Italy</i>	The suitability judgment in paediatrics <i>Anna Aprile, University of Padua, Italy</i>	Guidelines in dental traumatology : Between the patient's health and the dentist's clinical and medico-legal precautions: The dentist's point of view <i>Alberto Laino, University of Naples Federico II, Italy</i>	Monitoring of scientific experimental protocols <i>Edoardo Consiglio, University of Naples Federico II, Italy</i>
The methodology to the welfare of wild, large, and, small animals in disasters: Forest fires <i>Freddy Alejandro Argüelles Becerra, Universidad de los llanos, Colombia</i>	Nutraceuticals and clinical trials: The experience of the University Federico II Ethics Committee of Naples <i>Maria Antonietta Zinno, University of Naples Federico II, Italy</i>	Medical and legal remarks on gender dysphoria <i>Paolo Valerio, University of Naples Federico II, Italy</i>	Medical and legal remarks on gender dysphoria <i>Paolo Valerio, University of Naples Federico II, Italy</i>	Guidelines in dental traumatology between protection of health of the patient and clinical and forensic precautions: Medico-legal implication <i>Pierpaolo Di Lorenzo, University of Naples Federico II, Italy</i>	Ethics and scientific training and continuous updating of the components of Ethics Committees <i>Bruno Guillard, ASL Naples, Italy</i>
Dilemmas in animal experimentation in medical and scientific research: A boon or a bane ? <i>Thangaraju Palanimuthu, SRM University, India</i>	Prosthesis, hybridization between humans and machines and human enhancement: When man and technology blend together, is it time to think about a new definition of "human being"? <i>Isotta Burlin, University of Naples Federico II, Italy</i>	Overtreatment and treatment of cancer patients <i>Piergiorgio Fedeli, University of Camerino, Italy</i>	Overtreatment and treatment of cancer patients <i>Piergiorgio Fedeli, University of Camerino, Italy</i>	Use and commercial abuse of dental devices: The dentist point of view <i>Sandra Rengo, University of Naples Federico II, Italy</i>	The duties of loyalty and confidentiality of the members of the Ethics Committees <i>Paola Frati, Sapienza University of Rome, Italy</i>
	Enhancement in healthy subject <i>Annamaria Caputo, University of Naples Federico II, Italy</i>	Ways and timing of protection for "not competent" persons <i>Antonina Argo, University of Palermo, Italy</i>	Ways and timing of protection for "not competent" persons <i>Antonina Argo, University of Palermo, Italy</i>	Use and commercial abuse of dental devices: The medico-legal point of view <i>Vilma Pinchi, University of Florence, Italy</i>	Liability of Ethics Committees <i>Roberta Catalano, Second University of Naples, Italy</i>
	Ethical considerations and the experience of the University Federico II Ethics Committee of Naples of off-label and compassionate use of medications <i>Daniela Fallace, University of Naples Federico II, Italy</i>	Abuse in the elderly <i>Nicola Ferrara, University of Naples Federico II, Italy</i>	Abuse in the elderly <i>Nicola Ferrara, University of Naples Federico II, Italy</i>	The responsibility of the dentist and indemnity insurance: The dentist's point of view <i>Gabriella Ceretti, Freelance, Trieste, Italy</i>	
				The responsibility of the dentist and indemnity insurance: The medico-legal point of view <i>Lorenzo Polo, University of Insubria, Italy</i>	

Scientific Program - Thursday, October 22, 2015*

12:30-14:00: Parallel Sessions

CATALANA				ANGIOINA		POSILLIPO	
SVEVA		Bioethics - Genetics II		Bioethics - Brain, Neuroethics and Neuroscience		Psychiatry, Legal Capacity and Law	
Forensic Medicine	Chair: R. Pickering Co-Chair: P. Stevens	Chair: M. Lupton Co-Chair: J. Ngueng Feze	Chair: Y. Minemura Co-Chair: Nenad Cekić	Chair: Y. Minemura Co-Chair: Nenad Cekić	Chair: A. Raphael Co-Chair: A. Ramakrishnan	Chair: A. Raphael Co-Chair: A. Ramakrishnan	
Legal and ethical complexities in examination of victims of sexual assault in India - a medical practitioner's perspective	Swapnil S Agarwal, Pramukhswami Medical College and SK Hospital, India	Ethical dilemmas of population genetic studies in the caucasus	Ramaz Shengelia, Tbilisi State Medical University, Georgia	How to change brain activity by combining SMMTMM method with Bio/Neuro/feedback : To activate the frontal-lobe and how to measure it	Anand Ramakrishnan, Nottinghamshire Healthcare NHS Foundation Trust, UK	Mental capacity, abuse-vulnerability	
Ethical issues pertaining to forensic assessments in mental capacity proceedings-reflections from South Africa	Philip Stevens, University of Pretoria, South Africa	Ethical consequences of full human genome testing	Michael Lupton, Bond University, Australia	SMM - Switch My Mind	Bioethics and mental health	Bioethics and mental health	
Ethical malpractice in the field of clinical forensic medicine in the United Kingdom	Rachael Pickering, British Medical Association and HMP Full Sutton, UK	Genetic discrimination and personalized medicine: Some insurance considerations	Ida Ngueng Feze, McGill University, Canada	The method for ethics rational & mindful speech	Elena Gutkevich, Mental Health Research Institute, Tomsk and National Research Tomsk State University, Russian Federation	The influence of the CRPD on the development of legal capacity in England and Wales.	
The Italian tertiary protection of victims of terrorism by war and organized crime	Daniela Sapienza, University of Messina, Italy			Neuroscience of violence and aggression and its ethical management in mood disorder	Esther Badugu Patrick, Kaduna State University, Nigeria	The influence of the CRPD on the development of legal capacity in England and Wales.	
				Moral enhancement and experience machine	Nenad Cekić, University of Belgrade, Serbia	Anna Raphael, University of Manchester, UK	
				The constitution account and the status of a person	Yuichi Minemura, State University of New York at Buffalo, USA		
CAPUANA				VESUVIO		AUDITORIUM	
HALL M		Medical Law III		Developments in Neurosciences from the Forensic Medical Perspective		Ethics Committees III: What About Future? A Public Discussion	
Asia Pacific Bioethics Symposium	Chair: S. Rajderkar Co-Chair: H. Gambheera	Chair: G. Chunfang Co-Chair: E. Azizov	Chair: G. De Michele Co-Chair: G. Lisa	Chair: G. De Michele Co-Chair: G. Lisa	Chair: C. Buccelli Co-Chair: C. Donisi	Chair: C. Buccelli Co-Chair: C. Donisi	
Bioethics and disability - Distribution of social resources for the disability	Theong Ho Low, Centre for Asia Pacific Bioethics Studies, Australia	Introduction of health law system of China	Xiuqin Shen, Shandong University, China	The role of the medical examiner in the assessment of brain death	The point of view of CNB	The point of view of competent authority: AIFA	
Cultural issues: Autonomy and collective autonomy	Avinash Desousa, Indian Bioethics Program, India	The issue of the right to complaint and health care law of Azerbaijan Republic	Elkhan Azizov, Ministry of Health, Azerbaijan	Vegetative state, minimally conscious state, locked-in syndrome: medico-legal and forensic problems	Cinzia Caporale, CNR, Italy	Paola Aita, AIFA, Italy	
Prenatal genetic testing in disability - Bioethics issues	Prema Dhanha, South India Bioethics Unit, India	China Health Law: Development together with bioethics and medical ethics	Gao Chunfang, China Health Law Society, China	Neurosciences under consideration of Italian Courts	The point of view of clinical experimenters	Silvio Garattini, Mario Negri Institute, Milan, Italy	
A comparative study in the levels of empathy among medical students attending a Cadaveric Skills workshop in a humanistic environment based on the bioethics of altruism	Kin-Fah Chin, University of Malaya, Malaysia			Neurodegenerative diseases and the sense of self	The point of view of bioethicist	Maurizio Mori, University of Turin, Italy	
Medical ethics in preclinical subjects - Current issues	P. Vatsalaswamy, D.Y. Patil Medical College, India			Andrea De Bartolomeis, University of Naples Federico II, Italy	The point of view of Ethics Committees	Alfredo Anzani, IRCCS San Raffaele Milan, Italy	
				Dario Grossi, Second University of Naples, Italy	The point of view of the Health Commission of the Italian Senate	Lucio Romano, Italian Republic Senate, Rome, Italy	

Poster Presentations - Tuesday, October 20

1	Contract character of judicial expertise entrusted by the party and civil liability and undertaking of Judicial Authentication Institution <i>Runfang Xie, Kunming Medical University, China</i>	12	Bioethics in conflicts and other Emergencies : A training for medical students <i>Irene Lee, FMS-Taiwan, National Taiwan University, Taiwan</i>	23	Informed consent of foreign patients: Translation wanted <i>Ángel Francisco Abellán-Alemán, Hospital Universitario Los Arcos Del Mar Menor, Spain</i>
2	Clinician-patient relationship in the management of medical litigation: The experience of Lucca inspired by empathy, promptness and alliance with the citizen <i>Diana Bonuccelli, Azienda USL 2 Di Lucca, Italy</i>	13	Biobank Ethics Consultation Service (BECS) as a formal instrument to solicit and receive expert ethical guidance to biobank research: Sensibility and educational programs <i>Elena Feroli, University of Insubria, Italy</i>	24	Nursing students' willingness to blow the whistle <i>Yaacov G. Bachner, Ben-Gurion University of the Negev, Israel</i>
3	An analysis of healthcare and malpractice liability reform: aligning proposals to improve quality of care and patient safety <i>William Oosthuizen, University of Pretoria, South Africa</i>	14	Biobanks in the third millennium <i>Marco Gaito, Second University of Naples, Italy</i>	25	Work-related values of nurse managers <i>Elina Aitamaa, University of Turku, Finland</i>
4	Medical-forensic issues related to the use of biosimilar medicine <i>Anna Matarazzo, Second University of Naples, Italy</i>	15	Biobanks and privacy: public attitudes toward data access and transfer of human tissue samples <i>Jakub Pawlikowski, Medical University of Lublin, Poland</i>	26	Processing of genetic data in light of the recommendations of the Privacy Ombudsman <i>Marianna Longo, Second University of Naples, Italy</i>
5	On the reality and future of forensic science in the times of scientific evidence <i>Yongjie Pu, Kunming Medical University, China</i>	16	Open questions about living will. A survey by a questionnaire administered to physicians: A pilot study <i>Tommaso D'Anna, University of Palermo, Italy</i>	27	Animal experimentation in Italy: Legislation and ethical issues <i>Alessandro Feola, Second University of Naples, Italy</i>
6	RICERC@ - An Italian collaborative project between ethics committee, researchers and citizens, to promote transparency in clinical research and patients' rights <i>Marina Ferri, Azienda Provinciale per i Servizi Sanitari, Trento, Italy</i>	17	Palliative care: Bioethical issues of palliative sedation. <i>Ida Maria Stefanizzi, Second University of Naples, Italy</i>	28	Good Samaritan donation in Italy: Bioethical issues <i>Carmela Giordano, Second University of Naples, Italy</i>
7	Controversially about the analysis of complaints received in professional ethics committees of the Bulgarian Medical Association <i>Juliana Marinova, Trakia University, Bulgaria</i>	18	An operative flow chart on biobanking in Italy <i>Paola Buccelli, European Centre for Bioethics and Quality of Life, Italy</i>	29	Program on ethics and human rights in healthcare <i>Stijnje Dijk, IFMISA, Erasmus University, The Netherlands</i>
8	The magic in teaching dynamically through experiential artwork achieving personal and social change by working on the border between emotional transformation and doing therapy <i>Aya Feldman, Beit Berl Academic College, Israel</i>	19	Relational ethics flow in electronic healthcare <i>Maria Luisa Pascarella, ASL Avellino, Italy</i>	30	Gender based wage gaps in Israel. Current trends - Ethics of women's rights at work <i>Keren Ogintz, Israel</i>
9	Burnout among Bulgarian medical students and opportunities for prevention <i>Svetlana Dimitrova, Trakia University, Bulgaria</i>	20	Sexual violence against women and child sexual abuse: An examination record for clinical and medico-legal assessment <i>Simone Onti, University of Ferrara, Italy</i>	31	I am disabled but you make me handicapped <i>Alessandra Pentone, European Centre for Bioethics and Quality of Life and University of Bari, Italy</i>
10	A six-year follow-up study to determine effect of medical education on moral sensitivity of medical students: First year results <i>Mustafa Levent Ozgonul, Akdeniz University, Turkey</i>	21	Medico-legal and ethical aspects of first aids to migrants: Our experience in Sicily (Italy) <i>Cettina Sortino, University of Palermo, Italy</i>	32	The virtues of the support persons of mentally disabled individuals <i>Arianna Manzini, University College London, UK</i>
11	Teaching for ethical reasoning: New tool from psychodynamic approach <i>Olga Bermant-Polyakova, Independent Psychological Practice, Israel</i>	22	Medically assisted procreation beyond Law 40/2004 <i>Filomena Casella, Filomena, Italy</i>		

Poster Presentations - Wednesday, October 21

1	Patients' rights to information and confidentiality <i>Silja Iltanen, University of Turku, Satakunta Hospital District, Finland</i>	13	The relatives of a person suffering from a genetically transmissible illness and the telling of the secret: Ethical and deontological responsibilities <i>Anna Emanuela Costanzo, University of Insubria, Italy</i>	25	Black South African students' attitudes towards the use of medical records for research: A qualitative study <i>Samantha Chareka, University of KwaZulu-Natal, South Africa</i>
2	Blood donations: A careful reading of directive 2004/33/EC <i>Maria Magnolia Pardo-López, University of Murcia, Spain</i>	14	Personal trust and prestige of general medical practice: Empirical study on general practitioners' self-assessment <i>Boryana Parashkevova, Trakia University, Bulgaria</i>	26	Justifying re-use of public health data for research in middle-to-low income countries and ethical issues <i>Evelyn Anane-Sarpong, University of Basel, Switzerland</i>
3	Outlines for global bioethics <i>Isabel Roldán, University of Salamanca, Spain</i>	15	Number of authors appearing in presented abstracts versus subsequent full-text manuscripts <i>Mark Krauthammer, Sourasky Medical Center, Israel</i>	27	Cognitive survey about informed consent management in a health facility of Messina's province <i>Patrizia Gualniera, University of Messina, Italy</i>
4	Going beyond: Finitude in the actual debate in bioethics <i>Clémentine Waille, Catholic University of Louvain Belgium</i>	16	Patient affected by Amyotrophic Lateral Sclerosis with Familial (FALS): The importance of a multidisciplinary approach <i>Viviana Cislighi, University of Insubria, Italy</i>	28	Fact-finding survey about physical restraint use in hospital: ethical and medical legal considerations <i>Elvira Ventura Spagnolo, University of Palermo, Italy</i>
5	Bioethical and legal problems of robotization of medicine <i>Jarostaw Sak, Medical University of Lublin, Poland</i>	17	Coaching skill in the service of bioethics: Coaching skills as means to overcome possible bioethical conflicts <i>Dorit Kay, ICA-Israeli Coaching Association, Israel</i>		
6	The synthesis of bioethics and environmental ethics: A case study of the Baikal region <i>Anastasia Nasibulina, East Siberia State University of Technology and Management, Russian Federation</i>	18	The need for research ethics consultation service in Japan: A preliminary questionnaire survey <i>Kuniko Aizawa, National Cerebral and Cardiovascular Center, Japan</i>		
7	Bioethics as a basis of sustainable development <i>Karina Gunzenova, East Siberian State University of Technology and Management, Russia</i>	19	The impact of government of India's amendments to regulatory guidelines on clinical trials in India <i>Maimoona Badsha, Apollo Hospitals Educational & Research Foundation, India</i>		
8	Investigation on the health impact in population of Marinze village <i>Elida Mataj, Institute of Public Health, Albania</i>	20	Pathological gambling during experimental therapy in patient with Parkinson's disease: A case report and literature review <i>Valeria Marino, University of Rome "Tor Vergata", Italy</i>		
9	Advertising of health services through the view of Bulgarian physicians <i>Vanina Michailova-Alakidi, Medical University of Sofia and Plovdiv, Bulgaria</i>	21	Research integrity and the impact of conflict of interests on society: An analysis in the light of the Theory of Recognition of Axel Honneth <i>Márcia Cassimiro, Pontifical Catholic University of Rio Grande do Sul, Brazil</i>		
10	Professional confidentiality in pediatric medicine: The legal and moral obligation. A case report <i>Francesco Barbato, ASL CASERTA 1, Italy</i>	22	Topical legal and ethical issues related to clinical trials of medicinal products in Ukraine <i>Ganna Guseva, Shevchenko National University of Kyiv, Ukraine</i>		
11	'Goodwill' protocol <i>Enrico Jonathan Hartono, Asian Medical Student Association Indonesia, Hangtuah University, Surabaya, Indonesia</i>	23	The experience of the Research Ethics Advisor Committee at Federal University of Rio de Janeiro, Brazil <i>Marisa Palacios, Federal University of Rio de Janeiro, Brazil</i>		
12	Future of medical ethics <i>Gina Puspita Sari, IFMSA, Moeslem University of Indonesia</i>	24	Program-based research ethics consultation service in Japan <i>Kayo Takashima, The University of Tokyo, Japan</i>		

* subject to change



Abstracts Oral Presentations

PROTECTION OF HUMAN RIGHTS IN THE HEALTH SYSTEM OF AZERBAIJAN

Adila Abbasova, Mahammad Baziqov, Aydin Jafarov
Milli Majlis (National Parliament) of Azerbaijan Republic

Protection of the right to health in Azerbaijan Republic descends from the Constitution. Article 41(right to protection of health) of the Main Law states: "Everyone has the right to health protection and medical care; The State takes the necessary measures to develop all types of health care, based on various types of property, guarantees sanitary-epidemiological welfare, creates conditions to develop various forms of medical insurance."

The Law "On Protection of health of population" accepted in 1997 guarantees implementation of the right to health. Thus, according to the Law there are 4 principles set by the State on protection of public health:

- state provision of rights of individual and citizen in the field of protection of public health and related to this responsibility of legal and physical persons;
- implementation of preventive measures in the field of protection of public health;
- possibility of medical-social assistance for everyone;
- social protection of the citizens during the loss of capacity to work.

Duties of the State in the field of protection of health of population have been also indicated in the Law. They are the following:

- Definition of the state policy in the field of protection of health of population, protection of human and citizens' rights and freedoms;
- Preparation and implementation of state programs in the field of health protection;
- Definition of rules of organization and activities of health system;
- State financing of the health system;
- Ensure ecological security and environmental protection;
- Ensure medical-social help for special groups of population;
- Ensure healthy competition between state and private health institutions;
- Protection of families, parents and children.

The Law identifies basic patient's rights: everyone has the right to protect health and receive medical help, to get information about factors that can affect health, to get medical-social aid, to select doctor, including treating doctor and medical prophylactic facilities, to be examined and treated in conditions responding to sanitary-hygienic requirements, to demand consultations and consiliums with participation of experts at medical institutions of in-patient treatment, to keep secretly information about medical help, to give written or oral consent to medical intervention or to refuse medical intervention, to get information about health condition.

REPRODUCTIVE HEALTH AND FAMILY PLANNING IN AZERBAIJAN REPUBLIC

Adila Abbasova, Mahammad Baziqov, Vugar Mammadov
Milli Majlis (National Parliament) of Azerbaijan Republic
Heydar Aliyev Center, Azerbaijan

Recent scientific and medical achievements, availability of new medicines and technologies created conditions for improvement family planning and reproductive health services. Protection of health and its legal regulations is one of the most important fields of state social policy of Azerbaijan, in this regard reproductive health as part of general health of population is under attention of the state. Thus, Constitution of Azerbaijan Republic sets a number of norms related to reproductive health:

- Article 17 – Family and state
- Article 34 – Right for marriage
- Article 39 – Right to live in healthy environment
- Article 41 – Right to protection of health
- Article 78 – Protection of environment.

This establishes constitutional bases for protection of reproductive health and legal assurance of execution of these rights and duties. According to the Law of 1997 "On Protection of Health of Population",

protection of family, parents and children is the main task of the state, which takes obligations to protect health of members of family. Chapter V of the Law is devoted specifically to the issues of family planning and regulation of human reproductive functions. Main purpose of the chapter is to cover specific features of family planning (artificial insemination, embryo implantation, artificial violation of pregnancy, medical sterilization) by adhering to humanity, progressive international values. Moreover, laws of Azerbaijan Republic "On Prevention of spread of disease caused by the human immunodeficiency virus (HIV)", "On Nutrition of infants and younger children", "On State care for persons suffering from hemophilia and thalassemia inherited blood diseases" and other cover different aspects of health of population, and set norms related to reproductive health.

IS IT STILL POSSIBLE TO PRACTICE INDEPENDENT MEDICAL RESEARCH IN LIGHT OF THE CURRENT REGULATORY CONSTRAINTS?

Moshe Z. Abramowitz^{1,2}, Haim Y. Knobler^{1,2,3,4}, Samuel Wolfman⁵, Yoram Blachar^{3,6,7,8}

¹ Hebrew University Medical School, Israel

² Madan Group, Israel

³ Peres Academic Center, Israel

⁴ Magen David Adom, Israel

⁵ Haifa University, Israel

⁶ UNESCO Chair in Bio-Ethics (Haifa)

⁷ Israel Medical Association

⁸ World Medical Association

Haim.knobler@gmail.com

Clinical medical trials today must be conducted in accordance with numerous regulations and only after the painstaking scrutiny of the appropriate ethics committee. In order to conduct experiments in human subjects, researchers must comply with Institutional Review Board (Helsinki Committee) regulations, local/national regulations for conducting medical trials on humans based on ministry public health and pharmacological standards, and finally, with the provisions of the current International Conference on Harmonization Guidelines for Good Clinical Practice (ICH-GCP). Criticism has been voiced that in order to perfectly follow these regulations, independent researchers must invest enormous resources – both financial and personal. Therefore, it might be argued that the pendulum has gone a full swing; from the need to protect research subjects' rights – to a crippling handicap in advancing independent, original research. The current ICH-GCP guidelines will be presented in order to test this hypothesis.

CRITICAL ISSUES IN THE COMMUNICATION OF CYTO-HISTOLOGICAL DIAGNOSIS OF CANCER

Giuseppe Addeo, Claudio Simeone, Loriana Paciello,
Mariano Paternoster, Massimo Niola
University of Naples Federico II, Italy
gaddeo@alice.it

The diagnosis of cancer is made primarily on the basis of the outcome of the cyto-histological test on the analysed sample of cells, tissue, organ.

In the case of hospitalized patients, the final response of the pathologist sometimes is ready after patients' discharge

For this reason it may happen that the patient is informed of his/her diagnosis late or not informed at all.

This can result in harm to the patient, in the event that the communication error does not allow to start therapies timely, thus causing the patient's death, or in the event that a delay in therapy affects the quod vitam and quoad valetudinem prognosis.

For this reason it is very important from a both ethical and forensic medical point of view, that each physician taking care (both directly and indirectly) of an hospitalized cancer patient, once aware of the diagnosis of cancer, makes sure that the diagnosis is actually communicated to the patient and that it is not only and merely attached to the medical record in the form of a medical report.

The timely communication of a diagnosis is an implicit moral, ethical, legal duty of any physician, and allows the patient to fully exercise his/her own fundamental right to health.

In this regard, we hope that operational multidisciplinary protocols be adopted, such that they may contrast any organizational and management shortcomings in communicating the histological diagnosis to the patient.

MEDICAL TOURISM: THE EFFECTS, IMPLICATIONS AND REALITIES IN AFRICA

Folashade Adegbite

University of Lagos, Nigeria

fadegbite@unilag.edu.ng, folashadeadegbite@yahoo.com

Medical science and treatment has a "global uniformity" and "standardisation"; human anatomy and physiology being a natural phenomenon has similar response to scientific treatment and therapy. Therefore, medical science as it develops and discovers new horizons, share the new knowledge globally. Sharing of medical and scientific knowledge poses minimal problem as knowledge can be adapted to the ideology, cultural backgrounds and idiosyncrasy of each country. However what differs is the level of tolerance, regulation and acceptance which each country has over certain types, forms and ways of treatment or therapy. Countries have different laws on issues such as euthanasia, abortion, organ donations and transplant, transsexual surgery etc. Indian as a nation has developed a very successful medical proficiency, thereby attracting patients from different parts of the world especially African countries. The challenges this has posed is how patient from another country will respond and adhered to conflicting laws regulating a particular course of medical treatment in both his country of origin and the country in of treatment. Based on the issues above, this paper examines some situations in which conflict of laws arise in areas of medical treatment of patient from African origin who are on medical tourism to countries like Indian and China. It analyses the problems and make useful recommendation on how these conflicts can be harmonised so as to create a patient-centred medical service that will help humanity irrespective of race, country, culture, colour and religion.

BIOETHICS, VALUES EDUCATION AND ENGINEERING

Valeria Trigueiro Santos Adinolfi

UNIVAP (University of Paraíba Valley), Brazil

vtrigueiro@yahoo.com

This work discuss the values education and the role of Bioethics in higher education, specifically in engineering courses. Engineering projects can increase or decrease of expectancy and quality of life and safety. A transversal bioethical approach could establish bridges among humanities and science and technologies, promoting reflection from the benchmark of life preservation with maximum possible quality for present and future generations. This research has qualitative approach. First, it was researched the theme Bioethics and ethics Engineering curricula and syllabuses. Later, selected subjects were surveyed about values education in higher education and in Engineering in special, and about what they knew and thought about the connection between Bioethics and Engineering formation. The majority of answers pointed that Bioethics have a role in Engineering education. However, just a few subjects responded the questions. The reason can be the absence of the theme in Portuguese literature – even when Bioethics is frequently cited as reference in Engineering Ethics English-written literature. The nonexistence of materials in Portuguese language, the absence of theme in curricula and the non-responses by subjects can indicate that values education -, and not just Bioethics, is a silent area, a gap to be filled in Engineering courses. The Bioethical approach can be a bridge, an interdisciplinary and multidisciplinary contribution to link hard sciences, human sciences and a reflection on the effects of technology in life, as indicate by the majority of the subjects. This is a challenge for both Bioethics and Engineering, and can provide a more wide discussion.

ETHICAL ISSUES IN THE DISTRIBUTION AND ACCEPTABILITY OF MISOPROSTOL FOR PREVENTION OF POST PARTUM HEMORRHAGE IN KADUNA STATE, NIGERIA

Farouk Adiri¹, Clara Ejembi², Istifanus Joshua¹

¹ *Kaduna State University, Nigeria*

² *Ahmadu Bello University, Nigeria*

adirifarouk@yahoo.com

Postpartum hemorrhage is the leading and most preventable cause of maternal mortality in low income countries and in Nigeria. The risk of bleeding during delivery is highest at home, in rural areas and under supervision of TBA's where Active Management of Third Stage of Labour (AMTSL), the current recommended strategy for the prevention of PPH is not feasible and accessible for the majority of parturient women who deliver at home where skilled birth attendance and optimal conditions is nonexistent. The study assessed the ethical issues in the distribution and acceptability of misoprostol for the prevention of postpartum hemorrhage in Kaduna State. The study used a descriptive cross-sectional study design in Basawa community, in Sabon-Gari LGA of Kaduna State from June- December 2012. Communication, advocacy and sensitization took place, mainly through community dialogues. Identification and training of TBAs and drug keepers and positioning of the drug was done. Subsequently all the 151 deliveries that occurred during the six months following demand creation exercise were identified and a structured, interviewer-administered questionnaire which collects information on women's knowledge of PPH, misoprostol and its acceptability after delivery was administered. About 86% of women attended antenatal clinic but 85% delivered at home. The TBA was the most important source of information on misoprostol (87.4%). Women who knew where to collect misoprostol were 93.4% while those who actually used misoprostol were 37.7%. Acceptability of misoprostol was 98%. There was high acceptability of misoprostol. The awareness, educational level and method of distribution were found to have a greater influence on their acceptability of misoprostol.

ETHICAL AND LEGAL ASPECT TREATMENT OF TUBERCULOSIS AT PRIMARY HEALTH CARE TO PREVENT MDR-TB: INDONESIAN'S CONTEXT

Dedi Afandi

University of Riau, Indonesia

dediafandi4n6@gmail.com

At the global level, Indonesia was rated 8 out of 27 countries with the highest burden of MDR TB in the world with estimate MDR TB patients in Indonesia by 6900, i.e. 1.9% of new cases and 12% of re-treatment cases. In 2003 the WHO said MDR-TB incidence gradually increased the average 2 % per year. Anti-TB drug resistance is essentially a man-made phenomenon, as a result of the treatment of TB patients who are not adequately which led to the transmission of MDR-TB patients to others or society. The primary doctor who works in primary care plays an important role in terms of TB treatment correctly to prevent MDR-TB. In this article, we will discuss ethical and legal aspect usage Anti-TB drug among the primary doctor. Ethical aspect of treatment TB Patient must be in accordance with The Indonesian Code of Medical Ethics edition 2012. Medical Practice act of 2004 and Regulation of health minister are an obligation that must be implemented to prevent MDR TB. The strategy to prevent MDR -TB should be applied start from the medical education process by using Module Tuberculosis in the faculty of medicine to achieve the standard of competence in the treatment of TB. Good governance TB treatment should be carried out by a doctor to prevent MDR TB by understanding ethical and legal aspect implication.

"NEITHER SHALL THOU STAND IDLY BY THE BLOOD OF THY NEIGHBOR" – ISRAELI RESCUE MISSIONS

Arnon Afek
Tel Aviv University, Israel Ministry of Health, Israel
afekarnon@gmail.com

Modern medical ethics is based on the view that sees health as a basic human right that should be extended to all persons based on the principles and ideals of justice, equality and solidarity. The medical reality in disaster, however, shatters these idealistic views. Mass casualties, destruction of medical infrastructures, and the lack of medical personnel make the practice of regular medicine impossible in such situations.

Since the 1980s, Israel has sent medical missions to assist foreign countries to deal with the consequences of disasters. These medical teams have faced ethical challenges such as the risking of life to save life, medical triage, the practice of western medicine in third world countries, and so on. In the recent Ebola epidemic in Africa, Israeli volunteers worked in these plague-stricken countries assisting local medical teams, endangering their lives for a noble cause.

The Israelis who were sent to a field hospital in Nepal in the last earthquake admitted a child with cyanotic heart disease. We know that there are no medical facilities in Nepal, so should we bring him to Israel for a heart operation? In the Haiti mission in 2014, many wounded locals had their limbs amputated due to injuries from being crushed. What is our responsibility toward the amputees? Can they survive in a demolished country? Should we provide prostheses?

In my presentation, I will discuss both the dilemmas as well as the solutions reached by the brave Israeli men and women who have come to the aid of fellow human beings.

FERTILITY PRESERVATION FOR PREPUBESCENT GIRLS WITH CANCER: SHOULD ETHICAL ANALYSIS HIGHLIGHT THE PRINCIPLES OF FUTURE REPRODUCTIVE AUTONOMY AND "THE CHILD'S RIGHT TO AN OPEN FUTURE"?

Aliya Oulaya Affdal, Vardit Ravitsky
University of Montreal, Canada
oulaya.affdal@umontreal.ca

Introduction: Treatments have increased the life expectancy of cancer patients. However chemotherapy and radiotherapy treatments may cause premature ovarian failure and irreversible loss of fertility. In the context of childhood cancers, it is now acknowledged that possible negative effects of therapies on future reproductive autonomy are a major concern.

Discussion: While a few options are open to patients post-puberty, the only option currently open to pre-pubescent girls is cryopreservation of ovarian tissue and subsequent transplantation. Yet, this procedure raises ethical concerns related to its experimental nature and to risks involved in surgery and general anesthesia. In addition, the risk of malignant cells being reintroduced in the future following autologous transplantation of the ovarian tissue is still poorly evaluated. A number of ethical issues arise surrounding this procedure. While the girl's future reproductive autonomy is at stake, it is important to also consider risks associated with the procedure. Current fertility preservation through cryopreservation of ovarian tissue thus raises a conflict between the principles of beneficence and non-maleficence.

Conclusion: We argue that the ethical complexity surrounding fertility preservation for prepubescent girls should be resolved by applying the principle of reproductive autonomy and the concept of the child's right to an open future. We propose to consider 'beneficence' through the lens of the child's future interest in becoming a genetic parent.

ONTOLOGICAL INEQUITIES IN INTERNATIONAL ETHICS EDUCATION: AN EXAMINATION OF VULNERABILITIES

Michael O.S. Afolabi
Duquesne University, USA
afolabim@duq.edu

In the contemporary globalized world, students increasingly immigrate to study outside their cultural and geographical contexts. In this regards, some students from non-western background receive ethics education in Euro-American universities. Studying outside one's accustomed niche however brings novel issues to the fore, some of which may have ethical dynamics. This paper examines whether ethics education departments *qua* experts on normative issues have moral obligations to help international graduate students address the attendant quandaries of migration and relocation. Specifically, the paper explores the nuances of vulnerabilities which such students encounter as a result of *contextual ontological inequities*. On this note, it argues that Centres of ethics education have a range of supererogatory and obligatory moral responsibilities to the extent of the degree of potential harms inherent in such experiences.

THE RHETORIC OF EXPLOITATION IN INTERNATIONAL CLINICAL RESEARCH: AN ETHICAL CONSIDERATION

Michael Afolabi¹, Deborah Akintoye²
¹ Duquesne University, USA
² Babcock University, Nigeria
afolabim@duq.edu

Exploitation embeds party A taking advantage of B such that A benefits alone. Mutually advantageous contexts however involve both parties drawing some benefits, though those of one may outweigh the other. This paper rejects this standard rendering. On this note, it examines the moral undertones of the rhetoric of exploitation in international clinical research. Employing a cost benefit analysis, it argues that if the net gains of A dwarf B's, such a sphere of interaction is not ethically mutually advantageous. While international research in developing economies may provide access medical to care and offer other community benefits such as basic health infrastructures; these benefits are generally short-term and hardly foster long-term mechanisms to improve individual and collective societal lot. That the summation of benefits in host communities are usually meagre compared to the long-term gains of BigPharma and future patients in sponsoring countries further underscores the inadequacy of the rhetoric of mutually beneficial advantages. Against this conceptual backdrop, this paper argues for a fairer approach to sharing the benefits of international research. In this vein, it notes that exigent to a fairer moral calculation is a consideration of the local moral logic as it encounters the global as well as a broader consideration of the interests and intentions of all involved parties.

LEGAL AND ETHICAL COMPLEXITIES IN EXAMINATION OF VICTIMS OF SEXUAL ASSAULT IN INDIA – A MEDICAL PRACTITIONER'S PERSPECTIVE

Swapnil S Agarwal^{1,2}, Lavlesh Kumar³, Krishnadutt H Chavali⁴
¹ Pramukhswami Medical College, India
² SK Hospital, India
³ SBKS Medical Institute & Research Centre, India
⁴ All India Institute of Medical Sciences, India
swapnilagarwal@yahoo.in

Sexual assault perceived as synonym for rape causes tremendous physical and psychological trauma in females. Conviction rate is just 6% even though stringent Indian Law recognizes sexual violence through various sections of Indian Penal Code [IPC]. Strong public outrage post Nirbhaya case in 2013 provided momentum to revisit existing laws and its implementation. It resulted in several amendments of Penal and Criminal Procedure Codes, Evidence Act, Protection of Children from Sexual Offenses [POCSO] Act etc. These amendments intend to shift the focus of medical examination from

simple collection of evidence to a holistic approach for complete care and rehabilitation of victims.

Several amendments since past few years have landed the medical practitioners as well as the victim in conflicts of ethical and legal issues; few like mandatory reporting to police even when the victim is non-consenting; mandatory examination, treatment and rehabilitation by any medical practitioner [government and private] and that too free of cost.

The present article aims to highlight such conflicting legal and ethical issues for the medical practitioners who examine and treat such victims. All the relevant and pertinent statutory laws, guidelines and regulations were studied together from viewpoint of rights and duties of a medical practitioner.

We intend to suggest law makers to review the Acts, Codes and Guidelines together so that clear cut mandate is made out, leaving no space for perplexity for medical practitioners and at the same time protecting the rights of victims of sexual assault.

DOCTOR PATIENT RELATIONSHIP

Ezekiel Agyekum-Obeng¹, Mary-Joanne Verhoef²

¹ FGMSA-Ghana, University of Ghana Medical School, Ghana

² IFMSA-The Netherlands, Leiden University, The Netherlands
lunesco@ifmsa.org / fgmsaghana@ifmsa.org

A good doctor patient relationship is mandatory to find a therapy that fits patients' beliefs. In particular situations, the doctor patient relationship is even more critical, as for example at the Obstetrics ward and in Palliative healthcare. In these situations, the balance between the patients' respect for the doctor and vice versa should be critically appraised and evaluated. A doctor should always be aware of the distance between him/herself and the patient, yet borders between personal and professional influences are often not clearly defined.

In medical schools, the amount of training focused on doctor patient relationship varies in different countries, possibly affecting the treatment and the patients' health perception. Furthermore, the secure environment of the doctor patient relationship is in danger when the ethical borders are not identified by medical doctors and students.

Medical students are taught to practice medicine within the juridical frameworks that guarantee the rights, duties and responsibilities of both patients and doctors. However, when working in a doctor's office it is a challenge to obtain a patients' trust and still staying a health professional. This work will examine a close doctor patient relationship by presenting clinical examples that explore the boundaries between professionalism and friendship.

KNOWLEDGE OF AND ATTITUDES TOWARDS MALPRACTICE AMONG MEDICAL STUDENTS IN TURKEY

Murat Aksoy¹, Turgut Ekici²

¹ Acibadem University School of Medicine, Turkey

² Muğla Sıtkı Koçman University School of Medicine, Turkey
murataksay@gmail.com

Objective: There has been no any specific arrangement related to professional, administrative, juristic, or criminal responsibilities of physicians in Turkey. The aim of this study is to seek knowledge and attitudes of medical students towards malpractice in Turkey.

Material and Methods: A survey of 24 questions has been applied to 700 randomly medical students who accepted to answer the survey voluntarily in order to evaluate their point of view about legal processes related to medical application errors and then their answers assessed by using SPSS 11.0 computer program.

Results: Among the 700 respondent medical students, 62.8% of them were women, and 37.2% of them were men. 20.92% of them were 1 st year medical student, 38.12% of them were 2 nd year, 26.6% of them were 3 rd year, 8.9% of them were 4 th year, 3,26% of them were 5 th year, 2.2% of them 6 th year medical student. 66% of them answered to the question of "Do you feel informed enough about the legal arrangements concerning medical application errors in our Country?"

as "no". 40.2% of them answered the question regarding their opinion of reasoning why medical errors are happening is 'inadequacy in medical education'. 88.2% of them answered to the question of "Do you have information about professional liability insurance?" as "no".

Conclusion: To inform medical students about medical application errors will ensure the reduction of possible problems as well as leading medical students to behave more consciously in their future work. Medical curricula should be strengthened to make medical students feel more comfortable on their future applications in Turkey.

ACTIVITIES OF HEYDAR ALIYEV FOUNDATION ON PROTECTION OF CHILDREN'S RIGHT TO HEALTH

Anar Alakbarov

Heydar Aliyev Center, Azerbaijan

Provision of special care for children and teenagers is one of the priorities of Heydar Aliyev Foundation (HAF) activities. Different projects realized both on national and international level are aimed for support to children as one of the vulnerable groups of population, especially those living in children's homes, boarding schools and affected by diseases. Thus, Development of Children's Homes & Boarding Schools program was initiated since the establishment of the HAF in 2004. The Program conducts monitoring of those institutions paying specific attention to the health care issues including emotional support to children.

Currently the HAF strives to ensure all children receive necessary health care, especially those who need special attention for their health-related issues (mentally and physically disabled, Down Syndrome, diabetes, thalassemia and congenital blood diseases) of for separation from their own families. Numerous projects such as blood donation actions, building of new medical, rehabilitation and recreational institutions, organization of summer schools and camps such as summer school on Psychosocial Rehabilitation for Diabetes-Affected Children and other works are implemented.

Projects aimed to support of orphans and children in need of special protection are realized also on the international level in countries like Pakistan, Russia, USA, Germany, Hungary and other.

ECOLOGICAL PROJECTS OF THE HEYDAR ALIYEV CENTER

Anar Alakbarov, Adil Karimli, Vugar Mammadov

Heydar Aliyev Center, Azerbaijan

Support and realization of ecological projects constitute part of the activities of the Heydar Aliyev Center (HAC), operating since 2012. Among these projects special attention is paid to those contributing to education of the young population in the field of ecology and improvement of health of the people as part of constitutional rights fixed in article 39 of Constitution "Right to live in healthy environment".

Implementation of the "Eco Picture Diary" international competition since 2013, held by the IDEA (International Dialogue for Environmental Action) Public Union under the auspices of UNESCO in cooperation with the HAC and Heydar Aliyev Foundation among schoolchildren involves yearly about 5000 pupils from 400 schools of two main cities of the country – Baku and Ganja. The project aimed to development of environmental culture and formation of active civil position among young generation towards protection of ecology and human health. It contributes to better understanding of these issues by children and allows to expand their understanding of the relationship of pollution of environment and human health.

In 2014 with the support of the IDEA and Ministry of Ecology and Natural Resources, the HAC organized "The 1st Azerbaijan Environmental Forum" that involved more than 30 public and non-governmental organizations working in the field of environment protection. Development of new strategies for protection, elaboration of activities aimed at prevention of pollution and purification of contaminated areas, rise of public awareness, education of younger generation and other issues were discussed and Forum's Declaration was accepted and sent to the Government.

On May 7, 2014 "Caucasian Biodiversity Summit" was organized

following the initiative of IDEA on international level, and with the organizational support of the Heydar Aliyev Foundation and the HAC. Thus, this event was dedicated to the necessity of protection of the biodiversity and certain type of species like Caucasian leopard, which are under risk of elimination. Leading world experts on Big Cats were invited to participate at this event.

One of the significant projects of the HAC was creation of the Azerbaijan Pavilion at "Milan EXPO 2015" World Exhibition. The inner and external design of the pavilion named "Protection of Organic Food and Biodiversity for Future Generations" ("Azerbaijan: Treasure of Biodiversity") reflected national culture towards protection of bio resources, ecology and environment. After 20 months of preparatory works involved more than 300 local and foreign specialists this pavilion was exhibited during six months to more than 3 million tourists and became one of the most visited ones at EXPO.

"Ecological Management" text-book in 2 volumes under chief-edition of the Vice-president of Heydar Aliyev Foundation, founder and head of the IDEA Ms. Leyla Aliyeva was published in 2015 for educational and training purposes of future specialists in the field of environment with the support of the HAC. This is the first text-book in this discipline for students and Ph.D. researchers, published in Azerbaijan on local language.

The HAC in cooperation with the IDEA, REC (Regional Environmental Center for Central and Eastern Europe) and "Sustainable Development Society" Public Union currently works on implementation of the "Green Pack" project including collection of educational materials on environmental protection for school children.

PRACTICAL DELIBERATION AND THE BIOETHICS CORE CURRICULUM

Marta Albert

Universidad Rey Juan Carlos de Madrid, Spain

Profesora.albert@gmail.com

The aim of this paper is to focus on a particular item of the UNESCO bioethics core curriculum: the moral deliberation. It is included in Unit 1, 3 "An ethical method of reasoning". This method is based upon three steps: Fact deliberation, value deliberation and duty deliberation.

The object of this paper is to improve this concrete aspect of the bioethics core curriculum from the point of view of the "triangular method" of resolving bioethical conflicts as it have been developed by E. Sgreccia and the personalist bioethics.

A methodology to solve bioethical conflicts is in this case based upon an ontological metabioethics, without imposing a particular way of understanding bioethics.

THE OBLIGATORY INSURANCE IN HUMANS TRIALS

Igino Amirante

University of Naples Federico II, Italy

igino.amirante@libero.it

The principle of the protection of human dignity is a universal heritage implemented not only in the codification of ethics of all countries, but also in the documents on human rights issued by international organizations and national legislations. The Italian Constitution of 1947 is one of the first based on this principle, which the principle of protection of life and health can certainly be connected to. The first significant evidence on the "fundamental ethical principles" in Europe is the "Declaration of Helsinki" first adopted in June 1964. It is a key document in the history of ethics in research, and is considered the cornerstone of human research ethics, although not possessing instruments of legal commitment in international legislature. The high prestige held by that regulation is a function of its greater or lesser implementation in or influence on national and regional laws and regulations. In Italy the first reference to the principles of the declaration is contained in the decree of the Ministry of Health of 27 April 1992 concerning the protection of subjects participating in trials and the consulting with ethics committees. The protection of individuals who undergo a trial and the responsibility of the Ethics

Committee in ensuring such protection are two key points that we find in all the laws of implementation of Community rules which have been passed over the last twenty years. However, the absolute uncertainty of rules has made the control activity of the Ethics Committee on insurance coverages particularly arduous, also considering the absolute inaction of the Italian insurance market. Nevertheless, the Ethics Committee of the University of Naples, as part of its autonomy, fixed benchmark parameters, which the researchers had to follow in providing insurance coverage of their protocols. Those parameters did not vary much from those minimum requirements for insurance policies in DM 14/07/2009, which, even today, is the reference regulation. The essential elements of the document required by the Decree, consist of policy data, the specific guarantees for the protocol presented to the competent authority and / or the Ethics Committee, the timing of coverage, the minimum limits, the posthumous, unenforceability of the franchise. Some arguments however still have relevant criticalities, such as the period of retroactivity for trials related to drugs which were later included in the category of "critical drugs" and the regulation of e "non-profit" experiments. It would be desirable to revise the legislation providing in for the exemption from the obligation of insurance for all studies in which patients included are not at a higher risk than that of the current clinical practice. Finally, the need for social solidarity, to the end of protecting subjects who participate in a trial, would require a reform of the legislative requirements in the sense of introducing a legal instrument that allows those injured to claim damages directly from the insurer: i.e. direct action.

THE INAIL PROSTHESIS CENTRE RESEARCH AND TESTING ACTIVITY AIMED TO IMPROVING THE QUALITY OF LIFE OF INJURED WORKERS WITH DISABILITIES

Angelo Andretta

INAIL, Italy

a.andretta@inail.it

The "Centre for experiments and applications of orthopaedic prostheses" was founded by INAIL (National Institute for Workplace Injury Insurance) in the 1961 as a Centre for functional re-education. In the 1970s the Centre had outgrown its initial function as a place of experimentation, study and research, and now is a one of the most importante research center of Italy on orthopaedic technology.

Our research partners -nowadays- are choosen among the best Research Center: Fondazione Istituto Italiano di Tecnologia (Genova), Università Campus Biomedico (Rome), Università S. Anna (Pisa)

There are other projects in collaboration with structures of excellence in the field of hand and shoulder surgery (ASL Bologna and ASL Romagna)

The goal is to develop "Made in Italy" technologies and devices, and to improve the INAIL role in the Italian welfare system.

CLINICAL TRIALS FOR "ORPHAN" DRUGS

Generoso Andria, Simona Fecarotta

University of Naples Federico II, Italy

andria@unina.it

Diseases are defined as rare when they affect a limited number of individuals (with a prevalence of less than one in 2,000 inhabitants in the EU and about one in 1,250 in the US). Taken together, however, they are numerous and are a major public health problem. Almost all rare diseases have no therapy yet, but the development of drugs to treat them is currently limited and must be supported by public and private initiatives.

Drugs to treat rare diseases are often defined "orphan" drugs, since several problems hinder the development and marketing of these products, such as the difficulty in setting up clinical trials, challenges to evaluate their clinical and economic relevance, high costs and low market opportunities. A specific orphan drug legislation has been issued in some countries to make medicines for rare diseases sufficiently profitable to be sold, providing a range of incentives, tax breaks and market exclusivity. The development of orphan drugs have

several methodological limitations, especially since randomized placebo-controlled clinical trials, involving hundreds of patients are not possible for rare diseases because of their rarity. Safety studies of orphan drugs are still lacking, because based on numbers of patients mostly modest. This leads to conflicts between the standards of scientific and ethical principles. Moreover, the decision on how much a country should spend for research on orphan diseases is a moral dilemma, which is the subject of reflections and contradictory points of view.

UNDERSTANDING THE UNIVERSAL CONCEPTION OF HUMAN DIGNITY

Angela Aparisi Miralles
University of Navarra, Spain
aparisi@unav.es

The term dignity has many meanings. This is because it refers to a very rich reality, which can be viewed from different perspectives. Among these different meanings, highlights the understanding of dignity as an ethical and legal principle, which is the foundation of bioethics and biolaw. The purpose of this paper is to analyse this view of dignity. To do so, will be explained briefly the personist and utilitarian conceptions of the notion of dignity. Finally, as an alternative to the inadequacies of these views, it will be proposed an ontological and universal conception of human dignity.

THE SUITABILITY JUDGMENT IN PAEDIATRICS

Anna Aprile, Luciana Caenazzo, Vittoria Marchese, Daniele Rodriguez, Pamela Tozzo
University of Padua, Italy
anna.aprile@unipd.it

The theme of 'suitability', in its general definition, establishes in the paediatric field questions that resemble those related to the therapy of adults and aged people.

The suitability could be defined as one component of the quality of care that refers to technical and scientific validity, acceptability and relevance (with respect to people, circumstances, place and the current state of knowledge) of the health services.

According to the Italian Ministry of Health, the health services required for the diagnosis and the treatment of a particular clinical condition are to be considered suitable when they are delivered to "the right patient, in the right moment, in the right levels of assistance and by the right healthcare professional".

Based on this definition, at least five variables/conditions that establish the suitability of a health service are identified, concerning:

- the peculiarity of the patient (clinical: with respect to the condition, acute or chronic, of the pathology; cultural: with respect to the expected compliance, ...);
- the peculiarity of the health service (effectiveness, security, costs, acceptability, continuity, ...);
- the time of the delivery of the health service in relation to the clinical history of the patient;
- the level of assistance (highly specialized, critical, ordinary hospitalization, day hospital, expert advise, out patient);
- the peculiarity of the professional that delivers that particular service.

In addition to these variables/conditions, in the paediatric field there is the supplementary variable/condition of the compliance of the parents. In some occasions, the lack of compliance accorded to the 'suitable' therapy by the parents makes it necessary to inform the judicial authority in order to deliver the proper services of protection of the child.

Two clinical cases concerning children included in the waiting list for the transplantation will be discussed in the slide show: in both cases the position taken by the family represented a variable/condition that influenced the choice: negatively in one case, positively in another.

DISABILITY IN THE SOCIAL SECURITY SYSTEM: BETWEEN WELFARE AND ASSISTANCE

Elisa Arena, Marco Trabucco Aurilio
INPS, Italy
elisa.arena@inps.it

The job entails analysing the connections between bioethics and forensic social security. When the social welfare system intervenes with a view to improving the life of those who have incurred a partial or total reduction of their capacity to work as a result of health problems, there are serious ethical implications that directly concern those working in the field of social insurance.

Following a brief introduction to the relevant regulations and the criteria currently adopted in the evaluation of disabling pathologies, some of the bioethical issues that social welfare and social services departments have to face will be analysed, particularly with regards the correct allocation of resources that is so often conditioned by the conflict between the good of an individual and the interests of the community as a whole.

On that point, it is to be hoped, for example, that the strict objectivity – conceptual and technical – demanded of the evaluating medical officer in guaranteeing constancy and uniformity of judgement, does not relieve him of his ethical obligations and consequently the need to adopt a broader vision of the problems that arise from the links between two sciences – bioethics and forensic medicine – that are both multi-disciplinary.

WAYS AND TIMING OF PROTECTION FOR "NOT COMPETENT" PERSONS

Antonina Argo, Stefania Zerbo, Sortino Cettina
University of Palermo, Italy
antonella.argo@unipa.it

Special problems are emerging in the treatment of patient with reduced mental abilities and competency. Wide categories of patients and pathologies could be mentioned in the field of dementia, psychiatric and neurologic illness too; people affected by dementia should be recognized as a person in every phase of his/her illness by physicians. Expectancies of patient consent may be something frustrating in prevision of poor person resources and usually related of care giver(s) and or legal guardian support in medical decision. Nevertheless, given the ownership of personal right to health decision, any effort should be spent to rich a personal decision in patient perspective, in the view of progressive lack of mental ability and competency. Primary endpoint to be taken into account in the process of dynamic patient information at the early stage of dementia, is an effective protection of residual self-ability, as both the principles of not to harm and autonomy may be satisfy. Progress of mental illness deeply reducing self-competency strongly suggest the possibility to consider significant values proposed by care givers, health professionals and legal guardians in the view of patient living will, even though not previous rigorously formalized. The possibility of advance directives, as a tool that strengthens informed consent in medical choices, in anticipation of the progressive inability of discernment and the issue of clinical trials with people unable to give consent are also analyzed, to value the autonomy of the patient who can still take decisions.

THE METHODOLOGY TO THE WELFARE OF WILD, LARGE & SMALL ANIMALS IN DISASTERS: FOREST FIRES

Freddy Alejandro Argüelles Becerra, Natalia Pedraza, Dumar Alexander Jaramillo, Edward Rojas Calero, Oswaldo Macías Albadan
Universidad de los Llanos, Colombia
freddy.arguellenillanos.edu.co

In the following document it is shown the research group "elite" from the university of the Llanos and its tasks that have been developed through the same group in the field of animal welfare specifically the methodology to the welfare of wild, large, and, small animals in

disasters: forest fires; because of the great need that occurs in our region the "lowland tropics" in terms of addressing these incidents, and, being sure that as professionals in the area "veterinary medicine" we are primarily called to look after the welfare of the animals likely to be affected in this type of very common problems in our city, state, and, country generally. Since our comprehensive training regarding laws, animal handling, animal physiology, community education and especially the clinical approach of animals that may become victims of these incidents, we are able to generate the necessary knowledge to apply, and, replicate to the academic community, farmers, rescue groups, authorities etc. In order to ensure a humane and professional treatment mainly to the humans, but, also to animals, ensuring transport, post trauma monitoring, return to the environment and everyday surroundings, and, in situ and ex situ approach, obtaining a holistic position on Risk management in emergencies and/or natural disasters in the tropics of the Colombian eastern plains.

INTERROGATION AND ETHICS – A ROLE MODEL FOR PUBLIC SERVANTS

Daniel Atias

International Center for Health, Law & Ethics, Haifa University, Israel
daniel023821@gmail.com

Moral integrity in public service is a unique term in the Hebrew language and is the lifeblood of democracy. In the ethical code of the European Unions' police it is stated that a police's role in keeping the rule of law is extremely important and that the state of democracy is reflected in the very conduct of the police. Indeed, as a policeman and as an interrogator, I can tell you that various kinds of behaviors that are allowed to be conducted by the general public are not permissible to a policeman, and correctly so. The public demands from those who belong to the police forces a special degree of trust, honesty and integrity as well as hypersensitivity to moral norms.

As an interrogator I used to spend hours, days and nights at interrogation rooms in the company of suspects and I had lots of opportunities at my will to use manipulations and artifices in order to bring murderers, robbers and rapists to admit committing the offence. Always, during my work, I saw before my eyes the clear rules of the permitted and prohibited in the interrogation rooms, a framework of "fathers unacceptable" developed and nurtured by the Israeli courts – prohibition to act violently towards suspects, to activate mental stress on them and to use unfair interrogation techniques and methods. And yes, my conscience always has been in front of my eyes leading me and serving as a flag and beacon in keeping and ensuring proportionality, honesty and power restraint.

As a senior interrogation instructor at the national police academy in Israel I have proven to my students that treating the interrogated with basic dignity during investigation is not only a proper way of moral behavior demanded from those who serve in the police forces, but also helps in more quickly and easily reach the truth. From my experience in interrogations I have learned that everyone needs not only to be appreciated but also to be recognized. Therefore, I have treated even suspected murders, at least at the beginning of an interrogation, as a person "minus" the offence and not as a person "plus" the offence. I have taken care to treat him/her according to the very basic natural laws, clarifying his/her rights and appreciating him/her first of all and above all as a human being. As a consequence I have received in return in many occasions cooperation in the form of complete confession in committing the crime.

Moral integrity in treating one's "customers" is not only a prerogative and a fundamental request of those who serve at the police forces but also an expected and desired behavior from all public servants where ever they are. At times there are some people who tend to believe that while treating a suspect, especially in "heavy" offences like murders, rapes, robberies etc., the end justifies the means and an interrogator is allowed to act slyly while trampling the rights of the suspect, but as clearly mentioned above, not only such a behavior is strictly against the Israeli court's perceptions and rules but it is also against the core of our society's moral codes. My vast experience at interrogations shows that keeping a moral code even at such delicate matters not only matches our society's ideal but also brings to better and quicker results.

I deeply believe that a medical team as such can benefit tremendously from recognizing and adapting (with the needed changes) upon its activity the model of ethical behavior displayed above. The aspects and components of questioning and inquiring can be adopted to each and every judicial and medical realm while always remembering that behind any information stands a human being.

MOBILITY, IMMIGRATION, BIOETHICS

Francesco Maria Avato

Italy

Mobility is one of those activities peculiar to life, and it seems to me that, in human beings in particular, it expresses all the desire and necessity of we humans to establish a connection with our peers, our immediate surroundings, and the world at large.

However, history has also highlighted moments of real crisis or human "pathology"; living conditions have progressively enhanced the potential for the movement of individuals, but also have led to mass migrations and diasporas. Even the member states of the EEC, and now the EU, have been affected by the more or less organized mass migration of peoples, whether provoked by political stimuli (recent examples would be the Italian and partly the Chinese migration) or religious reasons (for instance the first wave of the British Puritan migration to North America, or the ongoing emigration of Muslims from certain areas of the Balkans). As the European "migrations" to America, Australia and South Africa will attest, this is an ancient phenomenon, which permeates the very fabric of human history, and, according to Jared Diamond, interweaves itself with the nomadic lifestyle that we had as hunter-gatherers.

Although considered mass migrations, the desire to emigrate can develop on the basis of very individual choices, albeit coincident in time and geographically well circumscribed in terms of the land of departure and arrival. The motivations behind this type of migration are traceable to the need to survive (and only in part to "live better"); hunger, the lack of means of exchange of goods or assets, and the loss of inhabitable terrain are all factors behind the so-called economic or ecological migration. Today economic aspects are the impulse behind the vast majority of migrations. Geographically speaking, no area is exempt (note the influx of Mexican migrants to the USA, Pacific islanders to Australia, and Africans to Europe), and the numbers of people moving from one country to another are huge.

Although mobility and migration remain predominantly "voluntary" phenomena, there is a condition that violently compels large groups of people to decamp, dictating their inclinations and shaping their will, abruptly severing cultural traditions and family ties, and causing them to abandon all their material goods. This, of course, is war. Whether civil infighting or between states, war has always led to mass migration. The history books are full of examples of "diasporas", and in today's world all the hopes of people in neighbouring Asian and African states (for example Syria, Iraq, Afghanistan, Libya, Nigeria, Eritrea and Somalia, all primary sources of migrants nowadays) are placed in Europe – the new "promised land".

Unfortunately, these modern-day migrations are coloured in the mind of the public with geopolitical significance, and little though is given to previous, albeit dramatic, experiences of a similar nature. Indeed, times have changed; the productive systems have been modified, material means of production are founded on the laws of physics and chemistry, and labour systems are based on relativistic quantum mathematics, which has overturned the global economy and the traditional system of exchanging goods and services. However, the evolution in technology has also armed us with devices for rapid mass communication (in this world of mass sharing, every event can potentially reach a global audience within seconds), and, indeed, more readily available tools for mobility, which are limited only by bureaucratic (and political) demands to maintain the inviolability of territory and borders.

It is without doubt that the reality of borders between nations is such to aggravate the human experience of migration, and, even more so, the diasporas. The solution to this problem must be provided by a "new" political vision of the relationship between nations.

Today's super-national organizations, e.g., the UN, AU and AL (Jami'at al-Duwal al-'Arabiyya), and, more specifically the EU, only partially are

able to put in concret form the Kant's political vision of the Commonwealth of nations attempting to regulate the flow of migrants through treaties drawn up between member states. These, however, are proving wholly inadequate, particularly since they are unable to provide even the merest hint of a solution to or compensation for the issues and conflicts arising in the migrants' countries of origin.

If this is the "scenario", which is surely beyond the possibility of the medicine and physicians to resolve, why then cannot we, as medical professional body, ignore the mass migration phenomenon, but must instead focus in on it, making it the object of research, training and practical intervention? The reports that have been prepared by our Colleagues for the two forthcoming sessions of the convention will shed light on some of the immediate technical issues facing the medico-legal specialist in Italy, and have enabled me to draw up a rough draft of the problem at hand.

The first aspect is one that only a doctor, in an exemplary and paradigmatic fashion, may face and contribute to overcoming. The professional role that the physician invests is both unique and invariable across cultures – to safeguard life and health, and to mitigate suffering. The physician is recognized throughout the world as a symbol of the absolute respect for human life (without bias of any kind, whether gender-, race-, culture- or age-related), and is a universal figure of trust given and received. This puts doctors in an ideal position to counter the diffidence determined by the sudden, violent, but continuous clash of populations with seemingly incompatible cultures. The practice of medicine, especially if undertaken in a manner devoid of hieratic power or tyrannical echoes, is one of the fundamental vehicles of exerting legal and political change and "humanisation", within the bounds of the possibilities of the time. The active intervention of the physician is of primary importance, and more far-reaching than that of the state, however essential the forces of order may be. The specialist in legal medicine, in particular, has a technical responsibility (in Italy at least), to determine whether or not the physical and psychological requisites as a "refugee" or "asylum seeker" exist, and therefore whether or not such status can be granted (e.g., in the EU), irrespective of whether a migrant conforms a priori to the bureaucratic criteria in force. Indeed, the search for signs of torture, whether recent or long past, is an essential part of verifying an applicant's story, and one of the cornerstones of an appropriate, coherent system of selecting migrants for asylum on the basis of their legal rights.

Furthermore, the attention of the medical-legal specialist becomes an indispensable tool in preventing the onset of criminogenetic conditions, connected with the poor social environment that often surrounds those people who most require protection. "Abandoned" children and women trafficked (to the huge financial benefit of others) require special treatment, with properly organised intervention. If these interventions are based solely on ideology, and not calibrated with the aid of medicolegal sensibility (based on concrete clinical data, and mindful of the legal issues), they risk being too abstract, and incomplete, and are therefore destined to fail. In the same way, an emphasis on medical-legal expertise, rather than mechanistic bureaucratic "analytical" procedures, is essential for identifying valid claims for family reunification (in which, in more than a few cases, the polygamy practised by some populations may feature). Likewise, evaluation of a work permit applicant's fitness to work cannot take place without medical-legal intervention.

These are the principles that have inspired the organization of these sessions dedicated to "Ethics and Immigration", and the talks to be given by our illustrious colleagues, whom I thank profoundly for their input, passion and dedication, and for sharing their valuable experiences and thoughts with us all.

INFORMATION TECHNOLOGY AND MEDICAL DEONTOLOGY

Mauro Bacci
University of Perugia, Italy
mauro.bacci@unipg.it

Computerized biological data in experimental and clinical research improve the quality of care.

However informatics technology employed in medical settings

exposes to various problems about quality, processing and diffusion of data.

The last medical code of conduct stresses the correct use of computer technology, particularly the value of informed consent acquisition, the guardianship of confidential nature of a piece of information and pertinence of data.

The topic is more and more important considering the increasing trend of medical data computerization.

Every doctor must take full responsibility to obtain a specific informed consent, to collect and insert the correct data.

Every web administration has to take full responsibility to warrant only reserved access and to protect data from computer intrusion.

The correct use of information systems in medicine needs specific regional and national regulation, comparable to that in force in other European countries.

NEUROSCIENCE OF VIOLENCE AND AGGRESSION AND ITS ETHICAL MANAGEMENT IN MOOD DISORDER

Esther Badugu Patrick, Ben A. Chindo
Kaduna State University, Nigeria
Patrickebadugu75@yahoo.com

Excessive human aggression has become a major social problem worldwide, presumably because of its deep roots in the neuronal circuits and neurochemical pathways of the human brain. A recent World Health Organization report provided a 1-year worldwide estimate of 1.43 million people dying from either self-inflicted or interpersonal violence (excluding armed conflict), with a much larger number of nonfatal victims of violence, most of which being unplanned acts representing impulsive aggression. Acts of violence account for an estimated 1.43 million deaths worldwide annually. Thus there is need to understand the biological cause of violence as this can assist in devising means to prevent or reduce its occurrence. A susceptibility to aggression may be enabled by an altered mood or anxiety state, as in bipolar disorder, generalized anxiety disorder, or panic disorder. Several studies show a good evidence for a correlation between schizophrenia and increased rates of violence, whereas association between mood disorders and violence has been comparatively overlooked. Management of aggression and violence in mood disorder poses a serious ethical challenge as it involves not just provision of safety and calmness to the patient, but also involves means that will insure the safety of the mental health care provider and the environment as well. Hence the purpose of this paper is to discuss the neuroscience of aggression and violence and its ethical management in mood disorder.

THE RELATIONSHIP BETWEEN NURSES ATTITUDE REGARDING THEIR AUTHORITY TO PRESCRIBE AND THEIR ATTITUDES REGARDING THE ISRAELI HEALTH SYSTEM

Chaya Balik^{1,2,3}, Orit Haller-Hayon¹, Judith Marcus^{1,2}, Shosh Kelishek^{1,2,3}, Rut Khaikin^{1,2,3}

¹Shoenbrun Academic Nursing School, Israel

²Tel-Aviv Sourasky Medical Center, Israel

³Tel-Aviv University, Israel

chayab@tlvmc.gov.il

Since 2009, Israeli registered nurses have authorized to prescribe. It was assumed that nurses will embrace the authority and attend a special postgraduate program allowing them the implementation of the authority. The program was conducted by the Ministry of Health. However, a few nurses enrolled and graduated the program. Subsequently, the purpose of the study was to examine the attitudes of registered nurses toward nursing prescription.

Method: A convenience sample consisted of 444 registered nurses who filled out questionnaires including 12 sections, which examined attitudes toward prescribing ($\alpha = 0.7-0.9$), and an open questionnaire focusing on the authority to prescribe.

Results: About 75% of all nurses agreed from a moderate to strong extent that the work of a nurse should include prescribing. But, a

majority of nurses acknowledged that they would not exercise such authority. Moreover, 74% of nurses believed that prescribing would unduly increase their work load. It was found that organizational factors strongly related to the nurse's desire to write medical prescribing ($r=.30$; $p=.000$).

Conclusions: Israel faces a massive nursing shortage that results in poor work environment and associated with job dissatisfaction and burnout. The gap, which observed between nurses attitudes and intended behavior, can be apparently explained by the organizational factors perceived by the nurses as significant in implementing the change. The study results should be taking into consideration by Israeli policy makers to promote the implementation of nurse's authority to prescribe or to fulfill other authorities.

EXPERIMENTATION IN SURGERY: ETHICAL ISSUES

Alfonso Barbarisi, Alessandro Feola
Second University of Naples, Italy
alfonso.barbarisi@unina2.it

In the last century, Surgery has effectively changed from considering only the demolishing part to increasing the least invasive approach in order to not only to eradicate the disease, but also to protect as much as possible the validity of the person. This change was possible thanks to innovation that has allowed surgeons to have more efficient and sophisticated instrumentation. However we should not forget that unlike clinical trial, innovation in surgery is more empirical and less standardized and codified, it is left to the original intuition of each surgeon. The authors analyze the rules of trials in surgery, and the critical nature of this particular regulatory field also from a bioethical point of view. Particularly, the authors focus on bioethical issues on trials in Surgery that are at the moment not studied in depth.

COUNTER HEGEMONIC KNOWLEDGE, MEDICAL EDUCATION AND RESEARCH: AN ANALYSIS OF CURRENT MEDICAL CURRICULA IN BRAZILIAN MEDICAL SCHOOLS

Matheus Barbosa¹, Carlos Acosta²

¹ University of Brasília, Brazil

² Federal University of Health Sciences of Porto Alegre, Brazil
lunesco@ifmsa.org

The Brazilian society, as well as most of the western capitalist societies in the world, is organized based on labor relations and goods production. Thus, the main gear allowing its function are workers per se, because they represent the work force that moves the industries that will later on mark an effect on society. Therefore, health practitioners play a central role on society: they hold the monopoly of health promotion and disease prevention. In other words, they are the ones that guarantee a basal state of social utility, as they promote workers' health by sustaining proper conditions for workers to be able to yield goods. Consequently, health practitioners are very influential and able to shape society in many ways.

Bearing in mind, medical education and the ideological content on it, as well as the source of knowledge used on teaching (i.e. papers and books based on medical research) are very important on forming and influencing both those professionals and general society. Medical education and research can work for both the maintenance and the transformation of societies and its issues in a larger scale. Additionally, the source of knowledge and the way it exhibits itself on medical education, is constructed of ideologies responsible for the formation of a medical predominant profile in society. This paper analyzes the Brazilian medical curricula, highlighting the importance of counter hegemonic knowledge for the formation of doctors with socially oriented formation and thus as an alternative for the improvement of population health status and social development.

THE FUTURE OF ANIMAL EXPERIMENTATION

Luisella Battaglia
University of Genova, Italy
Luisella.battaglia@unige.it

The present bioethical reflection on human responsibility towards animals used in research could be enhanced by Ethical Committees for animal experimentation. These institutes can assure an evaluation as sensible as possible of the interests at stake, and improve the implementation of 3Rs methods in animal-based research, adopted in the context of animal experimentation. In Italy the 3Rs were explicitly a model for the document of the National Committee for Bioethics (CNB), rising from the need of reconciling different values in a balanced and common way. The document deems each point of view worthy of being recognized, such as human welfare, promotion of scientific research, reduction of pain for the animals used for the experimentation and respect of intimate and personal beliefs of researchers. EU legislation imposes on the member states to set up an *Animal Welfare body* that represents a strong incentive for Italy to follow the steps of many others European Countries, where ethical committees *ad hoc* have been working for a long time. The implementation of the recent Italian law (*Decreto Legislativo n.26 on 4 March 2014 Implementation of the Directive 2010/63/EU*, regarding the protection of animals used for scientific purposes) leans toward a restrictive interpretation of the European provision about composition and responsibility of "Ethical Committee for animal experimentation". In their composition, on note a tendency to restrict the composition to few professional figures, without guaranteeing the independence of each committee. Moreover, a critical aspect is the lack of decision-making powers of these new organisms in terms of ethical evaluation of protocols and research projects.

THE FEATURES OF INFORMED CONSENT IN THE TRIAL WITH THE PSYCHIATRIC PATIENT

Valentina Battimiello, Domenico Del Forno, Arianna Iorio,
Adriana Scuotto
University of Naples Federico II, Italy
vbattimiello@gmail.com

The issue of ethical and deontological conduct of trials in psychiatry is a topical one, concerning informed consent and the manner of its acquisition. The Italian Society of Psychopathology, at the Consensus Conference of 1998, identified elements, which are essential if we want to evaluate the decision-making power of the subjects: i.e. their understanding of critical information and their processing of it, their thinking about the risks and benefits of the options, and their communicating their own choices. The psychiatrist who wishes to obtain a valid consent cannot disregard the evaluation of the current status of the patient, the mode of responding to the context, the presence of adequate critical thinking and judgment, in an attempt to assess the capability of understanding. It is not enough that the information is correct, complete, understandable, clear and meets all the requirements to be met, but it is crucial that the receiver is able to properly and thoroughly decode the message given to him/her. There are conditions that can make it difficult to understand the patient's ability to understand his/her own consent, without vitiating it entirely. These may determine "blind areas" which, in the absence of specific legislation, require *ad hoc* information calibrated on the subject to be tested. The experience of the Ethics Committee of the University of Naples Federico II shows a small number of experiments in this area and proposes, to that effect, not only *ad hoc* information, simplified and tailored to the deficits of the patients, but also a follow-up over time to determine the persistence of the capacities that allow patients to exercise their rights.

PREPARING FOR THE ARRIVAL OF PINK VIAGRA: THE LIMITS OF DIRECT-TO-CONSUMER INFORMATION REGULATION

Jean-Christophe Bélisle-Pipon, Bryn Williams-Jones
Université de Montréal, Canada
jean-christophe.belisle.pipon@umontreal.ca

The current pharmaceutical focus on male sexual performance is about to change, following a recent FDA advisory panel recommendation to approve a homologous product treating female hypoactive sexual desire disorder (HSDD). Often referred to as "Pink Viagra", *flibanserin* should soon reach the US market. Once approved in other jurisdictions where direct-to-consumer advertisement (DTCA) is prohibited (i.e., every country except USA and New Zealand), it will of course not be possible for its sponsor, Sprout Pharmaceutical, to promote its new drug using DTCA campaigns. However, it is legal, in most countries, for a company to "inform" consumers about the drug through direct-to-consumer information (DTCI) campaigns. These campaigns are said to aim at "creating general disease awareness (e.g., about symptoms and associated health risks) and encouraging patients to ask their doctor about whether they might have the medical condition". A perfect product for making mass promotion, *flibanserin* will certainly be the subject of such DTCI activities. Drawing on a recent DTCI campaign about erectile dysfunction, we identified three unethical loopholes in existing regulations that permitted promotional content and which will be evident to Sprout as they design a DTCI campaign. There is a brief window of opportunity for worldwide regulatory agencies to review their current rules, recognise that the problems posed by DTCI are essentially the same as for prohibited DTCA, and so move to tighten regulations. In so doing, they can ensure that the public is not misled, and that manufacturers play by a more clear set of ethical rules.

THE JOURNEY OF MY LIFE – A PERSONAL STORY

Cila BenAroya
Haifa University, Israel
amicila@gmail.com

It is the summer of 2014 and I am preparing for my 50th birthday, having just changed my life during this time.

One test, its result clear and unequivocal, written in black and white-- Breast Cancer.

I joined the club "one in eight" and I am number eight.

When the reality I was living changed, I decided to undertake a journey.

I, who never backpacked after completing the army, came to the decision that it's time to move.

This journey will go through the brain, pass through my soul's emotions, and together, my body and I will reach "the new me."

I believe in my ability, I know what I want and am full of desire for action.

Immediately, I brought a suitcase and put in the bag, with a little fear, my self-pity, and in a small bag with a big zipper, I packed motivation, reactivity, openness and optimism. The suitcase was heavy, but I believed that with the right tools, I will succeed in carrying it and getting it out of the way.

What I have left is to pick up all the people who are important to me, even those who I knew without a doubt would be with me.

Family, close friends, my colleagues, right from the start, I understood that the influence of people around me was great and crucial for the achievement of my goals.

In my lecture, I will explain what happened on the way, what tools I used, which ones I got rid of and what brought me to the great realization of my story and enabled me to move on. If I can help one person to look differently at his reality, which is imposed on us sometimes, and realize that we have in our hands strength, influence and a choice in the form of action, I will meet my goal.

BIOETHICS COMMITTEES FACING CRISIS AND UNCERTAINTY

Moty Benyakar^{1,2}, Juan Jorge Michel Fariña^{1,2}, José T. Thomé^{1,3}

¹ Del Salvador University, Argentina

² Buenos Aires University, Argentina

³ Santa Marcelina Medicine School, Sedes Sapientiae Institute, Brazil
motybenyakar@fibertel.com.ar

Stress is one of the health problems that concerned modern world for the past 50 years. Today, we are worried about the pathogenic effects of 'Uncertainty by Disruption'. This problem faces us with the highest suicide rate in Greece and Spain, due to economic crisis. In South American countries, corruption and lack of social norms led to an uncertainty increasing. In Argentina, economic and social crisis caused 20,000 more than usual cardiac deaths, between 1999 and 2002. The lack of parameters to make decisions and the inability to solve situations, affected the population and also professionals' health. That is why Bioethics Committees deal with a serious challenge. In this conference, we are presenting the way we think Bioethics deals with these situations in different areas.

"\$100 IS NOT MUCH TO YOU": UNSEEN BARRIERS IN OPEN SCIENCE

Louise Bezuidenhout
University of Exeter and Steve Biko Centre for Bioethics,
University of Witwatersrand, South Africa
louise.bezuidenhout@wits.ac.za

Sharing scientific data has become a defining characteristic of modern discussion of scientific research. In recent years the Open Science (OS) movement has revolutionized data sharing practices and attitudes to openness, rapidly increasing access to data for re-use. While such initiatives have been of great importance to researchers in low/middle-income countries (LMICs) this talk highlights that much remains to be done if they are to equitably benefit from the OS movement.

In making such claims, this talk draws on a recent empirical study carried out in two African countries that looked at data engagement activities. This research highlights a range of seemingly innocuous financial transactions - often overlooked by data sharing and OS discussions - that have marked effects on how these scientists interact with online data and, ultimately, how data moves to and from these research settings. These small financial transactions were extremely varied - from the need to pay for membership fees to professional groups to the cost of buying data for personal internet connection. Nonetheless, all of these transactions were identified by participants as defining reasons why online data were not accessed and re-used.

This talk will discuss these findings in terms of data access and propose that "data poverty" continues to be perpetuated by overlooking such issues. This is of particular importance when considering collaborations, research networks and other capacity building activities and has important ethical consequences for discussions on global science research and the OS movement.

ATTITUDE TO EUTHANASIA, PHYSICIAN ASSISTED SUICIDE, AND WITHDRAWAL OF LIFE SUPPORT AMONG MEDICAL PROFESSIONALS AT VARIOUS STAGES IN THEIR CAREER

Smitha Bhat, Dipti Kamath
Father Muller Medical College, India
doctorsmitha@yahoo.co.in

Globally, concepts and ideas that were previously vilified, such as physician assisted suicide (PAS), and euthanasia are now legal in some countries. Perhaps this is a response to the futile processes to revive patients in technologically advanced intensive care units. Presently, in India, only withdrawal of life sustaining measures is legally acceptable. The views of Indian doctors regarding euthanasia has recently been studied. These studies have focused on religion and subspecialty. Our

study aimed to find if the stage of career influenced a medical student / doctors views on euthanasia and PAS and if an association exists between religion, subspecialty and view of doctor/medical student regarding euthanasia and PAS.

Methods: The study was on 20 5th, 20 8th term MBBS students 20 interns, 20 clinical post graduates, 20 assistant professors, associate professors, and professors of clinical departments in a medical college. Questionnaire regarding attitude of student/doctor to various methods of assisted death was piloted and administered. Prior to administration of questionnaire, the definitions of DNR, withdrawal of life support, euthanasia, and physician assisted suicide was informed to the subject. Sub specialty, religion and reasons for choices were recorded. Data was tabulated & analyzed.

Results: most students were opposed to the idea of assisted suicide. Clinical residents were opposed to euthanasia, but felt that PAS may be considered under certain circumstances. Senior doctors felt euthanasia would be acceptable under special circumstances, but that physicians must not be involved in the act.

DEVELOPMENT OF BIOTECHNOLOGICAL AND TRANSDUCTIONAL DRUGS

Roberto Bianco, Mauro Cataldi, Valeriana Teresa Sblendorio, Caterina Ferrara
University Federico II of Naples, Italy
robianco@unina.it

Clinical trials on biotechnology drugs and on drugs targeting signal transduction pathways differ from those on classical drugs under many respects. The main differences between "classical" and "biotechnology" drugs depend on the different chemical. Biotechnology drugs are, indeed, recombinant proteins and, therefore, they have to be synthesized by bacteria, yeast, eucariotic cells or, more rarely, living bioreactors. This implies specific risks, for instance of allergic sensitization, due to the exposure to DNA or proteins coming from the expression system and that have not been removed efficiently from the drug. Another consequence of the complexity of the process of biotechnology drug synthesis is that a certain variability in structure and activity among different batches and or different laboratories is expected. This may be a relevant issue in case of biosimilars. EMA published a series of detailed guidelines to address all these points. In order to increase the success rate of new targeted agents entering in clinical development, it is necessary to improve preclinical and clinical approaches, by using advanced genomic technologies aimed to define diagnostic tests able to identify those patients most likely to benefit from the new drugs. In fact, only a preplanned selection of patients, based on specific molecular testing, could efficiently push forward the development of new biological agents. In this context, adaptive clinical trials can make development of such drugs more informative and fast, addressing not only if a new compound is safe and effective, but also identifying the right population of patients to be treated.

CONFLICTS OF INTERESTS: PATIENTS' PRIVACY VS. MEDIA EXPOSURE IN DISASTER SITUATIONS

Yoram Blachar¹, Eli Jaffe^{2,3}, Ofer Margalit⁴, Moshe Z. Abramowitz^{4,5}
¹ *Peres Academic Center, UNESCO Chair in Bio-Ethics (Haifa), Israel*

² *Medical Association, World Medical Association*

³ *Magen David Adom, Israel*

⁴ *Ben Gurion University, Israel*

⁵ *Madan Group, Israel*

⁶ *Hebrew University Medical School, Israel*

Haim.knobler@gmail.com

The massive dissemination of images and information by social and news media has been extremely widespread in recent times. Graphic images and raw material are ubiquitous in disaster scenarios. Medical personnel, who have a duty to protect their victims' privacy, are often at odds between these two vectors. Moreover, the obligation to withhold patients' personal information may be irrelevant and even inadequate in disaster situations as we have witnessed in recent

disaster situations.

Theoretical and practical issues from past disaster situations will be presented and discussed.

GENE ENHANCEMENT: ARE WE PREPARED? LEGAL, SOCIAL, AND ETHICAL IMPLICATIONS

Denisse Blanck
Ibarra, Del Paso, Gallego y Berezowsky, S.C., Mexico
den.blanck@gmail.com

Human life as we know it is over. Changes in science and technology occur at such a rapid pace that we have not paid attention to its diverse consequences. Consequences that create great and never seen challenges, calling into question what *we are* and what *is life*.

Gene Therapy is a very promising field that enables us to *mitigate* genetic diseases by the insertion of a complex creation of healthy functioning genes into the body. Nevertheless, these same technologies provide us the tools to make other modifications: allowing us to enhance ourselves beyond what is natural. Social and ethical concerns surround these possibilities.

It is the law's role to frame the use, access, and limitations, of such technologies and currently a full and adequate body of law that addresses these matters is non-existent, as interested groups seem to be indifferent to the issue. However, it is possible to foresee where we are headed and so, the law—for the first time—can and should overtake science development. In this endeavour two factors must be considered: (i) the moral permissibility of scientifically enhancing human beings, and (ii) the implications of allowing or banning the use of these technologies by society as a whole.

COMPLETE AND CONCISE INFORMATION TO THE PATIENT: A DIFFICULT GOAL

Aurelio Bonelli
University of Florence, Italy
aurelio@profbonelli.it

In the presentation at the conference are considered the conduct provisions regarding information and communication to the person assisted (articles 20 and 30 of CDM May 18th, 2014), highlighting the evolution of content respect to the past and how the quantum information is also linked to an explicit communication that needs a proper learning during university studies.

It has retraced the postulate of jurisprudence which has emerged since the judgment n. 438 December 23rd, 2008 of the Italian Constitutional Court and even from the subsequent decisions of the Italian Court of Appeal. These verdicts reveal how the information debt is to be understood "detailed and specific", emphasizing the completeness of the information required by reason of the fact that a default is an autonomous source of compensation plus it weighs on the doctor who has the burden of proving the contrary.

Finally, some practical hypotheses of resolution are proposed with the expectation of a material and no sectorial sharing by all stakeholders as the legal and jurisprudence world, the medical doctors, the politicians and the healthcare.

FROM THE INFORMED CONSENT TO THE PARTICIPATION PACT: THE CASE OF THE RESEARCH BIOBANKS

Giovanni Boniolo
Università di Milano, Italy
giovanni.boniolo@ieo.eu, virginia.sanchini@ieo.eu

We discuss how the usual informed consent is virtually useless whenever research biobanks are on the stage. We propose (and show its implementation) a participation pact, based on trust, between patients and physicians/researchers.

THE ETHICAL COMMITMENTS TO HUNGER

Andrea Borghini
College of the Holy Cross, USA
aborghin@holycross.edu

We can study the relationship between food and death by focusing either on the death of organisms for the purposes of food production or on diners. In my talk I shall concentrate on the latter, drawing on recent work on the philosophy of hunger. The intellectual and ethical challenges of hunger are by and large unexplored. Hunger and death are not only connected through famine and malnutrition, but also through obesity as well as eating disorders. In my talk I discuss how a more systematic theory of hunger can be used to pinpoint the ethical commitments to hunger.

INCIDENTAL FINDINGS AND THEIR CONSEQUENCES IN TERMS OF PATIENTS CAPABILITIES

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

Incidental findings and capabilities of patients are limited by a lack of clarity in the regulations of incidental findings, and its impact on both human research subject and patients in clinical consultations. This issue requires an urgent address in terms of anticipation and reflexive attitudes.

I will argue in this paper that researchers have an obligation to address those issues in terms of thought experiment to imagine consequences of those discoveries on the empowerment of patients towards participative health. -In terms of procedures what will this reflexion suggest in terms of eventual need to modify consent forms to enlighten the patients on risks and benefice to know or not to know?

I will argue why some information should not be disclosed to patients and propose some criteria in terms of patients capabilities to act on information.

DEFINING PALLIATIVE SEDATION: THE CLINICAL IMPORTANCE OF CONCEPTUAL CLARITY

Bert Broeckaert
KU Leuven, Belgium
Bert.Broeckaert@theo.kuleuven.be

As an option of last resort that deals with refractory symptoms palliative sedation is still criticized by some as being nothing more or else than a rather hypocritical form of slow euthanasia. Basing ourselves on the clinical and ethical studies and reviews on palliative sedation we have been conducting since 1999, we discuss in this paper the importance of the definition of palliative sedation. First we present the key ingredients of a definition of palliative sedation: the notion of refractory symptoms (only physical symptoms?), the depth, type and length of the sedation (should we restrict the definition to only deep and continuous sedation till the end?), the informed consent of the patient (is that a *conditio sine qua non*?), the question of artificial hydration and nutrition (does palliative sedation per definition entails a decision to withhold artificial nutrition and hydration?) and the crucial notion of proportionality or adequacy ('sedating only as deep and as long as necessary'). Basing ourselves on the answers we give to these questions we review a number of well-known international definitions of palliative sedation and present our own definition of this practice. Defining palliative sedation the way we do the difference between palliative sedation and euthanasia immediately becomes clear. Though one still can disagree about the moral qualities of palliative sedation and/or euthanasia, we conclude from our discussion that in any case we are dealing here with two very different practices. Palliative sedation is indeed *not* a slow form of euthanasia, at least if defined well and not abused.

BIOETHICAL PITFALLS IN RANDOMIZATION

Dario Bruzzese
University of Naples "Federico II", Italy
dario.bruzzese@unina.it

Randomization requires that the treatment's choice for patients enrolled in a Clinical Trial depends on a random process instead of a careful evaluation of the best therapeutic option for that patient. Although randomization has a clear scientific foundation, its implementation poses several dilemma mainly due to bioethical concerns. In this contribution, the theoretical background which makes randomization a necessary step of a trial design in order to reduce bias and allow a causal inference on the relative efficacy of different treatments will be firstly discussed. Afterwards, the main positions that enliven the epistemological debate on ethics and randomization aiming at settling the tension between the rights of individual trial participants and the scientific principle of sound and rigorous research protocols will be reviewed. Balancing the epistemological effort, statistical theory has also offered in recent years several contributions to this controversy; all these developments can be broadly classified in the large family of adaptive designs in which the operative characteristics of the trial are dynamically modified during its course according to some criteria that should be completely specified during the design stage. Response adaptive randomization, which belongs to such family, will be described focusing on the complex balance between the statistical efficiency and the goal of lowering the number of patients allocated to the inferior treatment. Recent remarks of the Food and Drug Administration on adaptive design will conclude the presentation.

ETHICS AND DEONTOLOGY OF CLINICAL TESTING

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

Experimentation is the matrix of vital medical progress, which we build human wellbeing on, in relation to its biological aspects.

After the tragic eclipse of reason manifested in the Nazi death camps in the realization of pseudoscientific experiments and monstrous treatments in the name of aberrant goals of superiority of race, it has gradually rooted in the conscience of us all that the legitimacy of experiments is anchored in the respect of the fundamental values of life, of physical and psychological integrity, dignity, freedom, personal autonomy.

Nevertheless, research generates conflicts between the rights of the individual who undergoes it, the need of scientific researchers to know the truth, community interests to acquire increasing levels of protection of health, economic benefits to those who promote it (to the point that it can be stated that there is no longer an "innocent" science).

These conflicts can lead to tensions, so that it is the responsibility of the society to offer warranties and delineate limits within the need to regulate experimentation, ethically even more than in the legal sense. Qualified scientific literature, several authoritative recommendations, declarations and international ethical guidelines, the substantial uniformity of principles expressed in codes of conduct and documents (in Italy in the latest edition of the Code of Medical Ethics of 2014 references to trials have become particularly in depth), specific regulations in individual countries have built a strong network of ethical, deontological and legal acquisitions that broadly define the principles of legality that support the appropriateness of the experimental procedures.

These (and other topics) remain the core interest of evaluation which the Ethics Committee act upon, whose primary purpose of intervention is to safeguard the rights, safety and well-being of the people involved in the trials.

Today, as part of the ethical attention the society is required to pay to clinical trials, paradoxically a new major ethical problem is emerging in Europe, i.e. the threat of the abolition of the same peripheral ethics committees, which would all be replaced by a single national ethics committee, as some would like to have realized according to their surreptitious interpretations of the provisions in the European Regulation.

The stated purpose of this project is to simplify procedures and shorten approval times of protocols, but it would be seriously and irreparably short-sighted not to consider that in such a way an (impossible) functional replacement of the activity of numerous ethics committees by a single similar structure would result in the collapse of the guarantees of protection of the rights of the people involved in clinical trials, that, since the Nuremberg Code, the international community has been developing and progressively implementing, also through specific networks on standards that have always provided in for and reinforced the intervention of ethics committees. The question is: who stands to gain?

THE COSTS OF THE TRIAL: THE EXPERIENCE IN THE COMPANY UNIVERSITY HOSPITAL OF NAPLES FEDERICO II

Gaetano Buonocore, Gaetano D'Onofrio, Teresa De Pascale
University of Healthcare "Federico II", Italy
ninobuo@libero.it

Much is known about the benefits related to clinical trials but few studies have been analyzing the huge amount of economic resources, organizational and structural healthcare companies must employ to carry out their various research projects. The aim of our study was to analyze the steps needed to build a research and major items of expenditure related to a trial in order to assess the economic burden that this entails for the Hospital University Federico II of Naples. Overall analysis of the data in our possession and with the appropriate changes to the variability given by different complexity of the research projects followed, you can say that for every patient participating in one study, the company claims a cost of 1,200 euro. Our work has allowed us to have a more objective view of the whole process of management of the research in a university hospital of vast proportions as the Policlinico Federico II of Naples. However, despite the enormous efforts our economic analysis is certainly limited: in fact many are items of expenditure to be incurred in an activity of scientific research and many of these are hard to define why you need a broader search terms analysis both of the costs that the expected benefits evaluated in order to optimize the allocation of available resources and ensure a good quality as well as health care, research qualitatively effective.

INAIL EVALUATION OF RESIDUAL WORKING CAPACITY: AREA OF COMPETENCE AND OPERATING MODEL

Francesco Burlin
INAIL, Italy
info@burlin.eu

In 2001 the Italian Ministry of labor conferred on INAIL the competence related to the evaluation of residual working capacity of injured employee in order to develop a return-to-work process. The evaluation has to be realized through technical devices (functional diagnosis, social and working profile, professional data) which enable a global residual working capacity evaluation of the injured employee and the identification of possible structures of support in order to simplify the return-to-work process of the injured employee. The evaluation of residual working capacity of injured employee therefore is not the main objective of the process or an accomplished action in itself, but it is only the first step of a process composed by operations such as return-to-work projects aimed at the enhancement of the situation of workers who suffer from employment and activity limitations. In this scientific work there will be discussed topics related to INAIL areas of competence and to the current employed operating model.

PROSTHESIS, HYBRIDIZATION BETWEEN HUMANS AND MACHINES AND HUMAN ENHANCEMENT: WHEN MAN AND TECHNOLOGY BLEND TOGETHER, IS IT TIME TO THINK ABOUT A NEW DEFINITION OF "HUMAN BEING"?

Isotta Burlin
University of Naples Federico II, Italy
isottaburlin@libero.it

The word "*prosthesis*" comes from the ancient Greek word πρόσθεσις (*prósthesis*, "addition"), from Proto-Indo-European "to be putting, to be placing".

The current agreed definition of "*prosthesis*" is "an artificial device that replaces, restores, in full or in part, the original functionality of a missing body part, which may be lost through trauma, disease, or congenital conditions".

Thus, the ancient idea of "addition" has been replaced with the idea of "restoring, replacing" the usual state of affairs.

The idea of "*addition*" is conveyed through the politically incorrect couple of word "*human enhancement*" whose definition is "any attempt to temporarily or permanently overcome the current limitations of the human body through natural or artificial means. It is the use of technological means to select or alter human characteristics and capacities, *whether or not the alteration results in characteristics and capacities that lie beyond the existing human range (my italics)*".

This essential final specification will be taken into account when answering these particular questions, which embody the core of the article:

- when a prosthesis exceeds health care limits becoming a human enhancement operation?
- where is the boundary which separates a socially acceptable artificial device from a "dangerous" or "unethical" one?
- which features define a "human being"?
- is it time to re-define the idea of "human being" now that - thanks to the combination of Technology and Science - we are able to cross some limits that have been thought as fixed by Nature once for all?

BRAIN DEATH AND PERSISTENT VEGETATIVE STATE DURING PREGNANCY AND THE UNBORN: LEGAL AND ETHICAL ISSUES

Lucia Busatta
University of Trento, Italy
lucia.busatta@unitn.it

In the event of persistent vegetative state or even brain death of a pregnant woman, several medical, ethical and legal issues arise. All of them are joined by the same dilemma, i.e. the correct balancing between the treatment of irreversible unconscious state, the respect for the woman's living wills, the avoidance of futile treatments, on the one hand, and the protection of the interests of the unborn and the attempt to bring the foetus to viability and, possibly, to birth, on the other hand.

From the medical viewpoint, the uncertainties of these situations are marked by the absence of shared guidelines and best practices, as the decision depends upon the circumstances of the concrete case. Similarly, from the ethical viewpoint, the woman's situation deserves due consideration, as maintaining her life functions even without hopes of recovery, to gain the foetus's viability, might have a considerable impact upon the respect of her dignity. Finally, the legal perspective shows that the fears concerning the dignity of the woman are also connected to the respect of her fundamental rights and self-determination. What should be do if the woman previously declared in her living wills that she would refuse any resuscitation or intensive care? Is pregnancy enough to overcome her living will?

The presentation tries to address these complex issues and to offer a possible interpretation for a balanced clinical decision.

THE FORENSIC USE OF DSM-5

Fabio Buzzi
University of Pavia, Italy
fabio.buzzi@unipv.it

It is well known that, as a matter of principle, the DSM was designed first and foremost to be a useful guide to clinical practice, as an official nomenclature it must be applicable in a wide diversity of contexts. DSM has been used by clinicians and researchers from different orientations (biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems), all of whom strive for a common language to communicate the essential characteristics of mental disorders presented by their patients. The information is of value to all professionals associated with various aspects of mental health care, including psychiatrists, other physicians, psychologists, social workers, nurses, counselors, forensic and legal specialists, occupational and rehabilitation therapists, and other health professionals. The criteria are concise and explicit and intended to facilitate an objective assessment of symptom presentations in a variety of clinical settings—inpatient, outpatient, partial hospital, consultation-liaison, clinical, private practice, and primary care—as well as in general community epidemiological studies of mental disorders. DSM-5 is also a tool for collecting and communicating accurate public health statistics on mental disorder morbidity and mortality rates. All in all, the criteria and the classification of mental disorders proposed by DSM-5 are very useful also in the medical legal field, adopting the carefollnesses established in the specific “Cautionary Statement for Forensic Use” of the Section I.

“FURY”, “FUTILITY”, “INADEQUATE STUDY” IN CLINICAL RESEARCH

Nunzia Cannovo¹, G. Graziano², M. Paternoster², C. Buccelli²
¹ International Office for Bioethics Research of the European Center, Italy
² University of Naples Federico II, Italy
drcannovo@libero.it

Actually, the “fury” should be strange to clinical research; however, we come from a recent past highly detrimental for human dignity, we are strongly worried about possible abuses perpetrated in the name of research. Today the “fury” lurks in the gray areas of clinical research and surgery, where inadequate research models are proposed but also in those areas of medicine where stubbornly research is not doing. In the last 50 years, randomized trials are considered the gold standard for determining the relative efficacy of medical treatments, however in the last period the conduct and reporting of some trials can be inadequate, so the research could reduce the credibility.

MEDICAL LEGAL ASPECTS OF THE USE OF RPAS (REMOTELY PILOTED AIRCRAFT SYSTEM)

Emanuele Capasso, Mariano Paternoster, Pierpaolo Di Lorenzo, Massimo Niola
University of Naples Federico II, Italy
dott.capasso@gmail.com

The RPAS, commonly called “drones”, are becoming more common both in the military than in the civilian. In the latter area, there was, in recent years, large scale commercialization on a large scale both for what concerns technical and industrial applications and in the field of play and recreation, especially for the ability to capture images and aerial footage. This phenomenon has aroused the need for regulation of their use in order to ensure the safety of persons. In the Italian National Civil Aviation Authority has, for example, issued a regulation (December 2013, updated in July 2015) in which the RPAS are basically classified according to operating mass take-off (mass less than 25 kg mass greater than or equal to 25 kg) and according to flight operations. They are, in particular, distinct non-critical operations, conducted in a

scenario in which, in case of malfunctions, you would reasonably expect harmful consequences for others, and critical operations where there is the opportunity to fly over congested areas, gatherings of people, urban areas or critical infrastructures. Since this possibility descend obvious consequences in medical-legal matter relating to the protection of privacy and personal injury. These topics will be the subject of consideration by the authors.

NEW PROFILES AND JURISPRUDENTIAL EVOLUTION OF MEDICAL LIABILITY

Michele Capasso¹, Aldo Capasso², Rosalba Caldarazzo³
¹ Università degli Studi di Napoli “Federico II”, Italy
² Azienda Ospedaliera di Rilievo Nazionale e di Alta Specializzazione “Ospedale dei Colli”, Italy
³ Azienda Ospedaliera di Rilievo Nazionale e di Alta Specializzazione “Santobono-Pausilipon”, Italy
michelecapasso@tin.it

In order to combat the phenomenon of “defensive medicine” and that is the demand from medical examinations and consultations redundant to avoid lawsuits, the legislature has made with D.L. n. 158 of 2012, converted with amendments by Law n. 189 of 2012, that “the operator of the health care profession that in carrying out its activities adheres to guidelines and best practices accredited by the scientific community is not liable for criminal negligence”, subject to claims for damages under article 2043 of the Civil Code.

The standard is demonstrated, however, essentially useless, incomplete and misleading.

The Supreme Court takes the view that the “exemption” should apply only in the case of a charge of incompetence, since the guidelines contain only rules of health expertise, and not in the case of negligent or reckless conduct. The guidelines also not a means of pre-established, ontological reliability and compliance therewith does not exclude the professional responsibility in this case, nor their non-compliance must configure profiles of guilt. It is not clear how an operator of the health care profession that you comply with the guidelines, and that the rules of expertise, may be raised by guilt for incompetence.

It is essential, therefore, that the legislature reforming the matter: the bill to the Commission for Social Affairs of the House promises that the punishment, a criminal, is limited only to the case of gross negligence or willful misconduct and that the fault exists only if the non-observance of best practices and rules of the art creates an unreasonable risk and inexcusable for the patient’s health, implemented in the event.

FROM TESTING “ON THE” PERSON TO TESTING “WITH” THE PERSON

Cinzia Caporale
National Research Council of Italy, Italy
cinzia.caporale@cnr.it

In his essay, Umberto Veronesi argues that time has come to critically rethink clinical research, so that patients are considered not just as *objects for research*, but rather as *subjects in research*. In order to foster this perspective, in the last three years the Ethical Committee of Fondazione Umberto Veronesi (<http://www.fondazioneveronesi.it/la-fondazione/i-comitati/comitato-etico>) has engaged in a project finalized at scrutinizing the key bioethical issues raised by clinical research involving human subjects. The upshot of this endeavour is represented by a series of official position papers that deals with the moral implications of “randomization” and “placebo controls” in clinical trials, as well as with the new challenges brought about by recent discoveries in the field of “genomic” and “molecular medicine”. Collectively, these position papers call for a global reassessment of the way in which clinical research is currently conducted, and set forth a new perspective for which the respect and the empowerment of patients’ autonomy is held of paramount importance. By articulating such a moral view, in these documents it is argued that (i) patients have a right to know, and possibly choose, which treatment they will

receive during clinical experimentations, and thus the use of double-blind trials using randomization and placebo controls ought to be critically re-examined if and when possible; (ii) patients should have a right to decide which information they want to know about their genome, not just in the context of clinical research with incidental findings, but also with respect to the access to direct-to-consumer genetic testing.

ENHANCEMENT IN HEALTHY SUBJECT

Annamaria Caputo, Vincenzo Graziano, Danila Faillace,
Pierpaolo Di Lorenzo, Claudio Buccelli
University of Naples Federico II, Italy
annamacaputo@gmail.com

The expansion of four areas of biomedical science (nano-bio-info technologies and cognitive sciences, "NBIC") in the past decade opened the possibility of massively using medicine and technology, not only for the care of patients, but also for the enhancement of the physical and mental abilities of healthy individuals.

Today, the human being tends more and more to try and become a "superman" and to maintain levels of attention and of physical performance ever higher both in terms of duration and capacities, attempting to achieve "ultra-human" objectives through resort to subterfuge.

One could speculate that the "superman" is the emblem of a pathological pursuit of psycho-physical perfection.

What is the limit between man and "superman", while in a state of full mental and physical health?

To what extent is it ethically correct to strengthen "physiological" capacities?

When and who should be allowed to use enhancers?

The questions are manifold also because of the problems secondary to the use of enhancers. Suffice it thinking of equity issues arising from the use of Enhancers, problems of marginalization for those who refuse to use them, problems related to the development of an illegal market for their sale.

Finally, the most important consideration is the one on the identity of the human race, and on how to live a natural life, that is not forced by circumstances inducing us to make choices that are not human.

ETHICAL IMPLICATIONS IN THE VACCINE PHARMACOTHERAPY TO TREAT AND PREVENT DRUG OF ABUSE DEPENDENCE

Anna Carfora, Renata Borriello
Second University of Naples, Italy
anna.carfora@unina2.it

Different immunotherapeutic approaches are under development to the treatment of drug dependence. "Drug vaccines" aim to induce the immune system to produce antibodies that bind to drugs and prevent them from induce rewarding effects in the brain.

The drugs of abuse currently being tested using this new approach are nicotine, cocaine, phencyclidine and methamphetamine. In laboratory animal models, a range of immunotherapy, including vaccines, monoclonal antibodies and catalytic antibodies, have reduced the drug seeking. In human clinical trials, "cocaine and nicotine vaccines" have been shown to induce sufficient antibody levels while producing few side effects. Studies in humans determining how these vaccines interact in combination with their target drug are underway.

Nevertheless, although vaccines against drugs of abuse may become a viable treatment option, there are several drawbacks that need to be considered. These include a lack of protection against a structurally dissimilar drug that produces the same effects as the drug of choice; a lack of an effect on drug craving that predisposes an addict to relapse and a wide individual variability in antibody formation.

Overall, immunotherapy offers a range of potential treatment options: drug treatment, as well as the treatment of overdose, prevention of brain or cardiac toxicity and fetal protection in pregnant drug abusers. Nevertheless the results obtained by a small-scale trials, using vaccines against cocaine and nicotine, suggest that a number of major

technical challenges need to be overcome before that vaccines can be approved for clinical use.

THE USE OF GAMES AND STORIES FOR BIOETHICS EDUCATION: "IT IS ME TO DECIDE"

Hanna Carmi
Israel

The paper describes the author's involvement in the production of the Italian project of the Bioethics Book for children. The book offers various games and stories and other tools for various groups of children, from the very young ones (3-6) over to the older ones (15-19). The author focused her work and directed it towards the young generation. She wrote and offered her stories as educational tools for the delivery of ethical messages. In her story "It is me to decide" on the children's rights to take part in a decision making process concerning him/her selves, she offers an opportunity to understand various aspects of the concept of belonging in general and the belonging of one's own body in particular.

GENDER AND BIOETHICS

Elena Carovigno
Potenza, Italy
e.carovigno@tin.it

The debate on the gender difference is investing significantly even Bioethics which originally arose as a specific field of critical moral knowledge of human life without a special remark about sexual difference. In recent years it has highlighted the need for a reflection that dealt with the "female question" exhaustively, both in theory and on the application. Bioethics has put in a prominent place the principle of complementarity that ensures the relations between the sexes in respect of the dignity of every human being and justly, avoiding undue violence and bullying.

International conferences indicate the need to take on women's health as a priority of social development to reduce inequalities and to promote equity. The aim of the Gender Medicine is to limit inequality of studies, care and treatment which, so far, have been borne by women. It is advisable not to build a female medicine and a male medicine, but to carry out the concept of diversity to ensure all women and men, the best possible treatment in accordance with the specific gender.

The WHO itself has entered the Gender Medicine in the Equity Act since 2000, as evidence that the principle of equity implies not only equal access to health care for women and men, but also adequacy and appropriateness of care according to the gender.

In the Nicomachean Ethics, Aristotle says that *iustitia est ad alterum*. Justice concerns my relationship with other people: it is the foundation of human relationship. It is the main virtue on which human and inter-human relations are built at all levels. Justice implies the mutual recognition of differences and on the basis of this recognition relationships develop.

FUNCTIONING APPROACH APPLIED TO AN ECOFEMINISM CONCEPTION

Priscila Carvalho
UFRJ, Brazil
pricarvalho1973@yahoo.com.br

This paper highlights some issues that prove that Functioning Approach to the scope of ecofeminist demands and coalition policies could be understood as more universalistic, inclusive and compatible than others approaches. Firstly, it would be shown that ecofeminism, as a feminist theory mode, needs to represent women from a non-essentialist point of view. Secondly, this work aims to show that although women and men, in general, are covered by Kantian moral formulation of universal respect, some of them are excluded from such formulation. In this step, it is also argued that, being

anthropocentrism a barrier for ecofeminists purposes, non-human animals need to be part of the theoretical formulation of universal respect. Therefore, in the conclusion, this work advocates the replacement of Kant's moral of universal respect from the functionalist moral basis, the only one able to sustain the basis for the establishment of a universal community of moral consideration.

BIOBANKING AS A TRAINING GROUND OF SCIENTIFIC KNOWLEDGE & ETHICS

Sara Casati¹, Renza Barbon², Mirella Filocamo³, Marialuisa Lavitrano¹

¹ University of Milano-Bicocca, Italy

² UNIAMO F.I.M.R., Italy

³ Istituto G. Gaslini, Italy

Sara.casati@unimib.it

The biomolecular turn of research and medicine, the impact of genetic knowledge on the life of each individual and on society in general, and the acceleration of digital information, made it clear that we are in the era of post-normal science and that we must equip ourselves to act with awareness the complexity as epistemological & ethical paradigm. Uncertainty is inherent in the construction of knowledge.

Science is no longer inescapable, it is a dynamic process, whose governance decisions belong to all: it calls for a public debate, as a right of scientific citizenship as well as good practice needed. Making scientific culture is actually already doing science, it is experiencing pluralism in the construction of knowledge and the knowledge as co-production.

Thus it is key, it is decisive to identify biobanking as innovative training ground of scientific knowledge & ethics, as a practical exemplar field of ethical deliberation: in fact biobanking is frontier and border among areas, disciplines, needs, but also it presupposes the construction of an inclusive scientific community to work as a team between experts and citizens.

Through a participatory experience-based approach involving all the actors as legitimate, during Determinazione Rara (a national program of scientific empowerment by UNIAMO) as well as in the newborn Italian ELSI.BBMRI service, it has been building a pilot laboratory among peers: experts, patients, institutions bring into play their experience and knowledge, recognizing each other mutually necessary interlocutors and active elements of biobanking to improve inclusion and engagement as scientific good practices.

LEGAL SUBJECTIVITY, INDEPENDENCE AND AUTONOMY OF ETHICS COMMITTEES FOR TESTING

Claudia Casella

Università degli Studi di Napoli Federico II, Italy

casella.claudia@virgilio.it

The work begins with the consideration that if on the one hand there is the unanimous agreement regarding the mandatory and binding nature of the favourable opinions issued by the Ethics Committees about the ethics and the scientific nature of a trial design, on the other we are still well away from reaching a sufficient degree of agreement on the identification of their legal status.

This results in a situation of alarming uncertainty among operators, which this work aspires to find some remedies to, by conducting the survey not only in the light of international and national regulations, but also at the level of significant decisions passed by judges. At this point, some considerations will be shared regarding aspects of administrative and/or criminal liability of Ethics Committees, or of their individual components, in the event of injury and/or death of a participant in a trial.

Finally, a few words, about the attempt, detectable at international level, of radically downsizing the functions of local ethics committees, because of its numerous and disturbing impacts on the individual and social level, with predictable disastrous consequences on the protection of the values and rights of people with whom research is conducted.

IDEAS FOR A COMPARATIVE ANALYSIS

Carlo Casonato

University of Trento, Italy

Carlo.casonato@unitn.it

Respect for fundamental rights has not always been a priority for clinical research. In the last decades, though, a number of GCPs have been implemented in order to make any research consistent with both law and scientific relevance. This way, informed consent, protection for participants' health, a risks-benefit analysis, methodological soundness and a review by independent IRBs became general conditions for conducting clinical research. Yet, problems also arose, paving the way for the reconsideration of, inter alia, informed consent, publication of the data generated by the research, the role and composition of IRBs. A new EU regulation will try to solve these problems accommodating different interests.

AN EXAMPLE OF THIRD CULTURE: BIOETHICS & SPORT

Franco Bruno Castaldo

UNIPARTHENOPE, Italy

franco.castaldo@uniparthenope.it

The purpose of this report seeks, is to highlight how the problems of sport, are no longer only in doping, but also with the appearance of signs of marked distress ethics of society (of which sport is the paradigm), whose roots lie deep in man, not unable to define themselves and to confront "real" and not according to the model of the dominant culture.

The modern cultural paradigms that regulate sport: (From sportivisation by the Society to the desportivisation by Sport)

1) NO GET FAT / NO GET OLD; Healthy / Medical ideology, in which the slogan in vogue is not getting fat, not to get old, as defined by C. Lasch about the narcissistic culture [Lasch, 1979; Featherstone et al. 1995; Leek, 2008].

2) NO PAIN / NO GAIN; Concept-Slogan to work beyond the point of experiencing muscle pain; came to the fore after 1982, when Jane Fonda produced a series of aerobics workout video. It is 'borrowed from a Jewish religious expression of the II Sec. AC Ethics of the Fathers 5:21.

CONCLUSIONS

In the world, there is a tradition of cultures, ways of life and thought, often clouded by the economic, technological, and scientific dimension, because the progress seems to go in that direction. This also happens for the sport.

Hard Sciences have prevailed on the humanistic dimension, so as to forget in the training curricula of the Faculty of Sports Science, history, philosophy, anthropology, leaving some glimmer to sociology and economics.

[...] we need a third culture, which arises from the development of scientific knowledge interconnected and complex, a mixture of synthesis of science and humanism, a new interdisciplinary frontier. J. Brockman, *The Third Culture*, Simon & Schuster, NY 1996.

BIOETHICS & SPORT A CONCRETE EXAMPLE OF THIRD CULTURE

Is conceivable an application of the "informed consent" to sport?

Contemporary ethical debate seems to be dominated by the confrontation between three ethical paradigms, which concern respectively the deontologism from Kantian source, consequentialism of mold utilitarian and finally the theme of virtue, of Aristotelian origin. Ethic virtue, overcomes the traditional bifurcation between deontology and consequentialism utilitarian. [Mc Intyre *After Virtue*, 1988].

SPORT AND 'A "GOOD RELATIONSHIP" [Nussbaum, 1986]

BORN TO BE A REPORT / CLASH (Louis-Schmelling Paradox)

NEEDS TO BE GOVERNED, NEEDS A CEO

CHIEF EXECUTIVE OFFICER VERSUS CHIEF ETHICS OFFICER

LIABILITY OF ETHICS COMMITTEES

Roberta Catalano
Seconda Università degli Studi di Napoli, Italy
roberta.catalano@unina2.it

The Ethics Committees are currently the preferred channel through which the results of studies of bioethics pass, from the level of doctrinal and public debate, to the institutional level to be put to the test of concrete applications. For this reason, from the large national and international literature concerning them, it emerges the unanimous recognition of the importance of their role. There is no concord, instead, about the determination of their powers and liability as, a careful analysis of the phenomenon and of national, international and international rules concerning him, it showed the extreme variety of functions entrusted to them. The paper studies this question by examining the Italian and European rules as well as through the analysis of judicial experience.

THE CONSENT AS CLINICAL VARIABLE. MEASURE THE CONSENSUS AS A NEW PERSPECTIVE MEDICO-LEGAL

Roberto Catanesi, Felice Carabellese
University Aldo Moro Bari, Italy
roberto.catanesi@uniba.it

The right to protection of health and personal freedom are fundamental human rights. The consensus reflects ethical values and legal; so it is vital in situations "borderline", a more objective assessment possible, with the use of standardized instruments, from the perspective of medical scientific evidence. The problem is not only patients with psychiatric illness, but also with patients suffering from neuro-cognitive primary or secondary to systemic diseases (eg. Nephropathy chronic degenerative, vascular, etc).

The ability to give informed consent to treatment includes (Appelbaum, 2006):

1. The ability to understand the relevant facts of his medical situation, and all useful information for treatment choices (understanding);
2. The ability to use this information in an evaluation that pertain to their medical condition and the likely consequences (appreciating);
3. The ability to reason about organizing information in a logical-rational (pros and cons) evaluating the possible therapeutic alternatives (reasoning).
4. The ability to express a choice (expressing a choice).

We believe the time has come to use in common medical practice assessment tools consensus that document in the best way possible to the patient's ability to provide consent to the proposed treatment, such as semi-structured interview MacCat-T (Grisso et al, 1997). The purpose is twofold, ethical and medico-legal: to document the quality of the consensus and in which areas, if any, places the "fault" of capacity; trace clear and obvious of reasons in support of the view medico-legal taken.

MORAL ENHANCEMENT AND EXPERIENCE MACHINE

Nenad Cekić
University of Belgrade, Serbia
ncekic@f.bg.ac.rs; nenad.cekic@sbb.rs

Various forms of human enhancement are facts of our everyday life. Human mood, cognitive or sexual improvements are possible due to spreading use of various sorts of available medication. The question is, "Why stop here?"

Let us borrow Nozick's famous case of „experience machine" to show some logical consequences of widening of the range of possibilities of human enhancement:

Superduper neuropsychologists could stimulate your brain so that you would think and feel you were writing a great novel, or making a friend, or reading an interesting book. All the time you would be floating in a tank, with electrodes attached to your brain. Should you plug into this machine for life, preprogramming your life's

experiences?

Nozick's wrote "the experience machine case" in 1974. Development of modern medicine and brain researches force us to stop thinking about this possibility only in "science-fiction" manner. Nowadays everybody talks about human enhancement as existing reality. Initially, Nozick's possible target was utilitarianism. Today we can see much bigger picture. In the field of ethics, we are witnessing to the rapid progress of neuroscience that raise various moral issues. One of the consequences of the possibility of controlled brain-manipulation is a possibility of establishing neuroethics as a solution of all (meta)ethical problems, e.g. boring "is-ought" problem.

It seems that this neuroethics could be one of two different research fields:

1. Neuroethics could be a branch of neuroscience that leads to overall objective human *moral* enhancement. The underlying presumption is that both metaethics and normative ethics have definite answers about meaning and substance of intrinsic moral values.

Should that stop neuroscientists? Not, of course! Here is another possibility:

2. Future of neuroethics could be in neuroscience and computer technology synergism. Path to the morally perfect world is practical, not a theoretical one. Construction of Nozickian experience machines would enable us to reprogram ourselves to be morally enhanced. Moreover, that is not the whole story. We even could also enhance the whole moral world. How? The answer is very simple: we can create a machine that *eliminates* the *possibility* of moral error (inside the machine), *whatever that error could be*.

All that we need for achieving such a noble goal is some good will, a little imagination, and a piece of technology.

INTENTIONS, ETHICS, AND THE END OF LIFE

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

Robert D. Truog in his recent book *Death, Dying, and Organ Transplantation* (written with Franklin G. Miller) argues strongly for the conclusion that medicine should no longer be governed by the norm that doctors must not intentionally cause the death of their patients. His arguments follow the common consequentialist strategy and deny that intentions play any role whatsoever in the ethical evaluation of human actions. If intentions are ethically irrelevant, we must reject the validity of the principle of double effect as well and judge medical decisions at the end of human life, for example withdrawing of life-sustaining treatment, as passive euthanasia.

My contribution has two related goals: first, to show the role and importance of intentions in the evaluation of human acts, especially in the context of medical decision making at the end of human life. Secondly I distinguish intentions into two groups: characterizing intentions (ch-intentions, *finis operis*) and final intentions (*finis operantis*) and show how the validity of double-effect reasoning can be established. I will conclude by claiming that medical ethics does not need the proposed re-evaluation of basic ethical maxims, including the maxim "Doctors must not kill."

RARE DISEASES AND TESTING

Ida Cerrone, Paola Buccelli, Lucia Terracciano, Danila Faillace,
Rosa Ferrara
University of Naples Federico II, Italy
comitato.etico@unina.it

The definition of a rare disease is based on the prevalence of the same in the population. The prevalence can not be greater than 5 cases per 10,000 inhabitants. That prevalence is, however, currently underestimated as a result of the continuous evolution of diagnostic tools and classification criteria as well as to the unavailability of national and international registers, and to the variety and complexity of the clinical pictures.

The delicate role of research in this field is made difficult by the intrinsic characteristics of rare diseases: their low frequency results in high costs which are disproportionate in relation to market opportunities and in challenges in the design and implementation of clinical studies with robust experimental designs.

The entire process of drug development is too expensive for academic institutions and non-profit organizations that, therefore, focus primarily on the acquisition of scientific knowledge concerning pathophysiology and underlying mechanisms.

In reference to this issue, considered in the context of clinical trials, we have sought to highlight the Italian guidelines, with particular regard to the position taken by the National Committee for Bioethics and the guidelines proposed by the current National Health Plan.

BIOETHICS AND CIVIL DISOBEDIENCE IN HUMAN HISTORY: A RELATION BETWEEN A LAW INSTITUTE AND BIOETHICS GROUND PRINCIPLES THROUGH HUMAN HISTORY – FROM ANTIGONE TO MALALA

Selma Aparecida Cesarin

Centro Universitário São Camilo, Brasil

selcesarin@gmail.com, selma.cesarin.adv@gmail.com

It's possible to relate Civil disobedience attitudes and Bioethical attitudes even when they were not called this way. We can trace a line since Sophocles' Greek tragedy *Antigone* till Nelson Mandela and Malala's attitudes. A civil disobedient questions law in order not to have attitudes he considers unjust or tyrannical ones... bioethical people have attitudes they consider good and ethical for Humanity. Eureka! The lace is tight! How to trace this line through History? Analyzing attitudes and ideas of literature and real characters. Since early times, search for a fair life is essential to human being and, if it is necessary, citizens can and must do this through Civil Disobedience, mainly if Bioethics ground principles are used together. The union of these two Science areas – Law and Bioethics – permits deep analysis on several subjects. Law institutes serve effectively as a way and support to obtain justice, like a real form of "making Bioethics", which might be understood as an indicator of the ethical way for present and future generations. The method used to the study was the exploratory bibliographical research, together with insertion of critical analysis, as well as relation development between the two elected institutes, i.e., Civil Disobedience, on Legal universe, and Bioethics Ground principles, on Bioethics world. Ideas defended and presented by writers, several philosophers, as well as Civil Disobedience attitudes identified in some Human History characters were used as a backdrop. The reflection drove, finally, to the conclusion that Civil Disobedience acts, mainly if associated to the application of Bioethics Ground Principles, can be considered a real way of "making Bioethics", in its most deep sense, in search and defense of a worthier, fair and happy life for citizens.

THE LAW THAT WROTE THE MYTHS OF TOMORROW

Nese Cetin

İzmir University, Ege University, Turkey

nesececi@yahoo.co.uk

Research in which I study; the changing stages of the concept of death, the processes of change are revealed from the first known temple Göbekli Tepe to the first writing Gilgamesh, from Machiavelli to the scientific utopia of Bacon. Through the Gilgamesh Project, organ transplants, development of bio- and space sciences technology, the concept of death had its change recently.

In accordance with the Sumerian sources, the knowledge was transferred from the region to the world through the knowledge storage of wise ancestors in Ural. The court records I examined show that their laws were established on democracy, justice, and sympathy. The technical person working for immortality and to live longer still exists, as it is continued as 'Gilgamesh Project'. When I examined the concept of death, based on the Sumerian King Gilgamesh, I was directed to the cultic area of Göbekli Tepe, T-cell, Hedgehogs and thus to the terms of geological breakings. The Piri Reis map also supports this thought.

Even the human races share the space of Earth, we cannot say that they share the same temporal level. While a group of people is fighting to purchase the metals in outer space, there are also people that have not met the electricity technology yet. The tradition of Turkish Shaman to transfer knowledge is continued through its conscious or unconscious use in the ordinary life although it has been tried to forget and covered through the disciplines of Islam. Göbekli Tepe would change fundamentally the religions & social structure.

MEDICAL TERMINATION OF PREGNANCY (MTP) ACT, INDIA, AND FEMALE FOETICIDE: BIOETHICAL ISSUES AND CONCERNS

Chhanda Chakraborti

Indian Institute of Technology Kharagpur, India

chhanda@hss.iitkgp.ernet.in, chhandac@gmail.com

Sex ratio in under-5 age group is a matter of concern in India largely due to female foeticide. India's Abortion law (MTP Act 1971, 2002) tries to meet the twin challenges of (a) providing the choice of safe, legal abortion to women, but (b) deterring the illegal but wide practice of female foeticide by permitting abortion within 20 weeks gestation only under *exceptional circumstances*, e.g. undesired conception due to rape, risk to mother's health, medically confirmed severe physical handicap of foetus.

This paper is not against choice in abortion, but poses two questions on the grounds of choice:

- Whether a parent's / woman's right to abort should include the choice to abort an *undesired* girl fetus?
- Whether a parent's / woman's right to abort should include the choice to abort an *undesired* fetus medically diagnosed with severe physical / mental disability?

The MTP Act says 'no' to (a), but says 'yes' to (b). The paper argues that if 'undesirability of a foetus' is to be a morally and legally permissible ground for an abortion, then Bioethics must provide us a non-arbitrary criterion to distinguish the objectionable 'undesirability' of (a) from unobjectionable 'undesirability' of (b). It argues that if parental choice of termination of a female foetus as an 'undesirable' is an ethically objectionable normative statement, so is parental choice to abort the disabled foetus as 'undesirable'. It contends that both kinds run counter to egalitarianism and the bioethical principle of respect for human dignity. It recommends that in India permissible 'undesirability' should be guided strictly by medical considerations.

HEALTH CARE STUDENT'S ATTITUDE ON EMBRYONIC STEM CELL RESEARCH: A PILOT STUDY IN A TEACHING HOSPITAL

Aditya Challapalli, Princy Palatty, Sreenath Baliga, Irene

Father Muller Medical College, India

adityach1995@gmail.com

Introduction: Embryonic Stem Cell Research is a revolution in medical field that has a high potential for the treatment of many devastating diseases. The source of Embryonic Stem Cell has been the bone of contention for the scientists and public. The present study intended to point out the ethical issues of embryonic stem cell research with respect to health care student's attitude.

Methodology: Twenty four item questionnaires were used to bring out the various bioethical aspects in Embryonic stem cell research and therapy. The consenting health care students were administered the questionnaire and the analysis made therefrom.

Result: For the 24 item questionnaire, the chi square value and p values were significant. Strong association was found in 8 relevant questions. 76% of the religious group of students agreed that using Embryonic stem cell is dehumanising, while only 51% of the non-religious health care students had agreed so.

Conclusion: Nearly 27% of the sample agreed to destroy embryo for treatment of devastating illness, which significantly contrast with the 60% who agree that Embryonic Stem Cell research is dehumanising.

CARE AT THE END OF LIFE; THE HEALTH DILEMMA IN AFRICA

Gbuje Daniel Chidubem, Ezima Onyinye Gbuje
University of Port Harcourt Teaching Hospital (UPTH), Nigeria
 gbujedan2@yahoo.com, zaimy21@yahoo.com

This article looks at the reasons for a total absence of care at end of life treatment in developing countries in Africa like Nigeria. It is not news that the health care system in some African countries are totally not acceptable by even international standards, what is more surprising is that there is complete limited research work on the end of life Care in third world country.

This article aims to bring to the consciousness of all stakeholders in Africa, the importance of exploring better healthcare practice for end of life care treatment for patients and further research.

The author x-rayed various views of end of life care treatment and challenges bedeviling the establishment of this palliative management in medicine.

The discussion then focused the factors mitigating on the end of care management in Africa, and suggested ways to upgrade our health care system but a striking observation following perusal of the numerous articles on the end of care programme in Africa available, noted the positive relation between culture and spirituality has positive impact on end of life care.

Methods: A board search was done using the reviews from literature having end of life care or related topic done within the continent (Africa). These were used to retrieve information about end of care treatment, some of the platform explored include, professional journals devoted to palliative care, and numerous books, internet sites, blogs and forums devoted to end of life care, PUB MEDLINE, Nursing Index, CINAHL, EMBASE and Elsevier. Article used were those published with information on End of Life care or on palliative treatment in Africa. Important information was retrieved from all these articles and was highlighted.

Conclusion: The paper concludes by recommending that there is need to educate and enlighten the citizens on the new concepts in End of Life Care and equally depositing researched ways to integrate palliative management into the healthcare system. It is also tailored to the peculiarity of the African culture, while exploring the possibility of more research on spiritual component of end of life in patients.

FOR A COMMON EUROPE-WIDE CLINICAL RESEARCH TRIAL

Lorenzo Chieffi
Second University of Naples, Italy
 lorenzo.chieffi@libero.it

The recent Commission regulation (EU) N. 536 of 2014 has adopted a normative discipline for clinical experimentation on medicines for human use which constitutes the result of a fertile dialogue among the member states.

The introduction of this common legislation, that rises from the traditions of European constitutionalism, intends to stop research deprived of the necessary preconditions of science which could develop unjustified illusions for patients.

Throughout the use of a binding source which contains very detailed dispositions, the EU intends to match the execution of clinical experimentation, bridging the persistent regulatory gaps still existing in this medical research area.

The prevision of the necessary checks, during the various phases of the clinical trials, will allow the preservation of the rights, safety, dignity and well-being of the subjects.

A period in which the European identity suffers from a deep crisis due to persistent economic and social factors it inevitably occurs the strengthening, in the areas of the individual security, of medical research trials that may witness its commitment throughout the organs of EU government that has not to lose-sight of those values that are to set the way to the integration process.

CHINA HEALTH LAW: DEVELOPMENT TOGETHER WITH BIOETHICS AND MEDICAL ETHICS

Gao Chunfang
China Health Law Society, China

From its beginning, the China Health Law Society (CHLS) maintains that health law has an indivisible relation with bioethics and medical ethics. The past twenty decades have witnessed the constant efforts of CHLS in seeking for the theoretical evidences and practical demands for the concurrent development of health law with bioethics and medical ethics.

When the China Health Law Society (CHLS) began to prepare for its founding in 1988, it clearly stated that "Health law is the sum of a variety of laws and regulations that are designed to regulate the protection and maintenance of the rights and interests that are related with human life and health"; thus, the health law itself has wide connotation and denotation. Meanwhile, the founders of CHLS were actively involved in organization, academic research, and legislative activities based on the principle of "Combining Theory with Practice", with an ultimate goal of serving the general public.

The founders paid particular attention to the close relationships of health law with bioethics and medical ethics in their academic activities. During the first national symposium on health law, which was held in 1989, a special session of "New Medical Topics in Modern Society" was set to discuss the relevant issues. In May 2013, the Constitution of CHLS was revised during its fourth member representative assembly. The revision formally includes the clause of "Bioethics and Medical Ethics", marking a new milestone in the concurrent development of health law with bioethics and medical ethics under the leadership of CHLS.

During the first, second, and third Greater China Seminars on Health Law and Bioethics, which were held in Guangzhou, Taipei, and Macau in June 2013, May 2014, April 2015, respectively, scholars from mainland China, Hong Kong, Macau, and Taiwan carried out extensive and useful discussions on topics including the research directions of health law and bioethics, health equality, legislation for primary health care, bioethics, and new characteristics of medical disputes and their solutions. The fourth Greater China Seminar on Health Law and Bioethics will be held in Hong Kong next year.

In October 2014, CHLS held the International Symposium on Health Law and Bioethics in Beijing. Two of the six subjects were "Medical Ethics and Bioethics" and "Theory and Practice of Ethical Institutions", which covered 56 sub-topics. Among over 200 articles submitted by the participants, about one third were about ethical issues. Obviously, bioethics and medical ethics remain hot topics among experts and scholars in the relevant fields.

The Guangxi Health Law Society has compiled a monograph on bioethics.

In 2015, CHLS reorganized its academic committee and education committee and established new agencies including the Professional Committee of Pharmaceutical Intellectual Property. The new members include talents from colleges, medical institutions, government agencies, and law firms, covering multiple fields including civil law, health law, bioethics, medical ethics, forensic psychiatry, and management. Notably, bioethics and medical ethics will be the key topics in the academic forum to be held by the end of this year.

In February and April 2015, CHLS and the Research Department of China Law Society co-sponsored two legislative expert consultations, during which the participants proposed their observations and recommendations on health law, bioethics, and medical ethics, showing particular enthusiasm on gene and its related ethical issues.

Based on our experiences in the past 20 years and in particular during international exchanges, we increasingly recognize that health law is tightly connected with bioethics and medical ethics, and such inseparable relationships have been confirmed by medical research and clinical applications. Meeting the requirements of medical ethics and bioethics is a precondition for the implementation of medical research and clinical applications. Despite of their differences, health law and bioethics, as two important and mutually-supportive weapons that define the borders of research on law sciences and guard the life and health rights of human being. In fact, health law and bioethics have the same philosophical foundation and value orientation, and medical ethics and bioethics use health law as their mainstay. Thus,

the role of hospital ethics committee in the health care services should be further enhanced, and medical staff should receive complete education and training on ethics.

Health law, bioethics, and medical ethics are all developed to protect and maintain the life and health rights and interests of human beings. They are not empty talks; rather, they can be applied as highly valuable guidelines on social development.

ETHICS COMMITTEES IN THE ANGLO-SAXON EXPERIENCE AND IN CONTINENTAL EUROPE

Giovanni Ciccarelli

C.I.R.B., Italy

avv.giovanni.ciccarelli@virgilio.it

Are Ethics Committees really an essential vehicle for giving a central role to Bioethics and ethical issues within medical research and healthcare professions? Do they also represent privileged channels to deal with the problems of human experimentation about the regard for life, freedom and dignity of all involved people (patients and healthcare providers)?

This work wants to cause possible and positive answers to the previous questions. We do not expect to be exhaustive since Ethics Committees, as they are very complicated, detailed and often diversified entities, at all levels (international, national, regional, local) and because of their widespread diffusion.

The paper starts by explaining the historical reasons which led to the births of Ethics Committees in the Anglo-Saxon experience and then investigates the spread of Ethics Committees in continental Europe, focusing on their different types and nature (public or private), institutional placement and distribution to any territorial level (international, national, regional and local), professional multidisciplinary composition, functions, purposes and indications that these institutions started giving and they often continue to supply even today.

We, then, took up the difficult challenge of those who believe in the need of Ethics Committees, overcoming the opposing points of view of those people who take a skeptical attitude (they think Ethics Committees are useless bureaucratic complications for stealing ethical problems to doctors and patients) or, even, of those who believe it is dangerous to seek help from Ethics Committees rather than referring to certain legal regulations and behavioral codes in medicine.

VEGETATIVE STATE, MINIMALLY CONSCIOUS STATE, LOCKED-IN SYNDROME: MEDICO-LEGAL AND FORENSIC PROBLEMS

Mariano Cingolani

University of Macerata, Italy

m.cingolani@unimc.it

Preliminary the author analyzes the clinical and medico-legal implications of the three different forms (vegetative state, minimally conscious state, locked-in syndrome). Are then addressed the problems of forensic investigations in cases of death of persons in a vegetative state after suspension of nutrition and idratation. The Medico-legal investigations should focus on scrupulous examination of clinical records followed by the evaluation of necroscopic and toxicological data in order: 1) to determine that the cause of death was due to acute cardiorespiratory and renal failure induced by dehydration, hypovolemia and hyperthermia, and without evident signs of discomfort; 2) to exclude causes of death other than from the withdrawal of artificial nutrition and hydration; 3) to verify the correct application of supportive protocols during the end of life phase.

THE PROFESSIONAL LIABILITY AND THE CROSS-BORDER MEDICINE

Vania Cirese

AOGOI, Italy

info@studiocirese.com

"Medical malpractice" implies the liability of doctors and other treatment providers when they cause harm to a patient by rendering their services in a "negligent" manner. All States have their own laws and procedures to handle these specialized personal injury cases. But in general terms, a doctor is liable if his or her conduct fails to meet the "standard of care" provided by other doctors under similar circumstances. For obstetricians and gynecologists future health care demands better conditions of working to counteract the increase of liability and clinical negligence claims.

Expert witnesses play a unique role in medical malpractice lawsuits. Many of the issues debated in these cases, such as whether a surgery or childbirth was performed correctly, are too complex for judges and public prosecutors to understand on their own. This means other doctors must be called upon to study the case, render an opinion, and explain their findings.

A number of fetal injuries can be caused by the so called medical malpractice, including brain injuries (such as cerebral palsy and seizure disorders), fractured bones, and Erb's and Klumpke's palsy (damage to nerves that control the arms and hands). However, we have to keep in mind that these injuries are more often caused by something other than medical malpractice.

A physician or obstetrician's negligence can happen during childbirth or long before. Such as:

Negligent prenatal care. If negligent medical treatment is provided during the pregnancy, it could harm the fetus or the mother (or both). Some examples of negligent prenatal care include the physician or obstetrician's:

- failure to diagnose a medical condition of the mother, such as preeclampsia, Rh incompatibility, hypoglycemia, anemia, or gestational diabetes
- failure to identify birth defects
- failure to identify ectopic pregnancies, or
- failure to diagnose a disease that could be contagious to the mother's fetus (such as genital herpes or neonatal lupus).

Negligence during childbirth. A doctor's negligence during childbirth could cause injury to the baby and harm to the mother. Common medical errors during childbirth include the physician or obstetricians:

- Failure to anticipate birth complications due to the baby's large size or because the umbilical cord got tangled
- Failure to respond to signs of fetal distress
- Failure to order a caesarean section when one was appropriate, or
- Incompetent use of forceps or a vacuum extractor.

Taking all these problems into consideration there is no doubt that risk management in healthcare is potentially more important than in any other field. In most industries, an organization develops and implements risk management strategies in order to prevent and mitigate financial losses. The same can be said for healthcare, but this is to go along with patient safety. Risk management in this area can mean the difference between life and death, which makes the stakes significantly higher.

The key to success is certainly a centralized reporting system, connected with regional units and hospitals. Such a system will allow for the identification of opportunities for improvement in clinical, operations and business areas together with a good insurance.

Through the proper application of clinical risk management strategies, clinical negligence litigation should be avoided or at least exposure to it minimised.

European Institutions such as EU Parliament and Commission as well as member States are constantly considering these problems looking to fully address the issue.

ETHICS AT THE HEART OF PROFESSIONAL POLICIES OF EUROPEAN SPEECH AND LANGUAGE THERAPISTS

Raffaella Citro
Federazione Logopedisti Italiani, Italy
r.citro@tiscali.it

One major identifying factor of a profession is the willingness of individual practitioners to comply with ethical and professional standards that exceed the minimum legal requirements. It is clear that where professional activities are provided cross border, the host Member State's professional rules linked to professional qualifications, particularly those linked to consumer protection and safety shall apply. This recognises the current position in which codes of conduct for an individual professional may differ from one Member State to another and that those who avail themselves of cross-border professional activities will expect it to be provided subject to the same ethical and practice standards as apply where they live.

ADVANTAGES AND DANGERS OF A WORLD WITH OR WITHOUT LIFE EXTENSION: A LONGER, HEALTHIER AND ETHICAL LIFE FOR EVERYBODY?

Didier Coeurnelle
Heales (Healthy Life Extension Society), Belgium
didier.coeurnelle@gmail.com

A longer and healthier life is enjoyed by the citizens who can benefit from it.

This evolution is also positive for the whole society. It is better for the economy, for a sustainable environment, for a peaceful society, for the level of well-being in the society.

This speech gives a description of positive ethical, economic and sociological aspects of a world with a largely delayed senescence.

The following aspects concerning life extension will be approached accompanied with statistical information:

- Economic consequences: lower health costs and impact on pensions.
- Environmental consequences: the question of overpopulation and the pattern of consumption of people advancing in age.
- Harmonious society: ethical questions, lower rate of crime, higher rate of happiness and a higher level of resilience.

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 question of the ethical necessity of health research funding will be discussed. Should the State subsidize life extension? Taking in consideration, medical progresses and the possibilities to accelerate them, we can consider the right to health as defined in national laws, national constitutions and international treaties under a new light. We could consider scientific research for a longer life as a moral obligation or a duty to rescue.

ETHICAL CONSIDERATIONS IN RESEARCH OF POST TRAUMATIC VICTIMS

Ety Cohen¹, Moshe Z. Abramowitz^{1,2,3}, Samuel Wolfman⁴, Yoram Blachar^{5,6,7,8}

¹ Madan Group, Israel

² Hebrew University Medical School, Israel

³ The Jerusalem Mental Health Center, Israel

⁴ Haifa University, Israel

⁵ Peres Academic Center, Israel

⁶ UNESCO Chair in Bio-Ethics (Haifa)

⁷ Israel Medical Association

⁸ World Medical Association

Haim.knobler@gmail.com

Research of acute interventions among trauma victims poses considerable ethical issues. These include: How "voluntary" is the subjects' willingness to be included in a PTSD prevention/treatment study? Are all PTSD trauma victims able to give a genuine informed

consent, amidst all the confusion? How many times may trauma survivors be included in studies? Is there a place for a preliminary treatment of trauma victims by psychotropic medications? Studies in the field may benefit from adopting PTSD Prevention Programs, which attenuate these ethical dilemmas.

DATA MANAGEMENT IN LOCAL IRB AT BARIZLAI MEDICAL CENTER

Ornit Cohen, Malka Mishel, Shimon Narkis, Gilles Luggasy
Barzilai University Medical Center, Israel
ornitc@bmc.gov.il

Introduction: Conducting a clinical trial involves high skills of Data management both from the sponsor and the ethic committee. But while the sponsor has all updates technology on his tools, the IRB realized that monitor the enormous paper work comes part of the clinical trial is feasible in present only by using a dedicated software. This software enables the committee member, the head of IRB and the investigators to navigate easily all regulation documents in each study. Barzilai University Medical Center has identified the complexity needs along with the updating regulation from MOH and FDA and decided to purchase a clinical trials software named "Matarot" to its facilities.

Aim: Evaluate effectiveness of IRB data management at Barzilai Medical Center

Methods: Screen all types of use and monitoring by "Matarot" during the past 3 years

Results:

1. Appearance- All research data (Name, type, validity etc.) appeared convenient and efficient upon relevant scatter
2. Human resource- each active investigator is going through a professional training by the IRB, and a close monitoring of its needs and work relevance update.
3. Medical Content- a continuous parameters is being collect accordance with accepted professional standards
4. Security service provided to keep medical confidentiality.
5. Quality of work- quick extraction reliable information, traceability of documents and study approvals
6. Increase transparently toward regulatory authorities and the researcher.

Conclusion: Using data management software at the IRB committee has raised the quality of ongoing work. As a result, a local researchers database and research topics has established, and the committee improved her ability to detect problems in research management due to lack of compliance with recruitment.

The value and the constant dialogue between researchers and IRB Committee has allowed the improvement processes.

MONITORING OF SCIENTIFIC EXPERIMENTAL PROTOCOLS

Eduardo Consiglio
Federico II University of Naples, Italy
eduardo.consigliounina.it

In this paper are described the main elements to be considered for a proper scientific evaluation (monitoring) of clinical trials. Moreover, the methods will be highlighted, by which the projects should be critically analyzed to ensure the usefulness, validity and scientific consistency of experimental projects according to the rights and well-being of the people who take part of. The correct setting of experimental protocols represents not only a warranty for the ethical validity of clinical trials but, also, for the control organizations that should establish the legitimacy of these studies.

Here are reported the main elements to be considered for proper scientific evaluation of the trial such as: the informations on which the hypothesis of the study (bibliography) is founded, the aim to be achieved (outcome), the size of the sample to be analyzed, the statistical analysis of both the sample and the data that are expected for the proper development of the trial, the methodology and the strategy that will be used, as well as the funding for the fulfillment of

the project.

It is also established that the evaluation of the feasibility of a clinical trial cannot be separated from carefully consider three aspects: the "informed consent", necessary to safeguard the freedom of decision of the patient; "criteria and statistical methods", used for the evaluation of results; the "financial feasibility plan", necessary for the development of the trial.

PARENTAL AGREEMENT, CONSENT OF THE CHILD, CONSENT OF ADOLESCENT PATIENT IN HEALTH TREATMENT

Adelaide Conti
University of Brescia, Italy
adelaide.conti@unibs.it

The increasing emphasis being placed on patients' rights, is also having repercussions for the structure of the relationship between health care staff, the under-age patient and his/ her parents. In more general terms, health care treatments which can definitely be considered as ordinary care - so that the consent of just one parent is sufficient - are classified as routine (treatments for conditions which recur quite often, at a more or less constant frequency, in the life of a basically healthy individual); treatments which do not fall within these limits should be classified as non-routine, requiring specific management. The reference parameters for making this assessment therefore consist of the level of risk to the minor's life and health deriving from his/ her condition, the prospects for success of the intended treatment, how invasive it is, and the gravity, time-line and probability of adverse consequences if it is not carried out.

The Italian Code of Medical Ethics (2014) states that when dealing with a minor, physicians shall obtain informed consent or refusal in relation to diagnostic procedures and/ or therapeutic interventions from the legal representative, but also that physicians shall provide children with information enabling them to understand their state of health and the planned diagnostic-treatment interventions, in order to involve them in the decision-making process; physicians shall give due weight to the opinions stated by minors in all decision-making processes related to them and shall report to the competent Authority opposition on the part of a properly informed minor, or of the person exercising parental responsibility, and shall still proceed without delay with any treatment considered essential and which they believe cannot be postponed.

Age continues to be perhaps the most important criterion of reference when ascertaining whether a child is actually able to take a decision: reference could be made to a number of non-binding but guideline age-bands, combined with a case-by-case assessment of the child in question's understanding of the possible decisions to be taken.

ETHICAL DILEMMAS IN THE ELECTRONIC MEDICAL ERA: AN INTER RELIGIOUS COMPARISON

Yitschak Copperman
Assuta Hospital, Clalit Health Services, Israel
issacc@smile.net.il

The ability to prolong life by electronic medical equipment has presented to us new ethical dilemmas that were not seen in previous generations. Two examples are presented.

A middle aged man had a pacemaker inserted. Over a period of time, his mental condition deteriorated to the extent that he was unable to recognize his own wife and children. Physically, he was strong and healthy and had a long life expectancy. Without the pacemaker, he will die. When the battery weakens, should it be replaced or let nature take its course?

An elderly man had a defibrillator inserted to prevent sudden cardiac arrest from dangerous heart arrhythmias. As his general condition deteriorated, he was concerned that when he "died", the device would continue to resuscitate him, and not allow him to die in peace. He asked his cardiologist to externally electronically deactivate the device. This would prevent the device giving him an electric shock if he had an arrhythmic cardiac arrest, and not artificially prolong his

suffering.

These real life cases were presented to authoritative representatives of the Jewish, Muslim, Christian Catholic and Protestant faiths. Their relative attitudes, points of agreement and differences of opinion are the subject of this paper.

INTELLECTUAL DISABILITY AND FUNCTIONINGS APPROACH

Alexandre Costa
UF RJ (Federal University of Rio de Janeiro), Brazil
alexandrecoaleal@hotmail.com

Presentation which makes an analysis about its applicability in health, facing two important points of the Intellectual Disability: first, the ontological and epistemological issues of the health models that seek to define such a deficiency; second, the issue of quality of life and justice in those affected by such condition. Two are the end products of this analysis. The development of a model of mental health based on this perspective, allowing a proposed redefinition of intellectual disability is the first. Such a model intend to present a internal consistency superior to the WHO's model. The second product is the identification of such a perspective besides presents internal consistency when applied to the issue of intellectual disability, offers the most pragmatic satisfying contributions with regard to the problem of rationality, identity, freedom and quality of life, providing assessment tools and attempting to include those affected by this condition in the moral sphere.

BASIC FUNCTIONINGS FOR TRANSEXUAL WOMEN: STRATEGIES FOR THE EVALUATION OF THE BRAZILIAN PROGRAM KNOWS AS "PROCESSO TRANSEXUALIZADOR"

Cristiane Costa
Universidade do Estado do Rio de Janeiro, Brazil
cmacosta1964@gmail.com

The objective of this study is to produce an operating instrument – list of Basic Functionings – which serve to evaluate the integrality of the "Processo Transsexualizador". The study employed techniques like observation, interviews, and documentary analyses with ten transsexual women and four professionals from a unit of specialized attention in Rio de Janeiro. Content analysis and NVIVO program were used to analyses. The results showed seven basic Central and interrelated capacities that represent the integrality of health attention. This instrument will facilitate the identification of effectiveness of public police and the real contribution in the life of transsexual women.

TRAINING AND ETHICAL UPDATING FOR DENTISTRY IN AESTHETIC MEDICINE: CLINICAL ASPECT

Ezio Costa
Italy
ezio@dottoreziocosta.it

Facial rejuvenation: a new "proaging" approach, from teeth to face Dentistry nowadays is extremely focused on the Aesthetic outcomes: the smile perception is extremely important in our personal and working relations as well as a fresher positive look.

Dentists are asked to create the best smile reshaping not only the teeth but all the aspects of the smile within the whole face.

Dental treatment plans need to be integrated with the treatment of the facial soft tissues as you have to imagine a nice frame around a valuable picture.

Facial analysis is the first important step to take, when elaborating an integrated treatment program. The new philosophy is a global vision of the Face, intraoral and perioral, dealing with teeth, skin, soft tissues and above all with the patient aspirations and wellbeing.

SHOULD WE ROUTINELY OFFER A PERIOD OF REFLECTION TO THE PATIENT FOR AN INTERVENTION IN ORTHOPAEDIC SURGERY?

Henry Coudane, Jane Laure Danan, Vincent Seivert
University of Lorraine (EA 7299) Medicine Faculty Nancy, France
 h.coudane@chu-nancy.fr

Introduction: The French Code of Public Health does not explicitly impose a period of reflection to the patient, so that he can make a serene decision except for cosmetic surgery where the reflection period (Art. L. Cosmetic Surgery 6322 -2 of the Code of Public Health) is fixed to fifteen days.

The First Civil Chamber of the Supreme Court, in a judgment of 11 March 2010 (appeal No. 09-11270) has admonished that the surgeon has to give a time for reflection "adapted" to the patient.

Material and methods: 52 patients were prospectively enrolled between 1 January 2014 and 1 March 2014. All patients should receive an orthopaedic surgery scheduled (non-emergency).

Data were collected by two questionnaires, prospective, observational, single-centre, semi-chaired by two members of the medical team before and after the intervention maintenance.

Each questionnaire consisted of 10 multiple choice questions. The patient could at any time change response. The interview was conducted the day before surgery and the day of the release.

Results: The average age was 56, 5 years. 26 patients had a prosthetic surgery (hip, knee, shoulder). 21 patients underwent corrective surgery of the forefoot or arthroscopic knee or shoulder. All patients were hospitalized in the traditional fashion (excluding outpatient). 5 patients had surgery for removal of osteosynthesis material.

92% of patients have praised their surgeon as the main person who was involved in their decision to intervene. Before the intervention, 75% of patients did not need to define a period of reflection before confirming their decision. After surgery, only 6% of patients regret not having defined period of reflection. In patients with a defined period of reflection, 56% ($p < 0.01$) felt that it was too short. Most of the patients are not in favour of a mandatory cooling period to two questionnaires ($OR = 1, 18$ IC 95% [0, 3373-4, 1349] – p -value = 1).

Conclusions: The perception of the reflection period by patients is discordant. Patients are attached and adhere to the relationship of trust with their surgeon in their decision choice. They are not in favour of a period "imposed".

The concept of reflection period (in the exercise of the programmed orthopaedic surgery) is both an ethical and jurisprudential concept.

In this prospective study, it appears that the concept of "thinking time" does neither hampers nor ethical relationship of trust patient-surgeon, nor a posteriori, i.e. after completion of the intervention, the decision-reflection patient.

EMBRYO ADOPTION IN THE UNITED KINGDOM – THE CASE FOR NHS FUNDING

Chantal Cox-George¹, Kevin Jones²

¹ *University of Bristol, UK*

² *Great Western Hospital, UK*

cc0172@my.bristol.ac.uk

Instead of embryos being destroyed or used for research purposes, couples may choose to donate their remaining embryos having completed their families with the assistance of in vitro fertilisation (IVF). 'Embryo adoption' describes the process by which other couples adopt these embryos (formed from donor oocytes and donor sperm) with the hope of starting families of their own.

In the UK, embryo adoption is permissible and regulated by the Human Fertilisation and Embryology Act 1990, as amended. Despite this, the National Health Service in the United Kingdom are yet to formally recognise the assisted reproduction technique, despite clear existing guidance in place for both donor insemination and oocyte donation. As the acceptance of the process is enshrined in UK law the authors will, for the purposes of this discussion, accept that the embryo adoption process is also ethically and morally sound. It logically follows that, as a consequence of a lack of funding from the NHS, embryo adoption is restricted to privately funded clinics. This

leaves individuals or couples who wish to employ this method of conception with no option other than to fund the process themselves. This restricts embryo adoption to those with financial means.

The authors argue that just as the NHS funds fertility treatment with donor sperm and donor oocytes so too should the NHS fund treatment with donor embryos. This argument is defensible on ethical grounds despite implications for not only the potential child but also the embryo donors, the embryo recipients and the NHS itself.

COSTS OF NEW ANTI HEPATITIS C REGIMENS AND ACCESS TO CARE: THE CASE FOR PRIORITIZATION OR UNIVERSAL CURE

Lucia Craxì, Dario Sacchini, Pietro Refolo, Antonio Gioacchino Spagnolo
"A. Gemelli" School of Medicine, Università Cattolica del Sacro Cuore, Italy

luciocraxi@gmail.com

Hepatitis C virus (HCV) infection is a major health problem worldwide. Chronic HCV infection may in the long run cause cirrhosis, hepatic decompensation and hepatocellular carcinoma, with an ultimate disease burden of at least 350 000 deaths per year worldwide. The new generation of highly effective direct acting antivirals (DAAs) to treat HCV infection brings major promises to infected patients in terms of exceedingly high rates of sustained virological response (SVR) but also of tolerability, allowing even the sickest patients to be treated. Even in the face of the excellent safety and efficacy and wide theoretical applicability of these regimens, their introduction is currently facing cost and access issues denying their use to many patients in need. Health systems in all countries are facing a huge problem of distributive justice, since while they should guarantee individual rights, among which the right to health in its broader sense, therefore not limited to healing, but extending to quality of life, they must also grant equal access to the healthcare resources and keep the distribution system sustainable. In the face of a disease with a relatively unpredictable course, where many but not of all chronically infected will eventually die of liver disease, selective allocation of this costly resource is debatable. In most countries the favorite solution has been a stratification of patients for prioritization of treatment, which means allowing Interferon-free DAA treatment only in patients with advanced fibrosis or cirrhosis, while keeping on hold persons with lesser stages of liver disease.

We should therefore question about ethically proper margin profits for drug industries and ways to limit the high price tags of drugs, but most urgently we have to solve the ethical problems linked to accessibility for the new therapies and criteria adopted for eligibility. Even if over time the price of new DAAs will be reduced through competition and eventual patent expiration, the phenomenon of high drug costs will go on in the next decades and we need adequate tools to face the problems of distributive justice that come with it.

An ethical assessment about the health care policies adopted for access and prioritization of new DAA treatments, examining three ethical frameworks (individualistic libertarianism, social utilitarianism and egalitarianism) will be presented.

HOW TO INTRODUCE YOUNG PEOPLE TO THE CONCEPT OF CONSENT

Stefano Cretier

European Centre for Bioethics and Quality of Life, Italy

stefano.cretier@gmail.com

Consent is a central concept in bioethics, since it is the condition for any medical intervention, whether aimed at prevention, diagnosis, treatment or research. The session aims to explain the teaching approach used by the UNESCO Chair of Bioethics to introduce the concept of consent among pupils and students of school age, from 3 to 19 years old, as part of the syllabus to be published. A focus will be placed, in particular, on some emblematic case studies, which refer to the Articles 6 and 7 of the UNESCO Declaration on Bioethics and Human Rights

MEDICO-LEGAL ISSUES OF A NEW DISORDER: GAMBLING

Antonello Crisci, Francesco La Sala
University of Salerno, Italy
acrisci@unisa.it, prof.crisci@tiscinet.it

Gambling disorder is an emerging problem in Western public health services. DSM V provided the first complete assessment for this mental disorder. Compulsive gamblers are affected by significant social, psychological and economic problems and some of them are involved in crimes and violent behavior as authors or victims. Custer distinguished three phases of pathological gambling: the winning phase, the losing phase, the desperation phase. The last phase is more often associated with medico-legal problems as substance abuse, crimes against people and property. Gambler can also be cheated and there is a discussion about legal capacity of these people. Deviance risk analysis in gambling reveals a very useful instrument in development of community-based treatment strategies.

MITOCHONDRIAL DONATION – THE THREE PARENT EMBRYO OR NOT?

Mair Crouch
University of Glasgow, UK
maircrouch@geneticsandlaw.co.uk

On February 24 2015 the UK regulator of the fertility sector, the Human Fertilisation & Embryology Authority, released this press statement: *“After many years of scientific and ethical debate, Parliament has decided today to permit the use of mitochondrial donation to give families with serious mitochondrial disease the possibility of having their own healthy genetic children. Britain is the first country in the world to permit this treatment, and it is a testament to the scientific expertise and well-respected regulatory regime that exists across the UK that Parliament has felt able to approve it. The HFEA now have to develop a robust licensing process, which takes into account on a case by case basis the technical and ethical complexities of such treatments to ensure that any children born have the best chance of a healthy life.”*

The difficulty is that this decision is based on miss-represented science which rests uncomfortably with the HFEAct 2008. As a consequence there is a real risk that the first specific licence issued by the HFEA to carry out mitochondrial treatment will be open to legal challenge. In this paper I intend to give an accurate outline of the scientific procedure, the law as written in the HFEAct 2008 and discuss the conflict that has arisen.

MEDICAL LIABILITY AND SURGICAL COMPLICATIONS

Gaoming Cui
China Health Law, China
cs_lawyer@126.com

Medical disputes are inescapable. Some medical disputes have affected the development of medicine in recent years. Complications have become the trend of infringement. Medicine is a science of developing, especially in surgery. Damage to healthy tissue is not good. Often cause conflict. Jurist and medical scientist to protect medical, don't let the law destroy medical.

ETHICAL, LEGAL AND POLITICAL ASPECTS IN COLON CANCER SCREENING

Francesco Cupella, Ines Giorgi
Salvatore Maugeri Foundation Scientific Institute of Pavia, Italy
fcupella@fsm.it, Ines.giorgi@fsm.it

There is general consensus that colorectal cancer screening meets the screening criteria.

In many countries, colorectal cancer screening is currently an

established population screening program due to the evidence on its reduction of colorectal cancer mortality

Although cancer screening programmes may be widely accepted, a number of ethical considerations need to be taken into account, such as the risk of over diagnosis and overtreatment, medicalization of society, the challenges of false-positive and false-negative findings, and the introduction of guilt (for non-participation in screening) and fear (for cancer) in the target population. Also the issue of participation is inherently linked to the relations between the health system and society in which developed.

Ethical differences exist in different types of screening in different socio-political area and states: organized or opportunistic screening. Opportunistic screening is the typical pattern of countries in which there is no public health service. Organized screening, however, provides a direct action by the national health system; it is the model most often adopted in countries with a service public health

For these reasons, we must evaluate methods that a screening program can take to improve relations with the society in which it is implemented.

In particular, we must consider issues such as inequalities in screening access, impacts of programs on reducing inequalities, problems about information and conscious participation.

LEGAL ASPECTS OF TELEMEDICINE IN AN INCLUSIVE, INNOVATIVE AND SAFE SOCIETY

Luciana D'Acunto
Università degli Studi di Napoli “Federico II”, Italy
luciana.dacunto@unina.it

The report will examine the main legal implications related to the implementation of telemedicine.

The first part of the report will try to highlight the relationship between the so-called right to access to the internet and the provision of online clinical health care. The question is essential if we agree with the idea which acknowledges constitutional relevance and instrumental value to the right of access. It is not possible to protect any other form of exercise, through ICT, of the other rights recognized in our legal system, even at a constitutional level, included the social right to the public provision of health care (art. 32 Constitutional Law), if the right of access is not legally recognized – to all the subjects, without any qualitative or quantitative distinction. In this perspective, the matter has a direct connection with the issue of the digital divide.

The second part of the report aims to reconstruct the legal framework of health care at distance. We will try, therefore, to describe the main innovations of the existing legislation, drawing some guidelines which may be useful in a de jure condendo perspective. Particular attention will be paid to the exam of the problems involving privacy and security of data transmission. In the end, but the topic is anything but less pertinent, we will examine the issue of the liability of the teledoctor, trying to identify possible forms of co-liability of other parties involved, first of all the providers of connectivity services and the manufacturers of devices.

FUNDAMENTAL ETHICAL ISSUES IN UNNECESSARY SURGICAL PROCEDURES

S. D. Dalvi¹, M.C. Tayade²
¹ Pravara Institute of Medical Sciences, (Deemed University), India
² RMC, PIMS, India
vcpims@pmtipms.org, shashank.dalvi@gmail.com

Performing unnecessary surgical procedures is inconsistent with ethical practice because all surgical procedures carry definitely some degree of risk. Every year millions of patients go under knife, but many of them are enduring great pain and shelling out thousands of dollars for surgeries which they don't really need. The estimated figure for the unnecessary surgical operations varies from 30%-70. The common observation is that many surgeries are avoidable in nature. It is surgeon's moral responsibility to do best for patient and think whether to do surgery is appropriate or not. Medical justification, desire of patient and qualification of surgeon for that operative

procedure are important ethical issues respectively dealing with beneficence, patient autonomy and non-maleficence, the basic traditional values of medical bioethics. It is not justifiable to do unnecessary surgical operations only for the sake of benefits to surgeon himself and for hospitals. The patient being treated at the appropriate time must be the physician's primary concern. Informed consent includes adequate information about the details of procedure, associated risks, benefits, and alternatives before any surgery. Performing unnecessary surgery violates rules of fundamental code of ethics. However it may be difficult to prove which cases are unnecessary. Unnecessary surgery is that which is medically unjustifiable when the risks and costs are more than the likely therapeutic benefits or relief to the patient based on the patient's lifestyle requirements. To avoid or minimize such interventions basic seeding of ethics in curriculum and strict laws will be definitely helpful in clinical practice.

Learning objectives:

- Fundamentals of code of ethics in surgical procedures.
- Practices of unnecessary surgical procedures in India and worldwide – Review.
- Basic violations of medical ethics in unnecessary surgical procedures.
- Surgeons responsibilities and code of ethics.

NAREKATSI IN FRAMES OF BIOETHICS CURRICULUM

Susanna Davtyan¹, Mikayel Khachatryan², Ara Johrian³, Karen Ghazaryan⁴

¹ Yerevan State Medical University, Republic of Armenia

² Russian-Armenian (Slavonic) University, Republic of Armenia

³ Eaglepharm, Republic of Armenia

⁴ Bioethics Development Society, Republic of Armenia

susannadavtyan47@gmail.com

The present report is devoted to Gregor of Narek, a great thinker of the X century.

Why I have included this topic into the frames of Bioethics? What connection, link can be found between Bioethics (born in XX century) and between the ideas, expressed by Narekatsi (X century).

In order to answer to that question it would be better to take into consideration the ideas of ancient Eastern thinkers.

In their opinion: there isn't leg, a nose, etc. There is only a man who has body and soul and you should show a system approach to him: don't cure the body until you do not cure the soul (Plato).

Narekatsi gives us an excellent example of real physician who should master his profession deeply and at the same time he should be very honest, balanced, clever and intelligent. Each physician should understand the fact that he is a mortal with his shortcomings and mistakes, not a God, should not throw down the gauntlet to God and boast that he can create a man or take lives of severely ill men. Today's technologies and scientific achievements can give us such opportunities, but as said A. Shveitser: "If I have the right to pick up all the fruits to which my hands can reach".

Do not think that you know everything, always study, study and study. Narekatsi himself shows the best example of modesty, of knowing his place and of not being arrogant, proud, just on the contrary always be self-critical.

NEURODEGENERATIVE DISEASES AND THE SENSE OF SELF

Andrea De Bartolomeis

University School of Medicine of Naples Federico II, Italy

adebarto@unina.it

The sense of self is considered a pivotal structure in the dynamics of behavioral flexibility and decision making.

Far to be completely understood in "normal" behavior the determinants the sense of self represent a challenging issue in brain disorders that jeopardize the integrity of subject's identity such as in neurodegenerative disease and in severe psychotic illnesses. Learning, memory, perception, self-awareness and consciousness all converge

to promote and control the sense of self being embedded in executive "functioning" and creating the onset of identity. Therefore the disruption of normal brain circuitries involved in executive functioning as in the case of neurodegenerative disorders calls for special attention on the consequences in life everyday behavior of people affected by the disease, and the related clinical manifestation.

The differential involvement of cortical and subcortical brain structures has been described with emphasis on the role of medial prefrontal cortex, cingulate gyrus, hippocampus. Less known and perhaps more challenging is the emerging role of structure such as amygdala, ventral tegmental and substantia nigra and in the onset and modulation of the sense of self.

A special population is also represented by severe psychotic patients, especially the ones who poor respond or do not respond to standard treatment and who cannot take advantage of the balancing effect of pharmacological therapies.

The issue is a stringent one considering the emerging literature on brain architecture changes in psychotic disorders and possibly their neurodegenerative nature.

POSSIBLE SERIOUS HAEMORRHAGIC COMPLICATIONS OF EPISIOTOMY

Mimmo De Cristofaro¹, Nunzia Cannovo², Maria Antonietta Zinno¹, Vincenzo Graziano¹, Mariano Paternoster¹

¹ University of Naples Federico II, Italy

² International Office for Bioethics Research of the European Center for Bioethics and Quality of Life of the UNESCO Chair in Bioethics Unit, Italy

mimmodec@hotmail.com

An episiotomy is a surgical section of the vaginal mucosa, of the pelvic muscle floor and aponeurosis and of the skin of the perineum in order to widen vulvar ring during childbirth.

It is a procedure for the prophylaxis of potential perineal and vaginal lacerations, and/ or to facilitate the expulsion and/or extraction of the foetus.

With the medicalization of childbirth, a progressive indiscriminate use of this procedure has occurred.

Not too long ago episiotomy was even systematically recommended in both primipara and in multipara mothers.

In Italy, still today, very high rates of use of that procedure in public health institutions are reported, probably because it is often used for defensive medicine purposes.

Numerous studies have however pointed out that an episiotomy involves the risk of even serious complications.

The loss of maternal blood from the surgical wound, with subsequent formation of large perineal hematomas or even copious haemorrhages, among other complications, should not be underestimated.

Such complications are rare, nevertheless they can also be fatal.

In this regard, two cases will be described: one is the need for transfusion following the formation of a large perineal hematoma; the other is a case of haemorrhagic shock.

In order to avoid the risk of these severe events it is necessary to give adequate information to women about their possible occurrence, before their childbirth, in order for pregnant women to give their informed consent to the procedure.

ETHICS AND "INFORMATIVE HEROISM"

Domenico De Leo, Chiara Laposata

University of Verona, Italy

domenico.deleo@univr.it

The so-called "Informative heroism" is the disclosure of error after a surgical-medical treatment given to the patient. This practice is been known since 1982, when it was proposed by the American Medical Association, and is widely recognized as a tool for clinical risk management; however, its application is still controversial. Recently, the Italian Code of medical ethics was updated by introducing the concept of the disclosure of "medical error". As known, the terms

“medical error” or “adverse event” usually are limited to instances when health professionals cause harm to a patient, and not include damages resulted from negligence or reprehensible ignorance. Therefore, physicians have no ethical duty in revealing errors identifiable as consequences of medical malpractice. Such an admission from the physician may have severe drawbacks in legal terms with an increase in the number of litigations, and may involve the loss of the professional liability insurance coverage. This is due to the so-called “cooperation clauses”, included in most insurance policies. In Italy, this issue becomes even more important considering the spread in the Public Health Care Institution of professional liability self-insurances. In this model, an insurance company provides coverage above an established deductible, or a Public Health Care Institution fully compensate by means of its proper funds. In this last circumstance, a Public Health Care Institution, that consider prejudicial a physician admission of liability, may request this employee the compensation of the corresponding amount paid.

EXPERIMENTAL STUDIES IN NEUROLOGY

Giuseppe De Michele
University of Naples Federico II, Italy
 demichel@unina.it

To date, most research efforts in the field of neurology are concentrated on the target of providing more effective treatments for neurodegenerative disorders, which carry a significant and growing social and economic burden. Alzheimer's disease, the most frequent of them, eventually leads to the loss of decision-making capacity to provide informed consent for clinical trials. It has been suggested that family surrogate consent could be a valid option to allow patients with dementia to be involved in research protocols. Scientific surveys have shown that this opinion is supported both by people at risk for AD and by the general public, even when the trial risks are significant to the subjects.

Stroke is a leading cause of death and of serious, long-term disability in developed countries. Patients with stroke may have cognitive deficits that alter their capacity to give informed consent for research. On the other hand, the study that led to the only effective treatment for acute ischemic stroke would not have been completed without subjects enrolled by surrogate consent.

The lack of effective therapies makes stem cell and gene therapy an attractive option to investigate in the treatment of neurodegenerative diseases. Key unsolved ethical issues include the derivation of stem cells and the choice of appropriate candidates for these innovative therapeutic approaches.

Therefore, it is imperative that the scientific community, patients, and lawmakers establish a constructive dialogue to clarify ethical and legal standards to face the many new challenges deriving from technological advances.

ELECTRONIC HEALTH RECORD BETWEEN POLITICAL ISSUES AND PRIVACY

Giovanna De Minico
University of Naples Federico II, Italy
 g.deminico@virgilio.it

This paper intends to delineate the differences between the legal regimes applicable to the electronic health record in the U.S. and Europe.

In the U.S. notice and awareness of data collection can be satisfied through the privacy practices statement which the company collecting the information sets out in its web site. In the EU, notices to the patient must state that information has been collected, how the information will be used, the entity's obligation to protect privacy, and the contact for complaints by the patient.

Thus, in the U.S. patient rights are more limited than in Europe. Furthermore, the distance is a policy question. U.S. legislation and doctrine are talking about the second stage of EHR, in which the privacy problem recedes before other issues, such as confidentiality, integrity and availability (CIA).

Confidentiality refers to the process that ensures that information is accessible only to those authorised to have access to it.

Integrity calls for the duty to ensure that information is accurate and is not modified in an unauthorised fashion.

Availability requires that information is accessible and useable only upon demand by an authorised entity.

Europe, having focused the whole debate on the privacy question, has underestimated the profile of the CIA and the question whether CIA standards should be regulated by industries or policy makers.

The author thinks that these are the real open questions.

MEDICALLY ASSISTED PROCREATION BETWEEN SOCIAL AND LEGAL ISSUES

Giuseppe De Placido, Carlo Alviggi, Roberta Vallone, Pasquale De Rosa, Silvia Picarelli
University of Naples "Federico II, Italy
 gdeplaci@unina.it

In Italy, the application the law regarding the Assisted Reproductive Technology (ART) is still matter of debate. The first issue is the availability of economic resources and the distribution of ART Units. Despite Government provides distribution of funds in the different regions, overall resources are insufficient to fulfil the demand of the general population. The latest report of the “Istituto Superiore di Sanità” (2012) shows that the number of cycles has been increasing in the last years, making the problem even more relevant. In the Northern Europe, despite lower number of ART cycles per year, the number of IVF centres and cycles per million inhabitants is higher. This evidence is consistent with data analysis, showing that there is an high number of centres in Italy with a low activity, especially in the South.

Secondly, despite the Constitutional Court declared the legitimacy of the heterologous fertilization, there are still difficulties concerning the organization of centres, the applicability of the techniques and ethical aspects of the gametes donation. In particular, total gratuity for the donation, the possibility of performing the 'egg and sperm sharing' and the donor selection are key points of the new guidelines of the egg/sperm donation programs.

Latest news about the Law 40 concern the possibility to perform ART in “fertile” couples affected by genetic diseases only to perform preimplantation genetic diagnosis (PGD).

The new possibility of performing heterologous fertilization and PGD in Italy would reduce the “reproductive migration” we observed in the last years.

TESTING IN UNIVERSITY AND HOSPITALS

Sabino De Placido, Giuseppe Buono, Francesco Schettini, Mario Giuliano
University of Naples Federico II, Italy
 sdponco@unina.it

Clinical research is crucial to develop new therapeutic strategies in medicine, especially in the oncology field. Typically, oncological research is performed in universities or in hospitals and can be distinguished in two major types according to the promoter: sponsored (the promoter is pharmacological industry) and independent (the promoter is University or other public institutions). In the last decade there has been a significant decrease in the extent of independent research in Europe, mainly due to difficulties in obtaining adequate financial support. Independent research has several advantages compared to sponsored research, such as a greater respect for the so called “uncertainty principle”, the lack of commercial interests and a greater objectivity in designing the experimental protocol, potentially leading to a greater ethical and scientific integrity. On the other hand, sponsored research can achieve higher levels of quality and control of clinical studies due to greater financial resources available to the investigators. Importantly, the recent introduction of new and technological advanced laboratory techniques has led to the possibility of analyzing molecular heterogeneity in cancer with the ultimate goal to develop personalized treatments. In this context, new research strategies are

warranted to better integrate results from preclinical and clinical studies and thus develop "translational" research approaches. To achieve this ambitious goal, it is necessary a closer collaboration between academia and industry. Particularly, new systems of scientific and financial cooperation between independent researchers and pharmaceutical industry are needed, in order to design modern "biomarker-driven" clinical trials able to define new tailored anticancer treatments.

HEALTH AND DETENTION: THE POINT OF VIEW OF THE MEDICO-LEGAL EXPERT

Bruno Della Pietra
Second University of Naples, Italy
bruno.dellapietra@unina2.it

Medico-legal reports concerning the 'state of health' of citizens 'held in custody' have gradually developed an advanced technical approach that had to take into account the evolution of the relating legislation. Therefore, in order to develop this topic, it will be first necessary to examine Italian constitutional rules and penal code, law n. 354/1975 about criminal justice system (art. 11), Italian health care reform (Law n. 833/1978), resolutions and recommendations ratified by the Council of Europe, particularly, European prison rules and, finally, the innovations introduced by the law n° 419/1998 (art. 5), which established that health care services would be moved from the Ministry of Justice to the National Health System.

This recent rule allowed to respect the provisions of the Italian Constitution, according to which prisoners and internees have the right to health in terms of prevention, diagnostics, treatment and rehab, just like free citizens. Consequently, Correctional Health Care Services, following the provision of D. Lgs. n° 230/1999, together with health protection for citizens and prisoners, have been the responsibility of National Health System since 01.01.2000.

Since then, the provisions in the field of 'drug addiction' have been moved.

As for the other competencies, some Regions have been given more room to experiment for a long time, until D.P.C.M. 01.04.2008 was issued, which definitely confirmed the transition of the competencies to the Regions with ordinary autonomy. However, in the last years, Prison Administration has been obliged to protect the health of every single prisoner, and, in addition, developments in legislation led to the institution of the "UUOO di Medicina Protetta" (medical units) in almost all prisons. It is here that prison administrators – particularly the Surveillance Judge of life sentenced prisoners – address to when they need a "health check" of prisoners and look for more information about alternative solutions to the place of detention, as it is clear that doctors working in the "UUOO di Medicina Protetta" assume an ever greater role as guarantors because they treat patients with restricted personal liberty.

Nowadays, it is this kind of doctors who mainly work as medico-legal expert dealing with the compatibility with the state of detention, whereas proper medico-legal work mainly involves the early stage of detention.

GLOBAL APPROACH TO MIGRATION: ETHICAL ASPECTS COMPARED TO MULTICULTURAL MEMBERSHIP IN EDUCATION RANGE & SOCIAL HEALTH

Fulvia Dematteis
European Center of Bioethics and Life Quality, Italy
fulvia.dematteis@tin.it

Integration is a process not always aware, sometime invisible socialization that can't be solely the product of a political resolution of the society. Frequently is e a complex reality that carries symbolics representations and stereotypes with which to relate.

The challenge that lies ahead and that must be addressed in an ethics of migration requires:

- effective strategies to restrict racism, discrimination and intolerance;
- elaboration of the concept of the "GOOD LIFE" for all;

- train to change;
- thinking of a role "new and/or different" of intercultural mediation.

It will be possible to speak of welcoming and accepting of migrants only in an ethics of people "as different from us" but still humans with their history and their dignity.

CULTURAL ISSUES: AUTONOMY AND COLLECTIVE AUTONOMY

Avinash Desousa
India
avinashdes888@gmail.com

The main concept at the centre of the bioethics movement is patient autonomy. The notion that patients have a full right to make decisions with regards to their treatment and must receive full information about the same is one of the most controversial issues in bioethics. There are significant issues that divide autonomy between the east and the west. Family structure, the healthcare system and family involvement in treatment are some factors that play a role in deciding patient autonomy in these situations. Every medical decision includes both a scientific and an ethical component, but the special expertise of physicians is limited to the area of medical science. Medical decisions include a value dimension often requiring that medical benefits (such as continued life and health) be weighed against not only medical risks but non-medical values as well. There is an immense role for cultural factors in the development and implementation of autonomy. These considerations argue against older forms of medical paternalism, where physicians restricted the freedom of their patients on the grounds that doing so was for the patients' own good. What the bioethics movement got right in emphasizing patient autonomy was the idea that a patient's ethical values, not the physician's ethical values, should control medical treatment. The present lecture deliberates on patient autonomy from an Asian perspective particularly in the Indian subcontinent and the cultural issues that confound implementation of the same. The concept of collective autonomy is teased and dissected and its relevance in modern medicine discussed with case examples at every stage.

INSTITUTIONALISING BIOETHICS TEACHING IN SOUTH AFRICA: NATIONAL PERSPECTIVES, OPPORTUNITIES AND CHALLENGES

Ames Dhai
Head of Unit of the UNESCO Chair in Bioethics
University of the Witwatersrand, South Africa
Ames.Dhai@wits.ac.za

There are five specific periods in the history of South African (SA) politics since the mid 1600's. SA, since 1994, is in the 5th period, that of post-apartheid democracy since 1994. The Truth and Reconciliation Commission (TRC) convened special hearings in June 1997 to explore how decades of systematic racial discrimination had influenced SA's health service and how the health sector contributed to the context of widespread abuses of human rights under apartheid. One of their recommendations was that there was a need to address the training in human rights for healthcare professionals. The Health Professions Council of SA, (HPCSA) a statutory Education, Training and Quality Assuror, has as its mandate the responsibility to ensure institutions design and develop appropriate education programs and qualifications for the health care professionals under its jurisdiction. Following the TRC recommendations, the HPCSA embarked on a process of developing a core curriculum for bioethics, human rights and health law in all health sciences disciplines. This presentation will discuss the HPCSA process and the opportunities and challenges associated with implementation of the HPCSA's core curriculum at an institutional level, using the Steve Biko Centre for Bioethics at the University of the Witwatersrand, Johannesburg as a case study. In addition, how SA's core curriculum could be positioned under the umbrella of UNESCO's Core Curriculum in Bioethics will be highlighted.

THE GUIDELINES IN DENTAL TRAUMATOLOGY BETWEEN PROTECTION OF HEALTH OF THE PATIENT AND CLINICAL AND FORENSIC PRECAUTIONS IN ODONTOLOGY: MEDICO-LEGAL IMPLICATION

Pierpaolo Di Lorenzo
University of Naples Federico II, Italy
Pierpaolo.dilorenzo@unina.it

The different possible etiologic mechanisms that may underlie facial skeleton traumas with injuries of teeth (accidental trauma, road accident and game or sport traumas, injuries at work, iatrogenic events, as well as assaults and ill-treatment) involve different implications of forensic medicine (concerning both the scope of evaluation of the conditions of the patient, and the benchmarks for the evaluation of the damage), with the consequent need for adequately testifying the observed traumatic insult of the stomatognathic system and its consequences.

Therefore the dentist is required to have not only adequate knowledge of the therapeutic procedures to be performed to recover the damaged dental elements, whenever possible, but also the timely and detailed filling of a medical first responder report form (possibly followed by other related to successive interventions), structured on the basis of a meticulous anamnestic data collection and of a thorough clinical examination of the structures of the oral cavity and of the facial skeleton, integrated with iconographic images and X-ray, so as to put the patient in the best position to easily demonstrate the kind of dental damage actually suffered and its relation to the causing traumatic event reported.

Moreover, under specific circumstances of criminal relevance, the dentist is required to prepare the report to the Judicial Authority on the service provided, in a timely manner, sometimes in the context of possible abuse of a minor.

TRAINING AND UPDATING INMEDICAL ETHICS FOR AESTHETIC DENTISTRY: FORENSIC MEDICAL IMPLICATIONS

Pietro Di Michele, Ezio Costa
AUSL, Italy
p.dimichele@ausl.mo.it

The continuous acquisition of biological knowledge and the development of new technologies applicable to the diagnosis and treatments with the use of new drugs and materials have created the need to proceed with the standardization of clinical protocols, and the use of new technologies to support professionals.

The speaker draws attention to the training of the Dentist on possible therapies for the maintenance and care of soft tissue in the areas of the middle and lower face.

Certified training with in-depth courses, documented by the dentist's curriculum, before embarking on any such performances, which among other things, are possible according to the regulation of the profile dictated by the degree course in Dentistry.

The paper highlights clinical problems, and any forensic profiles of responsibility, in terms of information before consent to treatment, and related to insurance.

THE PROTOCOL IN CLINICAL TRIALS

Gianfranco Di Renzo
University of Naples Federico II, Italy
gdiorenzo@unina.it

The protocol of a clinical research serves as the foundation for study planning, conduct, reporting and appraisal. It has been reported that, although several guidelines about how to write a scientific protocol are present in scientific literature, in a significant percentage of cases mistakes were present about the description of outcomes, data analysis, adverse events reporting and study design. Therefore the most relevant aspects of the different paragraphs that constitute the body of clinical research, including ethical considerations, have to be

carefully analyzed, discussed and ultimately written by a team including experts of different scientific fields, such as medical doctors, pharmacologists, statisticians and bioethicists.

THE LIABILITY OF THE HEALTHCARE PROFESSIONAL DUE TO LACK OF CONTINUING EDUCATION

Giancarlo Di Vella
University of Turin, Italy
giancarlo.divella@unito.it

The Italian Law (D.Lgs 502/1992, art. 16, bis-sexies; DL 138/2011 13.8.2011) obliges all are registered members of professional associations (such as physicians, nurses, dentists, midwives and others) to pursue continuing education (CE) activities, whether employed in private hospitals or university settings. Continuing medical education (CME) is a specific system by which those are working in this field may maintain and improve their competencies and learn about new and developing areas of their specialty practice within the healthcare system. CME activities are offered at professional meetings and conferences, or obtained from special offerings in scientific publications. Other options for CME are online programs, audio, video, or other electronic media. Content for these programs is developed, reviewed, and delivered by faculty who are experts in their individual clinical areas. After the CME activity, the attendees receive credits certified by authorized providers. By Law 24 dec 2007 the Age.Na.S (Agenzia Nazionale Servizi Sanitari Regionali) is responsible for the administrative management of CME programs with the support of the Continuing Education National Commission (CNFC). Under these auspices, the Co.Ge.A.P.S. (Consorzio gestione anagrafica Professioni sanitarie) is convening the National Federations of the Associations and the Colleges who have members involved in the CME Program. It is developing a special national data bank useful in the management and certification of credits for all professionals. As a result, all professional and governmental institutions will have a complete and timely record regarding the number of credits each member has collected in the last period. At this time, 150 credits must be acquired every three years. Disciplinary sanctions will be imposed by most of the professional associations or colleges in the event of a violation of CME duty.

FUNCTIONING APPROACH: FOR A MORE INCLUSIVE MORAL POINT OF VIEW

Maria Clara Dias
PPGBIOS-UFRJ, Brazil
mcdias1964@gmail.com

This paper's overall goal consists in developing a justice perspective that is more inclusive and more compatible with a moral universalist ideal. For this purpose, current conceptions of justice shall be analyzed and their shortcomings shall be presented. Subsequently, the functionings perspective, whose focus is the full flourishing of the various functional systems, in all their singularity and complexity, shall be introduced.

This paper's specific goal lies in providing a tool that better guarantees equality of concern or equal moral respect between all members of the moral society in the domains of health, education, animal and environmental ethics and on the debate concerning the utilization of technology for human enhancement.

As we elect this aspect, that is, the aspect of a system's functional integrity as the criterion for the attribution of moral value, we will be putting aside all other aspects that differentiate us from other entities or other existing forms of life. In this regard, (i) justifying the consideration or inclusion of a given being in the scope of our moral considerations ceases to be our main difficulty, which becomes (ii) knowing what would be required for the integral flourishing of each functional system, taken in its singularity. This configures, thus, a challenge to our empirical investigations and a technical difficulty to be overcome by human knowledge about the world in which we abide.

FROM CURRICULA TO ACTION – IMPLEMENTING HEALTHCARE ETHICS COMMITTEES AND EDUCATING THEIR MEMBERS: REFLECTING OVER 10 YEARS EXPERIENCES AND PERSPECTIVES IN HEALTHCARE-SYSTEMS IN GERMANY AND AUSTRIA

Stefan Dinges
University of Vienna, Austria
Stefan.Dinges@univie.ac.at

In the late 90ties the German catholic and protestant hospital associations recommended to establish Clinical Ethics Committees in order to guarantee patients will and autonomy and to support hospital-teams in their decision-making-processes for better treatment, not only in end-of-life-situations. Starting from that point a workgroup in the academy for Ethics in Medicine (Göttingen) published several recommendations for training curricula, standards, documentation, evaluation and certification in clinical ethics consultation and influenced the German-speaking Countries. Four years ago they also focused on long-term-care units and for a wider understanding in healthcare ethics/ in the health care system. As a member in this workgroup I was involved in the whole development-process and my contribution will share different experiences and reflections as well as some research in the field of healthcare ethics consultation. There will be some information about training and education programs in Germany and Austria and also a perspective on major conflicts regarding clinical ethics consultation and ethics in leadership issues or rather in the field of organizational ethics. The aim of my research is to create a link between ethics consultation (education) and organizational development in healthcare organizations. Therefor we need to know (and will reflect several concepts) about skills and needs for healthcare ethics consultation (education).

TUBERCULOSIS TREATMENT ADHERENCE, MOBILE HEALTH AND INCENTIVES: AVOIDING THE PITFALLS AND REALIZING THE POTENTIAL ETHICALLY

Michael J. DiStefano, Harald Schmidt
University of Pennsylvania, USA
Mjad88@gmail.com, schmidth@exchange.upenn.edu

Tuberculosis treatment adherence (TBTA) is important for promoting individual as well as public health, and for delivering cost-effective care. The barriers to TBTA are significant and diverse, spanning structural, patient, social context, and health care sector factors. M-health interventions have the potential to address some of the key TBTA challenges. Yet, this potential remains largely unexplored, and there is a lack of people-centered approaches that are responsive to the complexity of real life. Also lacking is an ethical evaluation of m-health interventions. We identify four categories of m-health intervention for TBTA: indirect monitoring technology (patient-facilitated), indirect monitoring technology (device-facilitated), direct monitoring technology (embedded sensors), and direct monitoring technology (metabolite testing). We consider the possibility that any TBTA m-health intervention can comprise, first, a detection technology and second, features that utilize detection data to improve adherence, such as personal reminders or incentives. We discuss the potential of the four categories of m-health interventions to detect and improve adherence in comparison to directly observed therapy and set out an analytical framework that comprises four ethically-relevant elements: (1) the accuracy of detection technologies, (2) stigmatization and intrusiveness of detection technologies, (3) incentives and the risk of coercion, and (4) the balance of individual and public good. In discussing strengths and weaknesses of each category, we outline a model that can help guide the ethical development, implementation, and evaluation of future TBTA m-health interventions. This model will always require further adaptation to suit specific contexts, but provides useful baseline orientation.

SOCIO-LEGAL SITUATION OF TRANSGENDER PEOPLE IN THE CZECH REPUBLIC

Adam Doležal
Academy of Sciences, Czech Republic
adam.dolezal@ilaw.cas.cz

Although Transgender and Transsexual issues are discussed in social, in Czech law community this issue is more or less siding. Transgender jurisprudence is mainly absents. This situation has several essential reasons: Acceptance of somatic sex change procedure and their explicit legal regulation is quite young it coheres with political changes after the year 1989. The question of sex change wasn't received as a theme of social or even legal discourse until the fall of communistic regime, even though the sex change operations were made even before this time. Normative framework was created after the year 1989. However the discussion about transsexual legal issues was mostly insufficient and rarely appeared in professional literature. At this point seems obvious that even the legislative didn't reflect mentioned problem with appropriate attention. It was only in 2012 when the new regulations came into force. I will concentrate on the following aspects: a) reassignment surgery could be made only after binding opinion of expert Committee (the positive opinion is only unanimous), without proper decisions of autonomous individual. Furthermore there is no appeal instrument against the negative opinion of Committee and the length of the validity of this opinion belongs to Committee as well. b) Disabling of reproductive function is also required. c) Civil Code brings some new problematic questions as well – with sex reassignment expire marriage and registered partnership.

PROOF OF CAUSATION IN MEDICAL MALPRACTICE CASES IN THE CZECH REPUBLIC

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

Proof of causation between malpractice and damage is usually one of the key issues in the civil procedure. Scientific circles abroad hold wide discussions on whether the concept of causal nexus should not be abandoned in some cases. Proof of causation is extremely complex especially in medical malpractice cases. We know the input, we know the output, but what is happening in the organism remains to be a "black box". This presentation focus on the current judicial practice in the Czech Republic, its shortcomings and it will also refer to legislative shortcomings. An attempt will be made to outline this with regard to the Principles of the European Tort Law (PETL).

EVALUATION CRITERIA IN AESTHETIC DAMAGE

Ranieri Domenici
University of Pisa, Italy
ranieri.domenici@med.unipi.it

Aesthetic damage is defined as a permanent impairment to aesthetics and to the physical appearance of the victim. It affects the wellbeing of the victim not only due to the image that the victim has of herself but also due to the way the people look at her physical appearance which has been altered by the accident.

Aesthetic damage is purely a non-economic loss, and according to the Italian jurisprudence, it is a particular form of biological damage (danno biologico). The biological damage includes all the disutilities deriving from the impairment of health asset, with the lone exception of those pertaining to the patrimony. The quantum of permanent biological damage is expressed by the medico-legal expert in terms of percentages. To such end, barèmes can be used.

In this presentation, the main criteria of aesthetic damage evaluation will be discussed: sex, age, prior state, body site, dimensions (length, width, surface area) and shape of scars, etc. On these basis it is proposed a classification of aesthetic impairment in classes according to the severity of damage.

EXPERIMENTER'S AUTONOMY AND SPONSOR'S INTERESTS

Carmine Donisi
Università degli Studi di Napoli Federico II, Italy
 carmine.donisi@unina.it

The paper focusses on the problems connected with the not always strict compliance with the basic principle according to which rights, safety and well-being of the person participating in clinical experimentation have to prevail on any other interest.

The analysis is oriented towards some drawbacks in performing experimental studies and in some controversial typologies of Trials (such as, for instance, experimentation "with design of non-inferiority" or the so-called "of dissemination").

Mention is made also of the delicate theme of constraints to experimenters' decision-making autonomy as to the carrying on of the studies and the publication of their results through the so-called "gag clauses", included in the agreement undersigned with the sponsor.

Some remarks are devoted to the unfortunately not rare phenomenon of conflicts of interest within the framework of the experimental activity and their adverse consequences.

Finally, particular emphasis is laid on the essential priceless contribution of local Ethics Committees to the actual and real enforcement of the basic principle mentioned above. A series of reservations is then expressed as to the opinion that – granting priority to the mere market logic – is inclined to drastically reduce or even to cancel the effectiveness of these bodies, in the name of "optimization" of the assessment times of Trials and of "competitiveness" of national biomedical research.

OVERUSE OF MEDICAL IMAGING: A PRINCIPLE-BASED APPROACH FOR A SUITABLE JUSTIFICATION OF RADIOLOGICAL EXAMINATIONS

Victoria Doudenкова, Jean-Christophe Bélisle-Pipon
Université de Montréal, Canada
 victoria.doudenкова@umontreal.ca

The use of ionizing radiation in diagnostic radiology is essential in today's medical practice. However, scientists are increasingly alarmed about the growing use of non-necessary and avoidable imaging tests, which seems to become a reality in radiology practice. Specifically, CT-scan (responsible for most of the radiation dose to which the population is exposed through medical examinations) causes irradiation at doses that can be correlated to undue risk of mortality from radiation-induced cancers. The presentation provides an overview of the ethical issues related to radiation protection posed by the inadequate justification of imaging tests with the aim to bear a reflection on the framing of ionizing radiation exposure of the population in developed countries. The ethical conflict generated by the difficulty of considering, during the episode of medical prescription of tests, the long-term effects compared to the overriding importance given to the individual interests and immediate well-being will be highlighted by a principle-based approach. From this analysis, stems the imperative of a new and holistic vision to propose solutions to the controversies related to the current use of medical imaging.

MULTIFETAL REDUCTION (MFPR) TO TWINS OR SINGLETON – MEDICAL JUSTIFICATION AND ETHICAL SLIPPERY SLOPE

Arie Drugan, Amir Weissman
Technion Faculty of Medicine, Rambam Health Care Campus, Israel
 a_drugan@rambam.health.gov.il

MFPR is an ethically acceptable modality aimed to increase survival and well-being of the remaining fetuses from high order multiple gestations. In most cases we offer the procedure to triplets or quadruplets and opt to preserve twins; lately, the option to maintain a single fetus was suggested. We examined the outcomes of 140 pregnancies that underwent MFPR in our center and were followed to

delivery – 105 were reduced to twins and 35 to singleton. The rate of procedure related pregnancy loss was identical (2.9%). Leaving only one fetus was associated with a higher gestational age at delivery (35.4 ± 2.4 w Vs 37.7 ± 2.1 w, $p < 0.0001$) and with a reduction in CS rate (76% in twins Vs 51.4% in singletons, $p = 0.03$). 5.8% of pregnancies reduced to twins ended before 32 weeks as compared to 1 pregnancy reduced to singleton. We conclude that reduction of triplets to singleton is medically and ethically acceptable, after thorough counseling of patients. However, considering the pregnancy loss risk of MFPR and the relative good outcome of twin gestations, reduction of twins to singleton is ethically acceptable only in extraordinary maternal or fetal conditions.

ATTITUDES & PERCEPTIONS TOWARDS OVERWEIGHT/ OBESE INDIVIDUALS AMONG PHYSIOTHERAPISTS

Michal Elboim-Gabyzon
University of Haifa, Israel
 Michal.elboim@gmail.com

Obesophobia is a term that refers to feelings of fear and anxiety related to people who are overweight, creating a web of attitudes and perceptions towards the overweight person and attributions of negative traits, such as laziness and lack of self-discipline. Numerous studies have demonstrated the phenomenon of Obesophobia among physicians and other healthcare personnel, accompanied by negative repercussions related to the care provided to this population. Doctors consider obesity a negative condition, preceded only by drug addiction, alcoholism and mental illness. A significant proportion of dietitians also express negative emotions towards obese patients. These feelings in turn led to negative behaviors, which are expressed by avoiding interpersonal contact and providing shorter treatment times than those given to others.

Do physiotherapists exhibit Obesophobia? Are the professional standards of physiotherapists affected by unfavorable attitudes toward overweight patients? If so, this phenomenon is a breach of the professional code of ethics which states that "the physical therapist will refrain from discrimination, and will make professional decisions impartially with respect to sickness, disability, gender, religion, nationality and age."

Working with obese patients has a unique impact on physical therapists because their work often involves direct physical contact with patients. In addition, physical therapy for an obese person may be physically demanding. These factors might increase physiotherapists' negative attitudes towards overweight people. The goal of this lecture is to present the perceptions and attitudes of physiotherapists about people with overweight/obesity.

GOING THAT EXTRA MILE TO ACHIEVE THE PERFECT SMILE: A RISK WORTH TAKING?

Tracey Elliott
University of Leicester, UK
 Te41@le.ac.uk

In recent years the UK has seen a growing demand for cosmetic dental interventions: the public, and young people in particular, are increasingly aware, thanks to the mass media, that their teeth can be modified to align them more closely with personal notions of 'ideal' beauty. Cosmetic dental procedures have become increasingly accessible and 'normalised'. However, whilst some cosmetic procedures (e.g. tooth bleaching) may be seen as being non- or minimally invasive, others (e.g. crowns or the provision of implants) are highly interventionist, and since such treatments are not generally available on the NHS (unless they are clinically necessary), the bill for achieving 'the perfect smile' may be very considerable. Dental tourism is a growing worldwide phenomenon, with individuals seeking dental care abroad (sometimes accompanied by a vacation) in order to save treatment costs. Commonly, individuals from the UK and Ireland travel to countries in Eastern Europe, whilst Thailand and countries in South-East Asia are popular destinations for Australian consumers, and Mexico, Costa Rica and Peru are frequently preferred by travellers

from the USA and Canada. Tourists undergoing aesthetic dental procedures may initially achieve the pearly white smile that they desire, but the lifespan of cosmetic dental procedures may be shorter (sometimes considerably shorter) than other forms of cosmetic surgery, and regular dental checks and maintenance will be required once the patient returns home. This paper examines the benefits and risks of this type of cosmetic tourism, considering whether the current regulatory framework provides adequate protection for consumers.

ETHICS AND POWER IN RESEARCH – RESEARCHERS, PARTICIPANTS, AND THE CENTRAL ROLE OF OTHER STAKEHOLDERS

Guy Enosh, Adital Ben-Ari
University of Haifa, Israel
enosh@research.haifa.ac.il

Traditionally, considerations of power relationship and ethics in research are focused on two main "players" – the researchers on the one hand and the research participants (or "subjects") on the other. In this presentation, we would like to highlight the central role of other stakeholders in the research process, and the relevant ethical considerations, concerns and dilemmas. Other stakeholders may appear and become relevant at different stages of the research project. The perspective we present here is based on perceiving ethics as a form of relationships. Indeed, the relationship between stakeholders, the researchers, and the participants raise important ethical considerations. For analytic purposes, we differentiate between two stances of research "stakeholders" – active and passive ones. Active stakeholders are those who are actively involved in any stage of the research project; passive stakeholders are those who may be affected by the research project. Those two positions are not mutually exclusive, but rather delineate the ability of the stakeholder to actively influence the research project. We will discuss the shifts in power relationships between stakeholders, participants and researchers, along the life-course of a research project, and the ethical considerations that arise from each such shift.

DISORDERS OF CONSCIOUSNESS: MEDICAL AND ETHICAL CONSIDERATIONS

Anna Estraneo
IRCCS - Salvatore Maugeri Foundation, Italy
anna.estraneo@fsm.it

In recent years, improved resuscitations practices and therapeutics strategies in long-term care increased the number of patients with chronic Disorders of Consciousness (DOCs), i.e. patients who remain in vegetative state or in minimally conscious state after a severe brain injury. As a consequence, long-term management of these patients has growing social, economic and ethical impact. An accurate assessment of responsiveness in these patients is critical for defining treatment and prognosis, and for helping clinicians and patients' families in decision-making. Although multimodal neuroimaging and neurophysiologic studies hold promise for improving comprehension of pathophysiology of DOCs, at the moment the clinical evaluation remains the gold standard to detect signs of consciousness. The recent description of well-documented recovery of consciousness in several patients beyond one year after disease onset provided new data on the evolution of DOCs thus provoking medical, ethical and legal debates. In this context, to accurately ascertain prognosis in DOC patients could contribute to optimize level of care, as far as intensity of rehabilitation programme and possible innovative treatment options are concerned. In addition, to identify solid prognostic markers could help clinicians to provide patients' families with correct information, without creating unreasonable optimism. However, it should be taken into account that some families might consider survival of their relatives, even in the presence of severe disability, to be an acceptable outcome after a potentially lethal brain injury. This implies that surrogates might seek to continue medical and rehabilitative interventions that health care providers believe inappropriate, or incompatible with finite resources.

ETHICAL CONSIDERATIONS AND THE EXPERIENCE OF THE "UNIVERSITY FEDERICO II ETHICS COMMITTEE" OF NAPLES OF OFF-LABEL AND COMPASSIONATE USE OF MEDICATIONS

Danila Faillace, Chiara Scafa, Loriana Paciello, Lucia Terracciano, Maria Antonietta Zinno
University of Naples Federico II, Italy
comitato.etico@unina.it

In recent years, in many countries, the need has been felt to address, discuss and regulate some exceptions to institutional forms of testing and administration of medications and other treatments. A lot of resonance, also in our country, has been raised by the debate about "compassionate care" meant as the prescription of medications or treatments for indications, with methods or at doses other than those laid down in the specifications, i.e. the off-label use of drugs, or prescription of drugs the safety and effectiveness of which is still being tested or pending approval.

Access to this type of treatments should have the character of exceptionality, in cases of lack of validated therapies or in cases of urgency or emergency for a patient in danger of life, for whom there is no valid therapeutic alternative. Of course, at the basis of that there must still be a valid and recognized scientific substrate in order to consider these treatments ethically licit and not harmful of the right to health. In Italy there is a specific law that regulates both off-label treatments and the strictly compassionate use of medications. A brief regulatory excursus, which takes into account the role of ethics committees in this area, is followed by a review of the many requests for approval of the compassionate use of drugs, received by the Ethics Committee of the University Federico II in the period from January 2010 to June 2015, which revealed a frequent resort to these types of treatments. Some special cases are then discussed, which show how difficult and contrasted is the role of the Ethics Committee in its effort to protect the right to health of patients, their expectations and the constraints exercised by regulatory bodies.

THE LEGAL MEDICAL COMPETENCES IN INPS

Paola Fallani
INPS, Italy
paola.fallani@inps.it

In this job entails the legal medical competences in INPS, that is whole the medical acts with purpose to protect the assured on invalidity, disease, tuberculosis or on maternity leave.

Following their examination in the light of the law, to observe as the based assumptions are mistake from the legal medicine whereas the operated purpose are defined to the precedent competences always to respect the criteria of legal medicine and of medical science.

Beside to treat of the central role of the doctor of the INPS and the actually competence also in civil invalidity or in disability, in the light of relevant regulation and of criteria currently adopted in the evaluations.

FROM GENDER MEDICINE TO GENDER SENSITIVE RESEARCH: A PSYCHOLOGICAL DISCUSSION ON "GENDER PERSPECTIVE" AND ITS APPLICATION IN CASES OF DIVERSE SEXUAL DEVELOPMENT/INTERSEX CONDITIONS

Paolo Fazzari, Maria Florencia González Leone, Paolo Valerio
University of Naples Federico II, Italy
paolo.fazzari@unina.it

The main goal of this presentation is to introduce, from a psychological point of view, the shift from the Gender Medicine to the Gender Sensitive Research paradigm and what are the implications for health services. At the same time, we discuss the applicability of this new paradigm to the care of people with Diverse Sexual Development/intersex, a group of congenital conditions in which the

development of chromosomal, gonadal, or anatomical sex is atypical (Hughes et al., 2006). Gender Sensitive Research derives from the concept of Gender Medicine, a medical branch that has permitted to recognize the specificity of the woman biology and the necessity to personalize medical practice and research by gender (Öhman et al., 2015). In fact, till the '80s, the biological and psychological differences between males and females were considered only a secondary factor and the male body was the general model for health protocols and clinical trials (Legato, 2004). The Gender Sensitive Research, in recent years, has stressed the role played by gender variables for the health of woman and men. It's crucial to extend this perspective to the cases of people with DSD/intersex conditions. In management of DSD/intersex we still observe "normative" embodiment care protocols (Liao et al., 2014) while it is maximally important to apply "tailored" interventions for every single case. We argue the need for a Gender Sensitive Research to fully implement customizing medical intervention and incorporate "gender perspective" as a central analytical category for all health interventions, particularly in cases of DSD/intersex adults.

OVERTREATMENT AND TREATMENT OF CANCER PATIENTS

Piergiorgio Fedeli
University of Camerino, Italy
piergiorgio.fedeli@unicam.it

The principle of self-determination, normed with the receipt of the Oviedo Convention and reiterated in the last code of medical ethics, is still a much-trumpeted and defended the law, yet of doubtful and difficult to protect.

The different interests and rights underlying in the context of medical treatment of vulnerable people motivated a heated bioethical debate focused on the issues of the health choices and life of citizens, especially "vulnerable", in one of the complex and uncertain legal assessment of the legality of advance directives of will in case of situations "limit" of danger to life or personal integrity.

Obvious are so critical, in ethics even before the legal, related to the management of those clinical conditions in which in the presence of vulnerable people there is the difficulty of reconciling conflicting rights among them, such as the protection of life of the person and the application of his will.

ABUSE IN THE ELDERLY

Nicola Ferrara¹, Graziamaria Corbi²
¹*University of Naples Federico II, Italy*
²*University of Molise, Italy*
nicola.ferrara@unina.it

Europe is the continent with the highest aging index in the world and Italy is one of the most aged countries. The phenomenon of population ageing is due to rising life expectancy and declining birth rates. The number of people aged over 60 will triple between 2000 and 2050 as reported by the World Health Organization (WHO) and in many industrialized countries there will be very soon more seniors than children. This demographic revolution is and will be responsible of deep changing and of new strategies both in health services and in social context. In social context we need to ensure more prevention of isolation, social exclusion and mistreatment. In 2011 WHO described that elderly abuse is a much common phenomenon. Analyzing data of scientific literature "abuse of the elderly" is not always defined precisely, often using alternative terms. We can identify different forms of abuse: a) physical, b) non-consensual sexual contact; c) psychological including activities that cause stress and anxiety; d) financial containing misappropriation of financial resources; e) neglect (not providing adequate nutrition, hygiene, clothing); f) intentional abandonment by caregiver or other responsible person. We need to underline that often the perpetrators of violence against the elderly are the relatives, or formal and informal caregivers and these episodes also occur in institutions as nursing home and hospital. In order to improve the prevention of abuse of the elderly it are required more

structured researches and analytical works for better understanding the main risk factors in all environments involving the elderly.

REFUSAL TO RECEIVE INFORMATION EXPRESSED BY PATIENTS IN TRIALS: ETHICAL AND DEONTOLOGICAL CONSIDERATIONS

Rosa Ferrara, Ida Cerrone, Lucia Terracciano, Chiara Scafa, Loriania Paciello
University of Naples Federico II, Italy
comitato.etico@unina.it

In the complex process of biomedical experimentation laboratory tests and instrumental investigations are often performed which can occasionally give additional information inherent to the state of health of the person participating in the study.

Such information may include the diagnosis of pathological processes, unknown to the patient, for which can nevertheless be adequately treated.

In such circumstances the decision of the patient to receive or not receive this type of information is particularly important.

In fact, a manifest, previous refusal to receive information expressed by the person participating opens in the scenario to particular ethical, deontological and legal considerations on the delicate and complex issue of the relationship between investigating physician and patient in relation to the eternal conflict between the doctor's duty to inform and the respect the right to self-determination of the patient.

This work is about a multidisciplinary reflection conducted by the Ethics Committee of the University Federico II of Naples which through careful examination of the relevant ethical, deontological and legal documents at national and international level, identified and defined several behavioural possibilities for the investigating physician in relation to this/her patient, and for each of them shows the advantages and disadvantages of the possible options, while offering the most appropriate one from both an ethical and legal perspective.

E-MEDICINE – QUALITY AND SAFETY OF HEALTHCARE TREATMENTS

S. Davide Ferrara
University of Padova, Italy
santodavide.ferrara@unipd.it

The premises and aims of the binomic relationships of "Science-Technology", "Bio-Medicine"/"Quality-Safety" having been set out, the evolution of the technological progress of Bio-Medicine within the diagnostic-therapeutic framework, from which derive the innovations of "Personalized Medicine" and "Health Technology Assessment", as well as the accompanying ethical-deontological implications pervading the International Bio-medical culture, will be presented.

The aforementioned also involves the expansion of Telemedicine, with reference to the professional healthcare activity performed and managed "at a distance" through the implementation of Informatic Medicine and e-Learning. That is, e-Medicine founded on the organic integration of the informational telematic flow deriving from databases, together forming the unique picture of the results of subcellular targeted biomedical analysis with micro-macro informational profiling of the single Person-Patient. In proposing the definition and constant elevation of the minimum qualitative standards, the indispensability of the contextual increase in safety, effectiveness, efficiency, data privacy and output, with varied utility and scope in relation to preventive healthcare, stratification of risk, adoption/planning of treatments, become even more emerging and essential, with the final aim of improving the development of Personalized Medicine and the attainment of Personalized Justice.

INCLUSION, A FUNDAMENTAL ASPECT OF LIVING TOGETHER

Nicola Figone
European Centre for Bioethics and Quality of Life Expert, Italy

In the presentation I will expose my experience as support teacher and the unit that I have produced "Inclusion, a fundamental aspect of living together". The eleventh article of the universal declaration on bioethics and on human rights states that: "No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedom." Based on my experience I developed a didactic path focused on disability with the aim of helping pupils develop a greater awareness of the above stated principle. In our society disabled people very often experience isolation and discrimination. On the other hand, the principle of inclusion is emerging. According to that principle every person, independently from his or her capacities, gender, ethnicity, culture, and social condition, should become an integral part of the social fabric. Z. Bauman highlights in *Community. Seeking Safety in an Insecure World*, 2001: "If ever there can be a community of individuals in the world, it can be (and it is necessary that it is) only a community interwoven with common and mutual interest; a community responsible to ensure the equal right to be considered human beings and equal ability to act in accordance with that right". Starting from the analysis of two study cases based on real projects for inclusion and through a series of participatory activities, pupils will have the opportunity to be in contact with otherness. They will understand how difficult it is to live in disadvantageous conditions, thus increasing their awareness about the positive value of inclusion. To present my work I realized a video showing a selection of interviews carried out by the student of the first study case to promote her process of inclusion.

MASS MEDIA AND MEDICAL-SCIENTIFIC SPREADING RARE DISEASES BETWEEN ETHICS AND AUDIENCE

Marianna Filosa
C.I.R.B., Italy
Filose.marianna@libero.it

Medicine is evolving by leaps and bounds and it is precisely for this reason that the information need not only to specialize in language and ways to communicate, but also to do so without losing its main purpose: that of involving the citizens of what is happening, making them more aware of their choices.

The media often fall into sensationalism and uncontrollable desire to make scoop, they are dished out like empty boxes with no content. The purpose of this work is to emphasize the critical aspects of the binomial doctor-journalist, not losing sight of the giant steps moved by the language of the media in recent-times. A critical point of view, but also a beacon in the night to follow to navigate in the fog of misinformation and myths.

CHOICES AND CONSENT AT THE END OF LIFE – PITFALLS AND SAFEGUARDS

Ilora Finlay
Cardiff University, UK
finlayi@parliament.uk

Patient consent is a cardinal feature of all clinical practice. Treatment cannot be provided without the agreement of the patient without, in Britain at least, constituting assault.

The concept of patient consent has been developing in recent years into that of patient choice – that treatment should, wherever possible and available, be not simply given the consent of the patient but also what the patient wishes. There are, however, some issues arising from this development which need resolution. Some treatments, particularly those involving new procedures or medications, may be what patients wish to have but they are unaffordable within publicly-funded health care, or may not be clinically indicated. In addition, they may involve interventions that run counter to a clinicians' professional

code of ethics and conscience.

There is also pressure arising in some countries to regard as treatments procedures which have not generally been seen as falling within the scope of clinical practice. In Britain, for example, there is pressure to legalise what is being called 'assisted dying' – which amounts to licensing doctors to supply lethal dosages of drugs to patients who are terminally ill and whom they consider to meet specified criteria.

As such, any criteria must be watertight to ensure that patients are not pressurised, have the mental capacity to make their request and that the information on which they base their request is verifiable and accurate.

It is proposed to examine how demands for patient choice can be balanced against clinical responsibilities.

TREATMENT WITHOUT CONSENT: LESSONS FROM THE IRISH MENTAL HEALTH ACT

Martha Finnegan¹, Dolores Dooley²
¹ *Trinity College Dublin, Ireland*
² *Royal College of Surgeons, Ireland*
mfinneg@tcd.ie

The area of treatment without consent encompasses many of the fundamental conflicts in legal medicine. Electroconvulsive therapy (ECT), a safe, effective treatment for serious mental illness (UK ECT Review Group, 2003), is administered under varying legal conditions worldwide (Leiknes et al., 2012). In Ireland, the Mental Health Act (2001, facilitates administration of ECT to involuntary patients, who are "unable or unwilling" to consent to treatment (Commission, 2009). As there is no definition of "unwilling" in the Act, people who retain decision-making capacity but do not consent to the treatment may be treated involuntarily.

Although the issue has been debated in national parliament following calls from professional and patient bodies to amend the Act to remove the term "unwilling", no test case has been heard. The Irish experience will be contrasted with international law using a hypothetical test case of this point examined using the framework of the European Convention on Human Rights (1950), with relevant case law used to provide a structured illustration of applicable elements of Articles 2; 3; 8; 13; and 14.

Although this point in Irish law affects only a few people per year directly (Commission, 2014), a systematic examination of the arguments sheds light on the complex interaction between modern mental health legislation and international human rights legislation. (This presentation was submitted for a 25,000-word MSc. In Healthcare Ethics and Law which received first class honours)

NEW PSYCHOACTIVE SUBSTANCES ABUSE: ETHICAL ISSUES IN THE ADOLESCENCE

Alessia Fioravanti, Fabio Vaiano
University of Florence, Italy
alessia.fioravanti@unifi.it

The spread of New Psychoactive Substances (NPS) has become an actual threat for the public health, especially for adolescents. A NPS is "a new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the United Nations drug conventions, but which may pose a public health threat comparable to that posed by substances listed in these conventions". Drug use, as well as NPS use, can wreak temporary or even permanent disorders and impairments of organs and tissues. Brain exposure to these substances (especially in early age) can lead to severe cerebral damages and alteration in neuronal plasticity, as the newest techniques in neuroimaging have shown. Moreover, drug addiction is often associated with the onset of psychiatric or behavioral disorders, representing a social risk (job loss, school drop-out, estrangement from family) and a criminogenic factor. NPS are sold as pills, solutions and mixed with vegetable materials and are synthesized in illegal laboratories. Nowadays, adolescents can easily approach the world of drugs for the great variety of distribution channels (smart shops, websites, rave parties...). In recent years,

several modifications have been made to the Italian drug legal system (DPR 309/90), even by adding some NPS class to the scheduled substances. Nevertheless, the poor preparation on this issue by medical and law enforcement personnel may lead to a lack in reporting of NPS consumption cases, making hard an actual comprehension about their spread. For these reasons, preventive strategies through information (involving schools, families, youth centers) are strictly required.

THE ETHICAL USE OF TECHNOLOGY IN PATIENT-PHYSICIAN COMMUNICATION

G. Fizzotti, I. Giorgi, M. Manera, C. Pistarini
Salvatore Maugeri Foundation IRCCS, Pavia, Italy
 Ines.giorgi@fsm.it

The ethical use of online social networks (OSNs) among physicians and patients with spinal cord injury, and attitudes among these groups toward use of OSNs is not well described.

The Objective: to evaluate how the physician-patient relationship has evolved with the use of OSNs, patient interactions within OSNs, and attitudes toward OSNs among physicians.

Methods: we discuss ethical challenges facing the patient-doctor relationship as a result of the growing use of online social networking forums.

Results: case study is an appropriate way to answer broad research questions.

Conclusion: patient-doctor interactions take place within OSNs, and are more typically initiated by patients than by physicians. A majority of respondents view these online interactions as ethically problematic.

RECENT DEVELOPMENTS IN THE AUSTRIAN ARTIFICIAL PROCREATION ACT: DOES LIBERALISATION REALLY HELP?

Magdalena Flatscher-Thöni^{1,2}, Caroline Voithofer³
¹ *UMIT University of Health & Life Sciences, Austria*
² *EWZ, Austria*
³ *University of Innsbruck, Austria*
 magdalena.thoeni@umit.at

Due to the rapid development of Artificial Reproduction Technologies (ART) different regulatory regimes have been enacted in several European countries to accommodate, limit and regulate this field of medicine (Dickens and Cook 1999). The resulting tessellated picture of European legislation expresses the moral values of the sovereign states and their societies and has not yet led to a legal harmonization within the member states of the European Union. Meanwhile the national lawmakers are only limited by the boundaries of the European Convention of Human Rights and the respective decisions of the European Court of Human Rights (ECtHR). Given this legal background for ART in Europe, we are aiming at scrutinizing the dynamic development of the Austrian legal framework in this field of medicine. This analysis is of great interest since Austria moved from a restrictive framework for ART to a relatively liberal one in 2015, reacting on recent rulings of the ECtHR (namely S.H. and others v. Austria, no. 57813/00, 2011 and Costa/Pavan v. Italy, no. 54270/10, 2012) and the Austrian Constitutional Court (G 16/2013, G 44/2013). We want to critically discuss the relevant aspects of this liberalisation, e.g. egg donation and PGD, on a legal basis and contrast these findings with other European (scientific and practical) evidence. Additionally, the respective legislative process, the role of the Austrian bioethics commission and the social discourse on ART in Austria are highlighted and included in the analysis.

DEFENSIVE MEDICINE: A POSSIBLE ANSWER TO THE PROBLEM

Vincenzo Folliero, Rosa Ferrara, Vincenzo Graziano,
 Pierpaolo Di Lorenzo, Massimo Niola
University of Naples Federico II, Italy
 vincefolliero@alice.it

Defensive medicine means the now extremely widespread practice of prescribing and of performing diagnostic procedures and administering therapeutic treatments, which are not strictly necessary to protect the health of citizens but rather in order to avoid the risk of litigation.

One possible solution to the problem of defensive medicine may be a new way of practicing medicine, as proposed by the slow medicine movement.

Slow Medicine was born from the US campaign Choosing wisely. The movement proposes appropriate use and no waste of available resources according to the ethics of "Doing more does not mean doing better" with a conscious assumption of responsibility on the part of healthcare personnel through a new alliance with citizens.

On the one hand the medical staff will try to avoid those diagnostic tests and procedures which are not helpful to the health of citizens; on the other hand, patients, through in-depth and clear interviews with healthcare staff, will have the feeling of being cared for in the best possible manner, and not to be subjected to avoidable medical treatments and diagnostic procedures.

THE FINE LINE BETWEEN EXPLOITATION AND FAIR TREATMENT – DOES PRODUCT REGISTRATION CONSTITUTE PART OF COLLABORATIVE PARTNERSHIP?

Gerhard Fortwengel¹, Dnyanesh Limaye^{1,2}, Tjorben Rühling¹
¹ *University of Applied Sciences and Arts Hannover, Germany*
² *University Mumbai, India*
 Gerhard.Fortwengel@hs-hannover.de

From an ethical perspective, biomedical research, involving human subjects, must be based on three key principles: purpose, conduct and evaluation; whereby purpose must be directed to increase knowledge about human conditions in relation to the health environment. Such research should be conducted in a manner that human subjects are treated conducive to and in consistency with their dignity and well-being. Any such research has further to be subject to regimentation at all stages, from a careful review of the research proposal to the declaration of the outcome and its follow-up considerations. These principles have equal moral force even provided different moral weight in different cultures. As a matter of fact industry sponsored clinical trials, are more and more conducted in countries with limited experiences in clinical research. Those emerging countries seem to be highly attractive for trial sponsors as research programs can be conducted more quickly and economically more efficient compared to trials in the Western world. This situation leads to the question what constitutes an appropriate follow-up activity for subjects who were vital to the development of an investigational drug. Though access during the clinical trial is fixed, it is worth to investigate if patients in developing countries also benefit after drug development completion through market availability of the drug in their country as an ethically well accepted response and an active stand against exploitation. The presentation covers the outcome of a research project at the University of Applied Sciences and Arts Hannover dealing with the topic.

COMPASSION: CONCEPT ANALYSIS IN CHILD HEALTH NURSING AND PEDIATRICS

Ana Paula França, Teresa Tomé Ribeiro, Isabel Ribeiro
Nursing School of Porto, Portugal
 apfranca@esenf.pt

Compassion is a concept underlying the exercise of the nursing profession. Define the concept of compassion in nursing allows its full

understanding, enabling to claim it as a dimension of our professional practice, instead of being only considered by external perspective. Between 2014 and 2015 there were developed in Portugal three research projects with the main objective to analyze the concept of compassion underlying the nurse's practice in child health and pediatrics.

The researches were structured based on the eight stages of the Walker and Avant (2005) concept analysis method and using semi-structured interviews with nurses working in different contexts in child health and pediatrics: pediatric services, primary health care and palliative care. Interviews were submitted to the content analysis technique of Laurence Bardin.

Data analysis allowed the identification of the concept attributes (for example alleviate suffering and empathy) and as well as its antecedents (for example be aware of the suffering) and consequences (for example best quality care). Based on these attributes there were selected, from the nurses' narratives, compassion and non-compassion stories.

The results taken together allow the proposal of a compassion definition in child health nursing and pediatrics context, as well as the display of some empirical indicators that could contribute to its evaluation.

The clarification of this concept enable us to understand its relevance and importance to the nursing ethics, particularly in the development of an increasingly humanized care to children, their parents and between the child health nurses and pediatrics.

THE DUTIES OF LOYALTY AND CONFIDENTIALITY OF THE MEMBERS OF THE ETHICS COMMITTEES

Paola Frati

Sapienza University of Rome, Italy

paola.frati@fastwebnet.it

After a long exkursus concerning Italian and European legislation on the duties of loyalty and confidentiality relating to the members of ethics committees, some bioethical conclusions can be drawn. Regarding the balance between scientific research and personal freedom, it is necessary to emphasize that the right of the researcher to conduct the experiment is compared with the right to self-determination of the person providing a comparison between the "need for research and scientific progress" with the "need for protection of the human personality". With regard to the comparison between the researcher and the doctor it is emphasized the need for the dialogue between two different perspectives: the duty of the researcher to all present and future patients with a doctor's duty to the individual patient.

Regarding the protection of the person it has to be taken into consideration Section 32 of the Italian Constitution: Health as a collective interest and health as a right of the individual. The duty of solidarity finds its relation with the inviolable rights guaranteed by Section 2 of Constitution. In particular, the right to experimentation has to be combined with the duty of care. It is therefore required a balancing of rights. In the event of conflict between constitutional rights it is required a balance among them and is allowed the violation of the "lower rank" right only to the extent that is strictly related to the proper exercise of the "victorious" right.

CAUSES OF TRAFFICKING IN HUMAN BEINGS FOR THE PURPOSE OF ORGAN REMOVAL: SOME ETHICAL CONSIDERATIONS

Mihaela Frunza^{1,2}, Susanne Lundin³, Martin Gunnarson³, Ingela Byström³, Frederike Ambagtsheer⁴, Willem Weimar⁴

¹ *Babes-Bolyai University, Romania*

² *Academic Society for the Research of Religions and Ideologies (SACRI), Romania*

³ *University of Lund, Sweden*

⁴ *Erasmus Medical Center, The Netherlands*
mihafrunza@gmail.com

Background: Although trafficking in human beings for the purpose of organ removal (THBOR) is worldwide prohibited, reports underline its

increasing presence across the globe.

In 2012 the European Commission funded the HOTT Project, an international research project against trafficking in human beings for the purpose of organ removal (THBOR). This project aims to generate more knowledge and awareness about the crime.

In this oral presentation we will attempt to discuss the main causes for this phenomenon as presented in the scientific literature. The presentation is a part of a bigger report that aims to gather the existing information on the incidence and nature of trafficking in human beings for the purpose of organ removal.

Material methods: We searched several databases – Embase, Web of Science, Medline, Scopus, EbscoHost, Cochrane, etc., based on key words. Priority was given to scientific works that present data based on qualitative and/or quantitative study methods.

Off-topic records not related to organ donation and transplantation were excluded, as well as non-English titles, presentations, records published before 1 January 2000 and newspaper articles. A total of 243 items were selected and analyzed in the full report.

Results and discussion: The causes of THBOR mostly discussed in the available literature are organ scarcity, global processes and asymmetries and diverse local causes. Explanations for organ scarcity depend to a great extent whether the scarcity is attributed to the low supply or to the high demand. The low supply is attributed to various factors, such as the under-development of transplant systems in various nations or to the low utilization of deceased donation or living donation. The explanations targeting the high demand are focusing on the ideological and cultural meanings of organ transplantation as a "hope technology". In the literature at least two types of explanations are given for the global processes and asymmetries that provoke the THBOR: cultural analytical and criminological. Local causes include corruption, lack of specialized laws and the relative "banality" of organ selling in some specific places. Finally, some ethical considerations of all the above aspects are formulated, from a human rights perspective.

EDUCATING MEMBERS OF HEALTHCARE ETHICS COMMITTEES (HECS) AND GRANTING THE QUALITY OF THEIR WORK: EXPERIENCES AND CHALLENGES

Enrico Furlan

University of Padova, Italy

furlanenrico@yahoo.it, enrico.furlan@unipd.it

The Veneto Region Network of Healthcare Ethics Committees (HECs), set in 2005, constitutes one of the most original experiences in Italy of institutionalizing clinical bioethics in order to tackle properly the ethical issues arising both within and outside hospitals.

The presentation will illustrate and discuss the preliminary results of a recent research on the Network, focusing on the educational needs expressed by HECs chairs and members.

It will furthermore highlight and discuss a persistent contradiction between, on the one hand, the request towards HECs of granting and demonstrating quality and accountability, and on the other hand the resources (in terms of time, money, secretarial support) actually put at their disposal. A comparison will be drawn with two very active European clinical ethics networks, i.e. those of the UK and of Norway. Finally, some considerations will be offered about the kind of education needed by HECs members, in order to help them perform the tasks entrusted to this kind of ethics committees. Such considerations will make the most of the experience gained over the last 10 years by organizing an intensive course on HECs within the Erasmus Mundus Master of Bioethics.

CAN PATIENTS BE SMART CONSUMERS OF HEALTH CARE?

Barry Furrow

Thomas R. Kline School of Law, Drexel University, USA

Barry_furrow@hotmail.com

Consumers of health care face three choice dimensions: What is the quality of the care being offered? What does it cost? What role will

the consumer have in selecting or vetoing provider offerings? The law has tried to promote informational autonomy – informed consent law has tried to make the patient a decisionmaker about medical treatments—but information is controlled by physicians; Food and Drug law has offered risk information to the patient—but Pharma manages to understate the drug negatives; cost information is largely hidden – the patient as prudent shopper is almost impossible.

Proponents of consumer sovereignty argue that consumers have the technical knowhow and information processing capacity to make rational decisions about complex health care choices – the best insurance plans, treatments, drugs, hospitals, doctors. Critics contend that heavy reliance on choice shifts too much risk to consumers forced to process information in the face of medical and cost uncertainties, while rapid technological changes make that information increasingly hard to process. It is too easy for provider and supplier power to overwhelm the benefits of patient sovereignty. Providers adopt the tools of the marketplace; drug companies market by minimizing risks. Consumer choice built on a foundation of autonomy requires new strategies to improve such choice. Several such strategies will be analyzed – improved consent devices such as Decision Aids, drug marketing limits, mobile applications to generate floods of information, and fiduciary law to reorient providers toward shared patient decisionmaking. A tentative critique of such innovations will be offered.

PERSECUTORY ACTS AND PSYCHOLOGICAL DAMAGE IN VICTIMS OF STALKING

Mario Gabbriellini, Giulia Nucci
University of Siena, Italy
mario.gabbriellini@unisi.it

Law 38/2008 was intended to punish acts of persecution, stating that “Except in the case the act constitutes a more serious crime, anyone with repeated behavior, threatening or harassing a person so as to cause a continuing and serious state of anxiety or fear or to induce a well-founded fear for his own safety or for a close relative or for a person related to the same by emotional relationship or to force the same to alter its habits, shall be punished with imprisonment from six months to four years”. Put differently, the offence is realized in case of mental suffering which, however, does not incorporate a real disease, even temporary, otherwise we would be in the field of personal injuries: illustrative is the judgment of the Supreme Court of Cassation, stating that there is no need for certification of disease condition, otherwise we would have before us another crime. Though it is difficult to make a distinction between disease, at least temporarily, and psychological distress, it is the forensic psychiatrist that often “rules out real psychological consequences in stalking victim, but he is able to find and describe alterations in the area of feelings and emotions which constitute a damage”.

LIVING RENAL TRANSPLANT DONORS: PSYCHIATRIC AND PSYCHOLOGICAL EVALUATION IN PRE-TRANSPLANT ASSESSMENT

Diana Galletta, Anna Maria Mastrola, Valentina Suarato,
Fabio Policino, Massimo Niola
University “Federico II” Napoli, Italy
diana.galletta@unina.it

Living donor transplantation are possible in Italy in accordance with Italian law n.458 (June 26th 1967). Fundamental to the donation is the capacity to consent to treatment, ability consent of the donors. Living renal transplant donors require multidisciplinary team approach, including transplant surgeons, critical care unit physicians, hospitalists, psychiatrists, psychologists, and care management.

Most guidelines suggest that the pre-transplant screening process must include both a comprehensive medical evaluation and a thorough psychological assessment.

There is data to suggest that pre-transplant psychiatric history can predict psychological outcomes may predict physical morbidity and mortality.

No standards or bright-line guidelines exist to separate good candidates from bad candidates based on the psychosocial assessments, but some psychiatric findings may influence transplant candidacy.

Regular monitoring of all transplant candidates for psychiatric symptoms is recommended, given that patients without any pre-transplant psychiatric history may develop symptoms after the surgery.

Psychiatric disturbances may develop physiological responses that damage the graft and result in increased morbidity.

Patients with personality disorders, psychotic disorders, and substance use vary in their degree of compliance with treatment after transplant.

The Authors examined donors (father) and patients (son) for psychiatric and psychological evaluation in pre-transplant assessment with a psychiatric observation and psychodiagnostic protocol including: Rorschach, MMPI-2, House-tree-person and Human Figure drawings, Draw a Person in the Rain (DAPR) Test, Family Drawing Test. The Authors have proposed to integrate psychodynamic issues related to donation with tool for psychosocial evaluation of transplant candidates (SIPAT) for to improve assessment.

The authors will discuss the potential aspects.

CASE STUDY BASED TEACHING OF BIOETHICS IN UNDERGRADUATE MEDICAL CURRICULUM

Barna Ganguly¹, Alpa Gor¹, Ajay Phatak²

¹ Pramukhswami Medical College, India

² H.M. Patel Centre for Medical Care & Education, India

barnaganguly@rediffmail.com, barnag@charutarhealth.org

Background: Case study method is a way to introduce students to ethical dilemmas of real-life situations in a way that requires them to think about the issues presented from a variety of different viewpoints, and ultimately to challenge their own views. The aim of this study is to evaluate case study method of teaching in Bioethics.

Method: The quantitative study was used to assess the performance of the students on ethical issues through case study method and qualitative technique was used to explore the views and experience of the students in this new method. The study population was III year undergraduate medical students. A pretest on ethical issues on Assisted Reproductive technology was done, followed by case study based approach on ethical dilemma on ART. In the second session of students presentation, their responses and participation were noted within a framework. Finally post test was done on the same question and the data were analysed.

Result: A total of 66 students participated in pre-test whereas 36 participated in post-test. Most of the students (91%) knew about informed consent. The performance of the students improved in all aspects of ethical issues except Confidentiality (p=0.18).

Qualitative observations were on the basis of in depth analysis of students’ participation and feedback. The main perceived benefits of the students were (1) active learning and derivation of self guided answers to the ethical issues, (2) interesting method and (3) motivating. All the participants felt that they should be exposed more to such real life situations during their studentship instead of didactic lecture classes.

Conclusion: Thus this study offered an insight into views and experience of the students towards case study based teaching of bioethics. This type of intervention to encourage better learning on different topics on Bioethics should be accompanied by formative and summative assessment which was the limitation of this study.

THE IMPACT OF ANIMAL VIOLENCE IN THE HUMAN VIOLENCE

Gina Lorena Garcia

University of the Llanos, Colombia

ginalorenag@gmail.com, ggarcia@unillanos.edu.co

In the world, in Latin America and Colombia abuse and violence are permanently observed towards all living beings. Situations such as the

violation of human rights, children's rights, women's rights, animal rights, kidnapping, extortion, racketeering, production and trafficking of hallucinogenic drugs, illegal trade in wildlife, have been common and permanent actions.

A history of violence toward animals and their relationship to the mistreatment of human beings have been little investigated; however, some studies report that as a child murderer tortured and mistreated animals, aggressive criminals began their criminal acts by killing animals. This kind of activity makes children and young people lose sensitivity to the pain of others. Humans who perform acts of animal abuse almost certainly going to have violence toward humans. When animal abuse occurring in homes, also increases the possibility of intra-family abuse.

In this paper I propose to expand the look bioethics to the treatment by humans to animals, allowing reflection both in our actions, as in education and research that goes beyond the protection, care and respect for other living beings.

SUING MOTHERS FOR DAMAGES FOR PRENATAL HARM: THE CASE FOR FETAL ALCOHOL SYNDROME (FAS)

Jillian Gardner
University of Witwatersrand, South Africa
jillian.gardner@wits.ac.za

In this presentation I consider the question of whether a child with fetal alcohol syndrome (FAS) should be allowed to sue his or her mother for prenatal harm. I define what is meant by the term prenatal harm and distinguish it from wrongful life actions. I show that even though a fetus does not have legal personhood under South African law, this does not mean that one cannot be held delictually liable for causing prenatal harm. In order to succeed in an action for prenatal harm, one must prove the elements of delict. I argue that even though a child with FAS can theoretically sue his or her mother, there are reasons for why this approach may not also be an effective approach to prevent FAS in children.

INFORMATION, CONSENT AND ASSENT IN CLINICAL TRIAL IN PEDIATRICS

Nicoletta Gasparini
ASL Napoli 1 Center, Italy
nicolegasparini@libero.it

Around the clinical trial in pediatric multiple factors of difficulty gravitate. The children represent a vulnerable population that must be protected, which has differences from adults not only with regard to the development, but also in terms of physiology and psychology. Developing from childhood to adolescence makes even more complicated standardize an unique model for both information and consent.

Children are by definition "vulnerable", but especially in recent years their definition of incapable tends to fade more and more authors develop new assessments for their active and aware involvement in the consent /assent during clinical trial. In national and international literature there are many struggles about the conditions, the criteria and procedures for ascertaining the capacity of discernment of the child as well as the appropriateness of the human and professional profile of who should give the information and consent and that is not easy. Good communication doctor / child is a guarantee of a good experiment in pediatrics, where the triad "parent / guardian-doctor-child" must truly represent the therapeutic alliance. Progress has been made in the characterization of the autonomy of the child in the legal field, but there is still much to do in the medical /scientific one to ensure protection on one hand and on the other decision-making capacity.

WHO ASK FOR ASYLUM: FORENSIC METHODOLOGY TO VERIFY QUALIFICATION

Rosa Maria Gaudio, Sara Benedetti, Silvia Boni, Valentina Ferrarato, Francesco Maria Avato
University of Ferrara, Italy
atf@unife.it

The Interdepartmental Center for Research and Services in Forensic Medicine, Penalistic and Criminological Techniques and Victimology of Ferrara University has examined many cases of asylum-seekers, presumably victims of torture, has evaluated the somatic aspects of torture, and produced medico-legal certifications attesting the veracity of the story and the causal link between what they have suffered and what has been observed.

When formulating the judgment a specific terminology must be adopted: injuries that are with high probability (close to certainty) the result of intentional violence; injuries that are attributable to injuries inflicted intentionally by the criteria of high probability; lesions related to intentional violence, but not strictly related to torture when accidental causes may be ruled out.

The psychological consequences are outcomes of torture, sexual abuse and so on; but often, they may also be consequences of previous or following events.

The interview and the psychological evaluation must have specific goals: story of violence; torture's circumstances; torture's perception and interpretation; social context before, during, and after the torture's performing; personal and familial history; political and cultural factors; severity and duration of traumatic events; symptoms' onset.

The reasons for tortures were political, religious or economic and in all cases they have experienced physical violence, some of them have also suffered sexual and psychic violence.

For the subjects examined which received a medico-legal certification, the "Territorial Commission" has released 1 refugee status, 3 subsidiary protection, 14 humanitarian protection, 1 denial and the other cases are still awaiting trial.

REFUSAL OF BLOOD TRANSFUSION – A COMPARISON STUDY OF COURT VERDICTS BETWEEN TAIWAN & UK

Jiin Ger
Taipei Veterans General Hospital, Taiwan
jger@vghtpe.gov.tw

Since Jehovah's Witnesses believe that Christians should not accept blood transfusions. The conflict inevitably is existing between doctors and hypovolemic shock patients. In Taiwan, a Jehovah's Witness minor got a series of treatments, including emergent operation, antibiotics, ferrous sulfate, intravenous saline infusion, erythropoietin (EPO), and intubation after a motorcycle accident with right femoral bone open fracture on May 28, 2002. His hemoglobin dropped from 12.9 (day1) to 3.3 g/dl (day 4), his doctor referred him to hyperbaric oxygen (HBO) therapy trying to save his life. Unfortunately he died while the nurse was trying to connect the oxygen tube inside the chamber. Cause of death from the Institute of Forensic Medicine, Department of Justice showed: a. adult respiratory distress syndrome, b. fat embolism, c. disseminated intravascular coagulation. Both doctor and nurse were prosecuted to Courts by DA and his parents. Both doctor and nurse had a penalty of 8-month imprisonment with payment of TWD 4,086,056 (EUR 118,000). The law suits are still going on. Without doubt, Taiwan physicians are still confused in whether patients should or should not under the best interest during life-threatening emergency. The purpose of this article is trying to discuss and compare verdicts from UK and Taiwan to generate a possible guideline to cope with the right of self-determination in life-threatening situation.

CROSSING DISEASES AND CROSSING GENERATIONS: KNOWLEDGE AND COMMUNICATION OF ADVANCED DIRECTIVES

Anna Giardini

Pavia University; Salvatore Maugeri Foundation – Pavia, Italy
anna.giardini@fsm.it

The relentless evolving of medical knowledge and the incessant progression of technology has led to the necessity of continuously modify and update the communication about and planning for end of life. It is well known in literature that preparing patients and their family caregivers for the changes that will accompany the illness progression and shared decision-making may facilitate medical decisions and lead to the avoidance of aggressive treatment, invasive procedures and unnecessary interventions. Moreover shared decision-making about care during the end stage of an illness may improve the quality of the last periods of life and quality of dying and may reduce the risk of complicated grief in caregivers. Unfortunately communication between patients, caregivers and health care providers about end of life issues is often poor and Advance Directives (legal document in which a person specifies what actions should be taken for their health if her/his decisional capacity becomes diminished) are neglected. Even if it is well established the importance of identifying patients' and caregivers' goals and preferences, the road of end of life communication is often paved with difficulties and no general rules can be recognized: disease characteristics, health literacy, cohort belonging and social-cultural aspects may imply differences in knowledge and expectations about end of life issues and about the usefulness of Advance Directives. The reasons for limited utilization of the available means for documenting end of life wishes will be discussed and shared with the participants to the congress session.

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

Tamar Gidron

Israel

tgidron@netvision.net.il

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.

IS IT ETHICALLY JUSTIFIED TO OFFER OOCYTE CRYOPRESERVATION TO WOMEN OF ADVANCED REPRODUCTIVE AGE?

Daniella Gilboa^{1,2}, Daniel Yekutieli², Shachar Afek², Shai E. Elizur^{1,3}, Daniel S. Seidman^{1,3}

¹ Assuta Medical Center, Israel

² Tel Aviv University, Israel

³ Chaim Sheba Medical Center, Israel

Daniella.gilboa@gmail.com

Oocyte cryopreservation (OC) is no longer considered an experimental procedure due to its proven efficacy and safety (ASRM, 2013). However, marketing efforts for OC are often criticized as promoting exaggerated hopes for "reproductive immortality." The target

audience for these marketing efforts is often childless women of advanced reproductive age (ARA). Since there is practically no data on the success rate of OC among women of ARA, active marketing efforts among these women seem to be ethically and morally questionable.

In order to provide better advice to ARA women contemplating whether to undergo OC, we built a probabilistic model which calculates the number of oocytes that must be cryopreserved at each age, in order to offer a realistic chance for a live birth in the future.

We found that for ages 30, 35 and 40 years, a woman should freeze 6, 10 and 16 eggs, respectively, in order to achieve a live birth probability of 50%. Moreover, for a more desirable probability of 90% in ages 30, 35 and 40 years, a woman should freeze at least 20, 36 and >60 eggs, respectively.

OC remains an attractive strategy for women desiring to defer childbirth. However, in view of the expected low success rates for women aged >38 years, we conclude that women of ARA must be carefully advised about age specific success rates and costs of OC vs. alternatives to using this approach, in order to reduce uncertainty and increase transparency

THERAPEUTIC COPING WITH ADHD AMONG CHILDREN FROM THE ARAB ISRAELI SECTOR WITH AN EMPHASIS ON THE THERAPIST-PATIENT RELATIONSHIP

Emad Gith

Sakhnin Academic College for Teacher Education, Israel

Emadgith@gmail.com

Over the past two decades, the Arab Israeli society's awareness to the need to treat children suffering from Attention Deficit/Hyperactivity Disorder (ADHD) has been rising. The State of Israel provides educational and psychological services in almost every Arab-Israeli town, allowing for identification, diagnosis and treatment. However, misleading prejudice stemming from lack of basic knowledge poses difficulties when offering appropriate therapy.

The present paper aims to demonstrate the implications of such unawareness and stigmas, as well as to present the dilemmas and flaws in the professional relationship required between those involved in rendering appropriate care. It concludes that a multi-system therapeutic approach must be adopted by the Arab Israeli society, with emphasis placed on the therapist-patient relationship and the ability to take into consideration the individual needs of each case.

MULTICULTURALISM IN MEDICINE: A CHALLENGE FOR FUTURE HEALTHCARE? DEFINING POSSIBLE GOALS AND SOLUTIONS WITHIN FORMAL AND NON-FORMAL MEDICAL EDUCATION

Maria Gołębiowska¹, Jessica Zhang², Beata Gołębiowska³, Magdalena Chrościńska-Krawczyk³

¹ IFMSA-Poland, Medical University of Lublin, Poland

² IFMSA-Sweden, Karolinska Institute, Sweden

³ Medical University of Lublin, Poland

lunesco@ifmsa.org, lara911@gmail.com

Cultural globalization is a rapidly developing process, which nowadays can also be observed in medicine. Culture is what makes human beings "truly human", it defines men as members of societies and enables the development of civilizations. Culture is one of the most important factors in decision making processes in our lives, especially in vital matters such as matters of health, life and death. Due to migration of healthcare workers and patients, medical tourism and progress of holistic approach to patients in medicine, underlining not only the scientific processes in human body but also respecting patients beliefs and decisions, multicultural approach to medicine starts to become more important issue in following years. Medical students, understanding the importance of culture in their work, notice deficiency of opportunities for future healthcare professionals to obtain knowledge about multiculturalism and patients' rights in this matter and more importantly, practice medical skills on how to tackle medical decisions in culturally ethical ways.

In this paper we would like to analyze possible challenges in medicine connected to multicultural societies we will work in the future, propose potential solutions and recommendations for medical education, based on our non-formal education strategies in International Federation of Medical Students' Associations (IFMSA).

REJECTION OF TREATMENTS BY JEHOVAH'S WITNESSES: LEGAL, ETHICAL AND DEONTOLOGICAL CONSIDERATIONS

Vincenzo Graziano¹, Giuseppe Vacchiano², Pierpaolo Di Lorenzo¹, Giuseppe Addeo¹, Mariano Paternoster¹

¹ *University of Naples Federico II, Italy*

² *University of Sannio, Italy*

vincenzo.graziano2@unina.it

It is known that Jehovah's Witnesses, for religious reasons, refuse blood transfusion, made available to them in case of need.

What might happen when, after refusal of blood transfusion, the doctor uses the blood supply for other patients who need it, thus depriving the Jehovah's Witness of the treatment, in the event he/she changes his/her mind? Subject to the basic principle of triage of treating the most severe patient, without any distinction, and to the respect of a free decision expressed in a state of full mental capacity, the doctor is exempt from liability only if a correct diagnostic hypothesis was made, and in relation to what the patient expressed unequivocally and freely, at the time, and aware of his/her own dissent to therapeutic treatment-

Nevertheless it is difficult to determine and evaluate the patient's awareness about his/her own state of health and severity of disease, and about the possibility of depletion of the available blood supply, in case he/she should reconsider transfusion

On this topic, quite recently, two cases came to our attention.

In both cases professional liability was excluded because the doctors were able to demonstrate compliance with the choices of their patients, after they had been informed of the severity of their quoad vitam choice and the potential impact of the limited availability of blood in the hospital where they were hospitalized.

BIOETHICS, NEUROETHICS, NEUROSCIENCE: A DIALOG IN PROGRESS

Dario Grossi

Second University of Naples, Italy

dario.grossi@unina2.it

In the presentation I intend to develop reflexions regarding this complex matter on the light of general principle of close correspondence between mental processes and cerebral processes, namely "all that is affective and/or cognitive events necessarily correspond to brain events". This principle is the basis of Neuropsychology and Cognitive Neuroscience that study the relationship between Mind and Brain in normal and pathological subjects. On the basis of this idea I propose to deal with the problem of free will: voluntary acts correspondent to a series of brain processes involving a lot of structures such as limbic networks able to elaborate emotions that became motivations (namely the reasons of actions) and anterior cingulate gyrus modulated by ventral medial prefrontal cortex. These brain networks do not represent close constraints to act in a specific way because every person is able to organize own conduct by means of dorso lateral prefrontal cortices; we can provide social relationships to link internal state and external world: every subject can choose the program of his behaviour. In this sense free will is always correspondent to brain processes as other mental processes, probably as an **emergent propriety of brain networks** but anyway manifestation of our social and moral Freedom.

BIOBANKS: WHICH REGULATION?

Rosa Guarino, Nunzia Cannovo

Università degli studi di Napoli Federico II Napoli, Italy

rosaguarino@alice.it

The authors analyse the phenomenon of biobanks between defining uncertainty and pertaining heterogeneity, lingering over the different legal paradigms of literature related to the informed consent, pointing the way of the broad consent as the most convenient in Italy too. They face the problems related to the diffusion and the use of genetic information, among unknown outlines and new forms of social discrimination. The authors also face the theme of the patent of the human being between elements of benefits and ethical aspects; looking for the right model of research biobank that might be considered in the Italian context considering carefully the autonomy of the individual and the development of scientific research ; recognizing a very important part to the Ethical Committee.

ETHICS AND SCIENTIFIC TRAINING AND CONTINUOUS UPDATING OF THE COMPONENTS OF ETHICS COMMITTEES

Bruno Guillauro

ASL Na1 Centro, Italy

brguilla54@alice.it

Education and training is one of the main functions that Ethics Committees have to play, so much that UNESCO in 2007, dedicated to this subject an entire document.

There are three different moments: the first is education of components. If the Committee is new, it would be appropriate to organize a "preventive education" with a specific course, from which members could then be taken. In a committee already working, members need both initial and continuing education and training. Therefore it must be performed a specific training for new members, preferably assigned to a mentor (a senior); and continuing education for all members.

Second task for Ethics Committees, certainly not secondary to the first but dependent on it, is the formation of bioethics all health professionals who belong to that Committee.

The third and last, finally, is the awareness of citizenship to bioethical issues increasingly present in our daily lives.

CURRENT STATE OF CLINICAL RESEARCH ETHICS COMMITTEES IN TURKEY: FEMINIST PERSPECTIVE

Mukadder Gun, Nihal Altun

GMMA Haydarpaşa Training Hospital, Turkey

gunmukadder@yahoo.co.uk

Nowadays, ethics committees are the most important structure in healthcare organizations all over the world. On the other hand the global augmentation of biomedical research has obliged a tremendously responsibility on Clinical Research Ethics Committees (CRECs). This study provides a review on Clinical Research Ethics Committees and their structure in Turkey and the authors examine the current situation of CRECs in Turkey from the perspective of feminist ethics. CRECs members majority is male (% 61.16). Eventually authors argue the current professionalization of CRECs and propose about education, structure, regulation with the changes of the field.

ROLE OF COMMITTEES ON ETHICS IN SOLUTION OF ETHICAL PROBLEMS IN THE SPHERE OF REPRODUCTIVE HEALTH

Jamila Fazil Gurbanova, Kamila Gudratovna Dadasova
Scientific Research Institute on Obstetrics and Gynecology of AR,
Azerbaijan
kdsgender@yahoo.com

Committee for Bioethics of Gynecology and Perinatology was established in Azerbaijan in 2015 on the basis of Professional Association of Gynecology and Perinatology. The committee has set up a national level and established for the ethical dimensions in the field of gynecology and Perinatology, as well as policy on reproductive health.

The development of medical science, reproductive technology, the availability of prenatal and pre-implantation genetic diagnosis pose many challenges for the legal and ethical issues in clinical medicine and in scientific, biomedical research related to the protection of human rights and dignity, and affecting the physical and social health to them.

Creation of Professional Committee on Bioethics and Gynecology is a very important and topical for Azerbaijan.

Mission of Committee was addressed to:

- Protection of the rights and dignity, autonomy and integrity of the person in the conduct of clinical, scientific and biomedical research in the field of gynecology, perinatology and medical genetics;
- Protection of human rights and dignity in matters of policy aimed at reproductive health;
- Popularization of ethical knowledge on reproductive health, based on the primacy of the interests and benefit of human.

In its activities the Committee on Bioethics involves cooperation with international organizations, and in particular with UNESCO to strengthen the ethical knowledge and modern approaches for the ethical dimensions of reproductive health.

BIOETHICS AND MENTAL HEALTH

Elena Gutkevich
Mental Health Research Institute Tomsk, Tomsk State University,
Russian Federation
gutkevich.elena@rambler.ru

Relevant trends of bioethics imply humanitarian biopsychosocial-spiritual approach to etiology of multifactor states of mental and psychological health. In the Russian Federation as bioethics the code of principles and norms is considered operating based on traditional spiritual values in the field of health and healthcare and managing in this domain interrelations of the state with society, family and personality as well as interrelations of healthcare professional (researcher) and patient in connection with medical intervention and clinical research in medicine – biomedical research with inclusion of the individual.

Legal and ethical questions of activity of clinical psychologists are proposed to be managed, there is a draft of law "About psychotherapy and specialists engaged in psychotherapeutic activity", where concepts are represented such as: medical and non-medical psychotherapy, specialists: doctor-psychotherapist; clinical psychologist – psychotherapist; specialist in social work – psychotherapist; assistant of doctor – psychotherapist; training of specialists (exam, certificate) etc. There is Universal Declaration of ethical principles of psychologists (Berlin, 2008) with the following principles – respect of dignity of personality and people; competent care of well-being of personalities and people; honesty; professional and scientific civil responsibility.

Local ethical committee at "Mental Health Research Institute" works since 2003 managing ethical appropriateness between aims and results of clinical, psychological, biological (genetic, molecular-biological, immunological) and other investigations of mental disorders, interests and rights of the patient and his/her family members, interests and rights of the society as a whole.

THE ISRAELI FIELD HOSPITAL IN NEPAL – MEDICAL ETHICAL ISSUES IN A DISASTER AREA

Jonathan Halevy¹, Avraham Yitzhak^{2,3}, Tarif Bader^{2,4}, Ofer Merin^{1,2}
¹ Shaare Zedek Medical Center, Israel
² Israel Defense Forces, Israel
³ Soroka Medical Center, Israel
⁴ Hebrew University, Israel
halevy@szmc.org.il

In April 2015 a 7.8 magnitude earthquake struck Nepal, with an epicenter 50 miles northwest of the capital city, Kathmandu. In response to the request of the Nepalese government, the Israeli Defense Forces mobilized a field hospital which was deployed as a stand-alone facility next to a local military hospital which had been damaged by the earthquake.

Deployment to a disaster zone is always at short notice and urgent, with local medical resources overwhelmed by the calamity. Medical activity under such conditions, especially for a comprehensive task-force, such as the Israeli team which had diagnostic and surgical capabilities, carries with it key issues of medical ethics. Overseas professionals bring with them the criteria of their native medical ethical frameworks, which may differ considerably from those of the disaster-struck country. Major areas of divergence include standard of care, the approach to patient autonomy and to end-of-life care, as well as norms of local culture. These and other issues, and the manner in which they were handled by the Israeli medical mission, will be discussed in the presentation.

USING QUALITATIVE METHODS FOR EXPLORING THE GAP BETWEEN ATTITUDES AND INTENDED BEHAVIOR TOWARD NURSE PRESCRIBING LEGISLATION IN ISRAEL

Orit Haller-Hayon¹, Chaya Balik^{1,2,3}, Judith Marcus^{1,2,3},
Shosh Kelishek^{1,2,3}, Rut Khaikin^{1,2,3}
¹ Schoenbrun Academic Nursing School, Israel
² Tel- Aviv Sourasky Medical Center, Israel
³ Tel- Aviv University, Israel
orithayon@gmail.com

Following "nurse prescribing" legislation for registered nurses (Israeli Parliament, 2009), a research about attitudes of nurses, doctors, pharmacists and citizens regarding this legislation, was conducted. A mixed methods questionnaire examined the perceptions of those groups towards the necessity of this legislation and the nurses' intention to implement it.

The suggested presentation focuses on the nurses group (444 participants).

The close questions findings indicated a gap between nurses' perceptions regarding the importance of prescribing, to their lack of intention to apply it.

Using content analysis to the open questions, allowed understanding the source of this gap. The nurses' answers were divided to different categories as: the legislation's impact on the nurse: advantages/disadvantages (over load, press of pharmaceutical companies, professional development), the impact on the patient: advantages/disadvantages, the impact on the system.

The qualitative data analysis found the contribution of the qualitative part for understanding the gap that was found in the quantitative part and exposed the reasons for this problematic issue regarding the gap between nurses' attitudes and intention not to implement the legislation. For example, they emphasized the improvement of the treatment to chronic patients, or the relations between nurses and patients, although at the same time stressed that it might cause errors because of stress and workload, related to ethical problems, or emphasized the risk arising from lack of knowledge.

Conclusion: sharing nurses in the decision making, working with them on the ethical issues concerning the legislation, could reduce their resistance and improve their willingness to implement the legislation.

DO MEDICAL ETHICS HAVE A CHANCE IN A WORLD OF PROFIT, GREED AND FRAUDULENT SCIENCE?

Ross Halpin
Sydney University, Australia
rwhalpin@gmail.com

Globalization, corporate profit and investor return, scientific and technological advancement and consumer expectation have found western society widely unprepared to cope with the resulting rapid change and consequences. This applies particularly to medicine.

At the heart of the problem is the dilution or abandonment of both ethics and morality. History has shown over the past twenty years that profits of pharmaceutical companies have grown exponentially and investor returns multiplied. At the same time the demand for life saving drugs or the "miracle" drug to prolong life has increased the pressure on medical scientists and pharmaceutical companies.

The evidence of the change in both attitude toward and practice of ethics in medicine is provided by the dramatic increase in criminal and civil indictments against pharmaceutical companies particularly in the United States, but also in most western countries since 1990. Building the case for the abandonment of medical ethics is the vast body of fraudulent scientific research, at times by eminent scientists, that has been published and at times used by pharmaceutical companies to market their products. Pharmaceutical companies are willing to pay billions of dollars in fines for off-label marketing offences to increase sales and profit.

Recent history indicates that corporate profit and consumer expectations have swept everything before them to meet unrealistic demands for corporate wealth, optimum health and extended life expectancy. The thesis of this paper is that members of western society will go to arguably unethical and unscientific lengths to meet these demands.

ETHICAL ISSUES IN THE USE OF INFORMATION TECHNOLOGY

Mentor Hamiti¹, Valeria Adinolfi², Andrea Baloghova³

¹ South East European University, Macedonia

² University of Valley of Paraíba, Brazil

³ Healthcare Surveillance Authority, Slovakia
ethics@seeu.edu.mk

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 freedom of expression, privacy and anonymity issues and up to cases that are categorized as computer crime. Also we seek an answer to the question of what to expect in the future and how to support users in maintaining ethical values when using Information Technology!

TEACHING BIOETHICS THROUGH CINEMA: IMMIGRATION. DISPLACEMENT IN COLOMBIAN POSCONFLICT SCENARIO

Andrea Hellemeyer
Colombia Head of Unit; Pontifical Xavierian University, Colombia
andreahellemeyer@gmail.com

Regarding the mayor immigration crisis since WW2, the Seminar

Bioethics and Cinema, focused on this humanitarian urgent problem. The current biopolitical situation in Colombia, related to the posconflict process, allows us to contribute to the reflection on this matter, from the experience with displacement population. This is a situation that has been affecting literally millions of people, that due to the war should leave their home and lands, and find inside Colombian territory a new place to live.

INTERNATIONAL MEDICALLY ASSISTED REPRODUCTION IN UKRAINE: ETHICAL AND LEGAL ISSUES

Radmyla Hrevtsova
Academy of Advocacy of Ukraine; Taras Shevchenko National University of Kyiv, Ukraine
Radmila.hrevtsova@gmail.com

In Ukraine, where about 20% of married couples are infertile the number of assisted reproduction technologies (ART) programs has increased. The relevant legislation of Ukraine allows a range of assisted reproduction techniques, including those that are dubious from the ethical viewpoint, like egg donation and surrogacy.

A number of ethical and legal issues arise in connection with ART that could not help affecting foreign couples choosing to use such technologies in Ukraine. The issues deriving from surrogacy that is probably the most ethically questionable technology, is a significant example.

In Ukraine, biological (intended) parents are legally recognized as parents. They may, however, be confronted with problems of recognition as such in the country of their nationality if it prohibits surrogacy and of grating the nationality they have to their children born with the use of surrogacy.

There has been a notable national courts practice and that of the European Court of Human Rights protecting first of all the children's rights but the application of ART to foreign nationals will still not be free of legal risks.

In Ukraine, surrogacy may be commercial that raises serious concerns about failure to duly respect human dignity and making financial gain with the human body.

Another problem is the lack of proper legislative framework for ART-related contracts that results, for e.g., in difficulties in determination of the legal nature and subject matter of relevant contracts, etc.

The issue that desperately needs legislative regulation is the status of the embryo who should get due protection.

COMPULSORY HEALTH TREATMENTS AND INDUCED DAMAGES

Gianfranco Iadecola
Italy
gianfranco.iadecola@virgilio.it

The presentation will deal with the criminal aspects of compulsory health treatments. In particular, the author will dwell on the constitutional foundations and on the limits to resort to containment, examining the delicate balancing between right to health, self-determination of the patient and safeguard of social defense requirements. Mention will be also made of the issue of criminal responsibility of health practitioners who have to cope with situations characterized by the presence of subjects recognized as socially dangerous. Particular attention will be given to the challenges deriving from the procedural ascertainment of causal relationship as to the possible damages due to the abuse of containment, scrutinized in the light of the most recent doctrinal and jurisprudential knowledge.

ETHICAL SOLUTIONS FOR THE IDENTIFICATION OF IMMIGRANTS

Francesco Introna, Alessandra Pentone
University of Bari, Italy
francesco.introna@uniba.it

On July 20, 2015 the Regulation (EU) no 603/2013 of the European Parliament and of the Council of 26 June 2013 went into effect, introducing essential changes to the "Eurodac" system, which was first established in 2000 [(CE) n.2725/2000 Regulation] in order to store fingerprints for the appropriate application of the Convention of Dublin (1990).

The aim of this Convention is to help European Union (EU) member states in identifying all foreigners who have requested asylum in one EU State, in order to prevent them from simultaneously requesting asylum in other EU states.

In fact, the country responsible for processing an asylum procedure is the one where individuals first set foot on European soil. "Eurodac" system stores fingerprints from all people who cross the border into a European country without permission, such as asylum seekers and illegal immigrants.

According to Regulation (EU) no 603/2013 of 26 July, in particular, at point (8) it is indicated: "It is essential in the fight against terrorist offences and other serious criminal offences for the law enforcement authorities to have the fullest and most up-to-date information if they are to perform their tasks... for the purposes of the prevention, detection or investigation of terrorist offences... Therefore, the data in Eurodac should be available, subject to the conditions set out in this Regulation, for comparison by the designated authorities of Member States and the European Police Office (Europol)."

At point (13) of the deliberations it is highlighted that: "Any such interference must be in accordance with the law, which must be formulated with sufficient precision to allow individuals to adjust their conduct... Any interference must be necessary in a democratic society to protect a legitimate and proportionate interest and proportionate to the legitimate objective it aims to achieve."

We are going to discuss the pros and cons of the aforementioned Regulation, and propose some possible ethical solutions in the identification of immigrants.

NEUROSCIENCE AND NEUROETHICS: RELATION BETWEEN TWO INSEPARABLE BRANCHES OF KNOWLEDGE

Arianna Iorio¹, Domenico Del Forno², Adriana Scuotto¹,
Valentina Battimiello¹

¹ Department of Advanced Biomedical Science, Italy

² University of Naples Federico II, Italy

iorio.arianna@libero.it

Neuroscience is a branch of knowledge that studies the neural mechanisms underlying cognitive processes responsible for the way in which we perceive the outside world, we talk, we feel emotions, we remember and act.

Neuroscience allows, therefore, to draw a correlation between mental state and brain function that may have applications in various fields: medicine, law, psychology, physiology.

Developments in neuroscience and studies of cognitive science influenced the knowledge of human functioning to the point that, since the birth of bioethics, it became necessary to gather reflections on neuroscience under one interdisciplinary mantle, i.e. neuroethics. Neuroethics consists of structurally different doctrines such as neuroscience and philosophy. It analyzes the methodological aspects and the social and practical applications of the new knowledge acquired in the cognitive field as well as the ethical aspects that are linked to it.

Neuroethics allows then to lay the foundations for a reflection about the major opportunities and, at the same time, the possible limits set by the use of neuroscientific acquisitions in therapeutic and non-therapeutic areas

HUMAN GERMLINE GENOME EDITING: CLINICAL, ETHICAL, AND LEGAL IMPLICATIONS

Tetsuya Ishii, Motoko Araki
Hokkaido University, Japan
tishii@general.hokudai.ac.jp

Genome editing technology has enabled far more precision and efficient genetic engineering, even in non-human primates. By microinjecting nucleases into in vitro fertilization embryos, gene disruption, addition and correction are attainable in mammalian offspring. We explored the clinical, ethical and legal implications of reproductive medicine involving germline genome editing.

The recent rapid advances in genome editing suggest that germline gene modification will become clinically feasible in the foreseeable future if this biotechnology is optimally integrated into assisted reproductive technology (ART). This technology will more likely lead to reproductive medicine for couples with medical or nonmedical purposes. Amongst such purposes, preventing the definitive inheritance of serious genetic diseases is noteworthy, as suggested by the recently approved bill on mitochondrial donation in the UK. The current regulatory landscape (39 countries) indicates that human germline gene modification is not completely prohibited worldwide (Araki M, Ishii T. *Reprod Biol Endocrinol.* 2014 Nov 24;12:108). Therefore, many arguments are likely to arise with respect to the lawfulness of corrective germline genome editing. Moreover, on unusual occasions, this modality may be performed for enhancement. Such practices of germline genome editing would, even in small-scale implementation, raise socioethical issues worldwide. This presentation will also discuss possible responses to upcoming ethical and legal issues raised by human germline genome engineering.

POST-PONE MOTHERHOOD AND NEW RULE OF BIOTECHNOLOGY

Vitulia Ivone
University of Salerno, Italy
vituliavivone@unisa.it

Biotechnology as a new factor of pressure for working women: the case of the cryopreservation of oocytes for therapeutic reasons or elective reasons.

The choice to post-pone motherhood can't become a "business choice" because it is an act of personal self-determination of women. In the non-medical motivation, the social frozen oocytes are becoming polemic bio-objects which pose new questions about current rule of science, biology innovations, fertility decline and motherhood.

SELECTED LEGAL ASPECTS OF PERSISTENT THERAPY IN POLAND

Anna Jacek
University of Rzeszów, Poland
anna_jacek@autograf.pl

The concept of persistent therapy was not specified in applicable regulations in Poland. The persistent therapy is related to many dilemmas, e.g. determining how long one shall resuscitate a person or what is the value of a patient's objection to treatment, or if his life should be sustained in the terminal state (so called life's will). However, these are the dilemmas, which remain unsolved in relation to applicable regulations in Poland. One shall indicate that the regulations, i.e. the act on the professions of a physician and dentist determine a doctor's obligation to save life of a dying patient. However, article 32 of the Code of Medical Ethics exempts doctors from the obligation of giving resuscitation or persistent therapy or taking emergency measures in case of patients in terminal states. The withdrawal from persistent therapy must not be dictated by the circumstances of euthanasia.

Knowledge of ethical norms determined in articles 30 and 32 of CME referring to the assistance for patients in terminal states is significant for every doctor. However, it shall be emphasized that the principles

of that assistance are connected with serious doubts due to the fact that medical help is supposed to refer to patients, who "are in the final stage of their life". Regulations referring to the subject cause many controversies. On the one hand the act on the professions of a physician and dentist obliges to save life of a dying patient, whereas, article 32 of CME exempts doctors from the obligation to give resuscitation or persistent therapy, or take emergency measures in case of patients in terminal states. Another problem consist in lack of provisions in the act on the professions of a physician and dentist on withdrawal from persistent therapy. The only criterion indicated in article 32 of CME - on the basis of which a doctor may decide, if he shall help a patient in terminal state - is the patient's health state itself. As a result of no clear regulations, article 30 of CME allows performing passive voluntary euthanasia and indirect euthanasia, as a patient has the right to refuse treatment, and the fact of giving the patient analgesics contributing to his sooner death may be regarded as "justified" by the patient's state and medical knowledge.

THE SOCIAL WORK ETHIC CODE BETWEEN INDIVIDUALISM AND COLLECTIVISM: ARAB SOCIAL WORKERS DEALING WITH SOCIAL-MEDICAL DILEMMAS

Romain Jammal Abbod
Haifa University, Israel
romaina@bezeqint.net

Medical ethics in a multi-cultural society draws a great deal of attention by many professionals, from the medical field and from other helping professionals (social worker, psychologists, etc.). The state of Israel is a multi-cultural society, and its dominant orientation is individualist. However, within this society there are additional cultures characterized by collective values, one such group is the Arab subgroup that represents 20% of the total population in Israel.

Social workers experience various societal and medical dilemmas, often between the professional ethical code (that represents individualist values), and cultural values (that often represents collective values). We will illustrate the aforementioned dilemma with the example of out-of-marriage pregnancy of an Arab woman in Israel. The analysis of this case illustrates: (a) conflict between several values. The social worker is expected to set a list of priority in order to choose between them. There is also a conflict between women's values, social worker's values, professional values, and cultural values; (b) the practical translation of these values: Which set of values will affect mostly the ethical dilemma? The professional values or the cultural ones?

The author applied a 3-steps model of coping with ethical dilemmas in the medical context: (1) Learning the matrix attributes; (2) Translating the situation twice: one time according to the societal context and the second time according to the professional context; (3) Building a societal-medical bridge between these two contexts (individualism vs. collectivism). The prime consideration will always be the clients and their best interests.

USE OF STUDENTS BY STUDENTS AS PARTICIPANTS IN RESEARCH: SHOULD THE ETHICAL PRINCIPLES BE RELAXED?

Ratinder Jhaj, Balakrishnan Ssadasivam
All India Institute of Medical Sciences (AIIMS), India
rati.pharm@aiimsbhopal.edu.in

A lot has been written regarding ethical issues involved in using students as participants in research carried out by their faculty. With undergraduate medical students increasingly participating in research not as volunteers, but as principal investigators, a new ethical dilemma is emerging. Should the ethical principles be relaxed merely because the investigator himself/herself is a student? The Indian Council of Medical Research initiated the Short Term Studentship Program to promote research among medical undergraduates. Every year hundreds of medical students carry out small research projects in the medical field, upon the successful completion of which

they receive a scholarship and a certificate. A number of research proposals submitted to Ethics Committees in medical institutes which have undergraduate training programs are for student projects where both the researcher and the participants are students. Ethics Committee reviewers often tend to be complacent about recruiting students when the principal investigator is also a student. But undergraduate students do not carry out research on their own. A mentor, who is a faculty member, is almost always required, in which case, all the ethical issues of faculty-initiated student research come into play, perhaps with an added peer pressure from fellow students. Students generally select as mentor faculty who are currently teaching them. In addition, students find it easier to recruit their own batch mates. Therefore such studies are more likely to involve a mentor faculty who has direct and current teaching responsibilities towards the volunteering students. We therefore decided to undertake a KAP study to assess awareness regarding this issue of the dual role of a student as researcher and participant. Results will be discussed at the Conference.

INTERNALLY DISPLACED PERSONS, THE HUMAN RIGHTS AND ETHICAL ISSUES: A CASE STUDY OF STEFANO'S FOUNDATION CAMP IN JOS, NIGERIA

Istifanus A. Joshua¹, Benjamin D Biji², Victoria N Omale¹,
Audu Onyemochu³, Grace A Nmadu¹, Jerry G Makama¹,
Clement S Woje¹, AA Aliyu²
¹ Kaduna State University, Nigeria
² Ahmadu Bello University, Nigeria
³ Benue State University, Nigeria
dristifanus@yahoo.com

Nigeria like the rest of the world is exposed to a wide range of natural and human induced disasters. Disasters such as the current insurgency has led to population displacement and its consequences. This study assessed the human rights, ethical and public health challenges faced by the Internally Displaced Persons (IDPs) at the Stefano's foundation camp in Jos, Nigeria.

The study was a cross sectional descriptive in nature carried out in March, 2015. The data were collected using 280 interviewer administered questionnaire, key informant interview and participant's observation and the analysis was done using SPSS version 20.0 and results presented in tables and charts.

Majority (85%) of the respondents were within the age bracket of 18-49 years, 61% females, 39% had no formal education, 53% farmers by profession, 96% and 4% of them were displaced as a result of the insurgency in Borno and Adamawa States respectively and have stayed in the camp for at least 2 months. There was report of morbidity from malaria, diarrhea and cholera due to inadequate water supply, poor refuse and faecal disposal and presence of disease vectors in the camp and a case of death of a 6 year old child from malaria. Majority (83%) of the IDPs obtained medical treatment at the ill-equipped camp clinic. There was no reported case of rape at the camp.

This private foundation camp has been rendering lots of assistance to the IDPs despite the numerous challenges. There is need for all relevant stakeholders to key in.

MARIJUANA LEGALIZATION: ETHICAL CHALLENGES

Irket Kadilli, Riccardo Guglielmo
Catholic University of Sacred Heart, University Hospital "A. Gemelli",
Italy
i.kadilli@outlook.com

Nowadays, there is a global debate on recreational and medical marijuana legalization, but the facts show us that we know too little about its long term effects on human health. Thus far, there have not been enough large-scale clinical trials showing the benefits of the marijuana plant and its risks as potential medication.

Many studies have reported about the detrimental effects of marijuana. Safety concerns, include cognitive impairment, increased risk of motor-vehicle accidents, increased risk of unsafe sexual

behaviors, mood swings, severe anxiety, paranoia, psychosis, addiction, altered brain development, respiratory problems, vascular and heart damage. Unfortunately, these effects are not properly addressed by mass media.

Conversely, the two main cannabinoids (THC and cannabidiol), found in varying ratios in the marijuana plant are of therapeutic interest. To date, many countries have approved pharmaceutical formulations of these extracts for several medical conditions and a growing body of literature supports their usefulness in many others.

The actual restricting laws which consider marijuana an illegal substance and the pressure of marijuana legalization supporters makes it difficult to evaluate objectively the pros and cons of medical marijuana and of its active molecules. Considering, the responsibility physicians have in assuring public health, government funded research and more time are needed before making any claim. It is imperative to emphasize the importance of communication among all parties due to the possible side effects of treatment with marijuana and its potential to interact with other medications the patient may be taking. However, if physicians believe a law or the public information provided is unfair it's an ethical and professional responsibility to work and actively change things. Psychiatrists may have a role in these challenges.

Conflict of Interests: None.

Declaration: This abstract represents exclusively the Opinion of the Authors and do not represents the Official View of the Catholic University of Sacred Heart-Rome, Italy.

BREAKING BAD NEWS, ETHICS AND COMMUNICATION IN THE MOVIES

Ruth Kannai

Hadassah Hebrew University School of Medicine, Israel
rkannai@gmail.com

In Hadassah Hebrew University Medical School, in the second semester of the third year, a course on "Breaking Bad News" is taught in 3 concentrated study days. Bad News is defined as information which is undesirable to the patient and causes a significant change in his/her life. Bad news is part of various conditions such as a handicap or developmental disability in children, chronic illness or disability, terminal illness or death.

The course relates to breaking bad news from the view point of the receiver as well as from that of the deliverer. Students learn the SPIKES protocol, meet with physicians who deliver bad news as part of their work, as well as with patients who had received bad news and tell the students about their experience.

In addition to lectures, a significant part of the course is held in small groups. Each group is led by two facilitators, one of whom is a physician and the other is a social worker, who collaborate on a regular basis as part of their clinical role. The teams that teach this course come from various specialties, including intensive care of adults and of children, emergency medicine, gynecology, oncology, hematology and premature births.

The last meeting of the course is devoted to end of life care. Students learn about spiritual support through an experiential workshop. The course ends with a lecture demonstrating breaking bad news in movies, where the film scenes are analyzed according to the SPIKES model.

In the workshop I will show the audience a series of movie scenes that may be of precious value in teaching how breaking bad news is described in popular films. We will follow the SPIKES protocol step by step and discuss how this scenes can help the student to understand and practice the model in clinical situations.

THE PHYSICIAN AS A PROPHET

Tami Karni

Israeli Medical Association, Israel
michelle@ima.org.il

The physician, given his position and training, is familiar with the human body and its functions, as well as illnesses and their impact on

patients' physical and mental capabilities. Thus it would seem, in its most natural state, that the physician has an obligation "to approve" the ability of an individual to meet certain benchmarks.

Competency certification from a physician raises many ethical questions and can give false insurance to the patient. Competency certification for physical and sometimes mental eligibility can be different depending on who is requesting this. In a meeting of the Israeli Medical Association's Ethics Bureau, a distinction was also made between the physician's professional ability to determine a patient's health status, and the physician's ability to make predictions about the patient's abilities to perform different tasks or participate in certain events. Providing authorization requires not only an evaluation of the patient's medical condition at the time of the test and the limits stemming from any medical problems that could aggravate his health, but also the physician's familiarity with the physical and mental demands of the activities for which the application for authorization was submitted. These are not simple matters, and require a significant level of professionalism.

In Israel the Fitness Training Act, and the Youth Employment Act, both stipulate that individuals require a competency certification from their physician. In response, the Ethics Bureau proposed that competency certification meet certain requirements and prepared a position paper outlining these.

THE ABOLITION OF AGE LIMIT FOR INCLUSION IN THE ORGAN TRANSPLANTATION WAITING LISTS IN ISRAEL

Eyal Katvan, T. Ashkenazi, H. Boas, M. Carmiel-Haggai, E. Dolev, I. Doron, M. Dranitzki Elhalel, B. Shnoor, J. Lavee
College of Law & Business, Israel
drkatvan@gmail.com

In 2013 the Israeli Ministry of Health appointed a public committee to examine the policy of placing an age limitation on candidates listed for organ transplantation. This presentation unfolds the committee deliberations on accommodating values of formal equality for optimizing the use of organ transplantation in a context of aggravating scarcity. The committee rejected the use of an age limit criterion for listing candidates for transplantation and recommended to abolish it. In contrast, opinions differed regarding the use of recipients' age in shaping a fair and objective organ allocation policy. In this presentation, I will also present the majority and minority arguments.

HUMAN COMMUNICATION – BRAIN, FEELINGS AND BEHAVIOUR (EMOTIONAL INTELLIGENCE) – AS AN ESSENTIAL AND CRUCIAL ELEMENT IN EDUCATING MEDICAL STUDENTS

Daniella Keidar

International Center for Health, Law and Ethics, University of Haifa, Zefat Academic College, Israel
keidaril@netvision.net.il, keidarda@netvision.net.il

Emotional Intelligence (EI) or Emotional Quality (EQ) is the correct and effective use of thoughts and feelings which triggers behaviour, advances relations systems and brings one to an optimal state with oneself and with one's environment. EI is an essential tool in the doctor's kit and generates a basis for different behaviour. His recognition of its importance and skill in its use in the hospital/clinic will impregnate and give such character to the doctor's behavioural patterns as will promote his give and take with his future patients. As for the patient, above and beyond his physical treatment, he is furnished with spiritual food and nourishment. His soul is fortified with the wherewithal enabling him to cope more constructively with his painful, physical condition. The future to be doctor is equipped at medical school with an instrument by means of which he has learnt how to master and effectualize the patterns of his behaviour, because he becomes able to define, evaluate, understand and classify his initial emotions, reactions and primeval, subconscious, self-defensive instincts during his contacts with his patients. Teaching EI at medical schools is the basis and nucleus for ethical behaviour concerning physician/patient relationship and for the process of medical decision

making in the professional and personal realms.

The doctor is stationed at the center of the very busy crossroads, where the drivers of the cars are highly emotional and one of his tasks is to direct the traffic which can in many situations become turbulent and tumultuous. He does not stand only in front of the illness itself. Beyond his technical capability of curing the illness the doctor has the ability, by touching the patients' soul, to create at the patient himself the will to be cured, to assimilate in him emotional and mental elements that will help the patient in the curing process. It is the doctor's job to manipulate the traffic lights and display the right signals which will provide the safety and soundness which his patients and he wish to achieve, namely the cure of body and soul which provides relief, optimism and the desire to go on living. The essence of teaching students at medical schools is to assimilate and instil in them EI and ethics as from their first lesson. Thus these elements will become immanent in the physician's work and will contribute professionally and personally to medicine's importance.

BASIC PRINCIPLES OF BIOETHICS IN ISLAMIC PERSPECTIVE

Muhammad Salim Khan, Muneer Ahmad Masoodi,
Raihana Mahjabeen
Government Medical College, India
smsalimkhan@gmail.com

"If anyone saved a life, it would be as if he saved the life of all mankind".

Islam is the religion of around quarter of humans globally at present (~ 23%). The Muslims are guided by The Qur'an (the holy book) and the Sunna (Prophet Muhammad's sayings and/or acts).

Islamic bioethics is based on duties of a Muslim and his obligations towards God and fellow humans. Biomedical ethics proposed by Beauchamp and Childress is duly accepted by Muslim. The four general principles of biomedical ethics are: (1) Respect for autonomy, (2) Beneficence, (3) Non-maleficence, and (4) Justice.

The Qur'an says "... if anyone killed a person, not in retaliation of murder, or (and) to spread mischief in the land - It would be as if he killed all mankind, and if anyone saved a life, it would be as if he saved the life of all mankind...".

One cannot also take one's own life: "And do not kill yourselves (nor kill one another). Surely, God is Most Merciful to you".

Regarding beneficence, The Qur'an says: "So whosoever does good equal to the weight of an atom shall see it. And whosoever does evil equal to the weight of an atom shall see it."

Prophet Muhammad says; "The best of you is the one who is most beneficial to others". Prophet Muhammad (PBUH) commanded that "There should be neither harming nor reciprocating harm". Muslims are ordered not to be harmful. Even in the case of being harmed, Muslims are advised not to reciprocate harm for vengeance.

Summarizing the four principles of Bioethics, Qur'an says "God commands justice (principle of Justice), doing of good (principle of beneficence), and giving to kith and kin, and forbids all indecent deeds, and evil (principle of non-maleficence) and rebellion: He instructs you that may receive admonition"

BIOETHICS IN RURAL PHYSIOTHERAPY PRACTICE

Subhash Khatri, Shrikant Sant
Pravara Institute of Medical Sciences, India
physiokhatri@gmail.com

Physiotherapy has evolved dramatically in recent years, to the point where it is now a major healthcare profession offering assessment, diagnosis, treatment and rehabilitation for a wide range of conditions right from Neonatology to Geriatrics. diseases. Although, bioethics is complimentary to Physiotherapy practice, there is little attention paid to bio ethical issues in rural physiotherapy practice. A survey was conducted at our rural physiotherapy college to identify the ethical decisions frequently encountered by physiotherapists. A questionnaire that described 3 situations with an ethical dimension was completed by 27 Physiotherapists. These situations included accepting gift from

patient, unwanted treatment prescription and disapproval of treatment by relatives. The extreme difficulty was reported for disapproval of treatment by relatives, moderate difficulty for prescription of unwanted treatments, and minimal difficulty for accepting gift. We conclude that ethical issues in rural physiotherapy practice may be considered, handled properly and academic ethicist can offer their counsel on the issues raised.

EMOTIONAL INTELLIGENCE (EI) AND ITS INFLUENCE OVER THE HEALING PROCESS OF CANCER PATIENTS

Bader Khazen-Nsair
Haifa University, Israel
Adam Mickiewicz University, Poland
Bader.khn@gmail.com

Working as a group facilitator and individual consultant in Emotional Intelligence (EI) with cancer patients, I have found out that the modes and ways of interactions between the cancer patients (hereinafter: "The Patients") and the therapeutic team – physicians, nurses, psychologists, social workers etc. (hereinafter: "The Therapeutic Team") has a huge influence over the patients' healing process.

From the first day of the disease's detection the patients' relationships and communications with the therapeutic team at the oncology departments are very intensive, intimate and long term related. These specific relationships are very important to the patients as well as to the therapeutic team since they influence the mental-emotional and physical processes of the patients in the period of treatment and afterwards.

The assumption of my research is that using EI's tools and means during the relationships/communication processes will bring all social interactions between the therapeutic team and the patients into a spiral form that has the power and ability to promote and upgrade the patients' healing processes.

The immune system has a crucial role in treating cancer, in the recovery process and in the preventative care. EI has the power and the ability to influence one's immune system, therefore its correct use has a crucial role in the patients' healing process as well as in the preventive sphere. In addition, EI has an important role of adjustment in the cancer patients' changing world and reality. The adaptability and the ability to adjust to the new reality from the moment the disease is detected, helps the patient in coping with the disease not only physically but also mentally by reducing risks of depression and planting positive thinking in the patients' minds.

The use of EI is essential not only for the patients but also for the therapeutic team in coping with the illness. EI will helps the therapeutic team members not to be affected in a detrimental manner with the patient's distress, despair, anger and anxiety and not to lose their sense of mission, as well as guard them against burnout and erosion. EI will also train the therapeutic team to upgrade the quality of their services by encouraging the patients to adopt positive feelings and promote the treatment process.

By using EI means and tools all parties will prevail: the patients, the therapeutic team and society at large.

WORLD MEDICAL ASSOCIATION POLICY AND CARE AT THE END OF LIFE

Otmar Kloiber
World Medical Association, Germany
otmar.kloiber@wma.net

For decades and by the majority the World Medical Association has upheld and still does a strict opposition towards euthanasia and physician assisted suicide which is reflected in policies addressing the issue directly (1-4) and indirectly (5). This position is challenged by proactive or liberal policies of member associations such as the Royal Dutch Medical Association, the Medical Associations of Belgium and Canada.

While the WMA defines ethical positions on the role and function of physicians, the debate in many countries is about legislative approaches. There are on the one hand countries outlawing suicide

and its assistance (e.g. until recently Canada) and on the other hand countries which do not outlaw suicide and assistance to it, but bar physicians from being involved (e.g. Germany). In the first group the laws are considered as restricting patient autonomy including self-determination. In the second group the liberal situation is feared to create a commercialisation of assisted suicide which triggers discussions about prohibition or regulation.

In view thereof the following questions have to be asked: Do the WMA policies (1-2) still provide reasonable guidance to physicians? Are they compatible with patient autonomy and the physician's duty to practise with conscience?

1. Declaration of End-of-Life Medical Care:
<http://www.wma.net/en/30publications/10policies/e18/>
2. Resolution on Euthanasia:
<http://www.wma.net/en/30publications/10policies/e13b/>
3. Declaration on Euthanasia:
<http://www.wma.net/en/30publications/10policies/e13/>
4. Statement on Physician Assisted Suicide:
<http://www.wma.net/en/30publications/10policies/p13/>
5. Declaration of Lisbon on Rights of the Patient:
<http://www.wma.net/en/30publications/10policies/l4/>

A RESEARCH STUDY ON THE SOCIAL PERCEPTION OF ABORTION IN ALBANIA DURING THE PERIOD 1998-2008

Aleksandër Kocani^{1,2}, Armand Gurakuqi^{1,3}, Altin Stafa^{1,4},
Ridvan Alimehmeti^{1,5}, Dritan Todhe^{1,6}, Ramadan Jashari^{1,7}

¹ Albanian Unit of Bioethics, UNESCO Chair in Bioethics (Haifa)

² Tirana University, Albania

³ Tirana Court of Justice, Albania

⁴ "Ca' Foncello Hospital" Treviso, Italy

⁵ Medical University of Tirana, Albania

⁶ Military Hospital, Albania

⁷ European Homograft Bank (EHB), Belgium

Aim: The Albanian unit of Bioethics, based on the survey database of the Social Sciences Faculty of the University of Tirana (database of 1998, 2004 and 2008) intends to expose how it has changed the social perception of the abortion in Albanian society during the abovementioned period.

Methodology: "What are some of the factors that produce the phenomenon of abortion in the Republic of Albania during the 1998-2008 period?" It was our research question we identified in order to investigate our main research problem, i.e. the perception of phenomenon of abortion in Republic of Albanian (1998-2008).

To respond to the question, we proposed the following hypothesis.

By comparing the phenomenon of abortion in the different districts of Republic of Albanian during the period 1998-2008, the level of the phenomenon seems to be inversely proportional to the degree of economic and cultural development and the specific religious practice/faith in these areas.

From this complex hypothesis are drawn three simple hypotheses linking the abortion with each factor of the complex hypothesis. These simple hypotheses are not a genuine prediction; therefore they cannot be directly tested empirically. Their testing has been done by testing some implications of conditional type that has been deduced from them. Further were determined the empirical data for testing these implications.

Results: By confronting them with predictions that contain implications, we have in general the confirmation of implications.

Conclusions: Based on the empirical test result we propose to the scientific community the acceptance of the hypothesis offered as solution for the main research problem of our study.

CLINICAL RESEARCH ETHICS IN JAPAN

Mitsuyasu Kurosu
Tokyo Medical University, Japan
krs-uou@tokyo-med.ac.jp

Clinical trials have been regulated by Pharmaceutical Affairs Law in Japan. On the other hand, clinical researches have not been regulated

by a law. In 2007 Ethical Guidelines for Epidemiological Research was noticed by Ministry of Education, Culture, Sports, Science and Technology, and Ministry of Health, Labour and Welfare. In 2008 Ethical Guidelines for Clinical Research was noticed by Ministry of Health, Labour and Welfare. In 2013 The "Diovan, hypotensive drug, affair" was reported by the media. Articles of Kyoto-Heart Study for Diovan were withdrawn. An employee of a sponsor of this study, Novartis Pharmaceuticals Japan, concealed his company name in these articles and was suspected that he had tempered clinical data. In 2014 Ministry of Health, Labour and Welfare accused him and that company of an extravagant advertisement and the Tokyo District Public Prosecutors Office prosecuted them.

In 2014 above two Ethical Guidelines were integrated into a new guidelines, Ethical Guidelines for Medical and Health Research Involving Human Subjects. Some characteristics of new guidelines are reinforcement of obligations of a chief executive of research implementing entity, monitoring, registration, informed assent for an individual clinical research and so on.

Some clinical investigators are prone to depend on regulations. Therefore they should always confirm purpose of their researches.

PUBLIC ATTITUDE TOWARD THE CREATION AND UTILIZATION OF "ANIMALS CONTAINING HUMAN MATERIAL" FOR ORGAN RESOURCES – ANOTHER PERSPECTIVE TOWARD ACHM CONTAINING MY MATERIAL/ MY-CHILD'S MATERIAL

Mayumi Kusunose, Yusuke Inoue, Ayako Kamisato, Kaori Muto
Institute of Medical Sciences, University of Tokyo, Japan
mayumi.kusunose@fulbrightmail.org

Chronic shortage of organs for transplantation is a worldwide issue. Consequently, some of research using induced pluripotent stem cells (iPSCs) have been evolving to create human-animal chimeras that have organs derived from the patient's iPSCs for transplantation. This technology is becoming more realistic, and there is a possibility that public citizens with certain diseases would become potential recipients of organs grown in human-nonhuman chimeric animals, or that recipients' families might need to make a decision on behalf of their family members.

Despite these advances, few studies have been conducted to assess public attitudes toward this technology. Therefore, we conducted research on public attitudes toward the creation and utilization of "Human-Animal Chimeras" or "Animals Containing Human Material (ACHM)" for medical use. The participants were the men and women aged between their twenties and their fifties. Semi-structured focus-group interviews were conducted among four groups of six participants in Tokyo, Japan, in February 2012. Their statements were then categorized and analyzed based on verbatim interview reports.

Our research result shows that most participants expressed their concerns in creation and utilization of ACHM regardless of age or sex. It is because ACHM contain his/her own material or his/her-child's material. Mothers especially tended to oppose not only using the ACHM containing their child's material but also creating them.

We will present a detailed report and introduce a new perspective "Animals Containing My Material/ My-Child's Material" inductively from FGIs.

GUIDELINES IN DENTAL TRAUMATOLOGY: BETWEEN THE PATIENT'S HEALTH AND THE DENTIST'S CLINICAL AND MEDICO-LEGAL PRECAUTIONS

Alberto Laino
University of Naples Federico II, Italy
alberto.laino@unina.it

The analysis of clinical behaviour norms according to the Guidelines in Dental Traumatology drawn up by the Italian Ministry of Health in November 2012 proves that they provide for a primary prevention at home and in leisure activities, as well as a strong awakening to primary prevention at school with training courses addressed to the teaching

and not teaching staff aimed to reduce risks for children and a further information and education of children on the risks deriving from dangerous behaviour both for them and for other people.

Ample scientific and clinical evidence urges an early treatment in deciduous teeth of the second classes, with a view to prevent traumas on the upper incisor teeth.

After having analyzed the therapeutic – both odontological and orthodontic – procedures in cases of dislocation and loss of the dental reimplantation in patients in developmental age, an assessment is made of extrusion, intrusion, vestibularization and lingualization integrated with continuous and light orthodontic forces to generate a dental movement as biological as possible.

A timing of the therapeutic sequences is proposed with clinical cases explaining the orthodontic variables above mentioned. As a support to the paper, the authors have produced an exemplifying poster of great communication impact highlighting the updated procedures to be adopted by the patient and by the dentist in compliance with the Ministerial Guidelines.

Particular emphasis is finally given to the need for considering dental traumas at an essential level of assistance in the Italian National Health project.

DEONTOLOGICAL EVOLUTION IN DENTIST'S PROFESSION

Gregorio Laino
Second University of Naples, Italy
gregorio.laino@unina2.it

The author scrutinizes Ethics and Code of Conduct in Dentistry starting from subjects entitled to practice dentistry, highlighting the essential "qualifying" education objectives in the *Classi Magistrali* (Second Degree Courses) in Dentistry and Dental Prostheses, respecting the person, the patient's dignity and decision-making autonomy.

The Speaker will also analyze the information to supply to the patient to obtain consent to treatment, in compliance with article 33 of the 2006 Medical Code of Conduct as well as personalized proposals under particular conditions such as orthodontic surgical treatment.

Assessment will also be made of the measures to adopt for an adequate prevention of infectious diseases with the updating for dental treatment and privacy, as well as the conduct to adopt in case of poor outcome of treatment practiced by another dentist.

ETHICAL MEDICATION CHALLENGES IN CORRECTIONAL FACILITIES: HIGHLIGHTING DIVERSION AND "FORCED PRESCRIBING"

Joel Lamoure
Evidence-Informed Medicine: Clinically Advanced REviews (EIM-CARE), Canada
Canadian Section Head
director@eim-care.org; joel.lamoure@eim-care.org

Correctional facilities, whether they be municipal, provincial or federal in Canada are environments where regulated and controlled provisions are employed surrounding medication prescribing and delivery. Classification of the facilities includes holding units, minimum security, medium security and maximum security. Incarceration of the inmate is categorized by the nature of the offense, mitigating factors and the length of sentence.

Psychosocial rehabilitation (PSR) and programs are utilized at these facilities in order to engage in active rehabilitation for the inmate. However, this often involves transit of the inmate and there are opportunities for inmates to obtain medications. Psychosocial rehabilitation becomes an ethical and factual challenge when the incarcerated individual is able to obtain medications or illicit items through a variety of forms of diversion. Of particular concern is the leveraging of a physician to prescribe combinations of medications, which while innocuous separately have abuse liability in combination. Diversion may present in many ways, with the usual outcome of "black-markets", risk of harm to individuals or staff (up to and including death) and making the goal of rehabilitation more

challenging for the inmate and correctional/medical staff.

In this lecture, clinicians will be provided a Canadian review of the methods observed where inmates have been able to obtain medications (legal and/or illicit) that are not indicated. We will discuss passive, active and forced diversion combination strategies from an ethical framework in order to empower the clinician to make evidence-informed decisions surrounding an inmate's care and stay.

DISCHARGE FROM HOSPITAL

Raffaele Landi
Second University of Naples, Italy
raffaele.landi@unina2.it

Discharge of a patient from a hospital is a diagnostic judgement on the patient's clinical condition and his or her ability to look after themselves at home after the medical care received (diagnostic or therapeutic) with any additional care recommended and without having, at least at that time, the protected facility.

In fact, a discharge requires the healthcare staff of the department where the patient was hospitalised to provide the patient's GP with information on the services provided, the examinations carried out and the therapies recommended.

Various types of discharges are possible ranging from ordinary discharge to planned discharge and protected discharge as well as discharge requested by the patient or his family and those requested against medical advice.

Each of these types of discharge has different legal and medical implications that are addressed specifically.

With regards to "difficult discharges", it is useful to look at the BRASS index which examines ten individual variables and three risk classes.

The case of the patient's refusal to be discharged is also examined, as well as the significant legal and medical implications that this choice entails.

In addition, discharges are catalogued according to the times proposed by the DRG system (Diagnosis Related Groups) currently in force in our Healthcare System that distinguishes early discharges, (i.e. discharges made earlier than those provided by the DRG), discharges in line with the DRG and late discharges.

In conclusion, some rulings of the Supreme Court are also reported on cases of hospital discharges considered hasty or incongruous, and linked directly with sequelae or death of the patient.

CITIZENSHIP MORAL VALUES, IMMIGRATION AND ATTITUDE TO CARE IN 150 SAMPLES OF HEALTH PROFESSIONALS: PILOT RESEARCH

Antonietta Lanzarone, Niccolo Pace, Cettina Sortino, Antonina Argo
University of Palermo, Italy
antoniettalanzarone@gmail.com

Increasingly in modern times we consider man as citizen of the world; however, we do not know the values of citizenship concept, leading to implementation degrading and destructive attitudes for mankind.

Citizenship understood as "right to have rights", as a synthesis of three dimensions (political, social, philosophical) that make up its structure, appears decadent considered thousands of refugees who today struggle to survive.

A central aspect of new concept of citizenship is its act as collector is a heterogeneous multiplicity of rights attributable to an individual as part of a specific legal political order: looking at rights in a unitary perspective, grasp the overall sense of delicate operation political social and cultural rights is the allocation of a class of persons, it is a strength of new concept of citizenship.

The objective was to verify the knowledge of 150 health professionals on how to treat patients and undocumented migrant, laws to be respected, the right signals to the authority and the needs to be met. The main factors put into cross-tabulations are: Intercultural Performance, Opinion on the denounce of clandestine migrants, knowledge of laws dealing with immigration and coping for people with different habits than Italian.

The results showed that despite geographic proximity between

homeland and host land, which Africa and Sicily, is still a cultural gap that sometimes affects in the work of health professionals, especially with regard to cases of sexual violence and denunciation of illegal immigrants, latter failed by the destructive political campaign of recent years.

PATIENT AUTONOMY AND RESPECT FOR LIVING WILL

Jussara Maria Leal de Meirelles, Fernanda Schaefer Rivabem
Pontifícia Universidade Católica do Paraná, Brazil
 jumeirelles29@gmail.com, ferschaefer@hotmail.com

The evolution of practices and medical technology greatly affected the doctor-patient relationship and how both deal with the dying process. In this context, the recognition of living will may represent the breakdown of organismic ideal and promote the dignity of the human person in many of its dimensions, showing respect for autonomy as a fundamental right of the patient. This article discusses the legal and binding character of these statements, imposing the need for living will respect not only by the medical staff, but especially by the family members or responsible for the patient. Often are established conflicts between family members who, before dying relative, position themselves for or against respect for his statements. Considering the right to refuse medical treatment as a fundamental right it is necessary not only allocate a specific legal regulations, but also think legal mechanisms to ensure it effectively. Injunction, condemning actions to fulfill an obligation to do or obligation not to do? Do these procedural mechanisms are sufficient and adequate to ensure compliance for the living will? That's what we intend to discuss, considering as a starting point the self-determination as part of dignity; this premise leads to death can only be analyzed from its meaning for the patient himself on which it was able to reflect.

ETHICS COMMITTEES AND THE POLITICAL QUESTION

Guy Lebeer
Université Libre de Bruxelles and Belgian Advisory Committee on Bioethics, Belgium
 glebeer@ulb.ac.be

This paper is based on experience as a member of two types of ethics committees which, although quite different share common issues. One is an international level research ethics committee and the other a national ethics committee. The paper questions the more or less direct influence that power structures (interest groups, professional bodies, healthcare institutions, State interests, etc.) have on the form, contents and repercussions of the opinions they produce. In other words, what effects can the committee positioning in this interplay have? And what type of reflections can this type of political analysis lead to, in particular regarding the status of ethics committees?

The first committee was set up to supervise European contracts obtained by an international medical research institution. The researches involved require committee members to deal with interest groups - both medical and non-medical - that are occasionally quite powerful and also with local ethics committees with ethical standards that can differ widely from those of the decision centre. The National Committee raises the same type of questions, although in a slightly different manner. What is at play in this case is the more or less visible intervention in the committee's work of a range of healthcare institutions' views, here again raising the question of the members' personal autonomy.

What degree of effective influence do they have on the way medical research or medical care is conducted? And what influence does this power of influence (or its absence) have on the contents of such committees' opinions?

ADDRESSING CARBON FOOTPRINTS IN HEALTH CARE SYSTEMS AND INDUSTRIES

Irene Lee
FMS-Taiwan / National Taiwan University, Taiwan (R.O.C.)
 lunesco@ifmsa.org

Climate change has been a hot topic since the late 20th century. Carbon dioxide emission following industrial revolution and deforestation are the major causes of the change. However, as bio-industry and medicine become more and more predominant in the global economy system, its carbon footprint also becomes increasingly important.

To avoid nosocomial infection, disposable medical instruments are gaining their prevalence in the hospitals; together with air-conditioning, ventilation and lighting, makes hospitals the largest contributor to carbon dioxide emission, followed by pharmaceutical companies. It is estimated that health care sector generates over 18 million tons of carbon dioxide in the U.K. in 2008 and in the following year, University of Chicago published a paper stating that in the United States of America, it accounts for nearly a tenth of the country's carbon dioxide emission. How to minimize the environmental impact while keeping the medical industry prosperous is, therefore, of vital importance to the 21st century.

In 2014, several pharmaceutical and medical device companies with NHS England started *The Coalition for Sustainable Pharmaceuticals and Medical Devices* (CSPM). The statement tries to develop a universal guidance for calculating carbon footprint of health care products and share the plans for tackling the hotspots by 2020. There are also few papers discussing possible ways to make the health care system greener.

In this presentation, we will compare the approaches suggested in the above stated papers and discuss more about the issue in the scope of consumption, waste, toxins and the personal footprint of health care staff.

ISRAELI FATHERS' EXPERIENCE OF FETICIDE

Ronit D. Leichtentritt, Galia Weinberg-Kurnik
Bob Shapell School of Social Work, Tel Aviv University, Israel
 ronitl@post.tau.ac.il

Feticide, a relatively recent development in medical technology, is the practice of late-stage pregnancy termination. The practice of feticide and those who are exposed to it on a personal level – particularly the fathers – has been under-researched. This presentation aims to fill this lacuna, examining the experience of Israeli fathers whose fetus underwent feticide. Israeli policy concerning late-stage termination of pregnancy is unique but corresponds with those Israeli social norms which emphasize health in general and healthy children in particular. As a result, feticide is a relatively common procedure in Israel, yet a covert one. Within this context, 17 interviews with men who experienced the feticide of their fetus were carried out. The results indicate that men's experiences in this arena are socially constructed and limited by gender roles and expectations. The revealed themes address: (a) the lack of a socially constructed terminology; (b) the unclear definition of the feticide experience; (c) men's sense of obligation to protect themselves and others from the procedure, and (d) the policies and regulations used to exclude men from the feticide experience and the strategies they use to exclude themselves. The findings highlight the interface between a personal experience and a social phenomenon. While narrating their experiences, men re-examined their behaviors, raising retrospectively counterfactual thoughts about what should have been done differently. In conceptualizing the two opposing positions in these men's experiences – one which embraces the social expectations, and the other which questions their conformity – we found the Dialogical Self Theory to be useful.

BALANCE AS NEUTRALITY, PROPORTIONALITY OR ACCURACY; WHAT GOAL FOR DOWN SYNDROME INFORMATION TO PROSPECTIVE PARENTS?

Marie-Eve Lemoine, Vardit Ravitsky
University of Montreal, Canada
marie-eve.lemoine@umontreal.ca

There are longstanding disagreements between prenatal care providers and members of disability advocacy groups as to the kind of information about Down syndrome that should be provided to prospective parents at the time of prenatal testing decisions. Care providers are believed to focus on the negative, medical aspects of the condition, while parents of children with Down syndrome believe that more positive, experiential information about individual and family adjustment is most needed. This presentation first explores the potential role of bioethicists in mediating the concerns of both sides and developing adequate or "balanced" information tools. It moves on to a reflection on what it means for Down syndrome information to be "balanced". While some authors take balance to be embodied by an equal amount of positive and negative information, or medical and experiential information, it is hypothesized that when it comes to experiential information, balance can be better achieved through an accurate representation of the amount of positive and negative accounts found in the literature. Alternatively, balance can be thought to require overcompensation on one side, as a mean to "counterbalance" both the bias thought to be present in existing information resources and the general public's misconceptions regarding disability. The strength and limits of these three approaches are explored using related conceptual work and empirical data. It is concluded that "balance" is fraught with subjectivity and arbitrariness, and is a rather elusive goal. Finally, the outline of an informational project being developed in light of this analysis is presented.

TYPES OF HARM: PECUNIARY HARM AND NON-PECUNIARY HARM

Natali Levin
University Adam Mickiewicz, Poznan, Poland
natalilaw50@gmail.com

The goal of tort law and even of medical malpractice lawsuits is to restore the situation to its previous state. Namely, the compensation awarded the victim aspires to restore him to the situation before the harm was caused. However, this is not simple, since it is very difficult to measure mental injury of the harm of great suffering that the victim experienced and to quantify it for financial payment.

In tort lawsuits, including medical malpractice, there is a precise definition of the financial harm. The definition includes loss or any expense that can be quantified in money and can be detailed. In essence, it can be said that the Tort Ordinance does not provide a response on how to calculate the harm or a formula that defines the compensation and calculation of the harm.

The Courts in Israel differentiated between two types of pecuniary harm: general harm and special harm.

The law in Israel does not determine a way to calculate compensation of the pain and suffering of the victim, and the judge must form his impression of the medical opinion and calculate the scope of the suffering. The ruling determined criteria that influence the sum of the compensation.

The age of the victim at the time of the accident influences the sum of the compensation awarded for the pain and suffering.

The Court for the most part examines the influence of the type of harm and its scope and its influence on the victim's quality of life.

THE TRIUMPH OF AUTONOMY: ENGLAND'S JOURNEY TO INFORMED CONSENT

Sharon Levy
University of East London, United Kingdom
S.I.Levy@uel.ac.uk

It can now be stated categorically with regard to disclosure of risks of treatment that in the United Kingdom doctors are under a duty of informed consent. The hitherto applicable *Bolam* test is now dead and unmourned. That test provided the restrictive professional standard that a doctor was not negligent if he advised a patient of risks which would have been accepted by a responsible body of other professionals as proper. This enabled a doctor to hide behind professional practice to deny patients information on the risks of treatment. This test, which epitomised medical paternalism is no longer good law. Instead the new test of informed consent recognises patients as capable, responsible decision makers.

Bolam was buried by the Supreme Court in a judgment given on 11th March 2015 in *Montgomery v Lanarkshire Health Board*, a case originating in Scotland.

This paper will consider the reasoning of the Supreme Court with its emphasis on Human Rights and respect for the patient. It will demonstrate the influences on the Court in reaching its decision and illustrate that the judgment is an authoritative acknowledgment and confirmation at the highest level of the direction the courts had in practice been taking for some time.

It will further be considered what effect the judgment will have on doctors' practice and duties in the future.

DISPOSAL PEOPLE: PHYSICIAN-INVOLVED SUICIDE

Browne C. Lewis
Cleveland State University, USA
b.c.lewis@csuohio.edu

Historically, the primary advocates of physician-assisted suicide were the Hemlock Society and Jack Kevorkian. The main opponents were the Roman Catholic Church and the American Medical Association. As a consequence of bad press, the "right to die" movement hit several major road blocks. Therefore, the numerous physician-assisted suicide bills introduced in state legislatures have been soundly defeated. However, things will probably change because the face of the "right to die" movement has been transformed. The Hemlock Society is now Compassion & Choices and Brittany Maynard has replaced Jack Kevorkian as the poster person for physician-assisted suicide.

My article will focus upon the history and current state of physician-assisted suicide in the United States and abroad. I will evaluate the consequences of permitting physicians to supply lethal medication to dying patients. I will explore the adverse impacts the legalization of physician-assisted suicide may have on patients who are vulnerable in some other way. I will also examine the unique problems faced by the parents of terminally ill minors. Most jurisdictions have modelled their physician-assisted suicide statutes after Oregon's statute. I will analyze that statute to evaluate the safeguards that are included to protect members of vulnerable populations.

GENETIC TESTING IN THE ULTRA-ORTHODOX JEWISH COMMUNITY

Elchanan Lewis
Puah Institute, Israel
lewis@puah.org.il

Introduction: The Ultra-Orthodox Jewish community has a two thousand year old tradition which impacts the way they conduct all areas of life. The specific needs and habits of that community challenge their ability to ensure genetically healthy offspring due to strict prohibitions on abortion and an old traditional way of matchmaking couples for marriage.

Aim: Offer a practical solution for eradicating genetic abnormalities that suits the Ultra-Orthodox Jewish community.

Method: Research of the current initiatives, needs, medical and genetic possibilities available for this unique community.

Results: Though PGD is a well-established solution ensuring healthy children for couples who are both carriers of the same genetic mutation, a pre-nuptial genetic scanning can ensure, in the Ultra-Orthodox Jewish community, that carriers of the same mutation will not marry each other or at least be aware in advance of the need for PGD.

Conclusions: there are creative and effective methods to ensure genetically healthy children for the Ultra-Orthodox Jewish community despite the ancient traditions that they follow, a tradition which may deprive them from solutions used by most of the world.

Further discussion: Are these practical solutions an optional solution for Jews who follow the Orthodox Jewish way of life or rather a religious and ethical obligation?

PERSONS WITH EXPERTISE SYSTEM IN CIVIL PROCEDURE

Xiaoyan Li
Kunming Medical University, China
Wuxie_1983@sina.com

Conventionally, the judicial authentication system in civil procedure in China more resembles the system in continental law. However, over recent years, along with the amendment of the Civil Procedure Law of the People's Republic of China, and a number of other relevant laws and regulations, the authentication system as contained in the civil procedure has gone through some changes, which is mainly reflected in that it has selectively referred to expert witness system by introducing a person with "special knowledge" into civil procedure, in this way, it has constructed an authentication system in civil procedure, in particular, it is a authentication mode that combines the judicial authenticator and persons with expertise. The appearance of persons with expertise may have a large impact on the cross-examination of special issues involved in a lawsuit. From a legal point of view, with the help of persons with expertise appearing in Court, concerning parties lacking professional knowledge in a certain field may be provided with technical support. This paper has mainly introduced the history of persons with expertise in civil procedure, analyzed the reason to introduce persons with expertise in civil procedure and the subject qualification for persons with expertise in a civil procedure and compared the difference between persons with expertise and authenticator. Also it has further explored its status, scope of cases in which it may participate and the way of its cross-examination in civil procedures.

CURRENT SITUATION OF HOSPICE CARE AGENCY AND DEVELOPMENT COUNTERMEASURE IN CHINA

Zhao Li
Beijing University of Chinese Medicine, China
Zhaoli02@126.com

"Hospice care" is a new industry which has only 30-year history in China, China is still a developing country, even the health care system is not perfect, so the "hospice care" is restrained seriously. This article will talk about the analysis and the countermeasure of high quality talent shortage especially about the professional nursing personnel in hospice care agency, looking forward to providing the theoretical basis for the development of hospice.

THE PRESENT MEDICAL SITUATION OF EUTHANASIA IN CHINA

Zhen Li, Canping Wang
Kunming Medical University, China
lizhenlaura@126.com

In this paper the authors illustrated some of the characteristics of euthanasia in China, with some various euthanasia cases occurring in

China during the past decades, to discuss the medical situation on Euthanasia in China. The current euthanasia situation and the relevant attitude of the authors were presented. Since the first euthanasia case happening in China we have seen a great change in people's attitude towards death. We not only found a lot changes about the attitude of the rights of individual, we also found that in practice the euthanasia behavior, the passive one, had often performed in secret. In the author's opinion, euthanasia is a reasonable choice for those patients who are in great pain and have no hope of a cure from the hospital. It is upon the patient's request. In the past there are many views toward death in different cultures but modern medicine pushes all of us into a similar situation. As the members of the same species we have some common ideas, such as dislike of suffering, hoping to live as long as possible, and so forth. After making great effort we can come to some common understanding, which will constitute a base for universal bioethics, in which there is an ethical foundation for euthanasia.

VIDEOED INFORM CONSENT – HOW DOES IT HELP THE PATIENT

Ran Linn, Tareq Aro, Eran Alon
Rambam Medical Center, Israel
Iran@meuhedet.co.il

Background and Purpose: The Informed consent is a key issue for the patient and doctor, to continue with any invasive procedure necessary. However, in many times, this is done in a non-dignified manner and lacks in details. This adds a difficulty for the patient's making decision. We tried to obtain a method that create a comfort atmosphere and obtain maximum knowledge to the patient, and to see how much this helps to the decision making process before signing the consent.

Patients and Method: We obtained a detailed informed consent to fifty male patients that were admitted to our hospital for TURP. A regular procedure of explain the operation and signature was performed on 25 (twenty five) patients. To the second group of 25 patients a word by word of the informed consent was read in a comfort setting and was videoed. A questionnaire was performed before discharge to see how much the patients remember about the procedure and how it help them in the decision making process before signing in both groups.

Results: All fifty patients signed the consent. Operations was performed to all patients. No significant complications was noted. Upon discharge the questionnaire was filled by 22/25 from the first group and 23/25 from the second group. Only 5/22 and 7/23 in those groups remembered the procedure and the content of the informed consent. Satisfaction from the procedure was noted in the second group by 10/23 as well as slight fear from the fullerene of context

Conclusion: Although we have not demonstrated a significant advantage of meticulous reading of the informed consent, we believe that more effort should be done to obtain the consent as clear and fully detailed as possible

THE QUALITY OF LIFE IN THE PATIENT UNDERGOING GLOSSECTOMY: ETHICAL AND MEDICO-LEGAL ASPECTS

Marco Lo Giudice, Vincenzo Graziano, Mariano Paternoster,
Massimo Niola, Pierpaolo Di Lorenzo
University of Naples Federico II, Italy
marco.logiudice22@gmail.com

Figures circulated by WHO reveal that oral carcinomas (among which the lingual ones have to be included) are quite frequent, ranking eleven among all the malignant neoplasias all over the world.

Although the neoplasia appears more often in men, in the last few years its incidence in women increased, probably owing to the larger consumption of tobacco and alcohol or to the larger exposure to other chemical substances involved in its development.

The treatment of lingual carcinomas is mostly radical and is often associated to radiation therapy with inevitable impacts on the organ's functions and, therefore, with important adverse consequences on the patient's quality of life.

Factors affecting the quality of life are mainly represented by: 1) degree of size of the radical surgical operation; 2) typology of the adopted reconstructive surgery; 3) irreversible complications of the radiation therapy; 4) psychological preparation of the patient to accept the outcomes of the treatment.

In this context the Authors suggest to proceed to a meta-analysis of international literature to identify the degree of incidence, in qualitative/quantitative terms, of such factors on the patient's quality of life and, thus, to spot out behaviour models to be adopted to minimize the adverse effects of the treatment supplied.

THE FUTURE OF INVESTIGATOR DRIVEN CLINICAL TRIALS

Gaetano Lombardi, Mauro Cataldi, Valeriana Sblendorio,
Caterina Ferrara, Roberto Trivellini
University Federico II Naples, Italy
gaelomba@unina.it

Investigator driven clinical trials are clinical studies performed by medical investigators with no economical support by pharmaceutical industry and with the only aim of obtaining new information on specific diseases. This kind of medical research has to face with serious problems that limit its feasibility. More specifically, it requires a significant economic support because of the costs of medical insurance for patients, drugs, diagnostic procedures, hospital assistance and of fellowships for specialized personnel. This economical support comes either by private or by institutional funding. The rules to get these funding are drastically changing and nowadays they are mainly based on excellence and internationality. This implies that funding will be mainly directed towards research groups with a strong publication records and intense international collaborations. This relates with current political trends in the European Community that aim to make Europe stronger by promoting international collaboration among leading research groups. Aim of our report is to discuss the benefits and the potential pitfalls of this granting system.

IMPLICATIONS OF HUMAN DIGNITY ON THE DEBATE OVER HUMAN EMBRYOS

José López Guzmán
University of Navarra, Spain
jlguzman@unav.es

The main purpose of this paper is to analyze, and discuss, some of the different dilemmas around the concept of human dignity and its recognition to the human embryo. There is no doubt, at this point, that, from the moment of fertilization, there is a *continuum* in the development of the human embryo, which shows no qualitative leap in the various stages of human growth.

Therefore, the problem is not so much the recognition of the existence of a new member of the human species, such as the fact of determining when we recognize his dignity and therefore, when we must respect him. Currently, there are many situations, voluntarily provoked, in which the human embryo can see his life threatened: artificial insemination, voluntary abortion (eugenics, femicide, etc.), postcoital interception, the creation of "medicine babies" etc...

In the paper, I will analyze whether the affirmation of the Universal Declaration of Human Rights of 1948, concerning the inherent dignity of every member of the human species, as a source of justice and peace in the world, can legitimately exclude human beings when they are in their early stage of development, or just a logical requirement of the principle of human dignity is, precisely, the recognition of the universality of this dignity. If this were really so, we would be facing a no abstract, or purely formal notion, but rather a universal and real concept of human dignity.

FROM CORE VALUE TO CORE CURRICULUM FOR AN ETHICAL EDUCATION

Giovanna Lovato
Federazione Logopedisti Italiani, Italy
giovanna.lovato@alice.it

Quality training of health professionals is based on the pillars of legislative, organizational and on the acquisition of theoretical and practical skills (core values, competence cognitive, relational, educational) needed to achieve educational goals essential to the profession. The quality of learning and education programs are the premise and guarantee to meet the health needs of people with cognitive / communication / language of good clinical practice with characteristics of appropriateness, effectiveness, reliability of care.

IS mHEALTH GOING TO REVOLUTIONISE HEALTHCARE? A MATRIX TO DISTINGUISH ETHICAL ISSUES

Federica Lucivero
King's College London, UK
federica.lucivero@kcl.ac.uk

Mobile health (or mHealth) increasingly appears in many institutional, commercial and medical discourses around the future of health. Mobile platforms include wearable devices as well as apps tracking fitness, offering wellness programmes or providing tools to manage chronic conditions. Such platforms are expected to address the challenges that Western healthcare systems are facing because of increasing numbers of chronically ill populations and budgetary cuts. mHealth offers a field for bioethical analysis that is both fertile and dangerous. On the one hand, discourses around these technologies mobilise values and concepts such as trust, sharing and self-management that require a thorough normative assessment. On the other hand, bioethicists may remain caught into the widespread technological and social hype and run the risk of acting as a lubricant for market interests. In this contribution, I provide an analytic tool (a matrix) that can be used as a guideline for early assessments of mHealth. Such a matrix aims at highlighting the ethically relevant differences among specific objects rather than riding the hype that tends to depict mHealth with a brush of misleading homogeneity.

INDISPENSABILITY OF DIGNITY: THE CASE OF RESEARCH INVOLVING HUMANS

Paweł Łuków
University of Warsaw, Poland
p.w.lukow@uw.edu.pl

The idea of human dignity plays an increasingly larger role in bioethical regulations. When understood as empowerment, it is an instrument of protection of autonomy and rights of persons against unwanted intrusions by others. When interpreted as constraint, it grounds ethical limits on the choices and actions of individuals, including their own choices or actions that concern and affect them.

The presentation will begin with a discussion of the claim (made by some prominent bioethicists) that the idea of human dignity is theoretically and normatively unwarranted, by focusing on its role in the ethics of biomedical research involving humans. Next, it will be contended that despite the difficulties associated with attempts at integration of the two interpretations, regulatory appeals to human dignity are the most adequate to date conceptual and normative basis for protection of the human potential for agency. It will be shown, that in order to protect human agency, and so to be as comprehensive as possible, regulations must recognize *both* the human potential for decision and action *and* vulnerability. Finally, it will be argued that other known conceptual and normative candidates for this protective role are unsatisfactory because they separate the capacity to choose and act from vulnerability. When applied to biomedical research involving humans (and, by extension, to many other bioethical issues), the idea of human dignity both integrates the two components of human agency and expresses the irremovable tension between them.

ETHICAL CONSEQUENCES OF FULL HUMAN GENOME TESTING

Michael Lupton
Bond University, Australia
mlupton@bond.edu.au

Definition: A genome is all of a living things genetic material. It is the entire set of hereditary instructions for building, running, maintaining an organism and passing on life to the next generation.

A genome is divided into chromosomes, the chromosomes contain genes and the genes are made of DNA.

Location: Genomes are found in cells; which are the microscopic structures that make up all organisms. With few exceptions, each of your body's trillions of cells contain a copy of your genome.

Significance: The human genome may be commonplace but it is quite powerful, because the information in the genome affects every aspect of a person's behaviour and physiology.

Viability of full genome testing: The refinement and perfection of the techniques involved has resulted in the reduction of the cost of sequencing to the current price of USD 1000 and less. This means that the technology is now routinely available, and it is predicted that in another 5 years' time the tests will cost in the vicinity of USD \$100, placing them in a par with the current cost of an X-Ray or a biopsy, and truly within the ambit of an everyday diagnostic tool.

Problems: The advantages of accurate diagnosis and treatment will be affected by a host of ethical problems. The most pertinent of these are:-

- (i) Incidental findings,
- (ii) Confidentiality,
- (iii) Responsibility

Incidental genetics findings are unexpected results which are unrelated to the reason for the test. However, if they unearth a gene variant that may cause a serious disease then nondisclosure is hard to justify.

If a whole genome sequence reveals a number of clinically actionable variants should this information be passed on to third parties who might also be affected. What happens if the patient insists that the information be kept confidential.

Whole genome sequencing will also impact on the concept of responsibility for health. Should such sequencing be used by prospective parents to determine the odds of them transmitting problematic gene variants to their children? If the parents are found to be at risk should they be allowed to resort to pre-implantation genetic diagnosis of their embryos in order to select only healthy embryos for implanting?

These and other ethically relevant issues flowing from whole genome sequencing, and which have ethical consequences, will be discussed in this paper.

"WILL POOP BECOME VALUABLE COMMODITY?"— ETHICAL CONSIDERATION ON FECAL MICROBIOTA RESEARCH

Yonghui Ma¹, Faming Zhang²

¹ Medical College, Xiamen University, China

² 2nd Affiliated Hospital of Nanjing Medical University, China
yhma@xmu.edu.cn

In recent years, human microbiome research has attracted great interest globally. One of its successful applications in clinical settings is Fecal microbiota transplantation (FMT) with our growing understanding of the structure and function of gastrointestinal microbiota system. FMT is now proved as the most effective therapy for relapsing *Clostridium Difficile* infection (CDI) and as the potential treatment for a number of gastrointestinal conditions and some other diseases beyond, including inflammatory bowel diseases (IBD), irritable bowel syndrome (IBS), obesity, diabetes, anorexia nervosa, food allergies, as well as neurodegenerative and neurodevelopmental disorders. Despite the lack of quality data for FMT, there's increasing interest from doctors, regulatory agencies, policy makers, and patients in expanding its indications. Interest and confidence in FMT was mainly due to its efficacy in CDI but also partly because it's be widely

perceived as "natural", "organic" and therefore it is "safer" than conventional therapies. Besides, there's also the potential of commercial non-therapeutic use of FMT for cosmetics (skin care) and longevity when some particular people's poop becoming valuable commodity on internet. Moreover, patient experiences postings and online home-based "FMT DIY" protocols are not unthinkable in this direct-to-consumer era. These concerns are important which relevant to the protection of vulnerable patient population but there have been very few studies examining these issues.

This paper will identify and discuss some of these concerns about the ethical, social, legal implications of FMT and related human microbiota research in Chinese context. FMT research may be of particular significance and pressing priority for China given the fact that antibiotic resistance is very rampant and prevalent among Chinese people.

In this paper, we briefly review the history of fecal transplantation as a legacy from Traditional Chinese Medicine and make an interesting parallel with the discovery of artemisinin (qinghaosu). It is followed by a discussion of three core ethical and social issues associated with conducting FMT, the vulnerability of IBD patients in China, uncertainties and risk of FMT and commercialization and potential abuse of FMT. Finally, this paper considers the social and regulatory challenges of FMT and its future development in China. Discussion of these themes is guided by critical analysis of the ethics of FMT and personal interviews with leading scientists and doctors in the field in China.

GREGOIRE AND TREATMENT OF PSYCHIATRIC ILLNESS IN THE TRIBES OF WEST AFRICA

Alessia Maccaro

University of Naples, Federico II, Italy

alessia.maccaro@gmail.com, alessia.maccaro@unina.it

In Africa, demonology, cults, rituals and religious myths are very often combined with issues related to health care. Today the overlap between insanity and demonic possession is still widely widespread. It is typical of the animist mentality that leads to the serious problem of psychiatric patient marginalization and restraint. The mentally ill arouses dread in the community that fears the contagion, so in most cases, the patient commits herself/himself to religious sects or to prayer centers, where the healers, shamans and gurus charge very high prices to imprison the patient in tree trunks or to chain up the patient to stumps or concrete blocks, in order to neutralize the evil force. Life in chains makes the sick patients lame, and sometimes leads them to death for malnutrition and neglect.

In this way, issues related to health and health care, intersecting with religious rituals, involve bioethics and rights compared with a problem that cannot be postponed any further. It is a matter of barbarity that takes place in the complete disregard of WHO and of the major international organizations, aware of the nightmare experienced by these "prisoners" since at least 30 years, when Gregoire Ahongbonon from Benin, the "black Basaglia", established in the Ivory Coast his "Saint Camille de Lellis of Bouaké" and - literally - began to release the mentally ill patients from the chains.

The proposed analysis aims to clarify that, even if respecting the different cultures, there is a limit that cannot be crossed: the respect of human rights that is *the* basis and *the* foundation of every discourse on pluralism and interculture.

MIND BODY INTERFACE

Vincent Maher

Iona College, Hagan School of Business, USA

vmaher@iona.edu

Media outlets have recently reported that a Russian man has been the first person to volunteer for a human head transplant. His surgeon claims that such technology is foreseeable within the next two years. Deborah Goldschmidt of CNN reported in April 2015 that "Italian physician Dr. Sergio Canavero said "We are approaching HEAVEN (an acronym for head anastomosis venture). The pieces are coming

together but there are still many hurdles to jump." Canavero has identified 30 year old Valery Spiridonov who suffers from a rare genetic disorder called Werdnig-Hoffman disease as the first patient. Already the battle lines have been established and sides chosen. This paper seeks to place this proposed transplantation surgery into the context of transplantation procedures that currently exist. The author accepts, for the sake of the argument, that such surgery is possible, and therefore raises issues for discussion relevant to the medical, legal and ethics communities pertaining to the impacts of such a procedure.

MANAGING HUMAN TISSUE TRANSFER ACROSS NATIONAL BOUNDARIES – AN APPROACH FROM AN INSTITUTION IN SOUTH AFRICA

Safia Mahomed
Steve Biko Centre for Bioethics, University of the Witwatersrand,
Johannesburg (WITS), South Africa
safia840624@gmail.com, safia.mahomed@telkomsa.net

With biobank research on the increase, it has become necessary to manage the transfer of human tissues across national boundaries. A Material Transfer Agreement (MTA) is a contract governing the transfer of materials between organisations and /or institutions, which sets out what will be done with any material supplied, whether the material will be used in humans or not, the quality of the material, the terms and conditions under which the materials will be used, any modifications to the material, third party transfers, benefit sharing, intellectual property rights and other legal principles, regulatory guidelines or policies. There are accepted templates of MTA's that exist internationally. However, these templates do not address the specific concerns of South Africa and even of Africa as a continent. When drafting an MTA for biobank research, emphasis must be placed on protecting the donor from being exploited. It is their tissues that are being utilised for research purposes, resulting in the breakthrough developments that we see in the scientific sphere, but more often than not, their value is not adequately recognised. In addition, the provider institution should benefit from the activity. In this presentation I will describe the process embarked upon in formulating an MTA template for the Wits Biobanks Ethics Committee (BEC). The analysis of pertinent laws and ethical principles that informed the MTA will be discussed. The BEC MTA, with its emphasis on the protection of the donor, sets the minimum standard for the transfer of Human Biological Materials outside of South Africa and/or between entities within South Africa. The processes could be of benefit to other developing world countries who consider it necessary to manage the transfer of human tissues across national boundaries.

HEALTHCARE PROFESSIONALS' PERSPECTIVE ON END-OF-LIFE CARE

António Maia Gonçalves¹, Ana Vieira², Ana Vilaça², Inês Soares³, Sara Carneiro², Alberto Leite⁴
¹ Universidade Católica Portuguesa, Portugal
² Hospital de Braga, Portugal
³ Unidade Hospitalar de Chaves, CHTMAD, Portugal
⁴ Hospital CUF Porto, Portugal
antonio.maiaigoncalves@gmail.com

Introduction: Nowadays, Medicine has available innovative technologies, which almost mask the death, although not free of ethical concerns. Regarding end-of-life decisions, publications demonstrate that doctors don't intend for themselves what they practice with patients.

Objectives and Methods: We aimed to assess health professionals' perspectives about end-of-life decisions, asking to 500 doctors and nurses "In case of advanced oncological disease, would you prefer rescue or comfort therapy?" and "In case of advanced chronic disease, would you prefer admission in an Intensive Care Unit (ICU) or palliative care?"

Results: The sample included 57% doctors. 80% of all participants chose comfort therapy and 84% chose palliative care. Nurses chose comfort therapy and palliative care more frequently than doctors

($p < 0,05$); both doctors and nurses working on surgical areas preferred rescue therapy and ICU admission ($p < 0,05$); more than half of pediatricians answered rescue therapy and ICU admission and this trend was also observed in oncologist/palliative care doctors and surgeons, with a statistical difference ($p < 0,05$) compared to other doctors; on the opposite, around 90% of doctors working at Emergency Medicine and Intensive Medicine Departments answered comfort therapy and palliative care ($p < 0,05$).

Discussion: Doctor's communication with patients and families must be more effective, making them understand that the appropriate clinical decision is the most ethically correct. Death is not something to be avoided at all costs, but rather a moment on life cycle. These issues should be discussed in advance, anticipating the possible need for admission to ICU, rescue therapy or settings limits and gently stop.

COMPARISON OF SOCIAL ASSISTANCE IN EUROPE: TREATMENT INEQUALITIES BETWEEN C.E. CITIZENS AND HOMOGENEITY DEMANDS

Valeria Maietta, Mariano Paternoster, Lucia Terracciano,
Pierpaolo Di Lorenzo, Pasquale Severino
University of Naples Federico II, Italy
valeriamaietta@hotmail.it

The numerical old population increase in Europe has involved (and it will involve) a change about traditional models of assistance and especially of "home help", "health care" and "case work".

The article 21 of the Charter of Fundamental Rights of The European Union defends the right not to be a victim of discrimination for personal condition (also health condition), whereas the Article 35 of the same document promises the right to enter to health prevention and to obtain medical therapies to fixed condition by legislations and national practices.

Nevertheless in Europe there are four important Welfare models (German model, Anglo-Saxon model, Scandinavian model, Italian Model) with significant variances about: centralization degree or decentralization of services distribution, typology of guaranteed social assistance services, financing sources and involvement degree of no profit service.

There are inevitable variances in assistance terms, especially for home help, with inequalities and discriminations in European context.

We think, therefore, it is necessary an homogenization of social assistance services in Europe that it will guarantee for each citizen a dignified basic level of assistance.

THE INFLUENCE OF UNORTHODOX MEDICINE ON HEALTH CARE

Abdulmalik Olaniyi Makanjuola
Nigeria
exclusivemk@yahoo.com

The metamorphosis of health care system in the world has been sporadic in nature. This includes the change from the use of conventional herbal medicine and traditional beliefs to the general acceptance of modern and westernized medicine. This ancient world we live in has not been able to shed off its primitive form of folk medicine, thereby allowing the influence of unorthodox medicine on the health care system of the countries. Most people still believe, if not practice unorthodox medicine in rural parts of the world. The process exerts both positive and negative influence on the health status of our beloved globe.

From the olden days and prehistoric period, many forms of health care methods had been successfully put into use. The methods and materials included the use of herbs, animal skin to shield against adverse weather conditions, roots, leaves and other plant materials. Ambiguous beliefs were also made practical; this involved the use of direct sun light to cure "yellow baby disease" which is now known as hemolytic disease of the new born. Also leprosy individuals were quarantined by isolating them to the outskirts or unused part of the land. Such folk medications provide cheap access to treatment thereby gaining the approval of congregations in the society. At the

same time, some of such techniques have been proven either irrelevant or harmful to the individuals. The effects of this situation cannot be overemphasized.

From the unbiased explanation above, it can be deduced that unorthodox medicine has both positive and negative influence on the health care availability to the world. Several considerations have been given to the occurrence of this case in a deliberative manner, but most efforts have proved futile. While most affluent people dwell in the confusion created by unorthodox medicine, most other people with low standard of living see it as a way of life and seem to believe with it beyond doubt. Addressing such an issue is of uttermost importance and I hope you the reader can join on such an expedition.

PROTECTION OF BIODIVERSITY AND ORGANIC FOOD FOR FUTURE GENERATIONS AS ONE OF MAIN BIOETHICAL PRINCIPLES

Vugar Mammadov, Mahammad Abdullayev
Heydar Aliyev Center, Azerbaijan
Azerbaijan Unit of UNESCO Chair in Bioethics

High attention is paid nowadays to the bioethical issues in Azerbaijan. Numerous steps such as introduction of bioethics to the educational and health care systems, realization of projects on protection of environment and other are implemented in the country. Azerbaijan also actively participates at international projects connected to bioethical principles.

One of the significant efforts of the Azerbaijan Unit aimed at promotion of bioethics and presentation of level of development of bioethical values in Azerbaijan was made recently during participation of the country at one of the most considerable global events – World EXPO 2015 that took place in Italy. 142 countries with 54 national pavilions participated at the exposition named “Feeding the Planet, Energy for Life”. Bioethical values that are clearly traced in the motive of the expo have influenced development of internal and external design and content of Azerbaijan Pavilion.

Azerbaijan as a country with rich nature, culture and ancient traditions pays great attention to protection of them for future generations. Thus, the theme of pavilion “Azerbaijan: Treasure of Biodiversity” (working name “Protection of Organic Food and Biodiversity for Future Generations”) can be considered as based on numerous bioethical principles. The Pavilion covering about 2000 m² consisted of 4 floors with 3 biospheres each of which had a thematic design. Thus, the 1st biosphere was dedicated to Azerbaijan's geographical and climatic diversity, the 2nd to the national biodiversity and “Azerbaijani people” project and the 3rd biosphere presented “Explore Baku through foot, through air, through sea” digital travel project for visitors.

THE ISSUE OF THE RIGHT TO COMPLAINT AND HEALTH CARE LAW OF AZERBAIJAN REPUBLIC

Vugar Mammadov^{1,2}, Elkhon Azizov³
¹ Heydar Aliyev Center, Azerbaijan
² Azerbaijan Unit of UNESCO Chair in Bioethics
³ Ministry of Health of Azerbaijan Republic
vumammadov@yahoo.com

Azerbaijan Republic as a democratic state fulfills numerous steps in order to ensure protection of patient's rights, improvement of health care system and development of health care institutions. Numerous international documents accepted as the standards for health care law have found its reflection in the Azerbaijan legislation.

The main healthcare-related law of the country accepted in 1997, the Law on Protection of health of population provides wide terms and regulations in this field. According to the law, in case of the damage to health of the citizen offenders have to compensate for it in accordance with norms and amount established by legislation. Moreover, according to requirements of the Civil Code in case of damage to patient's health as a result of wrong diagnosis, surgery and other, the institution or doctor in charge carries disciplinary, administrative or criminal responsibility as compensation for caused damage. In case of any actions of the healthcare provider that are

prohibited by law, such as sell of organs, use of prohibited medicines and other acts that violate citizens' rights, the more strict penalties are applied.

However, despite of law regulations the cases of violation of patient's rights such as incorrect diagnoses, lack of proper treatment, negligence and non-professionalism and even maternal and infant mortality as the result of it are still present; cases of application to the Court are rare. This shows that right to complaint of the patient is not fully explored in the country. In this regard, elaboration new legal norms on facilitation use of the right to complaint can solve difficulties in the field and improve national health care legislation as well as harmonize it to international standards.

REFLECTION OF SOME BIOETHICAL ISSUES IN CRIMINAL CODE OF AZERBAIJAN

Vugar Mammadov^{1,2}, Nigar Qalandarli³, Irada Huseynova³
¹ Heydar Aliyev Center, Azerbaijan
² Azerbaijan Unit of UNESCO Chair in Bioethics
³ Baku State University, Azerbaijan

The Criminal Code of the Azerbaijan Republic (CC AR) contains a number of the provisions which are directly related to bioethical issues. For example, according to Article 38 of the Basic Law on “Public health care” of 1997 it is legislatively fixed that patients' voluntary withdrawal from life is prohibited. Thus, “Commitment of euthanasia or acceleration at the request of the patient of his death by all means or actions or termination of the artificial measures promoting maintenance of life is punished by corrective works for a period of up to two years or imprisonment for a period of up to three years with deprivation of the right to hold a certain position or to be engaged in a certain activity for a period of up to three years or without that. Deliberate motivation of the patient to euthanasia is punished by imprisonment for up to two years” (Art. 135, CC AR).

The CC AR reflects protection of the reproductive rights of the person in the form of criminal penalty for illegal production of abortion in cases when it is contrary to desire of the woman, contrary to medical and social indications, is made without accounting of terms of artificial interruption of pregnancy, outside hospitals or other medical institutions, or made by the person who doesn't have vocational higher medical education (Art. 141 CC AR), for illegal artificial insemination and embryo implantation to the woman or minor, for medical sterilization (Art. 138 CC AR), that is deprivation of the person of ability of reproduction.

INFORMED CONSENT: CASES WHEN IT CAN BE OMITTED IN AZERBAIJAN

Vugar Mammadov^{1,2}, Fidan Rustamova², Aris Rustamov²
¹ Heydar Aliyev Center, Baku, Azerbaijan
² Azerbaijan Unit of UNESCO Chair in Bioethics

Historically, the disclosure of medical information by the doctor, as a rule, was connected with the need to persuade the patient to what the doctor wants. In fact, the legal doctrine of informed consent began to emerge in different countries at the beginning of last century after the court decisions recognized the right of the patients to directly participate in making medical decisions. Since then, the patient right to consent to medical intervention has become not only ethical but also a legal category.

As for Azerbaijan, the Constitution (Article 148) stipulates that the accepted norms of international law are an integral part of its legal system, and 1997 Law “About Health protection of population” states that each patient has right for informed consent.

However, there are some main cases when the doctrine of informed consent can be omitted:

1. While rendering emergency care, when any delay endangers the life or safety of the patient's health.
2. If the risks are negligible and are well known. For example, the risk of acute and big bleedings.
3. If a patient knowingly refuses to hear the information of possible death or severe disability.

4. If the physician believes that the patient cannot endure psychological trauma when told about the disease or condition. In this case, the physician should ask the patient whom he/she trusts to discuss with the doctor his/her health problems and treatment. In modern terms, this case is rarely used.

It is necessary to focus in those cases when the patient cannot be considered competent to give consent for medical intervention. The group of incompetent patients includes:

- a) children up to 15 years;
- b) mentally disabled people;
- c) in cases when the condition of the citizen does not allow him/her to express his/her will and medical intervention is urgent the council is responsible for its conducting in the interests of the citizen.

ETHICAL AND DEONTOLOGICAL PRINCIPLES OF MEDICAL RESEARCH & ITS APPLICATIONS ACCORDING TO THE DEONTOLOGICAL CODE OF THE ITALIAN

Carlo Manfredi

Federazione Nazionale Degli Ordini dei Medici Chirurghi e Degli Odontoiatri (FNOMCeO), Italy
carlo.manfredi@mdtech.it; deontologia@fnomceo.it

Medicine is an applied science regarding the health of a single patient and populations. Diagnosis and therapy requires the use of procedures whose efficiency can be showed by systematic and planned experimental observation. Randomized controlled trials are preferable to measure the benefit and optimal uses of diagnostic and therapeutic interventions. studies progress from those that show biologic effect, to those that elucidate dosing schedules and toxicity, and finally to those that assess true clinical benefit such as morbidity, quality of life, functional status, and other patient-oriented outcomes.

The physician transfers knowledge obtained from a selection of the population to the single individual, diverse from all others past, present and future, but at the same time needy of cures, empathy and comfort. Substantial clinical judgement is required to determinate whether evidence applies to individual patients and to recognize the occasional exception. Evidence must also be tempered by patients' preferences, although it is a physician's responsibility to emphasize evidence when presenting alternative options to the patient.

Careful analysis of the results of studies allows the best diagnosis and therapy, but the amount of information, often of poor quality, makes the choice more and more complex and difficult, and puts the physician in front of ethical dilemmas difficult to solve.

Furthermore, physicians involved in research, in the publications of scientific magazines, ethical committees, rule-making bodies or in the writing of guide lines have ethical and deontological obligations because their work affects the appropriate diagnosis and therapy of the working clinician in direct contact with the patient and the decisions concerning public healthcare.

THE ROLE OF BIOETHICS IN THE ACADEMIC TRAINING OF PHYSICIANS

Gaetano Manfredi

University of Naples Federico II, Italy

In Italy the credit for having established the first chair of Bioethics should be accredited to the Catholic University of Rome, which in 1985 introduced the teaching of Bioethics at the Faculty of Medicine and Surgery. This not only tells us about the multidisciplinary of bioethics, a "bridge" between scientific and humanistic knowledge, but underlines that it was soon felt the need not to separate it from the training of future doctors. Indeed, as stated in the Opinion of the CNB in 1991 entitled *Bioethics and Education*: «The general purpose of bioethics taught to students in health disciplines, will be therefore that to make them become ethically aware professionals».

The presence of the Bioethics as subject of teaching in the formative university programs seems indispensable, especially in the study plan of the future physicians meant to set as foundations of their preparation a firm understanding of the moral dilemmas and of the

ethical issues subtended to the medical profession and that, at a time, can prepare them to accept the responsibilities arising from the professional role, never losing sight of the importance of respect and protection of the patient point of view.

The University Federico II boasts many bioethics trainings related to the various Departments and fields of study. In particular the School of Medicine of the University of Naples Federico II offers a course of *Clinical bioethics and Medical progress* that confers students 3 course credits, which despite being at the average of the Italian Universities, does not exclude the opportunity to reflect again on account of bioethics training, in particular for medical students.

ECO-BIOETHICS AS SOCIAL CHOICE

Franco Manti

University of Genova, Italy

Franco.Manti@unige.it

Market models and criteria do not apply to issues raised by eco - bioethics, in particular, towards the allocation and evaluation of resources.

A market oriented approach fails to measure basic goods: oxygen, for example, is utterly necessary for life, but it has near-zero value at the margin. An alternative view is to see the individual as a citizen and a responsible decision maker, who can play a role in promoting a social and ethical approach taking into account factors such as justice, equity, efficiency, rights.

In addition to individual decisions, collective subjects deliberations take a fundamental part: both the company stakeholder responsibility deliberative model, and the public choice theory show that preferences and judgments can be influenced by the public debate. It should, also be underlined that the eco - bioethics moral issues concern the present and future humanity as a whole. If the well-being assessment can not be reduced to the mere calculation of GDP, people are not just producers and consumers. They're interested in the living conditions and well -being of others, including animals. Environmental protection and development of ecological conditions are crucial not only for human benefits, because any species have an intrinsic value. This meant, obviously, the eco -bioethics as social choice, implies a truly new planetary ethics and citizenship.

ETHICAL ASPECTS OF BREAKING BAD NEWS IN DISASTER SITUATIONS

Ofer Margalit¹, Haim Y. Knobler^{1,2,3,4}, Moshe Z. Abramowitz^{1,3}, Uri Segal¹

¹ *Madan Group, Israel*

² *Peres Academic Center, Israel*

³ *Hebrew University Medical School, Israel*

⁴ *Magen David Adom, Israel*

Haim.knobler@gmail.com

Breaking bad news, such as the news of death of a beloved relative, is a difficult task anytime. The IDF (Israel's Defense Forces) has developed a model how to break such news to families of deceased soldiers. The model's aim is to avoid unnecessary mistakes in the reports, to create a supportive environment for the grieving families, and to assist them through the first stages of their loss: the funeral and the "shiva" – the week period of grief and mourning. The model includes a special team of experienced, trained personnel responsible for breaking the bad news to the next-of-kin.

During disaster situations, however, such practices may not be carried out if full. Ethical and practical issues of breaking bad news in such times will be presented and discussed, based on previous experiences.

ETHICAL IMPLICATIONS OF NEUROMARKETING IN PHARMACEUTICAL INDUSTRY

Valentina Marinković¹, Dušanka Krajnović¹, Maša Marinković²

¹ University of Belgrade, Serbia

² VIVID d.o.o, Serbia

vmarinkovic@pharmacy.bg.ac.rs

Neuromarketing is a research tool that provides direct observations of brain reactions during its exposure to marketing stimuli. Neuromarketing techniques are widely adopted by companies to understand consumer behavior with the goal of achieving market and commercial advantages.

There are a lot of limitations about implementation of neuromarketing techniques in the pharmaceutical industry. Limitations are based on legal and regulatory principles. Advertising of pharmaceutical products is regulated in different ways depending on the country, which makes the ethical challenges all the more significant.

In this paper, ethical implications of neuromarketing of pharmaceuticals have been discussed in two aspects: (a) ethical issues involved in neuromarketing research and (b) direct to patient marketing message about drugs, without possibility of critical thinking about adverse effects.

Neuromarketing research has a goal to find ways of influencing consumers' behavior through emotional triggers, while bypassing rational thinking and conscious decision making. Therefore, it can present a significant risk to patient autonomy.

Neuromarketing research about pharmaceuticals raises a lot of ethical solutions: obtaining informed consent of the participants; protection of vulnerable population; ethical code of conduct.

Reviewing examples of over-consumption and abuse of products that benefited by neuromarketing research techniques can provide us with a deeper insight into the dangers of applying these techniques in the marketing of pharmaceutical products.

CLINICAL RISK MANAGEMENT: MEDICO-LEGAL ASPECTS

Massimo Martelloni, Dian Bonuccelli

Azienda USL 2 Di Lucca., Italy

m.martelloni@usl2.toscana.it

Efficiency, effectiveness and cost-effectiveness of health systems are closely linked to the implementation of such assumptions as evidence-based diagnostic-therapeutic protocols (clinical appropriateness), accessibility of services related to cost optimization (organizational appropriateness) and respect for citizens' rights in bioethical issues.

In this perspective is a priority of health facilities promptly acquire detailed informations on care processes provided and the outcomes, to be used in risk assessment and its determinants, ensuring that such information is actually used to correctly direct the clinical and organizational choices.

In the management of litigation the medico-legal observatory, studying trends and characteristics of the accidents, is used to identify the weak points in the chain of care applying methodologies of risk analysis (review of medical records, verifying the interprofessional and patient-physician communication, appropriateness about informed consent, monitoring of the application of best practices for patient safety, promotion of clinical audit).

This activity allows to define what actions of prevention are really useful to adopt or implement.

It's also clear that the purpose is containing the litigation and direct costs related to it, but also of indirect expenses providing guarantees of reliability. In an external insurance protection the system can negotiate the fees, not ignoring a careful evaluation of the risk and related prevention and control activities implemented.

Furthermore, working in a system with a higher level of quality helps to contain fears of health professionals about liability that goes along with the phenomenon of defensive medicine, causing additional risks for the patient as well as unnecessary costs.

PRENATAL SCREENING TESTS: SOCIAL, ETHICAL AND LEGAL ISSUES

Pasquale Martinelli

University of Naples Federico II, Italy

pasquale.martinelli@unina.it

During the last twenty years, several prenatal diagnostic and screening tests have been developed. The prenatal testing options have been spreading together with the increased knowledge of the couples, more conscious about the risk of the pregnancy and more demanding. Moreover, ideals of beauty and perfection are getting stronger in our society and they can really influence the choice of the women to have a "perfect baby".

Along with the development of prenatal tests, social, ethical and legal issues have been rising.

Therefore, problems like "selective abortion" or "right not to know" of the future child in the prenatal diagnosis of adult onset diseases, need to be highlighted.

Moreover, the tests are getting more simple and safer for the pregnancy. A practical example is the development of the cell free fetal DNA test, that is just a simple blood test, completely safe for the mother and the fetus, that can detect a Trisomy 21 with an accuracy of 99,2 %, according with the most recent review of the literature. Such a good result has been accepted with a great enthusiasm by the mothers and the obstetricians. However, even if it is very good in the prediction of the Down's Syndrome, it has several limitations for other chromosomal and genetic conditions. This concept could be difficult to explain to the patients, that have been seduced by the different companies producing this test. Therefore, any obstetrician, before ordering a test, should be aware of its strengthness and the limitation to offer an appropriate counselling to the women.

CLIMATE EMPOWERMENT OF FUTURE MEDICAL PROFESSIONALS

Diogo Martins¹, Elizabeth Wiley², Stijntje Dijk³, Claudel P-Desrosiers⁴, Yassen Tcholakov⁵, Jade Lim⁶, Michaela Franzén Malmros⁷

¹ IFMSA-Portugal, Centro Hospitalar São João, Portugal

² IFMSA-USA, University of Maryland, USA

³ IFMSA- The Netherlands, Erasmus University Rotterdam, The Netherlands

⁴ IFMSA-Canada, University of Montreal Quebec, Canada

⁵ IFMSA-Canada, McGill University Quebec, Canada

⁶ AMSA-Australia, University of Melbourne, Australia

⁷ IFMSA-Sweden, Karolinska Institute, Sweden

lunesco@ifmsa.org

Climate change has been recognized as both one of the greatest global health threats and opportunities for health in the 21st century. Addressing anthropogenic greenhouse gas emissions causing climate change has direct health co-benefits through reduction of air pollution and on health burdens of carbon intensive lifestyle choices including limited physical activity and an unhealthy diet. Furthermore, action on climate change can reduce extreme weather events, food insecurity and waterborne or vector-borne infectious disease outbreaks, migration and conflict.

Despite the recognition of the global health implications of climate change, future health professionals' knowledge of and engagement in global efforts to address climate change are yet limited. Key barriers to a more active and effective participation in climate change negotiations as well as in mitigation and adaptation initiatives may be a lack of political will, knowledge, advocacy skills and the sheer complexity surrounding the topic itself. Discussing climate change goes beyond understanding its social and economic implications: it also entails intricate ethical challenges such as shared but differentiated responsibilities across generations, developed and developing countries, and humans and nonhuman beings.

The Article 6 of the original United Nations Framework Convention on Climate Change (1992), also known as «Action for Climate Empowerment», anchors a common objective for Governments to educate, empower and engage all stakeholders and major groups in these discussions. In the context of medical education, this

presentation will discuss how medical school curricula can integrate climate change education.

HUMAN EXPERIMENTATION: BALANCING BETWEEN SELF-DETERMINATION AND HUMAN DIGNITY

Valeria Marzocco
University of Naples Federico II, Italy
Valeria.marzocco@unina.it

Issues involved in experimentation on human body lead us to deal with the genealogy of the concepts and representations depicted in the Modern Age, in order to define the relationship between personal identity and corporeal existence. This paper will focus on how, following this itinerary, we can find two different interpretations for the relationship between personhood and body: the first, based on the idea that body belongs to the Self, in the perspective of an autonomous Self-determination; the other, placed on human dignity.

PHARMA BIOBANKS AS UNDECLARED BYPRODUCT OF CLINICAL TRIALS

Deborah Mascalonzi¹, Alicia Tavella²
¹ EURAC (Accademia Europea di Bolzano), Italy
² Bolzano Hospital, SABES, Italy
Deborah.mascalonzi@eurac.edu

Biobanking policies and regulations have extensively developed in the last few years. Clinical bio-banks are infrastructures that follow national and international regulations for the use of human biospecimen for research. They are the result of clinical institutions efforts that usually directly respond to the patient donors for the use of information and samples.

Increasingly, IRB's encounter another type of biobanking as the result of clinical trials collections run by the big Pharma. The bio specimen collection happens under the umbrella of lifesaving last chance new treatments and often it is not possible to choose to be part of the clinical trial and refuse to be part of the biobank. The biopsies, or blood for the biobanks are collected primarily for the clinical trial purpose in the first instance. They are stored afterwards for "unspecified" and unconstrained "other uses"

Even though it is understandable how *Pharma research* requires access to biospecimens to research the next generation of therapeutics, it is not acceptable that biospecimens collection is the result of an unjust trade off with the access to the clinical trial. The proper safeguards usually in place for clinical biobanking should be the normal requirement also for Pharma collections, including proper information, the right to consent free from undue inducement and the right to withdraw. The risk of the "byproduct biobanks" is the creation of a double standard for patients enrolled in regular biobanks and the ones that need to be enrolled in sensitive clinical trials.

ETHICS AND DEONTOLOGY OF THE MEDICAL EXAMINER IN MALPRACTICE COMPENSATION

Luigi Mastroroberto
Unipolsai Insurance Melchiorre Gioia Association, Italy
luigimas@tin.it; segreteria@mastroroberto.com

Although Legal Medicine considered a scientific discipline and not a forensic occupation, the conduct of the medical expert, his ethical approach and deontology, in case of medical malpractice claims varies depending on role they play. Developments in jurisprudence have created a system that, especially in the extra-judicial stage, has placed duties and analytical expenses on the injured party's expert that differ materially from those of the expert working in the interests of the physician and/or hospital held liable for malpractice compensation. The injured party's adviser is solely responsible for documenting the existence of an injury and indicating how it has derived from the medical treatment undergone by the patient. Conversely, the legal adviser of the physician and/or hospital is responsible for proving the

adverse event that harmed the patient occurred despite everything needed to prevent such damage arising having been done.

THE EXPERIENCE OF THE "UNIVERSITY FEDERICO II ETHICS COMMITTEE" OF NAPLES IN DRUG CONTROL DURING EXPERIMENTATION

Elia Meccariello, Maria Antonietta Zinno, Franca Perrone, Chiara Scafa, Ida Cerrone
University of Naples Federico II, Italy
meccarielloelia@hotmail.it

Clinical experimentation is carried on through studies on man aimed to characterize drugs safety and efficacy; it can be performed in different centres in Italy or also in the other UE Member States, observing the rules of the best clinical practice.

During experimentation adverse reactions and/or events often arise. By our work we have analyzed if and when the signaling out of adverse reactions and/or events to the Ethical Committees has been sufficiently timely, complete and adequate to recognize likely alarm signs which can avoid damages to patients in connection with the pharmacological research in progress. It has been clear that, in spite of appropriate national regulations, the identification of alarm signals and the communication of severe adverse reactions and/or events is not satisfactory, for complex different reasons, among which the recognition of the event, the terminological misunderstandings, the difficulties of a correct cause-effect identification, the wrong "conviction" that all "approved" drugs are safe in themselves, the fear of potential legal problems, non-observance of regulations, unjustified communication inaction. Some solutions to the problem are therefore suggested.

DISCUSSING DOCTOR ASSISTED DYING

George Mendz^{1,2}, Michael Cook³
¹ School of Medicine, Australia
² University of Notre Dame, Australia
³ BioEdge, Australia
George.Mendz@nd.edu.au

Discussion of issues of public concern should be well-reasoned, honest and transparent. 'Doctor-assisted dying' is one of these issues. It has sparked intense controversy around the world, in countries as diverse as the United States, France, Colombia and Germany.

In late June, the influential news magazine, *The Economist*, devoted a leader and a cover feature to the 'Right to Die.' Because of its reputation for scrupulously researched reports and magisterial dicta, the views of *The Economist* are certain to inform public debate far beyond its offices. This study reviews ethical issues raised by the journal and analyses the rhetoric strategies, logic and evidence marshalled by the journal in forming its judgement.

An important element in the journal's argument is a commissioned Ipsos MORI poll. This work considers the structure of the poll, assesses *The Economist's* interpretation of data from various jurisdictions where assisted suicide is already legal, and places the journal's proposals for legislative reform in a contemporary context. It finds that the model which most closely resembles *The Economist's* is that of Belgium, which is also the most permissive.

In the context of discussing various ethical issues this investigation appraises how the journal frames doctor-assisted dying as an issue of personal autonomy and how this is linked to its libertarian and free-market approach to economics and finance. Closer assessment of the data and scrutiny of the arguments cast doubts on the robustness of *The Economist's* conclusions.

THE MIGRANT: CRIMINOLOGICAL IMPLICATIONS

Isabella Merzagora
University of Milan, Italy
Isabella.merzagora@unimi.it

Figures concerning imprisoned and charged foreigners have greatly

higher percentages compared to Italian citizens data.

But this fact pushes us to ask ourselves some questions:

- Do foreigners have more criminal behaviours or are they more exposed to social control?
- Are foreigners considered to be all equal, whatever country they come from?
- Does prejudice play a role in criminalising them?

These questions are discussed also comparing Italian immigration influxes of the past.

Finally, what to do from ethical, legal and forensic-psychiatric point of view, especially with regard to the cultural defences issue?

INDIAN MEDICAL COUNCIL – ETHICS CODE AND DOCTOR PHARMA RELATIONSHIP

Chandrakant Mhaske¹, Roussel D'Souza², Mary Mathews³, Christina Mhaske¹

¹ *B J Govt. Medical College, India*

² *Asia Pacific Bioethics, Australia*

³ *National 3T Bioethics Training, India*

drmhaskcb@yahoo.co.in, drcbmhaske@gmail.com

The Indian medical council (IMC) has formulated a set of rules and regulations to guide its member physicians (M.B.B.S/equivalent qualification) in their professional lives. The standards presented are designed to address the physicians ethical and professional responsibilities towards patients, society and other health care providers.

The code urges physicians to uphold dignity and honour of the medical profession while striving to render service to humanity. A physician patient relationship must be founded on mutual trust, co-operation and respect with adherence to strict confidentiality norms.

Recognition by Medical Council of India and registration with MCI/state medical council is mandatory as is maintaining basic level of competence through participation in CME organized by reputed academic bodies.

Display of recognized medical degrees and consultation charges is essential. The code encourages doctors to discharge their duties as good citizens and contribute to public and community health as well.

Another key aspect is regarding doctor – pharmaceutical industry relationship. Although affiliation as advisors, consultants or researchers is permissible within legal limits, acceptance of gifts, cash, travel facilities, hospitality etc for self or family from pharmaceutical industry is strictly prohibited.

Finally the code explicitly outlines certain unethical acts like commercial advertisement, self or product promotion, sex determination, misconduct, illegal abortion, breach of confidentiality etc. While emphasizing the importance of prompt response in emergencies, the code cautions doctors against malpractice and negligence, which may invite disciplinary action in the form of penalty or temporary deletion from MMC/MCI register.

CONSCIENCE CLAUSE OF MEDICAL PROFESSIONS IN POLAND – CONSTITUTIONAL DISPUTE

Katarzyna Miaszkowska-Daszkiewicz

John Paul II Catholic University of Lublin, Bureau of Research

Chancellery of the Sejm (Polish Parliament), Poland

kamias@kul.pl

The proposed presentation addresses the problem of the collision of constitutionally guaranteed: freedom of conscience of medical personnel and the right to health services financed from public funds. Currently in Poland the right to refuse health services contrary to conscience have doctors, nurses and midwives. Pharmacists do not have such privileges.

The physician may refuse to process health services if he indicates another physician or health care unit, where disputed service will be provided. A professional association of doctors qualify this requirement as a form of aiding and abetting the commission of an act contrary to conscience, which leads to the conclusion that there is no full guarantee benefit from the freedom of conscience for doctors. Such a

legal mechanism was challenged by the Polish Chamber of Physicians and Dentists before the Constitutional Court. October 7, 2015 the Court will assess the constitutionality of contested solution. The purpose of this paper is to present the idea of the Polish Constitutional Court to the mentioned problem and an indication of arguments, which used the tribunal in formulating the verdict.

BIOETHICS IN FACE TO THE "NEW RIGHTS" IN LATIN AMERICA: A FILM PERSPECTIVE

Juan Jorge Michel Fariña

Buenos Aires University, Argentina

jjmf@psi.uba.ar

This work shows an in progress research project at the University of Buenos Aires and University of Córdoba (Argentina) that pretends to identify bioethics and biopolitical issues in the discursive field about the new civil laws in Latin America and Argentina in particular. The work on juridical and medical discourse allows us to focus the changes that the society has experienced in recent years in terms of social and family ties. These changes come, on one side, citizen ownership of human rights in a broad, progressive and not restrictive way. And on the other, at the legislative level, the recognition of citizens demands and claims which were incorporated with force of law in the juridical red as the Equal Marriage Law, the Death with Dignity Law, the Gender Identity Law and the Medically Assisted Reproduction Law. So, the theory of social discourse, the critical discourse analysis and Foucault conceptions, are our tools for study and research. This paper presents an episode of the series *PS! (Calligaris)*, HBO, Brazil, 2014) in which we can appreciate this complexity. This is the case of an old woman suffering from terminal cancer and her children fail to reach agreement on how to approach the final stage of her life. The entry of a psychoanalyst in the situation allows a movement that exemplifies the unique value of the concept of "death with dignity".

LEGAL AND ETHICAL FRAMEWORK OF PALLIATIVE CARE IN BOSNIA AND HERZEGOVINA

Igor Milinkovic

University of Banjaluka, Bosnia and Herzegovina

igormilinkovic@yahoo.com

Palliative care is a recent branch of health care. According to the World Health Organization, palliative care is the active total care of patients whose disease is not responsive to curative treatment. As palliative care deals with patients who are suffering from progressive fatal conditions and are likely to die in the near future, this type of care raises important ethical challenges. Palliative care focuses on relieving suffering and achieving the best possible quality of life for patients and their families, as well as affirming the dignity of dying persons.

In the first part of the paper, the ethical relevance of the palliative care will be explored and the international standards of palliative care will be briefly presented. In the second part, legal and ethical framework of the palliative care in Bosnia and Herzegovina (its entities: Republic Srpska and the Federation Bosnia and Herzegovina) will be analyzed. Special attention will be given to (still rare) examples of the palliative care administration in Bosnia and Herzegovina, particularly the organization and functioning of the palliative care centers. Although institutional capacities and solutions offered by the existing legal framework are not enough to satisfy the needs of the population related to the palliative care, the examples of good practice will be identified and presented. The importance of defining strategies for palliative care development will be emphasized. Possible modifications of the legislative framework will be suggested and the recommendations for the improvements of the palliative care practices will be given based on the experience of other countries.

SOUTH EUROPEAN BORDER: EXPERIENCE AND CLASSIFICATION OF ILLEGAL ADMINISTRATIVE ENTRANCE

Livio Milone
Università Degli Studi di Palermo, Italy
 liviomilone@virgilio.it

The latest news testifies the drama of immigration along the routes of the south of Europe, with an unstoppable flow of migrants towards the Italian and Greek coasts.

After 2000, the political and institutional turmoil occurred in the countries of North Africa, the wars and even religious repression in the countries of Central Africa and the military-political situation in the Middle East have pushed large parts of population to seek refuge in Europe.

The Mediterranean Sea is daily crossed by boats of all sorts that especially from Libya try to reach the Italian coasts, witness of tragic shipwrecks in which thousands of refugees have lost their life despite the efforts and the assistance carried out by National and European Organizations.

In the Mediterranean Sea the human trafficking is run by criminal organizations ("human trafficker"), providing billions of dollars in illegal proceeds immediately after the economic volume of drug and weapons trafficking.

In July 2015, the number of migrants detected at EU borders has more than tripled over the same month last year, exceeding the threshold of 100,000; Syrians and Afghans have represented largely the record number of immigrants entering illegally in the EU.

We are thus facing a real emergency situation for Europe, which requires all EU Member States to intervene to support the national authorities, to deal with the massive numbers of migrants at borders and facilitate the reception of the refugees.

THE EVALUATION OF THE ETHICS OF RESEARCH PROTOCOLS

Roberta Minacori, Antonio Gioacchino Spagnolo
Università Cattolica del Sacro Cuore, Italy
 rminacori@rm.unicatt.it

For the evaluation of the ethics of a study, the members of the ethics committee should consider all parts of the research protocol and various ethical issues could be raised. The ethical codes of conduct (Nuremberg Code, Helsinki Declaration, Belmont Report, International Ethical Guidelines for Biomedical Research Involving Human Subjects, Good Clinical Practice, etc.) are the sources of international ethics of clinical trials but also of national and European laws but not always, on specific issues, these guidelines are accepted and shared, and none of these documents provides an ethical framework for the evaluation of the studies.

Referring to these sources and relevant literature on the ethics of clinical research, we consider critical to the ethics of an research protocol, the following aspects: the value and scientific validity, the selection of subjects, the balance of risks and benefits for individuals, the informed consent, the confidentiality of data, the information on new data and the final results overall, the assistance in case of adverse events, the post-study arrangements, the insurance coverage.

These requirements should all be considered and satisfied to judge a clinical trial ethically justified and acceptable, even if these may not always have unanimous interpretation. In this regard it is essential that the legislation provides clear and updated provisions on specific issues, and that the primacy of the dignity and fundamental rights of persons involved in trials than any other interest is accepted and shared among the members of the ethics committee.

THE CONSTITUTION ACCOUNT AND THE STATUS OF A PERSON

Yuichi Minemura
University at Buffalo, State University of New York, USA
 yuichi.minemura@gmail.com

In the Constitution Account, we are essentially a person who is constituted by our organism and persists by means of psychological function of the cerebrum. Lynne Rudder Baker develops the Constitution Account and defends her position that we persist in the state of a person through the non-derivative possession of a first-person perspective. Baker's Constitution Account is not plausible to reveal the essence of our existence. First, I hold that whether a newborn retains a robust first-person perspective in becoming a person is contingent. Examining human existence in the Constitution Account, a newborn without a robust first-person perspective and we who possess that perspective are different entities. As a result, the Constitution Account is not persuasive because it would reach a conclusion that we were not newborns. Second, I argue that when possessing a robust first-person perspective, we are never independent of a being persisting through biological function contrary to Baker's assumption. Furthermore, I claim that biological function of the body and that of the cerebrum as well as psychological function of the cerebrum play a role in creating a first-person perspective. I prove that an organism, not a person, non-derivatively retains a first-person perspective that is produced in life-processing. I contend that we are essentially an organism persisting by virtue of life-processing. A first-person perspective is one of the properties that we possess and acquiring that perspective is not an essential factor determining what type of entity we are.

RIGHT TO LIFE VS. RIGHT TO DIE WITH DIGNITY

Martha Miranda
University of La Sabana, Colombia
 miranda.martha73@gmail.com

There is an ontological conception of human dignity, which means that every person has intrinsic dignity and basic rights just for the fact to be a human being. This point of view has been shared from the Antiquity, with Aristotle, to recent times, with The Universal Declaration of Human Rights that states in its preamble the recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family. In the same way, the European Convention on Human Rights emphasizes the inalienable right to life.

During the last decades, it has been used the expression "die with dignity" to affirm that to live or to die is a question of choice for the ill, elderly or disabled. From this perspective, it seems that the notion of dignity is not intrinsic to the person but an idea that depends on quality of life. Following this logic, the countries that have regulated the Physician Assisted Suicide (PAS) and euthanasia would be attempting to define which lives are unworthy of legal protection and thus eligible for physician assistance in killing.

Thus, some questions arise: Can life be intrinsically valuable independent of the interests or choices of the individual? Is the quality of life the rationale to decide the end of human life? As illustrated above, the purpose of this paper is to analyse the implications of the legislation that allows PAS and euthanasia for the ontological concept of human dignity.

THE MEDICALIZATION OF CANNABIS

Daniel Mishori, Zach Klein
Tel Aviv University, Israel
 d.mishori@gmail.com

"Medicalization" is the process by which human problems and conditions are defined and treated as medical conditions, and thus become the subject of medical diagnosis, and treatment. It transforms humans into medical patients, and reinforces the social roles and status of the medical professionals, especially physicians. Here we will

question the social role associated with the medicalization of cannabis.

Cannabis is often regarded as a dangerous illegal substance. However, in many countries the use of cannabis for medical purposes is becoming increasingly widespread, a process which makes it a primary tool en route for its legalization, or at least for social tolerance and acceptance. Medical doctors become the social facilitators of cannabis, while the medical system struggle to contain cannabis within their conceptual, practical, axiological and ethical frameworks. The usage of cannabis for medical purposes creates a dichotomy between legal and illegal drugs or medical treatments. The dilemma is: If a substance has proven health benefits, why it is illegal, and if it is so dangerous, as the law currently assumes, why do doctors prescribe it to their patients?

The rediscovery of cannabis as a medical treatment is part of a trend. In recent years, it was argued that other illegal drugs, especially those belonging to the family of psychedelics, has potentially significant health benefits, especially in psychiatrics. Therapeutic potential is ascribed to ayahuasca, ketamine, MDMA, psilocybin and LSD. The common thread is that the partial legitimacy that illegal and allegedly dangerous substances receive passes through (and only through) the health-care channels. In other words, partial legalization is possible only with the permission of the medical establishment, and only for the purpose of treatment. In other words, medicalization of "drugs". It should be noted that cannabis could have been a raw material in other sustainable industries, such as environmental-friendly paper, wood-replacements, bio-fuels, textile and more, i.e., not only as a medical drug.

This partial de-facto legalization creates axiological and ethical tensions in the medical profession. Focusing on the specificities of the Israeli case, we will show how these tensions impair core bioethical precepts such as *primum non nocere*, the obligation to provide the best medical treatment, and even the commitment to evidence based medicine. These tensions arise from efforts made by the medical establishment and by medical doctors to preserve the line between medical carefully monitored uses of cannabis, and the illegal "recreational" uses. We will argue that this effort, and the procedures and regulations which suppose to enforce it, undermines the ability of doctors to provide unbiased medical treatment, as well as weakens the values and ethical norms which should have governed the medical profession and medical treatments.

END OF LIFE DECISIONS – CULTURAL IMPLICATIONS

Anu Kant Mital
Rajiv Gandhi Medical College, India
akmital@gmail.com

The basic tenets of bioethical principles namely Autonomy, Beneficence, Non Maleficence and Justice are not always applicable uniformly across all cultures and societies around the Globe. Their implications and interpretations also vary as per the regional and cultural variances of the peoples they are used to for.

This variance becomes more stark and obvious when delicate issues such as prolongation of life in the terminally ill and euthanasia etc. become the prime matters of concern. Various cultures and societies have very different norms and patterns of acceptable behaviours regarding end of life issues- both within themselves as well as with the outside world. These differences transgress even the religious boundaries with cultural groups at times.

The ethnological advances in the field of Biotechnology and biosciences have led to a major shift in the quality of care and support that can be extended to patients in the end of life stages. However this has created the conundrum of the bioethical natures in the cultural context which we will try to present from the majority of Indian Hindu religious belief system and its interpretations across our country.

We will try to explore the points of view from various perspectives – that of the care giver, the care provider, the doctors and of course the patient. The axiological, deontological and therapeutic dogma issues will be discussed from a therapists viewpoint in particular.

BUILDING AN INNOVATIVE CURRICULUM OF SPORTS MEDICINE FOR MEDICAL STUDENTS: NECESSARY KNOWLEDGE NOT TAUGHT IN MEDICAL SCHOOLS

Iva Miteva
Medical University of Sofia, Bulgaria
mitevai@gmail.com

The improvement of our National system of physical education and sport in accordance with the European practices is a priority. The National Strategy for the Development of Physical Educational Sports in the Republic of Bulgaria 2010-2020 reflects the need for qualitative transformation of the system of physical education and sport in our country as a mandatory component of political, economic and social changes in society. We carried out a study that identifies health risks connected with the intensive professional sport, poor working conditions and low level of health culture regarding nutrition. The Faculty of Public Health initiated the development of a curriculum of sports medicine module for the different specialties in the medical university. A team of doctors, psychologists, researchers, trainers and nutritionists are elaborating the central themes in the curriculum of the academic program. The curriculum is designed to teach sport and society, research methods in sport management, sport marketing and media, internationalization of sport business. Further innovative practices used include themes and guidance for injury prevention, healthcare, fitness, sport and recreational facilities to help students clearly connect theory with practice in the classroom. Our task is to combine tradition with modernity, and to provide an innovative, high quality and inclusive learning experience underpinned by a commitment to the advancement, dissemination and application of sports knowledge.

ASSESSMENT OF KNOWLEDGE OF BIOETHICS AMONG STUDENTS AND RESEARCHERS OF MEDICAL BIOTECHNOLOGY – A STUDY FROM DARJEELING DISTRICT OF INDIA

Prasanta Kumar Mitra¹, Prasenjit Mitra², Tanaya Ghosh²,
Gayatri Mitra³
¹ SMIMS, India
² North Bengal Medical College, India
³ The Biochem, India
Dr_pkmitra@rediffmail.com

Background: *Bioethics* is the application of ethics to the field of medicine and healthcare. Medical biotechnology is a branch of science where living cells and cell materials are used to produce various products that help treat and prevent human diseases. Hence students and researchers of medical biotechnology must have a thorough knowledge in bioethics.

Objective: To assess the level of knowledge of bioethics among students and researchers of medical biotechnology.

Methods: Students from schools (senior secondary level), colleges (undergraduate level), university (post graduate level) and researchers in the field of medical biotechnology were taken for this study. Medical students (both under graduate and post graduate levels) were also included in the study. All students were from the Darjeeling district of India. Level of their knowledge in bioethics was evaluated through a questionnaire.

Results: 100% school and college students under study did not have any idea about bioethics. They even did not hear the terms bioethics. 68.6% University students heard the term bioethics but only 7.3% of them knew details of bioethics. 82.1% of under graduate medical students under study did not have any idea about bioethics. 77.5% post graduate medical students and 84.9% of the researcher in medical biotechnology had idea about bioethics but they were not conversant with the applications of bioethics in research.

Conclusion: Study revealed that students of schools and colleges under study did not have any idea about bioethics. They even did not know the term 'bioethics'. Post graduate students had little bit idea about bioethics. Researchers of medical biotechnology as well as senior medical students, however, had certain knowledge in this area

but it was not up to the satisfactory level. Bioethics teaching right from school level seems to be mandatory and for researchers of medical biotechnology as well as medical students a curriculum on bioethics and biotechnology is to be formulated and applied in this part of India.

DYSFUNCTIONAL NATIONAL HEALTH SERVICE IN MEDIA: ETHICAL ASPECTS

Marta Moccia, Mariano Paternoster, Vincenzo Graziano, Ida Cerrone, Claudio Buccelli
University of Naples Federico II, Italy
 mocciamarta@libero.it

It is well known that the cases of so-called “dysfunctional national health service” are one of the favourite subjects of media. A real defamation campaign is carried on in a systematic and massive way.

This is clear if the number and tones of the articles on cases of alleged “dysfunctional national health service” are compared with the ones on the news about the doctors' correct practice in case of adverse events. The vice of “sensationalism” is inevitably translated into an ethical decline of the medical profession giving doctors – in despair and humiliated – a feeling of professional and human annihilation.

On the other side, the heterogeneous media users are more or less passively subjected to the damages of “media terrorism”. All that increases the gap between the patient and the doctor feeding the whirl of defensive medicine.

The ethical imperative requires information society not to be turned into a propaganda society: to this aim a constructive communication between journalists, doctors and the public is needed.

In our opinion, strict guidelines on the way of communicating news on these themes are desirable to produce a correct communication targeted to real information and to the patients' interest.

NEUROETHICS, EXTENDED MIND AND THE FUNCTIONING APPROACH: A GLOBAL VIEW

Diogo Mochcovitch
Rio de Janeiro Federal University, Brazil
 diogomochcovitch@gmail.com

The purpose of this work is concatenate some philosophy of mind ideas, applied ethics and neuroethics in an unifying bias. To this end, I present issues that deal with the same topic, but with different approaches and I try to expose the links made between the approaches will become profitable. I assume three pillars: the dissonant issues of neuroethics on its theoretical basis and applicability, presented by Levy, the extended mind thesis, by Andy Clark and the functioning approach, by Maria Clara Dias. I intend, therefore, to present the difficulties already listed by Levy to the foundations of the neuroethics in the light of the extended mind, and solve the deadlock found on this discussion, presenting the functioning approach.

REVISING UNESCO'S WORK ON THE ISSUE OF HUMAN GENOME AND HUMAN RIGHTS: THE BINDING EFFECT OF A FUTURE INSTRUMENT

Fruzsina Molnár-Gábor
Heidelberg Academy of Sciences and Humanities, Germany
 fmolnarg@mpil.de

In response to rapid advancements in genomics, UNESCO's International Bioethics Committee (IBC) has decided to update its reflection on the issue of *human genome and human rights*. It is likely that on this topic IBC's work will result in a revised instrument of UNESCO. Thus, a *de lege ferenda* assessment on the binding effect of a future document is essential.

Present assessment grounds on a *previous evaluation* of the three existing bioethical declarations of UNESCO. This considered both

deliberations on the binding force of these instruments and the general status of soft law. The current impact of integrating ethical principles into the legal framework of human rights was also evaluated.

Results show that a binding force for a future document can be foremost achieved by building upon the influence of soft law on international law. However, strengthening non-legal binding effect is also indispensable. In order to attain this firstly, the appropriate integration of ethics as a discipline is necessary. Hereby, the roles of deliberating committees and meetings of UNESCO have to be reconsidered. Secondly, better integration of already existing international standards is needed. This can be achieved through opening clauses or preambles, each obtaining different prospects. Also shaping a sustainable relationship between human rights and bioethics needs additional evaluation.

By revising the legal and non-legal binding effect of a future UNESCO instrument on the human genome, an increased acknowledgment among addressees can be achieved.

OPTIMIZING HEALTHCARE TRANSPARENCY POLICIES

Nuno Moreira Fonseca
New York University Center for Bioethics, USA
 nuno.mf@nyu.edu

The long established relation between healthcare professionals and industry has led to the advancement of science and the development of successful products. This interaction includes financial exchanges such as for funding research, service honoraria, or even, free meals. These exchanges or bonds can, at times, be at the origin of inappropriate conflicts of interest. Conflict of interest is commonly defined as a set of conditions in which professional judgment concerning a primary interest, such as the validity of a research project, or the welfare of a patient, may be influenced by a secondary interest. The presence of a conflict of interest, however, does not imply any inappropriateness *per se*. Only when secondary interests unduly influence the primary interest should there be a cause of concern.

Since 2010 both the United States and France have implemented national policies that aim to protect the public interest from inappropriate conflicts of interest within healthcare. The common strategy adopted by both countries was the creation of public access databases listing all existing bonds of interest between industry and professionals. This paper reviews both the American and French transparency policies, also known as “sunshine” policies, in order to highlight which measures are most valuable and effective. Finally, a recommendation is also made to shift the access of these databases primarily from the public to the national regulator entity.

MEDICAL USE OF CANNABIS: WHAT IS THE PROBLEM?

Luca Morini, Angelo Groppi
University of Pavia, Italy
 luca.morini@unipv.it

There is an evidence in literature that cannabis is already successfully used for treatment of several neuropathological disorders, cancer pain, muscle spasm due to multiple sclerosis. Antiasthma and antiemetic effects provided by cannabinoids as well as the use of cannabis in patients affected by Tourette syndrome or by sleep disorders are still on debate. At the beginning in Italy as well as in many other countries tetrahydrocannabinol, nabilone and dronabinol have been authorized for therapeutic use; eventually the authorization was extended also to plant preparations; the use of active substances allows to obtain a more precisely dosage respect to plant preparations that leads to a more difficult standardization of the drug together with all its natural active substances.

Substance supplying represents another problem. In fact in most countries cultivation of cannabis plants is permitted only through a specific licensing system, thus limiting the free access to the cannabis treatment. Therefore the supplying must be carried out through other countries (e.g. Germany and The Netherlands) where the production of cannabinoids and products containing these substances for medical

use is already well-established. The necessity of cannabis/cannabinoids import further limits the availability of the drug for patients. A possible alternative could be private cultivation without exceeding the therapeutic needs. However it could create several problems: a) the necessity to cultivate only certified plants; b) the amount of cannabinoids cannot be certified and the dosage could fail; c) a strict and expensive governmental control must be carried out.

PUBLIC HEALTH COMMUNICATION AS AN ETHICAL TOOL FOR STRENGTHENING CITIZEN'S CAPACITY FOR MANAGING PRIORITY HEALTH CONDITIONS: BASELINE STUDY OF TWO SELECTED COMMUNITIES IN KADUNA STATE, NORTH WEST NIGERIA

Zainab Kwaru Muhammad-Idris¹, Amina Mohammad-Durosilorun¹, Victoria Nanbem Omole¹, Awawu Grace Nmadu¹, Esther Badugu Patrick¹, FatimaMohammed Musa², Istifanus A. Joshua¹

¹ *Kaduna State University, Nigeria*

² *College of Science and Technology, Kaduna Polytechnic, Nigeria*
zainabika@gmail.com; zainabika@ymail.com

A baseline study will be conducted to determine capacity of citizens to make informed choices about prevention, promotion and management of priority health conditions through application of strategic health communication principles and practices. A community-based formative study, which seeks to establish baseline on general awareness of existing health conditions, needs and agents responsible for care-giving within geo-locations, and across gender/age distributions will be undertaken between August and September, 2015 in two communities of Zaria Local Government of Kaduna state. Information will be elicited through Focus Group Discussions and key informant interviews. Information gathering will be conducted around themes that highlight key community peoples' perception, experiences, and aspirations on what they know about their health status, health care delivery system, health equity and social inclusiveness in relation to effective and ethical use of media platforms that would likely promote responsibility for health at individual, household and community levels. Transcription and analysis will be done using existing standard protocols that include consensus and narrative analysis. Trends in thoughts, experiences and aspirations of people will be determined in two local settings of Kaduna in relation to their health status and their use of media for communication, information access and improved decision making for health. Data will be gathered in the context of prevailing customary social circumstances with a view to determining their potential ethical dimensions. Findings will inform the design of a sustained reinforcement of community engagement approaches that promote health communications for better health outcomes among women and men.

HARMONIZING AND IMPLEMENTING SPEECH AND LANGUAGE THERAPISTS' EDUCATION IN EUROPE: THE NETQUES PROJECT

Rossella Muo

Federazione Logopedisti Italiani, Italy
rossella.muo@gmail.com

European SLTs' education shows differences and specificities for each Country and recognized continue development. In 2010 the CPLOL promoted the Netques European Project with the aim to identify basic parameters for SLTs' initial training defining essential and desirable skills needed for newly qualified SLTs, so that practice could be high quality, safe and effective in all European countries. High standards of education are fundamental to guarantee the best clinical practice and finally to promote health in all European persons. Data collected through the elaboration and dissemination of three questionnaires from 65 partners and 31 Countries, confirmed the need for advanced educational level (Master Level) for professional practice, in order to include both essential areas related to major professional acts and intrapersonal and interpersonal communication skills and complex areas like professional quality, education and research.

ON QUALIFIED PALLIATIVE CARE AND ORGANIZATION OF HOSPICES IN AZERBAIJAN

Aytan Mustafayeva

Institute on Human Rights, Azerbaijan

Ayten.mustafazade@gmail.com

One of the priorities in the field of medicine today throughout the world, including Azerbaijan, is to solve the problems of a growing number of critically ill, which are in need of palliative care.

The development of medical science and the introduction of high technologies in the diagnosis and treatment of diseases allow solving the most complex tasks in the fight against the disease. However, in the course of chronic progressive disease there comes a moment when the disease is already impossible to win, and then in place of radical treatment comes palliative care, which is essentially a multidisciplinary area that require coordinated actions of highly qualified team, which combines the efforts of doctors, nurses, psychologists, social workers and clergy.

What society can do for those who die from an incurable disease? The answer to this question has been the emergence of hospices in Western Europe, USA and later in Eastern Europe and Russia. Hospice provides a terminally ill person not only a professional palliative care, skilled nursing care, but also psychological and spiritual support for patients, their families and relatives.

According to WHO recommendations, every country should develop its national program, based on the cultural values of the country and especially the socio-economic position. It is important to put in key positions people who really have been interested in the development of hospice and palliative care in the country. First you need to estimate the size of the problem in the country, to develop a set of positions, by which is necessary to make assess, evaluate possible development strategies and to select priorities for the initial activities. Therefore for creating effective hospice and palliative care should be taken fundamental steps:

- Formulate the basic principles of national policy in the field of hospice and palliative care, in which must be marked the decision on how hospice and palliative care will be integrated into a national program of health care;
- adopt a law regulating the conduct of mandatory training of medical workers the basic methods of palliative care, in particular - the effective cupping of chronic pain;
- provide guarantees that the drugs needed for effective relief of chronic pain, are available to patients.

Considering that Azerbaijan holds active social and economic reforms raised a need for palliative care. Our country is pursuing a policy of integration into Europe, in which such services clearly established to citizens. It would be appropriate to examine international laws on health and taking into account national and cultural specificities of Azerbaijan, to apply them in our legislation. A very important role in this issue also plays training and preparation of qualified staff and medical personnel. Generally it requires very competent approach in organizing of hospices, as the Azerbaijani society may not be ready for such structures. The Azerbaijani people due to its mentality, attachment to traditions and customs, family ties and religious convictions cannot uniquely treat to leave their family member in such institutions. In this regard, the society must be properly informed about the principles of hospices and necessity of palliative care. After all, the country has enough doomed ill or lonely elderly people who need care, support and compassion, creating an atmosphere of trust and attention, in which they can "die in peace", everyone needs the right to a dignified death. There are families which are faced with the news of the incurable illness of their children in need of psychological and professional support. How to come with the loss of a child?! In this case, psychological help is needed to both - the child and his parents. Finally, palliative care should be an integral part of a country's health system, an element of comprehensive health care plans and programs connected with terminally ill people.

THE POSITION OF JEWISH LAW CONCERNING EUTHANASIA

Hila Nadav
Israel
hilanadavlaw@gmail.com

Jewish tradition was practiced in a legal system based on the Jewish religion.

As part of the same system of law would regulate wise and to address the burning issues went to community life.

In fact, those rulings relevant to modern life even today.

What is the position of Jewish law in relation to euthanasia. As you may have observed, and since this is a system of laws based on religious law it appears that the position of Jewish law is against euthanasia.

As halachic approach says that everything that happens is by the Creator and not by man thus suffering is the Creator and the purpose may redeem man.

Therefore no is no to man to intervene in God work. However, the position is not unequivocal, and Jewish law distinguishes between two different situations.

When one is recognized euthanasia in some cases, and two did not Dead through deliberate action, such as pulling the plug, it stated prohibited.

In the second case of euthanasia

By detaching itself from derivative or non-connection into those outset.

When the second type of killing in some cases will be recognized by Jewish law.

DEAF CHILDREN AND LANGUAGE RIGHTS: THE UNETHICAL POSITION OF ZERO TOLERANCE TO NON-ORAL ALTERNATIVES

Donna Jo Napoli¹, Tom Humphries², Poorna Kushalnagar³, Gaurav Mathur⁴, Carol Padden², Christian Rathmann⁵, Scott Smith⁶

¹ Swarthmore College, USA

² University of California at La Jolla, USA

³ Rochester Institute of Technology, USA

⁴ Gallaudet University, USA

⁵ Universität Hamburg, Germany

⁶ University of Rochester, USA

Donnajonapoli@gmail.com

Children acquire language without instruction if regularly and meaningfully engaged with an accessible human language. 80% of children born deaf in the developed world are implanted with cochlear devices intended to allow access to sound and speech development. However, through early childhood, brain plasticity changes, and children who have not acquired language in the early years might never be completely fluent in any language. Their subsequent development of the cognitive activities that rely on a solid first language might be underdeveloped, such as literacy, memory organization, and number manipulation. An alternative to speech-exclusive approaches exists in the use of sign languages, where acquiring a sign language is subject to the same critical period. Unfortunately, these alternatives are often caught up in an “either – or” dilemma, with little tolerance for alternatives by either side of the debate and widespread misinformation. The success rate with cochlear implants is highly variable, and there are no reliable predictors. Yet families are often advised not to expose their child to sign language. Here absolute positions based on ideology create pressures for parents that might jeopardize their children’s developmental needs. Cochlear implants do not offer accessible language to many deaf children, and by the time it is clear that the child is not acquiring spoken language, the critical period may already be past; the child runs the risk of becoming linguistically deprived. Linguistic deprivation constitutes multiple personal and societal harms (costs to our medical systems, loss of potential productive societal participation, etc.).

PHARMACOLOGICAL TRIALS IN PREGNANT WOMEN

Carmine Nappi
University of Naples Federico II, Italy
nappi@unina.it

Pregnant women are, still today, virtually excluded from pharmacological trials, irrespective of the possible clinical benefits or risks for the mother or the newborn.

It follows that, for most of the drugs administered during pregnancy, there is limited scientific evidence on efficacy and safety. The use of these drugs is often off-label and they are prescribed on the basis of the personal experience and responsibility of the physician. Indeed, it is well known that pregnancy can modify both the pharmacokinetics and the pharmacodynamics of medications. Moreover, as reported by FDA, 90% of prescribed drugs carry an unspecified teratogenic risk. Therefore, especially in the first trimester, many important pathologies are either not treated at all or, when a treatment is prescribed, the doses are extrapolated from studies on men or non-pregnant women.

Concerning the moral legitimacy of pharmacological trials in pregnancy, it should be emphasized that, as is true for all human beings, the mother, the embryo and the fetus have to be guaranteed in their health and safety, irrespective of the fact that we attribute to them a “dependent” or an “independent” moral status.

In conclusion, including pregnant women in pharmacological trials is an unavoidable scientific and bioethical imperative. Clinical trials must always be justified by serious and commensured reasons and have to be carried with attention and conscientiousness, respecting and protecting the physical health and the life of the pregnant woman, the embryo and the fetus, bearing in mind that these two last subject cannot give their consent.

DIGITIZATION, BIG DATA AND THE TRANSFORMATION OF BIOMEDICAL RESEARCH

Martina Naschberger, Gabriele Werner-Felmayer
Medical University of Innsbruck, Austria
Martina.Naschberger@i-med.ac.at

Evidently, biomedical research is profoundly affected by ‘digitization’ which allows an escalating accumulation of data in health care as well as research. Instead of verifying or falsifying a previously formulated hypothesis, the new dogma is to conduct non-hypothesis driven research. Applying ‘-omics approaches’ (e.g. genomics, proteomics, microbiomics), research has become a data-driven process, aiming to find the significant outcomes in enormously large sets of data – the needle in the haystack. These can only be tackled by the state-of-the-art power of modern data science, more powerful statistical techniques and algorithms to allow novel linkages. The data used to draw scientific conclusions nowadays comes in all shapes and sizes and patient-generated data (e.g. from life logging or consumer genetic testing) complements laboratory data, clinical care data and Co. Additionally, new innovative devices such as ‘body-on-a-chip technologies’ encourage scientists to extrapolate conclusions from a rather reductionist notion of life, health and disease and the human body. This development does not only come with Strengths and Weaknesses, but, moreover, is accompanied by a number of Opportunities and Threats, as will be explored in this talk’s S.W.O.T.-analysis. Ethically significant implications arise along with this (mis)perception of “exploitable raw materials”. In fact, health-related data sets are more ‘sensitive’ than ordinary day-to-day-information as they may reveal stigmatizing information (e.g. sexual or mental health states). Hence, (pre)caution is required and novel challenges and questions are to be addressed regarding research ethics and good scientific practice concerning the principle of respect for persons as well as the established human rights.

GENETIC DISCRIMINATION AND PERSONALIZED MEDICINE: SOME INSURANCE CONSIDERATIONS

Ida Ngueng Feze
McGill University, Canada
ida.nguengfeze@mcgill.ca

Scientific innovations in the field of genetics have facilitated the development of new genomic tools and have generated an unprecedented amount of genetic data. Despite the numerous benefits related to the improvement of diagnostic tools, treatments and preventive measures, the use of genetic information outside of the therapeutic context continue to raise ethical, legal and social issues.

In the insurance context, these concerns relate to the possibility of a differential treatment based on one's current or perceived genetic characteristics, which could be used to restrict or prevent certain individuals or groups from accessing a number of social benefits including buying a home, getting an employment or adopting a child. This phenomenon, commonly referred to as "genetic discrimination" has the effect to dissuade patients, research participants and members of the general public from obtaining their genetic information through a health professional for fear that it may negatively impact their insurability or that of family members. Unlike countries such as the United States and the United Kingdom, some countries such as Canada have not adopted any specific legal or policy protections against genetic discrimination. Given the rise of personalized medicine and the increasing availability of genetic data, this *status quo* is being questioned as stakeholders in the clinical and research contexts are called to become more familiar with these issues.

This communication will focus on three considerations: (1) the incidence of genetic discrimination, (2) the obligation to disclose information to insurers, and local legal implications for health professionals, patients and the public.

THE MEDICAL-LEGAL PROBLEM OF COMPLICATIONS IN SURGERY

Massimo Niola
University of Naples Federico II, Italy
masniola@unina.it

The protection of the patient is at the center of a medical service.

Such protection is also about prevention and treatment of complications of diseases and their diagnostic and therapeutic treatments.

To avoid dangerous ambiguity, when these complications occur it is necessary to differentiate between complications as spontaneous expression of the natural evolution of the clinical picture and iatrogenic complications. In the latter it is necessary to distinguish between events beyond medical conduct or management of care facilities, intrinsically linked to risks that the scientific knowledge of the time still cannot delete and therefore not chargeable to anybody for negligence and events, however, linked to errors in the behavior of health staff.

In such errors a distinction must be made between inappropriate and not justifiable behavior, producing - for professional negligence-avoidable complications and avoidable even if justifiable mistakes.

Iatrogenic complications concern all fields of medicine, but the surgical ones offer food for thought for the difficulties to distinguish between errors in the operator's behavior and events that are not due to the operator but to the activation of dangerous and unexpected mechanisms.

These valuation difficulties occur especially in innovative procedures, sometimes at the border of experimentation, which result appreciably better than those in the past but can cause tensions and conflicts between doctors and society.

An important contribution to the mitigation of this phenomenon is offered by carefully including among the items of information to be provided to the patient also those relating to possible complications and viable options, so he/she can choose among the offered treatments in conscious autonomy.

Hence, however, the ethical-legal dilemma if among these complications should be included even those with very low statistical frequency, almost fortuitous but connoted by severity, the knowledge of which might unduly discourage the patient against his/her best interest especially in cases of information concerning diseases with a delicate prognosis.

In this context, refresher courses, aimed at reducing the risk of complications related to the operator's ability, must be accepted as an ethical duty to better protect the patient.

CAN PROFESSIONAL INTEGRITY BE TAUGHT DURING VOCATIONAL EDUCATION?!

Sara Nissim
Wolfson Academic Nursing School, Israel
saran@son-wolfson.co.il

The major criteria for admittance to nursing school in Israel are the Psychometric Test (the similar test in the USA is named SAT) and sometimes a short interview, not obligatory. The inclinations to the profession or the traits necessary for treating people, such as: honesty and empathy are not being tested. And so, more than once during nursing studies, and especially during clinical practice, we witness student's behaviors that can be defined as treachery or dishonesty. These behaviors are expressed by cheating at exams, reporting presence in classroom while absent and so on. Much time when caught, students cannot make the link between their behavior as students and their future behavior as nurses. In their opinion "cheating in exams at present, has nothing to do with reporting or not a wrong medication given to a patient in the future".

In our Nursing School we have developed a unique program, which starts at the first day of the nursing studies, for emphasizing the importance of honesty during studies, as the basis for developing Professional Integrity. During the first few months students are exposed to "Patients Law of Rights" and "Nursing Code of Ethics", debating in groups or couples a situation that connects human behaviors with patients health implications. In this presentation we will present the program and the results as observed in the classroom and the clinical practice.

STATE OF ELDERLY PERSONS IN NIGERIA: ETHICAL DIMENSIONS

Awawu Grace Nmadu, Victoria Nanben Omole,
Istifanus Anekoson Joshua, Zainab Idris-Muhammed
Kaduna State University, Nigeria
jumainmadu@yahoo.com

Ageing populations present a challenge to all regions of the world. This challenge is however greatest in Africa which will experience the fastest rate of population ageing than any other region as projected to be in 2050. Nigeria is the most populous country in Africa and the percentage of people aged 60 and over is predicted to rise from 6.4 million in 2005 to 25.5 million in 2050. The high growth and rapidly increasing numbers of older persons has significant implications for socioeconomic conditions and the challenge is heightened by the concurrent issues of high levels of poverty and the HIV pandemic, which affects the quality of life of millions of people and particularly impact upon older people. Promotion of the Rights of older people as laid down in the Universal Declaration of Human rights and other declarations have been adopted in many countries of the world including Nigeria, however the policy and institutional frameworks for tackling the challenge of ageing in Nigeria is weak. The traditional support system and family institution which have been the backbone of support to the elderly in Nigeria are gradually eroding due to modernization and harsh economic conditions. The older persons are faced with many challenges relating to poverty, economic security, access to affordable health care, violence and abuse and integration into social life. This review explores the magnitude of the problem of ageing in Nigeria, the factors affecting the situation of older people, the state of social protective policy implementation in Nigeria and the ethical implications.

GUIDELINES IN CLINICAL, MEDICO-LEGAL AND JURISPRUDENTIAL PRACTICE

Gian-Aristide Norelli
University of Firenze, Italy
ganorelli@unifi.it

As defined by the Institute of Medicine in 1992, practice guidelines are "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances". Therefore, their significance appears to be essentially clinical, as tools to point out problematic issues and to improve the clinical governance. The main error in the legislative and judicial interpretation in Italy has been the mere transfer of the utilization of the guidelines from the original domain of the clinical background directly to the jurisprudential and medico-legal context. Subsequently the number of guidelines has increased, losing their original connotation, their high probative and scientific value that was originally distinctive and their substantial reference to a theoretical and categorical cluster of cases without possibility of an automatic application to any specific case. The physician has often considered the adherence to the guidelines in terms of defensive medicine; it appears that the legislator demonstrated to consider their role erroneously (see "Decreto Balduzzi"). Indeed, at judicial level we often face the incorrect identity between a good practice and the application of 'the guidelines' (frequently not thoroughly defined) or, on the contrary, between the malpractice and the lack of compliance to them.

It is desirable that the guidelines play their original and suitable role and that both jurisprudence and legal medicine re-start to assess medical practice in the traditional fashion, on prudence, on diligence, on experience, and with reference to the professional knowledge and conscience under an ethical and deontological point of view.

DEPLETED URANIUM, NANOPARTICLES AND ONCOLOGICAL DISEASES: MYTH OR REALITY?

Mariarosaria Nugnes, Mariano Paternoster, Pierpaolo Di Lorenzo,
Massimo Niola, Claudio Buccelli
University of Naples Federico II, Italy
mariarosarianugnes@gmail.com

Since the end of last century, the growing concerns about the possibility that the use of ammunition containing depleted uranium (DU) could result in a significant increase in risk to the health of people exposed to radiological and toxicological effects of this material, have constantly fed the interest of the scientific community and political institutions to shed light on a topic that is still extremely controversial. So far, in fact, no trace of DU has ever been found in the tissues of subjects exposed and affected by neoplastic diseases and this has shifted attention to the possible etiologic role of nanoparticles, substances produced by high temperatures as a consequence of the explosion of munitions containing DU.

Actually, the tissues of some soldiers suffering from oncological diseases were found to contain nanoparticles, suggesting, therefore, their etiologic role. Hence the need for demonstrating whether they can actually lead to the development of neoplastic diseases and determining whether their origin is exclusively related to the use of munitions containing DU.

The studies carried out until today have not yet clarified these issues and it is, therefore, essential to prove or disprove these alleged correlations. This is achieved by ultrastructural examination of lymph node biopsy material taken from healthy subjects or removed from non-oncological diseases and compared with the ultrastructural examinations conducted on lymph node biopsies of soldiers suffering from oncological diseases and exposed to DU and nanoparticles. Another comparison is required between tissues of subjects exposed and non-occupationally exposed to these substances, but suffering from the same disease.

Only that kind of research would be able to reveal what role DU and nanoparticles do really play in the development of cancer.

EMOTIONAL INTELLIGENCE AND ETHICS – IMPORTANCE, IMPLEMENTATION AND ASSIMILATION FOR STUDENTS WITH SPECIAL NEEDS

Zehava Ohana
International Center for Health, Law and Ethics, Haifa University, Israel
Ohana.zehava@gmail.com

Try to imagine going back in time... Who is the teacher that appears in your mind as one that has left an impact on your life? In today's technological age a wealth of teaching methods and curriculums have been developed. What are the nowadays roles of teachers in this technological era? What about students with special needs? Have they needs and the challenges that they face daily been taken into account? How do they experience school and the learning processes that they encounter? Do they feel invisible or connected?

The aim of this lecture is to examine the nature of the ethical dilemmas surrounding students with special needs of all kinds and to propose ways of bringing these oft forgotten students to the forefront of educational discourse.

I will present the reality that I have witnessed in the Israeli educational system and at teachers' training institutions. The pedagogical philosophy of education in Israel is based on the value of human dignity. The Ministry of Education is committed to implementing an ethical policy towards students with special need and as a result, a law promoting integration of these students into the mainstream of educational system has been legislated and a model for implementation, which I will describe in my lecture, has been developed.

Ultimately, however, we must ask ourselves how effectively this law has been implemented. Researches have shown that an understanding of how the brain functions and knowledge of the principles of Emotional Intelligence (EI) improve the quality of both teaching and learning processes. My intention is to examine whether these important principles of EI have been introduced, implemented and integrated into currently accepted pedagogical directives concerning students with special needs and to lobby and strive for their implementation.

ENVIRONMENTAL AND ANIMAL ETHICS FROM THE FUNCTIONING APPROACH

Fabio Oliveira, Priscila Carvalho
Universidade Federal do Rio de Janeiro (UFRJ), Brazil
fabioagoliveira@gmail.com; pricarvalho1973@yahoo.com.br

This work aims to present how the functioning approach can be applied to environmental and animal ethics. For this purpose, this work will be developed in three stages. In the first stage, it will be highlighted theoretical pillars of the functioning approach that allow us to defend an idea of expanded moral community. The latter two stages are meant to show more specifically the applicability of this approach in the context of environmental and animal discussions. At the end, we intend to be able to present a moral commitment that we - as human beings - have with other different types of functional systems, as suggested by the functioning approach.

RESISTANCE TO THE GLOBAL POLIOMYELITIS ERADICATION INITIATIVE – PERCEPTIONS AND PERSPECTIVES OF RECIPIENTS

Victoria N. Omole¹, Grace A. Nmadu¹, Adegboyega Oyefabi¹,
Onyemochi Audu²
¹ Kaduna State University, Nigeria
² Benue State University, Nigeria
nvale110@yahoo.com

In 1980, after decades of efforts by the World Health Organization, the World Health Assembly endorsed the formal declaration of the global eradication of smallpox. However, since the successful eradication of smallpox in late 1970s, the last case of wild smallpox occurring in Somalia in 1977, mankind has been hopeful and optimistic that the

eradication of other diseases is not only feasible, but possible. Considerations and even attempts have since then been made at eradicating other diseases such as poliomyelitis, mumps, dracunculiasis (guinea worm disease) etc. As at 2008, the Carter Center International Task Force for Disease Eradication has declared six additional diseases as potentially eradicable: lymphatic filariasis (elephantiasis), poliomyelitis, measles, mumps, rubella, and pork tapeworm.

The initiative to eradicate poliomyelitis formally started as a public-private partnership led by national governments and spearheaded by the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), and the United Nations Children's Fund (UNICEF) in 1988. It has 4 major strategies, namely: routine immunization, supplementary immunization, surveillance and targeted "mop-up" campaigns.

Nigeria is one of only three countries where poliomyelitis is still remains a public health concern; others being Pakistan and Afghanistan. (However, the wild poliovirus transmission in Nigeria is limited to a few northern states). Incidences of resistance to the vaccine by communities have been reported; some of which have been violent, and even fatal.

Why would communities that hitherto have not been resistant to healthcare kick against what is apparently endorsed by the generality of the global community as a good or positive intervention to a health challenge? This paper seeks to look into this matter and identify the reasons behind this phenomenon.

WHAT DIFFERENCES IN DISEASE AWARENESS AND KNOWLEDGE OF CLINICAL PROCEDURES IN PATIENTS WITH DIFFERENT CHRONIC DISEASES? SOME POINTS OF REFLECTION AND INTEREST FROM AN OBSERVATIONAL STUDY

Marcella Ottonello^{1,2}, Ines Giorgi³, Debora Pain⁴, Anna Giardini⁵, Carlo Pasetti³

¹ Salvatore Maugeri Foundation (IRCCS) - Scientific Institute of Nervi, Italy

² Università di Tor Vergata, Italy

³ Salvatore Maugeri Foundation (IRCCS) - Scientific Institute of Pavia, Italy

⁴ Salvatore Maugeri Foundation (IRCCS) - Scientific Institute of Milano, Italy

⁵ Salvatore Maugeri Foundation (IRCCS) - Scientific Institute of Montescano (PV), Italy
marcella.ottonello@ism.it

Introduction: Chronic disease management requires the active participation of patients and their caregivers in the decision-making process of care. The aim of this study was to observe possible differences among patients affected by different chronic diseases on disease awareness and knowledge of clinical procedures and the new tools, such as the Advance Directives.

Material and Methods: 115 subjects (30 with Advanced Cancer, 30 with Chronic Heart Failure, 23 with ALS and 32 with Chronic Renal Failure) underwent a semi-structured interview. The 12-items interview evaluated patients' opinions on their knowledge of the disease, of their right to be informed and of their consent to treatments.

Results: 74% of ALS patients and 84% of those with chronic heart failure stated that the information received on diagnosis and disease progression had been useful to take decisions on subsequent choices, compared with a 47% of patients with advanced cancer ($p < .001$). More than 60% of patients were not able to provide the correct definition of "aggressive therapy" and "invasive therapy". More than 70% of the sample did not know the meaning of advance directives. When informed on the definitions of "Advance Directive", only ALS patients would prefer a formulation of advance directives that are legally binding ($p < .005$).

Conclusions: We observed a different knowledge of diagnosis and prognosis and a general lack of knowledge of the health issues connected to the end of life, regardless of the disease. Consequently, health information making the patients an active player in decision making process, still remains inadequate.

EFFECTS OF HEALTH CARE SERVICES AND COMMODITIES COST A ON THE PATIENTS AT THE PRIMARY HEALTH FACILITIES IN ZARIA METROPOLIS, NORTH WESTERN NIGERIA

Adegboyega Moses Oyefabi¹, Kabir Dabo²

¹ Kaduna State University, Nigeria

² Primary Health Care Services, Zaria Local Government, Nigeria
oyefabiadegboyega@yahoo.co.uk

The payment for health care services is a major problem for many poor patients in developing nations. The health care service at many health facilities especially the tertiary and private hospitals are beyond the reach of the poor people because they cannot afford to pay for the services at these facilities. The Primary health centres therefore, become the only hope of this group of patients. We conducted a descriptive cross-sectional survey of 6 Primary Health facilities involving 300 patients in Zaria metropolis, north western Nigeria to examine the cost of services and commodities and how these affect the participants. The facilities were selected by simple random sampling technique from a list of facilities in these 2 Local Government Areas. The mean age of the respondents was 28.87 ± 8.63 years, mainly house wives (53.3%) with daily stipends from their spouses less than 1 dollar/day. The payment for health services were not convenient for the respondents as 67 (22.3%) could not access the required services due to the financial cost. Some families (3.7%) had to borrow money to pay for this health services. The medical expenses affected the payment of school fees (3.3%), family feeding (2.0%) and resulted in marital disharmony. The health care providers were charging user fees for services that were supposed to be accessed free.

There is an urgent need for the National Primary Health Care Development agency and the Local government authorities to regulate the activities of the Primary health care providers to prevent undue user fee charges.

ETHICAL REVIEW OF THE PREVALENCE, PERCEPTIONS, CONSEQUENCES AND DETERMINANTS OF INDUCED ABORTION AMONG STUDENTS OF THE KADUNA STATE UNIVERSITY, NORTH WESTERN NIGERIA

Adegboyega Oyefabi, Grace Nmadu, Nanben Omole, Yusuf Muhammad Suraj

Kaduna State University, Nigeria

oyefabiadegboyega@yahoo.co.uk

Background: The issue of abortion is a source of considerable debate worldwide. Although the Nigerian Law is patterned after the British Laws, the liberalized abortion law is unknown to the Nigerian Laws. However various studies have reported the prevalence of unsafe abortion in countries where liberalized abortion law is not permitted, contributing to the high prevalence of maternal mortality in these countries.

Methodology: This preliminary cross sectional study was conducted among 306 undergraduate students of the Kaduna State University, North-western Nigeria in July-August 2015.

Results: The mean age of the respondents was 21.10 ± 2.77 . Some of the respondents affirmed that abortion should be legalized in every part of the world (17.3%); while 13.32% opined that an unborn baby is not a person as long as it is still inside the womb, and 27.51% said that a pregnant woman should be free to make decision to have abortion (27.51%). About 44% said people should not discriminate against women who choose to have abortion, while 12.6% saw it as a good way of solving the challenge of an unwanted pregnancy. The prevalence of premarital sex and induced abortion were 8.38% and 17.46%, respectively. Such abortions were performed mostly in private clinics (56.25%). The incidence of abortion was significantly associated with the marital status of the respondents ($p < 0.05$). The commonest post-abortion complication was vagina bleeding.

Conclusion: The preference for liberalized abortion and the prevalence of induced abortion is high in this population. The Nigeria government needs to review the current abortion law to prevent cases of illegal induced abortion.

ETHICAL REFLECTIONS ON EXPERIMENTING WITH VULNERABLE SUBJECTS IN THE LIGHT OF THE PRESENT EXPERIENCE OF ETHICAL COMMITTEES

Loriana Paciello¹, Maria Antonietta Zinno¹, Paola Vitale², Rosa Ferrara¹, Danila Faillace¹

¹ University of Naples Federico II, Italy

² ASL Avellino (Educatore Cooperativa di Servizi), Italy
comitatoetico@unina.it

The acquisition of informed consent legitimates clinical trials. The difficulty of conducting clinical trials on adults incapable of expressing a conscious and explicit consent to testing, especially of people who are unable to express a valid consent because they are permanently or temporarily incapable, in an emergency setting, is clear. We proceeded to conduct a systematic review of research protocols submitted to the Ethics Committee of the University Federico II in the period January 2005-December 2014. Of the 2516 protocols presented only three were expected to enroll adult patients unable to give a valid consent to experimentation in hospitalized ICU / Resuscitation. In all three cases, the Ethics Committee has requested the principal investigator to apply to the court for the appointment of a legal representative in order to proceed to trial after receiving a valid informed consent. In view of the above the great difficulty of conducting clinical trials with subjects temporarily or permanently incapable in emergency situations is demonstrated. Operational proposals which are sustainable from an ethical and legal standpoint are discussed, making it possible to involve such type of patients in clinical trials: subtracting them from the trials would reduce the hope of healing for other patients in the same conditions and, at the same time, it would mean not to develop therapies which could be used also by hypothetical future patients.

E-HEALTH SYSTEM IN POLAND

Renata Maria Pal

John Paul II Catholic University of Lublin, Poland
palren@kul.pl

The current presentation deals with the issues concerning e-Health system in Poland. As part of the European Union policy of implementation of IT solutions in health care, Poland has begun to introduce its own e-Health system based on the EU guidelines. The presentation is based partly on the analysis of legal acts concerning the topic mentioned above that were issued by both EU and Poland and partly on the observations concerning the practical side of the whole undertaking.

The aim of this presentation is twofold. On the one hand, it is to show the organizational structure of the Polish e-Health system, the programs and e-services available within its framework. On the other hand, above all, it is to discuss the practical issues connected with its creation and functioning.

The primary focus of the presentation are Polish programs that are still in the phase of development or are currently working within the e-Health system. These include the Electronic Platform for Collection, Analysis and Sharing of Digital Medical Records (P1), the Platform for Sharing Services and Resources of Digital Medical Records with On-Line Businesses (P2) and the Electronic Verification of Eligibility of Beneficiaries (eWUŚ). The secondary focus is the influence of the EU regulations and documents on the solutions applied to the Polish system.

The presentation will show that Polish e-Health system does not always work properly and that there are numerous inconsistencies, technical issues and delays in its introduction. All these problems will be discussed with the use of examples and possible solutions will be offered.

TEACHING MEDICAL STUDENTS 'ETHICAL DECISION MAKING' USING AVS VALIDATED INDIGENOUS TOOL

Princy Louis Palatty, MS Baliga, Elroy Saldanha, KR Nagesh
India
drprincylouispalatty@gmail.com

Introduction: 'Ethical decision making' is an essential competence for

a basic doctor. Although, bioethical aspects have crept into the medical education curriculum, it is not enough to be sensitized and aware of ethical issues but to take the right decisions

Methodology: A validated indigenous tool adopted from Salke et al was used to induct the medical students (126) into 'ethical decision making'

Conclusion: The pre/post test scores, confidence table, OSCE and feedback brought to light the remarkable improvement in ethical decision making capacity, tutored in this regard.

CRITICAL ISSUE IN CONDUCTING CLINICAL TRIAL IN "VULNERABLE" PEOPLE: CLINICAL TRIALS WITH THE TERMINALLY ILL

Fabrizio Pane

University of Naples Federico II, Italy
Fabrizio.pane@unina.it

In this article, the issues regarding clinical research in patients who are terminally ill are focused with particular attention on how to meet the needs of these individuals. To address their concerns, it is important to consider how to reconcile two important tasks: providing optimal end-of-life care and conducting clinical research. Indeed, in some instances such as the clinical trials in terminal patients, the goals of medicine and the goals of science may be not overlapping giving rise to tensions between a good death and conducting clinical research. Five are the domains that have been suggested for measuring a good death: physical symptoms; psychological and cognitive symptoms; economic and caregiving needs; social relationships; hopes and expectations. For each of these domains, it is briefly discussed how the goals of clinical research may conflict or coincide with taking care of a patient with a terminal illness. Finally, some suggestions to address the discrepancies are suggested: (1) modify the informed consent discussion for terminally ill participants in research; (2) build a palliative care component into clinical trials; (3) attend to the needs of family caregivers of terminally ill research subjects; (4) arrange for continuity of care so that dropping out of a trial does not jeopardize medical care; (5) train clinical investigators in end-of-life care.

CRITICAL ISSUE IN CONDUCTING CLINICAL TRIAL IN VULNERABLE PEOPLE: IN THE ELDERLY

Giuseppe Paolisso, Michelangela Barbieri, Edith Angellotti
Second University of Naples, Italy
Giuseppe.paolisso@unina2.it

Due to a significant increase in multiple chronic diseases, older patients are the greatest drug consumers. Indeed, older people are still unjustifiably excluded from clinical trials currently investigating the treatment of diseases commonly associated with ageing, such as heart failure, depression, dementia and cardiovascular disease. The effectiveness of a treatment demonstrated in ideal conditions and in high selected patients may not correspond to an equal efficacy in the clinical practice. The main national and international regulatory agencies are recognizing the need of producing evidences for effectiveness of treatments in elderly population providing recommendations for the design and conduction of clinical trials in order to protect the health of the elderly while recognizing their right of benefit from research.

BIOETHICS AND CRIMINAL LAW: THE ROLE OF THE EUROPEAN COURT OF HUMAN RIGHTS IN SETTING STANDARDS FOR THE PROTECTION OF HUMAN RIGHTS

Svetlana Paramonova¹, Sunčana Roksanđić Vidlička²

¹ Max Planck Institute for Foreign & International Criminal Law, Germany

² University of Zagreb, Croatia

paramonova-svetla@yandex.ru, suncana.roksandic@pravo.hr

The present interdisciplinary comparative research project focuses on the analysis of the **interconnection of the criminal law and bioethical**

issues with particular regard to the role of the European Court of Human Rights (ECHR) in shaping standards for the protection of human being in the criminal law-related issues in bioethics.

Progress in biomedical sphere to a greater or smaller extent has a **direct impact on everyone's life**. Questions like: "can samples taken from a person during treatment be used for research purposes? Can a person refuse to undergo a genetic test requested by employer or insurance determination company? Is it safe that a cardiac pacemaker is controlled via online-service?" have all the potential to move into a field of criminal law-relevant cases causing grave infringements of human rights and fundamental freedoms. Considering rapid development of cyber-technologies, healthcare and biomedical technologies the number of such questions can be expected to grow strongly.

One of the main social risks concerning bioethical human rights-related issues refers to the **failure of setting appropriate and adequate to the scientific advancements legal framework**. Academic consideration of the issues raised by the criminal law's intervention with bioethics is still in its infancy.

The **present project** - using critical doctrinal analysis and 'law in action' approach - explores and systematizes standards regarding criminal law-related issues in bioethics that have been already set by the ECHR that has established itself as an effective international harmonization mechanism of human rights. Due to the great significance and impact of the case-law of the ECHR (also beyond the boundaries of the Member States of the Council of Europe) it can serve as a source and solid basis in elaborating *international legal standards* regarding criminal law-related issues in bioethics.

GUIDELINES

Fabio Parazzini
University of Milan, Italy
fabio.parazzini@unimi.it

The insurance costs paid by physicians annually grew in Italy during the last 10 years from 35.000000 to about 450.000000 euros.

To give an answer to this problem the Balduzzi's Decreto indicates that "The health care professionals that during their activities adheres to guidelines and best practices accredited by the scientific community is not liable for criminal negligence. The decree also states that the judge in the determination of damages, takes into account that the doctor has followed guidelines and best practices".

This decree provides an important indication to the judge. However, it also opens many questions. The first is the definition of guidelines and best practices. For example, according to Institute of Medicine, Washington DC, they are recommendations of clinical behavior, produced through a systematic process to assist physicians and patients in deciding which are the most appropriate mode of care for specific clinical circumstances. "

On the other hand Italian Piano Nazionale Linee Guida indicates that "they are rational, ethical and efficient aids for the provision of health services. In Italy there is no system for the definition of the scientifically accredited guidelines. We need a clear definition of guidelines in order to have a useful implementation of Balduzzi's Decreto.

IMPORTANCE OF ROLE MODELS IN THE MEDICAL BIOETHICS EDUCATION

Siti Pariani, Agung Pranoto, Djoko Santoso
Unit Indonesia - UNESCO Chair in Bioethics, Indonesia
bioetik.fkua@gmail.com, parianisiti@yahoo.com

Role modelling is a powerful teaching tool for passing on the knowledge, skills, and values of the medical profession. Role models have been described as "individuals admired for their ways of being and acting as professionals." The characteristics of role models can be divided into clinical competence, teaching skills and personal qualities. Learning from role models occurs through observation and reflection, and is a complex mix of conscious and unconscious activities. Remembering and understanding the power of the unconscious component is essential and depends on active reflection to convert an

unconscious feeling into conscious thought that can be converted into action. Observed behaviours are also unconsciously incorporated into the belief patterns and behaviours of the student in a powerful way.

Medical ethics is a system of moral principles that apply values and judgments to the practice of medicine. As a scholarly discipline, medical ethics encompasses its practical application in clinical settings as well as work on its history, philosophy, theology, and sociology. Six of the values that commonly apply to medical ethics discussions are: autonomy, beneficence, justice, non-maleficence, respect for persons, truthfulness and honesty. Values such as these do not give answers as to how to handle a particular situation, but provide a useful framework for understanding conflicts. When moral values are in conflict, the result may be an ethical dilemma or crisis. Sometimes, no good solution to a dilemma in medical ethics exists, and occasionally, the values of the medical community (i.e., the hospital and its staff) conflict with the values of the individual patient, family, or larger non-medical community. Conflicts can also arise between health care providers, or among family members. By analyzing the performance of role model in medical ethics educations, the student can reproduce the performance of the role model in finishing the conflict issues in the medical ethic problems

CLINICAL TRIALS FOR CELLULAR THERAPIES

Lucio Pastore, Barbara Lombardo, Filiberto Cimino
Federico II University of Naples, Italy
barbara.lombardo@unina.it

Cell therapy is rapidly moving from being tested in animal models towards clinical trials and applications. Different types of stem cells have potential for clinical use; their effectiveness depends on two main features: self-regeneration and differentiation potency. Basic research has allowed the development of procedures for the differentiation of stem cells in cells of interest for transplantation or regeneration of human tissues.

Among different types of stem cells, embryonic stem cells (ES) and adult stem cells have potential application in regenerative medicine. ES cells have a greater ability to differentiate and self-regenerate; however, these cells are currently being used in a limited number of applications and only in some countries because of "ethical" and safety issues. Adult stem cells are less capable of duplicating and are often able to differentiate only in specific tissues but, at the moment, have some clinical applications and are tested in numerous clinical trials. More recently, induced pluripotent stem cells (induced pluripotent stem cells, iPS) have been developed; these cells have characteristics comparable to ES cells but are used more widely for the absence of "ethical" issues and an improved safety profile.

Clinical applications and trials of therapeutic protocols based on stem cells must be executed on the basis of principles of the so-called "Good procedures" (laboratory, manufacturing and clinical trials) that ensure safety for the patients, a prerequisite imposed by the different international conventions. In addition, a solid pre-clinical testing, is absolutely necessary to prevent inappropriate and sometimes "criminal" use of these treatments.

TATTOOING AND BODY PIERCING: LEGAL AND MEDICO-LEGAL CONSIDERATIONS

Mariano Paternoster, Vincenzo Graziano, Pierpaolo Di Lorenzo,
Massimo Niola, Claudia Casella
University of Naples Federico II, Italy
mariano.paternoster@unina.it

Tattooing and piercing are a widespread growing phenomenon of cosmetic procedure.

They are both dangerous for health since they are often associated to foreign body allergic and chronic-degenerative pathologies as well as to the transmission of even severe infectious diseases (with possible necrosis localized in the treated areas, limb amputation or even death).

Awareness of the possible harmful consequences for the health of subjects with tattoos and piercing is very poor.

We came to the conclusion that three problems can compromise the ethics of tattooing and body piercing.

The first problem relates to the fact that the different procedures are oftentimes superimposed onto one another inappropriately as they are erroneously considered as such.

The second, which is an upshot of the first, is that the regulation of tattoo practices is generally unsatisfactory.

Finally, the third problem is that people practicing these procedures are often unable to provide their "clients" with thorough information to obtain a well-informed consent

Accordingly, we suggest that one possible solution to overcome the ethical shortcomings of tattooing and body piercing is a rule forbidding people without an adequate technical-scientific qualification in the health field to practice these activities.

DOUBLE STANDARDS IN BIOMEDICAL RESEARCH IN DEVELOPING COUNTRIES: ETHICAL AND LEGAL ASPECTS IN THE LIGHT OF THE REVISED DECLARATION OF HELSINKI

Ilja Richard Pavone

National Research Council, Institute of Biomedical Technologies, Italy
ilja.pavone@cnr.it

At present, considerable numbers of research projects are conducted on a multinational basis. Teams of researchers based in different States may participate in a single project. Further, internationally-based organizations may be able to choose the country in which a particular research project that they are conducting or funding is carried out. This has led to concerns being expressed about the possibility of fundamentally different standards of protection for participants being applied in different countries. In particular, concern has been expressed about the possibility of research that might be widely viewed as ethically unacceptable being carried out in another State where systems for the protection of research participants are less well established. The issue of double standards has increasingly become part of regulatory frameworks in biomedical research. This paper is divided into four sections. The first section examines the ethical background surrounding research in developing countries and the use of placebo in clinical trials, with a particular focus on the ethical aspects of partnership between industrialized and developing countries, the ethical aspects related to cultural diversity and to economic differences and the fundamental ethical principles applicable, such as the principle of respect for human dignity and the principles of non-exploitation, non-discrimination and non-instrumentalisation.

The second part reviews and compares the 2013 version of the Declaration of Helsinki with existing ethical guidelines on research in developing countries including the Council for International Organizations of Medical Sciences (CIOMS) and European Group on Ethics (EGE) Guidelines, the Universal Declaration on Bioethics of UNESCO and WHO Standards. The last version of the Declaration of Helsinki was adopted with amendments relating to the use of placebos in clinical trials, following a huge debate on the issue.

The third section analyses the compatibility of the new guidelines with human rights law as codified in the Council of Europe's Convention on Human Rights and Biomedicine and in art. 29 of its Additional Protocol on Biomedical Research ("Research in States not party to this Protocol") and considers the extent to which the new guidelines are consistent with the fundamental principle of international human rights law of respect for the equal dignity of all human beings and the prohibition of discrimination. The paper concludes with some reflections on the issues which need to be addressed in the future to achieve solidarity, in line with the EU Charter of Fundamental Rights which proclaims in its preamble that: "The Union is founded on the indivisible and universal values of human dignity, freedom, equality and solidarity". Therefore, research activities involving human subjects cannot exclusively be assimilated to an economic activity subject to market rules. On the contrary, in the context of solidarity, regarding health as a public good, rather than a commodity, it needs to be regulated according to fundamental principles.

INTEGRATION OF BIOETHICS INTO CURRICULA OF MEDICAL EDUCATION IN LITHUANIA

Eimantas Peicius, Raimundas Kaminskis

Lithuanian University of Health Sciences, Lithuania
eimantas.peicius@ismuni.lt; eimpei@gmail.com;
Kaminskas.raimundas@gmail.com

The importance of bioethics education for future health professionals is widely recognized. Learning bioethics is supposed to be one of the core measures to establish more humanistic and law oriented research or therapeutic environments globally. But what actually, how much and how deep it should be taught? The significance of universal aims of bioethics and bioethics education has been lately challenged by institutional and educational constraints all over the Central and Eastern Europe, including Lithuania.

One of the initiatives to expand the scope of teaching of bioethics and to integrate it into medical education was taken in Lithuanian University of Health Sciences (LUHS) since 2004. With the stimulus and competence gained in up to date, bioethics started to be assimilated into the curriculum of undergraduate and postgraduate levels in medical education programs such as Medicine, Dentistry, Pharmacy etc. However, lately bioethics educators are being demanded from educational systems for more pragmatic („applicable“) competences. Moreover, new broader debates over the place of medical humanities in medical education curriculum arise among local scholars (mostly because of the competitions between the courses). The main tendencies in elaborating the aims as well as integrating the syllabus of bioethics into medical programs at LUHS are analyzed. In conclusion, the problem based learning and casuistry strategies in teaching of bioethics are shortly discussed while achieving the goals of medical education.

THE SOCIO-ECONOMIC ROLE AND LEGAL TREATMENT OF THE MEDICI IN THE ANCIENT ROMAN WORLD

Carmen Pennacchio

Università di Napoli Federico II, Italy
pennacch@unina.it

The socio-economic role and legal treatment of the medici in the ancient Roman world has been influenced by the evolution of medical knowledge, of the expertise of the operators, and also of the status of the operators. At first, most of the time, such operators were slaves (from Greece or the East), then, at the beginning of the Principdom, they were mostly freedmen, and finally, from the second century AD, they were generally free men.

THE BOX OF SECRETS: A JOURNEY FROM THE MATERIAL WORLD TO THE LAND OF BIOETHICAL PRINCIPLES

Alessandra Pentone

European Centre for Bioethics and Quality of Life, UNESCO Chair in Bioethics, Italian Unit; University of Bari, Italy
alesspent@hotmail.com

"We shall not cease from exploration and the end of all our exploring will be to arrive where we started and know the place for the first time." T.S. Eliot

We are pleased to invite you to join us in our challenging journey to the Land of Bioethical Principles. We would like to share with you the fruits of our work and direct experience with children from kindergarten through primary school. The units we are going to present contain bioethical activities and games for children from 3 to 5 years of age, and those from 6 to 10 years: most of them maybe suitable for both age groups. Our goal is to offer teachers, educators, or adults from all over the world a simple, adaptable tool that can introduce pupils to the subject of Bioethics by arousing their curiosity and imagination. Our aim is to nourish the inherent seed of respect for human rights that is naturally present in children with the hope of cultivating bioethical principles in them.

For example:

human dignity
autonomy and personal responsibility
equality, justice, and equity
respect for cultural diversity and pluralism
solidarity and cooperation
respect for human vulnerability and personal integrity
all of these concepts will be applied in an educational play setting and will become an integral part of these "future adults" And finally, we must always keep in mind that only by setting a clear example of bioethical behavior will this program make sense to these youngsters who are embarking on their life journeys.
"Only those who will risk going too far can possibly find out how far one can go". T.S. Eliot

ADVERTISING: COMMERCIALISATION OF FEMALE COSMETIC SURGERY TO SELL PRODUCTS

Inés Pérez Marin¹, Maria Magnolia Pardo Lopez²

¹ *University of the Balearic Islands (UIB), Spain*

² *University of Murcia, Spain*

ines.perez@uib.es; magnolia@um.es

From a gender perspective, this paper addresses a social and public health problem in Europe and America in relation to the widespread practice of cosmetic surgery and the "commercialisation" of medicine, as a way to achieve an image of beauty for women, regardless of the surgical procedures they undergo to achieve a certain normalised standard of beauty, and to be happy and successful both personally and professionally. A reflection on the theme of beauty of women who do not hesitate before undergoing surgical procedures for the doctor to build a new body at the cost, in many cases, of irreparable injury and even death as a result of medical malpractice. The vehicle to analyse this problem will be the illegal advertising that violates the dignity of the person, meaning that this paper will deal with advertisements that depict women in a degrading or discriminatory way, particularly directly using the body and its parts as a mere object unrelated to the product which it is intended to promote. The advertising implicitly provides for the rejection of a body that does not respond to an image of beauty imposed by the patriarchal power that sees women as an object that can be possessed and transformed; Advertising makes us live the fiction that time does not pass, hence the proliferation of beauty products whose messages come to the aid of eternal youth: "the victory of science over time."

CONTROLS ON RESEARCH IN DEVELOPING COUNTRIES

Antonietta Perrone, Antonella Vozza

University Federico II Naples, Italy

antonietta.perrone@unina.it, antonietta.vozza@unina.it

Good clinical practice is an international standard, endorsed by Helsinki declaration, to evaluate the ethnicity and the quality of medical research. The Helsinki declaration use the term 'universal standard of care' to indicate the best current method of treatment available anywhere in the world for a particular disease or condition. In the context of developing countries, the best current method is frequently not accessible and the majority of people are economically and medically disadvantaged. Furthermore, there is an increased incidence of medical research in developing countries although with many ethical problems. The main problem in developing countries is that often a limited number of people have the expertise required to act as effective members of a research ethics committee. In principle research conducted in developing countries should be relevant to the healthcare needs of that country. A debate has arisen about how the requirement of the research should be relevant and balanced against the need in developing countries to avoid exploitation of participants in research. The developing countries, as the developed ones, have the duty to do medical research according to the principles of ethnicity to alleviate the suffering, to respect for person, to be sensitive to cultural differences, to not exploit the vulnerable. These principles should be understood in the context of research related to

healthcare in developing countries. At this point, particular dilemmas arise taking account of the practical, social, cultural and economic circumstances that are relevant to research.

THE DILEMMAS EVALUATION IN DEATH BY SUSPENSION OF ANH

Franca Perrone, Claudia Casella, Vincenzo Graziano,

Mariano Paternoster

University of Naples Federico II, Italy

francaperrone@virgilio.it

The theme of artificial nutrition and hydration (ANH) to date is still the object of heated debate in the scientific community. In fact, even if the artificial nutrition and hydration are now of established practices and their use continues to pose many complex questions.

Beyond the strictly clinical especially the doubts of an ethical and legal to influence the choices of health professionals of the patient's family, powered by different positions about the characteristics and purposes of artificial nutrition and hydration (ANH).

The dichotomy is mainly among those who consider it a measure of ordinary care or proper sustenance, and as such must always be ensured until the end of life of the patient - regardless of its present or previously expressed wishes (living will) - and those who consider it an act or medical treatment subject to rejection or suspension.

About the National Bioethics Committee considers artificial nutrition and hydration which acts due ethically, legally and ethically as essential to ensure the physiological functions of the patient.

Conversely, some consider that the suspension of the ANH is considered ethically and legally permissible on the basis of objective parameters, and when you realize the idea of a genuine aggressive treatment.

The conflicting positions have generated uncertainty in the panorama of case law about the qualification of the ANH as a treatment rather than health care rejectable always dutiful.

In this article we will try to deal with the complex issue according to the different legal interpretations highlighting, especially, the complexities faced by legal practitioners in groped to provide a peaceful solution to the disputes, which they have been called to answer.

END-OF-LIFE-RELATED POLICIES AND THEIR IMPLEMENTATION IN REAL-LIFE CLINICAL PRACTICE: EXPERIENCE OF THE DYING PATIENT LAW COMMITTEE IN A LARGE TERTIARY CENTER IN ISRAEL

Shlomit Perry, Boaz Tadmor, Salomon M Stemmer

Rabin Medical Center, Israel

perys@clalit.org.il

The Israeli Dying Patient Law implemented in 2005 aims to regulate the end-of-life care. The Law properly balances values related to the sanctity of life, the autonomy of the patients and family members, and the importance of quality of life. The Law is based on the values of the State of Israel as a Jewish and democratic state. The "Halacha," the Jewish traditional law, differentiates between withholding and withdrawing treatment at the end-of-life. Withdrawing life-supporting treatment, such as mechanical ventilation is forbidden by the Dying Patient Law as the withdrawal could be interpreted as "the cause of death." The Institutional Committee for the Dying Patient Law is a mandatory committee in each tertiary center. These committees include representatives from a broad spectrum of professions including physicians, legal personnel, ethics and rabbinical members, as well as social workers. The committees address conflicts of values, traditions, and beliefs. They deal with ad-hoc cases, and policy changing cases. They also develop clinical guidelines policies, and are involved in education and implantation of the Law in an attempt to influence national policy. This presentation will describe the activities of the Rabin Medical Center Dying Patient Law Committee during the last three years.

GUSTATORY WISDOM

Nicola Perullo
University of Gastronomic Sciences, Italy
n.perullo@unisg.it

The relationship between ethics and esthetics of food has been largely debated in philosophy. Recent examples are Gastrosophy and Somaesthetics. I will give another perspective on the topic which I call "gustatory wisdom". The ancient concept of wisdom recalls, on one hand, the capability of perceiving in the environment, and, on the other, of feeling the food needs and the food desires of our bodies (dietetics in its broadest sense). Gustatory wisdom, thus, is the consciousness of the multiplicity of variables encountered during the experience of tasting food and so of the variables of "good", together with the ability to go through them, to move among them with openness and flexibility.

THE IMPACT OF TERMINOLOGY IN BIOETHICS & LAW: A MATTER OF DEFINITION

Barbara Pfeffer Billauer
Institute of World Politics, USA and Haifa University School of Law, Israel
omniscience@starpower.net

The story of Lorenzo's oil portrays a family searching for a remedy for their son's rare neurological illness. Clashing with 'organized medicine,' they find an oil which miraculously improves Lorenzo's condition. Controlled scientific studies, however, never confirmed the oil's effectiveness in treating the disease.

The debate between empirical evidence and case reports rages on, impacting on liability determination, allocation of research funding and choice of treatment. Novel bio-technologies bring novel questions, including what constitutes proper medical practice or effective treatment. Resolution of these matters turns on laboratory data and clinical trials in medicine, consensus of opinion in the bioethical community and expert testimony in courts of law. But before we can make reasoned legal or bioethical determinations or appropriate deontological choices, we must define what constitutes valid "scientific research," and before that, we must agree on the definition of "science."

The US case of *Daubert v. Merrell Dow* holds that experts may only testify on evidence considered "scientific." The Court's definition of "science" – matters which are "falsifiable" or have been "falsified" – derives from the philosopher Karl Popper. But what if the definition is wrong – scientifically?

This paper asserts that although Popper's definition is embraced by quantum physicists, (a subject totally irrelevant to the courtroom or to bioethics) it has been rejected by founders of medical research and formulators of the scientific method. It is their understanding of 'science' that I argue, that should be substituted for the current forensic formulation, thereby fostering valid decision-making in law and bioethics.

ETHICAL MALPRACTICE IN THE FIELD OF CLINICAL FORENSIC MEDICINE IN THE UNITED KINGDOM

Rachael Pickering
HMP Full Sutton, United Kingdom
rachael.pickering@doctors.org.uk

A literature search was conducted of journals and books, looking for contemporaneous publications about the ethics of clinical forensic medicine (CFM) in the United Kingdom (UK). In addition, the presenter reviewed her own experiences of working in CFM for several UK police forces.

Several themes emerged:-

- a broad range of ethical issues is discussed in CFM books;
- published journal material on CFM's ethical issues is comparatively sparse;
- a significant number of relevant ethical issues are not well

covered in CFM books and journals.

Cases of forensic physicians and sexual offence examiners who faced investigation by the UK's medical regulator were analysed. Although some cases did involve malpractice within the remit of the classic ethical issues (eg consent and dual obligations) that are featured in CFM texts, the most common and serious cases tended to be due to malpractice of wider, more general ethical issues (eg probity, plagiarism and truth-telling) that are equally applicable to doctors in other medical fields.

The responsibility for this ethical malpractice lies not only with the doctors themselves but also with the police forces & now the UK's National Health Service (NHS) commissioners who design the services and also with the commissioned healthcare companies who recruit these doctors.

Conclusions were drawn:-

- CFM will benefit from current government plans to take commissioning responsibility away from individual police forces and bring it into the NHS;
- CFM needs to become better regulated, with doctors receiving sufficient mandatory training and having suitable background experience before being deployed into working in the area.

E-MEDICINE & THE PHYSICIAN-PATIENT RELATIONSHIP

Mario Picozzi
University of Insubria, Italy
mario.picozzi@uninsubria.it

The aim of the paper is to examine – from an ethical and deontological perspective – the relationship between the doctor and his patient in the era of Internet. We will analyse the specific aspects of this relationship and how the e-medicine may condition it, while indicating its pros and cons. In particular, we will verify how the loneliness can affect one's health without mediation. Finally, we will offer some perspectives on how both the doctor and the patient can make a better use of the e-medicine to build their relationship, to create better conditions in which a patient can decide.

DO IVF CHILDREN HAVE RIGHT TO KNOW THEIR BIOLOGICAL ORIGINS?

Albert Pielak
University of Warsaw, Poland
albert.pielak@gmail.com

Beyond a shadow of a doubt issues associated with in vitro fertilization arouse much controversy and pose a serious challenges to the institutions of family law. This speech scrutinize one of these controversies, namely the conflict between the protection of the anonymity of sperm donors and the right of IVF child to know their biological identity.

Which of these interests should be given priority?

Legislation of European countries is profoundly divided.

Considered problem is associated with heterologous insemination and surrogacy - as in the case of homologous artificial insemination marital status of the child coincides with a biological reality, and therefore the construction of the right of the child to know his own biological identity becomes pointless.

In order to discuss these issues, it is worth to employ a research method of critical realism. To eliminate any misperception errors, the topic will be presented from the viewpoint of the following perspectives:

1. business,
2. anthropological,
3. medical science,
4. eugenic,
5. moral.

In this context arises association with the graphics of Maurits Escher (1898-1972) named "Relativity", where an image that appears to the eyes of the observer changes depending on the perspective.

The speech will also cover also legal aspects related to this issue with the special emphasis put on:

1. article 7 of the Convention on the Rights of the Child,

2. the principle of respect and protection of human dignity,
3. article 8 of European Convention on Human Rights,
4. Miculić vs. Croatia and Jaggi vs. Switzerland cases.

NANOTOXICOLOGY AND SAFETY ASSESSMENT TOWARDS HUMAN AND ENVIRONMENT

Maria Pieri
University of Naples "Federico II", Italy
maria.pieri@unina.it

Nanostructure materials have been attractive to science and technology in last decades since they offer spread possibilities in creating new shape and structure with implications in medicine of great impact. Also pharmaceuticals have been greatly attracted by nanoparticles and nanomaterials, considering the versatilities in targeting tissue of drug delivery systems, assessing deep molecular targets and controlling drug release. Despite the increasing use and applications of nanotoxicology mainly in diagnostic medicine, drug-related techniques and regenerative medicine, information about human exposure and impact on environment of nano-sized particles is very few and often nanotoxicology literature is dispersed across a range of disciplines and sub-fields. Moreover, studies are focused on in vitro tests, the exposure pathway is often not specified and acute toxicity and mortality are mainly assessed, while few is known about chronic exposure and morbidity. Moreover, few studies aimed to tests consumer products, and their environmental fate have been published. Answering questions as:

- how stable and persistent are these forms?
- do they decompose or agglomerate?
- what about their solubility in water?
- are they inert or do they interact with other particles, chemicals or surfaces?
- are they degradable and to what extent their properties change during decompositions?
- Are they able to accumulate in organisms, and consequently in food chain

is crucial for both human and environmental health and safety and for public acceptance of such revolutionary materials.

USE AND COMMERCIAL ABUSE OF DENTAL DEVICES: THE MEDICO-LEGAL'S POINT OF VIEW

Vilma Pinchi
University of Florence, Italy
pinchi@unifi.it

The presentation deals with the use of dental devices and the connected medico-legal issues. Some dental devices tend to be inappropriately used especially in implant dentistry field when practitioners put no attention to the indications or recommendation of fixture producers or trade markers. Moreover some specific devices in the endodontic field continue to be inappropriately used despite of accredited international guidelines have recommended against their use for the risks of iatrogenic lesions to patients. Recently EU have enacted specific recommendations about dental bleaching products that have been re-classified as cosmetics so that they cannot be commercialized as dental devices. EU have established severe restrictions to percentage of whitening agents for a safer commercialization and professional use of the dental bleaching products.

CHEMICAL SAFETY, ENVIRONMENTAL HEALTHINESS, SAFEGUARD OF HUMANS AND OTHER LIVING SPECIES: ETHICAL-LEGAL ASPECTS

Fabio Policino, Maria Pieri, Massimo Niola
University of Naples Federico II, Italy
fabio.policino@unina.it

Planet Earth is a complex system guided by multiple interrelations between its components, in particular between man and the

environment meant "as the complex system of conditions and interrelations between animate and inanimate beings, securing the continuation of the human form of life".

The register of the Chemical Abstracts Service (CAS) of 2014 lists more than 75 million (not all of them in production) chemical substances scattered in the environment and, therefore, potentially exposing living beings by different ways (surface ground, deep ground, outdoor and indoor air, aquifers).

The Chemical Safety Assessment (CSA) is the primary proceeding identifying and describing the conditions according to which the production and use of a substance are considered safe.

The high number of chemical substances produced to date, the production rate of the new ones, their environmental presence in the form of mixtures represent conditions which impose the drawing up and adoption of safety measures (preventive and protective) to safeguard environmental healthiness and the health of living beings.

The Authors analyze the contents as to environmental safeguard and right to the environment (particularly in connection with chemical risks) of the International Conventions, of Constitutions, of regulations in Italy, focusing on the ethical aspects of the questions concerning the respect of the right of the person and of the human species (in particular to health and survival), of the community and of the other living beings.

ETHICS COMMITTEES: CHALLENGES AND OPERATIONAL PROCEDURES WITH SPECIFIC ATTENTION TO EPIGENETIC INHERITANCE AND THE ASSISTED REPRODUCTIVE TECHNOLOGIES (ART)

Irina Pollard
Macquarie University, Australia
irina.pollard@mq.edu.au

"A woman shall not be provided with treatment services unless account has been taken of the welfare of any child who may be born as a result of the treatment." (The UK Human Fertilization and Embryology Act. (1990). S13.5.)

Modern developments in assisted conception and contraception have reinforced the idea that reproduction is largely a matter of choice. We are able to decide whether or not we wish to have children and, if so, under what circumstances. In many instances, having children is not necessarily the result of a conscious decision-making process; significantly, however, modern developments in medical control over the reproductive processes have increased available options. Consequently, medical scientists are called upon to assume a greater share of the responsibilities regarding reproductive matters. In turn, our own increased expectations have fuelled an escalating reliance on medical manipulations, which impact on ethical and social concerns. This presentation centers on the challenges and operational procedures of modern Hospital Ethics Committees and ways these committees might address certain assisted reproductive technological (ART) procedures. Consequently ethics committees represent important responses to the need for a broader range of biological thinking about the uses and applications of research. Common duties of Ethics Committees are to provide i) a forum for communication and self-education to facilitate decision making; ii) educate health care staff and lay communities; iii) develop policies and guidelines that can be readily realized by means of hospital policies and iv) to subsequently incorporate the most effective policies as part of the country's socio-legal program. Relating these duties back to assisted reproduction it helps to remember the synchrony existing between genetic and epigenetic programming; that is, while genetics focuses on how organisms retain traits by inheriting genes from their parents, epigenetics refers to additional methods of biological inheritance. Since ART involves egg/sperm manipulations in the laboratory, an epigenetic connection cannot be ruled out. By integrating ethics into the life sciences, bioscience ethics highlight issues that relate directly to our lives and bring to the bioethical discussion an awareness of the biological dimension on which tradition and technological applications function (<http://www.bioscience-bioethics.org/>).

ETHICS EDUCATION IN MEDICAL SCHOOLS IN REPUBLIC OF MACEDONIA

Azis Pollozhani¹, Atila Rexhepi², Armend Iseni¹, Bardhyl Tushi³

¹ Public Health Institute, Republic of Macedonia

² State University of Tetova, Republic of Macedonia

³ Ministry of Education and Science, Republic of Macedonia
akpollozhani@gmail.com

With the aim of efficiently preparing doctors in this direction, their education and training must start with their university studies. The basis for the design of these curricula should be the level of knowledge which the students have from their pre-university education and the worldview that they carry due to their family and social environment. The aim of this paper is to compare the knowledge and understanding of first-year medical students with those of students who are in their last year of studies (V-VI) in order to observe the influence of medical education during the university years with the purpose of evaluating the current situation upon which proposals could be made over ways in which to improve medical education containing bioethical studies.

We have conducted a survey based on standardized questionnaire with questions that reflect frequent ethical dilemmas in every day medical practice. Total number of 120 first year students of the Medical Faculty of the State University of Tetovo and 80 last year students in the Medical Faculty of the State University of Tetovo and the Medical Faculty of the University of Skopje have completed the questionnaires. The obtained answers were entered into the software program SPSS 16.0. The results show that first year students have a low level of knowledge on bioethical issues and a burden of worldviews which are carried largely from their family cultivated by religious principles. The results of the answers by last year students show an unsatisfactory improvement of knowledge and very small change of worldviews. Therefore it can be concluded that medical studies must strengthen the curricula to increase knowledge of bioethics. This conclusion is in accordance with many other studies which have been made in other countries.

MEDICAL STUDENT EXCHANGES: TACKLING ETHICAL AND CULTURAL DILEMMAS FROM THE LOCAL LEVEL

Tommaso Pomerani¹, Stijntje Dijk², Omar Cherkaoui³, Luiza Alonso⁴, Koen Demaegd⁵

¹ SISMA-Italy, University of Florence, Italy

² IFMSA-The Netherlands, Erasmus University, The Netherlands

³ IFMSA-Morocco, University of Rabat, Morocco

⁴ IFMSA-Spain, University of Madrid, Spain

⁵ BeMSABelgium, Katholieke Universiteit, Belgium
lunesco@ifmsa.org, lme@ifmsa.org

Background: In a globalizing world, intercultural understanding and cooperation amongst medical students and health professionals, as well as cultural sensitivity and research skills are an essential part of medical education. However, medical students and faculties worldwide face many challenges in ensuring ethical conduct of global health exchanges as well as continuing the search for preparing students for their exchanges in the best possible manner.

Methodology: Each year, the International Federation of Medical Students' Associations (IFMSA) offers more than 13.000 medical students from more than 90 countries around the world, the opportunity to explore health care delivery and health systems in different cultural and social settings. The IFMSA works through a network of locally and internationally active students that globally facilitate access to research and clinical exchange projects and has built up experience in doing so in the past 65 years.

Discussion and conclusion: This oral presentation aims to discuss some of the most important ethical challenges in arranging international exchanges and electives, and discusses an exemplary model how the strong collaboration with the local students and community, proper predeparture trainings, as well as the collaboration between students, faculty, educators and global health and ethics experts as well as international organizations can enhance the academic quality and impact of exchanges to prepare our students

for their work as competent future health care providers.

ADVANCING GOOD RESEARCH PRACTICE: CHALLENGES FOR RESEARCH ETHICS COMMITTEES

Sashka Popova, Krasimira Markova, Kristina Popova
Medical University of Sofia, Bulgaria
sashkapopova@yahoo.com

The study is analyzing the range of principles, requirements and standards at the research ethics committee in the Medical University of Sofia for the period of last ten years for selecting the best research practices and innovative experience with the aim for assuring quality of the decision-making processes. The framework for the Committee conforms to the recognized ethical standards, which includes respecting the dignity, rights, safety and well-being of research participants. Analysis show that the Committee works transparently and effectively for the entire period with well developed guidelines for evaluation of research projects. Its aim to protect people who take part in research helps promote public confidence about the conduct of researchers. As a result, more people are encouraged to take part in research and more researchers from other universities and associations apply for review of their projects by our university committee. A greater emphasis has been placed on using existing criteria for assessment and consulting researchers about ethical guidelines to help them develop their proposals toward the ethical standards. Evidence for the effectiveness of this approach is the fact that all references given from the Committee for publication of research results are consistent with different prestigious journals. Moreover Medical University of Sofia during the last years is the leader in the Bulgarian University Ranking System in all five professional areas and has the highest results in the accreditation assessment by the National Evaluation and Accreditation Agency.

THE BROKEN PRICING SYSTEM AND THE RATIONING OF DRUGS

Remo Italo Portioli, Roberto Satolli
Azienda Ospedaliera Arcispedale S. Maria Nuova/IRCCS di Reggio Emilia, Italy
portioli.italo@asmn.re.it

The high price of new drugs raises ethical as well as financial issues.

For truly innovative products against common disease as hepatitis C or high cholesterol, the license's owners are charging so much that no health system could stand the burden.

The amount is not justified by the production costs, and often not even by its R&D. [For example, Gilead acquired sofosbuvir from its inventor, an American researcher who had completed its development mainly with federal funds. It recouped the investment of 11 billion dollars in the first year of sales]. The price is the result of a negotiation, country by country, and is determined by the contractual power of the manufacturer.

The trend is alarming for the sustainability of any system, public or private. So far health authorities reacted with rationing. [For example, drugs against hepatitis C are reserved for seriously ill patients with cirrhosis or liver cancer].

This solution is not acceptable from an ethical, nor even legal and constitutional perspective. Nor it is the only possible. Even accepting the global annual amount claimed by producers, it should be leaved to health system to decide which and how many patients to treat.

[In the example of drugs for hepatitis C, since the low production costs, health authorities could decide to give them to 500.000 patients instead of 50.000, with the aim of eradicating the virus. But, in that case, the hepatitis C market would be destroyed in few years].

COMPLETENESS INFORMED CONSENT IN RESEARCH PROPOSALS SUBMITTED TO AN ETHICS COMMITTEE REVIEW OF RESEARCH

Ulises Prieto y Schwartzman¹, Eliane Maria Fleury Seidl²,
Katia Torres Batista¹, Valney Claudino Sampaio Martins¹,
Ana Caroline Leoncio Romano¹

¹ *Sarah Network of Hospitals, Brazil*

² *University of Brasília, Brazil*

205396@sarah.br

Introduction: The role of informed consent in human research is central to the regulation and ethical conduct of research. The consent form is a document recommended by the law, international and national, ethical codes and resolutions. The Brazilian Resolution 466/12 provides in Article IV the need for the research participants, or their legal representatives, to consent participate in research. It important document to respect the human dignity in which the person may be invited to participate in a survey and manifest the consentient autonomously, conscious, free and informed. This document is mostly obtained by means of the consent process, in which promotes research information, seek to identify and obtain doubt, especially in writing, authorization. However, there are many challenges, controversies, ambiguities and problems related to the terms of consent.

Methodology: It is proposed descriptive study analyzing the terms of consent submitted to the Ethics Committee in Research of the Associação das Pioneiras Sociais from January to December 2013. We analyzed 65 terms of informed consent research projects 65 (100%) explained the purpose of the study, the likely benefits, the right to refuse participation without prejudice in care, research data, not pay the participation of the research, 15 requested waiver of IC due to the patient's death, difficulty obtaining the term for loss of contact with the research participant, epidemiological study review where it was not possible to identify the patient; between failures found under identified up 27% made no reference to access to the results, 15% did not include the service to adverse events, 7.6% did not describe the possibility to withdraw consent at any time and did not describe the warranty confidentiality and the ability of the participant's refusal at any time of the survey.

Conclusion: The consent form is a formal document required for conducting research, presented failures in its entirety and requirements of Brazilian standard in 27% of the terms, which were recommended corrections and contemplated, however, it was considered from the point of view bioethical that even if you hold completeness, keep challenging the researcher to the ethics committee to evaluate aspects related to competence and willingness of the research participant, among others, who is the research participant, what is your educational and cultural level.

THE TELECONSULTATION: MEDICO-LEGAL IMPLICATIONS

Paolo Procaccianti, Cettina Sortino, Stefania Zerbo, Antonina Argo
University of Palermo, Italy
paolo.procaccianti@unipa.it

The telemedicine has seen substantial development to world level in the complete 30 years. It currently demonstrates indubitable advantages in terminus of effectiveness, quality and costs of presence in some sanitarian systems, also European, above all for some sectors of work (teleradiology, telepathology, teleconsultation). In Italy the adoption of solutions of presence medicates of type of telematics is strongly conditioned from distinctive organizational formality of public healthiness and above all from the delay of formation of the mediate us, still (generally) few experts in the use of the telematics instruments and apprehensive for the possible metamorphosis of the report among physician and patient. The Authors describe the medicolegal implications of telemedicine relating to registration, licensing, insurance, quality, privacy and confidentiality issues, as well as other risks associated with electronic health care communication. Another important aspect is the physician patient relationship, the standard of care and informed consent. These intricate issues are further complicated by the absence of

any statutes or laws, especially relating to the issues like professional negligence, duties, liabilities and penalties in such situations, in some countries. In Italy a recent Ministerial Decree (April 2015 n. 70) suggest the quality; structural; and technological standards correlated to telemedicine programs in healthcare.

VOLUNTEER AND NON VOLUNTEER DOCTORS: DIFFERENT ETHICS UNDER DIFFERENT CIRCUMSTANCES?

Andreas Prokopiou

St Georges Medical School at University of Nicosia, Cyprus

info@andreasprokopiou.com

The concept of the medical mission has been around for a long time. The last two decades, it has become increasingly common for physicians, surgeons, medical students and other health professionals from developed countries to travel to many places around the world to offer their medical help. During their visits, volunteer doctors are facing many ethical dilemmas.

In this presentation, the author argues that medical ethics, which are disclosed in actual missions, are quite different in nature and responses from the ethics of non-volunteer doctors. An attempt is made to identify the most important and common ethical dilemmas faced in such situations.

The question whether the health professionals, who are travelling abroad for humanitarian help, have a moral obligation to seek with honesty the reasons why they decided to offer their volunteer services is also addressed. Is it a result of a virtue action or is it a result of pursuing action to achieve their "hidden" benefits in terms of "fun", adventure or types of rare medical cases seen?

Can ethics change according to the places volunteers serve? If so, what kind of ethics health

Professionals have to follow? These questions are not only philosophical but involve a powerful tool, which can affect in many different ways global health and medical missions.

PATIENTS SUFFERING FROM RARE DISEASES IN CLINICAL TRIALS: ARE THEY VULNERABLE SUBJECTS?

Milica Prostran, Branislava Medić, Bojan Stopić, Katarina Savić Vujović,
Dragana Srebro, Božana Dimitrijević

University of Belgrade, Serbia

mprostran@doctor.com

Pharmacotherapy of rare diseases is faced with many ethical dilemmas. Majority of patients are children, the course of the diseases is progressive and the treatment is very expensive.

The aim of the study was to assess the implementation of basic bioethical principles in pharmacotherapy of rare diseases, focusing on Gaucher disease as an example.

Cohrane database, MEDLINE and Google were searched from 2000 to 2015. The following keywords were used: Gaucher disease, ethics/ethical issue and clinical trials, with a special focus on drug efficacy, safety and cost. In addition, we conducted a pilot survey on the attitudes of physicians and clinical pharmacists toward pharmacotherapy of rare diseases in Serbia. A total of 11 participants from Hospital Internal Medicine Clinic and Central Pharmacy, KBC "Bežanijska Kosa", Belgrade, completed the questionnaire with 97.2% of questions answered.

Numerous issues related to treatment of Gaucher disease were identified: eg. high drug cost, lack of adequate cost-benefit analysis, insufficient number of participants in clinical trials etc. Pilot survey indicates that majority of health workers are not sufficiently informed on rare diseases (23%) and pharmaceutical procurement procedures are complicated (21%). Also, most respondents (64%) believe that they are insufficiently informed about current legislation on rare diseases.

Patients suffering from rare diseases can be assumed as vulnerable subjects. It is necessary to establish a register of patients, improve awareness of professional and general public and change legislation regarding rare diseases.

IS AUTONOMY SOMEWHAT OVERESTIMATED IN MEDICAL PRACTICE? A STUDY CONCERNING MEDICAL DUTY, TRUTH TELLING AND PLACEBO TREATMENTS

Evangelos D. Protopapadakis
National and Kapodistrian University of Athens, Greece
eprotopa@ppp.uoa.gr

Although any utilitarian might all the same be comfortable with it, the view that the patient's autonomy should by all means be preserved is mainly based on the pivotal significance autonomy is acknowledged in the context of Kantian ethics. Preserving a rational moral agent's autonomy means showing due respect for one's inherent dignity; failing to do so, is to wrongfully compromise one's dignity. When it comes to truth-telling, since withholding the truth is to diminish one's autonomy, it seems that - if human dignity is to be respected - telling the truth is a paramount moral duty, a *perfect* one, as Kant puts it. This would apply *a fortiori* to medical practice, since a patient's autonomy is much more fragile and vulnerable than anyone else's. In this study I intent to question the absolute preeminence of autonomy in medical ethics. To defend my view, I will focus on the doctor's duty to disclose all available information to the patient with regard to placebo treatments. I will argue that if there is a conflict between this duty and the duty to provide the patient the best possible treatment, the latter should prevail. Therefore, I will conclude, safeguarding the autonomy of the patient, significant as it may be, cannot be considered as the keystone of medical duty.

ETHICS IN NEONATAL CRITICAL CARE

Rupa Rajbhandari Singh
BP Koirala Inst. of Health Sciences, Nepal
rupasingh@live.com

The importance of ethics has been stressed in all walks of life & sp. in the field of medical practice. Medical ethics or its practice has evolved over time & is being continuously modified by the socioeconomic development and its attendant medical advances all over the world. There is no universal ethics or ethical standards that can be applied to different places at different times & this applies in our day to day practice in neonatal critical care as well.

Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life (WHO Definition). Most physicians consider births with gestational ages <23 weeks and/or birth weights <400 grams not viable. Ethically, should the viability be defined by birth weight, by gestational age, and/or neurobehavioral outcome?

Change in mortality and long-term outcome over time and place in a neonate depends only on birth weight & /or GA only or many more has been a pertinent question, or it may be modified by a degree of expected or predicted developmental outcome? Family, community, societal resources & Change in parental perception and participation in newborn care are the contributory factors for better neonatal outcome. Viability should not be uniformly defined medically or legally based on BW, GA, and/or developmental outcome but also be determined individually by the parental care and family environment. Regarding Resuscitation at birth in the Delivery Room, who should decide to resuscitate or not to resuscitate an infant? The Neonatologist should tell the parents what he knows as well as what he does not know & listen to the parents as well. Most often, one cannot promise to parents not to resuscitate an infant at birth. In the delivery room, baby's condition should be the deciding factor for resuscitation.

It is known that if a baby has serious problem, he / she may expire in the NICU or elsewhere other than delivery room eg. a baby with congenital malformation with severe CNS dysfunction or not able to sustain the life. So as a physician, ethically it is our duty to start resuscitation process immediately after birth! Physicians are almost evenly divided on this issue, and the judgment of "terrible life later" varies widely, but this is part of the nurturing that some parents who are losing a neonate may need.

Parents would have time to absorb the baby's condition and properly

participate in their baby's care after the newborn baby is handed over to them.

Conclusion: Regarding the process of Decision Making in continuing care of critical sick neonates, the physician and his or her team should wait until enough facts are available to enable a clear decision. Reasonable certainty would be most often sufficient. The newborn's parents must understand it is their baby's condition that guides us in critical care & not the physician only. Although there is an ethical dilemma, the final decision is made with the consent of the parents though the clinical team may take the main responsibility for the decision.

PROFESSIONAL ETHICS AND ABUSE

Agim Ramadani
SEE University, Macedonia
agim.ramadani@seeu.edu.mk

Police authority abuse is becoming more frequent in the recent years in Macedonia.

Psychological and physical abuse by the police like verbal aggression and physical violence is a direct violation of code of ethics in the workplace. According to the moral norms of deontology we can understand that acting miss accordingly to these norms during the arrest of a suspect, the police abuses its authority also by depriving the suspect of his or her right to a lawyer during an interrogation. In this work we show two specific cases where through this lack of proper work ethics in the Macedonian police force, has led to severe abuse of human rights and violation of the legal rights of the citizens of Skopje and Tetovo, Macedonia in 2011 – 2012. These cases are well documented and the people responsible are being pursued for misuse of power in the workplace.

Thereof we disclose by proposing that in order to prevent from not happening the alike of these cases in the future, we should incorporate the European legislation that is concerned with this type of power abuse.

And we think that this can only be achieved through different educational workshops of the police force and the administration with a clear focus on the importance of deontology in the workplace and in the everyday life for the wellbeing of the citizens of Macedonia, as a developing country.

MENTAL CAPACITY, ABUSE-VULNERABILITY

Anand Ramakrishnan
Nottinghamshire Healthcare NHS Foundation Trust, UK
a.ramakrishnan@nottshc.nhs.uk

Mental capacity is essential to uphold the basic medical ethics principle of autonomy. Ability to make one's own informed choice in whatever we do, if it does not harm others, is a fundamental human right. Everyone is presumed to have mental capacity unless proved otherwise. Clinicians and other health professionals helping people with dementia, learning disability (ID) and some neurodegenerative disorders are to be aware of the fact that they have to do everything possible to assist people in exercising their choice and capacity and it is dynamic and decision specific. People with dementia and ID and frail elderly people are more vulnerable to various types of abuses; some are so subtle and hence very difficult to prove. Many of these people do not understand the abuse, even if they know it they may not be in a position to react to it. Most of the occasions the perpetrators are their own people who are friends or classified as their carers. Unfortunately many countries in the world do not have appropriate legal framework to protect them from possible abuses. These vulnerable people are to be protected. Everyone has a legal, moral and ethical responsibility to make sure that no abuse take place and assistance provided in their best interests.

FOOD AND ETHICS OF CONSIDERABLE LIFE EXTENSION

Rosa Rantanen
University of Turku, Finland
rosa.rantanen@utu.fi

The term *longevity gap* refers to a gap in the average life expectancy between groups due to varying socio-economic factors. One such factor is the availability of nutritious and affordable food. Even in high income countries, certain geographical areas, named as *food deserts*, have little such food to offer. One worry about *considerable life extension* is that it will be available only to the well-off, leaving the worst-off to a vulnerable position. I argue that the availability of nutritious food is a factor that should be considered as a part of the discussion on the ethics of considerable life extension.

THE INFLUENCE OF THE CRPD ON THE DEVELOPMENT OF LEGAL CAPACITY IN ENGLAND AND WALES

Anna Raphael
University of Manchester, United Kingdom
anna.raaphael@postgrad.manchester.ac.uk

People with fluctuating capacity or impairment are disproportionality denied legal capacity (LC). The state may assert that there are objective and reasonable justifications to allow the denial of LC. However, evidence against these assertions is that LC denials are discriminatory and individuals' safety is jeopardized because they are left vulnerable to those controlling their LC often without legal or other recourse. Article 12 of the CRPD requires a shift away from the best interests model of decision-making (DM) and endorses the support model of LC. However, courts at many different levels and jurisdictions are actively challenging the outmoded regimes of substituted decision-making and LC denial. I argue that the contribution of the CRPD is likely to be significant in providing human rights support for the development of legal obligations in the context of DM. I want to look at how the Convention may influence and challenge some of the ways in which LC have been dealt with in the courts in regard to people with impairments and how the convention can influence and shape the development of LC. So far the courts have avoided the questions of establishing a conceptual grounding in human rights for DM for people lacking capacity, leaving the matter to the fluidity of the best interests standard. However, with the significant shift towards more rights-based legal discourse, it has the potential of having an impact in directing the application of best interests model towards endorsing a support model of LC by encouraging the development of legal obligations.

CAN I LIE TO AN ETHNIC MINORITY PATIENT? A REFLECTIVE CASE REPORT

Mohammad Razai
University of Cambridge, Ealing Hospital London Northwest Healthcare Trust, UK
Mohammad.razai@doctors.org.uk

Objective: I report the case of an ethnic minority patient with metastasis of bowel cancer and the ethical dilemma of completely honest results disclosure versus withholding information and/or offering altered information.

Case Presentation: A 52-year-old Somali-speaking married woman with two children presented with a change in bowel habit. Investigations revealed carcinoma of the colon. Staging scans failed to show any metastases and suggested that surgery would be curative. However, at operation it was apparent that there was lymph node and possible liver involvement. After the operation, in the middle of a busy night shift she asked me, through her daughter who was interpreting, how her surgery went. The patient appeared anxious and she had previously suffered from depression and anxiety requiring counselling. Her daughter asked me to withhold information about the spread of her cancer and provide reassurance, as her mother would not cope with the news and would lose hope. She informed me that cancer

patients were 'stigmatised' in their community and they wished to 'keep quiet' about the deterioration in her condition.

Conclusion: I believe presenting the facts accurately would have been, in all likelihood, contrary to her well-being and would have contributed to her suffering. I believed that although she had a 'right to the truth' the benefits of this 'altered' information outweighed and there were no other possible courses of action to show greater respect for her autonomy. This case illustrates the complexities of applying ethical principles within a different cultural milieu and offers a different perspective in shaping attitudes towards truth-telling and non-maleficence.

THE USE OF FILMS AS AN IMPORTANT TEACHING TOOL IN CLINICAL ETHICS

Diego Real de Asúa^{1,2}, Benjamin Herreros^{2,3}, Karmele Olaciregui²
¹ Rey Juan Carlos University Hospital, Spain
² "Francisco Vallés" Clinical Ethics Institute, European University of Madrid, Spain
³ Fundacion Alcorcon University Hospital, Spain
diego.realdeasua@gmail.com

Diseases have been of great importance in films in order to build stories and characters. When an ethical problem is added into a clinical scenario, the viewer's interest is increased. Films have portrayed all topics related to clinical ethics: use of technology, capacity to make decisions, beginning-of-life and end-of-life problems, the relationship with the pharmaceutical industry, justice issues in medical attention, transplants, or disagreements among professionals. Motion pictures can be a very important teaching tool in all phases of both medical and bioethics training. Films place students in situations that they may have to face later on in their careers, thereby enabling them to acquire skills they may apply when confronted with real problems. Films can also provide both positive and negative role models for medical students and trainees, with which to improve clinical interview and relationship skills. Film sequences can be analysed in a structured stepwise fashion with aid of predefined tools. These lead the student to better perceive the main ethical problems, and the underlying conflicting values, involved in any preselected sequence. Since movie scene discussion shares common aspects with a clinical round scenario, they may also well be subjected to a casuistic or "four box model" analysis. Film sequences may be used at the beginning of a lecture to introduce a topic, in its middle, or at its end to encourage discussion. Any type of audiovisual material can be used if it is used with rigor and a defined goal in mind.

"TELL ME, WHAT IS IT YOU PLAN TO DO WITH YOUR ONE WILD AND PRECIOUS LIFE." WHY TEACHING ETHICS AND EMOTIONAL INTELLIGENCE MATTERS

Bonnie Rechter
Center for Emotional Intelligence, Israel
Bonnie.rechter@gmail.com

Not long ago, NY Times Columnist Frank Bruni claimed that teaching cannot compete as a profession in today's modern high tech, high stakes world. I respectfully but adamantly disagree! Teaching matters. Teaching can and should be capable of competing for the best minds and hearts of the current generations. Moreover, the teaching that matters most today, and perhaps always has, is the teaching of ethics and emotional intelligence.

The mandate to teach these subjects outright in the public school system has for too long a time been eroded by fear of ideological indoctrination, of encouraging fundamentalism, of imposing an elite agenda or of undermining the premises of a multi-cultural and pluralistic society or simply the violation of individual rights. However, what was once the realm of philosophers and educational theorists has been widened and enriched by current research in neurology, evolutionary biology and what has been labeled the new science of morality. Scientists are investigating what has been called the neurological DNA of human nature and behavior as well as the biological role of culture in shaping the human environment and the

nature of the species. Their findings have highlighted the significance of cultural codes in the way that we as biological organisms respond to and interact with our social environment.

Ethics and emotional intelligence matter. I will enlist interdisciplinary support to reinforce and reiterate the argument that they not only matter, but constitute a prerequisite that lies at the locus of our educational endeavors. And yes, teaching can not only compete, it can make all the difference.

A DISTANCE-LEARNING COURSE MODEL ON RESEARCH ETHICS WITH A COGNITIVE APPROACH TO FOSTER MORAL COMPETENCE

Sergio Rego¹, Marisa Palacios²

¹ *Oswaldo Cruz Foundation, Brazil*

² *Federal University of Rio de Janeiro, Brazil*

starego@gmail.com

In the last thirty years Brazil has achieved important advances in scientific research and since 1996 has a modern regulations on research ethics. At the request of the Ministry of Health and the National Health Council was established a distance learning course for the training of members of Research Ethics Committees (REC). The purpose was to provide training in research ethics for members of the REC willing that their analysis would not be reduced to a bureaucratic analysis. Knowledge is the result of interaction between subject and object changing mutually and learning is the direct result of an individual action, related to the environment, which is expressed in abstraction and individual reflection on their practice. Than the educational activity must provide opportunities where the structures of thought and the arsenal of cognitive and affective resources of individuals are faced with specific situations and in accordance with their professional and personal integration, leading to new assimilation and accommodation processes, generating transformation the individuals themselves. The goal was to develop skills and abilities to ethical evaluation of research. Moral skills are the bridge between good moral intentions and moral behavior. Like any other proficiency, moral competence can only be revealed if challenged by a real moral task. We create a novel where a story set in a hospital was used as context-problem to the educational process. This novel was scripted into a kind of photo novel and supplemented with handouts, exercises, videos and virtual spaces for collective discussion. In two years we had 990 students from all regions of the country with an excellent evaluation of the participants. We had one tutor for every 30 students, who were trained to act in mediating the teaching-learning process.

COMMERCIAL USE & MISUSE OF DENTISTRY DEVICES

Sandro Rengo

University of Naples "Federico II", Italy

sanrengo@unina.it

Very rapidly evolving scientific progress and technological innovation in dentistry treatments create expectations of greater and greater success in patients, who oftentimes demand mandatory results from dentistry treatments, also in terms of aesthetics.

This attitude is fuelled by misleading advertising, which inevitably engenders strong expectations, which in turn leads to litigations. The same holds true of the dentistry materials and devices available on the market, the use of which is often improper and excessive.

In his presentation the Author analyses the most significant cases of misuse of some of the main therapeutic methods in dentistry (endodontics, conservative dentistry, prosthetics, oral implantology, orthodontics), that came to his observation. Moreover, together with a brief description of the clinical procedures and recommendations for the correct use of the same devices, possible criticalities will be described, in which the operator can more easily be misled.

PROTECTED BY SUBSTITUTE CONSENT

Riaan Rheeder

NorthWest University, South Africa

riaan.rheeder@nwu.ac.za

In 2005, the Universal Declaration on Bioethics and Human Rights (UDBHR) by the United Nations Educational, Scientific and Cultural Organization (UNESCO) was accepted unanimously by the world community, consisting of 191 member nations, which means that the declaration is currently the first and only bioethical text to which the entire world has committed itself. It must be borne in mind, though, that this document, particularly Article 7 of the UDBHR, is not of religious origin and must therefore be evaluated from a Christian point of view. This article strives to ground the ethical and human-rights issue of substitute consent from a Reformed perspective. The grounding is performed in light of the creation and salvation perspectives.

IMPLEMENTATION OF A CLINICAL ETHICS COMMITTEE - EXPERIENCES AND CHALLENGES: LOOKING BACK THE LAST 5 YEARS AND WAYS FORWARD TO FURTHER DEVELOPEMENT ITS MEMBERS' COMPETENCE

Ursula Riccabona

University Hospital Innsbruck, Austria

Ursula.riccabona@tirol-kliniken.at

When the Clinical Ethics Committee was established 2008 in Innsbruck University Hospital the prime members were persons of different professions- most of them were working in different fields of patients care. All of them were committed to the need of an interdisciplinary platform for ethics questions in clinical everyday life.

Which qualifications should these persons have and how was it possible to train these voluntary members for working in ethics consultations? The prime members were medical doctors of different fields, nursing stuff, pastors of different confessions, a psychologist, university professors of Theology and a lawyer. The basic knowledge was acquired by studying bioethics literature, discussing themes of interest, exchanging experiences with other ethics committees, working in hospitals all over Middle Europe. Soon we recognized that one of the most important instruments for learning is networking with other ethics committees.

We came to know that we have to learn to argue in the same language, that we have to improve the culture and quality of discussions ethics problems recognizing the different views of all participants. We often realize that we have to get special knowledges, and we invite specialists to improve in themes of juridical subjects, of philosophic aspects and all the other subjects having lacks of knowledge.

The necessity to improve for the future work is evident, further implementation will be successful when the Clinical ethics committee will get more support from the institutions they are working for, time for developing the ability, the competence and the capacity for dealing with clinical ethics.

THE CONTRIBUTION OF LEGAL MEDICINE IN THE EVALUATION OF A CAUSAL NEXUS

Pietrantonio Ricci

University "Magna Graecia" of Catanzaro, Italy

ricci@unicz.it

The causal nexus has a key role in sanitary field, it allows to define the responsibility (acts or omissions of a physician) about a harmful event occurred. It relies on a connection (nexus) between phenomena that has been identified and observed to be one of causation. The causal nexus could be considered the link which establishes a chain of events as having a root cause among them. Causality is the first and most important problem that the Legal Medicine needs to resolve and clarify.

In this determination, the forensic analysis requires a reliable

methodological approach, based on valid scientific criteria.

In this work, starting with general considerations, they are analyzed the historical evolution of evaluation criteria of the causal nexus, the applicational implications in the field of legal medicine, the various theories of interpretation and the jurisprudential evolution with the historic sentences related.

The principal doctrinal interpretations of the judgment and the application in the civil sector of the principles established in penal have been analyzed. The "probabilistic" criterion has been the dominant orientation in jurisprudence for a long time, but there were a lot of doubts and skepticism about his foundation and its legitimacy within the Italian penal system. In 2000 we can find a further step in the evolution of the causal nexus that, synthetically, it is referred to as the criterion of "certainty".

EMOTIONAL THERAPY IN THE EDUCATIONAL SYSTEM: A CODE OF ETHICS IN TWO VOICES

Shlomit Rinat, Ofira Honig
Hamidrasha, Beit Berl Academic College, Israel
mityrg@gmail.com, Ofira.honig@beitberl.ac.il

Israel's main employer of art psychotherapists is the Ministry of Education. Along with regular teachers, special education teachers, educational psychologists, counselors, educational clinicians and occupational therapists, art psychotherapists are standard members of a general school's staff. Under the provisions of the Special Education Act, 1988, they operate (all have at least a masters-level qualification in art psychotherapy and have taken formal training in special education) mostly within special education classes, but occasionally work also with individual students in regular classes who need emotional therapy.

School managements have encouraged and supported them to expand their activities to include group therapy, work with parents, and social skills groups (this last together with a school counselor).

The Israeli educational system calls the art psychotherapists working in its schools 'emotional therapists' (the lecture will discuss the politics behind this choice of nomenclature) but the lecture's central theme will be the reality that these therapists have to work to not one but two codes of ethics, that of the educational system and that of art psychotherapy. The two codes share some material but there are important disparities too.

Art psychotherapists in schools share the same objectives as other members of staff — the student's general progress, their individual, educational and social welfare, their emotional motivation, their capacity to study and learn—but again the way an art psychotherapist looks to achieve these aims is very different from the way taken by other professionals in the system.

Our lecture will explore how the two disciplines dialogue with each other, the tensions this arouses, and how art psychotherapists manage to ride their two ethical 'horses' simultaneously. Finally we shall attempt an assessment of how far this dialogue furthers students' wellbeing and also shapes it.

ETHICS CONSULTATION IN END-OF-LIFE CARE IN SWISS HOSPITALS BY "DIALOG ETHIK"

Daniela Ritzenthaler, Anja Huber
Dialog Ethik, Interdisziplinäres Institut für Ethik im Gesundheitswesen, Switzerland
dritzenthaler@dialog-ethik.ch, ahuber@dialog-ethik.ch

In most of the 26 Swiss cantons, there exists no legal obligation to institute clinical ethics structures in hospitals. A recent study of the Swiss Academy of Medical Sciences shows however, that an increasing number of hospitals has established clinical ethics structures. Dialog Ethik, an interdisciplinary institute for clinical ethics run by a foundation has been one of the pioneers of clinical ethics consultation in Switzerland. Currently 15 hospitals, clinics and residential homes have implemented ethics structures under the lead and according to the models of Dialog Ethik.

As in many other countries, in Switzerland end-of-life (EoL) decisions,

the decisions of withdraw or withhold treatments, are very important parts of clinical ethic consultations. Switzerland has a very liberal regulation of assisted suicide that challenges the health care institutions in finding solutions of how to deal with patients who pronounce their will to die and ask for assistance for committing suicide.

After a short overview of actual developments in Swiss public and private hospitals, the presentation describes the model of clinical ethics consultation of Dialog Ethik and the challenges, which have to be faced in the context of EoL decisions.

By reference to a case study the challenges in a country where assisted suicide is legal — in some cantons it is even established by law that every hospital and residential home for elderly must allow assisted suicide in the rooms of a hospital or nursing home — will be analyzed and discussed.

ETHICAL AND DEONTOLOGICAL ASPECTS IN THE MEDICAL LEGAL DOCTOR'S PRACTICE IN ITALY

Daniele Rodriguez, Luciana Caenazzo, Vittoria Marchese, Anna Aprile, Pamela Tozzo
University of Padua, Italy
daniele.rodriguez@unipd.it

The medical legal doctor carries his mandate in accordance with the deontology of his professional code (and the one that derives from the law) and ethical standards. The principles of bioethics have been developed with reference to the clinic; the Italian legal physician's practice is mainly forensic, less often clinic, and concerns not only humans, but also corpses or objects (traces, dust). In forensic medicine, these principles take on specific characteristics depending on the subjects involved, having to balance the protection of the good of the person who is under investigation, with those of third parties involved and/or the common good and the security of the society as a whole.

The autonomy of the person should be respected even when the Court orders medical ascertainties. Beneficence and non-maleficence are relevant when the medical interventions, requested for justice purposes, may affect the health of the examined person or that of third parties or may involve the public health. The principle of justice assumes special interest, because the medical legal practice should ensure scientific rigor, guarantying without prejudice the objective evidence examination, protecting the interests of the Client. In legal clinical medicine, we should reflect on the ethical challenges of the extrajudicial investigation on possible medical liability cases evaluated by hospitals direction management, in the case of medical malpractice complaints. In this context, the medical legal physician should refrain from participating in investigations if the rights of the involved health care professionals are not protected.

MEDICAL EXPERIMENTS ON HUMAN BEINGS AS CRIMES AGAINST HUMANITY

Sunčana Roksandić Vidlička, Vinko Galot, Maja Munivrana Vajda
University of Zagreb, Croatia
suncana.roksandic@pravo.hr, maja.munivrana@pravo.hr, galotvinko@gmail.com

Today, due to globalization, medical research has become a transnational, or even international phenomenon, and, although it has been more than 65 years since the Nuremberg judgment, the question of the permissibility of conducting (transnational) medical research and differentiation of permitted and prohibited medical experiments still occupies scientific, professional and general public. In addition, the question has gained political and economic dimension. The globalization of biomedical research increases the risks for research subjects. Regulation of research in the forefront engages with the rights and interests of persons undergoing research but the collision of conflicting interests of different stakeholders in the processes also may occur. The case of Pfizer clearly illustrates the consequences of non-resolution of some of those collisions.

The development of international documents regulating medical

research is not linear and the high level of protection of individuals undergoing the research guaranteed the Nuremberg Code is not respected in its entirety. It can be argued that the development of international human rights law in general follows the footsteps of Nuremberg Code, e.g. the International Covenant on Civil and Political Rights and the Convention on the Rights of Persons with Disabilities, which prohibits experimentation without consent, regardless of whether it is undertaken solely for the purpose of acquiring new knowledge, or the subject is subjected to the experiment benefits from them in the form of improved health. The question is, is there a proper protection of human subjects by international criminal law?

THE SPREAD OF TRIAL RESULTS

Maria Rosaria Romani
ASL Napoli 1 Center, Italy
mariarosariaromano62@gmail.com

The spread of data from clinical trials is the key of the scientific progress. Clinical research depends essentially on availability and accessibility of produced data, which are often processed in a way that don't reflect an ethical behaviour and observation of the current regulations. The words "copyright" and "license" assumed a fundamental role recalling two important matters: intellectual property and conflict of interests. The missed publication of sure and experimental or incomplete data could make spread outcomes misleading and not scientifically exhaustive. Since the prescription of drugs is based on data from scientific literature, the not-veracity of experimental outcomes influences strongly the correct application of the drug during clinical practice in favour of the pharmaceutical industry's economic interests, moving the safeguard of patients that is an undeniable duty, to the background. According to D.M. May 12th 2006, the Ethic Committee, in the evaluation of clinical trials, have to consider that "in the protocol of the clinical trial, the right to spread and publish the experimental outcomes must be guaranteed to experimenters who have concluded the trial, according to current regulations about privacy and protection of licenses and there should be no obligation of spreading and publishing of outcomes with sponsors". Beyond national regulation, a lot of statements and the international legislation have regulated the publication of experimental outcomes making them available event to unauthorized personnel, according to Good Clinical Practice and transparency and corruption legislations.

CONTAINMENT BETWEEN PENAL PROTECTION DEVICES AND ETHICAL NEEDS: TOWARDS SHARED PRINCIPLES OF JURIDICAL CIVILIZATION

Sabato Romano, Mariano Paternoster, Vincenzo Graziano,
Massimo Niola, Claudio Buccelli
1 UNICAL, Italy
2 University of Naples Federico II, Italy
sabato.romano@unical.it

Containment, as health device, is carried out by forcibly constraining the patient, aiming at limiting and controlling his movements. It can be, then, of different kinds: physical, chemical, environmental and psychic. A preliminary difference must be made between the use of containment in itself and the abuse of it, which can become practically useless, that is it can be excessive and unscrupulous in the way it is carried out: if the first kind of containment can be motivated by therapeutic reasons and, first of all by the necessity of protecting the patient's safety and/or the environment surrounding the patient, the second kind of containment is only the consequence of forbidden conducts, being relevant from a penal point of view.

We remember that is an unquestionable fact that containment can cause irreparable damages to the patient; it can even cause death and often suicidal intentions.

Then it is necessary to delimit its range of admissibility on the ground of the certainty of all the advantages that it implies, to specify who must have the responsibility for deciding it and to provide behavioural protocols.

All this is relevant because by resorting to containment, the use of force is legalized: in the legal systems focused on the central role of the human person, containment can be allowed only if the sacrifice of a so fundamental value is compensated by advantages for the person itself.

Apart from this, from the concept of containment itself first of all ethical fundamental expectations emerge, and then problems of juridical compatibility, the solution of which is clearly strictly linked to the reference regulations being in force in each single country.

It is then necessary to establish ethical shared principles having an international relevance, as derived from options on which the modern legal systems are based, which starting from the basic principle of the respect of the human person and then of its psychical-physical safety, help the drawing up of legislations regulating this phenomenon. From this point of view the comparative study of legislations and particularly of juridical bonds and penal protection devices appears to be of fundamental importance.

INDIVIDUAL AND COLLECTIVE ETHICS

Roberto Rosset, Piero Francesco Sirianni
Ordine dei Medici Chirurghi e Odontoiatri di Aosta, Italy
r.rosset@libero.it

In the modern age, in the West, the concept of freedom has coincided with a process of individual affirmation. Free thinkers, scientists, artists, traders and, later, entrepreneurs and professionals, including doctors, have helped to build an idea of freedom, which is based on the ability to emerge, thanks to its own merits. But there are other ideas of freedom. Internally in fact is contested by those who see an unbridled individualism and destructive and outside by some ideas based on different values, such as harmony with nature or participation in a process of collective salvation matrix religious. Nevertheless, on this concept of freedom were built the fundamental human rights and also the right to health enshrined in Article 32 of the Italian constitution. The doctor-patient relationship is considered a private contract although in a public health system.

In recent decades, scientific progress and growth expectations of care have expanded the scope of responsibility of the physician. If the risk of disease and the odds' of success were equally distributed in the population, the patient would have the interest to impose the only medical treatments ample secure radius rather than individual treatments at greater risk and often uncertain. A public health system should also impose the socialization of risk but it is not and the doctor is continually think at legale responsibilities.

ETHICAL DILEMMA IN SPEECH AND LANGUAGE THERAPY: WHICH (KIND OF) EDUCATION FOR A BEST PRACTICE?

Tiziana Rossetto
Federazione Logopedisti Italiani, Italy
tiziana.rossetto@libero.it

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language therapists. The Professional Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose. The fundamentals of ethical conduct are described by Principles of Ethics and by

Rules of Ethics as they related to the responsibility to persons served, the public, speech-language therapists, scientists, and to the conduct of research and scholarly activities. In Italy, the Italian Federation of Speech and Language Therapists is most representative Association has published the Code of Ethics of the Profession of Speech Therapists.

In the clinical speech therapy the ethical considerations take on a special significance especially when you are asked to choose what should be done among the many things that can be done to the patient in specific clinical situation. If, until recently, providing a "good practice" or a "good medicine" meant to bring the greatest benefit to the patient, the health intervention today can no longer be decided

only by health professionals, but must first be agreed with the patient person who is independent and able to determine their own choices. It is crucial that the education of the speech therapist, providing the skills of ethics and bioethics with an intervention method.

RISK OF RESULTS FALSIFICATION IN CLINICAL TRIALS: POSSIBLE SOLUTIONS

Francesco Rossi, Annalisa Capuano, Daniela Cimmaruta
Second University of Naples, Italy
francesco.rossi@unina2.it

Pharmacological research is currently a global industry with more than 25 million of scientific publications and 15 millions of authors involved. However, there is an increasing concern that a part of current published research findings are false; in fact, reproducible and applicable results are much lower comparing to the number of publications. Financial interests, personal ambition, will to prevail over other colleagues can push the researcher to falsify the data of his study. Beside personal reasons, even statistical and methodological issues may jeopardize the validity of a study (e.g. research finding is less likely to be true when the studies conducted in a field are smaller; when effect sizes are smaller; when there is greater flexibility in designs, outcomes and analytical modes). Another main problem is lack of publication of negative results. Non-publication of negative results is a limit for scientific research and a danger to the patient. To provide a uniform ethics in development of clinical studies and in order to make more published research true, trials are being conducted by the standards of Good Clinical Practice; to ensure control in their run, a central role is played by monitors and Ethics Committees and active positions to curb problem of non- replication has been taken by major scientific journals as Nature and PLoS One.

THE ALTERNATIVES TO IN VIVO EXPERIMENTATION: ARE THEY REAL OR UTOPIAN?

Guido Rossi
University of Naples Federico II, Italy
guido.rossi@unina.it

According to the Author, at the present time there are no real alternatives to the in vivo experimentation. Indeed, the Italian as well as the international legislation provide for a well codified procedure for the marketing of new drugs. This procedure must include pre-clinical and clinical phases of in vivo experimentation. A number of ongoing researches, however, aims to reduce, if not eliminate, in vivo procedures not only on patients but also on animals. The most promising approach to reach this object seems to be the production of the so-called "organs-on-a-chip", i.e. miniature organs made on plastic chips.

The A. analyses prospect and limits of this technology, concluding that the complete abolition of in vivo experimentation is a very far away goal that probably will never be achieved. Computer simulation of drug experimentation is also, at the present time, a quite utopian object.

In conclusion, the new technologies may be considered as complementary to in vivo procedures but cannot substitute them. However, they could bring to a significant shortening of research times and, even more importantly, allow a strong reduction of animal experimentation.

CRITERIA AND STANDARDS OF EFFICIENCY-COST-EFFECTIVENESS IN THE INAIL MANAGEMENT MODEL

Patrizio Rossi
INAIL, Italy
1patriziorossi@alice.it; pat.rossi@inail.it

The constant references to greater sustainability in welfare and social security systems can not leave inert and require active participation in the definition of systems to improve the quality of health services.

Next to the historic functions of the Institute, changes made with the *New Health Model* have introduced in INAIL new health activities focused on their government and aimed to improvement of the performance quality.

Therefore, the criteria of efficiency-cost-effectiveness that rule the appropriateness of performance in health system, should also rule the management curative, rehabilitative and medical-legal performances delivered by INAIL. So, clinical risk management tools, committed to the health safety of the patient and to the continuous improvement of quality, can be adopted - with appropriate adjustments - even for the governance of INAIL health services.

Then, it must be considered the need to promote fairness and ethics for social security institutions. If in therapeutic field a system of government that guarantees these features highlights only a partial possibility of intervention by the Institute, because of the inevitable integration with Regional Health Services, in the medical-legal field certainly we're obliged to ensure homogeneous output evaluation towards stakeholders.

Even in INAIL, therefore, everything inevitably leads to the identification of appropriate standards and benchmarks.

YOU KNOW IT IS TORTURE WHEN THERE IS OFFICIAL TERROR

Barry Roth
Massachusetts Mental Health Center, Harvard Medical School, USA
broth@bidmc.harvard.edu

Asking survivors of torture, "How did you survive?" led to a powerful heuristic. Torture is a crime of specific intent; namely, an attempt to break the human ties and bonds that sustained survivors.

A priori, these shared non-material connections of social contract are the force we have to do right. Understanding that the criminal intent of torture aims to destroy civilized ties improves current torture definitions and protocols.

Official state torture and terrorism are synonymous in biopsychosocial and ethical dimensions. Torture states and terrorists both use systematic means to instill terror---overpowering fear to coerce and intimidate.

Under the color of authority, states use terror to torture; doing so, states perform terrorist acts. **Criminal acts of state performed under the color of authority derive from and display mental illness.** Torture is one dehumanizing meme embedded in violent criminal insanity.

Torture is non-random; it is not a stand-alone, one-off or isolated, aberration. We also confront official terror in the "counterterrorism" "war on terror": in official lies, secrecy, censorship; surveillance, propaganda, deception, misinformation, drones and kill lists.

Sane ties of civil society oppose, resist, transform and supersede violent intimidation and coercion---to heal both traumatized individual persons and our suffering culture.

LIMITING RISK IN RESEARCH ON HEALTHY VOLUNTEERS

Joanna Rozynska
Chair, Polish Unit of the International Network of the UNESCO Chair in Bioethics
University of Warsaw, Poland
jrozynska@gmail.com; j.rozynska@uw.edu.pl

In a recent paper, David Shaw argues that competent individuals should have a right to participate in high-risk research. Research ethics committees (REC) "should never reject a study because it poses too high a risk to participants, and that their role should be confined to ensuring that risks and any potential benefits are fully explained to potential participants". By refusing to accept research protocol, because it is too risky, REC not only paternalistically interferes with the autonomy of those who would like to participate in it, but also slows down the development of scientific knowledge and the emergence of new drugs.

I do not agree with this view. I believe that there are two features of research in general, and „non-therapeutic“ research on healthy volunteers in particular, which justify imposition of limits on

permissible research risks, namely [a] the social mission and complex collaborative nature of research enterprise, and [b] the inequity of power between researchers/sponsors and subjects due to asymmetries in information allocation and control, risk allocation and control, and economic position. In my recent paper I argue that setting upper limit on risks that healthy volunteers may face in “non-therapeutic” research is justified by the need to protect research enterprise from the potential loss of public trust in result of research tragedies, and the obligation to protect the weaker party – research subjects – against unwanted/excessive risks and exploitation.

Having established that we should set upper limit on research risks, in this presentation I will try to decide who and how should set the limit. I will critically analyze four approaches to setting research risk ceiling that have been developed in the literature: [i] non grievous injury standard adopted by the Nuremberg Code (1947); [ii] a pragmatic-oriented ‘numerical strategy’ aimed at indicating a precise risk threshold defended by David Resnik and Sigmund Simonsen [iii] a comparative approach based on a principle proposed by Alex London that the risk of “non-therapeutic” research should not be greater than the risks of ‘other socially sanctioned activities that are similar in structure to the research enterprise’; and [iv] a process approach adopted by the Additional Protocol to the Convention on Human Rights and Biomedicine concerning Biomedical Research (2005) that leaves the judgment of risk acceptability to REC/IRB discretion. I will discuss strengths and weakness of each of the approaches. I will claim that the last approach is the best strategy to set boundaries of risk in “non-therapeutic” research.

IMPACT OF CLINICAL TRIALS ON PRACTICE IN MEDICINE

Paolo Rubba, Gennaro Marotta, Marco Gentile
Federico II University of Naples, Italy
rubba@unina.it

There is an ongoing process to standardize criteria of clinical decision, supported by the widespread use of Evidence Based Medicine, in order to integrate new scientific information into Clinical Guidelines for the diagnosis and treatment of the more common diseases. However, Evidence Based Medicine and Guidelines do not cover all clinical conditions, gender and age differences, cultural and ethnic specificities, rare diseases. A great deal of extrapolation, clinical wisdom and caution are needed to translate scientific progress into clinical practice.

The presentation will be focused on: evaluation of diagnostic devices and surgical procedures; economic burden from new treatments; choice of diagnostic procedures and treatments on the basis of local accessibility, institutional regulations and individual preference; defensive attitude of Regulatory authorities; pressure from patient Associations; interventions on individual behavior of patients and their lifestyles; opportunities and limitations of observational studies.

A general conclusion is that the scientific progress is of enormous impact on the improvement of clinical decisions, but there is still need for wisdom and caution by physicians and specialists when using scientific evidence in the management of individual patients.

PUBLIC HEALTH AND PUBLIC DISCOURSE: RESPONDING TO PARENTS ONLINE DURING A POLIO VACCINATION EMERGENCY

Lisa Rubin
Ministry of Health and University of Haifa, Israel
Lisa.rubin@moh.gov.il

Background: Maintaining high immunization coverage is critical for any immunization program. Following the decision to conduct a countrywide oral live polio vaccine campaign in response to silent wild virus transmission in Israel in 2013, the internet became a focus of attention as parents and physicians responded to the campaign with a variety of agendas. I describe the experience and lessons learned from participating in the public discourse on the internet and responding to hundreds of posts on tens of threads regarding the polio vaccine.

Many of the major issues identified have ethical implication reflecting:

1. Individualization – The protection of the individual is dependent on that of the community. Yet parents repeatedly asked whether immunizations are in the direct interest of their individual child's immunity.
2. Depth of knowledge – Parents are entitled to raise issues and demanded answers.
3. Demand for simplicity in complex situations -- the social network medium required changing the evolving messages over the course of the campaign.
4. The anti-vaccination lobby – The active anti-vaccination lobby utilized the internet forum of parents as a platform to publicize their views.

Lessons learned:

1. Ethical considerations require the medical establishment to respect parental autonomy by providing accurate, timely and useful information. Considerations of beneficence and justice also require addressing the importance of individual and population considerations.
2. Policymakers designing immunization programs have an obligation to incorporate the internet forum in their planning

ETHICS AS THE “THIRD RAIL” OF RELATIONSHIPS IN CLINICAL AND ACADEMIC SETTINGS: BALANCING THE RISKS OF ELECTROCUTION AND THE BENEFITS OF ACTING IN GOOD FAITH

Simon Shimshon Rubin
University of Haifa, Israel
rubin@psy.haifa.ac.il

As a clinical psychologist and tenured faculty member, I have been involved in situations and scenarios that highlighted the risks that can be encountered in trying to act ethically. Ethics is not for the faint of heart. Whether as respondent, accuser or mediator in ethical conflicts, the desire to act ethically often conflicts with the risks and costs to those same acts. I shall describe 3 cases and the potential lessons from them: a) Responding to student complaints against a colleague – what can happen following the decision to “talk it over off the record”; b) managing complaints when the complainers do not or cannot go on record, and yet there are indications that there are serious offenses of an ethical nature continuing; and c) conflict and competition-- when supervision and collaboration with a research student, and collaborating faculty members turn sour. In addition to the traditional mechanisms for handling formal ethics complaints, I argue for two additional forums and/or roles: 1) the use of mediators to assist in the handling and examination of potentially unethical situations; and 2) the establishment of a mechanism for dealing with situations where formal proceedings are not possible, but dismissal of the complaints is equally unacceptable. Ultimately, there are situations and areas where the clarity of a formal ethics complaint or lawsuit are not realistic. We need greater transparency and more discussion about those ethical difficulties and violations that require alternative ways of response and “ad-hoc” solutions to supplement the procedures in place today.

COMPULSIVE SIDE EFFECTS OF DRUGS: ETHICAL ASPECTS

Antonio Russo, Chiara Scafa, Pierpaolo Di Lorenzo, Massimo Niola, Claudio Buccelli
University of Naples “Federico II”, Italy
dottantrusso@gmail.com

The physiological prolongation of average age in industrialized countries has inevitably brought about an increase in the risk of neuro-degenerative pathologies onset due to neuronal exhaustion. In Italy, for instance, there are some 300,000 Parkinson patients and 8,000 to 12,000 new cases a year are found.

The cause-effect correlation between dopaminergic agonist drugs - which play a primary role in the treatment of Parkinson disease - and the onset of compulsive behaviour in treated patients is now scientifically proven.

The poor control of instincts can be translated into an increase in risky activities, in compulsive gambling, in overfeeding, in compulsive shopping or sex addiction.

PATIENT'S PRIVACY IN FINNISH OPERATING DEPARTMENT

Mari Saanisto¹, Helena Leino-Kilpi^{1,2}

¹ *University of Turku, Finland*

² *Turku University Hospital, Finland*

maesaa@utu.fi, mari.saanisto@turkuamk.fi

Objectives: Patient's right to privacy is one of the key issues in bioethics and a vital part of high-quality health care. Safeguarding patient's privacy is one of the most important duties of nurses. Little attention has been attributed to patient's privacy in the operating room in previous studies. The aim of the study was to describe how patient's privacy is realized in the operating department and which factors promote and impede it from nurse's perspective.

Method: This is a descriptive study. Altogether 26 nurses working in the operating department in Finland voluntarily participated to the study. The instrument form data collection consisted mainly of open-ended questions. Data was analyzed using inductive content analysis and descriptive statistical methods.

Results: Nurses described patient's privacy realized quite well in the operating department. We found out several privacy promoting and impeding factors that could be categorized and related to i) health care professionals (competence, performance and personal characteristics), ii) health care organization (physical care environment and culture of the department) and iii) specific surgical operations.

Conclusion: Our results suggest patient's privacy is realized quite well in Finnish operating department when assessed by nurses. However, the study provided new information about promoting and impeding factors in the operation department context and highlighted the importance of using standardized procedures in the operation department. These findings may help to improve privacy in different and changing situations in the operating department. More research is needed in order to get more generalizable information.

RAISING GENOMIC CITIZENS

Maya Sabatello, Paul S. Appelbaum

Columbia University, USA

ms4075@columbia.edu

Whole genome and exome sequencing (WGS/WES) techniques raise hope for a new scale of diagnosis, prevention, and prediction of genetic conditions, and improved care for children. For these hopes to materialize, extensive genomic research with children will be needed. However, the use of WGS/WES in pediatric research settings raises considerable challenges for families, researchers, and policy development. In particular, the possibility that these techniques will generate genetic findings unrelated to the primary goal of sequencing has stirred intense debate about whether, which, how, and when these secondary or incidental findings (IFs) should be returned to parents and minors. The debate is even more pronounced when the subjects are adolescents, for whom decisions about return of IFs may have particular implications. In this paper, we consider the main challenges that arise for these stakeholders: adolescents' involvement in decisions relating to return of genomic IFs, the types of IFs that should be offered, privacy protections, and communication between researchers and adolescents about IFs. We argue that adolescents' involvement in genomic IF-related decisions acknowledges their status as valuable stakeholders without detracting from broader familial interests, and promotes more informed genomic citizens.

THE ETHICS OF NON-INFERIORITY TRIAL

Francesco Sacca

University of Naples Federico II, Italy

Francesco.sacca@unina.it

The non-inferiority trial (NIT) aims at demonstrating that a new treatment is non inferior than an existing treatment, save for a pre-definite difference, called non-inferiority margin. It comes down from its definition that the NIT bears a poorly innovative content. The new treatment will be at best non inferior. There are several other reasons that may question the scientific validity, hence the ethical aspects, of an NIT. The most serious problem is the lack of assay sensitivity. If the existing treatment used as a comparator is inconstantly effective, and in the current trial it is ineffective, one may reach the wrong conclusion that the experimental treatment is effective. In this case, the truth is that neither the comparator nor the experimental treatment is effective. Another major concern is the pre-specified non-inferiority margin, which should be kept as narrow as possible. If this margin is wide and the NIT demonstrates non-inferiority of the test treatment, the results have very poor, if any at all, clinical relevance. If an NIT is planned so as to avoid these major problems, the data may be of clinical relevance. Ultimately, an NIT allows confrontation of a new treatment vis-a-vis an existing one, rather than placebo.

THE ETHICS OF PLACEBO IN CLINICAL TRIALS

Luigi Sacca, Francesco Sacca

University of Naples Federico II, Italy

sacca@unina.it

The use of placebo in clinical trials has been the object of continuous controversy. If effective treatment is not available, then the comparison of a new treatment versus placebo is a scientifically sound and ethical approach. If effective treatment exists and its withdrawal can cause severe or irreversible harm or severe suffering, the use of placebo is obviously forbidden. In all other instances, the scientific community has been divided into two extreme positions. The placebo orthodoxy considers the use of placebo as the only scientifically and hence valid approach. On the other hand, the active-control orthodoxy denies the use of placebo and recommends the comparison between active treatments. The latter has been supported by the Declaration of Helsinki that, until the Edinburgh 2000 version, denied the use of placebo whenever effective treatment existed. This position, however, has been the object of intense criticism by ethicists and International Institutions, to the point that the WMA decided to substantially review the pertinent paragraph of the Declaration. The new version, confirmed in Fortaleza 20013, admits the use of placebo, even in the presence of effective treatment, when there are methodological reasons and the patients receiving placebo are not exposed to any additional risk of serious harm and discomfort.

BIOETHICS IN THE REPUBLIC OF KAZAKHSTAN

Aizhan Sadykova

Institute of Psychology and Psychotherapy, Kazakhstan

Doctor_sadykova@mail.ru

The development of bioethics in the Republic of Kazakhstan got its start in 2000, when representatives of the Republican Public Association "Association of Physicians and Pharmacists of Kazakhstan" were invited to the conference in St. Petersburg, where the question of the need for coordinated efforts by the countries of the former Soviet Union in clinical trials with the involvement of the person. It was then that the representatives of Kazakhstan proposed the establishment of a public organization in the form of the Ethics Committee Forum of the CIS countries and to start a big and serious work continuously exchanging knowledge and experience. This initiative was supported by the participants of an international conference, and in 2002 in Almaty (Kazakhstan) the first international conference of the Ethics Committee Forum of the CIS countries was held, which was attended by representatives of near and far abroad. Most financial and organizational assistance and advice in

implementing many initiatives to develop bioethics in the CIS countries is provided by UNESCO.

During the reporting period in the Republic of Kazakhstan some changes were introduced in the existing legislation which provides for a mandatory condition compliance with standards and regulations in the conduct of clinical trials. Central and local bioethics committees were established; standard operating procedures for conducting clinical trials were developed and approved.

In order to prepare professionals to work in local committees, as well as for putting into practice the requirements of current legislation on bioethics, Republican Public Association "National Medical Association" (formerly the Republican Public Association "Association of Physicians and Pharmacists of Kazakhstan"), has developed a training program to improve training for specialists with higher medical and pharmaceutical education and created "Medical Law and Bioethics" Chair.

INFORMED CONSENT AND DISCLOSURE OF RISKS TO INSURABILITY: WHAT RESEARCHERS AND CLINICIANS NEED TO KNOW

Shahad Salman
McGill University, Canada
shahad.salman@mcgill.ca

Research in genomics has been generating an important amount of data that is serving as a catalyst for a shift to personalized medicine by facilitating a deeper understanding of the nature and causes of certain diseases. Cancer genetic testing results and research findings from genomic cancer research raise concerns related to access to genetic information by insurers. Studies in different jurisdictions around the world have shown that the use of such information to determine insurability can, in some cases, lead to genetic discrimination or fear thereof, resulting in individuals being denied insurance or asked to pay a higher premium. Given this context, the process of obtaining informed consent for genetic testing and genomic research should consider the disclosure of risks to insurability to patients and participants. Our study analyzed clinical and research consent forms, templates and guidelines from Canadian institutions to investigate two questions: (1) whether consent forms include clauses pertaining to information about potential risks related to the use of genetic information by insurers and; (2) where potential risks to insurability are included, how they are formulated and what information is provided. Our findings show that current information on risks to insurability varies, potentially resulting in patients and participants misunderstanding the risk and their duty to disclose genetic information to insurers. Our presentation will also discuss selected points to consider that cancer researchers and clinicians in jurisdiction where there are no or limited protection against genetic discrimination may need to take into account during the consent process.

PROTECTION OF HUMAN EMBRYO AND SCIENTIFIC RESEARCH: A REALLY IRRECONCILABLE CONFLICT?

Barbara Salvatore
Federico II University of Naples, Italy
barbara.salvatore@unina.it

The possibilities offered by science and new technologies to produce embryos *in vitro*, in the context of assisted reproduction techniques, open, as it is well known, very delicate and at times tragic dilemmas about their use for purposes other than the parental project. The techniques of freezing embryos also allow storage for long periods of time thus requiring the need to think about their fate. In particular, the problem arises for embryos produced in numbers greater than those actually used in each fertilization cycle since the Italian law (Law 40/2004) does not allow any alternative to their conservation for an indefinite period of time. Law 40/2004 appears indeed very clear in that on the one hand it allows clinical and experimental research on human embryos only on condition that therapeutic and diagnostic purposes are pursued with the aim of protection of the health and

development of the embryo itself and on the other hand it denies any possibility that embryos can be utilized for experimental purposes. The debate seems however not to be ended because of the undeniable benefits for the health of community that research on such embryos might have. It is therefore legitimate to ask whether the embryo should in any circumstance receive absolute protection, regardless of its concrete possibilities of life or, on the contrary, be able to provide a socially useful reason for its future and inevitable destruction. Thus, the principles of solidarity and responsibility towards the entire community health protection might perhaps justify an alternative utilization, also deserving protection.

THE RESPONSIBILITY OF THE SCIENTIST IN RELATION TO BIOETHICS

Francesco Salvatore
Italian University, Italy
salvator@unina.it

This article covers some general aspects of ethical-deontological behavior in relation to the general aims of ethics that should not be emphasized only in the sector of the Life Sciences, such as Bioethics, but should infiltrate and be integrated in all sectors of human activity, and therefore, in all knowledge that has developed and continues to develop in relation to human activities.

In particular, the author briefly touches upon some sectors of knowledge like Engineering, Environmental Sciences and Law, just to mention some examples. For these and other sectors, the author believes that specialists in Ethics should lead research and objectives to better safeguard the variety of human activities, by studying and promoting research in these areas that are now multidisciplinary but should become interdisciplinary, and that constitute true sectors of knowledge and progress, also academic, for the wellbeing of society.

Another issue that is mentioned in this brief paper is the responsibility and the responsabilization of scientists in the progress and in the development of scientific research, and in the consequent acquisitions and applications to problems that research leads to in the various fields of human activities.

The author acknowledges and states that research and science are unrestrainable because on one hand, inherent in the human mind is the impulse to create knowledge and the curiosity to investigate (curiosity-driven research); and, on the other hand, research is now often supported by grants to solve the problems or aspirations of society in order to find new ways to progress and advance achievements in knowledge, and increase productivity (business-driven research).

Therefore, the author takes into consideration emblematic examples regulated by self-control, taken from the Life Sciences, in which scientists conducted important and significant research, but whose results can represent potential dangers if carried out on biological systems related to the inheritance of organisms and of man himself. In particular, "gene-editing" technology enables one to modify highly specific points of a given genome using sophisticated methodologies of molecular biology, by correcting some alterations that have occurred during an individual's life-span (such as tumors) or that are present from birth (inherited diseases). In the latter cases, should the technology not be perfect or not be used in the most appropriate ethical way, risks or unexpected dangerous effects can occur.

For these reasons, a few months ago (2015), a group of authoritative researchers (including Nobel Laureates) recommended a moratorium in the above field to evaluate in depth the safety of these methodologies and technologies in order to avoid errors or deviations dangerous for mankind. This brings to mind a similar moratorium, decreed 40 years earlier, in 1975, to stop the uncontrolled use of a similar technology, namely, recombinant DNA, which, if not used appropriately, at that time of Science programs, could produce unexpected damage.

Similarly, today (2015), efforts are being made to foster more strict self-control, and to recognize the limits and hazards of science and research after an ad hoc meeting held in Napa Valley and chaired by two Nobel Laureates (David Baltimore and Paul Berg). These examples are emblematic to demonstrate that, in many cases, the arrogance and omnipotence of some scientists (which is not unknown) is indeed

limited and self-controlled by the same researchers that act and operate for the progress of knowledge and scientific research. This is perhaps one of the best ways for an international community and a society that wants to progress at the right pace.

EQUALITY, JUSTICE AND EQUITY, PRINCIPLES FOR TEENAGERS

Ornella Salvetti

European Centre for Bioethics and Quality of Life – UNESCO Chair in Bioethics Unit, Italy

An example of a pedagogical Unit relative to the Ethical Principle "Equality, Justice and equity" (art.10 of the Universal Declaration of Bioethics and Human Rights)

Learning objectives

To develop the sense of respect for themselves and the others

To develop attitudes and behaviors leading to respect the rights 'neighbor

To consolidate respect for human rights and the fundamental freedoms

To support a real equality of gender and the same opportunities for both sexes

To know the concept of "equality" and what provided for the article n.10

Presentation and discussion of Case

Teaching Methodology to use

Teaching Material

Conclusions

WHICH TRIALS IN DENTISTRY?

PROFILES OF PROFESSIONAL COMPETENCE: FORENSIC MEDICAL IMPLICATIONS

Valeria Santoro

University of Bari, Italy
vasantoro@virgilio.it

The term clinical trial means: "... every form of planned experiment on patients, which is programmed to evaluate the most appropriate treatment of future patients with a specific pathological condition." Human trials raise rather complex problems because on the one hand there are needs of both scientific and practical interest, and on the other the absolute necessity of respecting the rights of the person, whose freedom, dignity and safety should never be challenged.

The principles to address a methodologically sound clinical trial were formalized in a set of rules on the planning and conducting of trials that make them scientifically valid. It is therefore necessary to create a study protocol in which to place the rationale of the research, the specific objectives, the methodology, as well as the guidelines of behaviour, according to the ethical implications of the trial. The behaviour of the person who carries out the experiment must be based to a high sense of responsibility and not even the consent of the patient allows the doctor to have a reckless behaviour. This practice in the dental branch obviously present its clinical features related to the discipline itself but also forensic medical ones.

THE ITALIAN TERTIARY PROTECTION OF VICTIMS OF TERRORISM BY WAR AND ORGANIZED CRIME

Daniela Sapienza¹, Alessio Asmundo¹, Serena Scurria¹, Giulio Cardia¹, Elvira Ventura Spagnolo², Cristina Mondello¹, Patrizia Gualniera¹

¹ *University of Messina, Italy*

² *University of Palermo, Italy*

daniela.sapienza@unime.it

A case of a soldier in the Italian Army, that was victim of a terrorist attack during a mission in Afghanistan - with injuries from trauma by shock wave - prompted the authors to investigate aspects of tertiary

protection of victims of terrorism and organized crime in relationship with the "Regulation establishing criteria for forensic assessment and determination of disability and the biological damage and moral dependents of victims of terrorism and massacres that array, in accordance with Article n° 6 of Law August 3 2004, n. 206 (OJ No. 292, 16.12.2009)".

The authors then detected as in the specific field of evaluation - represented by an indemnity social system of illness from employees because of service for personnel employed in military missions and for the victims of the attacks of organized crime -, the intervention of the legislature with reference to the "moral damage" it has been characterized by an orientation diametrically opposed to the case law as interpreted by the Supreme Court in Joint Session, which sentence no. 26972/08 has stated: "In the event of impairments arising from civil liability, the biological damage in itself exhaust the entire entry of non-pecuniary damage under Article 2059 cc, thus excluding the right to compensation for pain and suffering".

BIOETHICAL REVIEW OF THE ASSISTED REPRODUCTION

Pedro J. Sarmiento

Universidad de la Sabana, Colombia
pedro.sarmiento@unisabana.edu.co

The Assisted Reproduction Technology requires serious bioethical review. This paper analyses this biotechnology event means a high moral weight for our time due to the implications of human rights entails and direct consequences for our fellow human beings, particularly state fragility and vulnerability. "Assisted reproduction" is precisely an act of "reproduction", which has nothing to do with human procreation. Because of assisted reproduction, the generation of human beings is not made within an anthropological framework of freedom but human being "obtained" is a technical result, subject to quality assessment, with the participation of many persons and interests involved. In such circumstances, the human being is in a position of dominance within the laboratory. Victim of discrimination, freezing, experimentation and destruction, the human embryo requires a guardian or executor of their rights. In addition to these negative actions, assisted reproduction generates false kinship accompanied by various types of abuse and death. All this happens in a society that undervalues the moral fact involved in these actions and overestimates the performance of the technique thus ignoring the ethical issues involved in applying. The cultural perspective that supports the transformation of the family notion and its insertion within contemporary cultural options, allows greater app for Assisted Reproduction Techniques, all of which raises the need for a coherent ethical debate and adapted to the reality of what is happening and what can still happen.

THE ETHICAL AND JURIDICAL STATUTE OF BIOLOGICAL SAMPLES

Claudio Sarteà

Università di Roma "Tor Vergata", Italy
claudio.sarteà@uniroma2.it

The ethical and juridical Statute of biological samples, in the different varieties that today science allows us to extract and analyze, raise a great number of problems, both on a bioethical level (for the inexhaustible philosophical relationship between the body and the inner self) and on a legal level (for practical applications).

In the last years, the growing diagnostic power which derives from the enhancement of biotechnologies has greatly appraised biological samples deriving from cadavers (in the two principal cases of clinical autopsy and legal autopsy, each of which will be analyzed in its own features) and samples deriving from beings during a normal diagnostic or therapeutic procedure. In the absence of related and specific national and supranational legislation, and in the line of fire of the theoretical debate, it is decisive to examine in depth *de iure condito* and *de iure condendo* the different situations to trace a credible reference frame for health workers, ethical committees and jurists.

ACTS OF DISPOSITION OF ONE'S BODY AND TISSUE POST-MORTEM FOR TEACHING, SCIENTIFIC RESEARCH AND EXPERIMENTATION: ABOUT A RECENT BILL

Francesco Sbordone
Seconda Università Degli Studi Di Napoli, Italy
francesco.sbordone@unina2.it

The paper analyzes a recent bill relating to disposals of the corpse for teaching purposes, scientific research and experimentation. The analysis focuses on the principles of civil law and bioethics that should regulate the area, including solidarity and the gratuitousness of the act. Special attention, finally, is dedicated to the complex issue of experimentation on corpses in active circulation. This hypothesis of scientific research should be permitted only in the event of a specific consent on the research protocol and for a limited time.

OPINION OF THE "UNIVERSITY FEDERICO II ETHICS COMMITTEE" OF NAPLES ABOUT THE OFF-LABEL USE OF A DRUG FOR THE TREATMENT OF AGE-RELATED MACULAR DEGENERATION

Chiara Scafa, Ida Cerrone, Rosa Ferrara, Danila Faillace,
Lucia Terracciano
University of Naples Federico II, Italy
chiara.scafa88@gmail.com

The storm that involved AIFA as a consequence of the fine of more than 180 million euro inflicted to two drug giants, following the Avastin/ Lucentis story, had big repercussions in health care. In this regard, in October 2014, the Ethics Committee was called to express itself on the Avastin/Lucentis issue following a specific question of the Health Department.

The Ethics Committee, having considered national and international documents, concluded that Avastin can be used off-label to treat age-related macular degeneration, after the acquisition of consent from the patient, as established by Law 648/96, whilst Lucentis can be used in cases of severe diabetic retinopathy associated with macular edema and macular edema secondary to retinal vein occlusion. The aim is to highlight the main ethical and professional problems connected to the administration of the agents according to the principle of continuity of care, of patient's will and of physician's decision-making autonomy.

THE IMMIGRATION: WOMEN IN COMPARISON. EXPERIENCES OF MULTICULTURAL PROJECTS

Patrizia Scaglia
European Center of Bioethics and Life Quality, Italy
patriziascaglia59@gmail.com

The women immigration produce a specific characteristics and problems as language trouble, isolation little autonomy...

It is necessary to plan patch ways to integration that put peculiar attention at the gender female in the different role (family, working and social), starting from place to live of foreign women.

Above all, the foreign women with their children attending pediatric services, nurseries, primary school, etc.

This place can help generate new ties firstly between women of ethnic groups and indigenous.

Some experience show the achievement of the following objectives:

- creating new social relationships, reducing isolation;
- development of self-esteem and autonomy;
- higher capacity of self-organisation.

INPS DATA BASE

Valerio Sciannamea
INPS, Italy
valerio.sciannamea@inps.it

In the framework of its traditional activities in Social Security, since

more than fifteen years INPS handles in electronic form the whole administrative and sanitary process of the requests proposed by own insurances to obtain economic achievements for permanent disability or incapacity. Epidemiology of requests and economic achievements is thus available in computerised procedure GASAN since 1998.

In the framework of Social Assistance activities, since legislature commission INPS, in addition to the whole administrative process, the final forensic medical judgment, the Institute has been making significant efforts for medical acts computerisation, so much that since 2012 the percentage of medical acts in computerized procedure is about 100%. This allowed monitoring epidemiology of assistance economic achievements too by means of computerised procedure and database, INVCIV2010, INVCIV VO e INVER.

The rapporteur is therefore able to present today meaningful data of comparative forensic epidemiology, highlighting differences in economic achievements of the Social Security compared to the Social Assistance fields in respect of the different nosological groups, reflecting different sets of protected people, in accordance with different articles of the Constitutional Charter, the first including only workers (art. 38), the second all citizens (art. 32).

INNOVATIVA ARTICOLAZIONE A COMPLETO CONTROLLO ELETTRONICO PER ORTESI KAFO: UN CASO DI STUDIO

Marisa Scocca¹, Gennaro Verni², Amedeo Amoresano²
¹ INAIL Napoli, Italy
² INAIL Centro Protesi Vigoso Di Budrio, Italy
m.scocca@inail.it

The C-Bruce system was first used in Italy in 2013 (June-October), by the Prosthesis Centre in Vigorso Budrio, on a 56 year-old-man injured in a car crash during work in 2009; he suffered a severe spine injury with sensorial L2 level on the right, and motor L3 level on the left (ASIA C).

He was an INAIL (Naples Office) insured (the Italian workers' compensation authority).

This was also the first application of the C-Bruce system in Europe on a patient with a Neurological bilateral deficit.

As a result of the C-Bruce application, the insured walks autonomously with the C-Bruce and two crutches for 4-6 hours at a time, alternating break and rest periods.

With C-Bruce a new generation of KAFO has begun because the knee is controlled by a microprocessor.

With this innovation is possible to:

- walk at frequency variable pace and with a considerably higher speed compared to the previous knee joint-blocked brace;
- go down stairs alternating steps;
- walk safely on steep terrain.

It also delivers:

- a better control of the knee increases the load on the paretic limb, reducing stress on the other side;
- the expenditure of energy during walk is reduced, compared to KAFO with blocked-knee;
- an articulated knee allows a better hip motion range, resulting in an improved physiology of gluteus and quadriceps muscles' movement.

This application requires a rehabilitation period of 4 weeks at least.

INFORMED CONSENT IN CLINICAL TRIALS ON UNDERAGE SUBJECTS AND ITS PECULIARITY: ETHICS COMMITTEE OF THE UNIVERSITY OF NAPLES FEDERICO II'S EXPERIENCE

Adriana Scuotto¹, Domenico Del Forno², Arianna Iorio¹,
Valentina Battimiello¹
¹ Department of Advanced Biomedical Science, Italy
² University of Naples Federico II, Italy
scuotto.adriana@libero.it

Physicians should be very careful in doing medical research on

"vulnerable" subjects, especially on underage ones. Minors, not having reached the age that recognizes their full legal capacity, don't have decision authority for medical treatments, which has to be given to parents or legal guardians by law. Nevertheless the underage subjects' freedom of choice is guaranteed as to whether or not to participate in medical treatments proposed and/or to be included in biomedical researches through a specific and appropriate information on their features. The child's consent in these matters has great relevance from an ethical and code of conduct point of view, as written both in international papers referred to biomedical research and human rights and in codes of conduct. So it's necessary to identify informative and communicative ways for these subjects; they have indeed cognitive, emotional, psycho-developmental and personality features that make this task very specific. In recent years, the Ethics Committee of the University of Naples Federico II evaluated a growing number of studies on children (about 12% in the last 4 years), different in terms of involved diseases and research structure. According to this experience, the necessity arose of diversifying informed consents for age groups - referring to the Piaget's theory of cognitive development - using for each of them an understandable language, in the purpose of making informed consent adequate to the comprehension capability of the specific minor involved. It is possible to obtain a really informed consent by the child, different from standardized and predetermined forms, only with the real commitment of the physician to give appropriate information.

EU DATA PROTECTION LAW: DEVELOPMENTS IN THE EUROPEAN UNION AND THEIR RELEVANCE FOR HEALTH DATABASES AND BIOBANKS

Annabel Seebohm
World Medical Association, Germany
Annabel.Seebohm@baek.de

In January 2012, the European Commission tabled a draft regulation on the protection of individuals with regard to the processing of personal data including data concerning health ("General Data Protection Regulation") followed by a European Parliament resolution in March 2014. In June 2015 the Council of Member States reached a political agreement. Council, Parliament and Commission entered dialogue negotiations with an agreement expected by December 2015. Concerning the health care sector including research the three institutions differ in their handling of questions related to the quality of consent given into the processing of data as well as questions related to the necessity and level of safeguards. Also, traditional data protection principles such as the principles of data minimization and purpose limitation appear to be challenged in order to keep up with technical advancements and opportunities. Such developments appear to trigger ideas to reduce thresholds to processing. ("Data controllers should collect only the personal data they really need, and should keep it only for as long as they need it", see European Data Protection Supervisor under: <https://secure.edps.europa.eu/EDPSWEB/edps/site/mySite/pid/74>. and "The data controller must only collect data for specified, explicit and legitimate purposes, and once data are collected, they must not be further processed in a way incompatible with those purposes." Article 29 Data Protection Working Party under: http://ec.europa.eu/justice/data-protection/article-29/documentation/opinion-recommendation/files/2013/wp203_en.pdf). It will be discussed whether data protection law is the right place to tackle and resolve underpinning ethical questions or whether an international ethical consensus on the processing of health data has to come first.

ETHICAL ISSUES IN PHARMACOGENOMICS AND PERSONALIZED MEDICINE

Sabina Semiz
International University of Sarajevo, University of Sarajevo, Bosnia and Herzegovina
ssemiz@ius.edu.ba, sabinasemiz@hotmail.com

As the genetic basis of many complex diseases is revealed, the

advantages of delivering personalized medicine are becoming more evident. Specific promises associated with pharmacogenomics are increased drug efficacy and safety through the delivery of the right drug, for the right patient, for the right condition. Here we summarize the ethical considerations and dilemmas associated with personalized treatment. Modern ethical codes in medicine thrive to ensure that the medical treatment or procedure complies with regulatory requirements, patient privacy, informed consent, patient-centered practices, safety monitoring, adverse events reporting, and that is free of conflicting interests. New ethical implications in personalized medicine also have come to light, demonstrating that different races and ethnicities may have a significantly different response to drugs. Consequently, race is becoming to be used to categorize patients in regards to their treatment options. Furthermore, bioethicists are concerned regarding the sequencing databases and direct-to-consumer (DTC) genetic tests, with the dilemmas who should have an access to this information and how is this regulated. Pharmacogenomic applications are also finding their way into pediatric practice, where additional ethical dilemmas are introduced, particularly in regards to the informed consent, patient's age, etc. In addition, the ethical challenges in pharmacogenomics are becoming dominated by issues related to incidental nonpharmacogenomic findings. Therefore, the promise and concerns about pharmacogenomics highlights the necessity to address and clarify the ethical issues related to potential health disparities, stigma, DTC, genetic data handling, patient's privacy, and other socioeconomic barriers, in order to ensure benefits of personalized diagnosis and treatment.

PROPOSAL OF A SINGLE EUROPEAN MANAGEMENT OF THE HOME SERVICE FOR WEAK SENIOR CITIZENS

Pasquale Severino, G. Mazza, E. Capasso, V. Maietta, M. Niola
University of Naples Federico II, Italy
dott.pasqualeseverino@gmail.com

The heterogeneity of welfare's system of different European countries allows balance of social assistance system to guarantee to all citizens, above all weak elderly, a basic level of partner helpful's services, that is suitable to their desires: in this way it's possible to rationalise the employment of human and economic resources inside CE avoiding differences among citizens.

In the majority of European countries there is a difference between healthcare competence and social one: instead, the last one should be complete to protect elderly's needs. For this reason, in the place of economic benefit, should be realized healthcare models, different but adapted to weak elderly needs. It should be necessary to pay serious attention to services' distribution (national, regional and local-town) inside European countries.

According to us the distribution of services, to local-town level, would allow a better awareness of elderly's needs. The last ones, in fact, are different 'cause there are differences among logistical and organizational resources inside the different belonging areas. In this way it should be possible to guarantee a better use of these services thanks to a better attention to elderly's needs. The economic support of this project could be supported from better development of no profit organization and patient's association, with the help of elderly's family.

EVALUATION OF CONCEPT OF PEACE ETHICS AND ETHICAL APPROACHES OF COLLEGE STUDENTS

Sukran Sevimli
Yuzuncu Yil University, Turkey
sukransevimli@gmail.com

Background: The measurement of peace ethics is important in the assessment of student's peace values outcomes. Peace and bioethics are needed a good perception and understanding on many concepts and principles such as honest, dignity, respect, empathy, and reliable, do not harm, beneficial, good communication skills. Because their professional life approaches are tend to help all of people without

discrimination.

Methods: The Peace Ethics Scale was translated into Turkish by using the back-translation procedure. We designed this study to examine the psychometrics of the peace ethics scale and group differences among students who attended 225 students.

Results: The item-total score correlations of the peace ethics scale was all positive and statistically significant, ranging from .20 to .56. The Cronbach's coefficient alpha was .80. Medical students who were practicing in "people-oriented" specialties obtained a significantly higher mean peace ethics scale score than their counterparts in "technology-oriented" colleges. Therefore medical college students have attended medical ethics-bioethics class. They have interested in medical ethics values such as intelligent to understand different views, empathy, dignity, privacy, confidentiality, trust, honest, information, beneficial, justice and fair.

Conclusions: Our results provide support for the measurement property and reliability of the Peace Ethics scale in a sample of college students. Bioethics- medical ethics education is supported peace concept and applications.

INTRODUCTION OF HEALTH LAW SYSTEM OF CHINA

Xiuqin Shen

Shandong University, China

xiuqin@sdu.edu.cn; 234730915@qq.com

The author aim to introduce current health law system of china, which can be divided in three parts, including public health law, health care law and traditional Chinese medicine law. Public health law consists of three parts, prevention and control of disease, supervision of professional health and public place health and related health production supervision. Health care law consists of medical law and health care law. I will mainly introduce 11 health laws of China, which were enacted by national people's congress, and some important regulations made by the state council and Ministries and commission under, the licensed physician law, including regulation on dealing with medical accident, mental health act, the regulation of medical institutions, the drug administration law, law of communicable disease prevention and control, Law of Occupational Disease Prevention and Treatment of PRC,ETC.

ETHICAL DILEMMAS OF POPULATION GENETIC STUDIES IN THE CAUCASUS

Ramaz Shengelia¹, Ketevan Mosidze²

¹ *Tbilisi State Medical University, Georgia*

² *Ministry of Labour, Health and Social Affairs, Georgia*
shengelia@tsmu.edu

Essence of the problem; Population genetics and DNA genealogy as a trans-disciplinary science appearance and establishment is first of all connected with the development of high technologies. On the one hand, precession genetic testing and on the other hand, bioethical dilemmas mass produce the circle, which genealogy especially is characteristic for genetic studies and epidemiological nature. These studies exist on a connection with privacy, confidentiality, etc. connected with the village, region, community and nation) conscious and unconscious traditional behaviors and so named ethnic problems. The purpose of population genetics study of the remote Caucasus - Svaneti was carried out in 2012. There were 200 individuals from almost every village and every family name. During the survey there were revealed the difficulties and questions, which, we consider, for such research and in such circumstances, in particular, it should be common and it should be replied. Raised problem was: rule of composition of the Inform Consent Form and Questionnaire, the survey format and argumentation, which the investigator applies verbally during his communication with the respondent. Also, their expected relation: individual test results and level of generalization submitted in the medical work; openness of personal, tribal unity and a higher level unity genetic data; the adequacy and correctness of the

conclusions, their accordance with their historical and cultural paradigms with their traditional and expected differences. Satisfaction with this news or the spiritual frustration, sometimes raised into aggression.

Studies and observations **concluded** with recommendations for individuals and communities to better relations with the administration, who prepared the questionnaire and informational consent, are taken into account, we think, it will be useful for similar studies, especially in ethnic, linguistic and religious diversity of the region such as the Caucasus.

IS IT FUTILE TO CONTINUE MEDICAL INTERVENTION TO KEEP A PATIENT ALIVE? – A CASE IN QUESTION AND AN ETHICAL DILEMMA?

Dhastagir S. Sheriff

Melmaruvathur Adhi Parasakthi Institute of Medical Sciences and Research Institute, India

dhastagir@yahoo.ca; drdsheriff@gmail.com

Medical futility is a term that describes the futility of carrying out a medical intervention or treatment to keep a patient alive. The futility concept is analysed in terms of benefit or loss, trying to make clear to the patient that is about managing their dying and extending their dying for some period of time in patients with irreversible but with grave prognosis.

The following case is about a polio-stricken daughter and her mother. As a dutiful mother she used to take her daughter to the school for thirteen years until the fateful day when she met with an accident that left her in a permanent vegetative state (PCV).

The moral guilt that she was responsible for her mother's death made her study medicine to provide care and treat her mother. The daughter in her strongly believed that her mother will recover in spite her of clinical knowledge. The struggles and the solid determination gave her mental strength to serve her mother for a decade of her PCV state.

A rare case of mother-daughter bonding, the love for her mother and the hope to bring her mother back to life over rides her scientific acumen and forms the ethical basis to discuss the concept of futility in medical care.

FOOD SECURITY, SAFETY, AND FOOD PREFERENCES

Helena Siipi

University of Turku, Finland

helsii@utu.fi

I evaluate the most commonly employed definition of food security. According to it food security exists "when all people, at all times, have physical and economic access to safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life" (FAO 1996). I concentrate on the requirements of food being safe and according to preferences and ask how they should be understood. The definitions of food security are far from being insignificant wordplay. The definitions at least partly determine the goals of policies. Moreover, they fix how food secure world appears to be.

GENDER AND UPTAKE OF CATARACT SERVICES AT THE NATIONAL EYE CENTER, KADUNA

Amos Silas

Kaduna State University, Nigeria

sabakut@yahoo.com

Introduction: Cataract has been found to be more common in females. But it was observed decades ago that there is gender imbalance in the uptake of cataract surgery in Nigeria.

Aim: To identify the gender pattern of adult cataract operated patients and highlight the change in trend from previous studies and provide data for advocacy.

Method: This study was a prospective interventional study in which all

consecutive patients with age related operable cataracts that presented to National Eye Centre, Kaduna from 1st September 2010 to 31st March 2011 and 20th to 30th November 2012 were included. The age and sex of those who consented and signed consent were analyzed using SPSS version 16.

Results: One hundred and fifty patients, age ranged from 40-88 years with a mean of 61.82 years ± 10.68 SD were in this study. Eighty six (57.3%) were males and 64(42.3%) females ($p = 0.12$) with sex ratio 1.34: 1. Nineteen(12.7%) patients in age group 40 – 49 years consisted of 9(10.5%) males, 10(15.6%) females; 25 (16.7%) in age group 50 – 59 consisted of 17(19.8%) males, 8(12.6%) females; 65(43.3%) in age group 60 – 69 consisted of 43(50.0%) males, 22(34.4%) females; 35(23.3%) in age group 70 – 79 consisted of 15(17.4%) males, 20(31.2%) females and 6(4.0%) in age group 80 – 89 consisted of 2(2.3%) males, 4(6.2%) females.

Conclusion: This study has not shown a gender difference in uptake of cataract surgical services. However, efforts need be put in place to completely reverse the trend that is in favour of men.

ETHICS DIMENSIONS IN HEALTH COMMUNICATION: MORAL DILEMMA OF THE WHITE COATS

Liljana Siljanovska

South East European University, Republic of Macedonia
l.siljanovska@seeu.edu.mk

In almost whole written history and throughout the whole world, to be a doctor meant something special. People address doctors for their most urgent needs – to relief their pain and suffer and to renew their health and wellbeing. People also let the doctors see, touch and cure every part of their bodies – even the most intimate. They let them act because they trust that the doctors enact in their best interest.

Doctors' status is different in each country; it is even different within same country. Generally it seems it gets worsen though. Many doctors feel they were not respected as before.

In some countries, the control over health system slowly was transferred to professional managers and bureaucrats who considered the doctors as obstacle – not partners in reforms of the health system. The patients who with no protest followed the advices of the doctors nowadays ask for explanation of the got another opinion or read something in the Internet. Also, some procedures performed previously by doctors exclusively now could be conducted by the technicians or other medical personnel.

In order to fulfill the expectations of the patients and the students as well, doctors must know and to practice the key values of the health communication, particularly empathy, capability and independence. These values, together with the basic human rights, are the basis of the doctors' ethics.

GUIDELINES: BETWEEN BEST CLINICAL PRACTICE AND MEDICO-LEGAL IMPORTANCE

Claudio Simeone, Vincenzo Graziano, Elia Meccariello,
Pierpaolo Di Lorenzo, Massimo Niola
University of Naples Federico II, Italy
cla.simeone@gmail.com

Scientific research increasingly involves new knowledge of uncertain meaning.

A means enabling the health staff to assess new knowledge is represented by guidelines.

According to evidence based medicine, guidelines are defined as recommendations of clinical behaviour, developed through a process of systematic review of scientific literature, helping physicians to choose the more adequate modalities to assist the patient.

The "alleged" scientific validity of guidelines has involved their use as a reference parameter to assess health staff's activities, taking medico-legal importance.

The regulations of some countries (Italy, United Kingdom, USA, France and Germany) will be consequently analyzed.

The greatest uncertainty as to the medico-legal use of the guidelines concerns the criteria to be adopted in choosing the guidelines on

which judgment should be based.

The many recommendations produced by the scientific community impose to take stock of and use shared tools adequate to assess the concrete validity of the guidelines in view of the best interest of the patient and not of the logic of the economic sustainability of the national health system.

MOBILE HEALTH APPLICATIONS IN MENTAL HEALTH

Hermann Sinz

MCI Management Center Innsbruck, Austria
hermann.sinz@mci.edu

Mobile health (mhealth) applications (apps) are becoming increasingly important in health care and consequently also in mental health. Advocates of mhealth in the context of mental health emphasize potential benefits such as improved access (eg. for patients in rural areas) and compliance, real-time monitoring of therapy, providing personal feedback by qualified personnel, motivational support as well as increased patient adherence (Carter et al, 2013; Decamp, 2015; Harrison et al, 2011; Proudfoot et al, 2010; Warmerdam et al, 2012; Whittaker et al, 2012).

In contrast to the number of apps available, data on effectiveness of such applications is scarce. Consequently systematic analysis of the effectiveness of mHealth applications is of great importance. Available data suggests some effectiveness in a variety of mental disorders, such as depression, stress, anxiety, substance abuse and smoking cessation (Harrison et al, 2011; Whittaker et al. 2012; Donker et al, 2013), although there are methodological shortcomings. Moreover, there are hardly any examples of quality certification for health apps on the European or national level. Key terms of the debate are themselves ethical values, e.g. privacy, fairness, access or protecting patients from harmful or ineffective applications (Thompson & Brodsky, 2013).

The presentation provides an overview on data concerning effectiveness of mhealth applications in the context of mental health, introduces European best practice examples for quality and safety certificates and discusses ethical implications in the use of this specific modern technology.

THE BIOETHICS OF THE HEALTH CARE OFFERED BY THE NHS: RESEARCH ADDRESSED TO THE DOCTORS IN AOSTA VALLEY

Piero Francesco Sirianni, Roberto Rosset

Ordine dei Medici Chirurghi e Odontoiatri Aosta - Italy
siriannipiero@yahoo.it

The Authors have presented a questionnaire to doctors and dentists practising in Aosta Valley, in the Hospital or on the territory. Some of the questions aimed to assess the perception of the quality and equity of NHS; sometimes the doctors were asked to identify themselves with their patients.

This paper presents the results of the research conducted.

DEVELOPING NEW WMA POLICY ON THE ETHICS OF DATABASES AND BIOBANKS

Jon Snaedal, Otmar Kloiber

World Medical Association (WMA), France
jsn@mmedia.is

Introduction: Data from individual patients are increasingly collected into databases, not only for research but also for quality assurance, administrative purposes, surveillance of diseases and many other reasons. The WMA adopted its policy in 2002, which now is being revised.

Revision process: The WMA introduced an open consultation on a revised policy on health databases including biobanks. More than 80 partners responded with positive remarks and provided many valuable comments. These comments are now being processed and discussed by the 111 Member Associations that form the WMA. A decision on

further work on the policy will be made at the WMA General Assembly in Moscow in October 2015.

Main issues: There are several issues to be dealt with. Some of the major ones are:

- Is it possible to make totally anonymised data? Are these data subject to the same ethical principles as identifiable data?
- 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 is used by others than those collecting them?

Conclusion: The huge interest of so many partners on how health data of individuals as well as their biological material is handled shows the importance of ethically acceptable principles. The WMA wishes to provide a sound ethical platform.

MORAL DOMAIN AND CULTURAL DIFFERENCES IN CROSS-CULTURAL ETHICS

Daniela Sotirova

Medical University of Sofia and Technical University of Sofia, Bulgaria
dasotirova@yahoo.com, dsotirova@tu-sofia.bg

The nature of **moral disagreements** in cultural contexts has never been more apparent, and **cross-cultural ethics** offers a conceptual framework for analyzing it. In intercultural studies there are well-known models of **cultural differences** (for example, Hofstede's). In this theories ethical diversity is one of the outcomes of cultural diversity. Some cultural parameters have clear moral content and sense. Individualism - collectivism is easy to interpret in ethical terms. Other parameters however can not be evaluated morally discursively, if it is possible at all.

Less known is the theory of **moral foundation** (Haidt). The main thesis in this perspective is that there is a common moral ground on which cultural differences grow. Moral domain is constructed by the following five dimensions: reciprocity (fairness), loyalty, respect (authority), and purity (sanctity).

These two constructs of moral foundation and cultural differences are set in **educational context**. It is outlined by **training international students** in Bulgarian Universities. Majority of foreign students are from Turkey, Greece and some other Balkan countries. They study mostly medical and engineering specialties in English language separately from Bulgarian students. During classes in bioethics, business ethics, and professional ethics and discussions on ethical scenarios (cases) students show their ambivalent choices and moral argumentation of what is "the right thing to do". Differences of mindset are presented as a process of **cultural conceptualization** of moral intuitions and ethical concepts (honesty, right, loyalty, justice, responsibility). We can see that flexible perception and the ability to move among different points of view are substantial ethical and cultural competences. It helps to find common moral foundation behind cultural distinctions.

NANOPARTICLES' USE IN BIOMEDICAL EXPERIMENTATION

Antonio G Spagnolo, Viviana Daloiso
Università Cattolica del Sacro Cuore, Italy
agspagnolo@rm.unicatt.it

The preciousness of the world of the very small is amply demonstrated by the growing number of scientific publications on the subject, but also from the number of clinical trials trying to realize the great promises expected from nanotechnologies' applications in many disciplines.

Nanoparticles represents the base of the possible applications, thanks to the inherent physico-chemical properties exhibited by them, and which derive from the nanometric dimension.

However, in front of the infinite potential of nanoparticles'

employment (new diagnostic tools, smart drugs, smart pills, smart delivery systems...), scientific data show that the interaction of these particles with biological systems determines relevant risks, nowadays not yet completely identified. Such concerns regards in particular the toxicological aspects of nanoparticles' use in the biomedical experimentation that seems to be linked to two main factors: 1) the size of the particles; and 2) the mass to volume ratio.

In clinical experimentation conducted with the help or the introduction of nanoparticles, the Research Ethics Committee (REC) plays an important role, in view of the lack of information concerning the toxicity of many nanoparticles. The Authors conclude by suggesting some essential points, both with regard to the protocol itself and the information schedule, for the evaluation of protocols which relate to the use of nanoparticle.

THE CONSTITUTION OF BIOETHICS: FOURTH AMENDMENT

Roy Spece

University of Arizona James E. Rogers College of Law, USA
specejr@email.arizona.edu

Biomedical technologies fracture and reassemble life processes, and in so doing fracture and require reassembly of our social, legal, and ethical concepts. As part of a larger work examining this fracture and reassembly across the entire arch of the U.S. Constitution, this presentation examines how certain electronic and biomedical technologies challenge concepts at the core of the Fourth Amendment to the U.S. Constitution: "search," "seizure," "reasonableness," "probable cause," "privacy," and the distinction between "public" and "private." The paper focuses on U.S. Supreme Court cases involving wiretapping, thermal imaging, DNA "fingerprinting" and data banking, Global Positioning Systems (GPS), searching cell phones, and around-the-clock monitoring via shackle and satellite. Consider examples of the reassembly examined here. Together the "electronics" cases indicate that many members of the Court are ready to overrule certain doctrines-- including doctrines that currently allow police to use at their discretion information they can glean from observing matters in public view and that one waives claims of expectations of privacy by turning information over to third parties-- that are being rendered obsolete by advancing technologies. An example of a concept that is emerging to deal with the invasive potential of government collection and mining of massive amounts of data on individuals is the "mosaic" theory of a search: discrete government intrusions over time must be judged in the aggregate because modern information gathering and assessment reveal associations and patterns, offering insights and plausible inferences, and hypotheses about individuals that would not otherwise be apparent.

THE PERCEPTION OF THE RIGHT TO BE INFORMED OF THE PATIENT AFFECTED BY AN INCURABLE DISEASE: A CURRENT ALBANIAN EXPERIENCE

Altin Stafa^{1,2}, Armand Gurakuqi^{1,3}, Aleksandër Kocani^{1,4},
Ridvan Alimehmeti^{1,4}, Ramadan Jashari^{1,5}

¹ Albanian Unit of Bioethics, UNESCO Chair in Bioethics (Haifa)

² Ca' Foncello Hospital, Italy

³ Tirana Court of Justice, Albania

⁴ Tirana University, Albania

⁵ Medical University of Tirana, Albania

⁶ European Homograft Bank (EHB), Belgium

Albanian Unit of Bioethics, based on the current medical practices in Albania, has identified as research subject the attitude the current society should hold in informing patients who are diagnosed for diseases considered incurable. The research question was: "How Albanian society perceives implementation of the right of information when one have a disease considered incurable?"

As an answer is proposed the basic assumption that in case of an incurable disease, the dominant Albanian opinion stands on the belief that the exercise of the right to be informed, from a psychological point of view, could be considered more harmful than beneficial for

the patient.

This statement does not constitute a genuine prediction, so it cannot be directly tested empirically. Its testing will be done through some implications of conditional type that will be deduced from the assumption. To test the implications are determined the empirical data required for doing it. By confronting them with predictions that contain implications, we will have their confirmation or rejection.

The main investigative tools has been the interviews with physicians a 600 units sample mass survey with adult individuals living in Albania.

ETHICAL ISSUES PERTAINING TO FORENSIC ASSESSMENTS IN MENTAL CAPACITY PROCEEDINGS – REFLECTIONS FROM SOUTH AFRICA

Philip Stevens
University of Pretoria, South Africa
philip.stevens@up.ac.za

Within the context of the South African criminal law, the defence of pathological criminal incapacity, or more commonly referred to as the insanity defence is well established. Whenever the insanity defence is invoked, the Criminal Procedure Act 51 of 1977 (“CPA”) provides that an accused shall be referred for observation at a mental institution. Such observation will essentially be conducted by three forensic psychiatrists and one clinical psychologist. During the course of such forensic assessment, various ethical issues come into play. One of the primary issues relates to confidentiality of statements made by an accused during such observation. In terms of section 79(7) of the CPA statements made by an accused during the enquiry into his or her criminal incapacity may be admissible during the subsequent trial, provided that it is relevant to the assessment and determination of the accused’s mental state. The latter section raises various ethical and constitutional concerns. The focus of this paper will fall on the ethical dilemma of confidentiality within the context of mental capacity proceedings. A discussion will also be provided pertaining to other ethical issues such as dual relationships, bias and the so-called “hired gun” experts canvassed against the backdrop of the defence of pathological criminal incapacity. Recommendations for possible reform will be provided in conjunction with a proposed ethical code of conduct for mental health professionals conducting forensic assessments during the course of mental capacity proceedings.

ETHICAL DILEMMAS REVEALED BY PARADOXES OF CLINICAL NURSING PRACTICE

Alessandro Stievano¹, Dyanne Affonso², Laura Sabatino¹, Gennaro Rocco¹

¹ Centre of Excellence for Nursing Scholarship Ispasvi Rome, Italy

² University of Hawaii, USA

astievano@tiscali.it

Background: Accountability to ethics is a high priority of the ongoing advances in the Italian health care system.

Moral values underpin the Italian quest to foster the professional development in all the health disciplines. Amidst the ongoing evolution of nursing, challenges and issues confront Italian nursing to be on par with global nursing standards. Understanding ethical dilemmas in clinical practice is pivotal to advance as a health profession in Italy.

Aim: To ascertain what clinical nurses perceive as ethical challenges related to their goal of clinical practice based on global nursing standards.

Method: A convenience, purposive sample of 66 clinical nurses participated in 8 focus groups to discuss challenges that confront nurses in Italy. Inductive content analysis was performed and revealed two paradoxes, which underscored ethical challenges in clinical practice.

Results: One paradox was that amidst the rapid changes in nursing education there is a lack of opportunities to innovate clinical care in the Italian health system. The ethical dilemma was that old models of care still permeate clinical practice despite a new identity of nursing in Italy.

Another paradox related to the variability in quality care standards in public and private institutions when nurses are committed to Best Practices models in all institutions. This inequity is incongruent with any health professional ethical codes of conduct.

Conclusions: These ethical dilemmas implicate the need to address the incongruence between reality of clinical practice and nurses’ professional goals to implement ethical standards of care.

FROM PHARMACOLOGICAL TO GENETIC DOPING: ETHICAL ISSUES

Sabina Strano Rossi
Università Cattolica del S. Cuore, Italy
Sabina.stranorossi@gmail.com

This presentation focuses on the history of doping and antidoping and the threats for the athletes who misuse drugs out of their therapeutic scope. The use of enhancing drugs is known from the ancient times, but the kind of substances used and the risks for the athletes’ health has raised dramatically. Doping began with the use of natural extracts, evolved to the use of synthetic substances like amphetamines and more recently, to synthetic anabolic steroids, hormones like EPO and GH, their analogues, blood manipulation, to the possible genetic doping. The difficulties for the laboratories performing antidoping tests have therefore raised, mainly due to the use of substances analogues to endogenous ones. The coordination of antidoping tests passed from IOC the WADA in the last years, in order to harmonize and improve the fight against doping. Antidoping controls are anyway mainly focused on the fair play, in a forensic toxicology environment, but it must not be forgotten the health risk of using substances out of their therapeutic scope, especially for those athletes not submitted to antidoping controls, like amateurs that are often young people more susceptible to the adverse effects of the uncontrolled use of drugs. Also the use of nutritional supplements and of over the counter drugs, not included in the doping lists, but in an uncontrolled amounts is can lead to a severe health risk.

IMPACT OF TWO DIFFERENT LEGAL AND CULTURAL APPROACHES ON CLINICAL ETHICS CONSULTATION (CEC) – CEC IN AUSTRIAN NOT-FOR PROFIT PUBLIC HOSPITALS INCLUDING UNIVERSITY HOSPITALS

Verena Stühlinger, Lukas Bachlechner
UMIT, Health and Life Sciences University, Austria
verena.stuehlinger@umit.at

CEC in Austrian not-for profit public hospitals, is organized on a voluntary basis. Unlike research ethics committees (RECs), clinical ethics committees are a relatively new development without any legal foundations or requirements. Research activities in this field are rare in Austria. According to a study conducted by Zambelli and Brauchle in 2011, only 10 out of 155 surveyed Austrian hospitals have implemented a clinical ethics committee. Most committees in Austria are the result of a hard, bottom-up process, especially in not-for profit, public hospitals. Since palliative care is not well established in Austria, End of Life (EoL) decisions are one main focus of such committee’s work. In the course of a research project funded by the Tyrolean Research Fund (TWF), the current development of CEC in Austrian hospitals as well as the committee established at the Public and University Hospital of Innsbruck (Klinischer Ethikkreis Landeskrankenhaus Innsbruck), has been further investigated. After a short overview of actual developments in Austrian public hospitals in this field, the presentation at hand will describe the clinical ethics committee of the Public and University Hospital in Innsbruck and the challenges it faces in the context of EoL decisions. By using a case study, challenges in a country, in which assisted suicide is a criminal act, will be analyzed and discussed.

ATTITUDES OF STUDENTS FROM DIFFERENT DEGREE COURSES TOWARDS CONTAINMENT MEASURES OF PSYCHIATRIC PATIENTS

Valeria Sundas, Marco Menchetti, Francesca Ingravallo
University of Bologna, Italy
sundas.valeria@gmail.com

Objective. To investigate the attitudes of Italian students of medicine and nursing (healthcare students) and students of law and philosophy (non-healthcare students) towards the use of containment measures both at admission and during hospitalization in psychiatric wards.

Methods. The Attitudes to Containment Measures Questionnaire (Bowers et al., 2004) was administered to 379 students from the following degree courses: Medicine (49), Nursing (129), Law (167), and Philosophy (34). Associations between students' attitudes and their characteristics (gender, age, degree course, if the student had visited a psychiatric ward and if he/she had known anyone who had been a patient in a psychiatric ward) were investigated.

Results. Overall, students disapproved more net bed, seclusion, mechanical and physical restraint, and compulsory i.m. medication, while there was a greater approval for intermittent and constant observation, timeout and open area. Significant differences ($p < 0.01$) were found between female and male students and among degree courses: both females and non-healthcare students were more likely to disapprove more restrictive methods than males and healthcare students.

Discussion and conclusions. The more critical ethical approach of females was in line with previous ethical gender studies, while differences between healthcare and non-healthcare students may be explained by differences in university education, personal involvement in containment measures, ethical approach or stereotypical views of healthcare professions. If we consider students as representative of the society, their different levels of approval for containment measures should be considered with concern, since they may indicate inconsistency in the view of the psychiatric assistance in Italy.

THE ARMY (US) – BAYLOR MODELS FOR MEDICAL-ETHICAL DECISION-MAKING

Douglas Swift^{1,2}, Karin W. Zucker^{1,2}, Martin Boyle^{1,2}, Scott Kruse³
¹ US Army, USA

² Baylor University, USA

³ Texas State University, USA

Douglas.c.swift.mil@mail.mil, ameddja@att.net

Since the 1990s Zucker, Boyle, and Kruse have used a principalistic model which they developed in the Army - Baylor Program, for clinical ethical decision-making. Many of us who teach medical ethics have noted that principlism alone is not a suitable fit for medical-ethical decision-making with regard to business-related matters in healthcare. Respect for persons (autonomy), beneficence, nonmaleficence, and justice roll easily off our tongues, but in this era of managed care, they are not serving us well in making decisions with regard to the business of healthcare. Just what do they mean? Whose autonomy are we to respect? Whose good are we to seek. After reviewing a number of existing methods/models, for business decision-making, including those of Gross-Schaeffer and Leonard Weber, we chose to modify our own Army-Baylor Model using, in place of the four principles, business-related questions which L. L. Nash posed over a decade ago in "Ethics without the Sermon," in the *Harvard Business Review*. We believe you will find both models useful.

PREDICTIVITY OF TOXICOLOGICAL TESTS: ETHICAL ISSUES OF THEIR APPLICATION IN OCCUPATIONAL AND TRAFFIC SAFETY

Franco Tagliaro, Sara Patuzzo
University of Verona, Italy
franco.tagliaro@univr.it

It is widely agreed that working and driving under the influence of alcohol and/or drugs is associated with an increased risk of workplace

and traffic accidents, with heavy consequences on individuals and the community.

In order to contrast this phenomenon, in the western countries two strategies are adopted: i. applying sanctions on subjects found while working or driving "under the influence"; ii. Assessing the fitness-to-work or fitness-to-drive by using specific laboratory tests on biological markers showing chronic abuse of alcohol or drugs.

If the first approach is aimed at sanctioning an irregular behavior according with existing laws, the second implies the application of the following theoretical prospective thesis: chronic abuse > frequent occasions of being "under the influence" > increased moments of working or driving "under the influence" > increased risk of workplace or traffic accidents.

The application of the above theory, considering the limitations of the personal rights which it may entail, rises ethical issues, which to the best of our knowledge, have never been discussed.

The discussion should consider: i. the statistical strength of the predictivity of the analytical tests towards the expected phenomenon (accidents); ii. The importance of this phenomenon for the community; iii. the justification of the ethical theory called "Utilitarianism", stating that pursuing the best or the "maximum" interest for the largest number of individuals is the ethical goal of the whole society (even if it causes the sacrifice of individual rights)

BIOETHICAL ISSUES IN INDONESIA

Paul L Tahalele
Unit Indonesia – UNESCO Chair in Bioethics, Indonesia
bioetik.fkua@gmail.com, parianisiti@yahoo.com

All medical doctors faces ethical and moral issues each time they practice medicine. For example "Does an expensive and risky diagnostic procedure necessary for the best management of the patient case?" or "Should I tell the patient partner that he had HIV infection?". With the advancement of medical science, the question sometimes become more and more difficult to answer, such as whether a passive euthanasia is ethically acceptable. Surgical cases, especially in emergency surgery, also poses ethical question to surgeons. Do we still have to operate a patient whose cancer is very advance? When should we stop pushing the limit?

These ethical challenges also changes with the regulation. Medical practice laws (Law no 29/2004) regulates medical practice in Indonesia. One of the chapter, chapter 49 states that practicing doctors must perform quality control and cost control. In the era of industrialized medical practice, where hospital determines much of the cost, how should a doctor control the cost? Can he/she gives free services to a patient if it is deemed necessary? These are just a few question that illustrated a dilemma for modern doctors. In order to be able to provide an ethical doctor, the learning and internalization of moral and ethics must start early, as early as the first semester of medical school. This can be performed by posing a moral/ethical question or scenario and then discussing them with the medical students (a moral dilemma discussion).

MEDIUM-TERM IMPACT EVALUATION OF THE WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL

Vivian Tam
Canadian Federation of Medical Students (CFMS-Canada),
McMaster University, Canada
lunesco@ifmsa.org, vivian.tam@medportal.ca

Background: Health workforce deficits in low-resource nations are exacerbated by the international migration of health personnel to more affluent countries. This depletion is compounded by the active recruitment of health workers by destination countries. The WHO adopted a Code of Practice at the 63rd WHA to mitigate this shortage of health personnel. In 2013, the first empirical impact evaluation of the Code revealed a lack of impact on policy and practice 11-months post-adoption. This second evaluation was conducted to determine whether any changes in the perceived utility, applicability, and

promotion of the Code have taken place four years post-adoption.

Methods: 44 respondents representing government, civil society and the private sector were surveyed regarding awareness of the Code, its perceived impact, and knowledge of any policy changes as a result of adoption. Key themes were extrapolated from responses using thematic synthesis.

Results: The main findings between the initial impact evaluation and the current one are unchanged. Both sets informants reported no significant changes to health worker recruitment in their countries as a result of the Code. Participants emphasized the superiority of existing bilateral Codes, the Code's non-binding nature, and the primacy of domestic health priorities in explaining its lack of impact.

Conclusions: The Code has not produced the tangible improvements in health worker flows it aspired to, and the WHO has yet to modify its approach on the issue. Several actions, including linking the Code to topical global priorities and reframing the Code's purpose to emphasize health system sustainability are proposed to improve the Code's uptake and efficiency.

THE HIGHER EDUCATION IN HEALTHCARE FROM A SOCIAL JUSTICE PERSPECTIVE – THE EMPIRICAL USE OF THE FUNCTIONINGS APPROACH

Michelle Teixeira¹, Maria Clara Dias¹, Carlos Dimas Ribeiro²

¹ *Universidade Federal do Rio de Janeiro – UFRJ, Brazil*

² *Universidade Federal Fluminense – UFF, Brazil*

michelle.cecille@gmail.com

Violence (discrimination, prejudice, sexual and moral harassment and others) in healthcare education is eventually subliminally encouraged or pedagogically legitimized. There is still no formal policy on universities or pedagogical and curricular proposal that incorporates violence issues that currently occurs on a daily basis within the university community. We noted limited content related with this topic in the academic literature which indicates this is not considered a relevant problem as it should. The healthcare education must not tolerate situations of violence as it likely negatively influences the healthcare professional profile. To analyze violence in Higher Education in Healthcare, we propose the Functionings Approach, from Maria Clara Dias, as a justice criterion. It serves to identify the interactions, contexts and situations that occur in the relationship network within health professional formation to reveal issues related to social justice that interconnect pedagogic, political and organizational structures. From empirical data we identified what are the basic functionings of the students related to social justice, whether these functionings are being expanded or damaged and what are the conditions of possibility to improve them throughout their university education. The data analysis revealed which institutional and educational micro processes have been just or unjust in this formation and has indicated possible conditions to enable such functionings. These empirical results makes us conclude that the Functionings Approach is a promising framework in healthcare education analysis, especially considering a higher education that intends to have more humanistic and ethical healthcare professionals.

COMPARATIVE EVALUATION OF PATIENT'S INFORMATION BETWEEN PROFIT AND NO-PROFIT STUDIES: WHAT DIFFERENCES?

Lucia Terracciano, Maria Antonietta Zinno, Loriana Paciello,

Ida Cerrone, Chiara Scafa

University of Naples Federico II, Italy

comitato.etico@unina.it

Every possible participant before taking part in an experimental study has the right to be properly informed, that is to say, enabled to understand the characteristics of the study, its utility and its consequences in terms of risks and benefits, in order to consciously decide whether to participate or not.

This is in compliance with the principles enshrined in Article. 32 of the Italian Constitution, in the Code of Medical Ethics, in the Oviedo Convention and in the rules of law and the constant judgments of the

courts.

The prior information provided to subjects enrolled in experimental studies is a process of exchange of knowledge between researcher and participant that contributes to the quality of research and at the same time is the expression of the correct health behavior.

In recent years the evaluation experience of experimental protocols by the Ethics Committee of Federico II University has increased interest in the examination and evaluation of information related to informed consent forms given to those involved in experimental studies.

This work comes from this increasing attention and has set as its main objective to compare the quantitative and especially qualitative information provided to the patient.

Through a comparative analysis conducted on the information provided in the protocols of experimental studies of pharmacological type - profit and no-profit - major differences appear; among these, the most characteristic is the presence of information characterized by technical terms difficult to understand and by an extremely detailed description of the study procedures largely present in the profit studies.

These elements suggest the hypothesis of a possible and silent form of defensive medicine in these types of experiments aimed at the prevention of possible consequences for medico-legal charge of lack of consent due to poor information.

This work illustrates also the corrective actions taken by the Technical and Scientific Secretariat of the Ethics Committee to have a positive effect on this phenomenon.

DILEMMAS IN ANIMAL EXPERIMENTATION IN MEDICAL AND SCIENTIFIC RESEARCH: A BOON OR A BANE?

Palanimuthu Thangaraju, Doraisami Balakrishnan

UNESCO Bioethics India Nodal Centre, SRM University, India

ptrajuagb@gmail.com; thangaraju.p@srmuniv.ac.in

Animals had served the mankind since civilization, in many ways. Research on living animals has been practiced since 500 BC.

Benefits of animal research: The knowledge acquired by animal experimentation has resulted in the discovery of several new drugs, vaccines, diagnostics, Heart lung machine, Cardiac pace maker, CT scanner, organ transplantation, in-vitro fertilization, gene manipulation, and cloning. The mouse is the most used animal, accounting for 75 percent of research, which had led to the award of 30 Nobel prizes, in Physiology and Medicine.

Ethics of animal usage: For scientific research, an estimated 26 million animals are used currently in United States.

In European Union, 11.5 million (2011) and in UK, 4.02 million (2013) animals were used for research. Over the centuries, several compassionate people including the Queen Victoria have voiced concern about the dreadful treatment of animals. This culminated in the Great Britain's Cruelty to Animals Act of 1876. In 1975, Australian philosopher Peter Singer started the animal rights and anti testing movement. The animal rights group 'People for the Ethical Treatment of Animals (PETA)' revitalized the movement in 1981. Today, many countries have enacted legislations.

Pros & Cons: The opponents of animal experimentation say that animals are so different from human beings, so that the results would often be misleading. They argue that better alternatives are available for researchers. On the other hand, the proponents of animal research point to the enormous benefits, accrued to the humans and animals. The present day legislations provide enough safeguards and prevent any mistreatment of animals in the research laboratories. Any more restrictions will prove to be counter productive. Hence, animal research is indispensable.

The present status: Over the years, the humankind has started implementing the three 'R's viz. replace, reduce, and refine. Several legislations curb animal usage, particularly in the pre-market testing of cosmetics. In UK, Germany, Netherlands and several European Countries, the total number of animals has fallen by half since the seventies. According to USDA 2014, the overall number of animals used in US, has decreased by 6.4%. It is heartening to note that the usage of animals shows a declining trend. However, there is a lot more to be done.

BIOETHICAL REFERENCES: HOW TO GET THESE IN CRISIS SITUATIONS

José T. Thomé^{1,2,3}, Moty Benyakar^{3,4}, Juan Jorge Michel Fariña^{3,4}

¹ Santa Marcelina Medicine School, Brazil

² Sedes Sapientiae Institute, Brazil

³ Del Salvador University, Argentina

⁴ Buenos Aires University, Argentina

jtthomé@uol.com.br

In Latin America and specifically in Brazil in the last decade, the population is living the culture of trivializing coexisting with violent events on a daily. Disruptive crises triggered by natural disasters, by politics, by the corrupt politicians, by the urban violence and by the broken economy make living unbearable towards the references of ethics/bioethics and of the human. To support this instability and uncertainty this population becomes passive going to experience these facts seemingly insensitive manner. They are sick without giving account. This mostly affects the health professional because they have to deal with at the same time, feel and live. The development of reconstructive emotional experiences with these through courses at the undergraduate and post, lectures and operative groups seek recovery of these ethics references using technical and specific methodology.

BARRIERS TO RESEARCH AND CARE IN VULNERABLE GERIATRIC PATIENTS WITH DELIRIUM

Joseph Thornton, Uma Suryadevara, Rajiv Tandon, Ron Shorr

University of Florida College of Medicine, USA

jjoethornton@ufl.edu

Delirium occurs most often in older patients and is associated with significant increase in morbidity and mortality. Efforts to manage agitated delirium often make the condition worse and patient with hypoactive delirium are most often missed for diagnosis and intervention. Given the severe consequences of delirium and limited knowledge, this population is greatly underserved by a lack of research (vulnerability due to a lack of research). This paper describes the barriers to implementing a relatively safe pilot intervention study in patients with delirium. The authors described efforts to mitigate against risk and protect the principle of autonomy. The proposed project is a 3 to 5 randomized controlled study of direct current cortical stimulation for hypoactive delirium. The intervention is currently used for studies in anxiety, depression and coma and has shown minimal risk. The selected patients would be persons hospitalized for new altered mental status that have achieved maximal benefit from intensive medical care but still suffer the disability from the delirium. Consent would be obtained from the informed health care proxy. Barriers to implementation of the study arose as we sought the most appropriate unit within the hospital for the care of these patients coupled with the increased business pressures to move patients who are impaired but not receiving intravenous treatments to be outside the hospital. The authors present the strategies to overcome these barriers, describe the mitigating role of debriefing sessions for surrogate consenters and present a template of issues to assist others preparing research in this area.

ETHICAL REQUIREMENTS FOR MEDICAL COMPETENCE IN GLOBAL HEALTH

Elena Toader

Gr. T. Popa University of Medicine and Pharmacy, Romania

toader.elena@yahoo.com

In a globalized world, health is a high priority and the need for medical education with medical competence for global health subscribe to this priority for training in the medical profession, worldwide. Global health programs that include training opportunities are designed based on ethical requirements of beneficence, justice and the obligation to assist. To ensure the quality of the health care in terms

of safety for the patients, physicians need to develop a training based on medical education by which to acquire medical knowledge according with adequate ethical requirements of contemporary globalization. This paper aims to analyze ethical requirements for global health competence in the relationship between medical education and global health. First we identify ethical issues within the domains of competency in global health education presented in the literature. Then we will show how these ethical issues are reflected in national context. For a realistic picture of the local situation, we will apply questionnaires to physicians and patients with experience within the global health environment. All aspects of empirical work will relate to the debate in the literature. In conclusion the data obtained will enable us to identify outline ethical guidelines for global health competence that include a set of appropriate responsibilities to accommodate mutual and reciprocal benefit.

"SYLLABUS" — A COLLECTION OF TEACHING UNITS IN BIOETHICS

Claudio Todesco

European Centre for Bioethics and Quality of Life – UNESCO Chair in

Bioethics Unit, Italy

todesco50@libero.it

The report aims to present teachers with the "Syllabus," a set of teaching units to educate children and young people around the world in bioethical thinking and behavior.

These units, although designed for different age groups (3–5 years, 6–10 years, 11–14 years, 15–19 years) have a common structure with the following elements: Ethical Principle, Title, Learning Objectives, Case Dilemma, Teaching Methodology, Readings.

In order to give a better idea of the work, a teaching unit from the "Syllabus" will be presented and analyzed.

EDUCATION OF THE ETHICS OF SEXUALITY IN ADOLESCENTS DURING SCHOOL TIME

Teresa Tome Ribeiro

Nursing College of Oporto, Portugal

teresatome@esenf.pt

Introduction: Education for sexuality has been a priority issue in programs of preventive health care in developed countries, as well as undeveloped countries. We know that the away young people integrate in their lives an understanding about sexuality, has expression in the choice of their behaviors in this area; this may have positive or negative repercussions in their health and individual life project. It is important to provide an education for sexuality that gives young people the knowledge they need to take their decisions in liberty, but in an appropriate and conscious away.

Aim: To understand the perception of teachers about education for sexuality in an ethic perspective.

Material and Methods: This investigation was done for a doctoral thesis about education for sexuality, using mixed methodologies (quantitative/ qualitative) of type action research: 1) diagnostic step with 154 teachers of eleven first and second grade schools in Portugal 2) intensive training course for teachers 3) evaluation with the teachers of the results program.

Results: in step one teachers had positive attitudes towards the existence of sex education programs in schools; they claimed difficulty to have curricular time for these programs and felt unprepared to teach such matters, different concepts and values about sexuality; they valued primarily the medical and DTS preventive component; in step two, 121 teachers completed the formation and implementation of IPD3; in step three teachers found easy to talk about sexuality based in a bioethical program such as IPD3. Teachers reported that the route taken with students impacted them personally and professionally.

Conclusion: a program as IPD3 can contribute to a new paradigm of education for sexuality looking ahead to a humanizing direction.

PURPOSE, COMPOSITION AND ETHICS COMMITTEE WORKING IN ASSOCIAÇÃO DAS PIONEIRAS SOCIAIS

Katia Torres Batista^{1,2}, Eliane Maria Fleury Seidl²

¹ Sarah Network of Hospitals, Brazil

² University of Brasilia, Brazil

katiatb@terra.com.br

Introduction. The ethics review committees (CEP) are responsible for the ethical evaluation of the projects presented by the scientific community, and inform and educate its members.

Objective. Presenting the purpose, composition and operation of the CEP of the Association of Social Pioneers (APS).

Methodology. Descriptive analysis of the CEP / APS in 2013, constituting a documentary study.

Results. The CEP / APS is an independent collegiate body set up in 2001 in accordance with Brazilian regulation, with the main objective of promoting the application of ethical principles and human rights in research involving humans. The joint committee formed by coordinator 14 members and five alternates, is committed to the gender and profession representation. They analyzed 66 projects posted in Brazil Platform and 97 projects submitted for presentation events. The median time to the first opinion was 14 days and the issuance of the consolidated occurred in 30. We approved 40 projects, 25 had disputes in the first analysis, a project failed. The main problems were related to the writing of informed consent, the multicenter projects, not including budget and schedule and methodological limitations. By institutional feature of CEP / APS, it was realized that in many projects, research participants are patients and the researcher is the professional who assists. It considered the important role of the CEP / APS to ensure trust between researcher and participant in the research.

Conclusion. Despite the challenges encountered in the formation of the CEP / APS, this has had proper operation. Whereas many researchers say the review process promoted by the CEPs are time consuming and even unnecessary, the CEP-APS, located in a Hospitals Network, has promoted with researchers the necessary guidelines for the criteria for approval of constant research in Resolution 466/12 are achieved.

RULES FOR PATIENTS' ENROLLMENT

Bruno Trimarco, Cinzia Perrino

Federico II University of Naples, Italy

trimarco@unina.it

Randomized controlled trials (RCT) are currently considered one the strongest methodologies to evaluate the clinical effects, toxicity and tolerability of drugs or other medical or surgical interventions. Patients' enrollment plays a crucial role in clinical trials, and rigorous methodologies need to be employed to allow the assignment of patients to different groups of treatment and the correct interpretation of data. In particular, randomization is extremely important to ensure that the different groups being compared are truly similar, and that the only difference that could influence the outcome in their disease is whether or not they are receiving the new treatment. In the present section, we will discuss the different phases of enrollment, common obstacles and limits of these approaches, as well as possible strategies to implement this aspect of clinical research.

ETHICS OF THE PROFESSION

Vito Trojano¹, Anila Kardhashi²

¹ AOGOI, Italy

² National Cancer Research Centre, Italy

vtrojano@katamail.com

Obstetrics and Gynecology, as it deals with all of life's major passages – birth, reproduction, aging, and death – has seen every major medical advance create unexpected ethical dilemmas for our discipline. The moral dilemmas that face Obstetrics and Gynecology range from public advocacy for the very basic needs of health and human rights

for women to the most intricate issues surrounding the growing knowledge and use of the human genome.

Ethics is an essential dimension of Maternal-Fetal Medicine. Medical ethics concern the moral obligations of physicians to patients. Identifying these obligations helps to define what medical morality ought to be. It is important not to confuse medical ethics with the many sources of medical morality in pluralistic societies. These sources include, but are not limited to, law, various political heritages, the world's religions, ethnic and cultural traditions, families, the traditions and practices of medicine (including medical education and training), and personal experience. These sources of morality are useful starting points for medical ethics. The traditions and practices of medicine appeal to the general obligation to protect and promote the interests of the patient. Providing a more concrete, clinically applicable account of this obligation is the central task of medical ethics. Ethical principles, e.g the Principle of Beneficence (that requires one to act in a way that is expected reliably to produce the greater balance of goods over harms) and the Principle of Respect for Autonomy are among the relevant tools that help the physician to interpret and implement his or her general moral obligation to protect and promote the interests of the patient.

A QUALITATIVE STUDY: PROFESSIONALISM IN COSMETIC NURSING

Cheng-Yu Tsai¹, Chiung-Hsuan Chiu¹, Hui-Ching Weng², Yeu-Hui Chuang¹

¹ Taipei Medical University, Taiwan

² National Cheng Kung University, Taiwan

ginothy@gmail.com, m511102013@tmu.edu.tw

Background: In last ten years, the number of cosmetic and aesthetic clinic has increased significantly in Asia. Regardless of its benefits to the economy, the substantial growth of cosmetic market creates an adverse effect on the health system. Large numbers of nurses shifted from altruistic setting to commercialized setting. The essence of caring and altruism in nursing transform to profit-making belief. Nurses' professional value and identity can be greatly altered if this is not properly managed.

Objective: The aim of this study were to explore the construct of nurses' professionalism and the modification of professional values in cosmetic setting.

Method: Interviews were undertaken with 10 nurses working in cosmetic clinics. Participants were all females and aged between 20 to 40 years. Interviews were audiotaped and transcribed. The data was analyzed based on the constructs of medical professionalism of physicians and further developed the constructs for nurses.

Result: Four concepts were observed for nursing professionalism. They were professional skills, moral integrity, team work and public health integration. A common feature was duality and ambiguity in the phenomena studied and identified concepts had underlying categories with both negative and positive dimensions.

Conclusion: This study suggests that despite the professional values are still apparent, the preservation of professionalism seems questionable among cosmetic nurses. The change in the scientific and economic environment can result in the undermining of professional values for nurses.

CULTURE OF RED ENVELOPES IN MEDICAL PRACTICE: A CONFUCIAN REFLECTION ON CONFLICT OF INTEREST

Daniel Fu-Chang Tsai, Daway Jo, Hui-Jung Lee

National Taiwan University College of Medicine

ftsai@ntu.edu.tw

Sending "red envelope", which is a kind of monetary gift enclosed in a red pocket, on specific life occasions such as birthday or New Year holiday, is a common social practice in certain East Asian countries. However, the culture of "patients sending red envelope to doctors" causes controversial conflicts of interest problem in medical practice. This paper discusses the culture of red envelopes in medical practice and gives a general account of the causal interaction between Chinese

culture, Confucianism, and red envelope cultural in medical practice. Some claims that Confucian or Chinese culture is an influential reason which causes red envelope culture in medical practice. While we argue that, it is the distorted closeness-distance relation and the dominance-submission relation, rather than Confucianism which takes benevolence and righteousness as its primary principles, leads to the development of red envelopes culture in medical practice. This paper argues that Confucian ethics has profound critics and clear ethical guidelines on conflict of interest.

AN ALLEGED CASE OF PROFESSIONAL RESPONSIBILITY FOR A RARE ADVERSE EVENT DURING INTRA-VASCULAR EMBOLIZATION OF A BRAIN ARTERIO-VEIN MALFORMATION

Antonio Tuccillo, Franca Perrone, Vincenzo Graziano, Mariano Paternoster, Claudio Buccelli
University of Naples Federico II, Italy
tuccilloantonio@alice.it

A woman was subjected to angiographic embolization with gluey material (glubran and lipodiol at 33%) of a bleeding aneurysmal dilatation in the left thalamic area.

Serial radiography showed the presence of glue in the right vertebral downstream the bearing catheter and in the distal tract of the basilar trunk with occlusion of the basilar trunk and of the two posterior cerebels.

In the attempt to remove the embolizing material various stents were positioned in the occluded vessels thus partly recovering the basal brain circulation; important vascular structures, however, remained occluded (perforating arteries originated by the basilar trunk: pontal branches).

Death actually supervened.

The adverse event, although being of iatrogenic nature, was considered not to be due to technical behaviour error.

The reconstruction of the images of the event, from the serial radiography performed before and after the stage of acrylic glue release, showed a correct localization of the distal marker of the micro-catheter from which the glue was supposed to be discharged, that is to say close to the anatomic site of the pathological vessel.

The most likely cause of the adverse event was deemed to be a retrograde reflux of the glue at injection from the micro-catheter with consequent vascular obstructions downstream the tip of the catheter, not target of the procedure.

ETHICAL ISSUE OF PHYSICIAN HEAL THYSELF

Wunna Tun
Myanmar Medical Association, Young Doctor Society, Myanmar
onlinewunna@gmail.com

Medical ethics may vary according to country, culture, custom, belief. Physician or doctors treat themselves is not uncommon practice in some countries while others have regulation on doctors that they should not treat their own illnesses or self-prescribe.

There is increasing in stress and burnout rate among physician in nowadays. Doctors receiving prescriptions from or writing prescriptions for their colleagues has become ethical dilemma on physician health.

In this context, this paper will first review state Ethical Issue of Physician Heal Thyself. We will then mention the survey result on graduated doctor in Myanmar about their perspective on prescribing self-medication. Finally, we will consider potential recommendations for overcoming the barrier for Physician Heal Thyself.

HOW TO CHANGE BRAIN ACTIVITY BY COMBINING SMMTM METHOD WITH BIO/NEURO/-FEEDBACK TO ACTIVATE THE FRONTAL-LOBE & HOW TO MEASURE IT

Edna Tune
Israeli Biofeedback Association, Israel
tunedna@bezeqint.net

Recently, we find an increasing phenomenon that manifests itself in disabilities and inability to implement abilities as: attentiveness, concentration, learning, behavior and increase in number of autism disorders.

All these are discoveries of mal sensory processing disorder that require regulation of our frontal lobe activation.

The frontal lobe is responsible for regulating mechanisms of the unconscious and to activate the systems of potential abilities expressed in thinking, attention, concentration, and speech in human ethics.

Normal function is also measured by ability to control effectively in everyday speech.

The Skills Development Center obtains the latest technology, providing physiological process feedback (neurofeedback and biofeedback). These methods enable monitoring of: attention level, muscle straining, birthing rhythm, pulse, heartbeat changes, body-cells oxygen level and carbon dioxide level, the body's vitality level and sensing data processing speed.

Results: The unique combination of such diagnosis methods, training skills and technologies provided by the Skills Development Center enables adaptation of behavior patterns which optimally improve the focusing capabilities, attention level, motoric fine tuning, cognitive and behavioral abilities. The acquired skills enable oneself to acknowledge and control his/her behavior, develop personal responsibility improves self-esteem and provides functional awareness.

FEMALE GENITAL MUTILATION: A MEDICO LEGAL VIEW

Emanuela Turillazzi
University of Foggia, Italy
emanuela.turillazzi@unifg.it

Despite global and local attempts to end female genital mutilation (FGM), the practice persists in some parts of the world and has spread to non-traditional countries through immigration. FGM is of varying degrees of invasiveness, but all forms raise health-related concerns that can be of considerable physical or psychological severity. FGM is becoming increasingly prohibited by law, both in countries where it is traditionally practised and in countries of immigration. Medical practice prohibits FGM. The Italian parliament passed a law prohibiting FGM, which has put in place a set of measures to prevent, to oppose and to suppress the practice of FGM as a violation of a person's fundamental rights to physical and mental integrity and to the health of women and girls. The Italian law not only treats new offences but also wants to deal with the problem in its entirety, providing important intervention in all the sectors. Different kinds of interventions are considered, starting with the development of informative campaigns, training of health workers, institution of a tollfree number, international cooperation programmes and the responsibility of the institution where the crime is committed. Particularly, the law recognises that doctors have a role in eliminating FGM by educating patients and communities.

BIOETHICS AND JUSTICE IN HEALTH CARE: GROUNDWORKS FOR AN AFRICAN ETHICAL APPROACH

Samuel J. Ujewe
University of Central Lancashire, United Kingdom
sjujewe@uclan.ac.uk, sjujewe@yahoo.com

Sub-Saharan African countries are widely recognised to share a common cultural heritage in which communitarian ethical values are emphasised; they also share a similar burden of disease. While Africa

as a whole bears over 25% of the global burden of disease, the financial commitment to health amounts to less than 2% of the total global expenditure. Intuitively, these facts not only suggest imminent questions of justice in the global distribution of resources, but also point toward the varied ethical challenges of inequity in access within African health care systems.

The foregoing indicates either or both of two problems: a) that resources for health care are not proportionate to the populations' needs; and/or b) the distribution of health care is not informed by appropriate considerations for justice. Health improvement strategies have focused on tactical approaches, overlooking the underlying ethical dynamics of the situation. Yet, while justice obliges us to pursue fairness in the distribution of health care, policy needs the guidance of ethics to determine what this obligation means. Norma Daniels offers an ethical framework that outlines four conditions – publicity, relevance, appeal and revision, and regulative – as guidelines towards just reforms in African health systems.

Daniels' theoretical claims are defended against an "opportunity thesis", which has fundamental value differentials from African "ethic of responsibility" and "communitarian principles of justice". This paper will establish the theoretical foundations for an African ethical approach for just health care reforms in the sub-continent. The resulting framework should more appropriately guide reforms for African health systems.

WHICH TRIALS IN DENTISTRY? PROFILES OF PROFESSIONAL COMPETENCE. FORENSIC MEDICAL IMPLICATIONS

Enzo Vaia
Libero Professionista, Italy
e.vaia@libero.it

The continuous acquisition of new biological knowledge and the development of new technologies applicable to diagnosis, to treatment procedures and to the production of new materials, make it necessary to proceed with the testing of new clinical protocols and / or new biomaterials.

The speaker in his presentation will focus on the types of possible clinical trials, the parties responsible for carrying it out and the places where you can do it and, finally, he will examine the possible failures, side effects and possible complications.

On all these issues, the speaker will highlight clinical problems and specific profiles of ethical responsibility and of forensic medical liability.

MEDICAL & LEGAL REMARKS ON GENDER DYSPHORIA

Paolo Valerio
University of Naples Federico II, Italy
valerio48@live.com

Transgenderism – or better, gender variance – represents an interesting scientific field at the crossroad of different theoretical disciplines, such as psychology, medicine, anthropology and sociology. Currently, the debate on the pathologization of transgender condition is still open, even though the new edition of DSM (Diagnostic and Statistical Manual of Mental Disorder) has kept this diagnosis, though changing its name from "Gender Identity Disorder" to "Gender Dysphoria". Indeed, the international psychiatric community has considered the term "disorder" as extremely stigmatizing, but there is not agreement on its depathologization yet. It is possible to find an ethical problem in the obligatoriness of the diagnosis because it does not leave choice to those who do not need to undergo gender reassignment surgery. It means that medical and psychological issues are strictly interrelated with the legal ones. For the current Italian law 164/1982, in order to change one's legal name, it is mandatory to change one's sex, to be 'sterilized' and to dissolve the marriage. Such a situation can often causes social stigmatization and discrimination, representing a potential case of structural stigma. Why are they forced to undergo a surgical intervention that they do not want or must give up on their need? What is the role of clinical psychologist? What kind

of question transgender people bring about? This contribution is aimed to retrace the history of diagnosis, to think about the role of psychologist in interaction with this identity condition and to examine those power devices that regulate and make normative the differences.

THE DAY-AFTER PILL AND CONSCIENTIOUS OBJECTION OF PHARMACISTS ACCORDING TO THE SPANISH CONSTITUTIONAL COURT

Julián Valero-Torrijos, María Magnolia Pardo-López
University of Murcia, Spain
julivale@um.es, magnolia@um.es

The Plenum of the Spanish Constitutional Court, with several dissenting opinions, has just estimated the appeal lodged by a Seville pharmacist who was sanctioned by the Government of Andalusia with a fine of 3,300 euros for not having in the pharmacy he owns stocks of medication known as the "day-after pill" and condoms.

It recognized -for what concerns the drug, not the condoms- his right to conscientious objection, and the decision overrides both the administrative sanctions and the judgment of the Administrative Court of Seville. On the contrary, it rejects the penalty injured his right with respect to the provision of condoms, not seen in this case any conflict of conscience with constitutional significance.

The Court begins by stating that the right to conscientious objection according to the constitutional doctrine itself has been recognized also to doctors regarding abortion and it must therefore be applicable to pharmacists when such objection is projected on the duty of dispensing day-after pill. The Constitutional Court considers that regardless of existing quantitative and qualitative differences between the two cases, it can be concluded that the basis of the conflict that beats both of them are tied to the same purpose: the right to life.

This paper aims to offer an analytic and critical view of the constitutional judgment as well as of the dissenting opinions.

HUMANITY: A PEOPLE ON THE MOVE

Miroslava Vasinova¹, Alessandra Pentone^{1,2}
¹ *European Centre for Bioethics and Quality of Life, UNESCO Chair in Bioethics, Italian Unit*
² *University of Bari, Italy*
mvasinova@libero.it, alesspent@hotmail.com

Humanity may be seen as one great people in migration. From time immemorial, man has been moving from his native land to other locations in search of better conditions for living and thriving. War, hunger, poverty, desperation as well as curiosity and spirit of adventure are only some of the reasons that might him leave his country looking for the "Promised Land". All too often, great expectations and boundless hope cloud his mind, but, as soon as he touches the foreign land's ground, they disappear. In fact, more and more frequently, the host country's citizens take refuge behind an insurmountable barrier of suspicion, prejudice, and even self-evident racism: this way, any kind of dialogue or possible integration becomes a utopia. But in the near or far-off future, we are all at risk of becoming immigrants, as a result of a natural calamity, a war, or any other reason. Moreover, our poor memory doesn't allow us to remember that we are all "one people on the move". Going back to a recent or remote past, we all arise from migrant's relatives or ancestors, precious repository of their own culture and tradition.

'UNESCO, promoting and defending Human Rights, and in particular, in the 2001 Universal Declaration on Cultural Diversity, concerning Identity, Diversity, and Pluralism, states that Cultural Diversity represents a Human heritage for the present and future generations (art.1). It: "widens the range of options open to everyone; it is one of the roots of development, understood not simply in terms of economic growth, but also as a means to achieve a more satisfactory intellectual, emotional, moral and spiritual existence" (art.3).

"The defence of cultural diversity is an ethical imperative, inseparable from respect for human dignity..." (art.4).

A GAME OF MIRRORS: AWARENESS OF PROGNOSIS IN THE DYNAMIC RELATIONSHIP PATIENT-CAREGIVERS IN ADVANCED CANCER PATIENTS

Laura Velutti

UO Oncologia Medica ed Ematologia Humanitas Cancer Center - IRCCS, Italy

Awareness of the diagnosis and prognosis in all diseases are two basic elements to share plans for care and assistance. This is especially true in cancer patients and even more in advanced stages and terminal illness. Awareness of these two elements, and particularly of prognosis, is important to guide treatment decisions, related to informed consent, and to allow some personal choices. Correct information appears a prerequisite of awareness, however, we know that there are mechanisms of defense and denial and that they alter perceptions. Awareness is a dynamic process: it does not appear directly related to the information provided to the patient. It is based on the information but it necessarily passes through cognitive and emotional paths. The literature tells us that even in advanced cancer, incurable, susceptible to treatments aimed only at improving survival, although there has been a communication technically correct, the level of awareness varies widely. A substantial number of patients evaluates the illness as "not serious" or "curable". Awareness is lower in patients with low levels of education and older. Some data available in the literature indicate a high correlation between what patients know and what the caregivers believe their relatives know. Only in a small percentage of cases patients appear more aware than believed by caregivers. This shows that there is a tendency of caregivers to place themselves in a "filter condition" for limiting the path of maturation of awareness of their relatives. In a significant number of cases this position is declared as an explicit request to the operators before treatments. This situation also occurs at the start of a path of palliative care, thus in a condition where the diagnosis is not recent, and the patient has already made specific cancer treatments that did not have as its objective the healing but only the improvement of survival. At this time the patient has already received several information about their disease, he gave his consent to perform various treatments. In the common experience, in oncology and palliative care, we have a pressing demand from caregivers, made before the first visit to the patients, to not communicate the diagnosis and prognosis, especially. They come to threaten to not activate the most appropriate path of care, in order to "protect" their relative. This raises ethical and deontological questions to the operators that have the task of establishing a relationship of trust with the patients leading to a genuine therapeutic alliance. The only recipient of clinical information is the patient, caregivers should be informed only when and how the patient wishes. In advanced stages of terminal illness and, in particular in the home setting, we cannot care a patient without a caregiver. The core patient-caregiver should considerate a single entity to target treatment. The operators are in the position to accept, for the benefit of the patient, the restrictions imposed on communication. They will experience during the course of treatment designed to encourage awareness of the patient. In this discussion we want to analyze the ethical, deontological and clinical facts about this game of mirrors between patient and caregiver thanks to the literature data and practices within multi-professional team

CONTRACTUAL AUTONOMY IN THE MEDICAL EXPERIMENTATION ACTIVITIES

Carlo Venditti

Second University of Naples, Italy
carlo.venditti@unina2.it

In Italy the Medical Experimentation Contract is submitted by hard regulation from European Union. In fact the contractual parties shall safeguard the receivers of the experimental pursuits. This paper describes the duties of the further and of the experimenter also which shall safeguard the foibles. The conclusion is the strongly restriction of contractor's autonomy hence of the preliminary controls on free compliance externalized by the receivers of the experimental drug.

DYING, A HUMAN THING

Mary-Joanne Verhoeff¹, Stijntje Dijk², Karim Abdeltawab³

¹ IFMSA-The Netherlands, Leiden University, The Netherlands

² IFMSA-The Netherlands, Erasmus University Rotterdam, The Netherlands

³ IFMSA-Egypt, Alexandria University, Egypt

lunesco@ifmsa.org, lme@ifmsa.org

Background: Ethics are the guiding values for a medical student's and doctor's work. A competent medical student and doctor should be well aware of medical ethics that govern his/her practice, and capable of taking decisions in situations when following such values may be compromised. One of the most crucial moments in a person's life that every person will face, is dying, yet this topic is often neglected by medical curricula as it is a process not aimed at recovery, rather than guiding patients through the end of life care.

Methodology: Medical Student Associations worldwide falling under the International Federation of Medical Students' Associations (IFMSA) are taking the initiative to fill the gaps in medical curricula and equip medical students with the necessary skills to support their patients through the end of their life.

Interactive workshops and lectures aim to destigmatize the concept of death and address ethical dilemmas such as decisions at the end of a patient's life, teaching communication skills as well as introducing medical students to patients and their lives at their final stage.

Discussion and conclusion: This oral presentation aims to discuss an example of the activity "Dying, a Human Thing" 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 this crucial yet stigmatized and under addressed topic together with medical students worldwide.

IMMIGRANT WOMEN AND REPRODUCTIVE HEALTH: THE MORAL IMPERATIVE OF transcultural SERVICE

Carmen Verrastro, Elena Carovigno

Italy

carmenverastro91@gmail.com

The migration that transformed the face of Italy is a challenge to ethical reflection, as it tests the consistency of the universal principle of equality, and it requires an effort of reorganization of the whole society, especially in health services. Due to the steady growth of female immigrants, assistance to pregnant women has become the main problem for medical care in Italy. The migration experience, language barriers, social and cultural rights, the lack of information and psychological support-emotional and difficult access to and usability of social and health services are all reasons that make women particularly vulnerable. These are issues determining the juncture of female reproductive health detected by various surveys conducted in our country. When providing assistance to a woman from a different ethnic group, it is critical to use a methodology of transcultural approach that recognizes the cultural dimension of the person. Another reality that health services are increasingly concerned with is that of Female Genital Mutilation. Health professionals have a vital role in protecting the health of women and girls who are victims with prevention, treatment and rehabilitation, and should be able to accept a request for help from these women. As health care strives to fully integrate these citizens, they face the following challenges: increasing the intercultural competence of health professionals, providing space for cultural mediation to create channels for dialogue and discussion, and to build therapeutic relationships in which the culture of both partners (health professional and patient) is respected.

INFORMED CONSENT IN NURSING

Maria Silvia Verrastro, Elena Carovigno

Italy

mariasilviaverrastro@yahoo.it

The progress in scientific knowledge and technological means has led to new issues from an ethical point of view, where the patient has to

deal with complex choices; hence the need to enhance the communicative-information aspect and the relational aspects of the clinical encounter.

Informed consent is a particular and delicate moment of the communication, the instrument through which the patient chooses consciously about their health. The autonomy of the patient is a very important theme in the Code of Ethics for Nurses although, when it comes to informed consent is usually related to doctors.

The nurse is the professional who, more often than the doctor, is in contact with the patient, yet only few years ago the issue related to the informed consent started to include the nursing profession, although from many articles in the Code of Ethics we can read that informing the person should not be a possibility but rather an established practice.

As every professional must ensure the consistency of the information, the matter of the informed consent does not lead to the creation of another standardized procedure to support the one related to medical procedures, but it should be seen as an unavoidable stage of the treatment which is necessarily multi-professional, monitored and enforced by the nurse.

To become a well-established reality, it is essential that nurses improve their skills and knowledge, with a more active and independent role and are able to build a relationship with the patient where the latter is an actor of the game, able to control their own lives.

HUMAN ENHANCEMENT: A PROPOSAL OF REGULATION THROUGH A FUNCTIONING APPROACH

Murilo Vilça
PPGBIOS-Fundação Oswaldo Cruz (FIOCRUZ), Brazil
murilo.vilaca@fiocruz.br

In this paper, I discuss the human enhancement (HE) idea on two levels. My first goal is to defend the HE by refuting three frustrating tendencies in the HE criticism, such as: (1) human nature will become artificial, suggesting that we will be facing something new and uniquely dangerous, and that it is still possible to preserve a radical separation between what is natural or artificial; (2) it is possible to address and criticize the HE from a semantic uniqueness, and it is directly related to (1), (3) there is an univocity among HE's defenders on how individuals should handle with the available biotechnoscientific tools, for instance, as a naive and uncritical obligation to enhance.

Done that, my second goal is to develop a proposal of philosophical regulation based on the Functioning Approach. I intend to argue that the normative dilemmas inherent to the HE should be analyzed based on a perspective that does not separate the ethical and political spheres, and that does not have an universal claim that is insensitive to diversity by imposing a enhancement model. That is, human beings should have the freedom to choose which functioning should be enhanced.

REB CONSENT FORM TEMPLATE DISCLOSURE ELEMENTS: AGREEMENT AND COMPLIANCE WITH BIOETHICS STANDARDS

Alexander Villafranca, Tyler Denisuik, Divya Parveen, Eric Jacobsohn
University of Manitoba, Canada
avillafranca@sbgh.mb.ca, ajv1982@gmail.com

Introduction: To promote valid participant informed consent, adequate study-related information must be disclosed by researchers. Disclosure includes: ethicists outlining what must be disclosed i.e. disclosure elements; research ethics boards (REBs) disseminating this to researchers using research consent form templates (RCFTs); and researchers using RCFTs to determine what information to disclose to participants.

RCFTs with inadequate disclosure may contribute to poorly informed participants. Evidence shows that participants are often under-informed. However, little empirical research has examined RCFTs disclosure elements.

Methods: We examined the compliance of 94 RCFTs in six English-speaking countries with a disclosure standard derived from eleven seminal research ethics documents, and the agreement between RCFTs for disclosure elements. Using network analysis, each element was depicted as a "social network". We created two composite networks: *inclusive* – including all RCFT disclosure elements; *exclusive* – including only elements found within the standard. Overall compliance within the exclusive, and overall agreement within both, were calculated using UCINET software (V.6.586, Analytic Tech, USA). Permutation tests determined whether agreements were greater than expected by chance.

Results: There were 142 disclosure elements in the inclusive; 42/142 represented the exclusive (disclosure standard). Overall compliance was moderate (59.1%, 95% CI=57.5-60.7%). Agreement in the inclusive was poor, being no better than chance (23.8%, $p=0.96$). Agreement in the exclusive was greater than chance, but only fair (39.9%, $p<0.001$).

Discussion: RCFTs in six countries showed unsatisfactory compliance with a disclosure standard. Furthermore, there was unsatisfactory agreement for disclosure elements, including those considered important by bioethicists. REBs should ensure that their RCFT disclosure elements are standardized and that they comply with ethical standards.

A COMPARATIVE STUDY OF POLICIES AND GUIDELINES FOR CLINICAL TRIALS IN THE PEDIATRIC POPULATION IN THE PHILIPPINES, EUROPEAN UNION AND THE USA

Maria Salome Vios
University of the Philippines – Manila, Philippines
marianv53@gmail.com, snvios@post.upm.edu.ph

Health research is a moral duty because it is the foundation for evidence-based health care. Controlled clinical trial in a multi-center setting is the Gold Standard for validating diagnostic and therapeutic interventions for efficacy and safety before they are approved for use in the clinical setting. Traditionally children as a population have been underserved in clinical trials. Dosages and formulations of drugs used in children are generally extrapolated from adult data, thus lacking in evidence. To encourage trials in children, the European Union passed legislations to promote pediatric trials while ensuring that the rights and well being of children are protected. In the US, state and federal laws are updated to address similar issues. Since children are considered vulnerable, and in compliance with the provisions of the UN Convention on the Rights of the Child (UNCRC), society should therefore promote the highest scientific and ethical standards in conducting health research in children. In the last 15 years the Philippines has become an important stakeholder in global clinical trials. It was only in the recent past, in 2011 when the Philippine National Health Research System revised its national ethical guidelines to include a section on research among children. Benchmarking with EU and the USA, this paper discusses the evolving regulatory framework in the Philippines that afford protection to children as research participants.

THE BRAVE NEW PATHOLOGY AND ITS ETHICAL ISSUES

Marco Flavio Michele Vismara¹, Viviana Meschesi², Giuseppe Donato³

¹ Tor Vergata University of Rome, Italy

² RomaTre University, Italy

³ Magna Graecia University of Catanzaro, Italy

marco@vismara.info

Pathological Anatomy underwent extraordinary developments during the last years. Most of this progress was primarily achieved in immunohistochemistry, molecular biology, and related sciences. Nevertheless a great problem in modern pathology practice seems to concern an ethical principle of justice. In a globalized world such an issue is extremely important and confers new dimensions to the concept of macro-allocative resources, as the gap between levels of care in rich and poor countries keeps growing. Nevertheless, the increased costs could cause the risk of new problems concerning the micro-allocative dimension also in developed countries. Therefore

new biomedical techniques, new ethical issues, and possible philosophical tools of analysis need to be discussed in these new perspectives. For this reason in our research, we discuss about new pathology and its ethical issues. New data are linked with morphological patterns in order to elaborate the pertinent nosology and to perform a prognostic assessment of the applicability of a tailored therapy to the single patient. New ethical issues should be discussed and possible philosophical tools of analysis should be suggested mainly because modern procedures and techniques have made a spectacular entrance in screening processes. Our study is an attempt to address the issue of an ethical reflection inspired by Rawls' "theory of justice" and Nussbaum's "capability approach". We put forward the claim that this reflection could change the laboratory-diagnostic setting's approach, through personalized bioethics supervisions. This approach, alongside increasingly personalized therapies, could allow a better resource allocation in order to perform a better costs-benefits management of patients as individuals with their own needs and capabilities.

THE NEW STYLE OF MANAGEMENT: EVIDENCE-BASED MANAGEMENT

Alexandrina Vodenicharova
Medical University of Sofia, Bulgaria
 al.vodenicharova@abv.bg

Nowadays the health system in our country is struggling with the challenge of how to manage health-care delivery in conditions of resource constraint. Healthcare policy, style of management and decisions are needed to maximize the positive impact of healthcare interventions on population health, while maximizing the value from the cost of providing the interventions. In this case, it is necessary to adopt measures which will simultaneously increase both the demand and supply of evidence, as well as improve the dialogue between academic teachers and the managers in health practice as users of evidence. The aim of our study is to support and promote the development, communication, understanding and use of evidence-based management, as a scientifically-based and multidisciplinary means of informing decision-making regarding the introduction of effective innovations and the efficient use of resources in health care. The research analysis is based on the experience gained among academics, health officials, and civil society organizations. Results show that evidence-based management is not practiced widely and systematically, which results in poor decisions and development outcomes. Research proposes a model to support informed decision-making on the introduction of evidence-based management into the health system and enhancing capacity for evidence-informed health policy.

CONSENSUS FOR FRESH HOMOGRAFTS IMPLANTATION IN PEDIATRIC PATIENTS

Carlo Vosa, Ambra Uccello, Anna Nicoletti, Gaetano Palma
University of Naples "Federico II", Italy
 carlo.vosa@unina.it

Background: In our study we implanted homografts for the reconstruction of the RVOT in children, and we tested a sterile antibiotic Hanks' solution to achieve sterilization and conservation of this kind of prosthesis. It is much harder to apply these procedures in children than the adults, because the legislation requires us consensus by both parents. We don't need consensus of minors, however when we treat adolescents, we considerate also their opinion

Methods: From January 2013 we started a protocol for cadaveric ascending aorta explants. In the last months we implanted 15 aortic homografts (mean size 19-21 mm), sterilized at low antibiotics concentration and then preserved at +4 °C, for the following CHD: 3 ToF, 2 PA + VSD, 1 Truncus type A, 1 TGA, and 8 RVOT obstructions in patients with ToF radically corrected with Contegra® conduit.

Results: No complications occurred in all patients, especially we have no case of infection related to implanted homografts thanks to efficacy of our sterilization solution. Follow-up showed a maximum transprosthetic gradient of 28 mmHg, a medium grade regurgitation

of the prosthetic valve in 3 patients, and a mild regurgitation in 1 case.
Conclusions: Our current trend in choosing the ideal prosthesis is represented by fresh aortic homografts, because of their long term durability also in patients with hypoplastic pulmonary branches or high pulmonary pressures, and because often they represented the only way to treat some of these diseases.

ETHICS CONSULTATION IN END-OF-LIFE CARE IN AUSTRIAN HOSPITALS OF THE HOSPITALER ORDER OF ST. JOHN OF GOD

Jürgen Wallner
Hospitaller Order of St. John of God, Hospital Vienna, Austria
 juergen.wallner@bbwien.at

The hospitals of the Austrian province of the Hospitaller Order of St. John of God ('Hospitallers') have been implementing a system of ethics leadership since 2010. This system encompasses policy making, education and training, and case consultation. Clinical ethics case consultation is provided by either members of the clinical ethics committee or a full-time ethicist according to international standards (AEM, ASBH).

Most case consultations deal with end-of-life care issues, especially decisions regarding withholding or withdrawing life-sustaining treatments. These decisions can be ethically and sometimes legally challenging, since they are based on complex medical, moral, emotional, social, and legal factors. Ethics case consultation facilitates the decision-making process of the healthcare team, the patient (where communicable), and the patient's proxies (as legal substitutes or partners in evaluation the patient's presumed will). In particular, when it comes to end-of-life care, ethics case consultation can foster decision-making capacity and contribute to an ethically and legally sound process.

In the Hospitallers' Vienna hospital (about 400 beds) there are between 40 and 50 formal ethics case consultations per year, most of which concern the ICU or the stroke unit. This presentation will illustrate how ethics case consultation works in this hospital by an end-of-life case study from the stroke unit.

BIOETHICS TEACHING SKILLS ADVANCEMENT

Mohandas Warriar
Sun Medical & Research Centre, India
 emohandas53@gmail.com

The bygone era of paternalistic view of practice of medicine has given way to humanistic and ethically guided principles into clinical reasoning and practice. Teaching bioethics may refine the high-tech medical performance into a high-touch one.

Diverse teaching skills are employed in ethics education. Didactic Lectures, workshops, Case based teaching, problem based learning, e-learning, simulated short plays and intensive courses are different teaching techniques employed. The five principles of Engage, Explain, Explore, Elaborate and Evaluate can be exercised in problem based learning technique.

In September 2008 WHO/SEARO expert group identified the lack of suitable learning resources and the paucity of trained faculty to teach medical ethics. The heterogeneity in ethics education calls for a reasonably uniform pattern of syllabus with evidence based strategies and skills training.

SMM – SWITCH MY MIND: THE METHOD FOR ETHICS RATIONAL & MINDFUL SPEECH

Liora Weinbach
Tel-Aviv University, Israel
 lioraw@012.net.il

An examination of the relationship between overt and covert speech among the speakers of twelve different languages has revealed the existence of two brain systems that form the basis of speech. One is

the **Relax System**, an intelligent, rational and self-aware system deriving from cerebral activity in the brain's frontal lobes. Alongside this system is the **Stress System**: an ancient, instinctual and unconscious brain system. This multiplicity of systems has been corroborated by brain imaging conducted by Prof. Tzila Zwas of the Sheba Medical Center and the Faculty of Medicine at Tel Aviv University. This finding has led to the development of a theoretical and practical model: the **Switch My Mind (SMM)** method for developing cerebral awareness to realize the **super-intelligence** that sets humans apart.

The ancient unconscious system fills our lives with stress, anxiety, friction, alienation, callousness and violence, and limits our ability to perceive reality as it is. Insight about the existence of this system obliges us to acquire new and updated knowledge to minimize the damage wreaked by our unconscious system and to optimize our higher cerebral functions: attentiveness, concentration, realistic thinking, learning, decision-making and intelligent use of language.

From research to implementation: The SMM method for cerebral consciousness has been developed for adults and for children. Adult study is accompanied by the book, *The Code of Speech*, and the courses for children use a six-booklet series titled *Rash or Rational?* This method, which has been introduced to different groups in a variety of settings, has been very successful in promoting physical and emotional resilience and in empowering learning and thinking for individuals and groups. The method is significant in the implementation of social and communication skills.

The realization of rational intelligence is the new hope for humankind

PERSONAL CONTRIBUTIONS TO BIOMEDICAL INNOVATION IN THE AGE OF BIG DATA

Gabriele Werner-Felmayer, Martina Naschberger
Medical University of Innsbruck, Austria
gabriele.werner-felmayer@i-med.ac.at

Biomedical research and innovation increasingly depend on large-scale approaches in which data sets derived from “bio-materials” (e.g. DNA or tissue samples) are analysed and integrated into current knowledge for approximating the complexity of living systems. The aim of this strategy is to extract meaningful results from large data collections for better understanding mechanisms of health and disease. Attempts to individualise medical treatments (“personalised” medicine) and to shift medicine from “repairing” to “preventing” disease in order to raise quality of life and to reduce health care costs also triggered a rapidly growing industry for digital health applications (apps) which link biological data with other personal data of users (“big data”). These developments are accompanied by extensive ethical debates on how to regulate use of “bio-materials” (e.g. in biobanks) and derived data, and how to protect those whose “bio-materials” and data are used. Beyond this, so-called “citizen science” projects, the voluntary contribution to big data-driven research, have already become powerful resources for today's biomedical innovation and the businesses related to it. Again, this comes with numerous ethical challenges, particularly with regard to autonomy, privacy, property rights and potential harm through exploitation. Here, we will highlight some chances, pitfalls and biases of this biomedical sector through the lens of bioethics. Using genomics-based approaches such as nutrigenomics and the “living lab” approach to health innovation as case studies, we will follow the shift from providing “bio-materials” to becoming a “co-productive” user and/or consumer which is characteristic for some biomedical branches.

POTENTIAL IMPLICATIONS OF CURRENT TRADE AGREEMENT NEGOTIATIONS ON UNIVERSAL HEALTH WORKFORCE PLANNING AND COVERAGE

Elizabeth Wiley¹, Deborah Hall², Lawrence Loh³, Xaviour Walker⁴, Konstantinos Roditis⁵, Caline Mattar⁶, Jade Lim⁷, Diogo Martins⁸

¹ IFMSA-USA, University of Maryland, USA

² American Medical Student Association (AMSA), USA

³ University of Toronto, Canada

⁴ Johns Hopkins Bloomberg School of Public Health, USA

⁵ National Kapodistrian University of Athens Medical School, Greece

⁶ Washington University in St. Louis, USA

⁷ University of Melbourne, Australia

⁸ IFMSA-Portugal, Centro Hospitalar São João, Portugal

lunesco@ifmsa.org, ewiley@gwmail.gwu.edu

In the last decade, a new generation of multilateral trade agreement negotiations has emerged. These agreements, including the Transatlantic Trade & Investment Partnership (TTIP), the Trans Pacific Partnership (TPP), the Trade in Services Agreement (TiSA) and the Regional Comprehensive Economic Partnership (RCEP), may have profound implications for global health, health care systems, health inequities and the social determinants of health.

By 2035, the World Health Organization (WHO) estimates a shortage of more than 12 million healthcare workers globally. A health workforce that is robust and “fitforpurpose” is considered a prerequisite to achieve universal health coverage and one of the health priorities of the post-2015 sustainable development agenda. In this context, current multilateral trade agreement negotiations could have broad unanticipated effects on health and health care systems including the supply, distribution, and movement of health care workers.

As trade agreements may ameliorate or exacerbate existing health workforce shortages and maldistribution, it is essential that trade policy and global health workforce planning are reconciled. In this context, this presentation will analyze potential effects of current trade agreements under negotiation on health workforce supply, demand and distribution in terms of health professional education, accreditation and licensure as well as migration and labor standards. Potential strategies and recommendations for addressing health workforce shortages in trade agreement negotiations will be considered.

THE ENFORCEMENT OF CRIMINAL LAW SANCTIONS ON COMMERCIAL SURROGACY: NAVIGATING BETWEEN SCYLLA AND CHARYBDIS

Debra Wilson
University of Canterbury, New Zealand
Debra.wilson@canterbury.ac.nz

The exponential increase in, and publicity surrounding, international surrogacy arrangements over the last few years has resulted in many states reconsidering their position on this form of artificial reproduction. Language like ‘exploitation’ and ‘commodification’ and the more emotive ‘slavery’ and ‘baby selling’ has often been used to justify the imposition of criminal sanctions on those who participate in, or who are involved in, commercial surrogacy arrangements. How, then, are these sanctions applied in practice? How have the courts responded when faced with commercial surrogacy cases and criminal sanctions? This paper will consider examples from five jurisdictions (The United Kingdom, Australia, New Zealand, Italy and China) and also from the European Court of Human Rights. It will suggest that the enactment of criminal sanctions for commercial surrogacy does not allow for smooth sailing in a court room, but instead requires judges to navigate between the Charybdis and Scylla of public policy and the requirement to act in the best interests of the child, knowing criticism lies in either direction.

THE ETHICAL CONSIDERATIONS IN THE USE OF MOBILE PHONE SOFTWARE TECHNOLOGY TO IMPROVE MATERNAL AND CHILD HEALTH BY VILLAGE HEALTH WORKERS IN NORTHERN NIGERIA

Clement Woje, Adiri Farouk, Joshua Istifanus
Kaduna State University, Nigeria
cwoje@yahoo.com

Mobile software applications are valuable tools that support community health workers provide home-based care to communities and vulnerable groups. It also provides a good tool for supervision and coordination of community health programmes. The study aimed to highlight the ethical considerations in using mobile software application to achieve universal access to diagnosis, treatment and referrals by Village Health Workers (VHW's) in a Millennium Villages Project in Northern Nigeria. The study was an observational cross-sectional study where VHWs use smart phone-based open-source software to collect household data and community-level patient information which uses a cloud-based server and software called 'CommCare'. The platform guide VHWs through an electronic questionnaire to collate data on pregnancy, birth and condition of infants and their mothers as well as other household data between the years 2009 – date. The data collected was used by Managers to monitor and supervise the VHWs. The use of mobile phone software applications by village health workers to collect reliable household data and patient information provides decision support for case management and linkages to health facilities. This helped achieve more universal health coverage, partnerships and empowerment in community based health care interventions.

BIOETHICS VERSUS FINANCIAL INTERESTS IN CLINICAL TRIALS WITH MEDICAL MARIJUANA

Samuel Wolfman¹, Haim Y. Knobler²

¹ Haifa University, Israel

² Peres Academic Center, Hebrew University Medical School, Magen David Adom and Madan Group, Israel
s.wolfman@wolfman-law.com

The medical use of marijuana dates back thousands of years, to the Chinese (2737 B.C). It was used in the form of Marijuana Tea for a variety medical conditions such as gout, rheumatism, malaria and, oddly enough, poor memory. Ancient physicians prescribed marijuana for everything from pain relief to earache to childbirth.

The modern use of marijuana has spread over the world since the middle of the 20th century, with encouraging reports in the literature in the treatment of many medical conditions, including Epilepsy, Multiple Sclerosis, Fibromyalgia, Chronic Pain, as an anti-emetic and analgesic for cancer patients, and recently, for Post-Traumatic Stress.

The problematic scientific issue in the use of medical marijuana is the fact that most of supporting literature is based on clinical impressions and not empirical evidence. There are few clinical trials conducted according to strict clinical trial practices that can be considered as evidence based.

The mechanism of action of marijuana in most of the medical conditions is not fully understood and the knowledge of the role of the different active substances in the plant (THC and CBD) regarding the ratios as well as the role of the allegedly inactive ingredients (such as the different Terpenes) has not been thoroughly resolved.

Only large multinational pharmaceutical corporations are capable of conducting such expensive and comprehensive clinical trials. However that industry has little financial incentive to develop potential products that are considered natural products and which cannot be protected by patent law.

We will present the bioethical dilemmas of financial considerations in conducting clinical trials using marijuana and shall suggest a program to encourage such trials for the general benefit.

CONSIDERATION ON THE FUTURE OF THE UNESCO CHAIR IN BIOETHICS

Chongqi Wu
Vice-President and Secretary General of China Health Law Society, China
wsfxh@sohu.com

1. The China Health Law Society plans to publish a book which will cover international laws, treaties, regulations, and make general international-accepted teacher qualification accreditation by exams and assessment.

2. A Chairman Education Promotion Standing Committee may be set up in one suitable country, region, or university selected and determined by chairmen from the member states. No matter where it is located, Prof. Carmi will be the Chairman of standing committee. Structure of Standing Committee shall be composed of:

1) President, Vice Presidents, Secretary General, Treasury, and Supervisory Chairman.

2) Divisions:

Academic Education Division: Director, Deputy Director, Secretary

Member Division: Director, Deputy Director, Secretary

Communication Division: Director, Deputy Director, Secretary

Conference Affairs Division: Director, Deputy Director, Secretary

Financial Division and Treasury (accountant and teller)

Director shall be the committee member of standing committee.

3) Appointment Procedures

The President of UNESCO Chair in Bioethics will be appointed as President.

Vice Presidents and Secretary General shall be nominated by President and appointed by UNESCO Chair in Bioethics conference.

The members of each division shall be recommended by the state which the chair from, and appointed by the chair meeting. They may be reappointed consecutively.

The candidate may be professor, judge, chief physician, lawyer, forensic expert, psychologist, nutritionist, or the dean of medical law or bioethics.

The aforementioned persons' qualification shall be certified by its employer.

Each country or region shall only nominate one director candidate. The persons in the same division cannot be selected from the same country (region or international organization).

3. The Statutes of Standing Committee

It should cover:

1) General provision (name, logo, goal, task, work scope, registered address, legal representatives and appointment methods);

2) Contents of Charter:

Business Scope:

Members;

Structure and the rights and obligations, appointment, dismissal, reappointment of directors;

The principal of asset management and utilization;

The revision of charter;

Termination procedure and property disposal after termination;

Supplementary articles (i.e. dispute resolution, applicable law);

Working Rule.

3) Academic Education Division

Discipline building, legal research, essay exchange, theme design and seminar-organization; Education and teaching plan, textbook compiling and assignment, teaching contents, teaching hours and venue, teacher's appointment and class funding.

4) Member Division

Member qualification, membership form fill-in, degree and qualification certification, international laws and regulations collection which are necessary for members to understand, undertakings on medical law and bioethics, granting international acceptable certification, membership fees collection, committee conference calling, committee conference attendance review, and set-up member thinker-tank.

5) Communication Division

Website building, academic journal, newsletter, notification about all kinds conference, public committee working status, other information should let the member know, and publish related rules.

6) Conference Affair Division

Organize the annual conference, academic forum and committee conference, conduct conference service, guide and assist to organize each chair's annual conference, academic forum and committee conference, conference attending invitation for bioethics chairs and experts, and raise the conference funding.

A COMPARATIVE STUDY ON JUDICIAL AUTHENTICATOR, EXPERT WITNESS AND EXPERT ASSESSOR

Jian Wu

Kunming Medical University, China
wujianky@126.com

How to make judgment and ascertain the special fact issue involved in a case, two different modes, namely, the expert witness and judicial authentication, have been adopted by Anglo-American law system and continental law system respectively. However, both modes have all included a basic constituent, which is the element of "mankind" for a person acting as an expert, in particular, it is the "expert witness" contained in the expert witness system as adopted by the Anglo-American law system and the "judicial authenticator" contained in the judicial expertise as adopted by the continental law system. For countries under either law system, each of their systems requiring the participation of experts has its own features, while on the basis of mutual integration and absorption between litigation systems of countries under either law system, it also emerges an institutional design involving expert assessors. Therefore, the judicial authenticator, expert witness and expert assessor not only differentiate each other by names, rather, they are foundational concepts rooted in different legal culture, litigation mode, judicial authentication system and evidence system. Judicial authenticator and expert witness are the two different professionals required by the continental law system and Anglo-American law system to address the "question of fact". Expert assessor represents a system adopted by continental law countries to address the validity of cross-examination carried out by a party concerned. There are differences between judicial authenticator, expert witness and expert assessor in terms of legal culture, qualification and basis based on which to participate in a lawsuit, status in litigation, burden of proof and cross-examination.

CONSIDERATIONS ON THE RESPONSIBILITY OF PEOPLE WHO RECEIVE BENEFITS FROM MEDICAL DRUGS

Yoichi Yamamoto

Osaka University Hospital, Japan
y_yamamoto@dm.med.osaka-u.ac.jp

The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, and the declaration describes that medical progress is based on research that ultimately must include studies involving human subjects. There is no doubt that we all enjoy the benefits of medical drugs. But we do not have enough chance to learn the process of developing new drugs, and we do not always have a correct understanding of it, especially the fact of the contribution from healthy volunteers. In general, without healthy volunteers, new medical drugs couldn't be developed. Most of the healthy volunteers are university students or independent professionals in Japan, and they usually participate in clinical trials secretly without asking for their family's consent. On the other hand, clinical trial facilities make a variety of efforts to protect volunteers. I strongly believe that we should make more efforts to inform all the process of developing new medicines, including contribution from healthy volunteers, towards the people who receive benefits from medical drugs.

HEALTH TECHNOLOGY ASSESSMENT: AN EFFECTIVE DIMENSION OF EVIDENCE INFORMED DECISION-MAKING

Antoniya Yanakieva¹, Svetlin Georgiev¹, Petar Chavdarovski², Kiril Palaveev³

¹ *Medical University – Sofia, Bulgaria*

² *Alexandrovska University Hospital, Bulgaria*

³ *Unipharm AD, Bulgaria*

antoniya.yanakieva@gmail.com

Health Technology Assessment (HTA) is a form of research that assesses the interventions and procedures used in healthcare. It is a multidisciplinary field that involves medical, organizational, and societal units in order to provide the best population-based policy suggestion. The horizon scanning examines and evaluates new technologies that have not yet been implemented, topic determination and queuing focuses on setting the exact technology to be assessed. The appraisal function focuses on the actual decision-making process. The process is ended with funding and policy implementation of the HTA. This framework we applied in our research on Public Health Nutrition. Nutritional care refers to providing the patient with adequate and appropriate food and drinks. In the context of public health nutrition, especially by the hospital food, the importance of appropriate nutritional care within a healthcare system increases because of its direct impact on the health of the population. When conducting a HTA on public health nutrition it is not mandatory to include all the fields in the assessment. Several assessments have shown that there is no situation in which the nutritional care provided to patients in hospitals is ideal. Studies recommend nutritional screening of patients whenever they are admitted to hospitals in order to identify their needs and act accordingly. Results of our study confirm that HTA in Public Health Nutrition is a complex and important task, given its procedure and impact.

ETHICAL CONSIDERATIONS AND CHALLENGES IN THE RECOGNITION AND PROMOTION OF NEURODIVERSITY: A CASE OF AUTISM SPECTRUM CONDITIONS

Huso Yi

Chinese University of Hong Kong, Hong Kong
husoyi@cuhk.edu.hk

If genetic testing to detect autism along with other genetic disorders in the fetus were to become available, should it be utilized to prevent or even attempt to *eliminate* autism? With advanced biotechnology, such ethical dilemma is becoming real in practice. The fundamental challenge lies in the conflicting conception about autism, as to whether it should be considered as a medical condition to be intervened; and how predictive genetics and neurodiversity can be consolidated. The way of characterizing autism - disease, deficit, disorder, disability, or diversity – reflects social ontology of the world in which people with autism live. There are two contested paradigms: medical vs. neurodiversity model. The first aims to normalize human traits and behaviors by reducing or eliminating the conditions identified as 'deficits,' which cause 'impairment' in major life activities. The latter criticizes the medical model of 'cause-cure' model, which eventually leads to genetic prevention. As neurodiversity holds, if autism is a condition to be respected and protected as an inseparable identity, the strengths, differences, and weakness of autism is recognized. Does the recognition, as minority in society, require preservation or celebration for the condition as disability scholars argue? This dilemma is further complicated by the complexity of behavioral genetics of autism and its wide spectrum, and social experiences and contribution. In this presentation, I will examine the labeling and values of autism in relation to the two paradigms, and further confer my arguments for neurodiversity in the frameworks of reproductive beneficence and maleficence, and justice for disability.

ASSISTED REPRODUCTIVE CHOICES AND ETHICAL CONSENSUS BUILDING

Kumiko Yoshitake
Tokyo University of Technology, Japan
yoshitakekmk@stf.teu.ac.jp

As the development of reproductive technology is extremely rapid, stakeholders in relation to using artificial reproductive technologies such as in-vitro fertilization by donor's eggs or sperms, surrogate mother and uterus transplantation, must make complicated choices of which the stakeholders have different opinions. There are not only merits, like having a new child, but also legal, ethical and social tasks concerned with using newer reproductive technologies.

The purpose of this study is to consider the ethical viewpoints related to newer reproductive technologies while considering the possible concerns expressed by stakeholders, such as medical staff, women, their partners and relatives. This method will focus on an analysis of the stakeholder's best interests in ethical consensus building.

The main outcome is that stakeholders should consider diachronically how to think and act based upon their grasp of factors such as the women, their family's opinions, the reasons behind these opinions and the history of such reasons. The history of a reason is defined by a process in which that reason has been pre-formed as a result of an associated past issue. Along with this 'retrospective assessment', stakeholders should have a 'prospective' view of how the women and their families might anticipate a future condition such as a fear of unexpected risks or complications after treatment.

This study concludes that stakeholders in relation to using newer reproductive medicine have viewpoints of the diachronic factor in ethical consensus building because the parents and their children, by using artificial reproductive technologies, have to be dealt with justly.

WHO ARE THE VULNERABLE IN MEDICAL RESEARCH SETTING?

Ivana Zagorac
University of Zagreb, Croatia
izagorac@ffzg.hr; ivana.zagorac@gmail.com

This paper focuses on the concept of vulnerability as it is presented in four authoritative documents that partially or completely address the field of medical research: the Belmont Report, the Declaration of Helsinki, CIOMS Guidelines, and the UNESCO Universal Declaration on Bioethics and Human Rights. The common points among them are references to "human vulnerability," an interest in describing the characteristics of those who are (particularly) vulnerable, and a call for the special protection of such subjects. In this paper, I shall deal with the question "who the vulnerable are," i.e. which individuals are worthy of special protection according to selected ethics documents. It is apparent that, as the scope of the notion of vulnerability in documents broadens, the number of those who are considered particularly vulnerable increases. The result is problematic focus on classifying vulnerable subjects. Two possible solutions are offered: a shift from "consent-based" to a "context-based" definition of vulnerability and a shift from "protection of" to "protection against". I shall argue for the latter option.

VERIFYING THE "COMPETENCE" OF THE MEDICAL TEAM

Virginia Zambrano
University of Salerno, Italy
vzambrano@unisa.it, vzambran1@hotmail.com

The model of reference to respond to questions raised by medicine team is offered, in a manner practically exclusive, by the hypotheses of surgery that completely absorb the attention of the Court. In cases where more people take part in treatment of the patient it is not easy to identify the person responsible for injury. It is not easy, in other words, determine who, through imprudence, incompetence or negligence aggravated health conditions of the patient, or has even

caused the damage. Nor can we ignore the difficulty of proof of the causal link faced by the patient. In this context, the Italian case law, just starting from the theory of the *conditio sine qua non*, has adapted the rule to identify the injuring person and, at the same time, take into account the need to protect the victim.

COMPETENCE – A PROBLEM FOR RESEARCH IN MENTAL HEALTH THAT ASKS FOR NOVEL APPROACH

Jakub Zawila Niedźwiecki
University of Warsaw, Poland
jakub@zawila-niedzwiecki.pl

Mental health is recognized as one of the major challenges for public health worldwide. Challenges include lack of understanding of biological mechanisms, diagnostic tools that are subject to controversy and limited availability of effective treatments for many conditions. Moreover researchers are faced with a task of recruitment of research subjects suffering from mental conditions for whom valid informed consent can be obtained. At the same time validity of proxy consent for non-therapeutic research is highly doubtful.

The idea of a subject's competence to provide informed consent provides the basis for protection of autonomy. Unfortunately it is also extremely complex notion related to various philosophical and legal concepts such as capacity, agency, competency, mental fitness or personhood, this further confuses the debate by introducing varied language depending on the background of the researcher. Another level of complexity in mental health context is introduced by inclusion of competence-like terms in criteria for different psychiatric syndromes. All those problems result in plethora of practical guidelines established by various professional associations. These issues result in a situation that after years of research and creation of various assessment tools (such as MacCAT) the golden standard for competence assessment still is expert forensic psychiatrist's opinion. It has been shown experimentally that there is little consistency in such opinions, as experts are influenced by best-interests of parties involved and their value systems more than by respect for subject's autonomy.

I would like to suggest a new line of thinking of competence. There is a growing body of research on cognitive biases in healthy subjects making various decisions. Researchers are studying influences of external factors (e.g. pharmaceuticals or social influence) and internal factors (e.g. mood or somatic disease) on both mental functions (i.e. language, memory, executive function, memory, emotional status etc.) and types of decisions taken. Assuming mental health issues are an extension of a spectrum of factors present in healthy minds it would mean that we can start thinking of competence as of a state where mental functions required for particular decision are within certain tolerances. These functions we can measure much more objectively and researchers or experts tasked with establishing competence would be only required to formulate requirements for mental functions based on complexity of their research, risk factors and research aims and then apply those to results of potential recruits. Establishing requirements for particular research protocol in terms of features such as memory, processing, communication or perception ability would provide framework for assessing those personal features of a subject at the particular time that would free the process from both influence from psychiatric label or presumption related to medical diagnosis.

An interesting aspect of this idea is that it would as a matter of fact treat some healthy adults as incompetent to consent for various types of research depending on its complexity and comprehension requirements. This agrees with an intuition that true informed consent in research context puts high demands on the subject. This would also fit with empirical research showing that even something so basic as level of reading ability can significantly influence informed consent procedures.

ETHICAL ISSUES IN THE USE OF INFORMATION TECHNOLOGY BIOETHICS AND PSYCHIATRY, CASE STUDY: PSYCHIATRIC CLINIC – PRISHTINE

Miftar Zenelaj¹, Aziz Pollozhani², Curr Gjoci³

¹ *Integration and Rehabilitating Center of the Sick Psychiatric, Kosovo*

² *South East European University, Macedonia*

³ *University Hospital and Clinical Service of Kosovo*

m_zenelaj@hotmail.com

The level of compliance with ethical Norms and Principles in the Psychiatric Clinic - Prishtinë.

The aim of this study is to evaluate the compliance with ethical principles and norms in the psychiatric clinic by the medical services. Throughout the research, data will be analyzed and compared in detail.

Determining the education and experience level of the medical staff in compliance with ethical norms and principles.

Research about the knowledge of the medical staff related to the ethical principles.

Defining the respect for psychiatric patients' rights.

Determining the influence of the intra-hospital factors in respecting /disrespecting the ethical code in the psychiatric clinic by the medical staff.

Evaluating dominant factors in successful diagnosis and treatment in the psychiatric clinic.

Analysis of intra-hospital conditions while treating psychiatric patients.

Determining the compliance with inter-collegial interactions and increase in quality of medical services while treating psychiatric patients.

THE USE OF PERSONAL ILLNESS NARRATIVES IN GRADUATE BIOETHICS EDUCATION

Susan Zinner

Indiana University Northwest, USA

szinner@iun.edu

After reading illness narratives by writers as diverse as Christopher Hitchens, Anatole Broyard, Elizabeth Kubler-Ross, Reynolds Price, Tony Judt, Virginia Woolf, the obscure French writer Alphonse Daudet and others, I intend to explore how an individual's account of a very personal and unique experience can transcend the personal to become universal and also a teaching tool for students in bioethics courses. These individuals, living at different points in history and in different parts of the world, attempt to transcend their illness and ascribe some sort of meaning to their illnesses. For students, these narratives can provide insight into the end-of-life experience.

Some of the insights addressed in these narratives include the depth of pain (an admittedly difficult concept to commit to the page) experienced by patients, the extent of emotional loneliness and upheaval caused by illness, the multiple losses experienced by the patient, and the fear, anger and other emotions associated with the illness. Price notes that surviving an illness makes you into another person. I hope to examine the new person created as a result of the illness and how providers can best care for that new person.

I also intend to explore some of the common themes present in many of these books. They include high expectations of providers by the ill, the therapeutic benefits of bibliotherapy, the need to create a community by writing and sharing one's experience and the best pedagogical approach for faculty planning to incorporate narratives into graduate bioethics courses.

NUTRACEUTICALS AND CLINICAL TRIALS: THE EXPERIENCE OF THE "UNIVERSITY FEDERICO II ETHICS COMMITTEE" OF NAPLES

Maria Antonietta Zinno¹, Rosa Ferrara¹, Loriana Paciello¹, Assunta Vitale², Danila Faillace¹

¹ *University of Naples Federico II, Italy*

² *AORN Moscati Avellino, Italy*
comitato.etico@unina.it

In last few years, scientific and economic progress has brought about many changes in our society, particularly in the healthcare and food

industries, leading to the evolution of "health" and "nutrition" concepts.

Today, people need proper nutrition to ensure adequate energy needs and also to protect the well-being, as well as reducing the risk of disease. Therefore, nutraceuticals represent a sector of the food market in rapid expansion.

Institutions worldwide have promoted regulatory acts to harmonize the marketing of these products between countries and to protect citizens' health.

The recent national and European provisions require that the request for commercialization of such products is supported also by scientific data derived from actual clinical trials. Therefore, an increasing number of clinical studies on particular products or food supplements has been brought to the attention of ethics committees, although in the absence of a specific nationwide law.

The authors performed a systematic review of research protocols in this field submitted to the Ethics Committee of the University Federico II in the period January 2010 - December 2014.

Regarding the main critical issues resulting from that systematic review, they have proposed a summary for the AOU Federico II experimenters, about the basic information appearing on the application dossier for the evaluation of these clinical trials, starting from the handbook drafted and used by the ethics committee itself.

In this way, this work has the purpose to contribute to a better and more rapid evaluation of investigational products.

CARE AT THE END OF LIFE

Jehan Zoabi

Emek Medical Center, Israel

Shams1@walla.co.il

This lecture deals with the emotional and ethical aspects of caring for terminal patients, the end-of-life care is an important dimension of the long-term services and supports that many older people receive. The term end-of-life care refers to an array of services, for a terminal condition that can be received by individuals in the final months of life, including hospice and palliative care aimed at the relief of suffering and pain management, and other related services such as psychological and social supports to assist, the patient and family members with the emotional, social, and spiritual impacts of, the disease. (Huskamp, Kaufmann, Stevenson, 2012).

Caring for the patient, who is about to die, is important, it is very hard with regard to the many dilemmas arising, and it is really hard to give answers to these dilemmas. For example, when a patient asks for treatment interruption, will this help if he continues or is it better if he stops the treatment, each answer could be more problematic. One more question in regards to stopping the treatments for the sake of testing and treatment effect, waiting time could be most critical for the patient, if the patient asks whether this treatment interruption would not make his situation worse, what should we say to the patient, and what should we do in the waiting time. On the other hand, is the patient allowed to increase anxiety and fear of death, or avoid it. In the examples I have already shown, a few of the dilemmas that we daily face, and a few emotional difficulties we also face as a staff treating a patient who is about to die, when we take care of a patient intensively of about 8 hours a day a couple a time a week, and make a connection which holds dependence, and it is hard to deal with their enormous losses, in addition to all that, difficulties are a whole different aspect. Difficulties dealing with patients from different cultures, values and different views of the world, different religious which could go against the values and views of the world of the staff, and it is necessary to know how to deal with this without hurting or being hurt.

And finally the detachment from the patient, how could we detach ourselves from a person whom we knew and took care intensively. It is just that there is no one way for the staff to detach from the patient, everyone makes a personal approach effort, whether they are through disconnection personal letters that are sent to the family, or a personal diary in which they write about the separation from the patient who died. This is an important topic which is emotionally and ethically full, however, there is always a way that we search for to continue forward.

THE CONCEPT OF "RACE BASED MEDICINE": CHALLENGES FOR RESEARCH ETHICS AND DISTRIBUTIVE JUSTICE

Syed Zohaib, Gabriele Werner-Felmayer
Biocentre, Medical University Innsbruck, Austria
syed.zohaib@student.i-med.ac.at,
gabriele.werner-felmayer@i-med.ac.at

Within the larger frame of personalized medicine, pharmacogenomics plays an important role for developing individualized therapies. The underlying rationale largely relies on genetic/genomic profiling. However, this stance is based on stratification rather than individualization and could favour a reductionist notion of human diversity and individuality. This becomes apparent in the effort to develop so-called "race based" drugs, a strategy that ignores the fact that "race" (or ethnicity, ancestry etc) is not a genetic (or biological) category but rather a concept that some call "fluid" due to its inherent intermingling of biological and socio-cultural categories. Nevertheless, so-called "race-based medicine" has become a marketing tool for the pharmaceutical industry and an increasing corporate interest shapes pharmacogenomics research. A prime example in this context is BiDil, a single pill combination of two generic drugs, i.e. hydralazine (an antihypertensive) and isosorbide dinitrate (a vasodilator), that is marketed as being specifically beneficial for African Americans despite the lack of scientific evidence for such claims. However, by scientific literature database search (2009-2014) we find that this concept is increasingly flourishing, particularly with regard to "race-specific" clinical trials. This raises serious concerns over research ethics and issues of distributive justice which we will highlight here, using BiDil as a paradigmatic case of "grassroots" drug marketing that could also serve educational purposes to raise awareness about the conflation of corporate interests and science in pharmacogenomics.

ELECTROCONVULSIVE THERAPY IN ETHICAL PERSPECTIVE

Riccardo Zoja, Maria Antonella
University of Milan, Italy
Riccardo.zoja@unimi.it, Maria.piga@unimi.it

"In appraising the ethical legitimacy of electroconvulsive therapy as a treatment, it is important to ask the same questions about ECT that are asked about any treatment". The entry "Electroconvulsive therapy" contained in the 3rd Edition of the Encyclopaedia of Bioethics is built around this certainly shareable premise. However, the answers at those questions do seem not sufficient to account for the severe

criticism that, in some clubs, the therapy continues to face with.

The debate about the electroconvulsive therapy, in fact, involves many, different levels of speech: not only technical issues, but also purely conceptual ones and, above all, difficult moral problems.

Referring to the first, it is still pending a review by the Cochrane Collaboration that aims to evaluate the short and long term effects of the ECT for depression in adults (the main indication, today, of this therapy). This is, obviously, an ethically significant aspect of the matter, made particularly complicated by the difficulty of performing randomized clinical trials, and clearly because of the problem represented by the competence of the potential research subjects.

The latter conceptual node arises, furthermore, also in the non-experimental clinical use of the technique without major differences, however, beside the general issue of the psychiatric patient's informed consent. Even more complex is the concept of self-determination in pediatric patients with psychiatric disorders: for electroconvulsive therapy, in fact, children and adolescents' sphere is the object of ad hoc considerations.

But the formulation of a moral judgment on ECT cannot be separated from considering its symbolic meaning. Someone dismisses as an expression of the "mystique of electricity" the irrational aversion to ECT, but the neuropsychological impairment described as an adverse effect invests the notion of personal identity and requires careful analysis and assessment.

GENETICALLY MODIFIED HUMANS: CASE OF UK THREE-PERSON BABIES

Jana Zuscínova
European Parliament, Slovakia
jana.zuscínova@europarl.europa.eu

In February 2015, United Kingdom became the first country worldwide to approve medical technique known as "mitochondrial replacement". This technique requires the combination of genetic material from more than two progenitor persons and results in inheritable germ-line modifications for any resulting children. Such a biologically extreme procedure raises a host of serious safety, efficacy, ethical, legal and social issues. Moreover, there are unforeseeable consequences of this genetic manipulation to determine the traits of future children. Developed to help a small number of women affected by a rare genetic disease, this procedure would affect all of humanity by establishing a precedent for cloning and "designer babies". Being contrary to the established prohibition on modifying the human germline as reaffirmed by the Charter of Fundamental Rights of the European Union, paper discusses legal and ethical implications of the UK regulations.



Abstracts
Poster Presentations

INFORMED CONSENT OF FOREIGN PATIENTS: TRANSLATION WANTED

Ángel Francisco Abellán-Alemán¹, María Magnolia Pardo-López²

¹ Hospital Universitario Los Arcos del Mar Menor, Spain

² University of Murcia, Spain

angelalergia@hotmail.es

Nowadays informed consent is the cornerstone of health assistance in public (and private) health systems of most countries. In addition to other ethical and legal problems raised by concrete aspects of its regulation, a new issue has been recently pointed at by practitioners of Medicine: the lack of proper protocols of action when it comes to deal with foreign patients that hardly speak the official language. Taking as a reference the regulation provided for other official languages in Spain, this poster intends to offer some possible solutions in order to achieve a better and full understanding of the information given to the patient by the professionals. Among some of the options suggested we find the use of written information forms about consequences of more frequent pathologies and interventions as well as the intervention of official translators. Nevertheless, not only add these "solutions" new legal requirements, the also face ethical and privacy issues.

WORK-RELATED VALUES OF NURSE MANAGERS

Elina Aitamaa¹, Silja Iltanen¹, Helena Leino-Kilpi^{1,2}

¹ University of Turku, Finland

² Turku University Hospital, Finland

elina.aitamaa@utu.fi

Nurse managers (NMs) have ethical responsibilities concerning the health care organization, the patients cared in this organization and the nursing staff employed by this organization. Managers play a pivotal role in clarifying organizations' mission, vision and values to nursing staff. Conflict between organizational values and NMs' professional values have been described in several studies.

The aim of this study was to find out the professional values NMs consider the most important in their work. Managers (n=214) represented ward management (n=160), middle management (n=41) and strategic management (n=12) in healthcare organizations in Finland. They had experience in health care administration on average 12,1 years (range 0.3-40) and the number of subordinates they were responsible ranged 3-1100, average being 79.

Data were collected with a survey and managers were asked to select the three most important values in their own work from a list of 14. Data were analyzed statistically.

Based on results the most important values were patient-orientation (selected by 154 NMs), justice (95) and welfare of staff (86). Most of the managers (86%) totally (or nearly) agreed that their work is in accordance with their values. Instead, only 40 % agreed with the statement that values of different professions in the organization are congruent.

Results strengthen former findings that NMs' own values are consistent with the values of the nursing profession. NMs are usually originally trained as nurses and they may identify themselves more as nurses than administrative managers. However, administrative values are also important when producing healthcare services.

THE NEED FOR RESEARCH ETHICS CONSULTATION SERVICE IN JAPAN: A PRELIMINARY QUESTIONNAIRE SURVEY

Kuniko Aizawa¹, Haruka Nakada¹, Kaori Doi^{1,2}, Taketoshi Okita^{1,3}, Waki Toya¹, Kenji Matsui¹

¹ National Cerebral and Cardiovascular Center, Japan

² Dokkyo Medical University School of Nursing, Japan

³ Tohoku University Graduate School of Medicine, Japan

aizawak@ncvc.go.jp

Background: The research ethics consultation service (RECS) has been implemented in several clinical research institutions and programs in

Japan. However, the specific demand for this service has not yet been investigated.

Objective: To identify the needs for RECS and its related factors among parties involved in clinical research.

Design: An anonymous self-administered questionnaire survey delivered on site or by post.

Participants: The questionnaire was administered to 144 ethics committee members and clinical research coordinators (CRC) from 78 institutions who participated in four research ethics seminars that we held in Kyoto, Tokyo and Osaka from December 2012 to January 2014.

Survey period: December 2013 to February 2014.

Measurements: Questionnaire with 11 multiple-choice questions.

Results: 119 of 144 participants responded (return rate 82.6%). Of the respondents, 58.0% were research ethics committee members and officials, and 26.9% were CRCs. 54.6% were affiliated with universities and colleges. Irrespective of their roles and institutions, more than 90% answered that they themselves would like to use the RECS. While 37.0% preferred an institution-based service, 22.7% favored either a district-based service or service specialized for specific type or area of research.

Limitations: The results obtained in this study may not be generalizable to the needs of all clinical research communities.

Conclusions: We propose that public RECSs should be developed at 15 or more core research institutes in Japan to provide consultations in ethics to both ethics committees and CRCs across the country. We started the first public RECS in Japan.

JUSTIFYING RE-USE OF PUBLIC HEALTH DATA FOR RESEARCH IN MIDDLE-TO-LOW INCOME COUNTRIES AND ETHICAL ISSUES

Evelyn Anane-Sarpong, Tenzin Wangmo, Marcel Tanner, Bernice Elger
University of Basel, Switzerland

evelyn.anane-sarpong@unibas.ch

Objectives: Data that has met its primary public health purposes and yet hold scientific validity are increasingly being re-used for research. Our objective is to explore the current state of public health models in middle-to-low income countries that conduct research using pre-collected public health data (RUPD), in order to determine key ethical issues and contextualize existing ethical provisions to address them.

Methods: A review of published and grey literature relevant to the study objectives was conducted. For each selected article, a systematic descriptive process was used to analyze RUPD occurrence, justifications and ethical gaps. Existing ethical recommendations/guidelines were assessed.

Results: The results reveal strong utilitarian and deontological arguments in favour of RUPD. Its advantages range from answering global funding constraints to providing contemporary methodological alternatives to health research. However, its main attributes of non-human-contact and population-centredness ironically raise its key ethical challenges. The challenges range from impracticalities in obtaining informed consent to ceding of reciprocal and compensatory justice. The article highlights the inevitability and importance of RUPD, records available guidance for addressing ethical gaps and make recommendations.

Conclusions: Acceptance of RUPD as a justificatory human research paradigm is getting global. Being population-centred, longitudinal and data-based, and involving familial participants, make implementing general ethical principles quite different. We welcome population-based human research protections substitutes and call for synthesis with context appropriate strategies to address potential researcher-hesitations in meeting minimum ethical requirements for RUPD.

THE IMPACT OF GOVERNMENT OF INDIA'S AMENDMENTS TO REGULATORY GUIDELINES ON CLINICAL TRIALS IN INDIA

Maimoona Badsha
Apollo Hospitals Educational & Research Foundation, India
maiapollo1@gmail.com

Background: Increasing serious adverse events (SAEs) and unethical practices in Clinical Trials in India resulted in a significant exit of pharmaceutical companies and research organizations prompting the Indian government to create a strict regulatory framework to protect human subjects from potential exploitation. The amendments such as stringent compensation formulae for SAE coverage by sponsors caused further drop in numbers of trials.

Apollo Hospitals Enterprises Ltd. (AHEL) is India's largest private healthcare provider and its research body Apollo Hospitals Educational & Research Foundation (AHERF) conducts and provides logistics support for the conduct of clinical trial activities. AHERF has a well organized, registered Institution Ethic Committees following Good Clinical Practice (GCP) guidelines.

Aim: We audited our Committee to see if there was a fall in Clinical trials being presented for approval and sought to determine the causes for this decline and which of the new guidelines were most difficult for sponsors to implement.

Methods: We obtained data from our Ethics meetings and further information from the members of the committee and Sponsors.

Results: In 2014 only 23 Clinical Trials were presented to the Committee for approval as compared to 142 Clinical Trials in 2011. The major reason from a survey of sponsoring organizations was the increased unethical practices and then the stringent regulatory amendments especially the compensation law and cumbersome approval processes.

	2011	2012	2013	2014	2015
AHERF	142	67	134	23	25*

*up to June 2015

Conclusion: Our data shows that after an initial drop there is a trend towards increasing applications for clinical trials approval in the year 2015. Implementing the new guidelines will protect human subjects in clinical trials in India, convincing sponsors that unethical practices will decrease and that their risk of payouts of high compensation will be limited.

PROFESSIONAL CONFIDENTIALITY IN PEDIATRIC MEDICINE: THE LEGAL AND MORAL OBLIGATION, A CASE REPORT

Francesco Barbato
ASL Caserta 1, Italy
frabarba@tin.it

In pediatrics the patient is the child, by the medical act the pediatrician can become aware of possible crimes committed by the parents.

Are the parents in this case protected by the law on professional confidentiality? Confidentiality and failure to report depend on the sensitivity and experience of the pediatrician. The duty of confidence of the pediatrician is bound by humanitarian needs to ensure health care, that otherwise would not be requested for fear of an offence committed by the parents.

Case report: a pediatrician has been following a child from birth and is aware of his illegal adoption, but with consensual agreement of both, natural and adoptive parents. This eight years old child, far from his city of residence but in the same State, arrives in the hospital emergency department for treatment. The pediatrician in the emergency department recommends hospitalization and evaluation of the inconsistencies of the child physical growth and his parents anthropometric values. Fearing the discovery of the illegal adoption, the parents refuse hospitalization and contact the child's own pediatrician, whom advises the parents that the child needs to be admitted in hospital to avoid the unfavourable development of the acute emergency. Upon specific request of the parents, the child's

own pediatrician provides the anamnestic responses to hide his illegal adoption.

My thanks go to Maurizio Piscitelli for his help on translating

TEACHING FOR ETHICAL REASONING: NEW TOOL FROM PSYCHODYNAMIC APPROACH

Olga Bermant-Polyakova
Israel
office_dr_olga@mail.ru

Nowadays bioethics teachers are actively looking for adequate and convenient, educational and training programs. We discuss the original method to develop an ethical reasoning that is known as a questioner "How would you respond in the following situations? If..." Full text is available at the <http://olga.co.il/en/knowledge/how-would-you-respond-in-the-following-situations-if.html>.

Psychodynamic approach is the psychologically minded way to teach students about the social complexity of ethical decision-making using the projective material about students themselves. The tool consists of 25 blocks; each of them unite three situations.

Two blocks focus on frustration tolerance, and three blocks focus on the simple choice between prosocial and antisocial behavior. In these blocks, the expected right answer to the question "How would you respond?" is to keep calm and to make prosocial choices.

While in other twenty blocks, "right answer" does not exist. They describe collisions of adults' life and provide projective material. The discussion based on the answers given by students to teachers brings a lot about their motivation, ethical reasoning and decision-making. The situations may be organized into four groups: dealing with social norms, reputation, conflicting loyalties and self-preservation.

Besides, for achieving advanced self-consciousness levels, the discussion based upon projective blocks helps the teacher to develop students' ethical reasoning. Their thinking could be changed from concrete and emotionally overloaded to conceptualized, logically structured and generalized judgment on the matter.

For experienced bioethics teacher, it will require one day workshop to learn the tool.

A JOURNEY INTO THE MEANING OF SUFFERING AND DEATH

Lorenzo Bertani
District Hospital of Padua, Italy
lbdream@libero.it

Considerations of departure: The suffering and death in the transition in family experiences of sorrow and mourning for the death of a son in the making and already born, of an elderly parent.

Analysis of studies on resilience, of spiritual paths: Education of death must be preceded by a mature reflection, deep and certainly hard on the relationship that each has had in the past with the suffering, the pain of deprivation where <'sense of reality'> it can be addressed if use is made of 'a balanced alternation of satisfaction and frustration' (D.Winnicott). Hope and understand that the meaning of life can be part of a transcendent perspective <<>> the concluding remarks then are considered 'ongoing', because the way to really know the man will never have an end and it is not and it will not be death to put an end.

Possible routes: Virtuous circular dynamism, where every action interacts without hierarchy of sorts: needs<>critical moments<>relational approach<>search for meaning<>tools possible.

Core hermeneutic: The inevitable question emerges that suffering confronts us, if we have the strength, despite everything, to carry this burden. It raises real Ethical Choice, **between indifference and compassion**.

Reflections: In human relations man fears to find or not find something of himself in the other. How and where to take refuge then? The human condition is always founded on a faith in something, someone or itself, and mutual dependence.

CLINICIAN-PATIENT RELATIONSHIP IN THE MANAGEMENT OF MEDICAL LITIGATION: THE EXPERIENCE OF LUCCA INSPIRED BY EMPATHY, PROMPTNESS AND ALLIANCE WITH THE CITIZEN

Diana Bonuccelli, Marco Conti, Massimo Martelloni
Azienda USL 2 di Lucca, Italy
d.bonuccelli@usl2.toscana.it

In the Regional Healthcare System of Tuscany a direct management of medical litigation operates since 2010. It is a model that allows health facilities to have a greater awareness of the critical points underlying the claims, not only managing the compensation but also offering an unmissable opportunity to prevent adverse events and to recover patients' trust.

In the system of "self-insurance" adopted by the hospital of Lucca, the direct relationship with the patient takes place essentially in the clinical examination, that is the first direct contact with the patient. The medical examination has its technical goals, but undoubtedly it also represents the key moment to create a climate of collaboration based on proper and effective communication. This is useful both to complete the transaction quickly and with the satisfaction of both parties, noting that has an ethical value to compensate patients not only economically but also emotionally; all things of fundamental importance in the management of litigation.

This paper describes the current operating protocol adopted in Lucca, inspired by some basic principles such as empathy, promptness, alliance with the citizen and commitment to improvement, according to the current addresses of national and international health policies highlighting the need to develop systems that promote transparency and openness to citizens.

These procedures are considered the best strategies from both functional and ethical point of view to improve patient safety and to reduce clinician-patient conflicts.

AN OPERATIVE FLOW CHART ON BIOBANKING IN ITALY

Paola Buccelli¹, Nunzia Cannovo^{1,2}, Sabino De Placido², Stefania Staibano², Francesco Merolla², Gennaro Ilardi², Pierpaolo Di Lorenzo², Mariano Paternoster², Vincenzo Graziano², Domenico Del Forno², Giuseppe Addeo², Massimo Niola², Filiberto Cimino², Rosa Guarino², Carmine Donisi², Claudio Buccelli²

¹ International Office for Bioethics Research of the European Center for Bioethics and Quality of Life of the UNESCO Chair in Bioethics Unit, Italy

² University of Naples "Federico II", Italy
paolabuccelli@libero.it

Bio-banks or bio-libraries are public or private institutions engaged in long-term preservation of human biological material and donors' personal data. In our opinion any biological material must be protected from any abuse.

From 2004, the Independent Ethics Committee of Federico II University, Naples, Italy, focused on the issue of uses of human tissue samples for research purposes.

The goal of this job was to focalize the attention on ethical and normative aspects pertaining to the use of biological samples for research purposes in Italy.

We talk about Biobank designs and Biobanking within the context of clinical trials, attitudes towards broad consent, the regulation of biobanks, in particular on protecting privacy.

At the end, we propose a professional guidance on biobank policies and professional values and culture helping to guide decision-making of researchers in this field in Italy.

MEDICALLY ASSISTED PROCREATION BEYOND LAW 40/2004

Filomena Casella, Marianna Longo, Marco Gaito, Carmela Giordano, Marisanta Colucci, Alessandro Feola
Second University of Naples, Italy
f.casella_@libero.it

The authors address the issue of medically assisted procreation, which is still governed by law 40/2004, widely subverted by the rulings of the Constitutional Court, and by the actions of the Court of Strasbourg and the ordinary courts, until the very recent amendment of the ministerial guidelines of July 2015.

The debate was already very heated prior to its promulgation, and became even more intense with the entry into force of this law which brought to light various deficiencies related to the numerous legal prohibitions.

Many rulings have been made since 2007, which firstly corrected some obvious gaps (such as preimplantation genetic diagnosis), and subsequently reversed some of the main and incongruous prohibitions provided for by the law itself.

The main reference is ruling no. 162 of 10 June 2014 made by the Constitutional Court that declared the prohibition to resort to heterologous procreation as unconstitutional, thus freeing infertile Italian couples from "procreative trips" while also affirming a full and effective right to health.

The most recent ruling of the Constitutional Court (no. 96/2015) intervenes further on access to preimplantation diagnosis for fertile couples with severe genetic diseases capable of transmitting severe birth defects to the unborn child, an occurrence that law no. 40/2004 prohibits while the standard theme of Voluntary Interruption of Pregnancy (194/78) allows considering the provisions set forth in article 6.

Last but not least, the study examines the very recent (2015) guidelines of the Ministry of Health, which underline the need for careful clinical evaluation of the risk-benefit ratio in the case of heterologous fertilization, and also provide access to MAP to serodiscordant couples.

All these interventions have undermined the existing legislation such as to demand the enactment of a new law that re-establishes order in a particularly delicate area like that of assisted procreation.

RESEARCH INTEGRITY AND THE IMPACT OF CONFLICT OF INTERESTS ON SOCIETY: AN ANALYSIS IN THE LIGHT OF THE THEORY OF RECOGNITION OF AXEL HONNETH

Márcia de Cássia Cassimiro^{1,2}, Agemir Bavaresco², André Machado Soares³

¹ Oswaldo Cruz Foundation/Instituto Oswaldo Cruz, Brazil

² Pontifical Catholic University of Rio Grande do Sul (PUCRS), Brazil

³ Federal University of Rio de Janeiro (UFRJ), Brazil
marcia_cassimiro@hotmail.com

Conflict of interest (COI) is a set of conditions in which professional judgment concerning a primary interest tends to be unduly influenced by a secondary interest. In biomedical research, for example, secondary interests may affect research participants and bias research results. From a Honnethian perspective (2003), struggles for recognition of COIs can be seen as a moral force driving social development with a focus on human dignity. Accordingly, Vasconcelos et al (2013) have shown that in the last decades, the dialogue between science and society has reflected concerns over COIs and management of these conflicts in the realm of scientific publications. In this context, research supported by the pharmaceutical industry, for example, is a case in point. Although the extent to which this funding influences the behavior of researchers is not fully understood, there has been an increase in research misconduct in the last decades (Steneck, 2014), and COIs play a role in many cases. As part of an ongoing research, this contribution makes a case that the training of Brazilian researchers in the health sciences and their understanding of science and society need to be revisited. Accordingly, Haack (2007) the concept of integrity in the sense of firm adherence to values applies to science institution. The most relevant values - the

epistemological values of evidence-sharing and respect for evidence - are articulated, and shown to be rooted in the character of the scientific enterprise. Pritchard (1993), compares the concepts of scientific misconduct and scientific integrity as a basis for policy guidance, focusing on their relevance for educating scientists. The article also discusses the inherent limitations of appealing to academic freedom as the grounds for protecting scientific practice from unwarranted intrusions. Finally, it explores the educational implications of how professional ethics in science might be conceived in terms of the idea of integrity, including both the merits and the challenges of such an approach. The most common reason for retraction because of misconduct is image manipulation, usually of figures or diagrams, a form of deliberate data massaging or, in some cases, straight plagiarism (NY Times, 2015). According to Lobo-Antunes (2008), the issue of conflicts of interest in Portugal has remained largely ignored, either by physicians or by the person who is dedicated to research in the health sciences. With respect to conflicts which arise in the context of medical publications the majority of Portuguese journals have not yet adopted the international rules intended to guide the quality standards publications. We will address the process of construction of scientific knowledge and the ethical dilemmas encountered by these researchers when it comes to COIs in their professional and academic activities. Using elements of Honnethian philosophy, we aim to identify whether notions of COIs among this group arise from a mistaken understanding of public management of the research sector, resulting in social disrespect, reifying individuals in the process of participation in social control of the resources involved in research.

BLACK SOUTH AFRICAN STUDENTS' ATTITUDES TOWARDS THE USE OF MEDICAL RECORDS FOR RESEARCH: A QUALITATIVE STUDY

Samantha Chareka, Doug Wassenaar
University of KwaZulu-Natal, South Africa
 samchareka@hotmail.com

Medical records are resourceful in providing evidence to help medical researchers improve their understanding of disease, develop potential treatments and improve patient care. However, patient medical information is private and sensitive, and the securing of this personal data must be safeguarded. There is considerable uncertainty about the process that should be taken when information from patient records is required for research. Researchers and health practitioners are guided by different laws and departmental ethical guidelines when using personal health information. Understanding the views of patients is essential if generally acceptable policies are to be developed that balance research access to general practice patient records with protection of patients' privacy.

This study aimed to determine black students' attitudes towards the use of medical records for research purposes. To find these attitudes, one on one interviews and focus group discussion were conducted. The discussions were then transcribed and coded and analysed using thematic analysis. Findings from the study showed that people were generally ambivalent to the use of their medical records as there are many factors which contribute to the decision making process such as whether anonymity, confidentiality, privacy would be upheld.

The findings indicate that patients have reservations towards their records being used in research. However, it would be a mistake to conclude that patients do not want their records to be used because they are aware of the benefits of such research.

PATIENT AFFECTED BY AMYOTROPHIC LATERAL SCLEROSIS WITH FAMILIAL (FALS): THE IMPORTANCE OF A MULTIDISCIPLINARY APPROACH

Viviana Cislighi, Elena Ferioli
University of Insubria, Italy
 viviana.cislighi@gmail.com, viviana.cislighi@uninsubria.it

We present the case of a 43 years old man affected by ALS, who, at the time of the first diagnosis didn't believe the results of the

examinations. He decided then to have the opportunity of a double check so he asked for others exams, including genetic testing. He did all the examinations and the diagnosis was: Amyotrophic Lateral Sclerosis with familial (FALS). The patient is a very young man with wife and children, it has been difficult for all of us to take care of the situation. So we met as a team to discuss the case. The team was composed by a neurologist, respiratory physician, the psychologist, the ethics consultant and the nurse.

These are some of the issues raised from the meeting:

- How did the neurologist handle the situation?
- Should the results of genetic testing be supported by genetic counselling?
- Should the results of the diagnosis be given one at a time and not all together?
- Given the fact that it's a FALS, is the patient morally obliged to inform the family?
- What was the family and patient's best interest?
- What could have been done better?

Conclusion: the team recognized the importance of a multidisciplinary approach in which even the figure of a genetic consultant is provided. This professional has a very important aim which is to help the patient affected by a genetic disease and their family to give an answer to some important matters on their genetic disease, thing that, other professionals cannot do.

THE RELATIVES OF A PERSON SUFFERING FROM A GENETICALLY TRANSMISSIBLE ILLNESS AND THE TELLING OF THE SECRET: ETHICAL AND DEONTOLOGICAL RESPONSIBILITIES

Anna Emanuela Costanzo
University of Insubria, Italy
 aecostanzo@studenti.uninsubria.it, anita.costanzo1974@gmail.com

Mr M's experience offers an opportunity to reflect on whether or not to reveal to a relative the possibility of being affected by a genetically transmissible disease.

Mr M suffers from CADASIL, (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy), a hereditary cerebrovascular disease, characterised by recurrent Subcortical Infarcts occurring in early middle age, with cognitive dysfunction, which results, in a third of the patients, in dementia, aura migraines, mood swings, as well as psychiatric problems such as depression, apathy and personality disorders. There is no curative therapy.

Diagnosis can be confirmed by molecular analysis, by the identification of a mutation in NOTCH3 associated with altered cysteine. Alternatively, it is also possible to diagnose through an analysis of an electronic microscopy of a cutaneous biopsy.

Prognosis is generally negative, and tends to severe disability and dementia, with the patient needing constant care. Dominant autonomic transmission and the mostly severe progression of the disease justify a genetic check for patients and their immediate family (predictive investigation).

Mr M knows what concerns his diagnosis and prognosis and he did not communicate to his two sons, aged 22 and 24, the possibility that they could also be affected by his disease.

Did the sons have a right to be informed? Who are the main stakeholders in this process? Is knowing better or worse than not knowing? Would information be useful/necessary for these young men to plan their future?

The principle of justice and self determination are analysed in the case described, offering some thoughts in support of both hypotheses.

OPEN QUESTIONS ABOUT LIVING WILL – A SURVEY BY A QUESTIONNAIRE ADMINISTERED TO PHYSICIANS: A PILOT STUDY

Tommaso D'Anna, Cettina Sortino, Stefania Zerbo, Antonina Argo
University of Palermo, Italy
tommaso.danna@hotmail.com

Background. Ethical problems about end-of-life medicine include a variety of issues approached in different ways by any physician. The dilemma is very critical in Intensive Care Units and Cancer Wards, where the face-off with terminally-ill patients is an outright routine.

Methods. In the Sicilian province of Palermo, physicians working in Intensive Care and Oncology fields were given a questionnaire that takes inspiration from the *Ethicatt Questionnaire-Doctor*. The authors reported the results obtained, by selecting and analyzing the most involved questions about living wills.

Results. Generally, the respondents showed a great sensibility on this topic. According to past surveys, it was reported a general agreement on the living will, but also a new conception. Euthanasia remains not very popular, attitude in line with other countries. Family opinions have minor importance towards patient's wishes that are in some cases in first place.

Conclusions. Explicit positive answer towards dilemmas about living wills lifts the veil and reveals how these ones would represent a very useful tool for health care professionals in this study. It is also plausible that, if doctors had available an advance directive (living will), they would follow it, overcoming any contingent ethical objections.

BURNOUT AMONG BULGARIAN MEDICAL STUDENTS AND OPPORTUNITIES FOR PREVENTION

Svetlana Dimitrova¹, Gergana Foreva², Katya Peeva¹, Margarita Prodanova¹

¹ Trakia University, Bulgaria

² Medical University – Plovdiv, Bulgaria
svdimitr@abv.bg

Meeting sick and suffering people in everyday practice may affect feelings and experience of all healthcare professionals including the undergraduate students causing high level of stress and even burnout. This contemporary tendency is shown by number of studies.

We present the results of an empirical study among 179 medical students from two Bulgarian higher medical schools in the towns of Plovdiv and Stara Zagora. The period of investigation is the beginning of academic year 2014/2015. The method that is used is Maslach Burnout Inventory. The results according to three MBI subscales depending on the year of study are described and analyzed. High levels of burnout especially concerning depersonalization subscale have been detected in the fourth, fifth and sixth year of studying Medicine.

Further some opportunities for prevention of burnout syndrome are discussed. The importance of improving communication skills and raising the ethical knowledge, sensitivity and reasoning of medical students by means of specially designed teaching courses is stressed. In particular we propose developing course on Balint method. Advantages of its eventual implementing in teaching undergraduate students in the last three years of study are commented.

In conclusion, we are concerned about the presence of burnout syndrome among Bulgarian medical students according to the results of this study. In this direction, burnout prevention is the most important activity that must start on the level of undergraduate teaching. Specially designed courses such as Balint method teaching are needed in our opinion.

STREAMLINING ACTIVITIES ON ETHICS AND HUMAN RIGHTS: IFMSA PROGRAM ON 'ETHICS AND HUMAN RIGHTS IN HEALTHCARE'

Stijntje Djik¹, Ljiljana Lukic², Maria Gołębiowska³, Jessica Zhang⁴, AnnaTheresia Ekman⁴, Ahmad Badr Mesbah⁵, Diogo Martins⁶

¹ IFMSA-The Netherlands, Erasmus University, The Netherlands

² IFMSA-Croatia, University of Zagreb, Croatia

³ IFMSA-Poland, Medical University of Lublin, Poland

⁴ IFMSA-Sweden, Karolinska Institute, Sweden

⁵ IFMSA-Egypt, Suez Canal University, Egypt

⁶ IFMSA-Portugal, Centro Hospitalar São João, Portugal

lunesco@ifmsa.org, lme@ifmsa.org

Background: The International Federation of Medical Students' Associations (IFMSA) unites medical students worldwide that impact positively their communities. Among other, IFMSA builds capacity through training, research and exchange opportunities supporting projects on ethics and human rights issues in local, national and international level while embracing cultural diversity.

Methodology: IFMSA's program 'Ethics and Human Rights in Healthcare' mainstreams efforts of medical students internationally and locally that recognize ethics as guiding value for health professionals' work. It aims to raise awareness of the role of students as future physicians while providing them with understanding of human rights and good medical practice and addressing the rights of all healthcare professionals and patients both in clinical setting and in conflict. Empowering students will lead towards equal access to medical treatment without discrimination and harmful practices influencing the quality of life.

Results: Activities include local, national and international workshops, courses, and trainings, advocacy campaigns such are: Training New Human Rights Trainers, Good Medical Practice, Human Rights Day, communication in healthcare environment, Patient Centered Medicine and Education, care for critically ill and dying patients, corruption in healthcare, human organ and tissue transplantation, and research ethics. Through the program IFMSA members will coordinate with other medical professional actors on ethical issues in disasters.

Discussion and conclusion: The program will strengthen active participation of medical students in activities and help them understand the link between good medical practice, ethics, and human rights.

More meaningful and participatory initiatives are needed by medical schools and other healthcare professionals in comprehensive ethics and human rights topics in medical curricula.

THE MAGIC IN TEACHING DYNAMICALLY THROUGH EXPERIENTIAL ARTWORK ACHIEVING PERSONAL AND SOCIAL CHANGE BY WORKING ON THE BORDER BETWEEN EMOTIONAL TRANSFORMATION AND DOING THERAPY

Aya Feldman, Ofira Honig

Hamidrasha, Beit Berl Academic College, Israel

ayafeldman@yahoo.com, Ofira.honig@beitberl.ac.il

Modelling the spiral development taking place in a pentagonal potential space, during a transformative topic-led course, taught in dynamic experiential art-work-based mode

In the context of academic teaching 'dynamic' means designing teaching (or therapy) so as to lead students to draw insights into their current personal difficulties from their past life and present experiences.

By 'transformative teaching' (Meizors & Jervis) is meant using the learning process as an agent of holistic change, so that students move both to a new perception of their world and thence to a new practice. The transformative teaching mode entails teachers creating a learning environment which stimulates personal growth and provokes thought, while dynamic teaching uses creative artwork experience to generate emotional materials which put students in touch with their unconscious.

Students achieve this change of perspective when there is tension

between different points of view and the 'way to be'. This enables—if it does not directly create—a re-appraisal of what they thought reality was.

For this to happen, the teacher must not forget to relate to the student's whole personality, not just to those parts involved in learning (Yorks & Kasl, 2006). They (the teacher) must be committed to the dynamic method, both with respect to teaching the course topic and to developing each student's therapeutic personality. Yet they must take care not to cross the frontier into doing therapy. From such teaching emerge new professionals capable of using their careers to achieve social change.

ANIMAL EXPERIMENTATION IN ITALY: LEGISLATION AND ETHICAL ISSUES

Alessandro Feola, Ida Maria Stefanizzi, Carmela Giordano, Marianna Longo, Filomena Casella, Bruno Della Pietra
Second University of Naples, Italy
 alex.feola@gmail.com

The diversity of the "consciousness" of man compared to that of an animal has been the subject of the Western philosophical tradition for centuries. In this regard, it should be noted how Jeremy Bentham observed that by being susceptible to pain, the essence of an animal did not differ from the essence of human life. Science has always debated the "appropriateness" of the use of animals for experiments and on 15 October 1978, at the UNESCO headquarters in Paris, the Universal Declaration of Animal Rights was promulgated. In 2010 the European Union adopted a new Directive on experimentation with the use of animals for scientific purposes (Directive 2010/63/EU). This Directive aimed at reducing, replacing and refining animal experimentation. Italy was very late in transposing the Directive with the introduction of the Legislative Decree of 4 March 2014, which implemented some prohibitions on the use of animals in experiments including that of using them for toxicology tests at Lethal Dose (LD 50) and Lethal Concentration (LC 50) and for research on xenotransplantation (both of these prohibitions should come into effect on 1 January 2017, after verifying the actual availability of alternative methods). The aim of this paper is to examine the Italian legislation on animal experimentation, the positive and negative aspects of the abolishment of this kind of experimentation and the related ethical evolution of the attitude of an experimenter in the 21st century.

BIOBANK ETHICS CONSULTATION SERVICE (BECS) AS A FORMAL INSTRUMENT TO SOLICIT AND RECEIVE EXPERT ETHICAL GUIDANCE TO BIOBANK RESEARCH: SENSIBILITY AND EDUCATIONAL PROGRAMS

Elena Ferioli
University of Insubria, Italy
 elena.ferioli@uninsubria.it

Background: In recent years the University of Insubria is committed to provide specific training programs in Bioethics, Applied Ethics and Clinical Ethics aimed to face to critical topics related to medicine, research and biobanking. On the basis of our academic situation, it would be interesting to design a biobank as an unique key research infrastructure with an appropriate "Ethical Framework" and responsible for the custody of biospecimens and data according to a model of "Charitable Trust". So to answer certain questions is crucial: How could biobank respect the truth placed in it? What resources could promote the goals of the biobank? What is the sensibility to biobank ethical dilemmas? Do professionals require a specific ethical training?

Aims: The "Insubria Biobank" should become an "ethical subject" through: i) Independent Ethics Committee, ii) Charter of Principles, iii) Institutional "Biobank Ethics Consultation Services" (BECS).

Design

- 1) A first draft of Charter of Principles, together with the template for a broad informed consent, as an enabling tool to improve the

ethical governance of the "Insubria Biobank".

- 2) Educational training programs to create professionals to be included in BECS.
- 3) A preliminary survey to identify the willingness to use BECS.

Discussion: The complexity of biobank research has recently increased generating a number of novel ethical issues for investigators, institutional review boards, and other oversight committees. Our project is to create an institutional BECS to help scientists, health care professionals, patients, donors, institutional review board and policymakers, better navigate the ethical issues in biobanking.

RICERC@ – AN ITALIAN COLLABORATIVE PROJECT BETWEEN ETHICS COMMITTEE, RESEARCHERS AND CITIZENS, TO PROMOTE TRANSPARENCY IN CLINICAL RESEARCH AND PATIENTS' RIGHTS

Marina Ferri¹, Giovanni Tognoni², Michela Cerzani¹, Francesca Spadaro¹
¹ Azienda Provinciale per i Servizi Sanitari Provincia Autonoma di Trento, Italy
² Istituto di Ricerche Farmacologiche "Mario Negri", Italy
 marina.ferri@apss.tn.it

RICERC@ (Rete Italiana Comitati Etici, Ricercatori e Cittadini) is a collaborative project launched by a network of Ethics Committees (ECs) established in 2012 in Trento (Italy). This group became aware of the importance of broadening its vision beyond the ECs and of exploiting the potential of the Internet as "place" where to exchange opinions and ideas.

The aim of RICERC@ is to share knowledge and experience between stakeholders, in order to uphold a biomedical research scientifically advanced and, at the same time, able to promote individual fundamental rights, in agreement with Declaration of Helsinki and UNESCO Universal Declaration on Bioethics and Human Rights, which is celebrating its 10th anniversary.

The project working tools are a public internet site (<https://retecomitatietici.apss.tn.it/>) and a private discussion forum, with access limited to EC members.

Main topics considered in need of a shared view are:

- Critical appraisal of EU Regulation, which appears to considerably reduce the role of local ECs
- Issues in evaluating investigator - sponsored research
- Flexible approach of patient information in emergency situations and, generally, in research involving fragile subjects
- Role of ECs in observational studies and patient registries.

Given the current widespread criticism of the ECs, perceived as the main cause of delay in the research approval process, this project can support ECs in regaining their public health – oriented role. Rationalizing and simplifying administrative aspects of their activity and activating a cooperative relationship with investigators and the entire community, ECs can play an active role in promoting innovative independent research and in rebuilding continuity between research and care.

BIOBANKS IN THE THIRD MILLENNIUM

Marco Gaito, Filomena Casella, Marianna Longo, Pietro Ferrara, Ida Maria Stefanizzi, Alessandro Feola
Second University of Naples, Italy
 mgaito@alice.it

The term "Biobank" refers to an organized collection of biological material and associated information, but there is no real uniformity of thought on its exact definition. In recent years, the governance system of biobanks has had a significant boost, although it is still far away from a harmonious and comprehensive approach, since there is no accepted set of guidelines governing their functioning, which is an indispensable requirement for the creation of national and international systems.

A coherent and unique regulatory framework to regulate the matter would avoid legal uncertainties that could lead to human right

violations. The heterogeneity of the definitions and their consequences at a doctrinal level go hand in hand with major disagreements regarding the methods to collect and organise the samples in different countries. In any case, an attempt of reflection that goes beyond the technical and legal aspects appears necessary. These issues open important bioethical questions relating to the direct and indirect storage of the samples and their circulation, such as those relating to the access to personal data by researchers and the donor's protection of privacy, ownership of the biological materials and, especially, the consent given by donors.

Therefore, guidelines need to be prepared that can be applied to most situations, with criteria for general regulations (e.g. the foundation of adequate information on which to base the consent) and other less specific ones, which can be adapted to individual cases.

GOOD SAMARITAN DONATION IN ITALY: BIOETHICAL ISSUES

Carmela Giordano, Ida Maria Stefanizzi, Marianna Longo, Marisanta Colucci, Filomena Casella, Alessandro Feola
Second University of Naples, Italy
 alinagiordano7@gmail.com

Good Samaritan donation is the donation of an organ from a living donor to a complete stranger. It is currently allowed in some European countries such as Spain, the Netherlands and the United Kingdom, and also in the United States. In Italy the Good Samaritan donation is governed by the directives of the National Bioethics Committee of 23 April 2010 which calls it "an act of superlative generosity and is ethically admirable because of the solidary motive behind it and the fact that the medical risk to the living donor is no greater than in other forms of ex vivo kidney removal". The recipient of the organ is established by the National Transplant Centre through procedures laid down by the national protocol for kidney donation in "cross-over" programs. Good Samaritan donation (LURD: living unrelated donor) supplements, but does not replace other forms of donation such as the use of cadaveric donors (CD) and living related donors (LRD). This type of donation is free and no profit is made by the donor, and therefore requires complete and in-depth information at the time the consent is acquired.

Our paper examines the ethical issues relating to the risks for the donor, to information and consent by both the donor and the recipient and the risk of commercialisation.

COGNITIVE SURVEY ABOUT INFORMED CONSENT MANAGEMENT IN A HEALTH FACILITY OF MESSINA'S PROVINCE

Patrizia Gualniera¹, Serena Scurria¹, Daniela Sapienza¹, Giulio Cardia¹, Elvira Ventura Spagnolo², Cristina Mondello¹, Alessio Asmundo¹
¹ *University of Messina, Italy*
² *University of Palermo, Italy*
 patrizia.gualniera@unime.it

The Authors analyze the perception of the doctor - patient relationship in the local context, by carrying out an exploratory survey among health professionals and patients / users in a local hospital. The results showed that the problems of the informed consent management are strongly felt in the interviewees confirming, with particular reference to patients, that the paternalistic model of doctor-patient relationship is to be considered permanently abandoned in favor of the contractual report.

However, the results show that health professionals have not yet fully completed the process of managing information and procedures for acquisition of consent, with possible negative effects as much on clinical risk management as on medico-legal litigation management. And 'well it is known that in our Country informed consent is considered, by predominant law, structural element of health contracts, with an increasing specification of disclosure requirements levied on practitioner which led to regard as independent the civil liability for breach of disclosure requirements compared to the

evaluation of performed medical treatment.

The authors, to curb the negative consequences of the phenomenon, highlight the importance of training and professional development activities involving all staff working in different health facilities.

BIOETHICS AS A BASIS OF SUSTAINABLE DEVELOPMENT

Karina Gunzenova
East Siberian State University of Technology and Management, Russia
 coren.gum@gmail.com

Rapid scientific progress, which is primarily aimed at satisfaction of material needs of society, predetermined the emergence of global threats to the humanity. International recognition of this problem is connected with actualization of the Sustainable development concept and carrying out a number of international conferences on this problem. Nowadays "sustainable development" is one of the most promising alternatives to the technocratic consumer society since it defines the main landmarks of co-evolutionary development of society and nature. This being said, the making of the concept is either possible along the evolutionary way, which takes a lot of time, but provides the most rational and efficient social practices, or along the revolutionary path, which assumes accelerated generation of sustainable development ideas.

The formation of the society and its institutions (including legal ones) according to a set model makes the future of the humanity dependent on ideas and principles that underlie all transformations. Bioethics considers not only issues of relations between medicine and human ethics. It addresses the very phenomenon of life and seeks to determine moral and ethical frameworks, which simultaneously serve as necessary conditions for harmonious existence of man and other life forms.

Bioethics as a valuation and moral basis of sustainable development of the civilization allows forming a complex worldview. The perception of "good" from the position of other non-human life forms is a crucial element of transition from linear to systematic thinking that enables us to properly evaluate the causes of the emerging problems and find ways out.

TOPICAL LEGAL AND ETHICAL ISSUES RELATED TO CLINICAL TRIALS OF MEDICINAL PRODUCTS IN UKRAINE

Ganna Guseva
State Expert Center MoH, Taras Shevchenko National University of Kyiv, Ukraine
 anna999@ukr.net

Numerous multi-center clinical trials (CT) of medicinal products have been conducted in Ukraine recently. Specifically, over 750 clinical trials have been permitted in established order in 2012-2014. According to Art. 7, Law of Ukraine "On Medicines", the CT shall be conducted after obligatory assessment of ethical, moral and legal aspects of CT program by the Ethics Committees of health care settings, where the clinical trials take place. The Regulation on Ethics Committees was approved by MoH Ukraine Order dated 23 September 2009 № 690 "About Approval of Procedure for Conducting Clinical Trials of Medicinal Products and Expert Evaluation of Materials Pertinent to Clinical Trials and Model Regulations of the Ethics Committees", according to which CT of medicinal products are conducted in Ukraine. All CTs shall be conducted according to international ethical principles ensuring rights, safety and welfare of trial subjects; they may be conducted provided the anticipated benefit outweighs the risk.

To reduce the scope of permitting procedures, to prevent formal approach and to implement more effective mechanism of assessment and monitoring of moral and ethical principles of CT of medicinal products at each site, the legal basis of conducting CT in Ukraine has been developed with due account of the directives of the European Parliament and of the Council 2001/20/EC of 04 April 2001, 2001/83/EC of 06 November 2001, Regulations of European Parliament and of the Council 1901/2006 of 12 December 2006 and 1902/2006 of 20 December 2006, ICH GCP, international ethical guidelines for biomedical research on human subjects and medical

code of ethics.

Ethics committee at health care setting is an independent authority, which approves CT based on the results of assessment of ethical, moral and legal principles at the site of CT where the committee functions. The committee members involving medical professionals and scientists, other specialists, public representatives is to be approved by the director (chief physician) of this setting, giving rise to doubt as to committee independence. CT may be commenced only after positive opinion of the above committee. Hence the risk of corruption, both on the part of chief physician and the committee members. The activity of the above committees is of great importance for ensuring compliance of ethical norms and moral and legal principles while conducting CT, monitoring compliance of rights, safety and welfare of trial subjects (healthy volunteers), etc.

The provisions of Concept Paper of Development of Pharmaceutical Sector of Healthcare Branch in Ukraine for 2011-2020 approved by the MoH Ukraine Order dated 13 September 2010 under № 769 specify the establishment of quality assurance system for complete cycle of medicinal products circulation through meeting international standards (i.e., Good Clinical Practice, GCP), implemented in Ukraine. The state regulation of this activity is performed by MoH Ukraine with due account of Good Regulatory Practice (GRP).

The main goals of optimization of pharmaceutical sector management system include a new wording of Law of Ukraine "On Medicines", approval of Ethical Code of Pharmacist, introduction of basic principles of Ethical Code of Physician, review of legislation and other normative and legal acts related to manufacture, sale, registration, quality control and control over advertising and promotion of MP, etc.

Therefore, the complex development of branch legislation is a current topical issue. It envisages the adaptation of Ukraine's legislation on medicinal products to that of EC, i.e. those acts which proved their benefit in the process of enforcement, and harmonization with EC norms which are beyond the legal system of Ukraine and finally integration of MP market to that of EC.

'GOODWILL' PROTOCOL

Enrico Jonathan Hartono^{1,2}, Yerima Putra²

¹ ISMKI Indonesian Medical Student Senate, Indonesia

² Hangtuah University, Indonesia

enrihartono@gmail.com

Resentment is a natural trait of human. Since time immemorial, resentment always décor the history of human civilization, even "an eye for an eye" is justified in the Bible and Quran. Despite that, there's only one means to suppress such natural trait, which is an apology with the right reasoning.

In a developing country, including Indonesia, along with the progress of medical services, patients are spoiled by the presence of currently imperfect legal protection that weights on the mind of medical practitioners as targets of arbitrary claim by dissatisfied patients.

In Indonesia, cases where patients' discontent are brought into the realm of law are mostly dominated by claims of malpractice that lead to the death of the patients. With this, we propose a simple innovation in the form of "Protocol of Goodwill" that consist of an apology and a reinterpretation, in an effort of providing holistic services, which include answering the questions and providing emotional comforts to the family who are left behind. This protocol will be done by re-inviting the patient's family about three to five days after the patient's burial for detailed and thorough re-explanation while cross-checking for other diseases or abnormality that are inherited or transmitted to the family.

Besides improving the relation between the patients' family and the hospital, this can also be used as a benchmark for accreditation, and as a prevention for lawsuits.

We asked for your participation in our survey research so that we can conclude the effectiveness of this protocol.

PATIENTS' RIGHTS TO INFORMATION AND CONFIDENTIALITY

Silja Iltanen^{1,2}, Elina Aitamaa¹, Helena Leino-Kilpi¹

¹ University of Turku, Finland

² Satakunta Hospital District, Finland

³ Turku University Hospital, Finland

silja.iltanen@utu.fi

The legislation of the patients' rights is realized in different ways in the world. Most of the international directives and national laws contain patients' rights to information and confidentiality. The Finnish Act on the Status and Rights of Patients concerns rights to information on different treatment alternatives, the effects of the treatments and possible side effects. The information must be given in such way that the patient understands it well enough. The right to the confidentiality concerns patient documents, the personal state of health and medical treatments.

The purpose of the study was to describe how the patients' rights to information and confidentiality were realized in Finland. The data were collected from patient ombudsmen who belong to the Association of Patient Ombudsmen in Finland (n=51) by the email survey containing structured (scale 1-5) and open questions.

According to respondents, there seem to be some lack of realization of patients' legal rights. The right to information was realized quite well (mean 3.98). Problems concerned the right to information on different treatment alternatives. This may lead to the defective realization of patients' self-determination. Although information is provided, all of the patients do not actually understand what the treatment options are.

The confidentiality was realized quite well (mean 3.96). Although the disclosing of information to another authority seems to be well known, there were some problems in using and safekeeping of patient documentation. The meaning of confidentiality must be underlined in view of the prolific use of the electronic patient data system. The increasing complexity in the health care systems and growing medical technologies and methods produce challenge to patients' rights all over the world.

COACHING SKILL IN THE SERVICE OF BIOETHICS – COACHING SKILLS AS MEANS TO OVERCOME POSSIBLE BIOETHICAL CONFLICTS

Dorit Kay

ICA - Israeli Coaching Association, IPPA - Israeli Organizational Consultant Association, Israel

Doritkay4@gmail.com

One of the leading resources that individuals use to move their personal lives is coaching. Two field of coaching that have emerged in the last century are: Health coaching and Medical coaching. While Health coaching has been developed in an effort to help coachees create significant changed in their lifestyle in the connection of mind, spirit and body, Medical coaching focuses on the relationship between the individual and the health system in facing mental illness, chronicle diseases etc. Various coaching programs are developed and offered by health organization and physical educational institutions alike: Programs such as health coaching, nutritional coaching, and holistic coaching are among the prevalent programs today.

Various ethical considerations should be taken into account when occupying in these fields. For example medical coaches should verify whether their client is involved in any psychological therapy or psychiatric treatment. Medical coaches are often considered to be as part of a medical staff, and therefore their acquaintance with the ethics of the medical institutions must be known to them.

Using coaching skills that involve mastering the art of listening and asking questions could help to overcome possible ethical conflicts and contribute to the professionalism of Medical and Health coaches who do not necessarily have a medical training(especially Health coaches), but strive to help others in creating positive changes in their mental and physical health.

NUMBER OF AUTHORS APPEARING IN PRESENTED ABSTRACTS VERSUS SUBSEQUENT FULL-TEXT MANUSCRIPTS

Mark Krauthammer¹, Hamza Abualhasan², Hanan Badarni², Kamal Imtani², Gilad Alon², Liron Berkovitz², Eytan Z. Blumenthal², Michael Mimouni²

¹ Sourasky Medical Center, Israel

² Rambam Health Care Campus, Israel

krutmarik@yahoo.com

Purpose: Publication of scientific work is beneficial for individual academic progress. We investigated the difference in the number of authors listed in abstracts presented at an academic meeting and the number of authors in the corresponding published full-text manuscripts.

Design: Cohort study.

Subjects: Abstracts accepted for presentation at the 2008 American Academy of Ophthalmology Annual Meeting and later accepted for publication.

Methods: PubMed was used to identify each abstracts' corresponding full-text manuscript. The following data were collected: number of authors in the presented abstract and in the full-text manuscript, time to publication and impact factor (IF).

Main Outcome Measures: The difference between the number of authors in the abstract and in the full-text manuscript.

Results: Overall 268 meeting abstracts, out of 690, were identified as published. In 54% of the studies, there was an increase in the number of authors. The number of authors in the full-text manuscripts was greater than in the abstracts (5.2 ± 2.9 versus 4.1 ± 2.1 respectively, $p < 0.001$). Studies with an increase in the number of authors and those without had a similar time to publication ($p = 0.76$), similar increase in study participants ($p = 0.29$) and were published in journals with a similar IF ($p = 0.39$).

Conclusions: There was an increase in the number of authors from presented abstract to published full-text manuscript that was not correlated to studied parameters (time to publication, impact factor and increase in number of study participants). It is of interest that co-authors are added after presenting the abstract in a scientific meeting.

BIOETHICS IN CONFLICTS AND OTHER EMERGENCIES: A TRAINING FOR MEDICAL STUDENTS

Irene Lee¹, Ljiljana Lukic², Jessica Zhang³, Michaela Franzén Malmros³, Alice Claeson³, Karim Abdeltawab⁴, Diogo Martins⁵, AnnaTheresia Ekman³, Marjon Feenstra⁶

¹ IFMS-Taiwan, National Taiwan University, Taiwan

² IFMSA, University of Zagreb, Croatia

³ IFMSA, Karolinska Institute, Sweden

⁴ IFMSA-Egypt, Alexandria University, Egypt

⁵ IFMSA-Portugal, Centro Hospitalar São João, Portugal

⁶ IFMSA-The Netherlands, University of Groningen, The Netherlands

lunesco@ifmsa.org / moa.m.herrgard@gmail.com

Background: The bioethics in conflicts and other emergencies as a topic is underrepresented within the medical curriculum. The long and short term benefits for medical professionals to possess knowledge on disaster bioethics are not recognised. There are efforts by several actors to improve the inclusion, but actions are poorly coordinated.

Methodology: The International Federation of Medical Students' Associations (IFMSA) has, with support of the International Committee of the Red Cross (ICRC), developed and implemented an initiative which provides medical students worldwide with trainings on bioethics dilemmas in conflicts and other emergencies. The trainings modules also address challenges of bioethics in conflicts.

Results: A three-days international training for medical students has been organized in Sweden, Egypt, and Turkey. During the IFMSA General Assemblies in Taiwan, Turkey, Tunisia and Macedonia, and at the European Regional Meeting in Denmark, five workshops of 13 hours have been organized.

Altogether, the workshops reached more than 260 medical students from more than 40 countries. Some of them conducted similar

workshops on return home. Medical students discussed bioethics from a local to an international perspective and contemporary challenges, international humanitarian and health laws, bioethical guidelines and challenges in disasters and emergencies, decision making on bioethical dilemmas in disasters, role and protection of health care workers, facilities and other stakeholders in disasters.

Discussion and conclusion: This model of workshops on bioethics in disasters rose awareness and interest of medical students on its challenges. Further efforts need to be done by medical schools, bioethicists and future medical professionals to invest in the development of research and teaching methodologies, especially in regions where future doctors will face ethical dilemmas in disasters and other emergencies more frequently.

PROCESSING OF GENETIC DATA IN LIGHT OF THE RECOMMENDATIONS OF THE PRIVACY OMBUDSMAN

Marianna Longo, Filomena Casella, Anna Matarazzo, Colucci Marisanta, Francesco Buniello, Alessandro Feola
Second University of Naples, Italy
mari.longo@hotmail.it

The technical possibilities of our time allow more and more information to be shared allowing to roam freely into the privacy of citizens who, in turn, demand the protection of their privacy especially for information regarding health issues.

The importance of genetic data is given by the repercussions that its disclosure would have at work and perhaps even more, in social relationships.

Sensitive data was defined right from the first privacy laws, but there was no definition for genetic data that could better define the boundaries of action.

The possibilities offered by new research techniques allow new opportunities for diagnosis and treatment, making it necessary to introduce effective guidelines to govern the matter.

The great significance assumed in recent years by genetic information has prompted the legislature to examine the matter. For this purpose, in 2007 the Ombudsman established a specific authorisation for the processing of genetic data that dictated the rules based on their processing, subordinating it to the acquisition of a written consent by the data subject.

With Authorisation no. 8 of 11 December 2014, the Ombudsman went even further into the definition of genetic data, genetic testing and other numerous related actions.

Furthermore, it introduced the need for a valid purpose to perform these genetic tests, which are possible not only with an informed consent, but also with a consent detailing the possible consequences that the knowledge of this data may cause.

Among the purposes permitted for genetic testing, the Ombudsman also included the "purposes of providing evidence in civil and/or criminal proceedings pursuant to the law".

NURSING STUDENTS' WILLINGNESS TO BLOW THE WHISTLE

A. Mansbach, H. Ziedenberg, Y.G. Bachner
Ben-Gurion University of the Negev, Israel
bachner@bgu.ac.il

Background: Whistleblowing in the nursing profession is a complex dilemma. If nurses decide to do nothing to stop a colleague's or management's harmful conduct, they may be violating their basic professional commitment to promote and protect patients' health. Whistleblowing is also complex given that the act might have negative consequences for the whistleblower as well as the wrong-doer. This study aims to answer three questions: Are nursing students willing to take action to stop misconduct in order to protect a patient's interest? Are they willing to report the misconduct to authorities within an organization and/or outside of it? Are they willing to report a colleague's wrongdoing as well as that of a manager?

Methods: Eighty-two nursing students were presented with a questionnaire containing two vignettes, and required to make a

decision that involved whistleblowing. The vignettes described a case of misconduct of a colleague and of a manager.

Results: The students considered acts that are detrimental to the patient to be very serious. The participants gave high and similar scores to their own willingness to take action to change the situation for both vignettes. The score of the internal index was found to be significantly higher than the external index.

Discussion: The participants' desire to correct a colleague's or superior's misconduct was coupled with a progressive retraction as the circle of disclosure widened. The retraction may reflect the respondents' concerns that external exposure could have negative consequences for the wrong-doer, the healthcare organization and/or the individuals who receive its services.

THE VIRTUES OF THE SUPPORT PERSONS OF MENTALLY DISABLED INDIVIDUALS

Arianna Manzini

University College London, United Kingdom

arianna.manzini.14@ucl.ac.uk

Article 12.3 of the UN Convention on the Rights of Persons with Disabilities requires State Parties to take appropriate measures to guarantee disabled people the access to the support they may require in the exercise of their legal capacity. Therefore, the Convention adopts the supported decision-making approach, in which a support person helps a disabled individual to make legally enforceable decisions by themselves. However, the CRPD does not specify which form the support should take. Thus, in order to clarify the concept of support, my aim is to identify the virtues that the support person of a mentally disabled individual should show to comply with Article 12.3. The novelty of my approach is that I take the problem of the respect of the legal capacity of mentally disabled people as a down-top issues, which should be tackled first of all on the level of the individual relationship between the supporter and the person being supported. Since the scope of the support is to let disabled people exercise their legal capacity, understood as the capacity to flourish in their lives, the primary virtue is the virtue of openness, meaning that the supporters should refrain from becoming the architect of the other's flourishing. However, the support has to be tailored to the specific needs of the different levels of disability. Therefore, the virtue of openness articulates into the virtue to be willing to look for hidden preferences and wishes, when the supporter deals with profoundly impaired people, unless their current or past preferences cannot be inferred, in which case supporters are allowed to act as substitute decision-makers. When they deal with mildly impaired people, they should exercise the virtue of trustworthiness, which requires them to enter an open dialogue, in which they should show they care about the individual's views.

PATHOLOGICAL GAMBLING DURING EXPERIMENTAL THERAPY IN PATIENT WITH PARKINSON'S DISEASE: A CASE REPORT AND LITERATURE REVIEW

Valeria Marino¹, Alessandro Feola², Sergio De Dominicis³, Luigi Tonino Marsella¹

¹ *University of Rome "Tor Vergata", Italy*

² *Second University of Naples, Italy*

³ *"De Dominicis" Law Firm, Italy*

valeria.marino7@gmail.com

Impulse control disorders (particularly pathologic gambling, hypersexuality, uncontrollable spending) can be triggered by dopaminergic therapies in Parkinson Disease especially in younger patient.

The authors analyze the case of a 58 years old patient with a Parkinson's disease diagnosis. It was initially set a treatment with Ropinirole (Requip) during which the patient was clinically compensated and he didn't show any side effects. After a year the patient was reevaluated and, due to the progression of the disease, it was proposed him to be enrolled in a clinical trial in which was

administered a mix of levodopa-carbidopa-entacapone (and levodopa/carbidopa in the control group). The patient was made aware of the possible side effects and of the "double-blind" mode of the study; he signed the respective informed consent.

In later periodic check-ups the patient denied behavioral symptoms related to impulse control disorders. Afterward he developed a pathological gambling syndrome.

Starting from this clinical case, the aim of our article is a review of the literature about the association between dopaminergic therapy, in patients with Parkinson's disease, and the development of pathological gambling syndrome. Furthermore, referring to the clinical case reported, the Authors analyze the possible profiles of professional liability of the experimenter in case of development of adverse events during a clinical trial.

CONTROVERSIALLY ABOUT THE ANALYSIS OF COMPLAINTS RECEIVED IN PROFESSIONAL ETHICS COMMITTEES OF THE BULGARIAN MEDICAL ASSOCIATION

Juliana Marinova, Chubrina Racheva, Krum Marinov,

Boryana Parashkevova

Trakia University, Bulgaria

marinova@mf.uni-sz.bg

Health care reform's ethical challenges largely reflect on physicians, patients and society.

The **purpose** of this paper is to put the question about the applicability of a summary analysis of complaints filed at the Professional Ethics Committees of the Bulgarian Medical Association, towards contributing to the identification of problems and possible solutions for improving the situation in the healthcare system and highlighting the role of the medical professional organization in this process.

Materials and methods: We present our experience in the ethical analysis of complaints received in the Professional Ethics Committee at Bulgarian Medical Association, Stara Zagora for 2007-2010 and 2011-2014 years. Qualitative content analysis of the documents was applied. Cases described in the complaints are analyzed using specifically designed questionnaire.

Results and discussion: In most cases, the authors of the complaints describe conflicts with various dimensions of medical care quality as the most highlighted cases are ones related to the access to timely and specialized medical care, as well as the adequacy of the diagnostic and therapeutic procedures and achieved results of treatment process. Problems that emerged reflect the ethical conflicts in the health care system associated with limited access and doctor-patient ailing trust.

Conclusion: Considering the strengths and weaknesses of the applied methodology, the highly subjective interpretation of the issues presented in the perspective of different people, as well as the manner in which this analysis is provided we raise the following issue: how appropriate it is for professional ethics committees to carry out such analysis.

INVESTIGATION ON THE HEALTH IMPACT IN POPULATION OF MARINZE VILLAGE

Elida Mataj¹, Genci Dervishi¹, Agim Shehi¹, Samira Mataj²

¹ *Institute of Public Health, Albania*

² *Polyclinic, Albania*

elidamata@yahoo.com, gencidervishi@yahoo.com,

agimshehi@hotmail.com, samiramataj@yahoo.com

Marinze Village in the district of Patos earliest known as diesel holder area and a potential impact on the health of the population in this area.

The **aim** is to evaluate the impact on the health of the population from exposure to environmental factors associated with oil extraction activities.

The **methodology** of this investigation was random selection of apartments divided into 2 areas: near oil wells and the distance by

interviewing one resident for every family.

The interview was conducted through a questionnaire addressed to the structured and semi-structured questions.

Results: 99 of persons interviewed who represent 24% of all household in the village with the average age 54,1 vjeç $\pm 14,1$. 83% of respondents present the symptoms of burning eyes and 50,5% of them show skin problems. 19,2% of the families report having one or more members suffering from asthma.

In 11.1% of households interviewed indicate the presence of a family member who suffers from neoplastic disease. Regarding the perception of households in 87.9% of them feel vulnerable to health by living in the countryside.

Conclusion: symptomatology characteristic of the presence of gases in the air are in the highest percentage of residents. High perception of residents from health hazard of living in the area, % of high unemployment and lower income make it impossible their migration.

MEDICAL-FORENSIC ISSUES RELATED TO THE USE OF BIOSIMILAR MEDICINE

Anna Matarazzo, Filomena Casella, Marianna Longo, Carmela Giordano, Ida Maria Stefanizi, Alessandro Feola
Second University of Naples, Italy
annamatarazzo85@virgilio.it

The authors differentiate the various categories of medicines in commerce nowadays: traditional medicine, equivalent medicine, biotechnological medicine and biosimilar medicine, giving a definition for each one.

The EMA defines biological any medicine that "contains" one or more active principles produced by or deriving from a biological resource. Biosimilar refers to any medicine developed in a way to be similar to a biological medicine already developed (reference medicine or originator medicine). The difference between biological and biosimilar medicine is unlike the one existing between generic and traditional medicine, the latter being characterised by simple chemical structures but "identical" to the original one.

The authors intend to emphasize the primary characteristics both of biotechnological medicine and of biosimilar ones, remarking the differences in terms of structure, molecular weight, effectiveness, immunogenicity, safety and interactions of use.

Furthermore, considering the quite confusing scenario of health obligations due to risks, we believe we have to inform the patient that biosimilar medicine has not been tested, and, since it is only similar, not equal to the biological one, it presumably shares the same pharmaceutical indications and effectiveness but we are not able to ensure the equal chemical structure.

In conclusion, the different regional laws are being highlighted as they force doctors to subscribe biosimilar medicine for their lower costs in order to reduce public expenditure. In case of biological medicine prescription, the doctor has to justify his or her choice!

ADVERTISING OF HEALTH SERVICES THROUGH THE VIEW OF BULGARIAN PHYSICIANS

Vanina Michailova-Alakidi¹, Miglena Tarnovska², Desislava Arabadjijska²
¹ Medical University of Sofia and Plovdiv, Bulgaria
² Medical University of Plovdiv, Bulgaria
vanina_delfi@abv.bg

Introduction: Advertising of health services is often a controversial issue in medical profession. The ban on commercial advertising from Bulgarian health legislation and the Code of Professional Ethics puts restrictions on promoting the activities of medical organizations as commercial entities.

The purpose of this study is to determine Bulgarian physicians' attitudes in regard to the impact of advertising on professional image, medical economics and patient-physician communication.

Materials and Methods: The method of direct individual anonymous survey covered 264 physicians from different medical specialties from the town of Plovdiv, Bulgaria.

Results and Discussion: The majority of responding physicians believe that the advertising would not have negative effect on the public image of medical profession. In addition, nearly 2/3 of physicians think that healthcare advertising is not ethically wrong and completely support free advertising. According to the prevalent share of respondents, cost-oriented advertising reflects the consumer's choice. Over 1/2 of medics expect the advertising will increase the competition in medical practice and the prime cost of health services. Representatives of the professional community perceive advertising as a useful way of communication with health care users, which also helps patients to make a reasonable choice of doctor or hospital.

Conclusion: There are positive attitudes towards healthcare advertising among the doctors. Results of this study necessitate precise revision in Bulgarian health legislation and the Code of Professional Ethics to clearly define the term "commercial advertising" in view of a more strict regulation in healthcare.

THE SYNTHESIS OF BIOETHICS AND ENVIRONMENTAL ETHICS: A CASE STUDY OF THE BAIKAL REGION

Anastasia Nasibulina
East Siberia State University of Technology and Management, Russian Federation
dn.nastia@gmail.com

The making of bioethics as interdisciplinary science is associated with critical philosophical rethinking of universal human values. Bioethics goes beyond the frameworks of human life and health. It deals with the problems of existence and protection of all living things. In its turn, environmental ethics presupposes optimal proportion of interests of the humanity and nature allowing their coordinated development. The key change of moral and ethical attitude to nature requires reevaluation of moral values.

Bioethics should be based on modern humanism and environmental ethics. It is necessary to defend the recognition of a broad spectrum of value system in the world in order to build global bioethics, which is crucial for the development of regulative and harmonization methods of contradictions and confrontations of the modern world and for reaching the goals of sustainable development. Global bioethics together with environmental ethics acts as a methodological and worldview foundation of the sustainable development of the humanity.

Considering the ethical and environmental potential as a comparative advantage in the process of civilizational transformations, the Baikal region is the most relevant territory for the realization of the principles of bioethics and environmental ethics. The Baikal region lies at the crossroads of important geopolitical axes of the world. The cultures of East and West are different in their methods and ways of understanding the world, value system and worldview attitudes. Nevertheless they complement each other and form the common global culture giving a chance to harmonize relations in the system of "man, society and nature."

GENDER BASED WAGE GAPS IN ISRAEL, CURRENT TRENDS – ETHICS OF WOMEN'S RIGHTS AT WORK

Keren Ogintz
Israel
Keren.ogintz@gmail.com

The workplace is perceived by many as the place that encompasses the bulk of our day to day experiences. There is, therefore, an inherent expectation of personal advancement alongside the existence of a safe work environment and social integration.

In order to effectively run an organization, there is a need for principles founded on values of an ethical character and on basic values by which the individual can test his moral standards and his value judgements. Ethical principles do not vary across different cultures or periods, as opposed to concepts such as morals, which are dependent on variables such as period, culture and environment. In fact, ethics is the distinction between good and evil, between justice and injustice, and between fairness and unfairness, in absolute terms.

Ethical principles can be tested in any organizational activity, such as work conditions, which are also subject to ethical review. We will focus on a number of changes that have occurred in recent years in Israel in terms of the index for ranking the quality of employment, index which created by International Labour Organization. The purpose of this work is to provide a critical review of existing legislation - does a cause of action under the Equal Pay Law "automatically" provide the petitioner with a cause of action under the Equal Opportunities? We will conduct a review of gender based wage gaps in Israel in order to establish an up to date factual basis.

SEXUAL VIOLENCE AGAINST WOMEN AND CHILD SEXUAL ABUSE: AN EXAMINATION RECORD FOR CLINICAL AND MEDICO-LEGAL ASSESSMENT

Simone Onti, Raffaella Inglese, Sara Benedetti, Paolo Frisoni, Rosa Maria Gaudio
University of Ferrara, Italy
 simone.onti@unife.it

Sexual violence and child sexual abuse are cases difficult to detect, requiring multidisciplinary and multi-specialized approaches. These cases require a careful report of incident and a precise physical examination of the victim, aiming to set first, an appropriate differential diagnosis and second, to confirm or exclude the existence of the crime.

The multidisciplinary and multi-specialized approach consists of five steps: identification and objectification of signs and clinical manifestations, differential diagnosis between traumatic and pathological signs, differential diagnosis between accidental and non-accidental traumatic injuries, differential diagnosis between natural and induced lesions, evaluation of the presence of a crime and the further report to the judicial authority.

Emilia-Romagna proposes a "module" that the specialists should fill in case of suspected sexual assaults. This module consists of five sections: annotations of general information of the victim, date and time of when the victim arrived, the patient history, whereas in the case of child sexual abuse, the role of the companion and his/her relationship with the child; summary of acts; information about all subsequent steps after the first examination; accurate and precise physical examination of the victim; handling and storage of module and findings to enable further forensic and judicial actions.

The "Legal Medicine" of the University-Hospital of Ferrara provides an appropriate intervention and it offers advice and support to the judicial authority through a specific contact with the metropolitan Police Service. For this purpose, we have created two types of modules, consisting of different specific sections.

AN ANALYSIS OF HEALTHCARE AND MALPRACTICE LIABILITY REFORM: ALIGNING PROPOSALS TO IMPROVE QUALITY OF CARE AND PATIENT SAFETY

William Oosthuizen
University of Pretoria, South Africa
 william.oosthuizen@up.ac.za

The introduction of National Health Insurance (NHI) in South Africa could have a significant impact on the quality of care patients receive. It is in this context that the healthcare and malpractice system will be reconsidered. Could they be better aligned? The provision of quality care and assurance of patient safety should underlie both.

Escalating costs of malpractice claims, especially in the public sector, are a major concern and could have disastrous consequences for the implementation of NHI, as there are already indications that the scheme may be unaffordable. Malpractice claims add to the monetary burden and could potentially cripple such reform. The incidence of adverse events and the effects on patients are emphasised, as the focus is too often on the financial implications of medical malpractice rather than patient safety.

Many patients suffer iatrogenic harm, yet only a small fraction of those patients are compensated. Avoidable injuries are tragically

prevalent, even more prevalent in developing countries such as South Africa. The current liability and compensation system is adversarial and focuses on the individual when assigning blame. Systemic factors are often overlooked and it is almost impossible to identify weaknesses in order to make the system safer and prevent future errors. An environment in which these errors can be disclosed and reported, so that they can be addressed is required. This conflicts with our existing system, which targets the individual practitioner. The deterrence of substandard care with the threat of litigation may pose a greater threat to patient safety.

A SIX-YEAR FOLLOW-UP STUDY TO DETERMINE EFFECT OF MEDICAL EDUCATION ON MORAL SENSITIVITY OF MEDICAL STUDENTS: FIRST YEAR RESULTS

Mustafa Levent Ozgonul, Mustafa Kemal Alimoglu, Dicle Yilmaz
Akdeniz University, Turkey
 leventozgonul@akdeniz.edu.tr, kalimoglu@akdeniz.edu.tr

Background: Moral values and sensitivity of an individual may change due to relevant purposeful training and/or organized or unorganized experiences.

Aim: To present the first year results of a longitudinal study designed to determine any possible change in moral sensitivity of medical students throughout the medical education and factors effective on it.

Material-Methods: We planned to deliver a validated questionnaire called "moral sensitivity inventory (MSI)" to medical students once a year until graduation. First, we delivered the questionnaire to the first year medical students at Akdeniz University in 2013-2014 academic year. MSI has 30 items scored 1 to 7 on a likert-type scale. The items are grouped in seven dimensions called autonomy (7items), benefit (4), holistic approach (5), conflict (3), application (4), orientation (4), and non-classified (3). We also delivered a personal information form attached to MSI. We will mainly focus on any possible change in student views and experiences in time and reasons behind it.

Results: Total 87 students correctly completed the questionnaire. Mean scores obtained for each dimension are as follows: autonomy=36.41±4.01 benefit = 20.61±2.87, holistic approach 27.23±3.21, conflict = 14.02±3.07, application 20.00±3.08, orientation 21.44±3.12 and non-classified (15.20±2.69).

Conclusion: Our results seem to be comparable to the literature. Regarding our aim, we will continue gathering information from our study group in following years to investigate whether any change occurs in moral sensitivity of our medical students in time.

THE EXPERIENCE OF THE RESEARCH ETHICS ADVISOR COMMITTEE AT FEDERAL UNIVERSITY OF RIO DE JANEIRO, BRAZIL

Marisa Palacios
Federal University of Rio de Janeiro, Brazil
 marisa.palacios@gmail.com

The objective is to present the foundations, strategy, operation, limits and possibilities of the **Research Ethics Advisor Committee at Federal University of Rio de Janeiro, Brazil**. Scientific production is subject of shared responsibility between authors and institutions. The institution provides the necessary infrastructure for conducting research, which includes accountability related to the scientific production. In this sense public confidence is something that the institution must actively work for and preserve it. The creation of CTEP was an institutional action toward promoting ethically appropriate research. This proposal is based on the need to create an ethically appropriate research environment, with clear rules and dialogue. Its actions are intended to intervene in situations that stimulate or hinder the adoption of best practices. The strategy used was to gather all who somehow have been discussing and acting on research ethics in animal experimentation, research on humans, biosafety, respect for traditional knowledge and biodiversity, university-industry relationships, integrity and responsible conduct in research. Thus gathered 36 members divided into six sub-chambers to address each

of these areas. The CTEP advises the administration on research ethics issues, proposing guidelines, implementing educational programs and analyzing specific cases and proposing referrals. The CTEP was established in August 2013 after about 1 year of discussions and mobilization of the university community. In these two years of operation were conducted forums and seminars to discuss specific topics related to the areas of action of CTEP and educational material. The UFRJ's academic integrity guidelines were prepared discussing with the university community. We created a website with our agenda, educational materials and an observatory of the media. It is under discussion guidelines to deal with Conflict of Interest in the research.

PERSONAL TRUST AND PRESTIGE OF GENERAL MEDICAL PRACTICE – EMPIRICAL STUDY ON GENERAL PRACTITIONERS' SELF-ASSESSMENT

Boryana Parashkevova¹, Krum Marinov¹, Nikolay Stoyanov², Juliana Marinova¹

¹ *Trakia University, Bulgaria*

² *Group Practice for Primary Medical Care, Bulgaria*
b_par@abv.bg

In today's modern society reforms in health care are a serious challenge to the credibility and prestige of the general practice.

The **purpose** of this paper is to present general practitioners' self-assessment of their patients' personal trust and relate this to the assessment of the prestige of general medical practice.

Methods and materials: A sociological empirical study is conducted with 223 general practitioners (GPs) from the region of Stara Zagora, Bulgaria (degree of responsiveness 94.9%). The method applied is a face-to-face interview with original instruments. Measurement of personal trust and prestige are done with a 10-Point Likert Scale and a 3-Point-Rating Scale.

Results and discussion: Predominantly 214 GPs(96%) assess the personal trust with the highest range on the scale between 5 and 10; average score is 7.49(SD=1.76). No statistically significant relationships are found between characteristics on the stratification and assessments of GPs.

Primary care doctors present low self-esteem of professional prestige. Barely 8% give entirely positive assessment. Predominantly GPs place general medicine on one of the last places among the nine listed medical specialties.

Conclusions: We examine the subjective self-evaluation of personal trust as an expression of GPs' appreciation of their own efforts to build relationships with patients. Results and discussion follow the logic of ones' feelings and perception about their efforts and skills for "gaining" the trust of the patient. According to the survey, the majority of patients put their trust in GPs, maintaining that confidence is a challenge against the background of lower assessment of the prestige of general medicine.

BLOOD DONATIONS: A CAREFUL READING OF DIRECTIVE 2004/33/EC

María Magnolia Pardo-López
University of Murcia, Spain
magnolia@um.es

The European Court of Justice noted that the ban on donating blood for homosexuals that the legal systems of some member States contain, such as France, may be justified considering the "health status" of the country, where it is shown that this group is exposed at high risk for serious infectious diseases transmissible by blood and that, while respecting the principle of proportionality, there are no effective screening techniques for such diseases or, in the absence of such techniques, less coercive methods than that prohibition that ensure high protection of the health of recipients.

The Chamber has reached this conclusion on the occasion of the question referred to it by a French Court when a citizen challenged the decision of a doctor of the French Agency of blood by which it rejected

his donation because he had sex with another man, relying on a ministerial order establishing in such cases a permanent contraindication for blood donation.

It responds well to the question of the Court on the compatibility of the French standard with the criterion of "permanent exclusion from blood donation" made in 2.1 of Annex III of Directive 2004/33/EC, referred to people whose sexual behavior poses a high risk of acquiring severe infectious diseases that can be transmitted by blood. This poster intends to offer a critical reading of the Directive 2004/33/EC.

RELATIONAL ETHICS FLOW IN ELECTRONIC HEALTHCARE

Maria Luisa Pascarella¹, Mario Nicola Vittorio Ferrante¹, Dario Moschetti¹, Lucia Vaiano¹, Paola Vitale¹, Assunta Vitale²

¹ *ASL Avellino*

² *AORN Moscati Avellino*
mlpascarella@aslavellino.it

In the age of information technology and digital communications also in healthcare system the need to strengthen the humanization of the relationship with patient feels increasingly.

In particular, the relationship of care with the patients with complex problems (for example disability, addictions, eating disorders) has to be developed through a direct and personalized communication in respect of ethical behavior agreed among the parties.

This relationship must be supported by a therapeutic alliance for the care and not only by the functional deficits.

The alliance research must be adapted to the specific needs of the patient, with plasticity characteristics with respect to possible changes of conditions from time to time emerging.

In recent times narrative medicine is getting. It is a clinical-care intervention methodology, based on a specific communicative competence

Narrative medicine offers the opportunity to face the health condition not only in terms of "disease" (clinical knowledge about the disease) as well as "illness" (subjective experience of the patient about the disease) and as "sickness" (social perception of disease).

Communication as storytelling can be valuable tool to integrate different experiences involved with the objective to consider the people at the center of the therapeutic process and as the protagonists of the report.

The value of human relationships is important in the age of e-health, in the current phase of globalization, even in small land, where there are a number of ethnic groups with ethical issues and different behavior.

BIOBANKS AND PRIVACY: PUBLIC ATTITUDES TOWARD DATA ACCESS AND TRANSFER OF HUMAN TISSUE SAMPLES

Jakub Pawlikowski, Jarosław Sak
Medical University of Lublin, Poland
jpawlikowski@wp.pl

Background: Biobanks are a new scientific tool for biomedical research and currently it can be observed the rapid development of biobanking entities. One of the most common problems associated with biobanking for research purpose is ensuring the right to privacy which is connected with the effective protection of the stored samples, ensuring data confidentiality and creating appropriate procedures of data access and transfer of biological material. The aim of the research was to examine social attitudes towards biobanking, access and sharing of data and samples stored in biobanks.

Material and method: The survey was conducted on a representative group of 600 Polish respondents through direct interviews (PAPI).

Results and conclusions: The knowledge on the biobanks for research purposes is relatively low, but social attitudes are not negative. The level of trust depends on the type of the biobanking institution, and the lower trust is given to commercial biobanks. Majority of the

respondents do not accept transfer data and samples to foreign and commercial entities as well as using them for non-scientific purposes. Respondents who were willing to donate samples to biobanks present a more liberal attitude towards data access and international transfer of human tissues samples (in comparison to general population). It is important to develop a model of data/samples transfer agreement and a model of informed consent for data access and transfer of samples in order to protect the donors' rights and responsible sharing of data and samples.

I AM DISABLED BUT YOU MAKE ME HANDICAPPED

Alessandra Pentone
European Centre for Bioethics and Quality of Life, UNESCO Chair in
Bioethics Italian Unit
D.I.M., University of Bari, Italy
alesspent@hotmail.com

"The treatment given to disabled persons defines the innermost characteristics of a society and highlights the cultural values that sustain it". Leandro Despouy

According to the International Classification of Impairments, Disabilities and Handicaps (ICIDH) of the World Health Organization (WHO 1980):

- **Disability:** In the context of health experience a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.
- **Handicap:** In the context of health experience a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

This conceptual "revolution" focuses on disability not, like in the past, as a lack of health at different degrees, but as a source of the person's remaining capacities regarded in a functional way; this radical shift considers handicap as the disadvantage coming even from the environment and the social context where a person lives.

Thus entails that a person with a disability is not necessarily handicapped if, despite his/her limitations, can have the fulfilment of a respectable and livable life, without any kind of physical and mental barriers.

The International Classification of Functioning, Disability and Health (ICF 2001) "acknowledges that every human being can experience a decrement in health and thereby experience some disability. This is not something that happens to only a minority of humanity. ICF thus 'mainstreams' the experience of disability and recognizes it as a universal human experience..."

"Disability is a complex phenomena that is both a problem at the level of a person's body, and a complex and primarily social phenomena. Disability is always an interaction between features of the person and features of the overall context in which the person lives..."

"The objective assessment of the degree of a disability in a sense of its social consequences (handicap) cannot rely solely upon medical criteria, but must take into account the vocational, social and personal contexts-especially the attitude of the non-disabled population"(Encyclopaedia of Occupational Health and Safety, Geneva International Labour Office, 4th edition, volume I chapter 17, page 175).

We agree with Leandro Despouy stating that: *"The treatment given to disabled persons defines the innermost characteristics of a society and highlights the cultural values that sustain it ...Persons with disabilities are human beings – as human as, and usually even more human than, the rest. The daily effort to overcome impediments and discriminatory treatment they regularly receive usually provides them with special personality features, the most obvious and common are integrity, perseverance, and a deep spirit of comprehension in the face of a lack of understanding and intolerance. However, this last feature should not lead us to overlook the fact that as subjects of law they enjoy all the legal attributes inherent in human beings and hold specific rights in addition. In a word, persons with disabilities, as persons like ourselves, have the right to live with us and as we do".*

ON THE REALITY AND FUTURE OF FORENSIC SCIENCE IN THE TIMES OF SCIENTIFIC EVIDENCE

Yongjie Pu
Kunming Medical University, China
313795948@qq.com

Nowadays, it is a times seeing rapid development of modern science and technology and highly advanced legal civilization, so how to improve the capacity for obtaining and analyzing material evidence presents a major issue for each worker engaging in law, and Forensic Science just serves as the key. Forensic Science is not only widely used in our daily lives, but also in the judicial practice. How to, in a proper manner, handle the relationships among science and technology, forensic science and scientific evidence, as well as conduct, in a correct, objective and rational, a review and judgment of scientific evidence pose a major difficulty problem, and therefore, author, in order to solve this problem, puts forward relevant suggestions in the hope of making some contribution and advancing China's step into the times of scientific evidence in forensic science.

OUTLINES FOR GLOCAL BIOETHICS

Isabel Roldán
University of Salamanca, Spain
irolandomez@usal.es

In this article, I take the Robertson's concept of Glocal to link the two faces of modern Bioethics, that is: the universal principles and the local contexts. The reasons to do it are founded on the necessity of understanding global and local as complementary concepts, not as opposing. Thus, identity, culture, Religion should be kept in mind in the normative framework of Bioethics. Judaism is a good example of how it is possible strike up a dialogue between a secular and a religious perspective, since that Religion is specifically familiarized with scientist challenges, pluralism and deliberation, or rather: bioethical topics.

BIOETHICAL AND LEGAL PROBLEMS OF ROBOTIZATION OF MEDICINE

Jarosław Sak, Jakub Pawlikowski
Medical University of Lublin, Poland
jareksak@tlen.pl

Aim. The main objective of the work is to identify and propose solutions to bioethical and legal problems caused by the applications of robotic systems in medical practice.

Background. Robots, as reprogrammable mechanical devices performing certain manipulative and/or locomotive functions of a person, with a given energy and information level and a determined mechanical intelligence are designed to fulfill the following tasks in the healthcare system: perform specific therapeutic interventions (e.g. robotized surgery), support diagnostic and preventive procedures (e.g. smart medical capsules), support and/or replace the functions of the human body (e.g. intelligent prosthetics), support the healthcare system (robotized monitoring systems), conduct rehabilitation procedures.

Methods. The theoretical analysis inspired by the ELSI scheme (the Ethical, Legal and Social Implications) will be conducted in relation to the following problems: obtaining the patient's informed consent to a medical intervention with the use of a robot, taking personal responsibility by the medical staff for the effects of procedures carried out by robots, respect for the patient's dignity, autonomy and the right to privacy, the issue of ethical principles of conducting experimental research and the implementation of robotic systems involving animals, protection of personal and medical data sent to robotic systems, problem of the legality of performing telesurgeon's treatments in EU by operators from outside countries of the European Union, legal principles of data protection against unauthorized use of robotic systems, legal capacity of ensuring monitoring ("a black box" type) of medical procedure with the use of robots.

FUTURE OF MEDICAL ETHICS

Gina Puspita Sari
Moeslem University, Indonesia
ginapuspitasari@outlook.com

Doctor is one of profession that always to be tranding topic on social media.

Moreover, some cases are always life 'third-person'. They are another profession which will make 'burn' the case.

1. understand about risk at medical practice

basic problem that public never know or they never want to know, that on medical treatments are always have a risk for patient.

It means the doctors who practice and doing corresponding medical treatment with standart operational will never escape from risk at medical practice. That case will be different with the doctor work and doing medical practice were outside with standart operational.

2. Alleged 'flirting'

About alleged the doctor with a drug company, it's likes 'flatus' problem. Why? in 'flatus' case was always there's 'smell', and we would guess who was farted in this 'flatus' case.

Doing their works, the doctors can't to be affected from anything else that can make their freedom and their independent was missing to be a professional doctor.

Based that real cases, why the students should study about **medical ethics**? For making students more capable for known many hard cases and solved that cases with good and right way based principles and rational.

For soon, doctors know that they have responbility to their own self, their associate on health profession, and their God. Now, they have extra responbility with patient, hospital, organization which take medical decision, with stake holders that make policy and licensing for practices, and that different responsibility above can be contradict each other.

MEDICO-LEGAL AND ETHICAL ASPECTS OF FIRST AIDS TO MIGRANTS: OUR EXPERIENCE IN SICILY (ITALY)

Cettina Sortino, Elisa Palumbo, Gianluigi Aronica, Tommaso D'Anna, Stefania Zerbo, Antonina Argo
University of Palermo, Italy
cettina.sortino@hotmail.it

The emerging problem of immigration it was treated by the Italian and European legislation point of view, according to the rules and procedures adopted by the health workers, police and all host staff, since it was sighted a boat to the identification and reception of migrants, medical care and the transfer in the centers of secondary reception.

The ethical aspects of the relationship migrant/operator within communities has been studied through the administration of tests to assess the condition of harmony and health.

Migrant health and medico legal issues were analyzed through the collection of diseases and injuries encountered in many migrants (scabies, burns, abrasions, traumatic injuries and cases of women victims of sexual violence).

Our aim has been to assess the migration flow on the coasts of Agrigento (Sicily) from April 2014 to May 2015, through the number of migrants divided by Nationality, Gender, and Age. In particular the minors requiring a special treatment because in increasing numbers.

It is necessary for Europe to undertake the immigration problem, because Italy by itself can not to continue to face this emerging problem.

PALLIATIVE CARE: BIOETHICAL ISSUES OF PALLIATIVE SEDATION

Ida Maria Stefanizzi, Carmela Giordano, Anna Matarazzo, Marianna Longo, Filomena Casella, Alessandro Feola
Second University of Naples, Italy
idastefanizzi@gmail.com

The World Health Organisation defines Palliative Care as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual". Palliative care arose as an alternative to specific care and therefore in partial opposition to the orientation aimed mainly at the patient's recovery. Currently, the focus of palliative care has shifted from the concept of terminal illness to advanced chronic illness with a limited prognosis, and from a specialty (oncology) approach, to a national healthcare system approach.

As part of palliative care, palliative sedation consists of the use of sedation to control refractory symptoms, especially pain, in the terminal stages of the disease. Palliative sedation involves important bioethical decisions by Healthcare workers, in the absence of specific legislation, and in patients with severe and irreversible neurological injuries who are unable to give a valid consent and to manifest pain. This paper evaluates the bioethical issues relating to palliative sedation in unconscious patients: the risk of turning this therapeutic practice into euthanasia, by highlighting the differences between the two concepts and the difficulty in recognising what the patient actually wants, if no declarations were made in the early stages of the treatment, with the consequent risk of transforming palliative sedation into involuntary euthanasia.

PROGRAM-BASED RESEARCH ETHICS CONSULTATION SERVICE IN JAPAN

Kayo Takashima
University of Tokyo, Japan
takak@ims.u-tokyo.ac.jp

The purpose of this poster is to analyze the strategy of ethical support for governmental biomedical research projects in Japan. While novel and complex translational research has emerged, the need to establish a research ethics consultation service (RECS), which Beskow (2009) defines as "an advisory activity available throughout the lifecycle of a study," has increased to ensure the protection of research participants and to promote valuable scientific and ethical research. The concept of RECS is still in its developmental stages in Japan, though life science research is one of the central areas of the Japanese Cabinet Secretariat's comprehensive strategy. However, a new approach to RECS has arisen in the form of a government funded program-based research ethics consultation service (PbRECS) that has been established for four bioscience research programs since 2003, and the required roles depend on the program. I will examine and analyze the merits and drawbacks of PbRECS using five years of experience with the nationwide stem cell research program: "Highway Program for the Realization of Regenerative Medicine." Although it has advantages, for example, PbRECS can provide continued ethical support if the program researchers' institutions do not have RECS, there are also problems that must be addressed, such as confidentiality in consultations with researchers, as PbRECS is supported by their sponsors as well. I will then discuss the recommended strategy regarding research ethics support for governmental biomedical research projects.

FACT-FINDING SURVEY ABOUT PHYSICAL RESTRAINT USE IN HOSPITAL: ETHICAL AND MEDICAL LEGAL CONSIDERATIONS

Elvira Ventura Spagnolo¹, Cristina Mondello², Patrizia Gualniera², Alessio Asmundo², Daniela Sapienza², Serena Scurria², Giulio Cardia²

¹ *University of Palermo, Italy*

² *University of Messina, Italy*

elvira.ventura@unipa.it

Introduction: Recourse to physical restraint is of particular concern with regard to patient's rights enshrined in the Constitution, in the European Convention on Human Rights, and in several International documents and bodies of law. Although restraint may be enacted only when explicitly provided by law, its use is not uniform in Italian hospitals.

Material and methods: From 1st January to 30th June 2014 the authors conducted a fact-finding among the health operators in some Sicilian hospital and nursing homes. The survey was aimed at determining the degree of awareness of the health operators about the restraint. The data gathered were statistically examined to describe general and specific parameters of the sample making use Epi Info 7.1.4 software (CDC Atlanta – USA). Chi-square test was used to show any statistic differences among studied population.

Results: During the investigation period were distributed 2180 survey and 1002 were returned. The most used restraints were side rails (87,8%), bangle (26,6%) and safety straps (18,1%). The mental state of the patients was confused in 75,2%, stupor in 7,8% and oriented in 4,6%. Moreover in the 23,8% the restraint wasn't noted in medical record. Only the 23,4% of the respondents is aware about the existence of a restraint hospital procedure.

Conclusions: The reported data from the study that we conducted, lead to medical legal and juridical consideration, especially as regards the use of physical restraint. The complexity of the phenomenon requires the development of a variety of intervention strategies with regard to the clinical risk management and medical legal aspects related to the several profiles of professional responsibility.

GOING BEYOND: FINITUDE IN THE ACTUAL DEBATE IN BIOETHICS

Clémentine Woille

UCL – Université Catholique de Louvain, Belgium

clementinewoille@gmail.com

Introduction: Medicine always go through the limit, furthermore in a care context. Because of nature irreversible of death, the finitude of life put medicine on the test. Ineluctable, death appears like the

ultimate limit of human being, even if she often appears controlled, managed, handled. The concern of dying is significant in the actual social debates: limit is wondered. Thus, the limit can be considered as avoidable, more like an objective than a real obstacle. The philosophical question of finitude appear as essential.

Discussion: Between reality, promise and hope, the limits of death is questioned. However this finitude is part of loss or mourning, dying is definitively part of the life-time. The belief in death as the ultimate experience of life is universal; medicine is now part of this natural process and her intention is not without consequences for our perception in the end-of-life. What about going beyond death? How come ethics find her way in this intention? How managing the balance between intention and acting? And at what price?

Objectives: The complexity of death solicit the conjunction of praxis of philosophy and medical pragmatism. Bioethic guarantee this questioning and offers a frame to think the limit itself: border of the possible, the thinkable, the forbidden and the desirable. The balance between those assures the patient about caregivers' positionement or reflexion in the infinity of progress.

CONTRACT CHARACTER OF JUDICIAL EXPERTISE ENTRUSTED BY THE PARTY AND CIVIL LIABILITY AND UNDERTAKING OF JUDICIAL AUTHENTICATION INSTITUTION

Runfang Xie

Kunming Medical University, China

xierunfang@sina.com

In civil action, there is a dispute that the party entrusting judicial authentication institution to authenticate a contract should be a kind of commission contract or a contract of hired work in theory. At present, the relationship between the party and judicial authentication institution belongs to civil contract relation, because it conforms to characters of contract legal relation. For this point, theoretical cycle and practical cycle have no contest. However, what is the contractual relation? Is it a commission contract or a contract of hired work? For this one, theory and practice have different opinions. Determination of contract character plays a crucial role on definition of rights and obligations between the party and judicial authentication institution and future dispute resolution. This paper, by comparing characteristics of two kinds of contracts, put forward that the party entrusting judicial authentication institution to authenticate a contract should be a kind of commission contract in civil action. Based on it, judicial authentication institution should undertake corresponding civil responsibility for breach of contract for unfinished authentication affairs.



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