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Monday, March 19, 2007

1. Opening Session
Chair: Dr. Soraj Hongladarom

Welcome to the Eighth Asian Bioethics Conference: All Nations … The Phantom Next Generation (ABA Presidential Address)

- Jayapaul Azariah, Ph.D.
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Distinguished dignitaries on the stage, honored experts in bioethics and techno sciences, ladies and gentlemen. I am happy to be present in this unique ABA conference. I would like to bring to your knowledge and concern some selected bioethical issues that are currently discussed in India. I perceive that these issues are also faced by all nations. Since all nations are concerned about the next generation I think that discussing these issues is very important.

Human beings are unique in this biosphere because humans are not only related to the past but also to the future generations. "Man (Humans) is Man because he shares a common culture… not only (with) its living members but also members of past generations and those yet unborn…" (Worsley, 1970). The problems of the present century and our generation are radically different from the previous century. It is going to be far, far different from the present! Are we the conscience keepers of the generation to come?

At the outset we need to consider the three realms (i) Ecology (ii) Economic and (iii) Ecuminics – anthropocentric development. All three spheres sprout from the same common Greek work "*oikos*" which means house or a dwelling place. The word 'nomics' stands for 'management'. We need to manage the principles of ecology and infuse it with the management of the commercial world with an aim to achieve a balanced, healthy and just society.

In this current era of neo-liberal globalization we are witnessing a proliferation of different types of ethical, legal and social Issues. The next generation is in increasing danger of facing extinction. Therefore, we need to consider the challenges confronting us. In identifying these global problems for global solution, let us consider the remedy in a reflective mood. Let me list some of the problem areas.

The Nathari Killings Loss of sacredness of human life

Nithari is a small village in the District of Noida in Uttar Pradesh, India. Reported to the police but unattended is the incidence of shocking and brutal and traumatic incidence of disappearance of young women and children (Jan-Feb 2007). The whole episode came into public light when human skeletal remains were unearthed in a near by gutter, close to the suspected murder(s). The motive of gruesome killing is not very well established. Killing for the organ trade has not been ruled out. In any case, these incidences raise a battery of bioethical questions. The vulnerability of the poor in a village to exploitation, the human rights and human dignity of the innocent and poor victims, non-existence of accountability in law and legal systems. All these questions only endorse that human values have been eroded, plunging the common citizen into insecurity. The poor had brought to the notice of the Police about the disappearance of their children over a period of two years. But the First Information Report (FIR) was not filed by the Police. Under the carpet are the issues like transparency of law enforcement system, the constitutional binding of the judiciary, political patronage and corruption in high places. The sanctity of human life has been lost in its fullest sense. Such disappearance of human beings does happen in All Nations for various reasons. The answer to uplift human rights and human dignity is to develop a system of bioethical machinery to upload human moral values in all humans across cultures and geographical barriers.

Female Feticide and sanctity of life

Another closely connected issue with regard to the question of scant regard of the sanctity of life is the practice of female infanticide. With the advancement of science and technology, human civilization has advanced a step forward. Why wait for the infant to be born and then eliminate? If we can do it much earlier then let us do it! The stage has sifted from 'infanticide" to 'feticide'. According to Ms Renuka Chowdhury, Minister for Women and Child Development, the current estimate of 'murder of unborn children' is around 10 million in the last 20 years! These unfortunate girl children are eliminated merely due to economic reasons connected with the practice of dowry and other collateral expenses in bringing up a girl child. Two ELS issues arise: (1) In the continuum of human development, from conception to birth, when does a human being is a human being and when does human life start? Does it start right from conception or at birth? (2). The second ill effect related to the undesirable tilt in the male-female sex ration of a nation. The sex ratio for the world stands at for every 1000 males there are 1050 females. Whereas the Indian rex ratio is 1000: 933, and 927 under the age of six. The pattern changes from one State in India from another. The safest state is Kerala where the ratio is 1000: 1058 while for others for 1000 males the number of females in Delhi = 821; Haryana = 861 and Punjab = 876. Some states like Daman and Diu = 710, and Chandigarh is 777. The social consequence will be the unavailability of a bride to an eligible bachelor. Three out of ten boys in Chandigarh may face the notice saying "all sold out – Out of Stock – Try later". The next generation will be affected. Moreover, humanity stands in dire need of giving a clear guideline to the question 'When does human life start, at conception or later?' If it is later, then there is no need for anybody to be concerned about the social, ethical and legal issues due to foeticide. Killing an animal is NOT murder. But killing a human being is murder. If a foetus is not a human, then humans can have a jolly good time – sex is for pleasure and foetus is for elimination.

Some bio-political issues

- Institutionalized injustice
- The question of corruption in Government ministers down to the Police
- The misuse of power vested on officials by the Constitution of India.
- Abuse of power by officials in Power
- Stress on transparency and accountability
- Provision of protection to law enforcing authorities and prevention of political interference
- To train young people right from the start through Bioethics education.

Viral out breaks and Health

Viral fever is deadly in many respects. We had common flu, influenza, dengue fever, bird flu and Chiengunya. We are familiar with words like, incidence, prevalence, and epidemic but not to the word pandemic. It is

commonly believed in scientific circles that we are only two mutations away from the pandemic situation. Britain is the recent victim of bird's flu. Millions of birds were culled and destroyed due to the fear of assuring in a pandemic situation. In one view is a phenomenal wastage of human food resources and on the other hand the birds faced an 'untimely' death. This story is not new in other nations like China, Indonesia, Vietnam, Hong Kong, Malaysia, Thailand, Laos, Nigeria and Russia - both in European and South East Countries. Such a global outbreak affects all nations.

The virus - H5N1 - though a resident in avian population, it has the canine ability to befriend humans though its passage through other infect a wide variety of mammals (cats). If it acquires the distasteful ability to infect human beings and if it acquires the ability of human-to-human transmission then we are at a loss. It may be impossible to prevent a pandemic situation. A recent WHO statistics reveal that out of the 271 humans infected with this deadly virus, about 165 humans have died since 2003. The poor in Indian villages keep poultry along with their kitchen garden! It is time that bioethical standards are enforced in the mass production –battery – of poultry as well as to develop preventive measures in terms of developing vaccines both for the birds and for the humans. People of All Nations and avian population of All Nations need to adhere to bioethical precautionary measures.

Gay Rights

There has been much discussion in India to recognize the rights of homosexuals. Many well informed Indians do think the 'gayism' is not an "abnormal" disposition in human sexuality since incidence of homosexuality has been reported in animals and hence their rights as homosexuals are to be recognized on the grounds of justice and human rights. It is a matter between two consenting adults. So no conflict is involved! Some others think that if it is an abnormal feature in human beings then regulatory measures are to be introduced.

Many aspects are to be looked into such as sociological and medical reasons besides biological and spiritual aspects. Biologically the phenomenon of sex and sexuality is very complex and un-comprehensible. Sex is the gateway for reproduction. But today's science and technology has eliminated the need for sex in procreation. Science and technology advocates that sex is for pleasure and IVF technology is for procreation. In any case, it is impossible to produce an offspring without the womb of a female. It is our only limitation. But it is possible get a progeny without a 'sperm' as in the case of 'somatic nuclear transfer', technique used in cloning can eliminate the necessity of a sexual intercourse and the sperm but not the womb. In the future, it may be possible to bypass the involvement of a woman's womb in procreation. We have to wait and see! Or medical technology has successfully transplanted a womb. Will technology of womb transplantation in a male's body save and solve the problem?

From a biological perspective the natural outcome of human sexual union is the resultant birth of a child. This process is considered 'natural'. In the context of human male-female relationship, leading to the birth of a child, is also considered as "normal". Any other process, which does not fall in line with the above formula, i.e. not leading to the birth of a child, is considered "unnatural" and not 'abnormal' When human technology is involved in IVF, the question naturally that is raised is this, whether it is natural or not?

In the context of homosexuality, St. Paul took the position of "unnatural' with regard to same sex sexual relationship (*Book of Romans* chapter 1 verses 24-27). A thing is unnatural when it does not lead to the expected end. Biologically, homosexuality is unproductive. Therefore, St. Paul considered that homosexuality is "against nature". He continued "men with men committing what is shameful and receiving in themselves the penalty of their error which was due" (v. 27). That is why there is presently a big rift in the Christian Church since a precise opinion is divided. Ecologically, any anthropocentric (human centered) act that is not 'in tune with nature' (i.e. against nature) has a 'price tag' attached with it. It is unproductive.

The trade off is the extinction of a community. A guide, while narrating the glory of Ajanta & Ellora caves in India (2nd Century BC to 10th Century AD) commented that a community of Buddhist monks did not survive through generations because it was a community of uni-sex (male only) monks. For a generation to continue, the natural pairing between male and female is vital and necessary! In the future, The Supreme Authority of The New Sociological World Order may promulgate to ban heterosexual community and all must be homosexuals. Then there will be no 'next generation'. The World without the next generation of humans will be a peaceful and happy place indeed!

Two options and Precautionary Principle

There are, therefore, two options. One option is to term the practice of homosexuality as 'unnatural' and non-productive. Based on this premise the society can impose a total ban. In the second option, the human rights principle of homosexuals can be recognized and the practice can be legalized as has been done in many European countries. In both cases, the pros and cons need to be considered critically.

If the homosexuals desire to have a child then they have to look to the heterosexual for the procurement of a baby to be adopted! Current techno-sciences have now separated the domain of sex from 'reproduction'. Only the lesbians but not the gay couple can obtain a progeny with Assisted Reproductive Technology (ART). ! I Therefore, bioethically, the 'precautionary principle' has to be applied so as to mitigate future unforeseen social and cultural risks, if any, when the rights of homosexuals are legally recognized as a 'natural' behavior like any other homosexual humans. As science and technology progresses human beings will be endowed with the disadvantage to distinguish between 'natural' and 'unnatural'.

Bioethical maturity is to balance the benefits of benefits and risk of extending equal rights to homosexual. One area that is needs to be addressed is the 'adoption laws' relating to the adoption of biologically unrelated children from different lineage. Secondly, the words such as 'parent, mother, and father' may be confusing to many. Hence, the word 'family' needs to be redefined which would exclude the family component of 'grand parent, grand mother and grand father' since there will be no such entity as grandfather. Hence, the new definition of family may have to be acceptable both legally and culturally to all the different strata of the society! This homework has to be done before hand i.e. before granting the homosexuals equal rights with the heterosexuals.

Climate change - mirage or a reality? Issues cheaper by the dozen

Any consideration on matters relating to climate change may include the following:

1. Increase in surface temperature of the total Biosphere
2. Linked with global industrial development since 1970s
3. Significant rise seen from 1996 to 2006:

* Warmest decade and 1998 warmest year since 1861

* Second warmest year 2005

4. 2007 PREDICTED to be the warmest year, more than 1998
5 During 20th Century the temperature has increased by 0.7 to 0.8 degrees
6. Prediction – by the end of this century it could rise by 1.4 to5.8 degrees
7. Global warming is linked with sea level rise
8. Sea level rise is linked with melting of polar ice caps and glaciers
9. Polar ice caps are reduced and glaciers have shrunk
10. Effect on Land - Monsoon in India has been retreated /decreased
11. Extreme weather changes – Either floods or droughts
12. Rise in atmospheric temperature may or may not result in heavy and excessive rain
13. 2005 was not only the hottest but the rainfall was also excessive than normal. What is the relationship between the two? We do not yet know.
14. Intergovernmental Panel on Climate Change formulates necessary precautions and has now blamed humans for all anthropocentric development.

Climate change can topple a nation

Wu Chong enumerated a detailed account on the consequences of climate change to Emperor Gaozu, founder of the Tang Dynasty. But his empire collapsed. It is suggested that weak winter monsoon rains may have contributed to the decline of both China's Tang Dynasty and the Mayan civilization in Mexico. The authors speculate that global climate change, causing a tropical rain belt to migrate, may have been a factor — with the same system affecting monsoon rains in Southeast Asia today. It also emphasizes that any shifts in an area of low pressure that follows the equator, known as an inter-tropical convergence zone, with weakened monsoon rains in winters during the eighth and ninth centuries. Dynastic changes often involved popular uprisings during phases of crop failure and famine, and these are consistent with periods of reduced rainfall. The same inter-tropical convergence zone shifts in response to periodic El Nino events, which weaken monsoon rains in Southeast Asia in the modern era. The final conclusion is that "But I believe the weather did play an important role in Tang's decline,"

Two human measures

Two significant human endeavors to save the environment and reduce carbon dioxide emission are: (1) The United Nations Conference on Environment and Development at Rio de Janeiro in 1992 and (2) the Kyoto Protocol in Green House Gases (GHGs) emission in 1997. GHGs are carbon dioxide (CO_2) - emissions from coal fired industry, automobiles and airplanes, Methane, Chlorofluorocarbon (CFC) Methyl bromide (Used in agriculture) and trifluoromethane (HFC -23; a byproduct in incinerators) Any reduction in GHGs to about 20% by developed countries (North) may have an adverse impact on their industrial development which may adversely change Gross Domestic Product (GDP). As results, the luxurious lifestyle of people in the countries of the North has to change, which nobody wants to reduce.

The Earth Summit in AGENDA 21 concluded "The responsibility to preserve our natural resources for future generations must become one of our highest priorities. Reversing the damage we have wrought will be difficult, expensive and achievable only over a long period of time, but with a concerted worldwide effort, it can be done. The Earth's future requires it". So the battle to save the environment goes on without reducing the GHG. The Kyoto Protocol has a built in component for the inclusion of a 'Clean Development Mechanism (CDM)" to reduce GHGs reduction.

Carbon Market

Carbon trading includes a component called "Certified Emission Reduction (CER)". One CER is equated with one tonne of CO_2 reduction. CMD has a component called 'Carbon Bank' which is a measure of Eco-Security against the negative impact of GHGs. Again the three major players are involved: (1) Ecology (2) Economics and (3) Ecuminic. The World Bank prototype Carbon Fund may pay a sum of 3-4 $ per a tonne of CO_2. If it can be certified that a single tree can reduce up to a tonne of carbon then a sum of money (about 6 Euros) can be paid and the Eco bank can sell the CER to a polluting industry and charge them a higher rate say 20 euros. Attempts have been made to reduce the usage of CFC gas the 'rich' in the world – both in the North and in the South – are air conditioning their premises with sophisticated technology and with plasma and liquid crystal display (LCD) televisions which is energy intensive civilization icons. Should we not, in the near future, turn to renewable energy sources like solar and wind energy? Or in spite of setback in incineration of solid waste materials humanity can turn its attention to such alternate energy producing mechanisms.

Market Economics of carbon

Globally about 459 polluting industries have registered with CDM; of which Indian component amounts to about 29%. A Gjarathi Company dealing with fluorochemicals and refrigerant plant has entered in to a deal for Rs. 10 billion. In this eco-economical deal a polluting industry in the North may not

take efforts to reduce the GHGs but instead it can buy large amounts of CERs from the South, which has green cover, which is thought to play a major role in the reduction of atmospheric GHGs like CO_2 has registered with CDM. Further, there is also inequity in the allotment of quota of pollution offsets between the North and the South. In the interest of the sustainability of the environmental health with regard to the loading of GHGs, it may be necessary to enforce 'Carbon Auditing' to ensure whether or not there is any effective reduction in CO_2 loading due to industrial development.

What is the difference between weather and climate? The former is a short-term environmental physical features and climate is a long-term event and a condition, which is hard to predict as to exactly what would happen. However, we can have a futuristic concern by giving heed to the present trends in industrial development. Climate change is coupled with changes in the atmospheric temperature as well with the sea surface temperature. The previous year 2006 has been the sixth hottest year since 1864. By 2100, it is predicted that the temperature rise may be in the range of 5.8 °C. There will be a wide spread migration of monsoons leading to shortage in vital resources like food and water. Moreover, climate change can initiate the melting of the polar ice caps and also the glaciers of high mountains such as the Himalayas. Two major rivers originate from the Himalayas namely *The Ganges* and The *Brahapurtra* can submerge low lying areas in Bengal delta, Similarly, the two Chinese rivers, *The Mekong* and *The Yangtse* rivers can cause similar havoc, leading to the loss of property and human life. It has been reported that Peru could lose almost all of its high altitude glaciers by 2015 due to global warming.

Change of Lifestyle and Carbon Auditing

Climate change has become a political issue since the economic growth of a country will be adversely affected, if industries are to reduce their CO_2 emission rate by 20%. Neither, do we change our lifestyle to reduce our wants but satisfy only our needs. Currently, Indonesia experienced unprecedented rain leading to human and material loss. We seem to tread the path of non-intergenerational equity in that the current generation is putting the next generation into unprecedented problems of shortage of their vital resources. Changing contexts demand changing lifestyle and judicial use of industrial development. In any case as a precautionary measure it is better the concept of carbon auditing may be introduced to safeguard the health of the environment.

GM Food and health

The Eleventh Five Year Plan of India has just announced that maximum financial support will be given to Agriculture. India produced about 50 million metric tons of food during the post independence time (1947), to feed its 300 million people; the world population at that time was around 1 billion. Today India is producing about 212 million metric tones to feed its ever-growing population of 1.20 billion people – a tremendous achievement indeed. But the difficult days are around the corner. In a few decades, when its population is about 1.5 billion, its food security will be less by 45 million metric tonnes. Hence the possibility exists that we may have to go the way of GM food. Two issues are to be considered. 1). GM crops have the possibility of producing phyto-hormones like phyto estrogens, an environmental mimic of the human hormone, estrogen. When a male person eats food along with the environmental mimic estrogen then it upsets, in male, the balance between male hormone, testosterone and the incoming female estrogen. With an increase in estrogen, sperm production is reduced and the males are feminized. Such a feminization of males has sociological and psychological consequences. The bioethical dilemma is that do we quench human hunger for food with GM food or do we pay attention to a hypothetical disability that comes after a few decades?

Recently, the United States Food and Drug Administration (US FDA) has released its draft statement on risk assessment of eating of cloned animals. Though cloning is not genetic modification and it does not involved transfer of genes across the unrelated phyla it is unlikely that the problems faced in GM plant food may not arise in a cloned mammal since it is only a genetic copy of another individual. Although the FDS draft risk assessment states that there is 'no additional risk' of eating the meat of cloned animals and drinking milk from cloned cattle, sheep and goats, the fact is that any risk based change in human physiology will be so slow and unnoticed that we will know of the ill effects, if any, only when it/they appear(s). In any case it is the Next Generation that will be affected! We need to be concerned about the development of regulatory safety measures like labeling and education the common man about the risks and benefits of consuming food prepared from cloned animals.

Information, communication and health

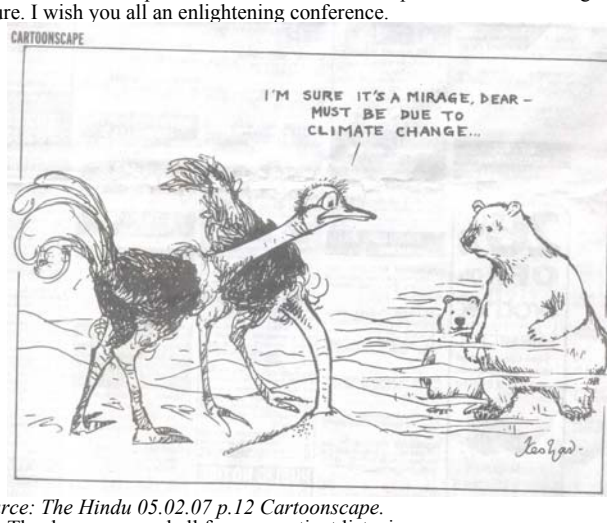
Neo liberal globalization has assured into India a boom in economic growth, which is now around 9%. Such an economic growth is possible due to sizable population of intellectual workforce in the age group between 25 and 40 years and scientific personals. Young professionals in IT business are earning money in a few months, which their fathers earned in their entire lifetime. It is commendable that they lead a populous lifestyle. But the gap between the rich and the poor has widened due to spiraling of essential commodities. Moreover, the generation gap has brought in additional sociological problems. It has become a common saying "what can you get for 10 million Rupees?"

During 1980s, my relative living in Singapore's high rise building used to say that she is leading a 'flat life', meaning the flat in the 16th floor of the building. To day it is not only a flat life but also it is a 'mobile life'. Life is conditioned by the mobile telephone so handy in one's hand with a far reaching potential to carry out life's business while on the move. One of my bioethics friends cautioned me 'please do not keep the mobile phone next/near to an organ of your body which you love'. The reason being that wavelength of the microwave oven and the cell phone are almost same. The former cooks food in 10 minutes while the later cooks the body tissue, especially the brain, in 10 years. What the next generation can do with a 'cooked brain'?

The other day, while traveling in a bus a youth had an IPOD playing. His both the years were plugged with earphones. He asked another passenger, 'What is the time, please?' Five thirty, replied the co passenger Again he asked. What is the time?! For he could not hear. The co passenger looked at him angrily. And then he removed the earphones! When the next generation needs the brain for a decision-making, they may not have it in a functional condition. Moreover, they cannot hear what the law says since the ear drum has already been damaged due to high decibels.

We have a big task ahead of us. The way forward is to unite our heart and soul to find amicable solutions to most of the future problems. One way to achieve this aim is to build the Asian bioethics Association (ABA) and other regional associations like the All India Bioethics Association (AIBA) to reach the unreached in the world of bioethics. There is need to augment memberships in local and international association of bioethics.

Secondly, bioethics is an agent of change. Since we are going to or facing insurmountable bioethical problems in the near future, we need to strengthen the bioethics education program of all bioethics associations as an intervention effort to infuse bioethical maturity in the next generation of all nations. In this regard, I would like to make an earnest plea to lend a supporting hand to the efforts of Prof. Darryl Macer in implementing the *Cross Cultural Bioethics Text Book* as a standard textbook in all school and college curriculum. This means that we need to sideline some subjects that may not infuse moral and spiritual values in the minds of the coming generations and bring about a bioethical revolution in terms of change of lifestyle. Is it possible? Well, I am a pessimist as for the present is concerned but an optimist when thinking of the future. I wish you all an enlightening conference.



Source: The Hindu 05.02.07 p.12 Cartoonscape.

Thank you one and all for your patient listening.

But do not pay any heed to all of my thought on various issues, especially climate change since they are only a mirage.

Opening Remarks

- Prof. Suchada Kiranandana, Ph.D.
President, Chulalongkorn University, Thailand

Minister Yongyuth, Prof. Jayapaul Azariah, Prof. Hyakudai Sakamoto, Prof. Darryl Macer, Prof. Leonardo de Castro, Ladies and Gentlemen, It is indeed my great honour and pleasure to come here to the Eighth Asian Bioethics Conference, which is mainly organized by Chulalongkorn University and UNESCO Bangkok for the Asian Bioethics Association. I would like to thank the Asian Bioethics Association for giving Chulalongkorn University the opportunity to organize such an important event, and I am quite certain that the conference will inaugurate further interest in bioethics, a field that, as you all know, is of growing importance in the world where the rapid advancements in science and technology are making serious impacts on the social, cultural and ethical lives of the people all around the world. The conference has been made possible through many layers of cross-organizational collaborations. First of all, within Chulalongkorn University itself, the conference is organized both by the Center for Ethics of Science and Technology, Faculty of Arts, and the College of Public Health. The Center for Ethics of Science and Technology is a research unit belonging to the Faculty of Arts, and the College of Public Health is an organization that is focused on graduate programs and research on public health and related issues. Let me tell you that it is not quite common for different organizations within the university to work together as closely as this, and I especially welcome this collaboration because today's complex problems require more collaboration among different areas of expertise and different organizations, something that is quite difficult to achieve. So for Faculty of Arts and the College of Public Health to collaborate in such a large undertaking as this international conference is a very welcome prospect for the university as a whole. Moreover, the spirit of cross-organizational collaborations certainly does not end within the confine of the university. Both the CEST and the CPH have been working closely with UNESCO Bangkok, as well as other organizations namely APEC Foresight of the National Science and Technology Development Agency, and the Thai National Health Foundation. I would like thank all the agencies that have been collaborating to organize this conference and have made it a big success that it is right now.

The year 2007 marks a very auspicious occasion for Chulalongkorn

University because it is the university's ninetieth anniversary. In fact, just a week from now, on March 26, we will have a big birthday celebration for the university. As the oldest and some might say most prestigious university in the country, we will reflect on our past achievements and our unfinished tasks during the past ninety years, and on what we will have to do for the future, which includes both the future of Thailand and the world. And I am sure that bioethics and the study of the relations between science, technology and their social and cultural environs will figure prominently in that vision. The successful collaboration between the Center for Ethics of Science and Technology and the College of Public Health is just a start for bioethical activities within the university which I am quite sure will have lasting impacts both within Thailand and internationally.

Finally, the Eighth Asian Bioethics Conference would not have been possible without its sponsors. I would like to thank the Wellcome Trust and the World Health Organization, whose grants have enabled many participants here to travel to Bangkok for the conference. Further grants also come from UNESCO Bangkok, the Center for Ethics of Science and Technology itself, and many other organizations whose support all contribute to the success of this conference. Again I would like to thank the Asian Bioethics Association for giving the opportunity for our university to host their Eighth Asian Bioethics Conference here in Bangkok. I wish you all the best and success in your academic endeavors, and please do not focus your attention entirely on the academic side, but do take some time during your stay here to enjoy our city and its numerous offerings.

Ethical Issues Facing Science and Technology

- Prof. Yongyuth Yuthavong,
Minister of Science and Technology,
Royal Government of Thailand

This paper (presented by powerpoint) will review some of the ethical issues facing science and technology. We can see new paradigms of science and technology, from knowledge for knowledge sake with applications assumed to application-oriented science and technology. We also consider from "Science, the Endless Frontier" to "Society, the Endless Frontier".

Science and Technology change rapidly. Twenty years ago the computer was expensive and inefficient, and gene engineering was mostly fiction. Ten years ago mobile phones and the Web were only starting. The word "nanotechnology" was almost unknown. Science and technology are moving faster than understanding of the implications to society.

I will also discuss issues on accessibility - the "Digital Divide", and the "Biotech Divide". There are safety concerns over new products: Biosafety and Nanosafety. New products must take safety issues into account. Discussion of selected issues for Ethical, Social and Legal Considerations in Biotechnology including cloning, and genomics will be made. There are also important issues for Ethical, Social and Legal Considerations in Energy Technology.

Risk management, Intellectual Property Management, and Future Directions towards Good Governance in Science and Technology will be discussed. Voluntary Codes (Guidelines) of Conduct on issues involving risks or ethics by scientists, industries, professional societies, may be needed (cf. 1973 voluntary moratorium on genetic engineering). I will reflect on the role of government, civil societies (NGOs)/scientists, education/research institutes. We need to generate healthy debates among various stakeholders and the public.

Opening Greetings from Founding President, Asian Bioethics Association

- Hyakudai Sakamoto, Ph.D.
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I am very pleased and honored to give you some greetings on this occasion of the Eighth Congress of our Asian Bioethics Association at Bangkok.

This Association was first organized in Beijing, China in 1995 (twelve years ago), in the name of the East Asian Association of Bioethics (EAAB), because, I, as the founder, hold a close cultural affinity only to the China Continent, the Chosen (Korean) Peninsula, and Islands of Japan, and I did not notice any bioethical movement in other parts of Asia at that time. Directly after the inauguration of the Association, however, we received strong interest and widespread advice to expand this bioethics initiative to, first, South and Southeast Asia and then even to the West and the Middle and Near East Asia, namely to the whole Asia. Following to these keen demands at the second Congress, the UNESCO Asia Bioethics Conference in Kobe in 1997, we changed the name to simply the "Asian Bioethics Association (ABA) ".

Accordingly, we are now enjoying enthusiastic participation from every district of the whole Asia. I stepped down as President in 2003, at the time Professor Song Sang-yong, one of the co-founders, hosted the Fourth Asian Bioethics Conference. In 2005 we held a great and successful international Congress in Sanliurfa, Turkey, with our colleague Professor Sahin Aksoy who is here.

Now we are going to open the Eighth Congress of our Association in Bangkok, Thailand, the first time in the Southeast Asia. We, together with you, wish to celebrate the great success of the Congress and also hope the further prosperity of future Asian Bioethics in Southeast Asia.

But what is Asian Bioethics other than, and different from the standard Euro-American Bioethics? I myself have some ideas about this, and published a couple of papers on this. Very fortunately, some of them have been even been studied in this country, Thailand. I quite appreciate Professor Soraj of the Chulalongkorn University here, who scrutinized my ideas on the Internet media, from which I myself learned very much. Professor Soraj was somewhat critical about my view, saying that Sakamoto's Asian Bioethics was after all limited to the Japanese Bioethics. Prof. Soraj may be right. Really I do not know much about Southeast Asia. I heartily wish, in this precious chance, to learn much about Southeast Asia, especially about Thailand, and thus to deepen the bioethical philosophy globally.

Welcome to the Second UNESCO Bangkok Bioethics Roundtable

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On behalf of UNESCO I welcome you to this important regional gathering of experts from around the world. The Eighth Asian Bioethics Conference is concurrent with the Second UNESCO Bangkok Bioethics Roundtable. This regional conference follows on from a decade of regular Bioethics conferences that have been conducted around Asia and the Pacific. As secretary of the Asian Bioethics Association it is a sincere pleasure to see the development of so many scholars conducting original research in the context of their own cultures, which is the foundational goal we had for the Asian Bioethics Association, and the mandate of UNESCO's programmes in ethics of science and technology.

Networking partners in the development of ethics in the region passed a critical phase with the 2006 establishment of UNESCO Asia-Pacific School of Ethics to bring together many active institutions and individuals who are collaborating with the Regional Unit in Social and Human Sciences for Asia and the Pacific (RUSHSAP) of UNESCO Bangkok, in coordination with the Division of Ethics of Science and Technology, to meet needs and priorities of the region for bioethics research. Currently the school includes around 20 partner institutions and 70 individuals who are involved in collaborative research and activities (website: http://www.unescobkk.org/index.php?id=apse).

The criteria for membership is output based, to recognize those actively involved with our UNESCO regional ethics programmes. The goal is that all members will become self-sustaining in funding through multiple partnerships and networking, to build sustainable outputs that can influence policy. Half of the members are actively involved in bioethics education, including in areas of environmental ethics and medical ethics, which is one of the major priorities for the region. In July 2006 the UNESCO Asia-Pacific Conference on Bioethics Education was held jointly with the National Commission of UNESCO in Korea, at Ewha Women's University in Seoul, Korea. A regional action plan defining goals and targets for bioethics education was developed, and the assembly and maintenance of on-line free access teaching resources, adaptations and translations into different languages, are ongoing.

The details of this and other regional bioethics meetings can be obtained from the Internet (http://www.unescobkk.org/index.php?id=past_events). At this meeting I also seek partners in new projects such as a broad project on the ethics of energy technologies, the use of museums to teach ethics of science and technology, and strategies to examine community engagement for implementation of international bioethics guidelines.

The development of the regional school of ethics is the result of recent focus in the region on ethics, to build upon earlier origins in the development of dialogue across the region, since the 1997 UNESCO Asian Bioethics Conference, which we organized in Kobe, Japan. It was at this 1997 meeting that UNESCO efforts and the Asian Bioethics Association were launched and it is fitting that a decade later in 2007 we have this joint meeting.

The meetings conducted in Asia since the late 1980s on bioethics have taken a variety of formats, including panel debates, roundtables conducted in Japan, and other countries. In the past two and half years UNESCO Bangkok has coordinated the regional efforts in social and human sciences, UNESCO has also conducted Workshops on Ethics Partnerships for the Asia and the Pacific, Consultation Meetings on Codes of Conduct for Scientists and Engineers (Tokyo, New Delhi, Bangkok, Seoul), Rotating Conferences usually with National Commissions in the region (Dunedin, Seoul, Beijing, Shanghai, Iran, Jakarta), Regional Bioethics Workshops with Network Partners (Karachi, Pakistan; Bangalore, Vellore, Chennai, Delhi, Mumbai, Madurai, Trivandrum, India; Colombo, Sri Lanka; Manila, Philippines; Yokohama, Japan). Many of the collaborators are present today.

These intense meetings are important in follow-up to the 2005 meetings of the Fourth Session of the World Commission on Ethics in Science and Technology (COMEST) in Bangkok and the Twelfth Session of the International Bioethics Committee (IBC) in Tokyo. The COMEST meeting was hosted by the Government of Thailand through the Ministry of Science and technology, in cooperation with UNESCO, and we are honoured today to have the Minister of Science and Technology of Thailand, who also happened to deliver the keynote opening at the COMEST session, together with us again. We also will have lectures by the Vice-Chairs of UNESCO's International Bioethics Committee (Prof. Leonardo de Castro), and the COMEST (Prof. Sang-yong Song); and the Thai member of the COMEST, Dr. Somsak Chunharas.

The First UNESCO Bangkok Bioethics Roundtable (BBRT1) from 11-16 September, 2005, saw 100 papers presented in plenary with the majority of time in discussion. This allows the debates over the methods and results of research, and how to link this to policy needs in a variety of cultures. UNESCO provides a forum to the neutral but practical elaboration of how we can implement global bioethics standards into the cultural realities of each community, and help each society re-discover their long-standing ethical traditions in a way that they can apply them to the merging ethical dilemmas of modern science and technology.

In the forthcoming few weeks UNESCO bioethics roundtables are being organized in Indonesia, Fiji and Samoa. These fora for consultation on specific projects will set the stage for what is planned to be an even more intense year of activities across the region. One of the principles of these meetings is that they are in principle open to all, encouraging high standards of peer review and critical reflection while at the same time building a holistic and

multidisciplinary community that is working with UNESCO across the region to build a more ethical future for reflection and progress.

In closing I thank all of you for coming. A handful of us have been at all eight ABCs, since the first one in 1995 in Beijing where we established the East Asian Association of Bioethics. Some others are attending their first ABC. We welcome you all to this occasion, and trust you can enjoy the intense meeting and chance to make friendships with persons from the wide range of countries from across the region.

Asian Bioethics: Challenges and Prospects in the Coming Decade

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Asian bioethics faces a number of important challenges that appear to be compelling in that our responses to them could indicate how we, Asians, envision ourselves as a force in global bioethics. These challenges are not necessarily threatening, but they are of such importance that if we ignore them, the identity of Asian bioethics could be eroded.

Among the many challenges that we can identify, I can name four that could encompass several others, and constitute a core of those that we need to face in the coming decade. These four are the challenge of identity, the challenge of growing together, the challenge of the unknown, and the challenge of democratization.

In order to be able to respond properly to these challenges, there are questions that require our chorus of answers. In order to face the challenge of identity, we want to know: What is Asian about Asian bioethics? The challenge of growing together – or of remaining unique while being integrated – gives rise to this question: How do we balance the importance of maintaining national integrity with the importance of promoting regional harmony? To be able to meet the challenge of the unknown, we have to ask ourselves: How do we prepare for the unforeseeable? To deal with the challenge of democratization, it will be useful to find out: How do we use bioethics as an instrument for equal opportunities?

This paper explains the challenges that lie before us in terms of concrete bioethical issues and developments, and explores answers to the corresponding questions.

2. Medical Ethics Across Cultures

Chair: Prof. Darryl Macer

Bioethics and the Pan Asia Single Nucleotide Polymorphism Initiative

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The Pan-Asia SNP Initiative is a landmark population study that will assess genetic diversity within Asia. The Initiative will, for the first time, document the precise level of genetic diversity among Asian peoples and ethnicities. The Initiative's premise is that a very high level of genetic diversity exists in Asia. Unfortunately, current databases document mainly Caucasian or very regional Asian populations. Knowledge of Asia's genetic composition will create major benefits. First, the resulting data will allow researchers to determine, with high resolution, the genetic relatedness of Asian populations and the patterns of human migration across Asia. Second, the Initiative's creation of a freely accessible Asian SNP database will assist future studies, particularly association studies and the genetic stratification of case-control subjects. By developing collaborative networks and by training scientists from less developed countries, the initiative will improve scientific expertise across Asia.

Participants are from China (Hong Kong and Taiwan), Japan, India, Indonesia and Papua New Guinea, Japan, Malaysia, Mongolia, Philippines, Singapore, South Korea and Thailand. In recognition of ELSI, the initiative has formed a Policy Review Board. The vision statement is "What we're doing must be scientifically sound, in line with technological advances, involve international collaborative effort and ethically acceptable in our quest for greater knowledge and wisdom of the human genome, evolution and health". The recruitment of all subjects and the handling of samples will follow international ethical standards, local IRB standards, and local informed consent standards. Researchers will engage and converse with ethic groups in their own language. To participate, each country must submit copies of IRB approval to the Initiative's Policy Review Board (PRB).

The goal of the Initiative is diversity rather than the analysis of large sample numbers. The Initiative anticipates the involvement of over 2000 subjects during the first two years. Samples will be anonymized and tracked on a global scale through an international labeling system designed by the Initiative.

Status of Cadaveric Liver Donation in Saudi Arabia – a Single Center Experience

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Saudi Arabia

Saudi Arabia has the largest cadaveric program for liver and kidney transplantation in the Arab world. Cadaveric liver transplantation started in 1994 at the King Fahad National Guard Hospital. Since this time, 207 cadaveric liver transplants were performed. The institution has also provided follow-up care to 190 patients transplanted outside the country. As in the rest of the world, there continues to be a severe shortage of organs for transplantation. Liver is particularly sensitive to hemodynamic instability and electrolyte imbalances and many potential livers are also declined due to poor quality. Hence, efforts are needed to improve both the quantity as well as quality of the donor livers offered for harvest.

Data of cadaver donor liver offers from Saudi Center for Organ Transplantation (SCOT) were retrospectively analyzed from Jan 2003 to 15 Nov 2006. Reasons for declining the offers at the outset were assessed as well as not using the livers after harvest operation. During this time, 168 livers were offered to us for procurement. There were 147 males and 21 females. The breakdown of donors by year was 29 for 2003, 38 for 2004, 47 for 2005 and 54 until mid Nov. 2006. Of the 168 offers, 90 livers (54%) were declined outright without harvest. The main reasons were high LFT's, hypernatremia, hemodynamic instability and sepsis. Liver was harvested in 78 donors, and a further 19 were declined for transplantation. Of these, 17 were declined after gross examination or biopsy. The main reason was excessive fatty infiltration in 15 donors. A total of 59 livers were used for transplantation in 57 patients. 30 day mortality was 8.7%.

A healthy trend towards increasing donor offers over time has been noted. Efforts are underway for timely referral of potential donors from the ICU's in the kingdom. However, continuing education for better management of the potential donors at all the Intensive Care Units throughout the Kingdom are the key to improving quality of donors.

Functions of the Centre for Biomedical Ethics, Singapore

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The Centre for Biomedical Ethics, located in the Yong Loo Lin School of Medicine, National University of Singapore, was launched in October 2006, with the following aims: Initiating multi-disciplinary research projects in biomedical ethics in collaboration with colleagues in the biomedical sciences and in clinical medicine; planning and implementation of an integrated teaching programme in medical ethics for undergraduate medical students; international collaborative research, linking with centres in the USA, Australasia and Europe; collaboration with ethics governance and advisory bodies in Singapore, especially the Bioethics Advisory Committee; enhancement of public understanding of the ethical issues in biomedicine; promotion of conferences and seminars in biomedical ethics at national, regional and international level. This paper describes the current developments in the Centre and future plans to become a regional resource, and to provide postgraduate training.

A Survey of the Assessment of the General Practitioners' View Points about the Physician Charter

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The practice of medicine in the modern era is beset with unprecedented challenges in virtually all cultures and societies. So, physicians today are experiencing frustration as changes in the health care delivery systems in virtually all industrialized countries threaten the very nature and values of medical professionalism. To maintain the fidelity of medicine's social contract during this turbulent time, we believe that physicians must reaffirm their active dedication to the principles of professionalism, which entails not only their personal commitment to the welfare of their patients but also collective efforts to improve the health care system for the welfare of society. The charter on medical professionalism is intended to encourage such dedication and to promote an action agenda for the profession of medicine that is universal in scope and purpose. This study was done to assess the viewpoints of the general practitioners (GPs) about the physician charter.

Based on the 10 commitments in the physician charter, a two-part questionnaire was prepared. In the first part we asked the subjects about their awareness of the charter. In the second part, we clarified 10 commitments of the physicians that are discussed in the physician charter, and we asked the subjects to rank each commitment based on its importance and applicability in our culture and political system based on their view point (0 for the lower and 10 for the highest rank). Validity and reliability of the questionnaire was confirmed in a pilot study. Then, after gathering the data from 30 GPs, they were analyzed and interpreted, upon the study objectives.

The findings of this study revealed that none of the subjects had any information about the physician charter. The results of the subjects' viewpoints and ranking of the 10 commitments of the physicians based on their importance and applicability in our culture and political system will be presented.

Ethics in Infertility Treatment – A Study of Practices in Allopathic and Siddha Medicine

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According to many cultures the inability to bear a child is considered to be a special stigma for woman. There is a failure to understand that infertility is caused by both man and woman, so the responsibility for this is thrust mostly on women. It is widely believed that bearing and nurturing a child is a natural and valuable part of woman's life. Biological motherhood is the central axis of gender identity for women in traditional societies. Little attention is given to ways in which family is structured in traditional societies, organization of health care delivery, gender relations and other social and cultural realities that shape experience of infertility.

It is to be borne in mind that the new reproductive technologies also got adopted and changed in the context of local values and customs of a society. Sometimes the simplest of medicines, leave alone reproductive technologies are out of reach for huge majority of population. Sometime treatments are used in such a way that they even have iatrogenic effects. Again infertility need not

be a stable trait but a process with an uncertain trajectory. Infertility today is the breadbasket of today's gynecology. All the technologies from ART to MESA and TESE, IUE, ZIFT, GIFT and ICCSI apart from IVF are available and practiced in India popularly. This scenario accounts and justifies a combination of traditional and allopathic methods for treating infertility.

Siddha medicine is a continuation of the Pre-Aryan Medical System, Siddha is one of the Ancient System of Indian Medicine, equal to the Ayurveda in its history, was developed by the "Siddhars" based on their treatises after careful observation and study. It to some extent is more improved in its application than Ayurveda, although the origin is synonymous. It includes many new Combinations of Herbal Drugs not available in other systems of Herbal therapy. Basically it aims at not just curing diseases but provides a longer life of good health. A person who intends to consume Siddha medicine should have a good moral behaviour and follow a strict code of conduct. This system is based on the "Thiridosha" humoral theory, akin to modern endocrinology. Several concrete examples from personal medical experience will be discussed where unethical practices have been practiced.

Is the Use of Animal Organs for Transplants Morally Acceptable? -- Debates over the Use of Animals in Xenotransplantation

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As a first step, the arguments for and against the use of animals for medical purposes in general are reviewed. Secondly, even if people accept in principle the use of animals in medicine and medical research, their use in xenotransplantation may raise particular difficulties. There are three key issues in the debate over the use of animals in xenotransplantation. The first is whether as a matter of principle, it is considered to be morally acceptable to use animals as organ or tissue sources; the second is the ethical acceptability of the use of primates to supply transplant material; the third is the ethical issues raised by the use of genetically modified animals to provide organs for xenotransplantation. If it is agreed to be acceptable in principle, there are then questions to address regarding the welfare of animals within any xenotransplantation programme. Finally, the author discusses these ethical issues in Chinese cultural context.

Communicating Bad News to Patients in Circumstances in which there is No Protocol

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In the eyes of the medical field communicating bad news to a patient is strategically formulated as a plan of action that must be learned to enable a physician to be properly trained and emotionally equipped to support his or her patient through a difficult situation. In the eyes of a patient it is much more simplified. They want an honest and empathetic evaluation of their condition from their doctor. Physicians should give information on which patients can build their hope. They should be adaptable, recognizing the fact that every patient is different and realize that they can never be 100% right all the time in communicating something as imponderable as death. Physicians must be honest to themselves and deliver the message as if they were the recipients. The results of this study are ongoing.

3. Bioethical Issues in Genetics and Stem Cell Research

Chair: Dr. Nares Damrongchai and Prof. Aamir Jafarey

Bioethics Concerns in Regulating Large DNA Collections: The Israeli Experience

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The National Laboratory for the Genetics of Israeli Populations (NLGIP) at Tel-Aviv University is the national research repository of Israel for immortalized human cell lines and DNA samples, established by *The Israeli Academy for Sciences and Humanities*. The NLGIP resources allow researchers in Israel and abroad an access to a collection of immortalized human cell lines and human DNA samples from healthy, unrelated adult individuals. The donors self-define their ethnicity, and thus their donated samples represent the uniquely large and well-defined ethnic variability of the Jewish and Arab communities of Israel. Following the Diaspora, Jewish communities, who immigrated to Israel mostly following its establishment in 1948, have arrived from countries as diverse as (in alphabetical order): Alger, Bulgaria, Ethiopia, Germany, Georgia, Hungary, India, Iraq, Iran, Libya, Morocco, Poland, Romania, Russia, Tunis, Turkey, Ukraine, and Yemen. The NLGIP collection also includes samples from the three main Arab ethnic groups in Israel: Palestinians, Druze, and Bedouin. Members of the same Arab populations represented at the NLGIP collection also reside in neighboring Middle-East countries, such as The Palestinian Authority, Lebanon, Syria, Jordan, Saudi-Arabia and the Emirates. The NLIGP collection can thus serve for building a "Bridge for Peace" of biomedical research collaborations between Israel and its neighboring Arab nations.

Since its establishment in 1995, the NLGIP has received blood samples and prepared immortalized cell lines from over 2000 donors, representing the various ethnic groups in Israel (at least 100 donors from the major ethnic groups, and at least 50 from minor ethnic groups). All donors are adult Israeli citizens who have agreed to donate a blood sample (~5 ml) for the preparation of immortalized cell line and signed an "informed consent" form (in Hebrew or Arabic, according to their mother tongue) approved by the Tel-Aviv University IRB. Members of the numerous ethnic groups in Israel have different shared cultural values and traditions; it was thus a key concern to devise a clearly legible informed consent form, acceptable and appealing for members of all Jewish and Arab ethnicities. The development of the informed consent form will be reviewed and its utilization discussed.

The results of interviews about the reasons given by those refusing to donate their blood sample for the NLGIP repository will be discussed. Among the options shown on the questionnaire, the most common answer was, "concern over withdrawing too much blood" (60% of refusing individuals – although it is clearly explained that only about 5 ml will be needed for the donation). Only 24% of refusing individuals have expressed concerns about the "exposure of the donors' identities". 8% of those refusing "did not wish for their genetics to be studied" and another 8% cited other reasons.

Women were much more willing to donate blood for the NLGIP repository compared with men (72% and 57% consent rates, respectively). In addition, willingness to donate was strikingly higher among individuals who were over 50 years old compared with younger ones (78% and 39% consenting, respectively). These data are imperative for addressing public concerns over genetic repositories and clinical genetics screening studies. Such concerns are likely to become more evident, once national campaigns for cataloguing genetic data for the purpose of "personalized medicine" are initiated. Recent studies on the polymorphism of genes coding for key drug metabolizing enzymes have already been conducted on the NLGIP collection, and the clinical significance of some preliminary findings will be discussed.

Stem Cell Research: Science, Ethics and the Popular Media

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Few advances in the history of science and technology have generated as much ethical controversy and captured as much public attention as research on human stem cells. I begin this paper by distinguishing two parallel research programs involving stems cells: embryonic and adult stem cell research programs. I then survey the ethical arguments advanced for and against embryonic stem cell research. I note that whereas the popular media has tended to exaggerate the therapeutic potential of embryonic stem cells, there has been an almost complete media blackout on the ethically unproblematic but therapeutically progressive adult stem research program. I further argue that if the citizenry is to develop informed opinions about stem cell research, without imposing the unrealistic expectation that they be trained as scientists, accurate and unbiased media reporting is necessary. Adult stem cell therapies are already available for different kinds of cancer and a host of autoimmune diseases such us lupus, multiple sclerosis, Crohn's disease and rheumatoid arthritis. Furthermore, recent research has shown that human adult stem cells have more plasticity than previously thought. Taking this into consideration, and using the principle of subsidiarity which states that if the same results can be obtained by two types of research, one should carry out the research that is least offensive or problematic, I argue that a moratorium should be declared on the harvesting of stem cells from human embryos until a consensus regarding its ethical acceptability is reached. In the meantime, I suggest that research on human adult stem cells and both animal embryonic and adult stem cells should continue.

Cloning and Stem Cell Research Issues: Religious Viewpoints on Value of Life

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Embryonic stem cells have the unrivalled ability to differentiate into any specialized cell type. The discovery of stem cells early in the 1980s had suggested therapeutic approaches to chronic, debilitating, and incurable disease such as Parkinson's disease, diabetes mellitus, congenital heart diseases, Alzheimer's disease, cardiomyopathies, osteoporosis, etc. Research using embryonic stem cells (ESCs) is a very important area of current biomedical investigation. But stem cell research has raised a series of ethical, religious and public-policy questions that are being confronted by multiple international organizations, nations, cultures, and religious traditions.

In this paper, the issue of value of life in the field of human ESC research and cloning will be discussed from different religion's point of view. The status of the pre-implantation embryo is the most sensitive and disputed point in the debate on isolation of human ESCs for research. Considerable differences of opinion exist with regard to the ontological and moral status of the pre-implantation embryo**.** On one side of the spectrum is the 'conceptionalist' view. According to this view the embryo is a 'person' and because of the potential of the embryo to develop into a person, it ought to be considered as a person. On the other side of the spectrum we find the view that the embryo (and even the fetus) as a 'non-person' ought not to be attributed any moral status at all.

There are two different areas of the use of cloning in which the ethical and social issues that are raised differ. These areas are: cloning to produce human beings (reproductive cloning), and cloning to produce human cell lines or tissues (therapeutic cloning). We will review the various positions that

different religions such as Christian, Jewish, Buddhism and Islam have adopted regarding this novel type of research. Most theological perspectives consider the human fetus as an individualized human entity but there is substantial debate regarding at which stage of development human dignity is conferred. In Islam the embryo, even in the first day of its existence, has the right to life and we have no right to kill it. However, there is a distinction between different stages of human development in the uterus. The ensoulment, based on opinions of the majority of the Muslim scholars, takes place about the end of the fourth month; therefore, the use of embryo for therapeutic or research purposes may be acceptable under necessity if that is takes place before the point at which the embryo is ensouled.

Iran is one of the first countries, which have produced human embryonic stem cells. This paper aims to state current achievements of Iranian scientists and discuss Islamic scholars' decrees in this field. New guideline for the gamete and embryo research (2005) in Iran will be reviewed.

Ethics of Human Therapeutic Cloning Research in Japan: Current Debate of Drafting the Ethical Guidelines

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Since 2000, in Japan, human reproductive cloning is prohibited by law as a crime with imprisonment for ten years. However, the law does not forbid therapeutic cloning, the regulation of which is mandated to the Ministry of Education. However, the permissibility of human therapeutic cloning was encountered by a hot debate for three years in the Bioethics Panel of the CSTP (Council of Science and Technology Policy), which decided in 2004 to authorize therapeutic cloning research only for regenerative medical care. A set of guidelines should be established following the law. The core concept of Japanese ethical debate on cloning research is human dignity. Human reproductive cloning is banned under this conception, which is paraphrased in three elements, namely, instrumentalization of human being, non-respect for the individuality of each human person and cause of social and family disorder.

The Working Group established for the drafting of the ethical guidelines on human therapeutic cloning, i.e. cloned embryo research, started its examination since December 2004 and delivered its Interim Report on this issue in June 2006. The Report clarifies *in extenso* the conceptual and normative framework for the guidelines. The core questions the WG discussed are: donation of ovum, donation of somatic cells, qualification of research institution and researchers for cloned embryo research, voluntary donation of ovum and somatic cells. Scientists involved in cloning research and human ES cell research criticized the Report because of its alleged excessively restrictive conditions imposed. The discussion in the WG and the outline of this Report will be presented, together with the main elements of ethical consideration in Japan's context.

Is it morally acceptable to use a cancerous kidney for transplantation?"

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In 2006 several cases of "transplants from cancerous kidneys" came to light in Japan. The mass media and the Japan Society for Transplantation strongly opposed them. However, if there is informed consent on both sides, the donor and the recipient, basically transplantation from cancerous kidneys is not considered illegal or ethically wrong. I think that the concept of transplantation from unhealthy kidneys including cancerous kidneys is not wrong. It seems that it is well worth developing transplantation from unhealthy kidneys including cancerous kidneys by making a governmental guideline and establishing a transparent organ donation and transplantation system.

4. Histories of Bioethics

Chair: Dr. Nares Damrongchai

The Sorcerer and His Apprentice: Racial Eugenicist Otmar von Verschuer and his student Josef Mengele. Lessons for Dealing with Medical Atrocities in different Regional Contexts to be Learned from the Aftermath

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In the area of research and medical crimes during the Third Reich, the relationship between the famed racial eugenicist Otmar von Verschuer and his student Josef Mengele is still one of the most challenging collaborations known from this period. While Verschuer became one of the directors of the Kaiser-Wilhelm Institute of Anthropology, Racial Hygiene and Eugenics in Berlin, Mengele rose to be the SS chief physician in Auschwitz. His notorious experiments with twins in Auschwitz where actually thought up by Verschuer. After the war Verschuer could not return to the Kaiser-Wilhelm Society, but found a new chair at the University of Muenster there becoming the seminal figure reestablishing human genetics in the early Federal Republic of Germany. What saved him from prosecution was, as he said over and over again, the fact that during the Third Reich he was an active member of the resistant Confessing Church thus establishing his ethical integrity. Mengele who could not produce such a privileged affiliation had to disappear and spent the rest of his life hiding in Latin America. Not until recently has the career of Verschuer been exposed to critical examination. In the light of debates about the Japanese Unit 731 it is of great interest to examine the case of Verschuer as an example for the ethically problematic impact of ignorance about historic facts. Recently an international study has published new insight on the problematic heritage of the Kaiser-Wilhelm Gesellschaft (see Politics and Science during Wartime, *Osiris* 20, 2005). The spiritual, symbolic and institutional milieu relevant for Verschuer's career and his collaboration still lacks critical scrutiny. The sorcerer and his apprentice still need to be demystified. I shall discuss, what has been gained and what might have been lost due to the silence about this significant case, and what this could imply for the maxims of the ethical analyses of the unit 731 situation and our current bioethical reflection in Asia as well as the West.

Consideration of the First Case of Kidney Trade in Japan

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This paper will describe a case where Mr. A and his common-law wife, Ms. B were arrested for violating the 1997 Organ Transplant Law by brokering the trade of a kidney. Mr. A, who suffered severe diabetes, received an acquaintance (Ms C)'s left kidney in a transplant at a hospital in Ehime Prefecture on 28 September, 2005. After the operation, Mr. A and Ms B gave 300,000 yen in cash and a car worth 1.5 million yen to Ms C.

The recipient had been undergoing artificial dialysis for his diabetes, and had told people around him one month before the operation that he would not survive without receiving a kidney transplant. They initially asked Mr. A's son to donate his kidney to him for transplantation, but he refused. Ms B also offered to donate her own kidney, but she was unable to do so due to differing blood types. Ms. B asked Ms. C to be the donor for Mr. A several times since August 2005, allegedly promising she would repay the debt and an additional 3 million yen if Ms. C donated her kidney. Ms. B told the hospital she was Mr. A's wife and the donor**,** Ms. C was his sister-in-law. Subsequently Ms. C told the police Ms. B did not pay the money she owed her, even though she had accepted Ms. B's request to be a donor. Then the police began their investigation.

The doctor who had a good rapport with patients and their families, and had never taken any measures other than checking health insurance certificates to confirm the identities of donors undertook the transplant. There was no ethics committee at the hospital to deal with any issues arising over transplantation issues. The doctor who transplanted this illegally purchased kidney has never been a member of the Japan Society for Transplantation, which sets ethical guidelines for transplants. However, he is a renowned figure who has conducted 627 kidney transplants from living donors from 1977 till now.

The police were at first suspicious (*The Daily Yomiuri*, 2-3 October, 2006), however they discovered Ms. C was not in any financial difficulties. Finally, it was concluded that Ms. C was helping Ms. B, who was having a hard time finding an organ donor for Mr. A, a diabetes sufferer, out of friendship rather than being motivated by money.

This paper will discuss a number of problems in this case, then the background over the shortage of organ donations from cardiac-arrest patients and kidney transplants from living donors. The Organ Transplant Law and the necessity for reform will be discussed. A study group in the health ministry has found that at least 151 Japanese underwent kidney transplant operations abroad by the beginning of 2006. Payment of money for kidneys abroad cannot be ruled out, and the appropriateness of would-be recipients traveling to underdeveloped countries for an organ transplant will be discussed.

5. Nanoethics

Chair: Prof. John Weckert

Nanotechnology's Ethics, Safety and Society Implication – In Which Role Does NANOTEC Play?

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Nanotechnology has brought excitement to many fronts. Leading edge research and development in the field of nanoscience and nanotechnology have emerged with applications in areas of health, sports, electronics, and many others. Some are in the discovery stage, some are in production phase and some are already on the market. Products with *nano* label continue to make their appearances among consumers. Exuberance could be one dimension felt while the nanoscience and nanotechnology's impact on society, both benefits and risks, must also be addressed. "What's So Special about Nanotechnology and Nanoethics?" Their benefits, risks, regulations, guidelines and the role NANOTEC plays will be discussed.

The Impact of Nanotechnologies on Developing Countries

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This paper provides a brief analysis of how emerging nanotechnologies could, for the better or worse, have an impact on developing countries. I start with clarifications of what developing countries and nanotechnologies are and provide a framework of possible impacts by considering the full life cycle and socio-economic contexts of technologies. Then I use the framework for the analysis of a few selected issues: whether nanotechnologies meet specific needs of the poor; how they can impact the economies by changing material demands; and how their impact is affected by changing intellectual property rights.

Technological Determinism, Values and the Precautionary Principle in Nanotechnology
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Many are worried about developments in technology in general and developments in nanotechnology in particular. Jürgen Habermas for example, although talking about nanotechnology, has expressed concern about the future of human nature itself. Greenpeace and the ETC Group have suggested a moratorium on developments in nanotechnology until more in known about the risks of certain nanoparticles. Bill Joy has expressed concern at possible developments in the convergence of nanotechnology, genetics and robotics. Additionally, various reports, for example that of the Royal Society and Royal Academy of Engineers in the United Kingdom raises various issues that need addressing.

Given these concerns, should the precautionary principle be applied to at least certain aspects of nanotechnology? Assuming that these concerns are real, the proposed application of the precautionary principle raises a number of issues. First, the call for the application assumes that technological development can be halted, and this in turn assumes the falsity of technological determinism, the view that technological development is inevitable. Second, it assumes that the precautionary principle itself makes sense, something vigorously debated, and that if it does, it is possible to know when, that is, at what stage in the research and development of new technology, it should be applied.

In defending the application of the precautionary principle, this paper will assess technological determinism and the precautionary principle, consider the dangers of both applying and not applying it and relate this to the Collingridge dilemma (that before the development of the technology we do not know enough to assess the risks and after its development it is too expensive to do anything), and consider the role played by values in the development of technology, in particular Habermas' worry that too often only the values of efficiency and productivity.

6. Bioethics in Underrepresented Areas
Chair: Prof. Darryl Macer and Dr. Niyada Kiatying-angsulee

Bioethical Challenges in the Pacific Islands
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Pacific Island countries are undergoing rapid transformations of their economies, societies and environments due to the impacts of globalization. With relatively small administrative capacities and resources, much of which is focused on key areas such as primary education and provision of basic health care, the bioethical issues of immediate concern in the Pacific relate to the application of science and technology in achieving economic growth and providing for social services and human rights. Melding sustainable development with Pacific epistemologies, which are now beginning to emerge from the work of Pacific academics, as well as the context of community, cultural and Christian values, is the challenge faced in the region.

Preliminary work indicates that there are a number of key issues requiring dialogue to tease out the intersections and contentions between Pacific values, western principles and religious morals, particularly the role of Christianity. This includes further analysis and development of pathways for the application of the Universal Declaration on Bioethics and Human Rights, which is contradictory to some Pacific values such as collective rights.

This paper will introduce the region and globalization, application of science and technology in sustainable development, Pacific cultures, Christianity and the role of the community, Pacific epistemologies, and strategies for fostering bioethics dialogue in the Pacific region.

Ethics of Corporate Social Responsibility (CSR)
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Corporate social responsibility (CSR) is a growing trend, and this appears to be true for Asia. CSR encompasses a wide spectrum of activities: human rights, labor standards, environmental management, consumer protection, anti-corruption, corporate philanthropy, and more. There are both conservative and liberal views on CSR. We find that taking a fundamental approach to the conservative view using shareholder-focused utilitarianism can create opportunities for greater CSR than other prominent conservative views. The utilitarian approach used is, besides shareholder-focused, incorporates preference utilitarianism, equates rule and act utilitarianism, and non-exclusively incorporate negative utilitarianism. It is found to be a justifiable perspective for approaching CSR ethics.

When applied to CSR ethics, we find that while profitable and ethical CSR still remains relatively uncontroversial, various forms of altruistic CSR are also ethically permissible in contrast to other conservative views. The ethical analysis reveals that contrary to traditional market control views, takeover bids of firms with increased CSR may not occur, if in accordance with shareholder-focused utilitarian prescriptions. Further, utilitarianism may prescribe increased CSR norm-building to enhance shareholder preferences; this is a possible game-theoretic result. Finally, CSR departments are a possible source of ethical "openness", where there is no utilitarian prescription if shareholder preferences desire a completely independent CSR department.

7. Moral Status of Embryos, Animals and Abortion
Chair: Prof. Lee Shui Chuen

Is It Moral to Euthanize Animals?
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Stray dogs have been a social and ethical problem for Taiwan since there are so many of them dumped by their masters or mistresses every day. University students have been offering great help to protect and promote humanistic treatment to these animals though there are still thousands of them who ended up in euthanasia in custody. One of the usual instances among students concerns stray dogs that under their care whether to let certain unfortunate dogs, which have been heavily crippled but living on, be euthanized so that more hands could go to helping more straying dogs around. It is argued that such crippled dogs have their right to life and should not be sacrificed for other dogs, while the other side looks to their quality of life and the demand of service to help them live on. In this paper, I shall elaborate the lines of argument about the morality of euthanising animals in general and dogs in particular. Comparison with the arguments pros and cons of euthanasia concerning human being and babies are put forward to guide our thinking on this issue.

Do Pregnant Women need a Cooling Period for Abortion? Some Reflections from the Caring Point of View
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Recently the Taiwanese government is drafting a revision of the bill for abortion and a new condition is introduced that the requesting pregnant women who want abortion need to have a three-day cooling period before it is to be considered. It is controversial whether such a requirement is a limit on the autonomy of women or a proper protection for the fetus. In this paper I shall examine this from the point of view of care ethics - the care that we should have towards pregnant women, towards the fetus and the caring relationship between mother and fetus. It is argued that there are gives and takes if we face properly the caring relations involved in this issue and there is no simple solution. A comparison with the traditional Chinese ethos and ethical relationships is fruitful and brings out the complex not-one-and not-two relation of the mother and fetus. The implication of such caring relationship on the cooling period condition is addressed.

The Moral Status of Embryo
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"Are Embryos Persons?" is a crucial part of the debates around issues of abortion and assisted reproductive technology. Essentialism insists that embryos should be viewed as persons on the ground of the potentiality to become human beings. Functionalism, on the contrary, believes that embryos are not persons, since the definition of person consists of two vital constituents, namely, reason and biological individuality.

Recently, due to the rapid growth of development of embryonic stem cell research, such as somatic nuclear transplantation technology as well as DNA transplantation, the dichotomy of somatic cell and fertilized egg has been turned upside down. More and more our understanding of embryo changes from substance-oriented to function-oriented, from view of potential individual human being to view of material of life. This article is to explore the challenges posed by biotechnology against the old ethical theory of the moral status of embryo, and tries to argue about the impact of this paradigm shift upon bioethics.

A Historical Approach to the Hippocratic Oath
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Probably because of his famous Oath, Hippocrates has been praised as a paragon of physicians. The traditional interpretation is to regard the Oath as an ancient precursor of modern medical ethics and therefore praises it for its timeless humanitarian spirit. Yet, this may be a reading out of context. In this article, I will try to adopt a historical approach that takes into account all the specific conditions, which produces this document; and with this I hope we may find something as valuable as the present prevailing interpretations.

In ancient Greek poleis (city-states), there was no medical school, no formal regulation for training and qualification, and everyone could practice healing if he wished. Physicians as craftsman that provided service for healing had to compete with many other practitioners of similar nature in the medical "market." His medical position and knowledge was not unchallenged. Even though *the Hippocratic Corpus* has been eulogized as the beginning of western rational medicine, for ancient Greek philosophers, the Corpus did not have a secure foundation of knowledge and its opinions the suggestions for healing found there were not unlike what one could gain through experiences and handbooks.

These physicians, furthermore, constituted an organization called Asclepiades, the children of Asclepius (the healing god.) According to Plato' *Ion*, the cults (cult-festival) of Asclepius was held regularly in the city-states such as Epidaurus. It is the traditional practice of Greek trade unions to form

an association under the patronage of a certain god, called thiasos. A similar example is that those who recited and performed Homeric poems were organized as Homeridai, though the Greek thoasoi might not be as regulated and as formal as their counterparts in the Medieval Ages, the guilds. It is my suggestion that the Oath might be the charter of their association. However, when their professional status are queried and challenged, the identifications and communications created by the cult of healing god, Asclepius, would be able to maintain their confidences for arguing and competing with other healers and philosophers. This charter-like Oath details various points relevant to the Asclepiadai.

It is under this light that the various ethical requirements have to reevaluate ethical principles in the Hippocratic Oath, such as bans on giving fatal drugs, abortion, unsuitable sexual relationships, eavesdropping and so on, are possibly stemmed form a citizen's civic obligations and moral expectations in poleis. Other elements, such as religious taboo, are involved too, such as the shedding of blood for this is regarded as pollution. These ethical principles are not created for simplicity. On the contrary, physicians with his medical knowledge and drugs were easily suspected or mocked by ancient Greeks. Civic obligation, popular morality and social prejudice have combined together to make the Hippocratic physicians reassert these articles of faith in the Oath. Under these circumstances, the Hippocratic Oath should be interpreted as a charter of the Asclepiadae, which maintained a code of practice as well as prevention from unwanted criticisms. Thus it also fair to recognize that the Oath under this interpretation is a product of a given socio-cultural situation, not a timeless assertion of medical ethics.

Tuesday, March 20, 2007

8. Buddhist Bioethics

Chair: Dr. Somparn Promta

Buddhist Theories of No Self as a Foundation for New Bioethics

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The new biotechnologies are foundationally transforming (or promising in the near future to transform), life and the living including those of humans at the level of the gross body, cell, gene and protein. They adjust, re-form and re-formulate what it is to be a human. This raises profound issues in ethics. Ethical domains are either derived from philosophical or religious realms. The religions are of two sorts - those that recognize a creator God (Judaism, Christianity and Islam) who sends instructions on how to behave (ethics); and those like in most Asian religions that do not have a personal creator God. The philosophical realm in Europe is the development of Greek thought where ethics is considered part of a foundational tripod of enquiry that includes also logic and metaphysics. In later centuries, the Western religions brought in a fusion of the Western philosophical traditions to its revelations. Asian religions at their very foundational level have philosophical underpinnings built in, and hence are qualitatively different from those of the revealed Abrahamaic religions. Ethics in Buddhism also performs a different function from ethics in either the Abrahamaic religions or the Greek philosophical tradition. Ethics in Buddhism are also situational, not absolute like the Abrahamaic ones. At the central core of Buddhist philosophy is the observation that the world of both mind and matter is in a state of flux - the goal of Buddhism being to realize this. In short, both mind and matter are continually reformulated and rebuilt by the environment as well as by the individual human. Buddhist texts and Buddhist practices are replete with examples deconstructing the body and mind. In not positing a foundational human essence or sacred soul, this Buddhist approach alone among the major belief systems of the world has, therefore, much in common with the coming era of continuous transformation of the human body and mind through willful interventions. The paper explores various dimensions of this foundational Buddhist perspective on the bioethical domain brought in by new technological interventions.

What to be Known and What to be Unknown in Biomedical Research: A View from Buddhism

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Knowledge in Buddhist perspective includes knowing what should be known and what should be unknown. This paper is an attempt to present the view of Buddhism on the meaning of knowledge to be applied to biomedical research. The assumption of the paper is that: before we start any knowledge activity, the first thing to be explored is 'what should be known and what should be kept unknown.' In the view of Buddhism, it could be possible that some problems resulting from the advancements of modern biomedical research are given to us because the scientists never raise the first question stated above. However, the author of the paper is fully aware that the Buddhist principle of knowledge as said is not easy to use. How we can know that this kind of knowledge is included in 'what to be known' and this kind of knowledge is included in 'what to be unknown.' The paper will give the *practical* criteria to answer this question as much as possible.

Buddhist Model for Public Health

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Although medical services are now available in every province in Thailand, there is an ongoing debate of how public healthcare should be best organized. Whether it should be run by private organizations in libertarian societies like that of the United States or whether the government should be responsible for the welfare of all of its citizens equally, like that of the egalitarian system of socialist countries or welfare states. This article is aimed to answer the question: What is the most suitable model of healthcare system for Thailand? References are drawn from the Pali canon of the Theravada Buddhist tradition, articles, comments and recommendations of contemporary thinkers in Thailand, in order to arrive at the most appropriate solution for the Thai society.

Improve "Consumer Protection" with Buddhist Ethics: Necessity, Possibility and Challenge

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This article primarily aims to draw attention on the concept of consumer protection in health care and drug regulatory systems. Consumer protection is originated in western tradition, adopted later as a mainly consumer protection model in the world; however, this concept is challenged when encountered unethical mind manipulating strategies of pharmaceutical industries in capitalist societies. Modern advertising and drug marketing contribute to stimulate feelings mixed with greed, fear and delusion so that consumers, physicians and regulators are weak and vulnerable; drug regulatory systems are undermined; drug disasters recently occurred in the US and European country were witness. It is therefore needed to search for a new means of protection to strengthen mind and lessen limitation of the existing model. Consequently, the article offers two theoretical investigations of principles for protection based on moral philosophy or ethics; one based on western traditions, the other from Buddhist ethics. This analysis is thus designed to understand strengths and limitations of each moral foundation in order to propose a possible improvement.

Fetal (an unborn child) Checkup- for Whom?

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When pregnant women come to the hospital in Korea, they receive an investigation according to pregnancy period by a well-organized plan. There are some differences in the price for investigation between hospitals, but the investigation is almost the same everywhere. However, various investigations or recent medical equipments used in the prenatal checkup do not actually help pregnant women to give birth to a healthy child, but urge them to undergo an induced abortion in some cases. Pregnant women chose to have an abortion voluntarily or by other person's will through the prenatal diagnosis for acquired hereditary diseases or deformed fetuses. The reason for having less number of deformed children compared to the past is because of the selective childbirth through prenatal checkup.

For whom are the investigations performed in the hospital meaningful? Is it for the pregnant women or the fetus? This study examined the actual examples of abortions done through fetal checkup without a sense of sin and provided an opportunity to discuss its problems and their feasible measures. This paper will review the problems of prenatal diagnosis checkups in Korea.

9. Cultural Perspectives on Principles of Ethics and Love of Life

Chair: Prof. Darryl Macer

Sciences, ethics and the Thai Society

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Future of Bioethics – Rational BioCosmology?

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The Earth and the evolutionary process of life (Greek. 'Bios') on Earth are naturally the integrated part of Cosmos, subordinated to the common Cosmic laws. All the processes of life on Earth (biological, personalist, social) – are the subjects of BioCosmology (this orthography serves to distinct the exploration of the phenomenon of cosmic life on Earth from (1) the current astrophysical cosmology and from (2) the biocosmology that explores the forms of life's origin in cosmos).

Inasmuch as Life – the cosmic evolutionary process of life on Earth (Evolutionary Process or EvoProcess, briefly) – is objectively (proved by natural sciences) universal phenomenon, we might speak about the evident BioCosmological principle of fundamental universalism. The latter is apparent in three spheres, firstly in *structural-functional* realm: Every subject of life (from a molecule to cell and biological organism, and further, – to a person and the constituted societies, civilizations, humankind, etc.) is composed from the same (universal) structures (as nucleotides, the derived proteins and other molecules, cells, etc.) and in the same order of their functional interrelations. In the second aspect, Life on Earth (EvoProcess) is based on the evident (natural) principle of fundamental self-(macro) evolutionism – every subject's (living organism's, including social organization's) ontogenesis is a self-dependent emergent evolution – the autonomous rise of a living system on the successive ontogenetic macro-stages

that cannot be predicted or explained from antecedent conditions (for example, the emergent ascending essence of the biological evolution is quite demonstrable). The third universal natural BioCosmological sphere is the evident fundamental macro-cyclic reappearance (reiteration) of polar evolutionary processes, when the diametrically opposed, but successive cycles-stages (like Day and Night, or Systole and Diastole) substantively realize the ascending Evolutionary Process on the whole and the ontogenesis of every living subject (biological, personalist, social), overruling each other by turns.

This paper will explore world social evolution. Modern bioethics has important roles in the protection and maintenance of the rights of a person and society by neutralizing (minimizing) the possible harmful influences of present-day technologies within contemporary civilizational practice. However, modern bioethics has fundamentally a *secondary* role (in relation to science) – of "technology assessment", correcting dangerous (to individual or community health) errors (the effects of unreasonable application of technological innovations), while the basic role of bioethics (of disclosing and treatment of the *primary* reason(s) of unreasonable activity of a man and society) is missed.

Considering the future of Asian and global bioethics, in Kiev (2001) and at the ABC5 (Tsukuba, 2004), Prof. Hyakudai Sakamoto substantiated the need to follow "Asian holistic way of thinking instead of the European individualistic way". He claimed that the gist nowadays is not Western "to conquer nature", but Eastern "to protect Nature for its own sake" (to turn definitely from Western human-centrism to Eastern nature-centrism, which is, in my context, – 'cosmos-centrism'). I will discuss the claim of Prof. Sakamoto, in substantiating his "*a new humanism without human-centrism*". I also reject (for the future of bioethics) the Western civilizational human-centrism and categorically replace it on *personalist cosmos-centrism*. I will put forward and pay attention to the following global alarming paradoxes of-today: 1. The loss of a "motivational basis" to procreation and the directivity on a family with one child in favor of hedonistic models in realizing her and his vital energy; 2. The 'social hypersexuality' as a feature (norm) of social life; 3. The increase of depressions; 4. The super-popularity of sporting competitions; 5. The current leading role of the philosophy of postmodernism that affirms basic pluralism (in objectively universal world) – randomness of creativity; 6. The so-called 'anthropological evolutionary paradox'; 7. The global biomedical paradox: The inability, in the hi-tech age, to obtain the etiological – curing, healing – approaches, as regards chronic non-infectious and non-traumatic diseases; 8. The global bioethical paradox: up-to-date bioethics tackles the problems that are the effects of unreasonableness of current science and technologies, while, on the contrary, the up-to-date bioethics has no intentions (the aim itself!) to unravel the reason of the existing civilizational unreasonableness! 9. The Western epistematic paradox; 10. Western civilizational paradox.

Therefore the evident and urgent challenge is to create and advance new rational civilizational foundations – for the new (Third, of Real Cosmism, 'NewDay') episteme and the derived universal civilization. I will present the concept of BioCosmology by introducing the cosmological concept of *subjective functionalist evolutionary universalism* (*cosmism*) and the derived theoretical and methodological laws, principles and notions, like the objective laws of EvoProcess, or the basic principles of Universal Functionalist Reductionism, Basic Cosmist Functionality, CosmoBiotypology, etc., as well as the supporting basic notions. BioCosmology rejects Western epistematic (civilizational) principles that have the *a priori* ("Night") essence and puts in the forefront the idea to base a new ('NewDay') episteme and civilization on the *a posteriori* principles – already scientifically discovered natural empirical truths, like natural universalism (cosmism) and (macro)cyclic evolutionary essence of our living world, etc. This is precisely a way to ethical disclosing "the reason of existing unreasonableness in everyday life".

Open Science and the Future of Biomedicine

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A climate of open science is said to have prevailed in the field of biomedicine before the 1980s. It has been described as a climate where scientific findings were seen as a product of social collaboration that should be shared with members of the community. Thus, claiming property rights in inventions or keeping discoveries secret, was perceived as immoral. However, the past existence of this idyllic open science community is now contested by a growing number of authors. According to them, scientists are not particularly unbiased, altruistic or cooperative, and their dealings with one another can at times result in fierce controversy, ruthless competition, personal animosity, greed and dishonesty. Although claims of the past existence of an open science culture in biology remains controversial, it would seem that open science, viewed as a cooperative scientific ideal, has never been more popular than it is currently. A substantial number of new projects in the field of biomedicine (e.g. Cambia BIOs Project, International HapMap Project, Tropical Disease Initiative, P3G Observatory) can already be associated with the open science ideal and this number seems to be growing quickly.

This presentation will demonstrate via a comparative case study analysis of five selected large scale biomedical projects associated with open science, that although the commercialization of biomedicine seems to be on the rise, paradoxically, the biomedical community is more interested now than ever in the ideal of open science. The motivations behind this renewed interest in open science were investigated by way of a qualitative literature analysis (literature search was done on four major electronic databases using selective keywords) and will be presented here. The presentation will conclude with a discussion of the importance of adopting an open science approach to successfully meet the important challenges raised by large population projects in field of genomics and pharmacogenomics.

Bioethics: Love of Life through the Knowledge of Chanting for Health and Peace

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After reading Darryl R.J. Macer's *Bioethics is Love of Life: An Alternative Textbook* I was inspired to relate my article on Chanting for Health and Peace. If one only knows what is good for oneself, he or she will certainly do accordingly. Which means having the knowledge is the most important thing, like that Socrates mentioned, "Virtue is knowledge". If we know that is good for us, we will practice it, as all of us have the love of life that Macer wrote. This article will elaborate upon the benefit of chanting to humankind, that our ancestors practiced for a long time. Chanting in all religions is a part of sacred rituals, the rituals that have become the traditions and are interwoven the religious culture in each region. At the beginning of civilization, oral tradition in the important means of communication among men. Sound waves have been used in all parts of the world for healing since ancient times. In Buddhism, Pali and Sanskrit have been used since the Buddha's time until now. Pali is used in the main texts of Buddhism, and also in chanting.

The West now tries to discover the secret of it through researches and scientific methods. This vibration medicine is in fact, related to the method of Einstein's theory of substance and energy, that humans generate complex energy in dynamic equilibrium for the growth of their soul. The result showed that sound vibrations really affect people in physical, mental, emotions and even spiritual levels. It shows that we have the ability of love to heal ourselves if we know how to stimulate the infected organ and enable to maintain good health by vibration from chanting.

This paper tries to present the following points: First, through human's love of life, people can use the effectiveness of sound vibration from chanting that could heal us. Second, is to study the attributes of each chant that has sound and its power, and why they are effective. And finally to find the scientific reasons why we can maintain love and peace through chanting. Love can be the beginning and ending of all our actions only if we realize the power of if.

Justice as Shown in Tamil Literature

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Tamil language is one of the classical and oldest languages in the world. The literature in Tamil has the tradition of 3,000 years. There are a lot of ethical principles like "love everyone, justice, doing no harm, protect the animals etc.," that are discussed in Tamil literature. This article tries to point out how the ethical principle "Justice" has been upheld in some of the dynasties referred to in Tamil Literature.

Chibi, one of the Chola Kings has cut and gave his own flesh (equal weight to the dove which had fallen down on his thighs with wounds) to the hunter in order to save the life of the dove. Another Chola king called Manuneethi Cholan has killed his own son for the conviction of a cow's murder.

Pandiyan Neducheliyan, one of the Pandiya's emperors, has wrongly punished (killed) a man namely Kovalan for the theft of Princess's anklet. After the death of Kovalan, his wife Kannagi came to the court of the king. She argued and proved her husband was innocent. As soon as King Pandiyan Neducheliyan felt his wrong judgment, he suddenly fell down from the king's throne and died.

Whenever the warriors go for war, they made an announcement to the people before the commencement of the war. The announcement reads like this, "cows, priests, animals, couples who have no child, ladies, patients, aged peoples are asked to go to safe places, because the war will be commencing on such and such day". We try to highlight the ethical principle "Justice" from the background of Tamil literature and Tamil culture that will help the students of Tamil Nadu to develop their own "Codes of Justice" on the basis of their culture and tradition.

Autonomy, Dignity, and Compassion: Dying with Dignity in the Context of Japanese Culture

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In this paper, I examine the ethical questions of withholding and withdrawing life-sustaining treatments in current Japanese health care. Comparing clinical cases in different settings of: (1) patients with terminal cancer; (2) patients with severe motor neuron diseases like Amyotrophic Lateral Sclerosis; (3) children with severe disabilities, I argue prevailing

principles in Japanese context, and the possibility (or impossibility) of "global" or "Asian" principles to address ethical dilemmas in death and dying issues.

10. Privacy: East and West

Chair: Dr. Brigitte Jansen and Prof. Jayapaul Azariah

Privacy: An Old Fashioned Western Driven Paradigm?

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If we observe the discussion about the participation of patients and donors in large collections of human biological samples and genetic data, clinical trials and pandemics the paradigm of "privacy" is gaining an increasingly prominent position in the western civil society, especially in the relation of the terms law/bioethics, biomedical law/medical ethics. The right of "privacy" can be seen as a result of the differentiation of the society in the 19th century, the time in which in Europe the civil society was established. This trend was established in the industrialized society as a result and instrument of differentiation.

Now we are living in a postmodern societies and the connotation and the value of the term "right of privacy" has changed. We can observe that we are loosing or giving up the "right of privacy" without any control to third parties or observers. Does "privacy" become an old fashioned paradigm, or is there a need to focus again on its importance and value for the civil society. The fear in the discussion of protecting the human genome or the patient's data shows that there must be something behind the right of privacy and data protection, which shows its function for the societies.

Why is this so important for western societies? Is it only a vehicle for lawmakers to increase the numbers of law professionals or ethicists? The value of the right of privacy and data protection has another status and function in Asian society and it seems different from the European position.

Privacy as a Human Territory: A German Perspective

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"Privacy" is a key word in Europe at a time when just this privacy is threatened by the state or government and by industry in such a manner, as has not been the case before. Millions of video cameras capture each movement of a citizen; biometric information is used for the purpose of fighting terrorism; national and transnational biobanks cooperate with industry by using health data of millions of citizens; the see-through user of the internet and the transparent consumer on any market, just to name a few of the examples which show significant elements of the threat.

What is the basis of "privacy"? First, it concerns the creating and maintaining of the material and immaterial life space of a citizen, which they need like, animals need their territory: Living beings and communities have an instinct for "flight distance" or the "critical distance" (Edward Hall, The hidden Dimension). In this sense, privacy is determined in Germany in more detail by the Federal Constitutional Court by means of the theory of spheres (intimate, private and public sphere). Herein, the citizen may defend a sphere in part by means of his personality right; in part this is taken care of by the government by way of institutional protection (for example, data protection). The question arises whether this double track protection is sufficient considering this very obvious threat.

This paper describes these correlations and attempts to mark a path through the thicket of "privacy" by showing some of the strains of development of this "phenomenon", particularly with regard to Germany.

Biomedical Ethics and the Right of Privacy in the Indian Law

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In India, though largely a country with strong flavor of indigenous culture premised on its civilizational pride, maintaining privacy and secrecy and confidentiality are part of its civilizational pride, maintaining privacy and secrecy and confidentiality are part of its ethos. The words indigenously used are acham, naanam, matam, payirpu, imply a women's inherent gender qualities. Women never share gender specific complications, issues or otherwise delicate things even with her husband. Some are shared with mother, a few with friends, and very less with her husband. The confidentiality on any person, especially, a woman about her, her person, anything done to her sentiments and of physical impact offends or infringes her right to privacy. In correlation, this phenomenon pervades to many such issues like, testing a women's fertility, chastity and such other aspects regarded sometimes good on health grounds often times regarded as gross invasion of her privacy and much more sensitive on other counts.

However this tradition, which has been rationalized by medical advancement and research development, has not focused on individual identity but on a population for the futuristic benefit of all, as the excuse would claim. Societies, which are individualistic in character and right conscious in their common attitude, are more prone to commoditization of these finer aspects in quality of life. They either accept 'consent' as a license to invade individually preserved privacy even in scientific and clinical research of testing, researching and diagnostic of the illness, aberration, defects, malfunctions and more so now in biotechnological context biogenetics experimentations, mapping of genes for creating data bases on the assurance and guarantee of anonymity. Law lends support to such a trade with a price. Violations are regarded as injurious act repressible with unliquidated damages. That is the reason the word commoditization of finer aspects in quality of life has been used above. On the other hand, the socially conscious group rights, which have a collective sense of ethos never, compromised on it and grow on legal foundations. It has both the political and legal support with guarantees enshrined in the constitution. Any genetic testing and research imploring the group identity to stigmatize people with a kind of trait attributed to them is very offensive.

Any individual violation of the personal data with or without consent, is very seriously regarded as a redressible act, since it is against ones right to privacy. In India, codes of ethics for medical research culminated from the ICMR as an institutionalized professional ethics and subsequent efforts to bring in a law has in every sense the European tenets ingrained in it with flavours of the US laws. The peculiarities of the Indian situation are that it has effectively understood the danger of social stigmatization in an already pluralistic society, which would not tolerate any type of stigmatization of people. Disharmony would be viewed as a danger to security issue.

Data preservation in the digital world with emergence of bioinformatics development, cloning and gene mapping, data chip etc will go along way endangering right to privacy. The Right to Information Act has to be honed suitably to the needs of the time. Both the Right to Information Act and the Information Technology Act in India may result in erosion of dignity of the individuals guaranteed under the Indian Constitution. Though the expanded interpretation on Article 21 covers fully with its protection the philosophy of dignity is addressed in the preamble of the Indian Constitution and the judicial articulation of Indian jurisprudence. Issues and articulation of legal components of the law on the right to privacy in Biomedical research and ethics will be focused in my elaborate well-researched paper.

European Standards on Confidentiality and Privacy in Healthcare

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The *European Standards on Confidentiality and Privacy in Healthcare* were developed through the work of the EuroSOCAP Project. EuroSOCAP was a European Commission funded project (2003-2006) established to confront and address the challenges and tensions created within the healthcare sector between the information or knowledge-based society and the fundamental legal and ethical requirements of privacy and confidentiality of healthcare information.

Diverse cultures and legal/ethical traditions with a large number of states and regional international organizations made it difficult to agree on shared ethical principles and practice in the context of international regulation through data protection law (EU) and human rights standards (Council of Europe). The European Standards are an attempt to place the ethical obligations of respect for confidentiality and protection of patient privacy firmly in the context of such legal obligations.

The European Standards are designed to apply to all healthcare professionals and to healthcare provider institutions and address the areas of healthcare confidentiality and informational privacy. They provide background on the ethical and legal foundations of confidentiality and privacy in Europe, guidance on best ethical practice for healthcare professionals and recommendations to healthcare provider institutions.

The *Standards* are primarily ethical standards, but they also consider European legal obligations upon healthcare professionals and the general legal context within which professional decisions about the protection, use and disclosure of confidential information take place. Laws do not exhaust the obligations on healthcare professionals to respect and protect patient confidentiality and privacy and healthcare professionals may also need to exercise professional judgment with respect to both the ethics of certain decisions. These *European Standards* provide ethical guidance for all healthcare professionals in the making of such judgments. They are unusual in that they are a regional ethical instrument, which in many ways parallels the strong regional human rights framework in Europe.

The *European Standards* were written following detailed consideration of the needs of vulnerable patients—particularly children and young people, older people, migrants and mobile populations, prisoners, homeless people, people with mental health problems, people with an intellectual disability, and people who lack decision-making capacity. The explicit focus on the specific risks to the healthcare privacy and confidentiality of vulnerable patients has greatly informed the development of generic Standards to guide healthcare professionals, including practice involving vulnerable patients.

The Project team had 20 members—clinicians (with various specialities), therapists, legal experts, and ethicists from 11 European states. Draft *Standards* were developed over a two-year period by this team (with contributions from six invited experts). The draft *Standards* were then circulated widely for consultation during 2005 and were the subject of a Workshop attended by 80 experts from 26 European and neighbouring states. A broad range of responses were received through this consultation process, including perspectives from Patient Organizations, National Medical Associations, National Ministries of Health, National Data Protection Authorities, the European Commission, industry, universities, and relevant international organizations. Based on this consultation process, revised draft *Standards* were prepared and circulated for a further round of consultation.

This paper will explore theoretical and practical issues, including:

1. The process by which the *Standards* were produced, including the context of funding and the powers of the European Commission as the funding body.
2. The content of the *Standards* as representing a European consensus on the confidentiality and privacy obligations of European healthcare professionals.

3. Ongoing current work on the dissemination of the *Standards*. The processes of engagement with stakeholders and attempting to get the *Standards* taken up and used in healthcare practice.

Collection and Protection of Genetic Data in the European Union

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Genetic data are considered by the European law as "personal data", in particular as "sensitive data". In fact, genetic data constitute data that are "able to reveal the health condition or the sexual orientation of an individual" (art. 8, Council Directive 95/46/EC of 24 October 1995 *on the protection of individuals with regard to the processing of personal data and on the free movement of such* data).

Some scholars have argued that everyone has a kind of intellectual property right over her personal data: following this way of reasoning, every person might claim an intellectual property right (*sui generis*) over her genetic data. We will question this.

Art. 12 of Directive 95/46/EC describes the data subject's right of access to personal data. But, can a third party access the data banks? And, if so, in which cases? EC Member States must provide that the controller must implement appropriate technical and organizational measures to protect personal data, among the other, against unauthorized disclosure or access (art. 17, par. 1, Directive 95/46/EC). Therefore, the general rule is that the communication and the diffusion are possible only with the previous consent of the data subject. The consent is not necessary if the disclosure is imposed by a statutory duty, if it is necessary for the protection of life or health of the data subject (and if he or she is incompetent) or of a third party, if it is made for forensic, scientific or statistical purposes.

The communication of genetic data is not submitted to specific rules, others than those provided for the sensitive data. The Italian Data Protection Authority has decided for the first time in Europe a case concerning the access by a third party to the genetic data of an individual. A woman suffering from glaucoma has been authorized to access the genetic data of her father, *without his consent*, in order to proceed to a pre-natal diagnosis (decision 22-5-1999, in *Bollettino,* n. 8, 1999, p. 13).

As a general principle (art. 18, Directive 95/46/EC), anyone who starts a treatment of personal data has to notify the National Data Protection Authority, before the collection takes place, a signed declaration containing several elements (name and address; purposes and modalities of the treatment; kind of data, place of conservation and categories of people whom the information is related to; to what extent the data will be communicated to a third party). Secondly, the data subject has to be informed, orally or in writing, about: a) the purposes and the modalities of the treatment; b) the existence of a duty to communicate the data; c) the possible consequences of a refusal to answer; d) the subjects whom the data can be communicated to; e) the right of access to and the right to rectify the data concerning him; f) the name and the address of the person responsible for the treatment (art. 10, Directive 95/46/EC). Thirdly, as a general principle, the consent of the data subject must be obtained (art. 7, Directive 95/46/EC).

If the data are able to reveal the health situation of the individual the treatment ("sensitive data") is subject to some additional requirements. In particular, it is necessary to get the permission of the national Data Protection Authority (excepted the treatments conducted for indispensable therapeutical purposes). In the Italian system, particularly meaningful are art. 16 of the decree n. 281/1999 and art. 17 par. 5 of the decree n. 135/1999, where it is provided that the treatment of the *genetic data* is submitted to the *specific* authorization of the Data Protection Authority (notwithstanding who - public body or private subject - is the responsible for the treatment) with the accompanying advice of the Ministry of Health (but it's not clear whether this advice should be deemed binding or not).

However, the authorization must not be in any case specific. The Authority can release by decree some general authorizations. In the year 2000, for instance, in Italy the Authority has issued seven different authorizations and, among them, an authorization to the people that practice a medical profession to process the medical data and, for some purposes (medical treatment with the data subject's consent), the genetic data (see art. 2 provv. 20-9-2000, *Autorizzazione al trattamento dei dati idonei a rivelare lo stato di salute e la vita sessuale*).

Confidentiality and Genetic Data: Ethical and Legal Rights and Duties. A European Perspective

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This paper is based in three ideas, namely:

1. All the questions in the field of "privacy" and "confidentiality" derived from genetic tests only must be taken into account if we deal with "personal data".
2. When we are dealing with personal genetic data, two aspects must be specially guaranteed: a) the freedom and autonomy of the individual; and b) the duty of secrecy in order to protect the privacy of the person.
3. Some conflicts can appear between these two aspects and we have to deal with them

I will discuss Directive 95/46/EC of the European Parliament and Council, of 24 October 1995, on the protection of individuals with regard to the processing of personal data and on the free movement of such data. The Directive states that *personal data* "shall mean any information relating to an identified or identifiable natural person". The scope of "genetic data" will be discussed, and who it can be shared with.

In principle, genetic data must also be protected from other persons even in case of a biological relative who seeks information concerning the possible presence in him or her of a pathological gene similar to the discovered in the data subject and also inherited from the parents, even when the doctor considers it necessary for family members to know the information because they too might be affected by the results of the genetic test.

Genetic medicine can give rise to a variety of conflicts of interests. These conflicts may be classified in the following categories, according to the person or institution seeking access to the data:

a) Biological relatives might unknowingly be healthy carriers of the same genetic anomaly as the subject and consequently have a direct interest in the information
b) Legal entities or individuals have entered or plan to enter into a contractual relationship with the subject, especially an employment, service-related or insurance contract
c) The use of genetic data may be required by society as a whole (collective interest), for example as a vital clue in identifying the perpetrator of a crime
d) The advancement of medical research may be dependent on the greatest possible knowledge of data relating to subjects belonging to families within certain hereditary [hi'reditri] diseases occur.

Only exceptional circumstances, whereby disclosure could prevent serious harm to the health of a Third party, and provided there are no other less-intrusive alternatives with respect to the privacy of the patient, may justify a breach of confidentiality in the doctor-patient relationship, and disclosure of the information by the health professional against the wishes of a patient.

In this way, having established that a person has rights over his or her own genetic information, and that said rights must prevail over the interests of others, it is nevertheless possible to consider the rights of those other people when their health or lives are seriously affected. Specific regulation is not required for this. Rather, it can be achieved on grounds of the *conflict of duties* or, as the case may be, the *state of necessity*, techniques which exist in the majority of national legislations.

Privacy of Biometric Information in a Networked Environment: a Philosophical Approach

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In this paper I discuss privacy issues arising from the increasing use of biometric information technologies in a networked environment. My analysis of these issues is informed by a brief account of the relatively recent history of the western concept of privacy, particularly in terms of the thinking of philosopher John Stuart Mill. I then differentiate personal privacy from information privacy, where the latter is more relevant to effects brought about by biometric information systems. I argue that the effects on information privacy by networked biometric information systems are more appropriately framed in terms of personal autonomy, and I apply the ideas of philosopher Immanuel Kant to illuminate these effects. I note here that biometric technologies are a major component of the security infrastructure inherent in present-day international travel, and my discussion should therefore be read in that context.

Globalization and the Dynamic Role of Human Rights in Relation to a Common Perspective for Human Biotechnology

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International law has promoted a global perspective in relation to life science technologies. This global perspective has been favoured because state laws lacked ethical and cultural reference points for a clear and undisputed application to the new challenges created by the biomedical technology. The UNESCO's Universal Declarations on the Human Genome and Human Rights and on Bioethics and Human Rights, as well as the European Convention on Human Rights and Biomedicine are significant contributions for the development of biolaw at the international level.

Globalization doesn't mean automatically to share cultural values and traditions; the diversity of these in a society has a specific cultural and historical foundation. Nowadays we need go further to reach a true transcultural ethics and law in the field of human genetics and biotechnology, this is to say, to share worldwide a minimum common of those.

This means that there are some values (human rights, juridical goods) that are related to human life sciences that have achieved a universal recognition with great ease, but at the same time these have not always found an adequate match with certain cultural and ethical conceptions of some non-western human communities, as they have a holistic view of human social relations.

Human rights continue to be an unavoidable reference point to better capture the multiple challenges of biomedical technology, in that the development of these rights is the result of an ethical construction that give them the conceptual support and the axiological credibility. In the future, it shall be necessary to look further into the following aspects:

1. Human rights also present an objective dimension that permits through them the protection of realities or situations independent of the possibility of accepting the existence of a subject titleholder of a specific right.
2. Human rights are not only individual rights, but at the same time they have a collective dimension that must be implemented, as it serves to guarantee the adequate protection of specific social groups and communities, without decreasing the individual dimension as a hypothetical side effect; and
3. From this point of view, in the future there should increase the recognition of the greater importance that shall be granted to a collective focus

of human rights or those that guarantee the coexistence. In order to develop them, we must take into account principles such as responsibility, solidarity, justice, equity, tolerance, non-discrimination and responsibility towards future generations.

11. Confucianism and a New Dimension of Bioethics

Chair: Prof. Lee Shui Chuen

Panel abstract

This panel will present Confucian bioethics in contrast with Western bioethics as a contrast between familial solidarity versus individualistic liberalism. We shall highlight from a number of issues the difference between the East and the West in doing bioethical matters.

Justice and Health Care: A Confucian Program

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The just allocation of healthcare resources has been a daunting and pressing problem for countries rich and poor. The mainstream theory of just healthcare of Norman Daniels though gives a broad outline of reasonable practice but could not be said to be more than satisfactory. Though the free market is an important motive for better medical services, the encroachment of market forces in medical matters is not only deemed as inappropriate and very often charged as promoting inequality of social classes. How to mobilize the social resources is a further issue both for the health of the nation and for the family and individuals. In critiquing the limiting of justice to fair equality of opportunity, we resurrect the idea of solidarity of a moral community to treat the disables and patient as brothers and sisters.

In this paper I shall espouse the Confucian conception of just healthcare as a co-venture of family and society. Except for some necessary major public provisions for the treatment of diseases and rehabilitation, part of the public funding for healthcare will be listed under the personal account of the individual, which could be shared by the family members. Each person could use this funding for personal medical needs and preferences so that medical services could gear to the most of personal choices. It is thus more liberal and fair as each has his or her share and could get the most of what each one wants. The sharing of family medical accounts provides better incentive to familial solidarity according to the Confucian conception of family ties. Also, the insufficient portion of medical expenses will be supplemented by personal or familial resources rather than by public funding. It shall realize the Confucian ideal that everyone, especially the frail elderly will be well taken care of.

A Comparative study of Confucian and Taoist conception of Well-Being and Their Implications on Health

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This paper compares the conception of well being in healthcare by the two main streams of thoughts in China and how they differ and could provide a new dimension of bioethical considerations in healthcare other than that of the west.

A Confucian Appraisal of Justice in Genetic Therapy and Genetic Enhancement

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The rapid development of genetic technology brings to the front the ethical problems of the applications of genetic therapy and genetic enhancement. One of the pressing problems is genetic justice. In this paper, I shall approach the problem from a Confucian point of view. First, Confucianism will support genetic therapy, as it is a kind of genetic interference for the curing of diseases or restoring of health. It is regarded as a participation of the nourishing process of *Tao*, that is, a moral obligation. For Confucians, justice is to let people fully extend their natural endowment as a human being, the so-called *hsing feng*. *Hsing feng* encloses both the moral mission of human being as well as the talents one inherited. A just society should provide support for everyone so that she or he could manifest to the utmost their talents. A crippled person faces much more difficulties than the normal and his or her chance for self-development is thus less than usual. Hence, if genetic therapy could raise their states back to normal, it is by all means approved by Confucians. As to genetic enhancement, I venture to argue that Confucianism will not object to it in principle, though its execution requires two restrictions. The kind of genetic enhancement to be deplored could not affect the fair equality of opportunity of others on the one hand, and it is supposed to be beneficent to human being as a whole. The first requirement is to avoid furthering social injustice and the second to avoid the negative effects of enhancement such as causing more social injustice. I shall espouse the grounds for genetic therapy and enhancement, and delimit the scopes of application.

Confucian Conception of Genetic Privacy and Public Interest and Its Application to Biobank

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The conflict of privacy and public interest has been a focal point of discussion in bioethics and it is fueled recently by the talk of genetic privacy. New issues emerge as our genetic information bears not only individual characteristics but also ethnic and familial features. The case becomes especially sensitive in that when genetic stigmatization may bring to discriminations of all sorts. On the other hand, the rapid progress of genetic researches requires more and larger samples of genetic information and leads to the need for biobanks. The problem of genetic privacy looms large when such information will merge with other personal data such as medical records, working and living environments, health and disease. Does the importance and contributions of such public interest that could be brought forth by genetic researches overrides the genetic privacy of the individual and the familial and ethnic groups? Should civilians bear such risks? In this paper, I shall probe into the genetic privacy and related problems of biobanking. In order to bring out the Confucian point of view, I shall compare it with the individualistic account of the West. For the latter, I employ the UK model. Finally, I shall present the Confucian idea of familism and privacy and how to solve the kind of privacy problem with biobanking.

12. Asian Perspectives on Neuroethics: Can Neuroscience Contribute to the Peace and Health of Human Beings?

Chair: Dr. Tamami Fukushi and Prof. Osamu Sakura

Panel abstract

Neuroethics is a newly emerging field, which is roughly defined as "ELSIs of neurosciences." Rapid development of neuroscience, with neurotechnology, allows us to understand human being more deeply, which may contribute to solve, at some degree, several social issues, such as education, medical and health policy. On the other hand, unthoughtful application to social issues surely will cause several problems. The aims of this session are: First, to review the current status of neuroethics especially in North America and Europe, with introduction of the cases in Japan. Second, to have a picture of the present conditions of neuroscience and bioethics in Asian countries in order to launch the discussion what should be necessary for neuroethics in this region? Third, to re-evaluate the cultural and philosophical framework(s) related to mind and soul, which may be unique among Asian areas. Each presentation roughly corresponds to one purpose of the session, respectively.

Current Status of Neuroethics: International frontier and Japanese perspective

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We introduce the background and current situation of neuroethics in Western countries and in Japan. Academically, neuroethics originated at an international meeting entitled "Neuroethics: Mapping the Field" held in San Francisco, California, United States in 2002. Participants from various fields including neuroscience, bioethics, philosophy, law, genetics, and journalism, discussed and summarized the topics into the following five categories: "Brain Science and the Self," "Brain Science and Social Policy," "Ethics and the Practice of Brain Sciences," "Brain Science and Public Discourse," and "Mapping the Future of Neuroethics." Since then various ethical issues, including criminal applications of brain scans, incidental findings during non-clinical brain imaging, cognitive enhancement using both pharmacological and mechanical procedures, have been recognized roughly within the perspective settled in San Francisco conference. In Europe, on the other hand, more society oriented movements seem to be dominant such as "Neuroscience Future" and "Meeting of Minds: European Citizens' Deliberation on Brain Science." In Japan the Neuroethics Research Group, Japan (NeRGJ), was launched in 2004, under the project of "Brain-Science and Society" of Research Institute of Science and Technology for Society (RISTEX), the Japan Science and Technology Agency (JST). This group mainly focuses on the ethical issues of neuroscience and has organized several domestic and international symposiums, and has been facilitating communication between neuroscientists and the public. We will also report several ethical issues caused by the drastic development of the technology of neuroimaging and of brain machine interface. These cases may require the establishment of nationwide institution for bioethics, and of effective guidelines. Finally we will discuss what is and should be neuroethics in Asian countries. It may be necessary to make some international strategic plan because of rapid progress of the neuroscientific researches. In such a case, the most important is the consideration for varieties and differences of cultural backgrounds in this area.

Neuroethics: Pathetic Pleasure and Persistent Pain

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If late 20th Century belongs to bioethics then the beginning of the 21st century belongs to neuroethics. The emerging discipline of neuroethics has been recognized as a subdivision of the ubiquitous bioethics. Recognizing the emerging importance of neurosciences as a new source of obtaining "new tools for achieving our goals and prompting a new understanding of ourselves as social, moral and spiritual beings" (mission statement of Neuroethics Society) the Neuroethics Society was "finally established to progress more worldwide and practical, social activities of related to neuroethics" (Fukushi and Sakura 2006). Such an emphasis recognizes the two sides of neuroscience: day-to-day application of neuroethics in practical life and its philosophical importance.

The present paper deals with the practical scenario relating to addiction of young adults in India. Addiction by definition is a feral habit that has become

uncontrollable. Traditionally the mention of the word addiction brings the image of a drug-addict. In today's youth addiction has a different connotation. I am serving as a volunteer in a Counseling Center on an All India basis. The paper describes a few cases where young adults have been addicted to unhealthy websites for pleasure. Frequent visits to these undesirable websites have left them with lingering psychosomatic pain coupled with fear. In the case of 'bipolar disorder' patients are put on a 'foreign' drug without proper adherence to standard procedure of "informed consent."

First, the paper discusses the ELSIs connected with emerging problem as well as with the possibility of 'out sourcing' of Indian patients as guinea pigs. Manipulative neuroscience and neural imaging of treated patients may take the human race to an unknown destination through an unknown path. Secondly, the paper discusses the urgent need of governments to wake up to these new and emerging issues of mind over mind emotional pollution. Thirdly, the paper points out the newly emerging lifestyle and mindset of younger generation's icons of the cell phones and IPODs, which have the potential for damaging their ability to observe and obey societal laws and decision-making capacity.

Toward A Clearer Understanding of the Multi-Cultural Perspectives Concerning Pressing Neuroethical Issues

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Over the past two decades neurotechnology has emerged not only as an effective tool for exploring cognitive functions of our brain such as analyzing sensorimotor control, thinking and mental interaction, but also as potential interventions to reduce the burden associated with many neurological disorders and disabilities. Advances made in neuroimaging techniques allow us to view the brain structure in far greater details and clarity, which has brought new insight into what is perhaps humankind's oldest challenge of all: the interaction of our mind and our body in knowing, perceiving, and learning about the world and ourselves. Significantly improved efficacy and safety of psychotropic drugs have also made effective treatment of some psychiatric conditions possible. To cope with the ethical ramification of these new knowledge and applications, the society should proactively begin to grapple with ethical issues raised by advances in neuroscience. We also have to deal with the cultural dimensions of ethical reasoning, keeping the focus of our discussions on neuroethical issues from the perspectives of both western and eastern philosophies and being sensitive to the distinct cultural and social values held by different ethnic communities in different Asian societies.

Wednesday, March 21, 2007

13. Ethical Challenges of Aging

Chair: Dr. Soraj Hongladarom

Aging Prevention Paradigm: Against the Idle Brain

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The modern situation of increased human lifespan leads to the differentiation of two main approaches to aging, which can be referred to as passive longevity and anti-aging. Both in developed and developing counties we observe aging boom or longevity revolution, which is a particular characteristic of Japan. Increased passive longevity and statistically supported prognoses in the substantial increase of chronically ill bedridden persons with need of home and institutional care entails large problems. Besides the search for new policies to deal with elderly we need also to find answer on the general question: how to make longevity effective?

The anti-aging approach has its goal in the slowing of the rate of aging and finding the ways of effective aging. Effective aging means first of all conservation of both physical and mental capacities for the whole life extended period. Several alternative ways to reach this goal will be discussed. First, there is an increasing impact of new convergent technologies, which appear to be so-called gerontotechnologies. Thus means an involvement of all components of convergence: biotechnologies and nanotechnologies.

When speaking about the legacy of traditional healing techniques in Japan one should first mention the famous systems of health management, so-called «nourishment of life» (*yangsheng* in Chinese or *yōjō* in Japanese). One of the most known text amongst many others is a «Bible of longevity» (*Yōjōkun*) written by neo-Confucian scientist Kaibara Ekken in 1713, which contains the main principles of longevity admitted in traditional Japanese society. Japan represents an ideal social system for elderly and a perfect «experimental field» for the revival of ancient health-oriented systems. According to many accepted and cultivated longevity techniques such as *yōjō*, nourishing the spirit was the primary goal and have been treated to be more important then nourishing the body. Japanese society also succeeded in the creation of an active environment for older people and a family-mediated society with intensive social contacts involving both old and young generations.

However, it seems more promising from our viewpoint to investigate the recovering potential of the original Japanese health techniques remained from the epoch of western transformations in Japan, i.e. Meiji and Taisho era (1868-1926). Such systems, which combine elements of traditional *yōjō* techniques with western approach in science and medicine, gained a huge popularity in modern Japan where they have returned back under the title of *kenkōhō* (lit. «health techniques»). Among others of special interest are the systems of respiratory exercises exploiting the so-called «*hara*»– the concept of human «life-centre» located in the belly region, which according to the traditional Japanese views is considered as unification centre of a human being, consolidating it's spiritual, mental and physical power. These methods under the general name of «*fukuryoku kokyūhō*» («methods of breathing by the power of hara») or «*harashiki kokyūhō*» («abdominal breathing»), were incorporated into modern systems of health rehabilitation from ancient Taoist techniques of «life nourishment». Firstly, they have occupied a solid place amongst the folk health methods (*kenkōhō*), and then penetrated into their modern variations, having lost however some have there own particularities.

In the group of health techniques based on the «power of *hara*» the most popular at present are the following three systems: «quiet sitting» by Okada Torajiro (*Okada shiki seizahō*), system of breathing by Fujita Reisai (*Fujita shiki kokyūhō*) and the system of «health improvement» by Hida (Kawai) Harumichi (*Hida (Kawai) shiki kyōkenjutsu*). For example, the system by Fujita Reisai utilizes method of «wave breathing» (*harōsoku*), in which a patient sitting on the chair makes deep abdominal breathing leaning simultaneously forward, that enhances diaphragm movement in downward direction by the incoming air flow. The chest however remains immovable. Nowadays the method of «wave breathing» is practiced in several Japanese clinics for rehabilitation purposes.

Modern medical studies will also be discussed. Wide application of new technologies makes people too passive in their daily activities and too hopeful on any external efforts. In general, health promoting system for longevity society should include not only the creation of adaptive environment (with ambient technologies), but rather stimulating environment provocation applications of at least some aspects of traditional longevity techniques and mind-body therapy together with new anti-aging therapies and technological implementations.

«Against the idle brain» approach means the achievement of brain controlling the process of aging and effective in continuous information processing in information society. The ideas of life-long learning rely on the potential of successfully aging of the brain and supports its effectiveness. Traditional longevity techniques help to organize such an effective brain to have influence on the aging of the whole organism. The ideal situation means that the brain would determine the effectiveness of the whole body. Flourishing the spiritual approach should be converted into modern situation and be applicable as a part of all anti-aging approach including prospective bio- and nanotechnologies.

Legal and Ethical Protection of Aging Persons

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In New Zealand, the number of people aged 65 years and over has doubled over the last 50 years and is expected to double again in the next 50 years. By 2051, older people will have exceeded one million and will account for one out of every four New Zealanders. The most rapid growth in older people over the next 40 to 50 years will occur among those aged 85 and over. This group is projected to make up 22 percent of older people in 2051, up from 9 percent in 2001.[1]

Many older people fear becoming a burden on others and losing independence, but results from the 1992/1993 household health survey show that most people aged 65 to 84 were quite capable of carrying out everyday tasks like shopping for food, housework, bathing, and preparing meals. People over 85 tend to need more help with these activities, but a substantial number of the very old appear to be managing to look after themselves without help. Family and friends was the most likely group to be helping older people with everyday tasks.

The aging of the "baby boom' generation is expected to drive up a demand for a broad range of long-term care services. One common suggestion for counteracting this is to encourage home care in preference to hospitalization and residential care. An additional driver over the past few years has been concern from both elderly persons and their families about the effect of the asset testing of persons in rest homes. On 1 July 2005 the Social Security (Long-Term Residential Care) Amendment Act 2004 came into force. It increased the asset thresholds to enable older people to retain more of their assets and still qualify for a Government subsidy to help meet the cost of their care. However, this increase must be considered in light of the rapid increase in value of houses in recent years so that there may still be a considerable incentive for families to discourage elderly persons from residential care in order to protect their inheritance. Alternatively, families may choose to pressure those elderly persons with minimal assets into institutional care to avoid responsibility for their care. In the 2005 budget, the Government announced that it is investing $3 million over the next four years to improve and expand services for elder abuse and neglect prevention and increase national and regional co-ordination. This is in line with the commitment made under Opportunity for All New Zealanders to prevent family violence and abuse and neglect of older people.

Changing social trends have led to drastic changes in the lives of older people. In the past they would commonly live in the same residence as their adult children, who were socially and morally obliged to care for them. Today, people are more mobile and children may live far away from parents. This

[1] Statistics New Zealand *Older New Zealanders: 65 and beyond* http://www.stats.govt.nz

together with the reduction in the numbers of children and the increasing numbers of people with no children at all results in increasing numbers of older persons have no close family support or care. A society that equates an individual's worth with productivity and an emphasis on youth, which often links activity and vitality with youth and senility with old age, conditions older persons to adopt the role allocated to them. Additionally, they are economically more dependent on government support than any other segment of society.

It is likely that in the future New Zealand will have a substantial increase in the number of elderly people who may need social and legal support to preserve their ability to take care of themselves, remain independent and avoid abuse, neglect and economic hardship. Home care will be a clear proving ground for public policy and social consensus as well as more personal ethical issues. Medical technology has become ever more adept at extending the length of life as yet there is little indication of an ability to lift the burdens of life in old age.

This paper will consider the impact of family dynamics on the personal autonomy of older persons whose mental competence is in question and yet are able to participate meaningfully in making decisions about their financial, medical, housing and other personal matters. The provisions of the Protection of Personal and Property Rights Act 1988 (PPRA) and suggestions for changes to the law to ensure the ethical care of older citizens are explored.

Personhood-as-Process, and the Four Noble Truths of Buddhism: Red Herring, or Conceptual Bridge?

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In recent work arising from questions of the nature of personhood and the value to persons of their continued existence, or life extension, the author has proposed a re-evaluation of the liberal conception of personhood arising from the Western analytic tradition. I have described this as the "personhood as process" account. Certain structures and outcomes of this analysis have been noted, *post hoc*, to appear to have some symmetries and resonances with particular key principles in traditional Buddhist thinking, especially those referred to by the title of "The Four Noble Truths". This paper is a preliminary exploration of these possible symmetries with a view to stimulating discussion on a possibly useful conceptual bridge in East-West bioethics.

Ethics of Increasing Human Lifespan

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In a recent book, *Aging, Death and Human Longevity* (U of Calif. Press, 2003) Christine Overall argues for a position called 'prolongevitism.' Basically this is the idea that, all things considered to be equal, it would be preferable to prolong human life than let it end out of natural course. The idea opposed to prolongevitism, apologism, argues on the contrary that death is a natural part of life and should be accepted as such. In this talk I shall comment on some of the arguments that have been put forward either defending or attacking prolongevitism. The whole issue underlining the debate between prolongevitism and apologism concerns what should be considered as 'one' human life in such a way that a continuation of bodily and mental functions in some form count as one's own survival. Prolongevitists seem to assume that what is to be prolonged is one's own body and one's own mental continuum, but it is deeply questionable how such a continuum could be metaphysically justified. Without having to delve into deep metaphysical analyses like the Buddhists have done, common sense often has it that one's childhood, for example, is so different (in bodily dimensions, in mental capacities, and so forth) that sometimes it merits talking about being a different person even though there is bodily and mental continuation in the commonly accepted sense. Moreover, one also often talks about 'becoming a different person' or 'becoming totally transformed'. The point is only that there seems to be a basis behind these kinds of talks. And it is also a scientific fact that no molecules in the human body remain the same after a period of time; in other words, after a period of time all molecules in the body change and are replaced. Hence it sometimes does make sense that in the commonly accepted sense (i.e., one goes from birth through childhood, adolescence, maturity, old age and ends with death) the idea of there being one self is rather untenable and is a metaphysical construction in any case. I shall argue that the sense of being one self here is a construction and has no basis in reality. This implies that Overall's recommendations for social policy that favors increasing human lifespan and quality of life does not necessarily hinge on the idea that prolonging one's self is a good thing.

14. Medical Ethics and Relationships

Chair: Prof. Alastair Campbell

The Unity of Ethics in the Face of the Diversity of Morals?

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Two words "ethics" and "morality"– are often used interchangeably. Several authors, however, have brought influential arguments to the effect that there exists a sharp theoretical distinction – which ethics is the broader notion and refers to the whole domain of morality and to the theoretical reflection upon morality. Morality is the embodiment of norms and values, which have been collectively acknowledged as binding. Morality refers to historically emerged practices of people and cultures and is constantly under change. This, however, does not exclude the possibility of universal values, which are embodied in all these practices.

I will argue in this paper that even if particular moral rules and norms may vary from one culture to another or transform within one culture, this is rather the consequence of a different interpretation of values and not the uptake of different values. All moral practices appreciate honesty, freedom, human dignity, justice and beneficence. If these values are not esteemed, we cannot speak about *moral* practice. Moral values are objective in nature, thus allowing for criticism of people and groups who do not accept these values. The problem is that these values can be interpreted very differently. For instance distinct political ideologies all appreciate justice but understand it differently. For some it means providing freedom from constraints of others and the state, for others it means providing for positive freedom through guaranteeing equal opportunities.

The same concerns apply with the diversity of morals. The interpretation of moral values depends largely on our self-understanding, on our needs and desires, on our understanding of good life. All this is closely tied up with the concrete historical, cultural, and economic conditions in which we live or on our religious and ideological convictions. This emerges very clearly in the debates on bioethical issues such as abortion, euthanasia, and embryonic stem cell research or gene therapy. The diversity in morals cannot be explained by the fact that some cultures do not appreciate human dignity or do not consider human life to be a value. All moral practices acknowledge these values. The disagreement can, rather, be explained by different interpretation of these values. Several issues bring along value conflicts and we have to choose which value we appreciate most. Different hierarchies of values lead to different moral norms.

There are also a variety of normative ethical theories, which differ as they focus on the character, motive, consequences of acts or an action itself, as central. Can we speak about unity of ethics if moral norms are justified using so different principles? But the acknowledgement of the complexity of ethics does not relegate one to a position of ethical relativism. The paper shows that even if we acknowledge that there is a diversity of morals as well as a diversity of ethics, one can still share universal moral values. As the process of adopting international documents shows, we can basically agree on our values, but it is much more difficult to agree on moral norms which guide our action.

Since the disagreement in morals and ethics is caused by a different interpretation of objective values, there is still hope that we can convince others in the advantages or even correctness of our interpretation of values. This would bring us closer to the unity of morals and ethics.

A Buddhist Model in Promoting Bioethics Education in Cambodia

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Bioethics can be viewed in three ways[2]: (1) Descriptive bioethics is the way people view life, their moral interactions and responsibilities with living organisms in their life; (2) Prescriptive bioethics is to tell others what is ethically good or bad, or what principles are most important in making such decisions. It may also be to say something or someone has rights, and others have duties to them; (3) Interactive bioethics is discussion and debate between people, groups within society, and communities about (1) and (2) above. Based on these various ways of viewing bioethics, there are also different model in promoting bioethics education. In this paper the researcher will bring a model of bioethics education in Cambodia. The main objective of this paper is to share a personal experience and disseminate examples of good practice of a Buddhist model in promoting bioethics in Cambodia and the reflection on the lessons learned from Cambodian culture and how bioethics can help to balance the risks and benefits of science and technology and towards sustainable development in a developing country from a religious perspective.

Ethical aspects arising from the involvement of psychiatrists in termination of pregnancy

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Prior to liberalization of abortion laws, some jurisdictions permitted abortions if the mother's life was at risk from psychiatric or medical conditions. As medical treatment improved, psychiatric reasons played a more prominent role. Psychiatry was even described as "society's face-saving answer to providing freely available abortion without outcry". As early terminations became legally and socially accepted, psychiatry involvement declined. Psychiatry now seems to have acquired a role in late terminations. Late terminations present a more emotive and ethically challenging situation for both the patient and staff for a number of reasons: the pregnancy is often wanted; the fetus becomes more like a baby at later gestations; attachment to the fetus may be strong, particularly if movements have been felt or the fetus has been seen on ultrasound; respect for the fetus increases with gestation regardless of its legal rights; the fetus is starting to be seen as a patient now that treatment options are becoming available for third trimester fetuses; and later terminations might require an induction of labour as opposed to dilatation and evacuation.

The ethical dilemmas surrounding late termination will be explored. What is the moral status of the fetus? What is the significance of sentience and is this the same as personhood? Furthermore, once the fetus reaches viability, there is a sense of conflict between the rights of the mother and those of the fetus. Do the utilitarian views of Singer on fetal rights help us in this dilemma? There are

[2] Macer, Darryl .(1998). *Bioethics is Love of Life: An Alternative textbook.* Eubios Ethics Institute

a number of ways in which a psychiatrist might assist in late terminations. These include assessment of competence, coercion, coping skills, and psychiatric vulnerability; education about mental illness and pregnancy or the effects of psychotropic medication on the fetus; provision of psychiatric treatment in the case of psychiatric complications; and the provision of staff support.

Is it appropriate for psychiatrists to assist in resolution of clinical ethical dilemmas, particularly in the assessment of competence? Can a psychiatrist predict when carrying a pregnancy to term will be more harmful than termination. Overall, it seems that termination due to fetal abnormality elicits significant psychological distress, including depression, grief and symptoms of trauma. Does psychiatry as a profession have a social contract with society to use its specialized body of knowledge and skills for "the common good". How do the principles of respect for autonomy and "primum non nocere" fit with involvement in late terminations?

Many countries do not have explicit law or policy regarding late terminations and seek the help of committees. Does this undermine the patient's autonomy and the doctor-patient relationship? Upon which criteria should the decision be based? Is the current biomedical model of discourse ethics flawed as it is not inclusive of all views such as those of nurses? What is the role of psychiatrist in such committees? Is there a real danger that the psychiatrist is being forced into social agent role? Is this akin to the euthanasia debate of 10 years ago? Is psychiatry at risk of being used as a gatekeeper for a procedure that society is not at ease with?

Viewpoints of Euthanasia between the Public and Nurses

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This study is a descriptive survey dealing with different viewpoints about euthanasia between the public and nurses to better understand the patients in terminal stage who encounter death. The fundamental materials of Lee Keum-Ja (2001), which are expected to bring social consensus about euthanasia, were used. For this research, 186 citizens and 196 nurses responded to the questions from 8-15 July, 2005. The analysis and statistics of this research were completed through Frequency Analysis, Cross Analysis, t-test, and ANOVA (Analysis of Variance) in the version of SPSS for Windows 12.0.

The results of this research were that both the public and nurses showed positive opinions about euthanasia for themselves and for any other family members. Noticeably, the agreements with euthanasia for themselves outnumber those with euthanasia for their family members in sickness. As far as the reasons for euthanasia are concerned "loss of meaning in life", were followed after "present pains" according to the responses from the public and nurses.

Regarding the attitudes about euthanasia, both groups have somewhat positive viewpoints about euthanasia. The citizens supported the government and society to strengthen existing welfare policies in favor of the human rights of patients in terminal stage, in addition, nurses argued for more objective and morally accepted social standards before any decision be made about euthanasia. Six remarkable provisions represented the divergent perspectives about euthanasia between the citizens and nurses. Both the public and nurses agreed with "living will" in terms of arrangement for it.

In conclusion, human life is to be completed by birth and death in the end. It's our common desire that, if unavoidable, we maintain human dignity and restfully put our thoughts and surroundings in good order for greeting the moment of death peacefully. Irrespective of richness and poorness, the patient and remaining family members are all eager to spend the rest of life with each other. So any legal restriction or interference should not prohibit the right of choice because of the violation of human rights after all.

It is suggested that more objective, ethical standards, social responsibility, and government's obligation needs to clarified legally so that euthanasia might be accepted in our society: this is how we can prevent illegal euthanasia practices from being repeated.

Brain Stem Death, Persistent Vegetative State and Asking to Die in the Indonesian Moslem Society

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Brain Stem Death (BSD) is almost universally accepted as one of the definitions of death. In Indonesia, with more than 70% Moslems, BSD is also accepted by the Indonesian Medical Association (IDI), and is formally accepted by legislation. The implementation, however, varies considerably. In only 31% (10 out of 32) of cases I am aware of stated as BSD, the family / relatives agreed on the statement and the following cessation of any life support, in another 40% (13) of the relatives accepted the diagnosis of BSD but requested the continuation of life support until the heart stops beating (cardiac arrest), and in the rest (9), the relatives refused the statement of BSD and insisted that any possible life support be given. The level of education did not make a difference in accepting the statement of BSD.

Asking / assisting to die or the practice of euthanasia is prohibited by the syariat and also by the national legislation. There are sometimes requests for euthanasia. Two cases are presented, one is a young woman who was earlier predicted to be in Persistent Vegetative State due to brain ischemia but later regained her consciousness, and the other was an MD with painful diabetic neuropathy.

When Personal Interests Come into Conflict with Patient Interests: And What Could, Should, or Would be done about It

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Health care practitioners at times face personal conflicts where that which is 'good' for themselves may not lead to that which is best for others, especially for the practitioner's patients. Conflicting interests are a part of everyday life around which health care practitioners must make decisions, often major decisions that could impact the outcome of a patient's care. The practitioner must first be aware that a conflict is present. To be aware, the practitioner must be sensitive to the professional ethics and ideals that place patient interests ahead of the practitioner's personal interests. In confronting these 'conflicts of interest,' the health care practitioner must consider possible alternative actions and then pass through a critical thinking process whereby a decision is made as to which, under the most ideal of circumstances, should be done. In reality, circumstances may make it difficult to follow through with the ideal action; however, due diligence and sincerity should surround any alternative choice of action in order to come as close as possible to assuring a positive outcome for the patient. All chosen actions must be constantly monitored and modified as indicated to assure the integrity of the health care practitioner and the welfare of the patient. This paper will address the conditions that lead to conflicts of interest, the ethical ideals and imperatives facing the health care practitioner in such circumstances, and include a discussion of the critical thinking process that can assist the health care practitioner in reaching decisions about appropriate action.

15. Medical Doctors' Moral Dilemmas
Chair: Prof. Yanguang Wang and Dr. Fan Chien-Te

Panel Abstract

The original ideal of medical training is to cultivate physicians who are devoted to saving lives based on humanistic concerns. As the world becomes more modernized and medical costs rise, equitable distribution of the increasingly scarce medical resources is becoming a more difficult issue for advanced countries. In the industrialized nations, democratic mechanisms are often used when seeking resolutions concerning public health care policy. Although the legislative process may take a long time, and the outcome can hardly please everyone, the character of public health care system in industrialized nations is often in accordance to the country's political reality. For instance, in the USA health care services rely heavily on market-driven HMOs, whereas Scandinavian countries develop their medical insurance policy based on their socialist inclination. All in all, it is easier for the governments in Europe and North America to reach reasonable agreements in finding effective strategies for medical resource distribution because of their solid democratic tradition; in the newly democratized Asian countries, however, solving the dilemma is usually much harder.

Why is it so? First of all, in Asia's authoritarian tradition, the government is expected to take comprehensive care of its people's welfare, as opposed to the west where the government is only obliged to protect people's basic rights, the extent of which is defined in the constitution through democratic discussion and negotiations. Therefore in the West the allocation of medical resources is more transparent and socially predictable; but in most Asian countries, policy direction is largely dependent on charismatic leadership, so the decision-making process is often obscure and arbitrary to the public. Using Taiwan as an example, although it is one of the first democracies in Asia, decision making in public health policy is mostly constrained to the elite. In other words, Taiwan's public health policy is still based on the traditional paternalistic model as reflected in its top-down allocation of resources and insufficient information available to the public. In addition, some claim that the congress of this new democracy is incapable of conducting mature and productive dialogues at the legislative level, particularly concerning issues that require professional knowledge such as allocation of medical resources. Therefore it is difficult for the administrators to implement public policy based on rational negotiations—the basis for a mature democracy—and often result in vacillations and fragmentation of bureaucratic process.

Since its implementation in 1995, Taiwan's National Health Insurance has become an internationally notable case of public health care. During the recent years, however, the NHI of Taiwan is facing severe challenges coming from the country's shallow democratic tradition, a disharmonious mixture of capitalism and socialism in the nation's governance structure, the lack of transparency in policy decision making, lack of communications among different professions, the popularist tendency of the current administration, the information gap between practitioners and legislators, and insufficient channels for public debates. In the past when information was not fully available to the public, the injustice beneath the old form of medical services was rarely challenged or protested, so the inequity remained an obscure policy issue that has long been neglected by the people. Currently, if without drastic modification, all of the above challenges will eventually change the NHI from a paternalistic product of the post-authoritarian era to a cross-generational nightmare with its fast accumulated debt and deteriorated quality care.

The role of doctors is the key to this transformation process. Doctors' professional ethics is oriented towards healing people and saving lives based on humanistic concerns. But this kind of professional ethics has been shattered by the limitation of payment from the Bureau of National Health Insurance. On the other hand, in the present competitive era, how to upgrade medical supplies, how to maintain the existing energy in R&D, and how to sustain the financial resources to meet these demands have become a national concern. How to determine a doctor's pay scale and assess his/her job performance is a significant problem worthy of scholarly attention.

This panel, consisted of three papers, will discuss the challenges facing Taiwan's current medical care system and the practitioners. In presenting the conflicts between ideal and reality that have occurred during the process of health system reform in Taiwan, we hope to explore the challenges that face doctors when their morality becomes ambiguous, when their adjustment to the legal system becomes difficult, and when they are left on their own to deal with the challenges brought by the government's inadequate policy decisions. We hope that Taiwan's experience will provide insights to other Asian countries, which are trying to implement similar reform in their health care systems.

Paper titles and presenters:

Ethics: Dynamic Moral Status among Hospital, Patient and Physician
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Law: An Incomplete Legal Response to the Health Care Delivery System
- Fan Chien-Te, PhD., Lin Jui Chu, and Lee Chung His
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Sociology: Lacking of Sufficient Institutional Support to Support Physician in Confrontation with the Challenge Derived from the Public Health System Reform
- Lu Shin Yi

16. Research Ethics

Chair: Prof. Abnik Gupta

Ethics in Clinical Trial for AIDS Vaccine and Antiretroviral Drugs: Patient Perspectives in Thailand
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Current bioethics analysis of clinical trials focus on strengths or standards of the project. The character of ethical concerns with clinical trials seems to be varied, ranging from research methodology, ethics committees and an approval process. However, less concern is placed on patient aspects such as experiences in the trial and participation in the approval process. Trials in AIDS patients are good examples for debate on this aspect. This paper aims to discuss bioethical issues in AIDS vaccines and antiretroviral drugs clinical trials by using patient perspective approach in Thailand.

Despite the move for international ethical codes and guidelines (Declaration of Helsinki, CIOMS, Good clinical practices) recent reports still show that unethical situations have repeated what have been shown years ago. The most prevalent seemed to be lack of voluntary, informed participation and adequately informed consent while the most disturbing cases are safety trials with new drugs where testing in humans has not yet been confirmed.

Because of well-equipped healthcare infrastructure and highly trained and experienced biomedical researchers, Thailand was inevitably targeted to manufacture clinical trials in Asia. Given this high prevalence of HIV/AIDS in various risk groups, international drug companies and researchers are attracted to carrying out trials in Thailand both with the treatment with ARv and the prevention of transmission through vaccine. AIDS patients are targeted for treatment trials, and commercial sex workers and injecting drug users for vaccine trial. All three groups are marginalized groups being discriminated by the society.

Some concerns include: biased ethical approval, unethical conduct or deviation of the approved protocol without third party supervision, ineffective consent process or not telling the whole true story, subjects do not have much choice, what to offer to those who cannot enroll or fail the inclusion criteria?, post-trial medication, and research colonialism. There have also been attempts to improve the quality and transparency of clinical research by using CAB model (Community Advisory Board) organized by the Thai Red Cross AIDS Research Centre.

The civil society movement of AIDS patients in Thailand is recognized around the world for their participation in decision making of related positions and fighting for rights and responsibilities. It is now another move to advocate for ethical consideration and participation in higher levels for making decisions about the AIDS trial.

Informed Consent in Malaysia: A Socio-Legal Study
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The right of a person to control their body is a concept that has long been recognized in Malaysia under the law of torts. The purpose of requiring informed consent is to preserve that right in medical decision-making. Informed consent is a relatively new concept in medical litigation cases. However in the late 1990's, it has become one of the important claims under negligence made against the doctor for failure to disclose relevant information to patients in respect of the proposed treatment. Whether Malaysia has begun to recognize patient's right to decision-making is yet to be seen. Furthermore the social-cultural relationship between doctors and patients had to be considered. In this respect, the writer had conducted interviews with doctors and patients to gauge their reaction towards a shared process of decision-making, which is the central issue in the doctrine of informed consent. Findings suggest that in a society where primary health care is the main thrust to achieve health for all, the possibility of recognition of the rights of patients to receive information before making decisions about treatment appears remote. The findings also underscore the importance of incorporating aspects of informed consent as part of providing quality service to patients.

Externally-Sponsored Research in Developing Countries: A challenge for Research Ethics Committees
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In developing and developed countries alike, biomedical research is an essential component of improving healthcare. However, many developing countries have been targeted as host countries for clinical trials on human subjects, which might not be conducted in developed countries because of various reasons. Externally sponsored research refers to research conducted in whole or in part by a foreign sponsor. It also can be part of a collaborative multinational or bilateral research project to be carried out in a developing country. The common feature of these projects is that the research protocol has been designed or funded by a developed country while human subjects are recruited from a developing country.

This paper elaborates some of the important issues, which an ethics committee in a developing country should take into account while reviewing externally sponsored research. Given the structure and functions of ethics committees in many developing countries, the paper suggests that national ethics committee (if one exists) or an ethics committee specifically charged with these tasks should review externally sponsored proposals. This centralized review would be a great step forward to ensure protection of human subjects and benefit sharing with the local communities.

Ethical Considerations in International Traumatic Brain Injury Research
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Conducting research with potentially "vulnerable human subjects," such as persons with traumatic brain injury (TBI), raises a host of ethical considerations ranging from obtaining fully informed consent to addressing therapeutic misconception. This is further complicated when conducting international research as the norms and cultural context of the research process may be unfamiliar for the investigator as well. While ethical guidelines provide a framework for conducting the research, each step of the research process from setting the groundwork to collecting data leaves open many options for the researcher. In this presentation I will draw on my ongoing experience as a US Fulbright scholar of Indian origin, conducting research on long-term adjustment to traumatic brain injury (TBI) in Kolkata, India. I will explore some unforeseen ethical concerns including methodological issues and cultural responses to research.

TBI is an international public health problem and there is a dearth of literature on long-term outcomes. Not all people who have sustained a TBI are considered vulnerable. According to the US National Institutes of Health, "individuals with questionable capacity to consent" fall into this category along with other groups such as children and prisoners. Briefly, TBI is a term that refers to a heterogeneous group of disorders; the etiology, symptomatology, prognosis and treatment can vary widely. Frequent causes include motor vehicle accidents, falls, and assaults with and without firearms. Common areas of difficulty after TBI include activities of daily living, cognitive functioning, emotional functioning, physical health issues, sense of self, and social functioning. The diagnosis is not synonymous with a lack of capacity to consent, but each potential participant must be assessed systematically and if necessary, research consent proxies can be utilized. Other ethical issues to consider with this research population include maximizing self-determination and respect for autonomy, avoiding therapeutic misconception, and addressing biases and stigma associated with acquired cognitive disability.

The concerns are complicated further in the context of international research, in which the researcher may simultaneously be learning the norms and specific cultural context in which the examination is being carried out. For example, I have extensive experience working with people with TBI in the United States and have considered the ethical aspects of conducting qualitative social science research with that population. Working in Kolkata, India however, a new set of research ethics questions has arisen. Methodological issues include translation of measures, obtaining institutional research approval, gaining the trust of collaborators and participants and adjusting to differences in communication style and expectations. How do we respect persons and work with families and systems to deeply understand complex experiences of adjustment? How do Western notions of privacy and use of written consent forms fit into an understanding of how best to conduct research? While bicultural knowledge and comprehension of the native language mitigate some obvious missteps, navigating the ethical dimensions of the research process is a complicated endeavor.

Ethical Issues in Post Disaster Clinical Interventions and Research

- Working Group on Disaster Research and Ethics (WGDRE) to be presented by Athula Sumathipala
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Asia has witnessed quite a few large-scale disasters over the last 2 years in our regions. We have also experienced a large number of foreign organizations and individuals rushing to provide 'humanitarian aid' including therapeutic interventions but some without adequate understanding of the country or its culture. There were concerns that research has been carried out without proper scientific rigor or ethical standards given the vulnerability of the people affected by these disasters; be it intentional or unintentional. This is considerable, particularly given the possibility of ill planned exploitative international collaborations.

Even under normal circumstances informed consent alone is not protective enough, because of the asymmetry in knowledge and authority between researchers and participants, particularly in the developing world. When research is combined with aid, relief and at times clinical care, there is undue inducement for participation in this vulnerable population. Additional safeguards are needed to protect the vulnerable as well as to facilitate high quality research given the nature and the scale of the disaster and the complexities of the issues related to healthcare and research. International research community and ethicists should take this issue seriously as it has not been adequately addressed up to now.

The WGDRE met in Colombo on 15-16 January 2007 to draft a consensus statement agreed among the participants. We have decided to present this statement to the international research as well as ethics community for further discussion.

We believe that post-disaster research is important and should be promoted, as more and more evidence is needed for appropriate disaster planning and prevention. However, it has to be performed in an ethical manner, planned preferably well in advance. Specific research proposals should be carefully scrutinized for the level of risk, and the significance of the proposed research. Such scrutiny may result in the need for additional procedural safeguards. Participants should be made clear whether there is therapeutic intent or whether it is pure research project to reduce the likelihood of participants mistaking research for clinical services. These issues should be equally if not more important to the developing countries as the ethical review processes are yet to be developed adequately

The draft statement covers areas such as relevance of proposed research to disaster situations, informed consent and voluntariness, community consultation and participation, exploitation, dignity, privacy and confidentiality, risk minimization, responsibilities of the sponsors and institutional arrangements, professional competence, public interest and distributive justice, dissemination of results, ethics review, and international collaborative research. Even though, most of these are applicable to research under normal circumstances, we argue the necessity of additional attention to these components during disaster related research.

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Statement on Ethical Issues in Disaster-Related Research -- A Developing World Perspective (draft of 16 January, 2007)

- *Working Group on Disaster Research & Ethics (WGDRE)*

Faced with the aftermath of the Asian tsunami, earthquakes, volcanic eruptions, recurrent floods, cyclones, droughts, conflicts, and other disasters that devastate communities in the South and South-East Asian Region, we have come together as a multidisciplinary working group of persons involved in research ethics to draft this statement on the ethical management of disasters and research related to disasters.

Disasters result in damage, displacement, and death of large numbers of people with significant disruption of society. They can happen at any time, affect anyone any community and any state, be sporadic or regular in nature, and occur as a natural phenomenon or as a result of human design. Disasters create an imbalance between the capacity and resources of the society and the needs of the survivors and the affected.

The global divide and disparities that already exists within societies become even more exaggerated in disaster, especially in developing countries. During such calamities government policies (or their absence) and those of a wide variety of governmental and non-governmental organizations impact on mobilization of response to the disaster and provision of care of those affected. Disaster response needs to be integrated, appropriate and evidence-based. It also needs to flow along coordinated and well-managed governance systems. Prevention of exploitation and physical, sexual and psychological abuse of vulnerable survivors and their families need to be strictly enforced.

Therefore there is a need to systematically map existing and relevant evidence pertaining to disasters, their management and their impact on the communities. There may be gaps in the existing knowledge. There may also be gaps in the implementation of research recommendations and the development of evidence-based guidelines for proper management during the disasters and its immediate and long-term aftermath. Research is needed in such areas as disaster response and relief, health care, management and public health issues, and even the ethics of disaster management. Disaster anticipation and early warning systems, mitigation and preparedness are preferable to disaster response and needs research. Therefore, further evidence needs to be gathered through culturally appropriate research for more effective and compressive responses from all sectors of society in dealing with those affected populations. This research needs to be contextual, as well as culturally and regionally appropriate, in order to facilitate shaping of policies by the local management teams and the governments. It should also examine at what stage of the recovery process are appropriate for conducting research and what type of research should be done in such stages.

In fact, it may be unethical not to conduct research in such situations since ethical research that takes into account the needs and priorities of affected communities must be encouraged and promoted.

Disasters, by their very nature, results in vulnerability in individuals and in societal groups particularly in disadvantaged communities. Any process of research involving human participants requires a robust and on-going ethical review. Existing guidelines and norms pertaining to research on human participants may not be sufficient to address all situations that arise in disasters. Greater vigilance is necessary in disaster-related research to ensure that the general ethical principles are adhered to and participants are protected.

Research involving disaster-affected populations must adhere to universal humanitarian imperatives of alleviating human suffering, preserving human dignity as well as protecting and respecting human rights regardless of race, culture, creed, nationality or political belief. More specifically, work with such populations needs to place special emphasis on the unique needs and special concerns of survivors, thereby ensuring the services and opportunities for rehabilitation are appropriate and acceptable to these individuals.

Guidelines for disaster research

In addition to the accepted national and international ethical guidelines for the conduct of research, we urge researchers to pay particular attention to the following ethical principles when conducting research in disaster-affected situations. These guidelines are meant to supplement the relevant existing national and international documents and not to replace them. The areas, which these guidelines address, include the potential for harm resulting from the research process and its sociopolitical implications, the potential for the exploitation of the research participants as well as the affected community. They also look at conflicts of researchers' interest with that of the community being studied, and the process of recruitment of survivors as participants with a particular emphasis on obtaining a valid informed consent. These guidelines also emphasize on ensuring gender and cultural sensitivity, and the need for research to contribute to the healing and empowerment of the disaster-affected community.

1. Relevance to disaster situations

a. *Research planned to be conducted after a disaster should be essential and is not possible in non-disaster situations*

b. The objectives of all potential research in disasters should be weighed very carefully for their potential contribution to the survivors, and for their value in future disaster situations

c. All phases of the research must be culturally sensitive and should involve those familiar with the community's situation and their cultural beliefs and practices.

2. Informed consent and voluntariness

a. Any research is only to be carried out with the prior, free and informed consent of the person concerned based on adequate information.

b. The research team must identify factors that serve as a barrier to the freedom of individual members of the participant population to give consent, and provide effective mechanisms to address them.

c. Survivors of disaster situations are particularly vulnerable and should not be subjected to inducement.
d. Research should not be disguised as treatment, relief or humanitarian aid. Every effort must be made in the informed consent process to make research participants aware of the difference between participating in a study and receiving humanitarian aid. The different roles of the researchers, caregivers, and volunteer workers must always be clarified and the potential conflicts of interest declared.
e. In cases of collection and storage of human biological materials during a disaster, the purposes of such collection and storage should be explicitly stated in the informed consent process and also that these materials gathered would not be used for any other purpose.
f. The requirement for research on children affected by disasters cannot be ruled out. However, due to their greater vulnerability, the researcher will have to justify the need to use children as research participants. The informed consent process will have to incorporate mechanisms of proxy consent by their parents or guardians and include provision from permission by the child whenever applicable. The reviewers will look very carefully at the process of consent involving children who have lost one or both parents in the disaster

3. Community consultation and participation
a. Community participation before and during the research is essential in disaster-affected communities
b. The researchers and review process need to identify the communities that may be affected by the research and consult with them. The research team must describe a preliminary community mapping/scoping exercise to ensure familiarity with the community as well as identify local resources that will support ethical execution of the research.
c. A community representative or advocate must be identified by a process, which is acceptable to the study population.
d. Community representatives or advocates should be involved in conceptualization, review, research and dissemination of research involving disaster-affected populations.
e. In no case should a collective community agreement or the consent of the community leader or other authority or advocate substitute for an individual's informed consent.

4. Non-exploitation
a. The selection of research participants must be made on scientific reasons and not based on accessibility, cost, gender or malleability.
b. The research should not impose additional burdens on people who are already traumatized, and on the local infrastructure.

5. Dignity, privacy and confidentiality
a. Given the circumstances that survivors of a disaster face, extra care must be taken to protect the privacy and confidentiality of individuals and communities.
b. In the collection of data and human biological material, human dignity must be respected for both survivors and the deceased.
c. Similarly, stringent standards must be maintained for the storage and possible sharing of human biological material and data.
d. Utmost attention must be paid to prevent stigmatization, ostracisation, and other harm to individuals and communities at all stages in the research process.

6. Risk minimization
a. Since disaster-affected populations are particularly vulnerable it must be ensured that the conduct of research imposes the absolutely minimal risk.
b. Risks that are acceptable under ordinary circumstances may not necessarily be acceptable in disaster situations.
The research team must demonstrate the ability to anticipate adverse reactions and facilitate appropriate interventions.

7. Institutional arrangements
a. Institutions that sponsor and conduct research should recognize that a stronger ethical obligation is required in disaster-related research.
b. Research in disasters should be coordinated with other disaster relief activities
c. Research should not disrupt or further burden the existing infrastructure

8. Professional Competence
a. Ensure professional competence of all members of the research team for their specific tasks
b. The highest standards of scientific research and peer review should be maintained through the entire process.

9. Public interest and distributive justice
a. The research undertaken should provide direct or indirect benefits to the researched group, the disaster-affected community or future disaster-affected populations.
b. Prior agreement should be reached, whenever possible, between the community and the researcher on what benefits could arise from the research, and how they would be shared.
c. The actual benefits arising from research should be shared with society as a whole and with the international community with due consideration to the potential negative effects upon the participants and the communities involved, in consultation with the community.

10. Dissemination of results
a. Transparency in dissemination of results should be a prior condition for the conduct of research in disasters.
b. Research published in open access journals will ensure the widest dissemination of findings.
c. Efforts should be made to use the results of research to influence the formulation and modification of policy.
d. The presentation of the results of research to the community who participated in the research, and to the public, should be after a process of peer review has validated the conclusion reached.
e. *The relevant results need to be presented in understandable language to research participants and the participating community.*

11. Ethics review
a. Independent, multidisciplinary and pluralist ethics committees should assess all the relevant ethical, cultural, legal, scientific and social issues related to research projects. These should include representation or advocates from the disaster-affected community.
b. All research should be subject to local ethics review that includes regular feedback from the researchers and community representatives.
c. In addition, there should be a centralized mechanism (such as a national ethics review committee) for review and coordination of all research in the disaster-affected area to ensure a wide perspective on all the research and to prevent unjustified repetitive work.
d. A central/national "clearing house" on an open web Site would be more effective in preventing duplication, as well as letting everyone know what topics have been covered, are currently being researched, and which ones are being planned
e. Prior ethics review and approval may be taken before initiating research in an expected disaster situation of periodic or recurrent nature. However, the research may commence only after consultation with the actual disaster-affected community.
f. Expedited review may be necessary in exceptional situations, but should be conducted with extreme caution. This expeditious review must follow the standard procedure considering the guidelines mentioned above, with a quorum agreed beforehand.
g. In the case of research projects that commenced before a disaster, the investigators must go back to the ethics review board to consider – in consultation with the community, wherever or whenever possible – whether the research may continue or stop.
h. Where applicable, the protocol should include provisions for aftercare, including appropriate mechanisms for continuation of essential services that were associated with the research protocol, and a proper referral mechanism to deal with the needs of participants and members of the research team.

12. International collaborative research
a. All research in the disaster-affected area needs to be done with a local partner(s).
b. Such collaborations should be based on mutual respect and partnership. Collaboration needs to be undertaken between national researchers, policy maker and the community, to share responsibility for determining the importance of the problem, assessing the value of the research, planning, conducting, and monitoring the research, and integrating that research into the social system.
c. Contribute to developing the capacity for researchers, policy makers, and the community to become full and equal partners in the international research enterprise.
d. Permission taken from local authorities does not exclude the requirement for ethics review at local level and at national level.
e. Special consideration should be given to transfer of biological material, ownership of data and intellectual property rights issues. The export of biological materials from a disaster-affected area should be strictly regulated through a central mechanism.
f. Benefits of the research if any financial or non-financial should be shared fairly with the community and decided a priori.

Informed Consent in Sri Lanka: Review of Research Conducted in Sri Lanka to Understand the Progress of Informed Consent Process

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Consent is considered to be 'informed', when it is given by a person who understands the purpose and the nature, what participating in the study requires the person to do and to risk, and what benefits are intended to result from the study.

The issue of informed consent can be studied from two main angles; genuine efforts made by the researchers to adhere to good ethical practices by obtaining ethical clearance from a review committee, providing the required information to the participants and the process adopted to ensure 'freely given consent', and the capability of the research participant to comprehend the given information and to provide or refuse consent.

We present one of the three components of a larger project on informed consent in which particular attention was drawn to the issue of informed consent in contemporary Sri Lanka.

The objective was to carry out a compressive review of the documented evidence of informed consent practices and related ethical procedures, as featured in the research projects carried out in Sri Lanka. This was undertaken to provide a baseline so that any future intervention to improve consent procedures and ethical standards can be compared. All published research originating from Sri Lanka, between 01.01.1999 to 01.09.2004 that could be obtained from a Medline search carried out with MeSH major and minor heading; 'Sri Lanka', were scrutinized according to pre-agreed checklists to evaluate the ethical practices followed. All MD and MSc. thesis available at the Postgraduate Institute of Medicine (PGIM) library were also included.

From the 367 identified Medline articles originating from Sri Lanka, 250 (68%) were human subject research, and of them only 87 (35%) were freely available as complete papers. Of those only 37 (42%) had mentioned obtaining ethical clearance for the study. Papers published in the *Ceylon Medical Journal* (CMJ) showed that the percentage reporting about obtaining ethical clearance has increased from 17% in 1999 to 71% in 2005. The articles that had specifically mentioned about 'informed consent' had increased from 17% in 1999 to 57% in 2005.Of 305 MD and MSc thesis available at the Postgraduate Institute of Medicine library from the year 1985, 66% had not mentioned about obtaining ethical clearance. However, the percentage of those that mentioned about obtaining ethical clearance and also provided evidence for it and reporting specifically about taking or not taking consent from participants, showed a trend towards a gradual increase with time.

It is encouraging to see that there is an upward trend in obtaining ethical clearance for research projects carried out particularly by local investigators for postgraduate qualifications. Reporting about obtaining ethical clearance in local PGIM theses has increased steadily from 1989 to 2005. Attention to ethical issues also appears to be higher in the local journal CMJ compared to the overseas journals.

Similar to reporting on sample size and method of analysis in the methodology, ethical clearance and informed consent should be mentioned as essential components of the research and publications.

17. Ethical and Social Implications of Biotechnology

Chair: Prof. Sang-yong Song

Analyzing Stakeholder Attitudes, Perceiving Ethical Issues and Risk Assessment, in Linking Trust, Bias, and Fairness of Information Sources for Biotechnology Issues: A Bioethical Resonance to Reconcile

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An individual's perceptions of the risks and benefits of a new technology are determined by personally selected sources of information, values, interests, and individual experiences. However, where agricultural biotechnology is concerned, most people cannot rely on their own experience. Instead, they depend on information received from other sources such as rumours, the experiences of people working in the field, and statements issued by industry, government, public interest groups, academia and the media. An individual's personal worldview strongly determines how information is assessed for reliability. In each of the case studies of this paper, a stakeholder-based approach was used to investigate public perception. Sampling method was simple random systematic samples as per social research methods.

The results of a study on 100 respondents found 35% of the public said that they would agree with government statements, 21% would not and 44% not sure. For corporate sectors, 17% said they would believe, 36% not and 46% not sure. Response categorization found that genetically engineered foods or biotechnology in the Indian food supply received a mean rating of 2.84 on a four point scale from "not at all concerned" to "very concerned", compared to the USA (3.61). Regarding open categories questions people failed categorically to express their views in India, which shows their limitations of present day understanding about biotechnology and its related issues.

In this paper I could come out with an analysis, which identifies six key factors influencing people's opinions about the subject, which account for about 63% (19.20; 18.47; 14; 3.97; 3.90 and 3.33) of the total variance. The results of cluster analysis of consumers' responses to various questions about biotechnology suggest that the respondents can also be classified into five groups (clusters) [Benefit Seekers, Self Protectors, Biotechnology Opponents, Open Minded Biotechnology Learners and Biotechnology Optimists]. Results also emphasized that although there is broad public agreement over the use of biotechnology in plants in the interest of health and well being, people are less comfortable with its use in animals or for purely economic reasons. However, the public seems to be interested in learning more about the issues involved before they arrive at definitive conclusions about the wisdom and desirability of biotechnology in the best interest of the society.

In spite of the detailed and comparative analysis of the public perception issues of biotechnology, there exists a rich public debate about how the potential risks associated with biotechnology methods and bio-industry products should be assessed and about whether and how bioethics should influence public policy. A general structure for guiding public policy discourse is generally emerging but is not fully developed. There are inherent conflicts involved in how biotechnology develops as an industry and the way ethical questions and public policy positions are discussed and adopted. This paper will also look at issues relating to biotechnology communication. Journalists surveyed generally believed that university scientists/researchers and newspapers were trustworthy, unbiased, and fair, while activist groups are untrustworthy, completely biased, and unfair in communicating agricultural biotechnology issues. They are most opposed to public opinion outweighing scientists' opinions when making decisions about scientific research.

From this study a substantial positive correlation came out between science journalists' attitudes toward democratic processes in science and trust in newspapers; there exist moderate correlations between attitudes and trust in television (positive) and biotechnology industry representatives (negative). In other words, as science journalists' attitudes toward democratic processes in science increased, so too did their trust in newspapers and television. Conversely, as their attitudes increased, their trust in biotechnology industry representatives decreased, or vice versa. It is also important to note that these are not cause-and-effect relationships, but the correlations do show a significant connection between trust in some information sources and journalists' attitudes toward democratic processes in science, which is a pivotal reconciliatory issues to derive out a holistic bioethical resonance.

Community Consultation for Statement of Ethical Principles for Biotechnology

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In January 2006 the Victorian Government (Australia) endorsed a Statement of Ethical Principles for Biotechnology in Victoria (Statement) following an extensive consultation of its citizens. The Victorian Biotechnology Ethics Advisory Committee (VBEAC) had the task, on behalf of the Victorian Government, to develop an ethical framework to guide biotechnology activities undertaken in Victoria. The Victorian Government made this commitment in its public statement "Biotechnology Strategic Development Plan for Victoria".

Work commenced in early 2004 to develop a key statement for ethical principles and an ethical framework under which biotechnology could be assessed. In December 2003 VBEAC had already issued a position paper on ethical issues concerning community engagement in relation to biotechnology, noting that, as an ethical position, community engagement was an important part in the development of any public policy in relation to biotechnology. VBEAC stated:

"VBEAC believes that effective public education, coupled with a timely, responsive, ethical and coordinated approach to communication about biotechnology, is needed to ensure the bi–directional flow of information."

In the development of its Statement, VBEAC undertook a substantial community consultation, including:

- Public notices seeking submissions in relation to the form and substance of a proposed ethical framework for biotechnology.
- Synthesis and consideration of submissions received.
- Development and issue of a draft statement, distributed widely to community groups and community sectors for further consideration and consultation. Particular groups included industry, community organizations, scientific and research bodies, schools and educational institutions, and the public generally.
- VBEAC undertook a substantial consideration of all submissions received and a transparent consideration of changes and variations to the draft Statement and accompanying materials.
- The final Statement was delivered to Government for consideration through a "whole of Government approach". The Victorian Government endorsed the Statement and authorized its release in January 2006.

In the development of the Statement of Ethical Principles for Biotechnology in Victoria, it was recognized that the biotechnology sector was already substantially regulated by law, codes and guidelines. The scientific and medical research community in particular noted substantive regulatory requirements already in place, particularly for human research and in relation to animal welfare. Accordingly, the Statement needed to balance the recognition that large parts of the biotechnology sector were already regulated substantially, compared with the community's expectation that nonetheless all of the biotechnology sector would have due consideration and appropriate processes for considering ethical issues.

The Statement, endorsed by the Victorian Government, was issued as a voluntary statement. It anticipated that those involved in biotechnology, particularly scientific and medical research institutions, would measure their own systems and processes against the Statement, to determine whether any gaps existed, which required reconsideration. At the same time as the issue of the Statement, VBEAC issued:

- Map of Ethical Controls and Guidance.
- Decision Making Tree for Recognizing and Managing Ethical Issues.

This kit of materials would enable any participant in the biotechnology sector to determine whether its existing processes and systems sufficiently dealt with ethical principles, both explicitly and substantively.

Major issues in the development of the Statement included consideration of:

- Inter–generational issues.
- Cultural requirements (consideration of issues raised in New Zealand with Maori recognition were considered).
- Long-term environmental concerns.
- The requirement for transparency of process and action.

Accompanying the principles developed for the Statement were a series of interrogatory type questions, to guide the reader through the issues raised by the Ethical Principles, so as to properly understand all of the issues involved in the consideration of each Ethical Principle. The interrogatories act as a "checklist" in the consideration of a participant's own processes and procedures.

Subsequently, the Statement of Ethical Principles has been released to the Victorian community, with some substantive promotion, with particular targeting of scientific and medical research institutions. Further consultation has taken place, and VBEAC is committed to ongoing review and monitoring, to establish whether take–up of the Statement has been substantive, and whether outcomes have been positive.

Biotechnology, Genomics and Global Health: A Challenge for Traditional Bioethics

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Biotechnology, whether in the context of new drugs derived from DNA and genetic technology, genetically modified food, or biologics making use of living cells, raises ethics concerns at a variety of different levels. There is growing concern that the very nature of research is being subverted, rather than enhanced by entrepreneurship. This area of ethical concern has intensified in the United States as a result of the conflicts of interests resulting from the growing alliance between University academia and private industry in the research enterprise. As we travel down the research path into development of a drug or technology, ethical questions arise with respect to protecting human subjects and society from danger and exploitation by researchers. As development gives way to marketing and dissemination of a new product, government regulators, such as the United States FDA, are pressed to get drugs and biologics through the regulatory pipeline into the market faster and are forced to walk an ethical tightrope between speed and safety. As new biotechnology products enter the market place, doctors and patients traverse yet another tightrope, that between unknown risk and the promise of benefit. And finally, we have growing attention paid to patent protection as a culprit in keeping prices high and depriving the global poor from lifesaving drugs and biologics.

Modern bioethics grew out of the post WWII Nuremberg Trials. The Nuremberg trials involved testimony that referred frequently to the "laws of humanity" and the "ethical principles" that are necessary to ensure human rights of the individual. The Nuremberg Code ushered in a code of ethics with respect to research that provides a construct for the protection of subjects involved in medical research. This rights-based approach focuses on the duty of the researcher to provide full disclosure of risk and benefits of research and to obtain consent from the patient/subjects who will be used in the research. This approach gave rise to the principles-based approach to biomedical ethics, as initially enunciated in the 1979 Belmont Report, which detailed guidelines for the protection of human subjects in medical research.

However, as several scholars have noted, this is wholly inadequate to respond to the cascade of ethical issues that flow from a vibrant biotechnology industry. Moreover, it may not be particularly apt from a perspective of multiple cultures. And if biotechnology is in its infancy as most believe, it is crucial that scientists, entrepreneurs and governments – to name only a subset of the players – engage in dialogue about the ethical and societal questions raised on the road of scientific progress. This brief paper will consider some of the ethical challenges resulting from the brave new world of biotechnology and consider some ways of recasting ethical inquiry to better meet these challenges.

Discussion in this paper will show how Western "principles-based" bioethics is inadequate to fully address the issues arising in biotechnology and genetic research and innovation. The future will demand an ethical construct that is less focused on the individual and more on populations. It will need to be more global and capable of addressing cultural diversity and pluralism. The new ethical paradigm will need to more firmly embrace social justice and consider the skewing of justice by politics and economics. It will need to address not only the rights of individuals and populations, but also ecologies. With respect to genetic modification, ethics and social justice requires risk evaluation with an orientation to the generations of the future.

18. An Empirical Study on the Observation of UN Bioethics Related Declarations in Mainland China & Taiwan

Chair: Prof. Darryl Macer, Prof. Ji-Ming Yi and Prof. Chien-Te Fan

Panel Abstract

Envisioning the rapid progress in genetic research would make possible far-reaching medical research and biomedical applications, the International Declaration on Human Genetic Data was adopted unanimously and by acclamation at UNESCO's 32nd General Conference on 16 October 2003. This Declaration and the Universal Declaration on the Human Genome and Human Rights turn out to be most important international points of reference in the field of bioethics.

The International Declaration on Human Genetic Data was articulated in response to the needs for fair guidance from governments, non-governmental organizations, the intellectual community and society in general at the international level, when facing the ethical challenges derived from the rapidly developing fields of genetic databases and the fear that such databases might be used for purposes contrary to human rights and freedom.

On the other hand, the Universal Declaration on the Human Genome and Human Rights of 1997 calls us to take into account concerns about the social, cultural, legal and ethical implications of the progress in the life sciences, which provide human beings with a new power to improve their health and control over the development processes of all living species. Recently, some of those predicted concerns turned real, especially in the fields of stem cell research, cloning and gene testing.

Now, both declarations indicate to us the good faith of human being's willingness to handle the revolutionary biotech development with due care. However, how can these ethical guidance/norms be implemented? How can the ideological vision of humanity be accomplished? What kind of institutional mechanism is needed to support related practices? The main focus of this session is trying to explore the experiences relating to the Declaration compliance in mainland China and Taiwan, through conducting some empirical studies in certain biotech application fields.

On both sides of the Taiwan Strait, people have faced similar challenges and gone through the similar and necessary bioethical realignment. In this session, some empirical experiences in human genetic data protection and/or bioethical issues will be taken to reflect the trends of the Chinese community in keeping up with the development of international ethical norms promoted by UNESCO. In particular, the ethical guidance of stem cell research aiming for cosmetic surgery, the biobank development in Taiwan, the ethical governance for gene therapy study, the benefit sharing issues and the entitlement of stakeholders to exploration of gene testing techniques, ethical codes to govern research related to the aboriginal people, will be included extensively. These empirical studies may, to some extent, express to us how the Asian community responds practically to the daring move of international bioethical norms. In the meanwhile, these explorations shall be valuable to those researchers who are interested in the bioethical development in China, especially from the perspective of culture anthropology.

Papers:

Substantial Points in Medical Ethical Formal Procedures: A Medical Professional View

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The Establishment of Taiwan Biobank in Compliance with the Ethical Norms Provided under UN Declarations

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Rights Designation and System Arrangement of Genetic Testing Technique

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The ELSI Implication of Gene Therapy Development

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From Principles to Guidelines--The Bioethics and Cultural Pluralism in Taiwan

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The Benefit-sharing of Biomedicine Research Production Based on the Genetic Resources

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19. *Ethical and Social Analysis of Stem Cell Research: Empirical Reports from Taiwan*

Chair: Prof. Lee Shui Chuen

Panel abstract

In 2006 we conducted research on the public opinion in Taiwan and made a policy report to the government on the regulation of stem cell research. We used a stratified sampling method and obtained some interesting results of the public opinions of stem cell research in Taiwan. Some of the major points are that their trust in scientists and ethical committees are fairly high and the notification and consent of family members are highly respected. Anomalous results are also noted. Upon the result of a multi-factorial analysis of the empirical data, we proposed a draft of stem cell research regulation incorporating the Chinese ethos and ethical beliefs as well as keeping in line with the global declarations on related researches. We shall present some of the salient ethical elements of the proposed regulation with comparisons to the West in mind. Finally, we shall also explore the social and policy implications

of the regulation of stem cell research in Taiwan. The two panelists and the chair will present the three major parts of this research for discussion.

The Public Opinions of Stem Cell Research in Taiwan: A Factor Analysis
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Shaping Social Opinions for Stem Cell Research in Taiwan
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Poster Presentations

Bioethics Clubs in Schools and Colleges: Challenges, Prospects and Benefits
Arockiam Thaddeus[1], M.A. Jothi Rajan [2] , T.Mathavan[3], P. Senthil Kumaran[4]
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There are as many Clubs, Associations, and Forums in schools and colleges. Science clubs and environment clubs are doing exceptionally wonderful services in schools. Each club is unique, and has its own goals, objectives, rules and regulations. In addition these clubs have their own activities based on their goals and objectives. The Unity in Diversity brought forth by clubs and associations need not be overemphasized. Clubs create awareness, promote healthy discussions, and pave the way for joyful and meaningful living of human beings in harmony with the environment on the mother earth. In India Bioethics Clubs are of recent origin, and developed out of cooperation with Eubios Ethics Institute and UNESCO Bangkok. In this paper the origin and the functioning of the bioethics clubs in two colleges situated in rural settings of south India will be presented at length. The challenges, prospects and benefits acquired to date, and envisaged in the years to come will be highlighted in this paper. The time is ripe for all the bioethics educationists to come forward and start clubs in their schools and colleges and assist the functioning of the clubs by their expertise. The future world is in the hands of the children and youth of this period of time. It is said "Better late than never".

Nursing professionals' awareness of ethical problems in Japan
- Hisako Nakao, Akiko Chisaki, and Masayuki Obayashi
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Recently, many ethical problems have been posed to medical practice because we have attained dramatic development of medical technologies and diversity in moral value has become an important issue as well. In these situations, most nurses have faced ethical dilemmas in the practice of nursing due to their positions close to patients.

We performed a questionnaire study to elucidate the problems related to medical ethics, which nurses confronted in their daily practice. We studied the nursing professionals' awareness of ethical problems and their ways of confronting the problems in a district hospital in Japan.

As a result 30-35% of the nurses answered that they actually faced ethical problems or that they were worried about facing them at their work places. About 15% of the nurses thought that they were currently involved in some ethical problems in their practice, despite the low levels of their awareness about the existence of ethical problems.

In terms of their answers to such questions, they usually consulted with involved parties, such as patients or the third party who are disinterested, and about 36% of the nurses had neither opportunity to talk about ethical problems nor official discussions on such problems.

Our results suggested that "subjectivity of nurses" and "worries and dilemmas of nurses' roles" had impacts on their nurses' awareness of ethical problems. We have a future plan of our inquiry into nurses' roles of hospital ethics committees.

The Effectiveness of Medical Ethics Workshop on Different Level of Cognitive Domain in Dental Students
- L. Bazrafkan, M.D. and S. Z. Tabei
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Revision of medical education was began by the Cultural Revolution Council in 1981 when the medical group of the council revised the aims and curriculum of medical education. Five years later they added a course of medical ethics to the curriculum of general medical schools. So far we offer a separate program of medical ethics offered within physiopathology course. However, there is some evidence that the program is not effective enough and the students are not satisfied in this course.

Medical ethics has increasingly become a common component of the undergraduate curriculum at many medical and dental schools around the world. The Liaison Committee on Medical Education in the USA identified the teaching of medical ethics as a core curriculum component of modern medical school education. This has resulted in a trend towards revision and inclusion of medical ethics in the early years of the medical school curriculum in Iran. In Shiraz University of Medical Sciences, we tried to revise the current curriculum and direct it to the enhancement of student's attitudes towards ethical decision making. The new curriculum based curricular requirements on the demands of well-chosen clinical problems due to the needs of the patients, society and students' training. This paper presents a new model for teaching medical ethics in the dentistry school in Shiraz University of Medical Sciences. The results of medical ethics workshops suggest that ethics education plays an important role in the attainment of the cognitive domain. Ethics education does not function as a single factor. Instead, it is very often accompanied by entrenched moral beliefs such as religious observance that also accounts for some of the differences observed among respondents. This study showed a positive effect of workshops and attendance of stakeholder in ethics teaching and learning. These findings support the idea that active learning and workshop discussion is the best way to improve the student learning.

Thursday, March 22, 2007

20. Ethics in Public Health

Chair: Dr. Valaikanya Plasai

Ethical Issues in International Public Health and Health Research
- Richard Cash, Ph.D.
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Public health concerns and research goes beyond the individual and takes into consideration the interests of the group or society, even when this may conflict with the best interests of some individuals. Public health interventions clearly benefit some and not others. In the case of global public health the potential reach across national, cultural, and economic boundaries adds more moral complexity. This is particularly true when dealing with international health research where there are significant differences in how societies view ethical behavior especially involving issues of substance. What is the purpose of informed consent? Is it to fulfill a legal agenda or is it meant to insure understanding of the participant? And if it is the latter how does limited literacy or scientific understanding affect the process? Do issues of confidentiality extend to groups of people, especially those in vulnerable situations? Should there be a single international standard of care? What should it be? In a resource poor environment, what is owed to a community or a nation that is involved in a study? These and other issues will be discussed. They will need to be developed with the concerned countries, and not simply follow the practice some would call the 'golden rule of development': He who has the gold makes the rules.

Contemporary Issues of Debate in Social Philosophy
- Daniel Nesy, Ph.D.
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Philosophy in the new millennium must be social philosophy. Reflecting upon the agonies and sufferings of the existing society affected by intermittent crises and chaos and suggesting a way out of them, stressing the ideal of individual and social happiness, striving for new and ennobling ideals form the very basis of social philosophy. Our urgent need is to debate upon the basis for a healthy, happy and satisfactory life; a full and abundant life. The cleavages that separate art from science, morals from economics, political affairs and religion from education are to be sorted out and attended to.

Social philosophy is different from Sociology. Sociology being an empirical study deals with 'the origins of human communities, the study of their various forms, laws customs, institutions, languages, and ways of thinking, feeing and acting'. Unlike such an enterprise, thinking brains are upset with questions regarding the destiny of humans and society, particularly in times of crisis. There were occasions in the history of thought, when thinkers became discontented and dissatisfied with the prevailing order of things in society and goaded in to action. Plato's *The Republic* and Hobbes' *Leviathan* are shining instances of social philosophies attempting vigorous studies and analyses of the existing social conditions and are prompted to look beyond time for evolving a new set of values and ideals in order to make human life fuller and happier. And as such, social philosophy is concerned with narrowing the gap between the factual and the normative, between the 'is' and the 'ought'.

Social philosophy that is discussed herein is a human-centered philosophy rather than a God-centered one. Some of the important issues for the social philosopher to attend in the contemporary society are the following: Multiculturalism; Science and Technology; the Environment; Equality and Justice; Development, and the changing role of religion.

In conclusion human beings want to lead wholesome lives. Abundant power is at our disposal. At the same time issues of peace and war, poverty and abundance and racial, political and industrial conflicts face us on every side. Religious divisions and clash between the aged and the youth are prominent. The conflict between the material and spiritual values, between self-interest and world-service lie at the root of all problems. In a world of unending and frightful problems, the role of the social philosopher is very significant. A scientific and critical attitude to problems creates a new thinking pattern and a new social philosophy conducive to a meaningful life.

Human Rights and Gender Equality
- V. Balambal, M.A.B.T., Ph.D., FRAS (London)
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In the modern world, every country is concerned about Human Rights and the Constitution of each country specifies what are the rights given to its

people. Always focus has been on men and women of the country. The Indian constitution specifies that there is no caste, creed, sex, sect, religious and linguistic differences in dealing with the people of India and all can enjoy their rights. But in actual practices there is lot of violation of Human Rights based on the above classifications. One more category is economic differences. A deeper study reveals that citizens are deprived of their basic rights and privileges. The present study focuses on the rights of women and transgender persons in India as a whole and Tamil nadu in particular.

Women are in the secondary position despite the constitutional safeguards. Gandhiji's dream of "Ramarajya", where a woman with all jewelry could travel alone even at night, remains a utopia. Society could be broadly divided into three categories-upper, middle and lower classes. Their life style, wants, means, treatment, etc. are not the same. Ethical codes are not followed, and are violated especially in the case of poorer and depressed class of people. Their sufferings cannot be described in words. They lack awareness, care and concern. Women suffer till lost and face ill treatment. They do not even know the meaning of human rights.

When we talk about gender equality, it is painful to note the condition of women. But not only the government but the common people too do not bother about the condition of the transgender persons. To what category, will they fit in? Does the society care for them? They are treated as the 'laughing stock' of the society. It is heartening to note that in modern times, there is an awareness among the transgender people and associations to fight for their rights. They should be empathized not sympathized. The physical aspects of the transgender need not be a block to their progress. The bioethical aspects of this category of the society are to be well understood by the people and the government. Case studies have been made after collecting data.

From Farm to Pharma: public health and challenges of nutrigenomics

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Developments in genomics have led to the prospects of tailored medicine with focus on pharmacogenetics and the recent trends towards "eat right for your genotype" has shifted nutrition and health research towards nutrigenetics and nutrigenomics. Nutrition is an input to and foundation for health and development. Food and nutrition becomes even more interesting it is personal choice practiced daily and a global issue influencing international policy discourse on food security and undernourishment, including public health and trade. Nutrigenetics and nutrigenomics capitalise on the notion of smart diets uniquely tailored for each genotype, and based on the genotype people and populations can be screened for susceptibility genes; for example susceptibility of PKU and complex disorders such as hypertension and obesity where it is assumed that diet plays a significant role in determining "health". Genetic predisposition to particular type of food raises concerns choice and practice, cultural and traditional values and where can we draw the boundaries between what we want to eat and what we should eat daily. This presentation will introduce a new project starting at CESAGen and highlight some of the challenges and opportunities of nutrigenomics and public health.

Ethics in public health for Thailand

- Valaikanya Plasai, Dr.P.H.
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This paper posts a question if a separate set of ethical guidelines is necessary for the practice of public health in Thailand. It argues that public health is a distinct entity, which complements but differs from ethics in biomedicine. The goals of public health are fundamentally different from those of medicine. While public health focuses on the population or the community, and attempts to measure and improve the health status of the population, medicine focuses on the individual patient and his or her welfare. A code of biomedical ethics therefore is, at best, insufficient to guide the practice of public health. Some scholars have gone so far as to argue that biomedicine is irrelevant in public health, and yet, there are no guidelines to assist public health workers in practice and research in public health. A relevant code of public health ethics is badly needed.

The paper proposes that a key element in the development and practice of ethics in public health is the development of a cadre of public health workers and investigators who have been trained in the concepts and practice of ethics in public health. Strategies need to be developed not only for creation of such expertise, but also to develop a framework so that these scientists and investigators at different institutes could form a network, which would strengthen each institute, and also the entire network. Career prospects for such trained personnel, either within their specialty or in a special unit for ethics, could also be discussed. The paper therefore calls for collaborations among public health workers and scientists, at the national and international levels, for such development.

21. Capacity building and networking in ethics in public health

Chair: Prof. Leonardo de Castro and Dr. Valaikanya Plasai

Capacity Building and Networking in Ethics in Public Health

Pittaya Jarupoonpol
Thailand

The phenomenon of globalization is having a dramatic impact on public health around the world. The increasing movement of people and products across borders as well as the urbanization of populations in response to the rising industrial nature of local economies presents new challenges to the public health network. In meeting these challenges capacity building in public health is increasingly being recognized as an important priority on the local and international level.

Some time ago Thailand conducted a study using WHO's WPRO framework on the essential public health function carried out in Thailand. This study made us aware that Thailand wasn't doing enough and needed to improve the areas of health promotion, disease control; prevention and monitoring. In response THAIPHEIN was created as a vehicle of communication and capacity building among the nations public health institutes. The subsequent knowledge sharing, skill building workshops and technical building activities proved so successful that in December 2003 at a WHO Regional Consultation held in New Delhi, delegates proposed the establishment of SEAPHEIN.

One of the first steps in the long term process of improving the public health standards within any country is to improve the educational standards within the public health institutes. To address this need, minimum educational standards, accreditation and guidelines for SEAPHEIN MPH programs were successfully adapted. To help all member institutes meet these guidelines workshops attended by MPH program educators are conducted on a regular basis at the Mahidol Faculty of Public Health. Through this sharing of skills and expertise among member institutes, the goal of insuring a high standard of education in Public Health regardless of location within the SEAPHEIN network is being realized.

One successful recent example of a Public Health capacity building workshop at Mahidol University addressed the many areas of Hospital Management. This was not only attended by area member institutes from Bangladesh and Maldives but also by hospital administrators and educators from North Korea. The workshop included discussion of the lessons learned through the experience of SARS and the Avian-Flu and the management of emerging and re-merging diseases

These are only two examples but we see SEAPHEIN and capacity building activities such as these as being invaluable vehicles in the continuing and expanding advancement of SE Asian public health, today and into the future.

The Role of Public and Private Sectors in Health Care: Emerging Ethical Dilemmas in India

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All over the world, family has always been the primary context of health care for its weaker and sick members. Today this role of family is further reinforced by policies of community care, cutbacks in social welfare expenditure and increasing chronic sickness. Who the patient is in the family structure and their life cycle determines not only positive or negative responses but also the income, class or social status of the family. Accommodating the physical, psychological behaviour, social, economic vocational incapacitations and their secondary development forces (due to illness of the earning member of the family) that has so far regulated structural and functional changes in the family becomes complicated.

Two factors, which are very important in public health, are urbanization and the health hazards, which are due to over crowding, and another is due to environmental quality of the surroundings. Health is thus ascribed to be a dynamic equilibrium, out come of which is determined by a wide variety of biological, socio cultural, economic, political, physical, psychological and environmental factors. The Ninth Indian Five Year Plan (1997 –2000) enlisted a number of factors responsible for inefficient functioning of Public Health Care System.

1. Persistent gaps in manpower and infrastructure especially at the primary health care level.
2. Sub-optimal functioning of the infrastructure; poor referral, services.
3. Plethora of hospitals not having appropriate manpower, diagnostic and therapeutic services and drugs, in Government, but not in Voluntary and private sector.
4. Massive inter-state / inter-district differences in performance as assessed by health and demography indices; availability and utilization of services are poorest in the most needy states/ districts.
5. Sub – Optimal inter – sect oral coordination.
6. Increasing dual diseases, burden of communicable and non-communicable diseases because of ongoing demographic lifestyle and environmental transitions.
7. Technological advance which widen the spectrum of possible interventions.
8. Increasing awareness and expectations of the population regarding health care services.
9. Escalating cost of health care, ever widening gaps between what is possible and what the individual or the country can afford.
10. Improper integration of all institutional machineries and services mentioned above.

This paper will also discuss **National Health Programmers including:** Non-communicable Disease Control Programmers; Care of the Instruments and Linen; Bio-Medical and Diagnostic Equipment; Nursing Services; Computers in the Hospital Administration and Management of Information Systems in a Hospital.

Health Partnerships are essential. As we move into an advanced technological era, the challenges for health promotion go beyond the wider articulation of the concept of health promotion, from building infrastructure to achieving adequate levels of resources, both technical and supportive demands for health promotion as well as love and care for patients. With Voluntary sector and NGOs in Partnerships, with State and Central Governments, should be able to effectively respond to the health needs of vulnerable population groups, such as workers, women, children and elders in the society this needs

to be more vigorously pursued. Healthy public policies need to be developed to ensure supportive environments for individual and community health action, and to protect people from lifestyle-related problems such as those due to tobacco drugs and alcohol. Documentation and dissemination of health promotion outcomes are also critical to the legitimization of the cause of health promotion in the region. New health challenges mean that new diverse networks need to be created to achieve intersect oral collaboration. Such networks needs should provide mutual assistance within and among countries, and facilitate the exchange of information about which strategies have proved effective. This paper looks into the picture that unfolds and analyses the reasons and prospects.

General Meeting of the Asian Bioethics Association (Open to all)

22. Ethics in the Practice of Public Health

Chair: Prof. Darryl Macer and Dr. Alireza Bagheri

Feminist and Virtue Perspectives on the Ethics of Public Health Research

- Wendy A Rogers, Ph.D.
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The central tension in public health research ethics is between actions taken for the common good, and the rights of individuals affected by those actions. Public health research uses a wide variety of methods, including epidemiology, randomized controlled trials for disease prevention and health promotion, and social and behavioural techniques. All of these methods raise ethical issues, ranging from informed consent, community involvement, and privacy issues through to coercion and manipulation, and conflicts of interest. Given the wide range of research methods and potential interventions, it is challenging to build a theory of public health research ethics.

In this paper, I discuss the potential contributions of feminist and virtue perspectives on public health research ethics. Feminist public health ethics urges us to address inequities, attend to specific details and context, provide for fair shares of resources and just rewards, and to embrace diversity in research methods. Feminist approaches also highlight the need for procedural justice that considers the ways in which individuals and communities can exercise their capacities and determine their own actions. Virtues in public health research include honesty, courage and justice, all of which are necessary to counter inequities and conflicts of interest, and to promote community partnerships and trust. Using feminist and virtue approaches, it is possible to develop practical guidelines for supporting ethical practice in public health research.

Social Discrimination and Health Disparity Across Generations: Are We Sufficiently Informed?

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Genetic susceptibility in combination with chronic physical and psychological distress is recognized as an important etiological factor in many lifestyle diseases of the cardiovascular, immune, nervous and reproductive systems. A range of adverse environmental and behavioural factors; including inadequate nutrition, lack of exercise, poverty, depression and drug dependencies, contribute to ill health and poor fertility. Therefore, poor fertility in some circumstances maybe a good indicator of an individual's overall health status. Given that the capability to bear healthy children depends on our genes, the conditions under which we live and the ways in which we behave, inappropriate lifestyle choices may generate profound health consequences across the next and subsequent generations. Regardless of cultural sensitivity, it has to be recognized that poverty and their socio-behavioural consequences are particularly significance for many Aboriginal Australians; thus, highlighting the scandalous reality that in one of the most economically successful nations on earth the benefits are not shared fairly among all Australians. There is little doubt that many of the current poor health outcomes of Indigenous Australians result from past impoverishment which, as a result, imposes on all Australians a collective and inherited ethical responsibility to make amends by way of reconciliation – a process that aims to empower through management of cultural and biological diversity, education, employment opportunities and economic development. These initiatives increase wellbeing by means of increased collective autonomy, self-esteem and social adhesion. The presentation's intention is to provide an in depth understanding of biological systems from which adaptive socio-ethical commitments may evolve[1].

Reference

The Bioscience-Bioethics Portal at http://www.bioscience-bioethics.org/ provides free admittance to educational material for those interested in Bios

HIV/AIDS Prevention: A New Bioethical Framework for China

- Yanguang Wang, M.D., Ph.D.
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The first case of HIV infection was reported in China in June 1985. At the end of 2006, there were 183,733 reported cases of HIV-positive and AIDS patients all over the country. Even though the numbers of HIV infection seem to be quite low considering China's population of 1.3 billion, we have reason to assume that it is very probable that China will become a country with a high HIV infection rate. Which bioethical framework ought to govern China's HIV prevention policy? The basic bioethical framework we use to evaluate actions in bioethics consists of Principles such as nonmaleficence, beneficence, respect for autonomy, and justice. It seems that these principles are not fully suitable for HIV/AIDS Prevention. I suggest an improved bioethical framework that consists of the principles of tolerance, beneficence, autonomy and care. In my suggested bioethical framework the principles of tolerance and care should play a central role.

Foreign Dental Health Research and the Philippine Dental Act

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The image of security, order and labor are the key factors for a better society. This can only be achieved by educating the people on ethics that will enable them to respect and embrace their culture. This paper was made in realization of commoditization of health at the expense of the vulnerable groups. The market oriented motivation of health research that drives the researcher to work on studies with better monetary returns rather than those researches that will help the people to have better lives. This study aims to analyze the Philippine situation in research and as well as to analyze the government concern in dental health. The market driven researches as well as non - access to dental health care in the Philippines.

As of the moment, oral health care is not covered by Philippine Health. In the Philippines, the limited financial public resources are mostly spent on urgent medical and social problems. As caries and periodontal diseases are not regarded as life threatening, prevention and treatment of dental diseases have a low priority. 94% of 5-year-old Filipino children had caries and in 12-year-old children the mean DMFT was 4.6. Ninety percent of the decay was untreated. I will compare this with Malaysia, which during the Eight Malaysian Plan (2001-2005), stated the focus of health sector development will be further improve the health status of the population particularly the low income and the disadvantaged groups and optimize utilization of resources in the delivery of healthcare. In relation to this, the recent amendment to the Dental Act 1971, the Malaysian Ministry of Health has made it compulsory for all dental graduates registered with the Malaysia Dental Council to serve as dental officers in public service for three years. In Thailand, most of the dentists are from public academes that oblige them to work in public sectors. Increasing the number of health practitioner to serve the underprivileged to relieve the inequity in health care. Thai Ministry of Public Health (MoPH) also produces many cadres of health personnel, mainly for staffing its own health services infrastructure.

Ethical Issues including poverty and Vulnerability, research ethics, the legality of the Ethics Review Committees will be discussed. I analyze an externally funded research project for the researchers to place amalgam restoration on a cavity prepared supposedly for atraumatic restoration. The issues relating to the continued use of amalgam will be discussed, noting that Sweden, Denmark, and Germany have restrictions on dental amalgam use. This restriction made it clear to that this research is linked to the reason of possible market of Amalgam. A market driven intention is a clear unethical motivation. I cite this case as poor governance. The legality of a medical ethics committee to allow dental research to occur in the country is questionable. Their incompetence to the methodology made them vulnerable as well to judge it and had placed these children participants at risk.

Ethical Dilemmas in Public Health Research

- Godofreda V. Dalmacion, MD
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Lymphatic filariasis is endemic throughout most of the southern half of the Philippine archipelago afflicting 45 of the 77 provinces. Within the country areas endemic for the parasite are in regions with highest incidence of poverty and eliminating the disease in these areas provides significant opportunities to alleviate poverty and reduce inequalities in health. Mass treatment with single dose of DEC given yearly has shown to effectively kill the parasite but adding albendazole has increased to 99% the killing effect on the microfilaria. Nevertheless, the ideal treatment regimen still needs to be defined despite growing medical literatures attesting to the safety of the combination.

A couple of years back, mass treatment with DEC and albendazole was administered in many areas endemic for the condition without passing Institutional Board Review (IBR). Unfortunately this resulted to quite a number of unexpected deaths including that of an apparently healthy young boy and a couple of health officers escaping the outrage of the town's folk . This brings to mind when public health activities are or are not research. Ethical guidelines for conducting clinical trials have been based on therapeutic obligation to treat individual patients. In contrast, public health is concerned with the health of the entire population and thus public health ethics is founded on societal responsibility to protect the health of the population. The distinction between research and activities of public health interventions is critical to the timely and effective practice of public health because routine public health practice activities cannot be effectively carried out in a timely manner if they are subjected to the considerable administrative burdens associated with an IRB. In this case, will society's benefit take precedence over individual patient risk no matter how fatal it may be for some? Will the ethical issues be resolved based on quantity rather than quality of benefit over risk? In addition, the issue of accountability also arose because albendazole was a drug donation, which commonly occurs in public health activities.

Public Health and its Ethical Aspects in Ottoman State (1299-1923): Some Good Examples for Modern Age

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Since health is the most valuable asset of an individual, the health level of the citizens is the most prominent indicator of the welfare in a society. Every nation develops policies and establishes infrastructures to provide a better environment, which prevents the public to be ill. Public health policies and the services provided may vary according to the wealth of the state as well as its ideology. The equity and accessibility of public health services is as important as its provision.

Modern public health concepts have emerged in early 20th Century. However, there were some societies and civilizations in history where public health policies and services were very well organized and provided. In this paper, I will firstly present the meaning of health and its prevention in Ottoman State (1299-1923). Secondly, I will examine the duties and obligations of individuals and the State to keep society in healthy state. And finally, I will give some historical examples from Ottoman documents, which set very good examples even for the modern developed countries.

The reason to choose the Ottoman State is that, it has been the leader of Muslim Nations for centuries; therefore, its application can be considered as the prototype of Islamic understanding on public health care. As it will be obvious in the presentation, the Muslims' holy book, Qur'an and the tradition of the Prophet Muhammad are full of orders and recommendations concerning public health and its ethical provision. Another reason to choose Ottoman State is that, its people and institutions had evolved to Turkish Republic, and its public health policies and institutions had constituted the pioneering principles of Modern Turkish Public Health Policies.

23. Ethics and Research in the Eastern Mediterranean Region

Chair: Dr. Aamir Jafarey and Dr. Sahin Aksoy

This panel seeks to highlight the importance of the consideration of contextual aspects that is required in research ethics in the Eastern Mediterranean (EM) countries both in terms of basic research on bioethics issues and in the development of guidelines and ethics framework. The panel consists of five speakers from two countries of the EM region, Egypt and Pakistan. The panelists will present their original work based on the research they have conducted or are planning to conduct or in one case, the ethics guidelines that have been developed, with relevance to the local needs and circumstances.

The Good/Ethical Doctor: The Eye of the Beholder

- Aamir Jafarey MBBS, FCPS, FRCS
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This paper is based on an ethnographic study conducted on patients and family members at two different hospitals in Karachi, Pakistan, exploring their perceptions on what they consider to be the qualities of a "good physician". One set of study participants, interviewed at a free public sector hospital, consisted of patients with little formal education and came predominantly from the underprivileged class. In contrast, the other set of participants, interviewed at a premier private hospital, represented the educated and affluent class of Karachiites. At both sites in-depth interviews were conducted in privacy by two co-principal investigators simultaneously talking notes. Perceptions about a "good/ethical doctor" by both sets of study participants were strikingly similar and did not seem to be influenced by their educational level or economic status. For most, a "good doctor" was one who "spoke to the patient nicely" and "considered the patient like a next of kin". They mentioned traits like "kindness" and "soft spoken" and "forgiving" repeatedly as being essential for a "good doctor." All of these traits related to the character of the individual. Clinical competence, experience in the field, and a good track record were not stressed by our participants. This study highlights the importance of tailoring bioethics education for medical students and young physicians on aspects of virtue ethics.

Adequacy of Ethical Review and Informed Consent Documents Submitted For Funding To The Eastern Mediterranean Region of WHO

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This paper will discus the adequacy of the ethical review process from results in 12 countries in the EM region. This study is based on the study proposals that the Eastern Mediterranean Regional Office (EMRO) received from member states in answer to a call for proposals. The submitted research proposals involved the participation of human participants in 85% of cases. However only 44% of the proposals involving human participants had obtained an ethical review from a relevant committee prior to submission. In this study, the investigators also found several deficiencies in the submitted informed consent documents. The conclusion is that there is lack if awareness regarding the need for ethical review and obtaining informed consent among researchers in the region and therefore, there is a need for more emphasis on research ethics education in this area.

Stem Cell Research and Therapy: Voluntary Guidelines for a Public Sector Organization

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This will discuss the process of the development of guidelines for Stem Cell Research and Therapy, a project that I voluntarily assumed for my public sector organization, because of a lack of such guidelines at the national level. In her paper she says that stem cell research and its applications pose serious ethical concerns, particularly when it comes to human embryonic stem cells derived from embryos. The issue is highly charged, emotive and evokes intense religious and political debates. As the field grows, there are simultaneous efforts underway to regulate research by various national and international codes and guidelines. However Pakistan has not as yet made such an initiative. The Sindh Institute of Urology and Transplantation (SIUT) is a publicly funded organization where a stem cell lab is being developed and such research will shortly be undertaken. This initiative at developing guidelines was motivated by the need to provide guidance for researchers at SIUT and to serve as a framework for a national level policy document. Razzaki will describe the salient features of these guidelines and highlight its relevance to the work being done at her institution.

Evaluation of Ethics Review Procedures for Research in Egypt

- Hany Mohamed Safwat Sleem, M.D., Henry Silverman
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This paper discusses proposed research on evaluation of ethical review procedures for research in Egypt. Ethical regulatory processes are being developed in Egypt to meet the increased research agenda being developed in this country. However, there are little data regarding the structure and function of Research Ethics Committees (RECs) in Egypt as well as the resource needs for these RECs. Also unknown is the extent of awareness of research ethic principles among researchers who conduct investigations in Egypt. It is intended to study the existing RECs in Egypt, their composition, their training needs, the challenges that they face and the nature of their workload. Such data will establish a baseline so that proper training can be initiated based on the accurate needs of these RECs. Those RECs that have been functioning for at least one year and have been registered with the OHRP office will be included. Quantitative as well as qualitative data will be collected and analyzed.

Survey of Attitudes of Egyptian Population Living in Remote Area Towards Research Participation and Storage of Human Biological Specimens

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This paper presents a research proposal investigating the attitudes of individuals living in remote areas of Egypt towards their participation in research. Areas to be explored in this survey will include: the research participants' understanding of the meaning of medical research, their comprehension of risk levels in different types of research, their understanding of the process of randomization and blinding, their understanding and involvement in the informed consent process, their concept of consent for unspecified future research on stored human biological samples, their comfort regarding collection of samples for genetic analysis, and their general understanding of genetic research. The data obtained will help devising strategies for education for members of Research Ethics Committees as well as for researchers conducting human subject research in remote areas where the population's general level of awareness of advanced technological processes may be rudimentary.

18.00 – 20.00 Farewell Dinner

Friday, March 23, 2007

24. Bioethics Education
Chair: Prof. Darryl Macer

Perception of Modern Medical Ethical Issues by Non-Medical Science Graduates

- M.A. Jothi Rajan[1], Arockiam Thaddeus[2], T.Mathavan[3], P. Senthil Kumaran[4]
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A mini debate was conducted on "Medical Ethics" for the final year undergraduate students of Physics course. A batch of 36 students (5 girls and 31 boys) in the age group of 18+ was divided into 15 groups. The topics for the debate were given two months prior to the conduct date, and relevant study materials were provided from different books on ethics, newspaper cuttings, internet web sites of Eubios Ethics Institute, internet web site of UNESCO Bangkok, and other relevant web sites. All the students were given to read the textbook "*A Cross Cultural Introduction to Bioethics*" (2005) edited by Darryl

Macer. The following topics were identified for the debate (number of participants who were given the respective topics for debate): Doctor- Patient relationship (2); Surrogacy (2); Euthanasia (3); Human Cloning (4); Animals are also moral beings(2); Nursing- A noble Job (3); AIDS in India (3); Brain death (2); Health for all by 2000AD (1); Private hospitals (3); Organ donation (2); Medical care for pregnant women (3); Government hospitals (2); Altruism (1). Each participant was given a maximum time of 5 minutes to express her/his views related to the ethical issues associated with the problem. This was followed by a debate for a maximum of 5 minutes where participants of other topics will express their views and also get clarifications from the speaker. The majority of the participants expressed their views in English and a minority in Tamil (Mother Language). The authors have translated the Tamil answers into English as the whole debate was recorded in audiotapes. Three experts were present to conduct and facilitate the smooth progress of the debate and two staff members were taking down the notes of the whole proceedings of the debate. The participants were arranged to sit on a circle in chairs without tables.

The main objective of the debate was to find out the level of awareness among the non-medical student community on the ethical issues related to medicine with more emphasis towards the human community. In the view of the authors and the experts present in the debate, it was noted that there was significant level of awareness on the present issues related to medical ethics. The responses of all the participants will be presented elaborately in the full text. The good news for bioethics in our region is that it will be implemented as an elective course for all the undergraduate arts and science students from the year 2007. The overt response to this debate was a voluntary visit to a mentally challenged home by the debaters by spending a few hours with the inmates of the home. No doubt increased respect for human life is overflowing by conducting debates of problems related to ethics, which will strengthen the moral character of the younger generation.

Teaching Ethics and Humanities to Medical Students in Sri Lanka: A Multi-Cultural Approach

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Medical ethics is now included in the curricula of most western medical schools, but it is still not common in Asian medical schools. Teaching medical ethics is now fairly well established in most Sri Lankan medical schools. The Faculty of Medicine, University of Ruhuna was established twenty five years ago as the third medical school in Sri Lanka. While professional ethics and legal medicine were taught in forensic medicine from the very inception of the school, medical ethics was dealt with briefly by one or two lectures. After a series of workshops for faculty staff on reorienting medical education in the early 1990s, a formal programme on medical ethics, based predominantly on Western models was introduced in 1995. In the University of Ruhuna, the medical curriculum is a traditional one, and medical ethics is taught throughout the five-year course. This paper will describe the medical ethics courses from 1995-2006.

An introductory lecture is given at entry to medical school. After five terms of preclinical studies, at entry to the clinical course in the 3rd year, the students have a two-week introductory course of lectures and demonstrations during which the main input of medical ethics teaching occurs. This consists of a series of 7 lectures and one seminar discussing ethical scenarios, given over a period of one week. The lectures include an introduction, history, ethical codes, doctor – patient relationship, confidentiality, patient autonomy and informed consent and introduction to research ethics. Student assessments are not done at this stage.

From the 3rd to the final year, professional and legal ethics are covered by the Department of Forensic Medicine, research ethics by the Department of Pharmacology. Summative assessments of students are done as part of the examinations of both subjects. It was originally planned to cover other specialized topics such as HIV/AIDS, abortion etc by the relevant departments, however this aspect was not done consistently. During the final year clinical ethics discussions are held in the wards. A few years ago a Medical Students' Oath was introduced at entry to the medical school.

An evaluation of the ten-year programme on medical ethics carried out in 2005 will be presented. In 2005 an attempt was made recently to include Asian medical ethics drawn from the indigenous systems of medicine, which have existed for many years in India and Sri Lanka. The other innovation was the introduction of Medical Humanities in October 2005. Student enjoyment of lectures ranged from 80%-97% and agreement on the relevance to objectives ranged from (80%-88%). The preferred method of teaching was half-hour (69%) lectures (71%). Except for 4 neutral comments, all other comments (38) were positive, appreciative and indicated that lectures were effective. 96% wanted continuation of the course. Art and medicine was the most favoured topic. It is difficult to prove that teaching medical humanities in any form to medical students will result in more humane physicians or better-cared for patients. However, I conclude that short, didactic lectures are feasible, acceptable and effective as a preliminary method of introducing medical humanities to undergraduates in a developing Asian country with limited resources. The paper provides quantitative data with respect to feasibility and acceptability and discusses the implications and methods to assess course effectiveness.

Young People, Ethics and Culture: Some Observations on a Comparison of Responses to Contemporary Biomedical Dilemmas in Sri Lanka and Great Britain, and their Implications for Medical Education

- P. V. R. Kumarasiri[1], S.N. Arseculeratne[2], P. D. Premasiri[3] & R. Simpson[4]
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Most instruction in normative medical ethics to medical undergraduates in Sri Lanka is based on Western ideas and documents, from the Hippocratic corpus to more recent documents such as the Helsinki declaration, the Geneva Code, the Nuremberg Code and many others. A notable omission in the teaching of ethics to Sri Lankan medical students is traditional indigenous ethics that have been explicitly stated, mainly in the literature of Buddhism, the country's predominant religion. We will provide arguments why the curricular content should include Asian ethics in addition to ideas from the Western sources. This will include discussion of cultural relativism in medical ethics, and provide results of quantitative evaluation.

The responses ('agree') of rural Sri Lankan students to 6/15 culturally dependent questions differed significantly from those of the urban Sri Lankan students, probably indicating a cultural drift due to modernization/westernization of the latter. The responses of the rural Sri Lankan population to 10/15 questions that were taken to be culturally-dependent, differed significantly from those of urban England, while urban Sri Lankan responses to 11/15 such questions also differed significantly from those of urban UK suggesting that despite the cultural drift among the urban Sri Lankan students, both groups retained their indigenous ethos that differed from that of the urban group in England, supporting the idea of cultural relativism in ethical decision making. The implications in medical education will be discussed, with discussions also of 'Situation ethics' versus 'rule ethics'.

Knowledge of Bioethics amongst Postgraduate Trainees of a Medical University in Southern Pakistan

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There is increasing knowledge among general public about medical ethics and awareness about patients' rights vs. health professionals' responsibilities. In Pakistan, most of the medical colleges / universities do not offer the subject of bioethics in the curricula intended for undergraduate or (post) graduate medical studies. The objective of this study is to ascertain the baseline knowledge of bioethics amongst physicians (postgraduate-PG trainees), so as to help to develop curriculum for PG studies in Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro, Pakistan.

A one-page, 15 item questionnaire was prepared and administered on 74 PGs working in various departments (Obstetrics and Gynaecology, Internal Medicine, Pediatric Medicine, General Surgery, Radiology and Anaesthesiology) of LUMHS. It contained questions about frequency of encountering ethical problems in clinical practice, knowledge of existence of any ethics committee in the institution and its performance, need of informed consent from the patient during clinical practice & surgical procedures, adherence of patients' wishes, patients' confidentiality / disclosure, need of informing patients about the errors/wrong-doings carried out during their management, respect of the patients' religious beliefs and recognition of ethical dilemmas. Questions were also asked to assess knowledge of PGs about current ethical issues and history of bioethics/research ethics. In the end of the questionnaire their opinion was sought about alleged increasing reports of misconduct by the physicians and their responsible causes.

About half of the number of PGs (49%) encounter ethical problems more than once a month, 23% once a month, 3% less frequently, 11% claim that they never encountered while remaining 14 declined to reply to this question. Only 8% of the respondents knew about the existence of ethics committee, while 43% could not decide to reply to this question. 53% of the participants showed their dissatisfaction regarding the performance of the committee. Almost all PGs (95%) considered it essential to take consent from patients (during clinical practice), while all (100%) considered it as necessary pre-requisite while undertaking surgical procedures. 54% of the PGs chose not to administer necessary medical treatment against patients' wishes, while 32% wanted to over-ride their wishes in this situation, 11% of them could not decide while 3% declined to reply. But when religious beliefs were involved, 43% of them respected patients' wishes when treatment is against their religious observance. 31% wanted to over-rule patients' wishes in these situations, while 24% were unable to decide and 1% decline to reply to this question. Majority (54%) of respondents thought that patients' record is confidential and should not be disclosed to their relatives without their permission, while a quarter of them (24%) were unable to decide about this issue. Borderline majority (52%) of the PGs were ready to disclose to the patients any errors (if these were committed) during their management. Of the remaining respondents 24% wanted to hide this fact from patients, while 24% could not decide this problem if it encountered. 43% of PG trainees were able to recognize ethical dilemma (withdrawal of mechanical ventilators). A big majority of them (92%) considered inclusion of the subject of bioethics in medical curriculum as a necessary step. 35% were aware of current bioethical issues (euthanasia), while 54% were unaware. Regarding the knowledge of evolution of research ethics, 67% of them correctly knew about Helsinki declaration, while only 36% correctly knew about Nuremberg code. Regarding allegedly escalating reports of misconduct by physicians, 63% considered lack of bioethics training as the responsible cause, while only 11% considered the public as the responsible party, while 7% thought physicians themselves were are responsible for this problem.

The results of this study reveal that there is significantly high frequency of encountering ethical problems by PGs but only 43% could correctly recognize ethical dilemmas. This fact highlights the need for training in bioethics. Very few of them (8%) knew about the existence of ethics committee and they were not happy with its performance. Relative unawareness of current bioethical issues (euthanasia) and older research ethics milestones i.e. Nuremberg code (while familiarization with more recent Helsinki declaration) stress upon the need of teaching this subject at both levels of medical education, as they themselves suggested to a question. Existence of a positive insight (7% considering themselves as responsible for medical misconduct) and desire to learn provide a fertile atmosphere where teaching of bioethics could be successfully started.

In the current atmosphere of medical management (with advanced biotechnology), frequent occurrence of ethical problems in medical practice, relative unawareness of knowledge of current bioethical issues and lack of skills to resolve ethical problems stress upon the need to develop curricula and teach bioethics at both undergraduate and (post) graduate levels in medical institutions.

Ethics Curriculum for Postgraduates in OB-GYN

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It has been realized by the medical community of Islamic Republic of Pakistan that there is an urgent need of laying structured curriculum in bioethics, both at undergraduate and postgraduate levels. Only in one private university, bioethics is included in the curriculum for undergraduate level. Due to the lack of formal knowledge our junior colleagues find it difficult to identify ethical issues and to deal with them.

This presentation describes the innovative program of designing the curriculum for the postgraduates related to the busy specialty of OB-GYN. The curriculum is designed for the duration of six months to give exposure of bioethics education to the junior doctors. The topics chosen for the curriculum include confidentiality, privacy, informed consent and issues related to miscarriage. The postgraduates will not be required to input any extra time into attending these teaching sessions as they will be conducted during their training hours.

Due to the lack of trained staff in this faculty, like-minded postgraduates and colleagues will be selected and trained so that they can be of help in the teaching program in future. Hence, the aim to establish and implement bioethics as a discipline and assisting doctors to practice ethically may be fulfilled in the OB-GYN field.

Drama and Bioethics

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This paper will review the links between drama and ethics. It offers a background on drama as an instrument for communication and explores the way drama can facilitate to teach ethics and values of cultural understanding.

For centuries, drama has been used to deal with important ethical issues, especially about religious topics. Nowadays drama is applied mainly in the education field through the Drama in Education method (DIE) or as tool for prevention. Indeed, drama can be efficient to illustrate the different aspects of contemporary issues such as disease, old age, responsibility, education and family interactions. Thus it stimulates thoughts and discussion.

This paper analyzes the way drama has been used through history and cultures, compares some different forms of drama, and how it can be used to teach ethics and finally examine what the concept of "ethico-drama" brought to this field. Through two short plays written by NN (to be performed in the cultural evening) on different bioethical dilemmas viewed from different cultural viewpoints, this paper will stimulate debate.

One play is "My career, my life, my choices…". The plays take place in Asia in a near future. Tada, a career woman spends her life devoted to her job. She has been working all her life to get respect and recognition in her field. Single and with no children she is attached to her mother. After long years of hard work, she finally gets the reward she deserves and gets promoted. This new position is the chance of a time life to show what she is able to do even if it is more challenging in terms of responsibilities and involvement. However a few months later, her mum is diagnosed with Huntington's disease.

Huntington's disease (HD) results from genetically programmed degeneration of brain cells, called neurons, in certain areas of the brain. This degeneration causes uncontrolled movements, loss of intellectual faculties, and emotional disturbance. HD is a familial disease passed from parent to child through a mutation in a normal gene. Each child of an HD parent has a 50-50 chance of inheriting the HD gene. If a child does not inherit the HD gene, he or she will not develop the disease and cannot pass it to subsequent generations. A person who inherits the HD gene will sooner or later develop the disease. At this time, there is no way to stop or reverse the course of HD. For the moment, Tada doesn't want to know and is wondering if she should get the test if she has the mutated gene and maybe find out the fatal answer.

The other play is "The responsibility of saving lives". The play takes place nowadays somewhere in Asia. A school principal is aware that his pupils tend to gain in weight. He wants to collect money to organize sessions and workshops to teach the kids how to eat well with nutritionists and psychologists and coaches. Unfortunately, despite his extensive research, he never managed to get any funds for it. One day, a big fast food company offers to sponsor him with actions like gym sessions, nutritionists and weight management. No Fast food will be promoted verbally but the different professionals will wear Fast food uniforms and distribute them to the children. Who will be responsible if the kids eat Siam Burger?

The application of PBL (problem-base Learning) in Bioethics education – my experience in General education of Medical University

- Dena Hsin-Chen Hsin, Ph.D.
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This presentation is aimed to share the experience of applying problem-base learning (PBL) in bioethics teaching, which was designed as an elective course of General education curriculum in medical university of Taiwan.

Bioethics education was featured in its multidisciplinary learning which is intended to enable the skills to identify existing ideas and beliefs, be aware of multiple perspectives, and to find out relevant information and communicate the findings to others. However, the traditional educational method, which is characterized by large class didactic lectures, is not only limiting in cultivating the attitude of self-directed learning but also deficient in integrating knowing and practicing those skills to everyday living.

PBL, a relatively new approach to teaching, has been introduced in medical schools all over the world, which has proved to provide a platform to enable students to integrate acquired knowledge and to enhance learning in real-life professional context. The philosophy behind the implementation of PBL in Bioethics teaching is to ensure every participant (students who take the course), who is a self-directed and life-long learner in bioethical issues as is expected of all health science professionals. In PBL, the use of practical problems as triggers enable student in small group to discuss and debate on the learning issues. The essential parts are that there is a practical problem presented to students in a small group and a teacher-tutor for each group who facilitates the discussion and guide students based on learning objectives of the case problem. Thus, the course materials included a general introduction of Bioethics concepts and five PBL cases, those are issues of GM food, Organ donation, animal right, genetic privacy, stems cell experiment and truth telling about terminal cancer. To make it attractive and interesting, each of them were comprised 3-4 well written scenarios and named as following titles; "Does the supposedly cheaper and better GM food make you uneasy? ", "I will do whatever it takes to keep my daughter alive.... ", "what are those animals for anyways? ", "I do have the right to refuse to know, don't I? ", "Will the paralyzed superman rise again?" and "To tell her, or not to tell her, that is the question...".

The course has ended with satisfaction from both faculty and student aspect. The monitoring and evaluation adopted for quality assurance has so far been found to be effective. We are therefore pleased to present the outcome of this trial to accompany with the project of Bioethics education.

Perceptions of Management Issues in Biotechnology in Thailand

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Over the past century, biotechnology has created great promise and new opportunities for the human community as a whole. However, biotechnology is complex, fast-moving, science-driven, expensive and ethically charged. The dangers of unqualified growth of biotech businesses and the growing interest in this business call for professional approaches to management of this particular business. Thus effort has been made by the researchers to develop a curriculum of a Biotechnology Management course, the first curriculum to be offered in Thailand at the graduate level. This research investigates the perceptions of experts, executives, and managers in leading biotech companies in Thailand regarding the topics and issues to be covered in the curriculum.

Results from the questionnaire and the interviews show that most respondents agree that there is a need for the development of biotechnology management course to prepare managers to be fluent in all areas of the management of the biotech business – fundamentals of management, strategic management, and entrepreneur ship in biotech industry, management for invention and innovation, marketing of biotech invention, financial management and grant management, creating and managing human resource in biotech business, intellectual property of biotech products, corporate governance for biotech business, and managing conflicts of interests and safety issues in biotech companies. Among these eight areas, the marketing of biotech invention appears to be the area that respondents deem the most important area to be offered in the curriculum.

In addition to the above results, an interesting, perhaps, frightening, finding learned from managers in the non-biotech companies and from the public is that about 90% of them are not familiar with the term "biotechnology" and are not sure about what the term really means. These people are not certain if they know the biotech products and/or inventions as existing and/or available in the daily life. This lack of awareness and understanding of biotechnology and its impacts might serve as an obstacle to the development of professional and ethical management and practices of biotech business.

25. Initiatives in Bioethics Education in Countries of the Eastern Mediterranean Region

Chair: Prof. Farhat Moazam

Panel abstract

The panel consists of three speakers from EMRO countries who will present three different initiatives in enhancing bioethics education. One program, introduced by the Centre of Biomedical Ethics and Culture, SIUT in Karachi, Pakistan consists of a one year long, and broad based Postgraduate

Diploma Course in Biomedical Ethics catering to health professionals of that country. The second, a Middle East focused program (based in Cairo), provides training focusing specifically on research ethics in the region. Another, initiated by the UNESCO Bangkok office, consists of efforts to involve a much broader audience in educational strategies to introduce bioethics at different levels including high schools, medical schools, and within postgraduate training. The UNESCO programs also incorporate discussions on ways of implementing the Universal Declaration of Bioethics and Human Rights, which forms an integral part of the organization's overall ethics strategy.

Disseminating Biomedical Ethics to Healthcare Professionals: CBEC Programs in Pakistan

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This paper will describe the strategy adopted by the Centre of Biomedical Ethics and Culture (CBEC) in Karachi, in enhancing national bioethics capacity. CBEC primarily targets healthcare related professionals utilizing a multipronged approach. This includes short courses, workshops, international seminars and symposia and, most importantly, a year long, part time Postgraduate Diploma (PGD) Program in Biomedical Ethics that was initiated in 2006. The PGD, run through the Karachi University, is for 23 credit hours, and is the first step towards an MA in Bioethics to be offered by CBEC in the future. Moazam will discuss the need for such a program, its modular nature that combines contact periods and long distance learning - a format that allows mid-career level healthcare professionals to enroll and complete course requirements without undue disruption of their professional responsibilities She will also present examples to show that the PGD is beginning to achieve its intended objective of introducing ethics into the educational systems in the country.

Middle East Research Ethics Training Initiative: A Program to Enhance Research Ethics Capacity in the Middle East

- Ibrahim Rahmahi[1], Maged El-Setouhy[2], Henry Silverman[3]
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This paper describes the Middle East Research Ethics Training Initiative (MERETI) which offers an eight month long Certificate Program in research ethics. The program consists of a two-month academic study period (June/July) at the University of Maryland, Baltimore, U.S.A. Trainees undertake academic courses equivalent to 8 credit hours, observe research ethics committees in action, gain practical experience in the review of research, and attend a "trainer of the trainers" program to enable them to provide education to their colleagues in their home countries. MERITI also offers a two year program leading to a Master of Science Degree in Research Ethics. Rahmahi will discuss the activities of the graduates of the MERETI program as a measure of some of the successes of the program.

UNESCO led initiatives in Bioethics Education in the Region

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This paper discusses some of the strategies employed by UNESCO to implement the Universal Declaration on Bioethics and Human Rights adopted on 19 October 2005 by UNESCO's General Conference in its 33rd session. The text, adopted by acclamation, addresses ethical issues related to medicine, life sciences and associated technologies as applied to human beings, taking into account their social, legal and environmental dimensions. In the debates during the preceding three years in its formulation and the time since, the Declaration has generated intense discussion in not only the bioethics community, but also in wider circles. One such debate on the Declaration took place at Karachi in January 2006, which generated intense discussion. In the same conference, UNESCO and CBEC organized a bioethics curriculum development workshop for schools, a first for the country and possibly the region. I will describe these initiatives and future plans to implement the bioethics declaration and foster bioethics education in the region, including those linked to the UNESCO Asia-Pacific School of Ethics, the development of open access bioethics materials, numerous bioethics meetings and training courses across the region, and the mapping of teaching curriculum through the Global Ethics Observatory (geo).

26. Environment Ethics and Code of Conducts

Chair: Prof. Jayapaul Azariah

Concerns for practicing environmental health issues among doctors and patients in Bangladesh

- Sanchoy Kumar Chanda M.D.[1], Krishna Rani Bhowmik[1], Mirza NizamUddin
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Biodiversity has a strong impact on human health, on emerging and re-emerging disease pattern and on medication as well and very much linked to changed natural environment, living conditions and life style. In last decades, Bangladesh is facing a huge degradation of environment, witnessed massive deforestation in the name of urbanization, increased number of factories and other means that polluted environment enormously, many water resources and reservoirs have been dumped for constructing multistoried buildings. In major cities, 25-30% population is now living in slums, in a very congested and unhygienic situation. There is rapid change of environment in the country, which is a big threat to human health. Practicing environmental health is important for doctors in particular, who are in the prime focus on dealing diseases. Environmental health issues have been taught in medical curriculum; however patient attitudes toward these issues have been largely ignored.

The objectives of this study were to explore doctor's attitude towards patient regarding environmental education and to examine the awareness level of patients about environmental issues, its impact on health, sources of information including doctors. Patient desire for more environmental education was also assessed. Cross-sectional data has been obtained from face-to-face interviews with a structured questionnaire with patients (n=514) and doctors (n=34) in five hospitals and ten clinics and ten garment factories in Dhaka City. Environmental issues, sources of information, and the amount of education received from their doctors were answered by patients and doctors were questioned about conveying message of environmental impacts to the patients.

Almost all patients expressed high level of concern for environmental issues, 21% of patients mentioned doctors as source of environmental information while 24% of doctors said that they really talk about environmental pollution and its impact. 63% patient said that they should know more about air and water pollution and genetically modified food related diseases etc. Patients also expressed concern about inadequate environmental education from their doctors. Another reality is revealed that doctors are mainly practicing what they have learnt from their medical curriculum, lack of involvement or training on environmental degradation and associated problems has resulted that most doctors have very little knowledge on this issues. Though there was a chapter on environment and its relation to public health in the medical curriculum, it was more general compared other topics in the curricula. 68% of doctors even can't remember what the topics were in this regard. The main source of information and education about environment has come from media, efforts from government and NGOs working on environment issues, this is true for both doctors and patients. Though some of the doctors are very much up-to-date about medical and scientific literatures on environmental issue, still they very seldom discuss this with patients.

There is huge information gap between doctors and patients regarding health impact of environmental pollution and changes where doctors have major responsibility for minimizing the gap. By discussing about environmental issues would really mean to health and lives of people, people would be able to understand need for behavioral in order to protect them from many ailments. More attention should be paid on environmental and occupational medicine in medical curricula. Doctors would be able to help people to overcome their avoidance, denial and confusion and to motivate them for good practice about environmental issues in everyday life. It is essential to inform patients on implication of environmental changes on health and therefore many tend to take the issue terribly seriously and doctors should take time and have patience to pass this message, which is a part of their ethical practice as well. It is only people will be willing to change their personal behaviours and be motivated to support policies necessary to protect the environment. At the same time it very urgent to train doctors about environmental issues and its influence on health in an attempt to talk about this critically important task.

Environmental Ethics and Sustainable Development

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The relationship between sustainability and development is always complex. It should be studied in relation to ethics. What we need is the ethical comprehensive sustainability. The very status of sustainability sometimes remains unclear. Is 'sustainability' a 'good thing' by definition or by implication? Munasinghe defines the social dimension of sustainability as follows: "The socio-cultural concept of sustainability seeks to maintain the stability of social and cultural systems, including the reduction of destructive conflicts. Both intragenerational equity (especially elimination of poverty), and intergenerational equity (involving the rights of future generations) are important aspects of this approach" (p.3 *Environmental Economics and Sustainable Development*, World Bank Environment Paper No.3, World Bank, Washington DC).

The distinction between the "Environmental sustainability" and the "development" components of sustainable development has the advantage of avoiding the ambiguities inherent in such terms as "economic sustainability" "social sustainability" and "cultural sustainability" where it is not certain what is to be sustained and how sustainability would affect environmental capital. For instance, the concept of social sustainability might be taken to mean the sustaining of current societies and their social structures when the meeting of human needs without developing environmental capital implies major changes to existing social structures. Social sustainability can be taken to mean the social measure needed to prevent social disruption or conflict, and the reduction of poverty justified by this.

The ethical assessment of economics deals with three important areas, namely social, cultural and environmental. It has been agreed that globalization always causes transformation of the economics from common economy to market economy. As for polity, it is believed that globalization would strength democracy and federalization process, promote decentralization and participatory governance, ensure transparency in administration and accountability of political leaders and bureaucrats to people, and cause downsizing of government and weakening of the State so that civil society will

come to play a larger role in the delivery of public goods. These changes in the policy are considered to be the logical correlated of the economic reform process. Thus, the reforms, on the final analysis, are meant to promote efficiency in production and distribution, and to integrate the national economics into the world economy. These changes in the profile of the economy would be accompanied by similar changes in the polity too. The changes that are likely to occur in the polity are efficiency in governance and integration of the governing units.

The civil society has emerged and was growing even while the state was tending to occupy new spaces. What is notable is that during the post-reform period the civil society is not only occupying the space vacated by the State but it is also moving into areas where the state and private sectors are operating. The opening up of the economy to foreign goods, capital and political ideas on a larger scale than before soon after the globalization has led to the realization on the part of well meaning individuals and social activists to take up the cause of the weaker sections in particular and the community in general. When the citizens became dissatisfied with the services provided by the state they organize themselves to reject state help and to provide such services more efficiently. The solid waste management in the urban areas is a case in point. In many towns and cities, citizens have with or without the help of NGO's organized door to door garbage collection and its disposal. Talking about the NGO's which is yet another important constituent of the civil society they have gone into a series of areas starting from organizing the poor and looking after the welfare of the old, disabled, widows, and street children to provide health and education facilities, drinking water, better sanitation and such other basic needs in the rural and urban areas.

Technology and Human Progress: Importance of Negative Feedbacks

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Technology is a complex tool with many faces. It is perhaps unfair to ascribe 'goodness' or 'badness' to technology on absolute terms. As Heidegger stated, when technology is manifested as "revealing" in the sense that it "brings forth" what is yet unrevealed, then it can be perceived as benign and useful for all. However, more often than not technology is an agent of "enframing" and even enslaving. It challenges Nature instead of trying to learn Nature's secrets or ways of functioning by moving in harmony with it. Instead of recognizing intrinsic values in Nature, it treats Nature as a "standing reserve", excluding all other possibilities that Nature may have. An oft-cited example is that of the use of atomic energy or the use of water's energy in large dams. Biotechnology and bio-nanotechnology would also perhaps head the same way if they are used to challenge Nature and in turn to enframe the mind and enslave the weak, the poor and the underprivileged. This negative side of biotechnology is illustrated in several case studies of the introduction of genetically modified organisms, including crops. If human societies intend to exist as self-regulated, cybernetic systems that do not exhibit violent oscillations and live in peaceful co-existence with Nature, they need to pay equal, if not more, attention to negative feedbacks, just as is done by stable and optimized natural systems. Even the latter have various forms of 'overshoots', but capitalizing on negative feedbacks to achieve cybernetic control eventually smoothes these out. It is perhaps time we learn to accept that "Nature knows best", as Barry Commoner once said, and rely increasingly on negative feedbacks to guide our advancements in biotechnology, more so because we are tinkering with life that is the culmination of several billion years of evolutionary experiments.

Scientific and Technological Advancements for the Holistic Development of Humankind

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As an after effect of the information-explosion and Himalayan advancements in technological world the question comes up: What are these advancements for? Any improvement in the existing system and any scientific and technological advancement should have a philosophical and ethical base – otherwise humankind might become a victim to its own discoveries. Hence any scientific and technological advancement should be for the purpose of improving the quality of life – quantitatively and qualitatively. Quantitatively all levels of humankind, especially the economically marginalized, should have better livelihood. Qualitatively all should enjoy the equal status with meaningful human rights for self-actualization. Any discovery or improvement of existing scientific and technical development and advancement should have the humankind as the focus. Mere scientific or technological advancement for the sake of inanimate improvement would not be of any use for the meaningful life of humankind. Hence human rights, livelihood and equity for all should be the philosophical basis of any advancement. Further the human being is the steward of the environment – Quality of human life depends on the quality of environment and hence eco-friendly atmosphere also should be kept in mind for any meaningful development.

Towards a Code of Conduct for Scientists and Engineers: COMEST and Korea

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COMEST has sought for making a code of conduct for scientists and engineers for some years. Faced with unfavourable reactions in some Western member states, it decided to utilize the UNESCO Recommendation on the Code of Conduct for Researchers of 1974 as a starting point. However, the efforts of COMEST are making little progress.

In Korea, the Korean Academy of Science and Technology carried out a study on the Charter for Scientists and Engineers supported by the Ministry of Science and Technology. The Korea Federation of Science and Technology Societies succeeded in making a short version of the Charter for Scientists and Engineers in 2004. After two years, a big scandal in stem cell research was disclosed in Korea. A detailed code of conduct for scientists and engineers is badly needed. But neither the government nor the scientific community are seriously interested in it.

27. Closing Forum and Debates on Future of Asian Bioethics Research

Chairs: Prof. Jayapaul Azariah, Dr. Soraj Hongladarom, Prof. Darryl Macer

Open Discussion and Recommendations for the Future

Acknowledgments

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Call for papers for publication

Papers should be submitted in electronic form to d.macer@unesco.org for publication in the Asia and Pacific Perspectives series that is being published by UNESCO Bangkok. From BBRT1 there are five volumes forthcoming, including *Asia-Pacific Perspectives on Ethics of Science and Technology, Asia-Pacific Perspectives on Bioethics Education, Asia-Pacific Perspectives on Environmental Ethics, Asia-Pacific Perspectives on Biotechnology and Bioethics,* and *Asia-Pacific Perspectives on Medical Ethics*. Possibly some papers from BBRT2 can be included in these volumes if received by 10 April. The reference style is the Harvard style (authors name, year), with alphabetical system. Footnotes should be minimized. English spelling is UN standard.

Send papers to the editor in electronic form if possible. Please use reference style used in News section, do not use automatic footnotes or endnotes. Papers are peer reviewed. The papers do not represent the views of Eubios Ethics Institute, or the editor or editorial board, which upholds the principles of freedom of expression.

Editorial address for papers and for *EJAIB*:
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Fax: Int+66-2-664-3772
Email: d.macer@unescobkk.org
Deadline for the July 2007 issue of *EJAIB* is **31 May, 2007**.

Next Asian Bioethics Conference

The website for ABA is <eubios.info/ABA.htm>
There were meetings of the Board and a general meeting in the ABC8 conference, held 19-23 March in Bangkok, Thailand:

Ninth Asian Bioethics Conference (ABC9): Healthy and Productive Life in Harmony with Nature, 3-7 November, 2008, Jogyakarta, Indonesia. Hosts: Indonesian National Bioethics Commission.
More details to be posted soon.

Asian Bioethics Association

Website: eubios.info/ABA.htm

ABA Membership is open to all who share the goals of developing cross-cultural and international bioethics in their region of the world.

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Persons who want to confirm their membership of the ABA must send their completed membership form (pdf version can be downloaded) to the secretary, Darryl Macer, (by Email, fax or airmail).

Membership fees are payable at any time in the year, including at the time of renewal to *EJAIB*, the official journal of ABA. Why not pay your fees atABC2007.

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The Asian Bioethics Association Constitution (adopted on 25 November,2002 at ABC4)

Article 1 (Name)
The name of this academic organization shall be the: Asian Bioethics Association (ABA). Hereafter referred to as the Association.

Article 2 (Definitions)
In interpreting this Constitution the following definitions shall be used: **Bioethics** is the interdisciplinary study of philosophical, ethical, social, legal, economic, medical, therapeutic, ethnological, religious, environmental, and other related issues arising from biological sciences and technologies, and their applications in human society and the biosphere. **Asia** is the regions, peoples, and cultures which constitute the geographically largest continent of the world.

Article 3 (Objectives)
The basic objective of the Association is to promote scientific research in bioethics in Asia through open and international exchanges of ideas among those working in bioethics in various fields of study and different regions of the world. In order to achieve this end the Association will encourage the following work and projects: (1) to organize and support international conferences in bioethics in Asia; (2) to assist the development and linkage of regional organizations for bioethics; (3) to encourage other academic and educational work or projects to accomplish their goals consistent with the objectives of the Association.

Article 4 (Membership)
4.1 Membership of the Association shall be open to any individuals and institutions sharing the objectives of the Association.
4.2 A member of the Association shall be in good standing. There will be a voluntary payment of annual dues. The Board of Directors may tentatively set the suggested annual dues at a different rate for members with different income.
4.3 Membership shall be valid unless and until they are rejected by the Board of Directors and/or by the majority vote of members.

Article 5 (the Board of Directors)
5.1 The Board of Directors shall be nominated from among the members of the Association.
5.2 Institutional or regional members may nominate delegate(s) for the Board, but the nominee, if elected, shall hold office in his or her own right, and not as a representative of the institution or the region.
5.3 The Board of Directors shall consist of no more than 15 members and no more than 3 members from any one nation state. The nation state of each member should be defined by the member on the basis of residence or nationality at the time of nomination for election.
5.4 The Board of Directors may appoint, or authorize the President to appoint, additional officers, sub-committees, executive staffs to carry out specific tasks of the Association. In particular a list of regional representatives will be maintained for promotion of the ABA.

Article 6 (the Officers)
6.1 Officers of the Association shall be the President, seven vice-presidents (one from each of China, India, Japan, Korea, South Asia (East of India), West Asia (West of India), and Asian Ethnic and Religious Minorities, and a General Secretary. They are nominated and/or elected by members of the Association. The President can serve a maximum of two years in office. The Other Officers should stand re-election every two years.
6.2 The Officers shall be responsible for the general management and the direction of business works of the Association.The President and/or Secretary shall have authority to execute, in the name of the Association, all authorized deeds, contracts, or other instruments.
6.3 The Vice-presidents shall provide secondary leadership for the Association, substituting for the President when needed.
6.4 A vice-president can be elected for a maximum of two successive terms as a vice president.
6.5 The General Secretary shall keep, or arrange to have kept, a true record of the minutes of all meetings.
6.6 The General Secretary shall have custody of the Association's funds, keep full and accurate accounts of the receipts and disbursements, and deposit all money in the name and to the credit of the Association in the depositories designated by the Board of Directors. The accounts shall be shared with all members of the Association every year.

Article 7 (Amendment of the Constitution)
This Constitution may not be amended, replaced, or annulled except by an affirmative vote of two-thirds of the members in secret ballot.

Supplemetary Note 1
The principles of this Constitution were initially adopted at the Inaugural Meeting of the East Asian Association for Bioethics held in Beijing on the 5th of November, 1995, when the Officers of this Association were also nominated.At the UNESCO Asian Bioethics Conference, 4 Nov, 1997, the Association was broadened to become the Asian Bioethics Association, and several further members were nominated.This initial Board of Directors was replaced by a new Board in November, 2002, at the Fourth Asian Bioethics Conference in Seoul, and when the Constitution was formally adopted. The 2004 election was held on 10 November 2004.

Supplementary Provision 2
The business office of the Association was placed in the University Research Center, Nihon University, Tokyo, Japan, from 1998 to February, 2002. From February, 2002 to February 2005 the secretariat and office was: Prof. Darryl Macer, Institute of Biological Sciences, University of Tsukuba, Tsukuba Science City 305-8572, JAPAN. From February 2005 the secretary and office moved to Prof. Darryl Macer, RUSHSAP, UNESCO Bangkok, 920 Sukhumvit Rd, Prakanong, Bangkok 10110, Thailand [asianbioethics@yahoo.co.nz]. The website from 2005 is eubios.info/ABA.htm. (E-mail: asianbioethics@yahoo.co.nz).

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Shaping Genes: Ethics, Law and Science of Using Genetic Technology in Medicine and Agriculture
by Darryl Macer, Oct. 1990, 421pp. Cost: US$20 UK£10 NZ$30 A$25 C$22 ¥2500 Others or credit card **NZ$30**

Equitable Patent Protection in the Developing World
by William Lesser, May 1991, 150pp. Cost: US$15 UK£8 NZ$20 A$20 C$17 ¥1500 **NZ$25**

Attitudes to Genetic Engineering: Japanese and International Comparisons (Bilingual)
by Darryl Macer, May 1992 330pp. Cost: US$30 UK£15 NZ$35 A$30 C$30 ¥3000 **NZ$40**

Human Genome Research & Society Eds: Norio Fujiki & Darryl R.J. Macer July 1992 ISBN 0-908897-03-0 (English), 230pp. ISBN 0-908897-04-9 (Japanese), 240pp. Cost: US$20 UK£10 NZ$30 A$25 C$22 ¥2000 **NZ$30**

Intractable Neurological Disorders, Human Genome Research and Society Eds: N. Fujiki & D. Macer
Feb. 1994 ISBN 0-908897-06-5 (English), 320pp. ISBN 0-908897-07-3 (Japanese), 340pp.
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Bioethics for the People by the People
by Darryl Macer,... May 1994 ISBN 0-908897-05-7, 460pp. Cost: US$30 UK£15 NZ$35 A$35 C$32 ¥3000 **NZ$50**

Bioethics in High Schools in Australia, Japan and New Zealand,
by D. Macer, Y. Asada, M. Tsuzuki, S. Akiyama, & N.Y. Macer March 1996, ISBN 0-908897-08-1, 200pp.(A4)
Cost: US$25 UK£15 NZ$30 A$30 C$30 ¥2000 **NZ$40**

Protection of the Human Genome and Scientific Responsibility (Bilingual)
Editors: Michio Okamoto, Norio Fujiki & D.R.J. Macer, April 1996, ISBN 0-908897-09-X, 210pp.
Cost: US$25 UK£15 NZ$30 A$30 C$30 ¥2500 **NZ$35**

Bioethics in India (includes 115 papers from Jan.1997 conference)
Eds: Jayapaul Azariah, Hilda Azariah & Darryl R.J. Macer June 1998 ISBN 0-908897-10-3, 403 pp.
(Printed in India) Cost: US$30 UK£18 NZ$34 A$36 C$36 ¥3000 **NZ$45**

Bioethics is Love of Life: **An alternative textbook**
by Darryl Macer, July 1998 ISBN 0-908897-13-8, 152pp. Cost: US$26 UK£14 NZ$34 A$34 C$32 ¥3000 **NZ$40**

Bioethics in Asia (includes 118 papers from Nov.1997 conferences, ABC'97 Kobe and Fukui Satellite)
Eds: Norio Fujiki & Darryl R.J. Macer Cost: US$36 UK£20 NZ$40 A$38 C$40 ¥3000 **NZ$50**
June 1998 ISBN 0-908897-12-X, 478 pp. October 1999 ISBN 0-908897-14-6 (Japanese), 320pp.

Ethical Challenges as we approach the end of the Human Genome Project
Editor: Darryl Macer, April 2000 ISBN 0-908897-15-4, 124pp. Cost: US$20 UK£12 NZ$30 A$30 C$30 ¥2500 **NZ$35**

Bioethics Education in Japanese High Schools *(in Japanese only)*
Editor: Darryl MacerApril 2000 ISBN 0-908897-16-2, 112pp. Cost: US$20 UK£12 NZ$30 A$30 C$30 ¥1000 **NZ$35**

Bioethics and the Impact of Human Genome Research in the 21st Century
Eds: Norio Fujiki, Masakatsu Sudo, & Darryl R.J. Macer March 2001 (English and Japanese bilingual, 350pp).
Cost: US$30 UK£20 NZ$40 A$38 C$40 ¥3000 **NZ$50**

Bioethics in Asia in the 21st Century Eds: Song Sang-yong, Koo Young-Mo & Darryl R.J. Macer
August 2003 ISBN 0-908897-19-7, 450pp. Cost: US$35 Euro35 UK£20 NZ$40 A$38 C$40 ¥3000 **NZ$50**

Challenges for Bioethics from Asia Ed: Darryl R.J. Macer
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