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Bioethical issues and HIV stigma

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hands or arms to prevent the scattering of pathogens when coughing. Some people sneeze without covering their mouth on the train or in other places, but this should be considered an offensive behavior, the product of willful negligence of the risk of droplet infections and contact infections to those around an infected person. Wearing a mask is not as effective in terms of protecting the wearer from infection, but it is very effective in terms of not transmitting the virus to others. The way people cough needs to be more than a matter of etiquette; it should become one of the rules of our society, to be followed by everyone. Also, individual efforts such as staying away from crowds or washing hands thoroughly during epidemics can be very effective in preventing infections. Continuing to work or go to school when feverish is not something we should do during epidemics of infectious diseases. Staying in and recuperating at home will better contribute to protecting society.

(3) Enhancing the capacity for scientific media coverage

Infectious disease specialists and scholars in health organizations and universities are required to provide accurate, easy-to-understand information so that mass media can cooperate in offering scientific coverage to the public. I expect the media to be able to fulfill its mission in creating an atmosphere in society that helps people to calmly cope with infectious disease without stirring up panic or causing injury to those infected.

The H1N1 virus is just one of the many new kinds of viruses and risks we need to continuously grapple with. It should be the goal of public policy to help society accumulate the knowledge and experience to cope with diseases and risks.

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Bioethical issues and HIV stigma

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Introduction

This is a research report on the empirical study conducted among pregnant mothers to elicit their knowledge, opinion, attitude and to explore myths and misconceptions associated with HIV stigma and discrimination and the bioethical issues involved therewith. HIV stigma is explained as the prejudice, discounting, discrediting and discrimination directed at people perceived to have HIV or AIDS and at the individuals, groups and communities with which they are associated. AIDS is one of the most stigmatized disease in history. HIV-related stigma is multi-layered, deeply rooted, operating within the values of everyday life, stigma plays into, and reinforces, social inequalities. If we do not appreciate the nature and impact of stigma, none of our interventions can begin to be successful.

The Genesis of Public Health Ethics

Modern bioethics emerged in the 1960s and 1970s and began to have enormous impacts on the practice of medicine and research – fuelled, by broad socio-political changes that gave rise to the struggle of women, but little attention was given to the question of the ethics of public health. Recognising the role of moral values in decision-making was a signal contribution of bioethics in its formative period. Over the past decades a broad array of perspectives emerged under the rubric of bioethics but individualism remains central.

Knowledge on AIDS

- Only eight in ten women have heard of AIDS.
- Nine in ten urban women have heard of AIDS (93.4 percent).
- Two out of three rural women have heard of AIDS.
- Less than 10 percent of women with no education have heard of AIDS (6.3 percent).
- Knowledge increases with education, women completed 10 or more years of schooling (69 percent).
- Television is the source of information on AIDS, reported by 80 percent of women who have heard of AIDS.
- Television is the common source in all subgroups including the rural and least educated populations.

■ The next reported sources after television are radio.

Stigma associated with AIDS and accepting Attitude towards HIV/AIDS

■ Buying vegetables from a shopkeeper with HIV/AIDS (47% - pretest and 70%- posttest).

■ 36 %in the post test (which was originally 10 % in the pretest) of rural women say that they would not want to keep it a secret if a family member had HIV/AIDS after reading the print materials supplied to them.

■ 72.67 percent of the respondents feel HIV/AIDS as a killer disease in the pre-test have changed their opinion in the post-test.

■ On maintaining secrecy of family member's HIV infection, 63.33 percent disagree with that point in the pre test, in the post-test got clarity out of the print materials and this stigma is reduced to 46.77 percent in the post-test.

Ethical Issues in Public Health Communication

■ Ethical issues in public health communication are explored as they relate to eight topics:

■ 'targeting' and 'tailoring' public health messages to particular population segments;

■ obtaining the equivalence of informed consent;

■ the use of persuasive communication tactics;

■ messages on responsibility and culpability;

■ messages that apply to harm reduction;

■ and three types of unintended adverse effects associated with public health communication activities that may label and stigmatise, expand social gaps, and promote health as a value.

It is suggested that an ethical analysis should be applied to each phase of the public health communication process in order to identify ethical dilemmas that may appear subtle, yet reflect important concerns regarding potential effects of public health communication interventions on individuals and society as a whole.

Consideration of issues concerning "Physician's Prescriptions" in the Practice of Occupational Therapy in Japan

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Introduction

The purpose of this study is to discuss the role of the psychiatrist's prescription in the practice of occupational therapy. We surveyed occupational therapists about informed consent in the practice of occupational therapy in August 2009 (Yamano, 2011). We clarified that occupational therapists have rationales for administering therapy if clients do not consent to undergo occupational therapy. One of the reasons is "occupational therapy is practiced under the physician's prescriptions".

Due to the Japanese laws, practicing occupational therapy without a physician's prescription is against law. We discuss if the physician prescribes, whether occupational therapists can practice occupational therapy for clients without consent.

Occupational Therapy Process in Japan

The laws that are the most important for Japanese occupational therapists are Physical Therapist and Occupational Therapist Law established in 1965. In Article 2-4 of the Physical therapists and Occupational Therapists Law, The term "Occupational Therapist" as used in this act means a person that is qualified license by minister of the Ministry of Health, Labour, and Welfare, use the style of "Occupational therapist", practice in occupational therapy unless physician's prescription.

On the other hand, Ministry ordinances concerning fees for health service care in Japan establish that it is performed with director guidance of the physician, and the occupational therapy calculates it about a thing performed under the physician or the monitor of the occupational therapist.

Occupational therapists in Japan need prescriptions to practice therapy with the law that we show after. We evaluate for clients. Then, we classify the state of functioning, and the real problem. Third, we make intervention planning. We set long and short term goals, and select and establish the way of therapy. Fourth, we practice occupational therapy. The most of clients are provided therapy from twenty minutes to an hour. Fifth, we re-evaluate for client routinely. We validate the effect of therapy by comparing previous and current results of evaluation data. If the client completes the goal, it may be the end of therapy based on assessment by physician. However, if not, we define the problem again (Figure1).

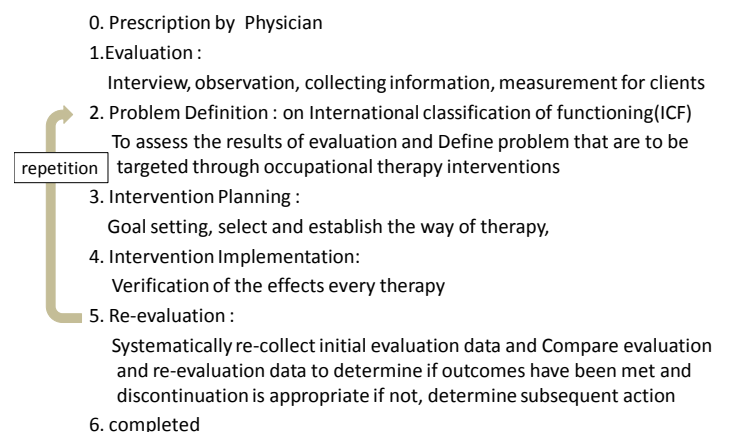


Figure 1: Process of Occupational Therapy

Early Studies about Prescribing Occupational Therapy

1. Standpoint of Psychiatrist

Most of the early studies about prescribing occupational therapy in the standpoint of a physician are written by psychiatrists. Lich mentioned that, "The prescription of occupational therapy is the selection of the activity or