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Official Journal of the Asian Bioethics Association (ABA)

Abstract Book for the The Eleventh Asian Bioethics Conference (ABC11) / Fifth UNESCO Asia-Pacific School of Ethics Roundtable

Mundialization, Bioethics and Policy

1-2 August 2010

**Organised by the Asian Bioethics Association, the
Centre for Biomedical Ethics of the National
University of Singapore (NUS), and the Regional Unit
for Social and Human Sciences in Asia and the Pacific
(RUSHSAP), UNESCO Bangkok.**

Venue: Clinical Research Centre Auditorium, Block MD
11, Level 1, NUS.

1st August

8:20-10:20 Opening Session

Chairs: Leonardo de Castro and Darryl Macer

1-1) Welcoming Words

Paul McNeill, Deputy Director, Centre for Biomedical
Ethics, Yong Loo Lin School of Medicine, National
University of Singapore

1-2) Welcoming Words

Prof Leo Tan, Chairman, Science Sub-Commission,
National Commission of Singapore to UNESCO

1-3) Opening Words from Asian Bioethics Association (ABA)

Leonardo de Castro, President, ABA

1-4) Mundialization, Bioethics and Policy: UNESCO's Asia-Pacific School of Ethics

Darryl Macer, Regional Adviser for Social and Human
Sciences for Asia and Pacific, UNESCO Bangkok, 920
Sukhumvit Rd, Bangkok 10110, Thailand

Email: d.macer@unesco.org

Website: www.unescobkk.org/rushsap

The theme for the 2010 Asian Bioethics Conference
(ABC11) / Fifth UNESCO Asia-Pacific School of Ethics
Roundtable is *Mundialization, Bioethics and Policy*. At
first some explanation of “mundialization” will be
necessary. The term is being used increasingly in
philosophical dialogues (e.g. Macer & Saad-Zoy,
2010a,b). In this age of globalization, the easy movement
of capital, goods, technology and persons across national
borders is accompanied by an ever-widening
dissemination of diverse ideas, beliefs, values and customs
among various peoples. This cultural diffusion is
accelerating through telecommunication. Cultures, which
had claimed individual uniqueness, one from another, now
blur into one another.

The notions of human dignity and human rights
have become today part of the internationally standardized
democratic ideas that have come to represent the
interconnectivity of global survival: e.g. no human being
has the right to exercise his or her rights at the expense of
another's. Of course, this idea of human rights is not
universally accepted in the strict sense of the word.
Nonetheless, over centuries of mundialization processes, it
now encompasses every corner of the earth. Transforming
globalized ideas into our own schemata and making them
our own is accomplished through transculturation, which
is mediated through the elements in our culture's
conceptual schemata that are compatible with elements in
the conceptual schemata of another culture (Cha, 2010).

The mundialization process takes place by virtue of
transculturation through the medium of which such ideas
such as freedom, equality, social justice and human rights
positioned as the real essentials of democracy across the
world. All nations and peoples of East and West, South
and North, need to recognize, accept and act upon these
ideas as constitutive of our interpretative schemata for
understanding political and social reality.

In ongoing discussions of bioethics, which recognize
the ancient origins of bioethics concepts across all regions
of the world, though our biological, social and spiritual
heritage, we need to examine how the commonalities of

past ethical principles and behavioural patterns, which later separated into variations as our species spread across the globe, have been also intermingling and mundializing over the past millennia. Perhaps these saving seeds of our humanity need to be further sown and cultivated in the global garden, if humanity is to survive global challenges such as climate change, biodiversity loss and population size. What are the implications for these processes for policy related to bioethics? We hope that many ideas and lessons from policy and realities in different countries will cross-fertilize between cultures as we develop methods to implement international policy between cultures.

The UNESCO Asia-Pacific School of Ethics is a network of active researchers across the Asia-Pacific region that are involved in cooperative activities with RUSHSAP in bioethics and ethics of science and technology. Since the launch of the School in 2005 this regional network meets regularly. Since the Second UNESCO Asia-Pacific School of Ethics Roundtable, the network meeting has also coincided with the Asian Bioethics Conference. The First Asian Bioethics Conference was the UNESCO Asian Bioethics Conference convened in 1997 in Kobe, Japan.

References

- Macer, DRJ. and Saad-Zoy, S. eds. *Asian-Arab Philosophical Dialogues on War and Peace*. UNESCO Bangkok 2010.
- Macer, DRJ. and Saad-Zoy, S. eds. *Asian-Arab Philosophical Dialogues on Globalization, Democracy and Human Rights*. UNESCO Bangkok 2010.
- In-Suk Cha, The Mundialization of Home: Enabling a Consciousness of Multi-Identity, in Macer, DRJ. and Saad-Zoy, S. eds. *Asian-Arab Philosophical Dialogues on Culture of Peace and Human Dignity*. UNESCO Bangkok In Press.

1-5) Bioethics and Family in the Japanese Society - Its Changing Role

Rihito Kimura, Ph.D.

President, Keisen University, Tokyo, Japan

Email: rihito@keisen.ac.jp

This presentation will examine the ways in which cultural context influenced the development of bioethics in Japan. To this end, it is important to understand the concept of "human relationships" in Japanese cultural traditions. One of the cornerstones of those human relationships is the family. A review of case studies in "truth telling" in cancer diagnosis, as well the recent trends in the care for the elderly show the shift in the role of family in Japan. Most recently, the new Japanese Organ Transplants Law, which came into effect on 17 July 2010, gives the family a more positive role in donating organs from brain dead family members. Even as shifts can be seen in the role of family, the underlying traditions still play a very strong role when discussing the universal principles of bioethics in Japan.

1-6) A Confucian Model of Physician-Patient Relations

Shui Chuen Lee, Ph.D.

Professor, Graduate Institute of Philosophy, National Central University, Taiwan

Email: shuiclee@cc.ncu.edu.tw

In contrast to the West, the traditional Chinese conception of a "Confucian doctor" takes an intimate

relation with a patient as a merit. Physicians have to regard the patient as one's own intimate family members rather than an impartial and detached attitude. The merit of such a relation is to enhance the care and concern of the physician and the building up of the trust of the patient towards the physician. This paper first clarifies the meaning of such a relationship and how it prescribes the professional code in a different but appropriate behaviour in clinical situations. It is argued that this relationship provides a better model for the service of the patient and her family than the contractual or contractarian model of the West. Finally it prescribes certain modifications of a medical education program for future physicians and nurses.

1-7) Bioethics as a Force Creating a New Culture

Qiu Renzong, Ph.D.

Centre for Applied Ethics, Institute of Philosophy, Chinese Academy of Social Sciences

Email: qiurenzong@hotmail.com

As bioethics has been expanding to all over the world, especially to the countries with a culture quite different from the one in the countries from which bioethics was originated, the issue of the relationship of bioethics with culture has been raised repeatedly. However, we have to explore the definition of bioethics first and try to clear up the confusions and ambiguities around the concept of bioethics with hope that the rational and normative property of bioethics could be defended. The success of bioethics caused an ambition to build "global bioethics" (echo with "universal ethics") which is proved to be another ambiguous and confused concept. The expansion of bioethics did prove that there are common values in different cultures, these may be called "universal values", but these are not sufficient to build an overarching bioethical theory in which we can find solutions to all bioethical issues we face. The same is that the efforts some Confucians made are in vain, when they want to turn Confucianism into a magic theory to solve all issues we face. There must be a variety of paradigms in bioethics instead of a unique overarching theory on the basis of different worldviews or/and different philosophical theories in cultures. But doing bioethics is not as flying a kite, rather it is like riding a bicycle. Each bioethical issue is local, to find a solution of bioethical issue we have to start from the reality and take local socio-cultural factors into account while applying universal values or principles as guides. The tension between universal values or international guidelines and local culture could be properly handled by a reconciliation approach, and it will lead to "harmonious but diversified" (he er bu tong) situation in bioethics. Bioethics is a force creating a new culture in which Snow's conflict of two types of cultures (science and humanism) will be dissolved, and in turn it provides an exemplar to deal with similar conflict in other fields such as green economy.

Self – introduction of Participants

10:20-10:40 Tea break

10:40–11:50 Session 2: Panel on Brain Research and Neuroethics in Asia

Chair: Professor Miyako Takagi, Japan

Professor, University Research Center Nihon University, Tokyo, Japan.

Email: takagi.miyako@nihon-u.ac.jp

2-1) Brain-Machine Interface as Prosthesis: An Ethical Analysis

Michio Miyasaka, M.D.

Associate Professor, School of Health Sciences, Faculty of Medicine, Niigata University, Japan

Email: miyasaka@clg.niigata-u.ac.jp

Website: <http://www.clg.niigata-u.ac.jp/~miyasaka/e/index.html>

Brain-machine interface (BMI) is a category of new technology, which enables us to convert internal/neural information into external/functional control and to transduce external/functional information into internal/neural activities. Ethical arguments over BMI have often been connected with the potential impact of the technology on human nature and its integrity. In that context, BMI has been regarded as a threat to personal identity and autonomy in compensation for the enhancement of physical and brain function. However, BMI can be regarded as social *resources* to enhance the capability of people with disabilities. For instance, it can be utilized as *prosthesis* to recover paralyzed patient's physical performance. BMI can also benefit caregivers of the elderly; they can assist with getting up and taking a bath with the aid of BMI. In the light and shade visions of BMI, ethical consideration needs wide range of perspectives covering normative and empirical ethical viewpoints. I will illustrate my argument with clinical applications of BMI to patients with neurological disabilities in Japan.

2-2) Encouraging scientists to be more ELSI concerned: Bench-side consultation for BMI researchers.

Osamu Sakura, Nozomi Mizushima and Akira Akabayashi
Professor, Interfaculty Initiative in Information Studies,
University of Tokyo, Japan

Email: sakura@iii.u-tokyo.ac.jp

The Japanese national project of brain-machine interface (BMI) started on 2008, which is a part of Strategic Research Program for Brain Sciences (SRPBS). We take part in the ELSI team of the project and launched a bench-side ethics consultation service (BECS) for scientists. This is for the ELSIs during research and development, not for the assessment of research programs before the start of project. We follow the Stanford system with slight modifications which enables us to provide a reply within a few days. During a one year trial, August 2008 - September 2009, we consulted on eleven cases including the method of informed consent (four cases) and of outreach activity (three cases). As well, after official start we have consulted one or two cases per month. We could succeed in almost all cases so that the researchers evaluated positively and have been satisfied with the consultation. BECS is not only the clue to solve ELSIs but also very useful opportunity to encourage scientists to be more concerned of ELSIs and to be more active to tackle

with them by their own initiative. Thus BECS is effective way to realize more actual and useful bioethics.

2-3) Safety and Neuroethical consideration of Deep Brain Stimulation as psychiatric or dementia treatment

Miyako Takagi,

Professor, University Research Center Nihon University, Tokyo, Japan.

Email: takagi.miyako@nihon-u.ac.jp

Deep brain stimulation (DBS) is a neurosurgical treatment which stimulates the brain with mild electrical signals. The signals reorganize the brain's electrical impulses, causing improvements in symptoms in a number of conditions affecting the brain. DBS is used to treat a variety of disabling neurological symptoms—most commonly the symptoms of Parkinson's disease (PD). Lately DBS treatment is starting to be used for various psychiatric disorders, such as depression, Obsessive-Compulsive Disorder or Tourette's Syndrome. In Japan, DBS for Tourette's Syndrome is starting clinical trials.

While many clinical trials in DBS are being conducted on psychiatric disorders in developed countries, it has only been tested in a few patients for other conditions such as Alzheimer's disease, obesity, a minimally conscious state after a traumatic brain injury, anorexia and addiction. Though the data are intriguing, there is insufficient evidence to support DBS as a therapeutic modality for these conditions. We must examine the safety of such therapies, and clarify the conditions for proper application of the DBS technique. On the other hand, some scientists are warning that the neural device such as DBS will introduce a "brain hacking". In spite of this risk, neural devices aren't created with security. We should consider neurosecurity as well as neuroethics.

11:50–13:10 Session 3: Panel on Do we Need a Law to Realize the Goal of Governance and to Justify the Biobank Development Efforts?

Chair: Fan Chien Te, Ph.D.

Professor of Law, Institute of Law for Science & Technology, NTHU, Taiwan

Bioethics & Law Center, NTHU, Taiwan; Adjunct Professor, College of Public Health, NTU, Taiwan

Email: fanct@ms31.hinet.net

After more than five years in effort, Taiwan Biobank development has found its first morning light. On 7 January 2010, the crucial legislation of Human Genetic Data Protection Act (HGDPA) was passed in the Legislative Yuan of Taiwan. It entered into force on 3rd February. It's been the major break-through since Taiwan government started her move to pursue a large scale population-based genetic database development in 2004. The project was part of Taiwan's national research program to promote Taiwan as "An Island of Biomedicine." In the past 5 years, the project was kicked off by a Feasibility Study, followed by a four-year term Pilot Study. Now, the year 2010 will be the end of the Pilot Study. Hopefully, the real Biobank development will be initiated soon subject to the provisions of HGDPA.

Learning from this long period of research efforts, public communication, trust building, autonomy, consent mode, privacy protection, benefit sharing, public access, operation regulation and ethics governance framework are all issues. Now, Taiwan has turned all her experiences into the legislation. Future Taiwan Biobank development shall be governed by the HGDP and Ethics Governance Rules promulgated according to the Act. In addition to the introduction of new Act, the former Taiwan Biobank Governance experiences together with highlights on auditing, the issues and challenges encountered post legislation, and local indigenous people issues will be covered in this panel session, so as to share with colleagues who are interested in Biobank and/or large scale genetic database development.

3-1) The Enactment of Human Genetic Data Protection Act in Taiwan as the Legal Foundation to Govern the Biobanking Efforts

Fan, Chien-Te

Professor of Law Institute of Law for Science & Technology and Bioethics & Law Center, NTHU, Taiwan
Email: fanct@ms31.hinet.net

3-2) The Enforcement of Taiwan Biobank Governance—An Abstract of Auditing Report

Lin, Jui-Chu

Professor of Law, The Department of Humanities and Social Science, National Taiwan University of Science and Technology
Email: reju@ms31.hinet.net

3-3) Legal Perspectives on the Possible Extensive Coverage of Taiwan Biobank Legislation— Taking the Participant's Informed Consent as an Example.

Chen, Ju-Yin,

Assistant Professor of Law, Department of Law, Hsuan Chuang University, Taiwan
Email: pio362@yahoo.com.tw

3-4) The Theory & Reality of Benefit-Sharing in Biobank Governance

Lee, Chung Hsi

Assistant Professor of Law, College of Law, Chung Yuan Christian University, Taiwan
Email: chlee@cycu.edu.tw

3-5) Genomics, Biobanks and Governance: Challenges for Taiwan Biobank – The Case of Indigenous Peoples

Yen Shang-Yung, Ph.D.

Dept of Management of Technology, Feng Chia University,
Email: syyen@fcu.edu.tw

Shawn H.E. Harmon,

Research Fellow, AHRC, School of Law, University of Edinburgh,

Email: sharmon@staffmail.ed.ac.uk

Tang Shu-Mei,

Associate Professor, Financial & Economic Law, Asia University

Email: tangshumei@asia.edu.tw

3-6) Altruism and Biobanks: Securing Stable Participation

Chen, Kuan-Hsun,

PhD Candidate, School of Law, University of Edinburgh, UK

Email: neo.kh.chen@gmail.com

This research aims to demonstrate the necessity of respect for human subjects' collective altruistic

expectations in the context of population-based biobanking and argues that scientists benefiting from human subjects' donations should make a proportional effort to meet such altruistic expectations. It focuses on Taiwan's national biomedical project of human genetic databases and analyzes present friendly public attitude towards the biobanking with current survey findings. It dissects the public's altruism and deduces how human subjects will react if their collective expectations are not to be met. The analysis finds that participants will probably withdraw from the biobank if their collective altruistic expectations are not to be realized. The collective altruistic expectations can considerably influence the stability of subjects' participation and cause troublesome issues of fairness. In conclusion, a normative mechanism to safeguard subjects' collective altruistic expectations is arguably necessary.

Discussion

13:10-14:10 Lunch

14:10 – 16:25 Session 4: Globalization and Mundialization in Asian Bioethics

Chair: Song Sang-yong and Abhik Gupta

4-1) Intellectual Property Rights and Developing Countries

Arif Hossain,

Vice President, Bangladesh Bioethics Society, Bangladesh
Email: ykhsmh@yahoo.com

Shamima Parvin Lasker,

Professor & Head, Department of Anatomy, City Dental College, Dhaka, Bangladesh

Email: splasker04@yahoo.com

Knowledge is the versatile outcome of human intellect. The Intellectual Property Rights (IPRs) system is considered from economic and legal aspects as the ownership rights for the excessive use of innovation and creative work to encourage innovation, promote investment in S&T and make the technologies for public benefit. But history shows that from the time of industrial revolution in Europe and during twentieth century in the North America and Japan, IPRs have contributed to the S&T driven economic growth. Therefore, there is a fair and consistent relationship between the strength of IPRs and per capital income. A recent study of World Bank suggested that the major beneficiaries of IPRs in terms of enhanced value of patents are the developed countries (e.g. the USA alone made an annual gain of USD 20 billion), while developing countries face an annual loss of 7.5 billion on royalties and license fees. Moreover, there is no exact relationship between the IPRs and economic growth for the developing countries, while indigenous technological capability is a significant determinant to economic growth and poverty reduction. Developed countries and business corporations who benefited directly from the IPRs regime insist on implementation of strong IPR protection for all countries. The need for strong protection of IPRs for developing and least developed countries are discussed. Will strong IPRs for all countries lead to transfer of wealth from poor countries to rich countries, and further widen the economic divide? This is a major ethical concern.

4-2) The Way of Asian Bioethics

Michael Cheng-tek Tai,

Professor of Bioethics and Medical Humanities, Founding Dean, College of Medical Humanities & Social Sciences, Chungshan Medical University, Taichung, Taiwan
Email : tai@csmu.edu.tw

"What Heaven imparts to man is called nature. To follow our nature is called the Way. Cultivating the Way is called education. The Way cannot be separated from us for a moment. What can be separated from us is not the Way" (Confucius)

"Look to your own duty, do not tremble before it, nothing is better for a warrior than a battle of sacred duty....Perform necessary action, it is more powerful than inaction. Without action you even fail to sustain your own body" (Bhagavad Gita)

It is not easy to discover exactly what Asian people are thinking. Asia as a whole is characterized by the widest cultural diversity. Asia is not one but many. To add to the complexity, all of Asia, by the impact of rapid development, is caught in a web of social revolution and Asian people are searching for a new identity and a fuller human life. Therefore a search for an Asian bioethics must be done through relating to the cultural past and to the changing cultures of the present.

Many cultures shape Asian minds including Hinduism, Buddhism, Confucianism, Taoism, Shintoism, Islam, Christianity and other religions. This cultural diversity reminds us that an easily identifiable Asian bioethics is not easy to be found but when we look into the Asian ethos, in spite of its plurality, we can discern common features that Asian cultures emphasize -- humanization and harmonization between a human and fellow humans (Confucianism, Hinduism, Buddhism), between humans and other parts of nature (Hinduism, Taoism, Shintoism, Confucianism), between humans and ultimate reality (Hinduism, Shintoism, Islam).

Bioethics Demonstrated in Asian Ancient Healers

a. Confucian Healers

When we delve into the medical records including the anecdotes of the famous healers of the past, we find the ancient healers of Asia held similar norms and behaved with a certain demeanor in their lives. These norms and demeanor founded Asian bioethics on that the Asian healers practiced their arts of healing. They might not take an oath to pledge how they would behave as healers but the invisible code of ethics had been demonstrated through their lives. One of the most distinguished norms that we find was compassion.

Hua-tow was a famous physician in Chinese history. Throughout his life, he demonstrated this virtue of compassion wherever he went. This virtue had become part of him that whenever he saw a sick person, he would extend his art of healing to save life regardless if he was paid or not. Here is a story:

"In a heavily raining evening, physician Hua-tow was forced to rest in an inn in his trip to a country side. A small boy's harsh cry coming from next door awoke him. As he listened to the sound of the cry, he immediately sensed that this small boy was sick with a serious illness that could cost his life if untreated. He knocked the door from where the cry came, saw the sick boy and found that the boy was indeed seriously ill and must be treated right away. He volunteered himself to search for a certain herb medicine that night. The inn keeper and the boy's parents offered to go themselves but Hua-tow insisted that only him could recognize and find the herb. He went out and searched the right herb. After much difficulty, he found it and brought it back and prepared it to treat the boy. He also showed the parents how to

identify the herb and advised that the herb should continuously be given to the boy till his complete recovery. The cough was suppressed that night and boy's life saved. Next morning as the boy's parents went to thank Hua-tow's timely treatment, he was nowhere to be found. Inn keeper said that he left early in the morning. Since the village was called Pai, the herb was given the name Pai-chien (in front of the village Pai) in memory of this great physician." [1]

This story clearly demonstrates the compassion has been part of Chinese medical healers and a norm of Asian bioethics. Another example also reveals yet another bioethical virtue in Asia :

"Tong-hua was a physician during the Warring State. He treated his patients with compassion regardless if he/she was able to pay. The poor who were treated yet unaffordable to pay, would be told to plant almond tree by the hill as a form of payment. Tong-hua suggested that the number of tree to be planted depended on the seriousness of illness, the more serious case, for instance, five plants if affordable, or less or even one. As the years went by, the hill was covered with hundreds of almond trees. Tong-hua would pick the fruits yielded from the trees to help the poor. Whoever needed the fruit could also come to harvest yet only to the amount of their needs. These almond trees and fruits had actually helped and saved many people. This is why in Chinese language, the word almond (杏) stands for " medicine"." [2]

This story again reveals the principle of compassion and also of justice in Asian bioethics that whoever needs medical attention should be treated and whenever a treatment is received, some form of gratitude must be given. The patient must pay in the way he/she can afford such as planting the almond trees that eventually benefited the whole village. Tong-hua set an example that he would treat the sick regardless of social status, financial affordability but the patient was also expected to pay the favor received back in some way.

Sun Szu-miao perhaps was the first Chinese physician regarded as a bioethicist. He wrote his "Great Physician's Manual in 7th century in which he said: *"A great physician must be tranquil, free from desires and accountable of what he does. To be compassionate is the first requirement of physician who must be devoted to treating the ill and helping whoever is in need."* [3] Sun also said that human life is heavier than thousand pounds of gold thus a physician should not have the excuse not to treat the ill. Almost all of the principles of Western bioethics can be found in Sun Szu-miao's work. These above-mentioned examples prove that Asian bioethics has been there for a long time.

b. Indian Medicine

Atharvaveda is known as the fourth veda in Hinduism It is a collected poetry of a popular medicine man who aided individuals in their homes with rituals to alleviate personal and family crises. His rituals were usually intended for times of illness, but atharvan also had materials for protection against demons and sorcerers, spells for securing the affection of lovers and the birth of children...etc. The attention to this magico-religious tradition has later been shifted to a more empirico-rational medicine of Ayurveda. Ayur means life and veda knowledge or science. Deepak Chopra explained that *"Ayurveda is the science of life and it has a very basic, simple kind of approach which is that we are part of the universe and the universe is intelligent and the human body is part of the cosmic body, and the human mind is part of the cosmic mind, and the*

atom and the universe are exactly the same thing but with different form and the more we are in touch with this deeper reality, from where everything comes, the more we will be able to heal ourselves and at the same time heal our planet.” [4]

Many Ayurvedic practices were handed down by word of mouth and were used before there were written records. Two ancient books are thought to be the first texts on Ayurveda – Susruta Samhita and Caraka Samhita which was edited by Caraka around 100 A.D. It is important to note that Caraka considers mind, body and spirit as tripod supporting the world structure and defines long life as the goal of medical science. Seeking a balance within the body and the mind, between an individual and the rest of the world, is the key to a healthy good life. According to him, successful medical treatment crucially depends on four factors; the physician, substances (drug or diets), nurse and patient. The heart of therapeutics is the employment of the strengths of these total quadruple in order to reestablish equilibrium and thus gaining health for balancing the mind, the body and the spirit. These quadruples are [5] :

1. physician who needs to have a clear grasp of the theoretical content of the science, a wide range of experience, practical skill and cleanliness;
2. drugs or substances that needs to be abundant, applicable and use repeatedly to be in efficacy,
3. nurse/attendant must possess knowledge of nursing technique, practical skill, attachment for the patient and cleanliness. Caraka also states that care-giver should also be of good behavior, possessed of cleverness, imbued with kindness... and skillful in waiting upon one that is ailing and never unwilling to do anything that may be required.
4. patient has to have good memory able to describe the symptoms and more importantly, he must be obedient to the instruction of the doctor. Patients are classified by body type which are determined by proportions of the three doshas. The doshas regulates mind-body harmony. Illness and disease are considered to be a matter of imbalance in doshas. Treatment aims at restoring harmony and balance to the mind –body system. [6]

Ayurveda has long been the main system of health care in India, although western medicine is becoming more widespread especially in urban areas. About 70 percent of India's population lives in rural areas and about two thirds of them still use Ayurveda and medical plants to meet their primary health cares needs. Ayurveda and variations of it have also been practiced for centuries in Pakistan, Nepal, Bangladesh, Sri Lanka and Tibet. [7]

Ayurveda sees the person as grounded in nature, a microcosm within the macrocosm. Diet, soil, season, time and place... are all factors that effect a person's being. Since a person is a composition of physical, mental, social and spiritual elements, keeping balance of all these is important. Ayurveda views the person as an integrated whole and not just an aggregate of several body parts.

In regard to ethics, Caraka states that besides competence and of good character, a physician must be compassionate and friendly toward his patient and make the patient the focus of his practice. [8] To a young doctor Caraka Samhita says: *“when you join the medical profession ... you should always think of the welfare of all living beings... you should make effort to provide health to the patient by all means. You should not think ill of the patient even at the cost of your life.”* [9] One interesting note of Caraka's instruction is what to tell patient especially when death is fast approaching. Caraka says: *“the physician though observing the signs of death, should not disclose the approaching death without having been requested for. Even on request, he should*

not express it if it is liable to cause patient's death or affliction to some body else.” [10] [11]

Obviously, Indian medicine regards life as sacred and the bioethics derived from it upholds the values of compassion, competence, respect and good character on the part of physician and veracity, obedience and health-preservation on the part of patient. All these are derived from the belief in a harmonious relationship of the microcosm to the macrocosm, the value of respecting all life, to be kind to patient, and not think ill of the patient in anyway... etc.

Humanization as the Goal of Asian bioethics

a. Confucian perspective

Humanization can be understood as the process where human life and his dignity are affirmed in the context of human relationship. Asian sage, Confucius' primary concern was to create a good society based on harmonious human relations. To this end he advocated the importance of virtue and moral example and taught that each person must cultivate his inner good for the sake of others. He encouraged each person to cultivate Jen (benevolence), and the criterion of its result is weighted by righteousness as opposed to profit. Here we see two virtues, Jen that is internal and righteousness that is external. In other words, he advocated that one wishing to establish his own character must also establish the character of others and wishing to be prominent himself must also help others to be prominent. In these balanced and harmonious aspects of the self and society, Jen is expressed in terms of conscientiousness and altruism. For the family he particularly stressed filial piety and for society in general, proper conduct or propriety (Li). To Confucius, a humanistic foundation is based upon some fundamental concepts such as the Rectification of names, the Mean, the Way, Heaven and Jen (humanity). [12]

In insisting on Rectification of Names, Confucius advocated not only the establishment of a social order in which names and ranks are properly regulated but also the correspondence of words and action, name and actuality. By the Mean, it means not only moderation, more importantly, is balance, the harmony of Yin and Yang and that of substance and function. In Heaven, Confucius asserts that Heaven is purposive and is the master of all things. He repeatedly refers to the Mandate, Will or Order of Heaven according to which civilization must develop and men should behave. In all these, Confucius made Jen the main theme of his teaching. In the Analects' fifty eight of 499 chapters are devoted to the discussion of Jen and the word appears 105 times, no other subject, not even filial piety engaged so much attention of the master. He transformed Jen as a particular virtue into a general virtue that every human kind must develop and hold. [13] Thus harmonious relationship based on Jen among people abiding to the Mandate of Heaven is the center of Confucian teaching. Promoting a harmonious relationship between physicians and patients, biotechnology and human body therefore form the essence of Asian bioethics from Confucian perspective.

b. Hindu Perspective

The highest good in Hinduism is moksha. In order to reach this goal, a person must observe the dharma of life. Moksha may denote an individual pursuit of freedom from earthly fetters. It however, demands a self discipline willing to renounce egoistic desires. This is similar to Confucian teaching of Jen that one must know his place in life according to the Rectification of names and live accordingly without being selfish considering only his own interest. A person not in harmony with his fellow men, society and nature cannot reach moksha. A physician who

cares only his benefit and treats his patient without compassion is far from the state of moksha.

Moksha however cannot be realized unless one is morally qualified by living a life that is characterized by truth, non-violence, sacrifice and renunciation. According to Adhikara, one must be free from bias, self-interest and double standards when pursuing truth. It implies that a physician cannot be pretentious, self-centered, arrogant, quarrelsome but kind, compassionate and caring regardless who his patient is. [14] To help patient experiences humanness in order to holistically be healed becomes the goal of this bioethics. Thus we can say that Asian bioethics sees the process of humanization in clinical care as the aim of medicine. Physicians have a duty to provide a way for those who are not well so as to experience a holistic wellness. This duty is implied in the concept of dharma in Hindu thought.

Dharma signifies that which upholds or embodies law, custom and religion. It can also be understood as responsibility and is bound by virtues. For one to abide in dharma he must realize that life itself is sacred. There are three dimensions of dharma, namely, Asrama dharma, Varna dharma and Sadharana dharma. Asrama dharma provides the framework within which an individual may express the total needs of one's personality. These needs are incorporated within the doctrine of the four values of life that are identified as success, passion, virtues and self-perfection. There are four stages, students, householder, forest dweller and sannyasin (hermit). Each stage has certain duties that a person must fulfill before advancing to another. Varna dharma shifts from the ethical organization of the individual to the ethical organization represented by varna dharma. Realistically speaking, all persons are not born equal, they differ in their talents and callings and thus each bears different duties accordingly. Sadharana dharma binds upon human on human that common duties are so named independent of caste and station in life, for instance, steadfastness, forgiveness, veracity, charity, truthfulness, benevolence...etc.

The Hindu text of Bhagavada Gita, the most influential religious text in India, describes the dilemma a great warrior, Arjuna has faced. This sensitive warrior is contemplating the grim duty that Hindu society requires of his caste and he recoils at the thought of the evils that will follow and of the guilt that its performance may entail. He is bound by duty to fight the forces of his enemy and he reflects with horror on the injuries and disorder that his fighting will produce. Being confused about what is right, he asks for the advice of Krishna who is serving as his chariot driver, but actually the incarnation of the ultimate reality. Krishna responds first with a precise argument that disgrace descends on all who flee their duties. He said if we perform the duties of our stations simply as a service to God and with no desire to make any personal gains, those acts will have no real connection with us in the operation of the processes of retribution. [15] In other words, fulfilling one's duties precedes all other things. Disgrace falls to those who fail to do so.

Applying this teaching to medical ethics, obviously, it calls for physician to be answerable to their duties. If the missions of physician are to heal the sick, to reduce the pain, to comfort the uncomfortable, to prevent illness from spreading and to promote healthiness, physician must try his best because it is a dharma for him.

Conclusion

Hinduism clearly gives us a good bioethics of respecting life and being responsible while Confucianism asserts that promoting a harmonious relationship in all medical settings based on

compassion is what physician must strive for. Dharma and Jen are the two key words that stand up for this Asian bioethics.

In Hinduism, the respect for life can be attributed to the teachings on Samsara and Ahimsa that all life is One and sacred. No one is superior than another and everyone must refrain from hurting others. As a physician, one should treat all coming to him kindly and avoid inflicting any harm. Three basic principles of Hindu philosophy and religions that contribute to this bioethics are:

1. the transcendent character of human life expressed through the principles of the sanctity of life and quality of life.
2. the duty to preserve and guard individual and communal health
3. the duty to rectify imbalances in the processes of nature and to correct and repair states that threaten life and well-being, both of humans and non humans. [16]

Both Confucianism or Hinduism, uphold that life is sacred and must be guarded with respect. A health professional is expected to do all that can be done to fulfill this duty to bring forth harmony within the earth. Thus any medical procedures and biotechnology that sustain, enhance and promote humanity and harmony are deemed as ethical. Asian bioethics values the virtues of compassion, ahimsa (do no harm), respect, dutifulness and righteousness and these are the principles of Asian bioethics.

Asian bioethics concurs to the words of Prof. D. S. Sheriff, a former professor at VMKV Medical College in Salem, India, that *"Respect, caution and proper vision must guide those in authority to see that humans are not dehumanized and disrespected. Commercialization and materialistic approach to every sphere of life and profession may erode the basic values of human life and destroy the social fabric of a system built over the years by our ancestors.... It is imperative that medical technology and medical education must be guided by sound ethical values to upkeep the nobility of the profession and the sanctity of human life."*[17]

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4-3) Eastern worldviews of bioethics

Ravichandran Moorthy, Ph.D. and Sivapalan Selvadurai, Ph.D.

Faculty of Social Science and Humanities, University Kebangsaan Malaysia (National University Malaysia), 436000, UKM Bangi, Selangor, MALAYSIA

Email : drravi5774@gmail.com

There is a preconceived notion that bioethics is a product of Western thinkers, especially stemming out from the modern philosophers in the likes of Locke, Kant and others. Their thoughts frame the nature of social, political and ethical dimensions of philosophy in the modern era, eventually being prescribed as global values for humankind. The spread of Western influence to the East through trade, colonialism and later diplomacy enable Western precepts of philosophy and bioethics to gain ground in the Eastern societies. However, the East is no alien to philosophy and worldviews either, the Hindu-Buddhist tradition and Confucianism have existed and formulate human existence and wellbeing in Asia for centuries. Bioethics principles can be seen in the discourse and teaching of Confucius, Buddha and other Hindu thinkers. These Eastern discourses are rarely known in the West. It should be noted that Western prescription of bioethics is not always congruent to the Eastern societies. Therefore, the Western constructions can be problematic to the Eastern cultures. This article examines the significance of bioethics principles that are enshrined in the worldviews and societal practices of the Eastern communities, especially in the Hindu-Buddhist and Confucian traditions. To examine this theme, the article is divided into three sections. Firstly, it examines the nature of contradictions between these worldviews. Secondly, it discusses the bioethics principles enshrined in the Hindu-Buddhist and Confucian traditions. Thirdly, it provides a concluding analysis on 'how and why' certain Eastern precepts of bioethics are more useful to explain current issues like sustainability and human dignity.

4-4) A Bioethical Reading of Mahatma Gandhi's Satyagraha

Jose Ma. Ybanez Tomacruz, Ph.L, EMMB,

Associate Professor, Ateneo De Davao University, Jacinto St., Davao City 8000, the Philippines

Email: ybanez.tomacruz@gmail.com

Mahatma Gandhi's *Satyagraha* is more forthrightly known in the social and political language. Yet, Gandhi himself said that his politics is but an expression of his religion, of his ethics. Ergo, *Satyagraha*, is essentially ethical. As such, *Satyagraha* can therefore also be woven into the Bioethical fabric. Though many claim modern bioethics was born in the Western world, eastern/oriental cultures already had, definitely even before the ancient Greeks (as earliest representatives of western thinking), coherent and systematic notions about sickness, diseases,

healing, handicaps, aging, mores, ethics and other related ideas used by bioethics. However, because the contemporary medicine and science where modern bioethics emerged are largely products of western civilization, so eastern or oriental thinking hasn't yet significantly informed bioethics as much as Western thinking does. Ergo, this research is a means of integrating, or as the theme of ABC11 essays, mundializing Mahatma Gandhi's *Satyagraha* into contemporary Bioethics. *Satyagraha* has several tenets. However, this paper shall deal only with its two most fundamental ones: *Satya* and *Ahimsa*. *Satya*/Truth, Mahatma Gandhi says, posits spirituality and centrality in one's life. *Ahimsa*/Non-violence and the *co-principle* of *Satya*, makes *Satyagraha* not passive but an active creative power.

4-5) Reflections on sex selection in Asia

Napat Chaipraditkul,

RUSHSAP, UNESCO Bangkok, Thailand.

Email: n.chaipraditkul@unesco.org

In this paper I refer to sex selection as the selection of embryos or fetuses by gender preferences. Human preferences and prejudices can interfere with the process of natural selection due to the notion of perfection and personal ideas. In many cultures, the preferred gender is male because of the physical strength. Women are culturally abused by social expectations towards females. As documented by previous studies the countries in Asia with the strongest sex selection are India and China. The ideas are rooted in ancient traditions.

In China, for example, Confucius said: "There are three unfilial acts: the greatest of these is the failure to produce sons." (Confucius.¹). In India, the ordinance of Manu², a Hindu religious law said, "In her childhood, a girl should be under the will of her father. In her youth, of her husband. Her husband being dead, of her sons. A woman should never enjoy her own will." People in each society agreed on social norms in their own frame of culture, religion and states. We are truthfully accustomed to consider the preferred sex of our children., as we perceive the images of our like or dislike. Globally the Asian region has a notorious reputation for a high tendency of sexism against girls. For instance, due to female gendercide in India, in some states the ratio at birth is 800 girls to 1,000 boys.

Sex selection preferences are the root of sex selective abortion and can lead to the imbalance of sex ratio in countries that allow it.

To understand the ideas in Thailand we reviewed literature, and interviewed medical specialists. Some comments will be discussed, as well as responses from asking ordinary people of reproductive age questions regarding gender preference. A significantly greater proportion of persons said they preferred boys, compared with those who preferred girls, and less said they had no preference. There are some reasons given regarding their

¹ Confucius

²Lloyd Duhaime, 200 B.C. – Laws of Manu .(16 March, 2008) ,latest updated 30 October 2009, retrieved from <http://www.duhaime.org/LawMuseum/LawArticle-297/200-BC--Laws-of-Manu.aspx>

specific sex preferences and those who prefer either boys or girls. For example:

1. Boys are easy to raise they do not need too much attention and caring.
2. Baby girls are more adorable than baby boys
3. Boys are cute
4. There is no point having girls, nowadays the cost of living is so high, boys are the better choice
5. When a woman got married, she can no longer use her family last name, and because of that she will be disadvantage in her working life. It is hard for a married woman to pursue her career accomplishment. It's better to have a boy from the beginning since woman cannot continue the family name.
6. Boys keep continuation of the family name.
7. Girls, when they are grown up, they can take care of their family, but boys they will take care of their wives and children, they will no longer support their parents.
8. Boys they don't talk too much, they are not whiney. They are the leader.
9. Boys or girls, It really doesn't matter, they have differences and similarities; good or bad such as they are. No one can say which is the best.

The paper will discuss particular reasons towards gender preference for Thailand according to the reasons given. In conclusion, sex selection emphasizes gender discrimination by viewing that a certain sex can be considered as worthless or wasted. While it may cause little harm to prefer males to females, the value of all life is important. Humans have to learn to be gender sensitive in order to make mutual understanding between people around the globe for our happy future.

4-6) Thai perspectives on abortion

Anniken Grinvoll

Eubios Ethics Institute, Thailand

Email: shs-gender.bgk@unesco.org

Abortion in Thailand is formally illegal except for the reasons of rape, damage of the fetus or mental health grounds. Despite restrictive abortion laws, an estimated 200,000-300,000 abortions take place in Thailand every year. Many of these are performed in illegal clinics which have no legally enforced standards, and often by untrained practitioners. This is the first ethical issue, that many abortions are performed with unsafe methods, and continues to be an issue requiring policy review.

The current abortion law in Thailand has been the focus of public and political debate a few times in the last decades, however those opposed to liberalization of the law have managed every time to let it remain as it is. What are the reasons for this and what is the view on abortion in Thai society? Some think that liberalized abortion is a threat to Thai culture and the gendered narratives it creates about the nation.

Thailand is a country where Buddhist thought is highly influential and where 96 per cent of the population claim to be practicing Buddhists. According to Buddhist belief, to abort is seen as a sin, as it is killing of lives. It is such a sin that leads to serious karmic consequences or demerit for the mother, the fetus and even for those involved in the act of abort. The beginning of a human life, according to Buddhist belief begins at the moment of conception. Thus it is also argued that the later the stages in the development of the fetus that the abortion takes place, the stronger the

negative karmic consequences to the mother. Therefore, to abort at an early stage in pregnancy is most common, followed by merit making afterwards.

Motherhood and reproduction remain a primary source of female power and prestige in Thai society. By giving birth a woman demonstrates her merit and as well as she improves her merit by providing the opportunity for the reincarnation of a life principle. Abortion thus interferes with the karmic cycle and births and deaths by not allowing the rebirth of a being. In so, Buddhism teaches that a woman will inevitably suffer karmic retribution for her actions. The women who reject pregnancy are also seen as of being not a 'real' woman and are depicted as a selfish being.

Also it is deeply rooted in Thai culture that abortion is felt as a national "loss of face" which is a very strong notion of Thai culture which cannot be ignored. Abortion is therefore seen as un-Buddhist, anti-religious and therefore also un-Thai. In fact the issue is a critical point to the national identity of the nation.

In the media, during the times when focus was strong on the abortion issue the females who underwent abortions were often portrayed as 'loose', immoral, party and fun seeking girls. About the women who aborted not much were mentioned about the problems of the other groups including school girls, women with financial problems, deserted wives, those whose contraception failed, and married women.

Thai law prohibits young girls who are still students (at any level) to become pregnant. Therefore, a persistent social problem is that pregnant young girls desperately seek abortion to retain their student status, otherwise they will be ordered to leave their educational institution.

The paper will also discuss results of interviews with medical professionals and field work to test the accessibility of the so-called abortion pill.

4-7) The bioethical issues of the Reproductive Health programme in Bangladesh

Tahera Ahmed, Ph.D.

Professor, Public Health Department, North South University, Bashundhara, Dhaka, Bangladesh.

Email: tahera50@yahoo.com

A reproductive health programme has been implemented in Bangladesh since the International Conference on Population and Development (ICPD), held in Cairo in 1994. It encompasses Safe Motherhood, Family Planning, HIV/AIDS prevention and treatment, Post abortion care, Adolescent Reproductive Health, Maternal Nutrition, Infertility Management and preventing harmful practices. In Bangladesh, the situation of women in health, education, income opportunities, decision-making power and access to legal rights intersect to contribute to their lower status. Women are subjected to inequalities in the family, in the community and in accessing health services. Discrimination against girls starts at birth and continues through the lifecycle. Women and girls suffer disproportionately from the impact of gender discrimination and violation of their fundamental rights in all facets of their lives. The paper will bring out issues related to gender and the provision of reproductive health services and whether the key principles of human values like the innate dignity of human life, respect, confidentiality, integrity of service have been adhered to.

The paper will query ethical aspects like informed choice, client screening, quality of care, access to services of the vulnerable groups, of the Reproductive Health Programme in Bangladesh and whether the programme integrates the norms, standards and principles of human rights into its plans, policies and the processes of development.

The paper will also focus on the role of Bangladesh Bioethics Society in monitoring the Reproductive Health Programme of Bangladesh.

4-8) The Orphan Crisis in the wake of Natural Disasters: Some Ethical and Legal Issues -The case study of "Haiti".

Rekha A. Kumar, Ph.D.

Lecturer, Department of Law, University of Botswana, Botswana.

Email: rekhaakumar@yahoo.com

In January 2010, a 7.0-magnitude earthquake in Haiti caused much damage, and included reduced services for some groups. Many groups and agencies have scaled back their operations. There were about 380,000 orphaned children in Haiti before the earthquake. The Caribbean island, which has a population of about 10 million, may now have more than a million children without parents. Adoption agencies around the world have been flooded by enquiries from the public about adopting Haitian orphans. There are precedents such as the *Kindertransport* program during the World War-II, which saved 10,000 Jewish children by bringing them from Nazi Germany to Britain, the 2004 tsunami and the Kashmir earthquake in 2005. On the other side, children's advocacy groups warn against mass airlifts of youngsters overseas in the wake of natural disasters. The adoptions, although are based on valid concerns and come from an obviously humanitarian efforts of many, but adoption during the time of national emergency can open the door for various unethical and illegal activities such as fraud, abuse and trafficking. A whole set of legal and ethical issues surrounding the disaster adoption, somewhat unresolved; besides the long-term psychological-social impact on young children is the main quest of this paper.

4-9) Ethics during and after disasters, with reference to incidents in Chennai

Prof.V. Balambal, M.A.B.T., Ph.D., FRAS (London)

Professor (Retd) of History, University of Madras, Chennai, India

Email: drbala50@gmail.com

Ethical values are to be well understood and respected. They have no boundaries and are common to all. Ethics to be followed during disasters and crisis are very important. Though the intension of the affected and caring people may be good, due to circumstances or selfishness, they fail to follow the ethical values. During the Tsunami and heavy rain in Chennai in recent times, many lost their lives, relatives and belongings. The Governments, NGOs and foreign organizations were good enough to help the affected people in various ways. Though as a whole there were some beneficiaries, full funds and relief did not reach the affected people. Compared to the sufferings undergone, the assistance received was very meager. At one time, the affected people rose against the authorities for not fulfilling the promises.

This paper deals with the problems faced by the downtrodden people in Chennai, capital of Tamil nadu in

India, during Tsunami and floods in recent times and how the ethical values were not adhered to in relieving the affected people from the sufferings and the defaulters were not only the caring people, but receivers too.. A case study has been made on the subject with the coastal fishing people and slums in Chennai and measures are suggested to follow the ethical values especially during and after disasters.

4-10) Use of animals in experiments and teaching: An analysis of the views of undergraduates following different academic discipline

De Silva P H G J and Atapattu N S B M

Department of Animal Science, Faculty of Agriculture, University of Ruhuna, Sri Lanka

Email: nsbm@ansci.ruh.ac.lk

Sandika A L

Department of Agriculture Economics, Faculty of Agriculture, University of Ruhuna, Sri Lanka

The objective of this study was to understand the views of undergraduates on some ethical issues related to the use of animals in experiments and teaching, as affected by their academic discipline. 200 undergraduates, representing medical (M), Agriculture (A), Veterinary (V), Management (MG) and Engineering (E) were interviewed by employing a structured questionnaire. A significantly higher percentage of V (100%), A (92%), M (95%), and E (84%) respondents held a utilitarian view on the use of animal for experiments. The most accepted use of animals by M, MG and E was as pets while most preferred uses were as zoo animals and for research, respectively by A and V undergraduates. Compared to MG (81%), undergraduates of other faculties said that they have an understanding about the term "animal welfare". 86% of MG undergraduates strongly opposed to conduct a research that would disable an animal at the end of an experiment whereas undergraduates of the other faculties held a utilitarian view. The views on use of animals in teaching purposes were also affected by the discipline. It was concluded that majority of undergraduates following science based curricula held more utilitarian ethical views compared to management undergraduates.

4-11) Harmonized but not identical

Zhai Xiaomei, Ph.D.

Peking Union Medical College, #5, Dongdn San Tiao

Beijing 100005, China

E-mail: xmzhai@hotmail.com

The points of international guidelines, such as the Helsinki Declaration or CIOMS/WHO International Ethical Guidelines, for example, have been incorporated in some national regulations in China. However, in implementation of these guidelines many challenges are faced in China. The challenge is prevailing in many disciplines of the humanities and social sciences, such as economics, law science, political sciences and others.

For example, there is a debate on the universal values and native resources in legal science. The concept of "native resources" in the legal context means those norms shaped on the basis of traditional norms, well-accepted state laws, common laws, village rules, community rules, civil conventions, business rules, religious rules etc. The values found in native resources of China include: collective-oriented, priority given to collective interests over individual interests, respect for authority, not

favouring change and reform, stress on harmony and not favouring disagreement, stress on proprieties, not favouring the law.

However, human rights, utility, justice, equality, liberty, democracy are universal values. The difficulties in the enforcement of laws developed on the basis of these universal values lies in these entrenched native resources. Should we develop laws only grounded on universal values regardless of native resources and together with promoting the cultural change? How to solve the law enforcement problem? Should we develop laws only grounded on native resources regardless of universal values? This entails rule by ruler, and the goal of rule by law being an empty word. Can we integrate universal values with native resources? If we can, which one should be main body?

There are some arguments against Universal Values. *"We, Asians, have Asian values different from Western values"; "because people are divided into classes, so there must be no universal values, and even there is no common value in a class society"; "all these international ethical guidelines are Western, we should have Confucian guidelines according to which we make our ethical judgment"; "the proposed universal values such as democracy, liberty, human rights etc. are actually western values, not really universal".* How can we meet these challenges? The result could be as Confucius said: 和而不同

he er bu tong (*Lun Yu*, chapter 13, paragraph 23). It means the bioethics of China and other parts of the world are: "harmonized but not identical", or "harmonized as well as diversified"

16:25-16:40 Tea break

16:40-18:10 Session 5: Panel: on Bioethics in community action and regional planning

Coordinator and Chair: Duujian Tsai, M.D., Ph.D.

Professor of the Graduate Institute of Humanities in Medicine, Taipei Medical University, President of Taiwan Bioethics Association, President of Taiwan Bioethics Association

Email: dj.tsai@mas.hinet.net

In Taiwan, pioneer projects in biomedicine, including studies of relevant legal regulations and preliminary planning for a large-scale biobank, have been launched recently. These actions reflect the nation's effort in joining the global trend of developing genomic science; but they also bring up the difficult issue of protecting civil rights in ethical, legal, and social senses.

Fortunately, there has been a solid tradition of civic participation in public health. Community mobilization and participation is part of the primary foundation of the health care system at the critical moments, such as malaria eradication in 1965, successful population planning in early 1970s, and recent achievement in defending SARS outbreak. In the biomedical research arena, the Department of Health has been responsible in effective manner. For instance, the regulation of Institutional Review Board and its auditing counterpart has been set up in a very short time period. That makes Taiwan the first

Asian country to have the IRB auditing system. In addition, the ethical committee has become a required item for the annual review of hospital accreditation in Taiwan. In short, it has become a national consensus to foster professional conducts that conform to the bioethical principles in the genomic era.

Taiwan is facing the problems of aging population, innovation of information technology, and the increasingly urgent calls for preventive health-care, all of which may benefit from the advent in genomic medicine. Therefore, we contend that it is necessary to strengthen the opportunities and capacities for citizens and communities to participate in monitoring biotech expansion and keeping biomedical research accountable through community empowerment. The community-based regulation mechanism that we propose here will be a stepping stone towards the maturation of social citizenship in Taiwan as well as establishing the ethical, social and legal standards in the post-genomic era. Furthermore, perpetuating the sense community building in Taiwan apparently needs a more pervasive efforts for consolidate civil society and civil values. This panel, supported by various research divisions of our research team, begins to share a set of far more ambitious visions and preliminary efforts for community building practices within the various contextual fabrics and layers of Taiwanese society. Following topics are included:

5-1) Building up Group Consent in Tribal Areas

Ching-Feng Lin,

Graduate Institute of Humanities in Medicine, Taipei Medical University

Hsing-Yi Lu, Yu-Chia Chen, and Duujian Tsai, Taipei Medical University

We have proposed that the Taiwan Biobank be the media via which public trust based on participatory democracy are engendered with grassroots community engagement. The ethical guidelines being formulated here are drawn from the specific context of the Taiwanese society, yet also match the global trend regarding bioethics, civil society, and the welfare state formation in the post-genomic era. This paper furthermore develops a set of KAP questionnaire and accomplished a participatory partnership-building survey in tribal areas. We successfully work with tribal leaders to establish their participatory framework for developing community consent and verify tribal residents' capacity in terms of knowledge, attitude, and practices to engage in the following premises: 1). To establish a public forum for opinion exchange, so the public can participate in and monitor the process of the Biobank project through their community development. 2). To set up a pluralist mechanism for writing community health code and encourage the locals to take initiative in caring about their own health and rights. Such mechanism would be the foundation for the process of gaining group consent. 3). To promote the concept of community-centered health rights and empower the locals to participate in framing the ethical guidelines of genomic medicine.

5-2) Supportive Information Governance framework for community building

Yu Chia Chen,

Project Manager of Taiwan Bioethics Association

Email : yuchia@sea2003.org.tw

Linda Gail Arrigo and Duujian Tsai, Taipei Medical University

Taiwan's policy to develop a "biomedical technology island" encompasses three major elements: a center for excellence in clinical trials; the national health information platform; and the Taiwan biobank. The current research has compiled the miscellaneous challenges and suspicions of human rights and civil organizations towards biomedical research, as well as their proposals, and analyzed the views of the public toward the national policy for an integrated biomedical information system. In particular, it has carried out a national public opinion survey in order to assist in drafting a direction for policy. The investigation reported here utilized telephone interviewing in the period December 2 through 9, 2008, and completed interviews with 2446 persons; this achieves representation of the population with a level of confidence level of 95%, with a sampling error of no more than $\pm 1.98\%$. The investigation discovered that most of the Taiwan public is concerned for the government's utilization of health information, and realizes the importance of the health information policy for provision of related information to the public. However, in the aspect of how the material is processed, they trust the government more than the research organizations. This seems to mean that the public expects the government to take on the responsibility for management of the materials and information; and under the condition that the public generally does not have trust in the confidentiality maintained by the related organizations, they will however support government utilization of individual private health information if given the precondition of respect of informed consent. This research concludes with a recommendation to the ELSI section of the Taiwan Biobank, that the government must itself take responsibility for the formulation of policy, rather than delegating it to a research team. Moreover, there must be bottom-up participation by the public, in the creation of relevant ethical mechanisms, in order to achieve the potential of recreating Taiwan as an island center of biotech research.

5-3) Ethics of empowerment for psychiatric patient

Ai Lin Huang,

Social Worker of Yuli Veterans Hospital, Hualien, Taiwan; Adjunct Assistant Professor, Graduate Institute of Humanities in Medicine, Taipei Medical University

Email: ailing.u8130@msa.hinet.net

Chih-Yuan Lin, Jen-Yu Chou, Hsin Yi Lu, and Duujian Tsai, Taipei Medical University

Yuli Veterans Hospital (YVH) is located in the remote Yuli, the mid-point of East Rift Valley in Taiwan. Since its establishment YVH has been taking care of the most disadvantaged mentally ill from all over Taiwan. The research team applied narrative identification method to approach 50 persons with schizophrenia who stayed in YVH. We managed to understand their life history and their subjective experiences of mental illness.

The persons who agreed to interview were clinically insightful to their illness. According to the literatures, the

insight into mental illness is helpful to early treatment, the implementation of community and vocational rehabilitation, and hence the better recovery outcome.

Through the interviews we found the most of the persons with schizophrenia had experienced the presence of "not-me" at the initial stage of their illness. Oftentimes the "not-me" experiences are quite a bit like the hallucinations or uncontrollable mood swings in psychiatry.

As the illness were getting worse they gradually could not tell the difference between "me" and "not-me". And their cognition and behavior became so derailed from the ordinary life track because of the influences of uncontrollable hallucinations or mood swings. To most of them the feelings of getting ill can be only re-experienced in their remembrance. That is, only in their recovering they can remember and tell the difference between "me" and "not-me" in their subjective experiences.

Oral history of narrative identification method presumes that everyone has his/ her own logic of life and the same for the mentally ill. As they can differentiate "me" and "not-me" in their perception experiences they become deeply aware and cognitive of their mental illness. As a result, they can actively seek medical help at the early stage of symptom relapse, and discuss with the healthcare staff about their treatment and rehabilitation plan.

In this article we applied the in-depth interviews and the diary of one patient to explore how the persons with severe mental illness strived for internal equilibrium and what their potentials and limitations were to regain their autonomy. Also, through the narratives and self-observations in the patient's diary we explored how the Yuli Veterans Hospital built a supportive environment by reinterpreting the three-level therapeutic community and mental health professionals' mediating efforts. In this supportive environment the autonomy of the patients can be exerted more actively in their recovery journey.

5-4) Participatory Knowledge management in tribal area ethics developing

Hsing Yi Lu,

Assistant Professor of the Department of Humanities and Social Science, Taipei Medical University

Email: hsinyi15@hotmail.com

Hsin-Mi Lu, Yu Chia Chen, and Duujian Tsai, Taipei Medical University

Based upon 'Research on Community-oriented Medical Humanities Curriculum Designs and Assessment,' 'Ecology-City: Network Platform for Lifestyle of Healthy and Sustainability,' and 'Mental Health System Development for the Severe Mental Illness (SMI) in Developing Countries' ongoing program projects founded by the National Science Council, this program project expands the current service learning curriculum design in Medical Colleges to Electronic Engineering Colleges, as well as institutions related to architecture and urban planning to provide science education for survivors in tribal areas after the Typhoon Morakot, with the supports from domestic and international leading psychiatric institutions as well as policy leaders. In an attempt to support sustainable environmental planning and community health building, this project is going to empower those affected tribes with applications of information communication technology, tele-care

facilities, and community building capacities. Various activities of science education are designed by formulating partnership with these tribes. Main themes of these activities include intelligent technology, eco-regional planning, tele-care and living support, oral history and cultural reform, as well as ethical governance and knowledge management. All activities will be situated in the policy contexts of community health building led by the Department of Health, along with the autonomous capacity of each tribe supported by local health bureau and health stations. Survivors of Sinyi, Alishan, Sandimen and Wutai townships are foci of our science education implementation.

5-5) Can we accredit hospital ethics: A tentative proposal

Che Ming Yang

Ethics is the norm of human behaviors in everyday life and as an academic discipline is a branch of philosophy. Medical ethics has been regarded as applied and professional ethics in the typology of ethics.

The discussion of medical ethics has mostly centered on how health care professionals should behave individually. There is less discussion on how health care organizations should behave. In other words, people are less clear about the concept of organizational ethics in health care settings. Organizational ethics is about how an organization should behave in accordance with ethical principles. It can be perceived as the aggregation of individual ethics within the organization. Aside from the well known four principles of biomedical ethics proposed by Beauchamp and Childress (2001) that are applicable to the analyses both at the individual and organizational levels, health care organizational ethics also have unique aspects. For instance, the ethical issues of hospital management are less discussed. The issues at hand are whether we need to accredit hospital ethics and whether hospital ethics can be accredited objectively. The objective of this research is to develop ethics accreditation standards for hospitals. The underlying assumptions are we need to accredit hospital ethics and hospital ethics can be accredited objectively. Under these two basic assumptions, we then try to address the research question: what are the standards that can be applied in hospital ethics accreditation?

To sum up, this project demonstrated a broad spectrum of bioethical community engagement from disadvantaged populations to eco-urban planning, through applying knowledge management under an information communication and bioethics governance platform. Lessons regarding the development of regional RECs contextualized with communal life experiences as well as geographic features are discussed. Areas of bioethical concern detailed will cover community mental health, ecological regional planning, environmental and electronic engineering, and research involving biomedicine and post-genomic public health in a emerging information society.

5-6) The Attitude of Patients to Disclosure of Medical Errors

Chih-Jaan Tai, MD, MSc.,

Department of Health Services Administration, China Medical University, Taiwan

Email: cjtai@mail.cmu.edu.tw

According to previous research, most patients wish to be informed medical mistakes happened to them although doctors are reluctant to do so. The study aims to understand patients' attitude in disclosing medical errors and analyze its related factors. 1450 patients from the associations and clubs of different diseases in the country were invited to the research. A questionnaire was designed to investigate patients' wishes in being disclosed medical errors, patients' attitudes to disclosing medical errors, and the factors may influence patients' attitude in disclosure medical errors. 1351 questionnaires were received. 1330 were eligible. Most of the respondents wish to be informed of medical errors; "In the experience of medical care, I trust the medical practice doctor provided" and "The monthly family income of the patient" are the most important factors related to wishing being told of minor medical errors. "I always saw the same doctor in the past six months", "I ever took legal action for my medical care", "Patient's gender" and "Patient's education" are factors related to wishing being disclosed serious medical errors. Patients wish to be disclosed of medical errors. The result of this research is crucial in shortening the gap of patients and doctors in disclosing medical errors.

5-7) New landscape for ethical practice: lessons for living lab development

Duu Jian Tsai, M.D., Ph.D.

Professor of the Graduate Institute of Humanities in Medicine, Taipei Medical University, President of Taiwan Bioethics Association, President of Taiwan Bioethics Association

Email : dj.tsai@mas.hinet.net

Overall, there is immaturity in civil society in Taiwan and considerable deficiency in social infrastructure; this project seeks to consolidate civil society with sustainable city planning at the same time. We use Hsinchu City, a center of the computer industry in north Taiwan, as a model for the "Eco-City smart living technology center" developed by National Chiao Tung University to establish an ICT infrastructure with the goal of integrating health needs and city planning.

This plan, based upon the idea of group consent as a basis for ethical governance, a framework developed for the Taiwan Bio-bank, implements the concept of participatory governance by first establishing a mutual assistance health promotion database in the community. Following, a database for living activities and cultural affairs is assembled to enrich daily life in the associated communal area. Finally, a large-scale ecological and environmental databank will be established for sustainable regional planning. These databanks with community-based benefit-sharing are a feature of infrastructure for developing a knowledge environment. National Chiao Tung University (NCTU), coordinating with other universities, research institutes, and the industrial science park, will create the knowledge architecture to forge user innovation as a key element for each knowledge cluster in the ICT product design process. The knowledge hub will

thus become a medium for forging innovation in everyday life.

To this end, we have placed the blueprint and model of the Hsinchu eco-city planning in the Vision Hall of Wind City (Hsinchu). With support from the City Government, more and more people have come to visit the open house of the Eco-City Smart Living Technology Centre in NTCU. We have also recruited volunteers to experience the ICT project and provide valuable feedback for ongoing product design in users' labs. Moreover, we successfully established living labs by working with community leaders to mobilize neighborhood networks and bring prototype products to residents' real lives, gaining innovation partnerships. Beginning with using Tele-care technology to support health promotion and "aging in place", neighborhood residents are willing to take a part in product design or feedback. This community thereby becomes a basic unit in developing self-sustained business and in integrating neighborhood health information. Such neighborhoods may turn out to be mobilization units and living labs for gathering data on local cultural contexts and eco-region planning. Through integrating communities with model cases of green university, Eco-science park, eco-tourism, sustainable environments, health city and eco-city planning, these community partnerships are units for developing knowledge clusters. The whole city space therefore becomes comprehensive knowledge hubs. These communities featuring "living labs", can formulate the knowledge architecture and bioethical governance framework for sustainable urban planning in Hsinchu.

To sum up, this project demonstrated a broad spectrum of bioethical community engagement from disadvantaged populations to eco-urban planning, through applying knowledge management under an information communication and bioethics governance platform. Lessons regarding the development of regional RECs contextualized with communal life experiences as well as geographic features are discussed. Areas of bioethical concern detailed will cover community mental health, ecological regional planning, environmental and electronic engineering, and research involving biomedicine and post-genomic public health in a emerging information society.

Discussion

18:15 – 19:45 Session 6: Human Dignity and Care

Chair: Aamir Jafarey and Soraj Hongladarom

6-1) The Moral Foundation and Good Practice of Long-term Care: A Confucian Perspective

Honchung Wong,

Ph.D. student, Graduate Institute of Philosophy, National Central University, Taiwan, R.O.C.

Email: honcwong@cc.ncu.edu.tw

Global aging creates what may be the greatest public health problem of the twenty-first century. By 2040, there will be more people in the United States over age eighty than there are preschoolers. By 2050, half of continental Europe will be forty-nine or older, and well before that, by 2030, one of every two adults in development countries will have reached retirement age. While the proportion of the elderly in developed countries is due to double over the next fifty years, it is due to triple in East Asia. By

2050, there will be 332 million Chinese sixty-five years of age or over, equivalent to the world's elderly population in 1990. The 2 billion people over age sixty who will live in our aging world by 2050 will mostly be living in developing countries. The rapid growth of the world's elderly population increases the burdens for the management of chronic disease and long-term care, which presents an urgent challenge around the world.

How to tackle these serious problems from Confucian perspective? In Confucianism, the sense of compassion cannot bear to see the sufferings of others is equal to the virtue of *ren* (beneficence), which is the highest among all virtues and is the foundation of all other virtues, and filial piety is a starting point of practicing *ren*, since this sense of compassion manifests most directly through our attitudes towards our parents. Moreover, we have a duty to love and take care of the rest of our family members, and Confucian thinks that love and care of this kind is irreplaceable. It seems to think that the burdens of long-term care for the aged people should be shouldered on their families. However, Confucian also thinks that a good ruler or government should provide public support to families in its society if it is needed. Rather than letting families to face the caring load for their vulnerable members by themselves, a Confucian thinks that a government has a responsibility to maintain the normal functioning of families in its society in health care, a fortiori, in long-term care. One of the objectives to this ideal long-term care model is on the one hand to maintain elderly people their normal familial lives if it is possible, and on the other hand to alleviate the burden to their families. Hence, for example, public funded in-home supportive service or day-care will be preferable to institutional care far away from home for this objective.

In this paper, I first articulate the moral foundation of long-term care from a Confucian perspective. Secondly, I critically examine various approaches to tackle with long-term care problems, such as Martha C. Nussbaum's capability approach, Norman Daniels' prudential lifespan account and Eva Feder Kittay's feminist approach. Finally, I define good practice of long-term care from Confucian perspective.

6-2) Intensive Care Unit Doctors' Dilemma of DNR or NO DNR for Patients

Syed Khizer Hasan M.D.,

Ziauddin University Hospital, Karachi Pakistan

Email: khizerhasan@hotmail.com

Maria Hanafi, M.D. and Moinuddin Siddiqui, M.D.

Ziauddin University Hospital, Karachi Pakistan

Health care providers in ICU settings often make decisions for the patients, with or without consulting the family. Our concern is the criteria upon which the doctors make such critical decisions. Most of the time doctors make independent decisions without taking consent from the family, resulting in miscommunication between the two, leading to mistrust of the physician community. To the best of our knowledge there has been no study in Pakistan regarding knowledge of DNR criteria and involvement of family in making the decision.

The Objective of this paper is to assess the knowledge and perception of DNR guidelines amongst doctors working in ICU setting and involvement of family in decision making. This study was conducted in ICU settings at three campuses of Ziauddin University after

taking approval from Ethics Review Committee. Study design will be cross sectional with an approximate sample size of 50 comprising of residents, interns and medical officers working in the ICU. A self administered questionnaire was given after taking consent and assuring confidentiality.

6-3) Truth Telling about Terminal Cancer Patients: The Views on Life and Death in Japan, China, and Korea

Masami Maruyama, Ph.D., R.N.

Department of Health Sciences, Faculty of Medical Sciences, Kyushu University, Japan,

Wang, Yan Guang, Ph.D.

Chinese Academy of Social Sciences, Beijing, China

Email: ameliaw2002@hotmail.com

Liang, Lizhi, Ph.D.

Capital Medical University, China

This research used a questionnaire for students in Seoul, Korea (2006), and in Beijing, China and in Fukuoka, Japan (2008). The questionnaire asked students to respond to questions in a five-point scale about their attitude toward truth telling of a malignant cancer. The questions were whether they want to be informed about the name of their own illness, and when their family members face such cancer, whether they want them to be informed of the truth. The questions were intended to identify whether their attitudes differ between the two cases, reasons for differences if any, whether such reasons may be explained by those countries' intrinsic cultural attitudes towards life, e.g., a Japanese ethical view about death and different senses of human rights.

As a result, 87% of Japanese and 59% of Chinese desired truth-telling to themselves and their family. In both countries, percentage were high, 13% of Japanese wanted their own information but did not want their family members informed 39% of Chinese students wanted truth telling both for themselves informed but not their family members. These results are similar to those in our study (2006) with Korean students, i.e., both Chinese and Korean students do not want their family members informed of their illness with the same reasons of avoiding "to be looked at while dying" and "to look at a dying".

6-4) Palliative Care Education and Bioethics Problems in period of Cancer Recuperation in Mid-Aged and Elderly Patients with Terminal Cancers - An Interview Study

Di Xiao, M. D. EMMB,

School of Medicine, Tsinghua University, Beijing 100084, China

Email: dixiao8000@hotmail.com

There are two million new cases of malignant tumours and 1.5 million die of cancers in China each year. However, comprehensive recuperating measures for patients with cancers has been very less concerned in the community after discharging from hospitals providing them with therapies such as surgery, chemotherapy and radiotherapy etc. The study provided bioethical education on palliative care and held the deep interviews with 75 patients aged 39-88 suffering from various mid-terminal cancers in the Beijing Anti-Cancer Club. The majority of ten thousand members at the club have been greatly benefiting from doing exercise of a magical Qigong and

interchanging information each other. Many ethical dilemmas and challenges in period of cancer recuperation and needs into palliative care have been addressed by the study. Great concern for these issues should be given in order to promote recuperation and improve life quality for the patients with cancers. The situation of informed consent in medical service, discrimination against patients with cancer among public due to fearing for cancer, requirements for palliative care in patients with terminal incurable tumours and too much individual cost for treatment of cancers will be discussed in the paper. (The study was sponsored by "Help the Hospices" in UK).

6-5) Bioethics and the Law relating to HIV / AIDS: A Bangladeshi perspective

Taslina Monsoor, Ph.D.

Professor, Former Chair & Dean, Faculty of Law, University of Dhaka, Bangladesh

Email: taslima_monsoor@hotmail.com

It is a recognised fact that the Human immunodeficiency virus or HIV is spreading fast in Bangladesh making AIDS (Acquired Immunodeficiency syndrome) a perilous and dangerous problem in Bangladesh. The legal response to HIV/AIDS is important to equalize the dilemma of individual Human Rights vis-à-vis public rights. There is a traditional misunderstanding that the public health threat of HIV/AIDS is opposed to the individual rights of the AIDS victims. The aphorism that a virus has no rights is a traditional approach.³ The response we are reflecting in this article is that it is necessary to advance a particular human rights value in relation to HIV/AIDS. In Family Law reflects the following issues: Whether HIV/AIDS should be regarded as a just cause for the dissolution of marriage? Whether maintenance of wife and other relatives are obligatory during HIV/AIDS? What is the custody of children with parents affected by HIV/AIDS?

6-6) Knowledge and Attitudes towards Informed Consent Amongst Fourth and Final Year Medical Students

Mufaddal Mahesri, MBBS ,

Pakistan

Email: muffu22@hotmail.com

Informed consent is an essential component of medical ethics as it upholds the fundamental right of patients to choose their own treatment. In a developing country such as Pakistan, patients are unaware of their rights and doctors enjoy a paternalistic role. The aim of this study was to obtain an insight into the concept of informed consent amongst medical students. This will serve an important purpose as these medical students are the future clinicians.

The study was conducted at two public and one private medical Colleges of Karachi and a sample of 209 medical students in the fourth and final year was taken. After completing all ethical requirements, a self administered questionnaire was used for data collection to assess the knowledge and attitude of students regarding Informed Consent.

³ David Buchanan: "Public health vs Individual rights"

The sample included 62% students from public while 38% were from private medical Colleges. Ninety seven percent of respondents thought that ethics played an important role in clinical practice and 96% of them agreed that Informed consent is essential for all.

Seventy percent of the respondents gave affirmation that informed consent was a process that lets the patient know his treatment options while 18% were of the view that it was only a legal formality. Regarding the components of informed consent, it was notable that 21% of the students thought that the doctor should not discuss other treatment options which are unavailable at the hospital.

In emergency procedures like intubation, 43% of the respondents were of the view that informed consent was not required. In case of elective procedures, 49% of respondents agreed that an informed consent can be given by any relative. In the case of an unconscious patient, 64% of the students were of the view that any immediate relative could sign on behalf of the patient. Medical students are aware of the importance of informed consent and they regard it as a legal and ethical process which imparts autonomy to the patient. However, knowledge needs to be imparted regarding consent during emergency.

6-7) Reflections on the morality of human embryonic Stem cell Research from a Buddhist Conception of Life

Si Zhao Liang

PhD Student, Graduate Institute of Philosophy, National Central University, Chungli, Taiwan, ROC

Email: maiotao@gmail.com

In general, human experimentation has to comply with the four basic principles of autonomy, non-maleficence, beneficence and justice. But the problem of embryonic research involves problems such as "Is embryo a person?", "Do embryos have moral status?" and other considerations, it becomes very controversial. In this paper, I shall employ a Buddhist concept of life for the appropriateness to use embryos for research. According to Buddhism, the embryo is a subject-of-life when fertilized and should be treated as a living thing. For, embryo is considered as a being of consciousness and accordingly should not be harm. Destruction of embryos for research is immoral. However, as embryonic research brought also important benefits for lives, it is a moral dilemma for go on or forfeit all embryonic research. What will be the Buddhist solution?

I would suggest we should first of all try to find other ways to achieve the same goal without destroying embryos. We need not and should not argue that they are no moral subjects and hence it is all moral to employ them for any kind of research. Rather, we should respect these embryos that sacrifice for human goods and be sorry for the harm done to them. The merits of such research should be accorded to their contributions.

6-8) Global research endeavours into womb transplant technology and the legal, bioethical and social challenges such technology will pose for regulators

Amel Alghrani

Institute for Science, Ethics and Innovation/ Centre for Social Ethics and Policy, University of Manchester, UK.

Email: amel.alghrani@manchester.ac.uk

Danielle Griffiths

Institute for Science, Ethics and Innovation/ Centre for Social Ethics and Policy, University of Manchester, UK.

Email: danielle.griffiths@manchester.ac.uk

Reproduction is a fundamental and integral part of an individual's private and family life. Over the past 100 years we have witnessed a reproductive revolution around the globalised world, where science and technology have opened up new possibilities and ways in which one can found a family. Human reproduction has been aptly split into three stages; sexual intercourse represents but the first phase. The second era of human reproduction occurs via *in vitro* fertilisation (IVF), whereby the foetus is fertilised outside the woman, but is later implanted into a female host where it is gestated until birth. The third phase, the foetus is fertilised and gestated entirely *in vitro*, outside the female host and in an artificial womb/incubator (ectogenesis). Yet global research endeavours into womb transplant technology may be set to propel us into the fourth phase of human reproduction: unisex gestation. This paper dares to go where few have ventured before and considers the latest research endeavours into womb transplant technology which may allow both men and women to gestate their own child. We seek to examine the challenging bioethical, legal and social issues this technology will pose for regulators in Asia, and around the rest of the world.

2nd August

8:30-10:30 Session 7: Ethics and Climate Change

Chairs: Darryl Macer and Jayapaul Azariah

7-1) The Opposition and Harmony between Nature and Humanity—A Taoist Proposal for the Solution of Bioethical Problems

Hai-Yen Yeh, Director & Professor

Professor, Philosophy and Religion Department, Chang Jung Christian University, Tainan, Taiwan ROC

Email: haiyen@mail.cjcu.edu.tw

In this paper I shall elaborate the Taoist conception of the relation between human and nature to see how we could build a Taoistic community in which some of the thorny dilemmas in bioethics could be solved. It is regarded that many of the problems are caused more or less by the artificial or unnatural social and political constructions, which separate the natural and harmonious relationship between human beings and cause much moral dilemmas in the modern world. Returning to Tao and the natural way of living with Tao, we could attach much serendipity and naturalness in life. It is argued that with a non-interference attitude, many of the technology could be of serve for the protection of life without fear of adding further burden to each other. It is indicated how the concept of natural death, of withdrawal of intrusive treatment, cloning human being, xenotransplantation and other issues could be solve or dissolve in a community with a Taoistic consensus and attitude.

7-2) Anthropogenic Activities and Ethical Dilemma towards Climate Change and Future Security

M. Selvanayagam Ph.D. and Francis P Xavier, Ph.D.

Loyola Institute of Frontier Energy (LIFE), Loyola College, Chennai 600 034, India.

Email: drmssel@yahoo.co.in

The scientific community has reached an overwhelming consensus that all our anthropogenic activities are damaging and irreparable changes to the global climate. This include increased production of carbon dioxide, methane and other greenhouse gases raising the planet temperatures in the recent past, as evidenced by receding glaciers, melting icecaps, and record-breaking heat waves as well as too cold winter and too hot summer.

Damage control is the need of the hour – But taking into consideration bioethical practices is very much needed at this point of time. So far bioethics has traditionally focused on dilemmas and decisions related to medical field such as interactions among patients, medical professionals, and health care organizations. Topics such as abortion, euthanasia, informed consent, privacy, reproductive health, and access to health care are the bread and butter of bioethics research, education, and consultation in medicine. But the scenario is fast changing both in awareness and in urgency.

We should focus on the issues related to environment and other related subjects in view of the importance for our sustainable livelihood and future security. To reduce the potentially destructive social, environmental and economic consequences of climate change, greenhouse gas

emissions (GHG) need to be lowered. A number of different writers and scientists have argued that bioethicists and health policy analysts should consider how the environment affects human health and how the health care system impacts the environment. If we want to live a meaningful life, we need to consider bioethics as the fundamental factor of our consideration.

It must be recognized that the ecological problem is first of all a problem of public ethos, hard to solve without challenging certain ways of organizing society, without questioning the way we live together and the value system of civil society. It is time to understand that humanity is part of nature and is internal as well as endemic to it. The concept of sustainable development calls upon all individuals who are interested on the mother earth to protect and preserve the climate system for the benefit of present and future generations. In preserving the basis of life for future generations we are at the same time safeguarding the future of existing societies. Bioethics provides the matrix for consideration and to draw concrete practical programmes. Therefore, bioethics should have clear agenda on environmental issues, specially related to climate change so that the problems could be addressed in more comprehensive and holistic manner. This will enable us to tackle the issues in a more positive manner for the betterment of humanity to live an enriched and meaningful life. The paper indicates that bioethics paves the way to harmony in nature – especially the climate and our life, and among inanimate and animate as well as human lives.

7-3) Ethics, Investment and the Environment: Analysis of World Bank Policies and their Critique

Pimthip Faktornngpan,

RUSHSAP, UNESCO Bangkok, Thailand.

Email pimtip.f@gmail.com

This paper will examine some of the issues being explored in the UNESCO Ethics and Climate Change in Asia-Pacific (ECCAP) project⁴ report from working group 17, which is on “Ethics and International Investment in the Energy Sector, and the Environment”. The objective of the report is to examine the ethical issues arising from investments in the energy sector, which have environmental implications. How can nations find the middle path for immediate and medium term-economic advancement (investment) while protecting and promoting a healthy environment that is required for long-term advancement?

There are a number of implications of sustainable development for environmental policy and action. A number of ethical issues are raised by investment, and we can see some internationally accepted principles of ethics that apply to investment in International Texts on the Environment (e.g. The Convention Concerning the Protection of the World Cultural and Natural Heritage; United Nations Framework Convention on Climate Change (UNFCCC); the Rio Declaration on Environment and Development; the Earth Charter, and the Universal Declaration on Bioethics and Human Rights).

This paper will review in particular some of the mechanisms and codes that are used by the World Bank,

⁴ <http://www.unescobkk.org/en/rushsap/energyethics/>

and views of some critics regarding particular projects. From its founding in 1944 at the Bretton Woods Conference, the World Bank continues to be one of the main providers of foreign loans in developing countries. It comprises two major separate financial institutions (IBRD International Bank for Reconstruction and Development, and the IDA (International Development Association). The World Bank finances two fundamental types of operations; investment operations (through IBRD loans or IDA credits and grants), and development policy operations. Investment operations offer funding for governments to use in their budgetary expenditures on social and economic development projects in a variety of sectors. In common use the term the "World Bank" refers to a group of institutions called the World Bank Group. The Group consists of five closely correlated institutions: The International Bank for Reconstruction and Development (IBRD),⁵ The International Development Association (IDA),⁶ The International Finance Corporation (IFC),⁷ The Multilateral Investment Guarantee Agency (MIGA),⁸ and The International Centre For Settlement of Investment Disputes (ICSID).⁹ They share one general goal which is to create stability for both developed and developing countries.¹⁰

Each institution has its own roles, responsibilities and different approaches towards their goals. IBRD is one of the two main financial institutions in the World Bank. It offers loans to middle income countries and "credit worthy" poorer countries for sustainable development for "long term human and social development".¹¹ Reducing poverty is one of their main aims. For example, one project that it is funding is improving the cost, energy efficiency, reliability and sustainability of electricity services across Solomon Islands.¹²

Another financial institution in World Bank is IDA. IDA offers interest-free credits to the world poorest countries aiming especially on the programs that stimulate economic growth, decrease poverty and inequality, and develop living conditions. They aim at primary education, health service, and sustainable environment practices.¹³ One of their many projects and programs is a sustainable livelihood program in Mongolia.¹⁴

IFC roles are to fund private sector investment and offer advisory services to businesses and governments to achieve sustainable economic growth with the value of

funding through corporate governance, environmental and social expertise.¹⁵ One of their aims is sustainable investment with a goal to develop sustainable business.¹⁶

The roles of MIGA and ICISD are different from the above-mentioned three financial institutions. Instead of giving money in forms of credit, loans and investments to private and public organizations for development, MIGA offers insurance for political risk that could affect foreign direct investment, and provides protection against non commercial risks for investors. It also provides other advisory services for the investors to stimulate economic growth in developing countries. Some of these risks to investors are political disobedience and war.¹⁷ Many projects has been carried out throughout the past two decades¹⁸, for instance, MIGA provided a guarantee for the PT Weda Bay Nickel Project Feasibility Study in Indonesia.¹⁹ While MIGA provides guarantees or insurance for foreign direct investments in instable situations, ICISD is concerned about disputes between government and private investment sectors. It acts as the facilitator to settle investment disputes. It functions in conciliation and arbitration for mutual confidence which aims to increase the flow of international investment.

Ethics can be interpreted in many different ways. The World Bank Group Code of Professional Ethics applies to: "all World Bank Group staff (including managers, consultants, and temporary employees) all over the world. It also applies to the World Bank Group as a complex of institutions, operating through its management's decisions and actions."²⁰ The Code of Professional Ethics of the World Bank Group consists of some significant sections that shape the responsibilities of the World Bank Group to their member countries included Community Commitment and Environmental Commitment as stated below:

"Community Commitment

The World Bank Group and its staff will respect the human dignity of all the people whose lives we impact. We will respect the life, dignity, and property of people, being civic-minded and sensitive to local cultures. Concerns about potential attacks on human dignity should always be voiced. In short, we will be responsible, good corporate citizens of the communities in which we operate."

"Environmental Commitment

We will conduct the work of the World Bank Group in a responsible manner in accordance with applicable environmental principles and rules. We will pay close attention to the impact of our decisions on environmental

⁵ <http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/EXTIBRD/0,,menuPK:3046081~pagePK:64168427~piPK:64168435~theSitePK:3046012,00.html>

⁶ <http://www.worldbank.org/ida/>

⁷ <http://www.ifc.org/>

⁸ <http://www.miga.org/>

⁹ <http://icsid.worldbank.org/ICSID/Index.jsp>

¹⁰ <http://www.worldbankgroup.org/>

¹¹ <http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/EXTIBRD/0,,contentMDK:21130269~menuPK:3168298~pagePK:64168445~piPK:64168309~theSitePK:3046012,00.html>

¹² <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:22575707~menuPK:64256345~pagePK:34370~piPK:34424~theSitePK:4607,00.html>

¹³ <http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/IDA/0,,contentMDK:21206704~menuPK:83991~pagePK:51236175~piPK:437394~theSitePK:73154,00.html>

¹⁴ <http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/IDA/0,,contentMDK:21206704~menuPK:83991~pagePK:51236175~piPK:437394~theSitePK:73154,00.html>

¹⁵ <http://www.worldbankgroup.org/>

¹⁶ <http://www.ifc.org/ifcext/climatechange.nsf/Content/SustainableInvesting>

¹⁷ <http://www.worldbankgroup.org/>

¹⁸ <http://www.ifc.org/ifcext/media.nsf/content/SelectedPressRelease?OpenDocument&UNID=F76F15A5FE7735918525722D0058F472>

¹⁹ http://www.miga.org/news/index_sv.cfm?aid=2615

²⁰ Conflicts of Interest, Gifts and Gratuities, Hiring or Advancement of Relatives, Outside Activities and Future Employment, Financial Interests, Political Activities, Relationships with Governments, Private sector, and Non-Governmental Organizations, Disclosure of Confidential Information, World Bank Group Operations, Community Commitment, Environmental Commitment. (Living our Values, Code of Professional Ethics)

conservation and protection. It is our responsibility to raise questions and concerns regarding conditions that could be considered harmful to human health, safety, and the environment.”²¹

This paper will also consider the International Finance Corporation (IFC) External Corporate Governance. According to World Bank “Sustainable Investing” is the investing process that considers environmental sustainability, social responsibility and corporate governance (ESG). Sustainable investing also includes Socially Responsible Investing (SRI) and Green Investing. Some sustainable investing responsibilities are to help assist in enlargement of sustainable capital flow by financing the improvement of boosted stock market indices, and funding equipments. They also have market research and educating through sharing experiences in combining environmental and social (E&S) issues that need to be considered during decisions to invest in these markets. The example of the Clean Technology Fund will be explained. It is one of the two branches of Climate Investment Funds. This program focuses on transferring low-carbon technology and reducing greenhouse gas (GHG) emissions. It encourages three main sectors - the power supply sector, transport sector, and energy efficiency.²² There has also been criticism of these projects.

This paper will examine some of the ethical issues raised in the Forest Carbon Partnership Facility, that was launched at the Bali Climate Change negotiations, 2007. It acts as a global partnership created to “*reduce emission from deforestation and forest degradation, plus the role of conservation, sustainable management of forests and enhancement of forest carbon stocks*” (REDD+). Right now there are 37 REDD+ member countries that are involving in the FCPF²³. Many NGOs have been playing roles in evaluating the World Bank projects including environmental investment in the field of climate change.

7-4) The Third Confrontation: Development vs. Environment in Korea

Song, Sang-yong,
Hallym University, Chunchon, Korea
Email: songsy63@hotmail.com

There have been three big environmental issues in Korea over the last thirty years. The big flood in 1990 marked the debate over the Donggang Dam in the eastern part of Korea. As a result of a nation-wide campaign, the government was obliged to cancel the dam project in 2000. It was a dramatic victory on the part of environmental movement in Korean history.

In 1991 the Korean government launched a 15 year project of the reclamation of Saemangeum wetland on the southwestern coast. It aimed at developing the area of 40,100 ha including 11,800 ha of a freshwater lake. Environmentalists opposed the project on the ground that it will aggravate the quality of water of the lake. Later it turned out to be a nationwide protest. The emphasis was switched from the quality of water to the value of mud flats. The project proceeded despite persistent protests. The construction of 33km embankment was complete. The

vehement battle between the state-construction complex and the green solidarity was destined to favour the former. This time it was the miserable defeat of environmentalists.

With the start of the conservative government in 2008, the new president Lee Myung Bak wanted to carry out the Grand Canal Project through the Korean Peninsula. He was confronted with the strong resistance of the majority of university professors, religious and literary circles as well as the various civil movements. He seems to have quit it reluctantly. After the monetary crisis, however, the government made the new project for developing the Four Big Rivers. Environmentalists and opposition parties regard it as a concealed Grand Canals Project. The third confrontation goes on without the sign of compromise.

7-5) Bioethics and Climate Refugees

Michael Anjello Jothi Rajan,
Department of Physics, Arul Anandar College,
Karumathur, India

Email: anjellojothi@yahoo.co.in

S. Vincent

Department of Zoology, Loyola College, Chennai, India

Email: svincent_loyola@yahoo.co.in

Arockiam Thaddeus

Department of Zoology, Jayaraj Annapackiam College for Women, Periyakulam, India

Email: arockiamt@yahoo.co.in

Bioethicists are well familiar with the axioms and the virtues of bioethics. Bioethics is one of the flourishing disciplines in Europe, United Kingdom and United States of America. The influence of the west, in the case of Bioethics, is not found in the Asia-Pacific and African nations. Though some nations in the Asia-Pacific and Africa have set up National Bioethics Committees, many are yet to establish National Bioethics Committees though there are many activities going around these nations and a good number of bioethicists are found in these countries. This cannot be brought about as a Top-to-Bottom approach but as a Bottom-to-Top approach. Bioethicists in Asia (who have been trained at home, by UNESCO and European/North American nations) should come together and organize seminars and workshops for prospective Bioethicists, College, and High School students in their respective regional languages.

Bioethics education in India can rekindle the patriotic spirits in the people, as they have already been influenced by the noble Bioethics deeds of the practical bioethicist, Mahatma Gandhi. In this dry moment when people are slowly forgetting the great sacrifices laid down to the nation and the world by Mahatma Gandhi and his peace movements, the introduction of bioethics education in schools and colleges will bring about a culture of peace in the minds and hearts of the students, who will be the leaders of India in the future. Bioethics education will also create a climate of peace and harmony in the school and college campuses and in the hostels.

We are familiar with refugee movements caused by war, famine and natural disasters. It is overwhelmingly the poorer and developing nations that do not close their borders and accept millions of refugees, some of whom remain for many years. Today, among the developed countries, the United States, Sweden and Finland offer temporary shelter to victims of natural disasters, and Denmark accepted some Afghan drought victims from

²¹ ibid

²² <http://www.climateinvestmentfunds.org/cif/node/2>

²³ <http://www.forestcarbonpartnership.org/fcp/node/17>

2001 to 2006. Global warming will be creating a new category namely "Climate Refugee". The Intergovernmental Panel on Climate Change (IPCC) says that climate change may displace 150 million people by 2050; the Stern Review puts the figure at 200 million. Larger climate changes pose potentially gigantic refugee problems. How are we going to face and tackle this problem? The poor countries will suffer most and in the greatest numbers. In this presentation we will highlight the reports of one of the projects in which many bioethicists all over the world have joined together and are in the process of evolving some concrete recommendations, under the UNESCO-ECCAP project. Though this is one of the biggest leaps made to find ways to tackle Climate Refugees Problem, it is not enough we stop with this project. Each nation has to set up their own Ethics Committees under the relevant ministries and start researching the problem of climate refugees with the assistance of bioethicists, climate and environmental specialists who are capable of giving their best to find solutions to this grave concern as our children and grand children should appreciate the wisdom of the present generation. We will also present our views in finding probable solutions to the Climate Refugees problem with human dignity valued as the best treasure of humankind.

7-6) Ethics of Research and Policy in Climate Change

Abhik Gupta,

Professor, Department of Ecology & Environmental Science, Assam University, Silchar 788011, India; Vice-President of ABA for India

Email: abhikgupta@yahoo.co.uk

Being a global problem with a plethora of ramifications, climate change is fraught with numerous ethical issues in the conducting of research and framing of policies for adaptation and mitigation. The scientific uncertainty in several projected impact areas is primarily responsible for generating a number of ethical and policy-related controversies. The fixing of targets for reduction of greenhouse gas emissions, determining the threshold year of emission levels, and the relative obligation of the different parties in reduction of emissions perhaps comprise the most important areas where ethical debates remain to be resolved. As has been pointed out by several leading researchers in this field, determining the level at which the greenhouse gases (GHG) are to be stabilized will in turn determine a host of consequences such as the chances of survival of many forms of biodiversity, agricultural productivity, spread of vector-borne and other climate change induced diseases, the extent of ice melt and sea level rise, the frequency and magnitude of extreme weather events, and so on. One of the major obstacles standing in the way of arriving at a consensus agreement lies in the fact that the major GHG emitters are usually not the nations that are most vulnerable to climate change. Thus the question of climate justice is inseparably linked with that of climate change ethics. The other important areas comprise ethical and procedural issues in carbon trading, as well as relatively new mechanisms such as the Reduction of Emissions from Deforestation and Forest Degradation (REDD plus) that also recognize the contribution of forest carbon stock enhancement. While the broad principles of this ambitious programme are more or less well-defined, the actual methodology for achieving the goal is not. Perhaps the greatest challenge is to frame

policies that take care of individual national interests without compromising or coming into conflict with global targets. This paper is an attempt to review and put under a single fold the wide-ranging views on and analysis of the ethical issues in climate change.

7-7) Energy equity and environment security

Diana Ngo (USA)

RUSHSAP, UNESCO Bangkok, Thailand.

Email: diana.ngo@graduateinstitute.ch

This paper will examine how energy equity can be achieved in a sustainable manner, based on work that is being conducted in the UNESCO Ethics and Climate Change (ECCAP) project working group 7.²⁴ The report takes the view that the natural environment should be valued in all phases of the use of energy. The term "environmental security" encompasses both nature and humanity as part of nature, whereas human security had an anthropocentric view which focused the concerns of security to food, health, personal, political, community, economic, and environmental security (refer to UNDP 7 dimensions of human security). The concept of environmental security acknowledges that human actions influence the functioning of ecosystems, but they are being used in an unsustainable way. Therefore a shift to a view based on holistic values such as the value of life, biodiversity, dignity, and sustainability was suggested to note that all life is interdependent.

The paper especially looks at issues connecting energy to Climate Change. This includes examples such as how unstable energy security will result in decreased access to fuels for cooking, hygiene, heating and cooling needs, as well as how essential energy is for certain life-saving medical devices. GHGs produced by energy use are one of the major contributors to climate change.

Many countries in the Asia-Pacific region focus on energy security as a national issue. There are scarce fossil-fuel resources, but growing economies so that the countries are largely importers of fuels making them vulnerable to disruptions or price shocks. Energy security considers multi-faceted issues such as oil exploration and production that has the potential for increased access and greater economic development, as well as transportation, personnel, pipelines, transportation, and environmental consequences when exploring areas such as Xinjiang, China and the Siberia. If/when current oil resources dries out there will be a massive economic decline, loss of jobs, and even inflation. How can countries ensure the maintenance of acceptable levels economic development and personal well-being, while decreasing environmental impact, noting that rarely can companies rebuild areas that they have extracted to their original state? Exploration and production does harm the environment. Natural gas storage is one alternative to decrease the environmental impact.

Equity considers both benefits and risks, as illustrated by energy consumption as a condition of human security, but also contributing to climate change which harms human security. For example there is an ethically significant difference in the ability of countries to cope with disasters related to climate change. In 2008 the number of people killed in climate-related disasters in the developed world was 23 people per disaster, but for the

²⁴ <http://www.unescobkk.org/en/rushsap/energyethics/>

poorest regions, it was 1,052 persons per disaster. Policies to increase access will be discussed including issues associated with pipelines, refineries, sea lanes. Economic interdependence and multilateral cooperation on imported oil can also increase access.

7-8) Energy Insecurity and Security: Ableism and Disabled People; Two under-represented angles

Gregor Wolbring, Ph.D.

Assistant Professor, University of Calgary, Faculty of Medicine, Dept. of Community Health Sciences, Program in Community Rehabilitation and Disability Studies, Canada

Email: gwolbrin@ucalgary.ca

Webpage: <http://www.bioethicsanddisability.org/>

Energy insecurity is felt and energy security is desired on the global, regional, national and local level and on the level of households, communities, groups, sectors, regions, countries and cultures. Different strategies and priorities for gaining energy security and avoiding energy insecurity are envisioned and employed by different households, communities, groups, sectors, regions, countries and cultures. This paper introduces the concept of ableism to the energy security and insecurity discourse; highlights the Ecuadorian Constitution and its Right for nature premise; suggests an ethical matrix for energy; interprets recent climate and energy consultation surveys and looks at the special case of disabled people and the UN Convention on the rights of persons with disabilities.

7-9) Energy Alternatives for the Upcoming Civilization in 2050

Jayapaul Azariah, Ph.D.

Former Professor and Head, & Director, School of Life Sciences,

University of Madras,

New No. 4, 8th Lane, Indiranagar, Chennai 600 020. India;

Immediate past President, Asian Bioethics Association

Email: jazariah@yahoo.com

Life without energy in 21st century and thereafter is unimaginable. Unfolding of various forms of past civilizations is closely linked with the availability, access and applicability of a given type of energy. Civilization and energy utilization are the two pillars of climate change. Mitigation or adaptation and/or either one of them can lead to harness climatic changes. The paper examines the signs of the age with special reference to the use and depletion of fossil fuel. Fossil fuel like coal and petrol will be exhausted in the near future. And human civilization has to look for other energy alternatives. As a part of mitigation a number of steps are being taken. They include (i) genetic modification of biological organisms like pigs and feed modification in cows (ii) reduction in the level of the emission of Green House Gases (GHG) (ii) exploring other energy-source substances like (a) methane/deposits of energy-rich methane clathrates in the Siberian permafrost (b) bitumen in tar sands and (c) natural gas. Attempts are also being made to tap other extra-terrestrial sources like the (A) Saturn's moon Titan for liquid methane and (B) moon for mining light and non radioactive helium-3 as a fusion power source. (iii) Countries like South Korea are interested in developing rechargeable electric cars. (iv) Finally, the extensive use of solar power.

Attempts made by countries like USA, Japan, and India are interesting. USA aims to cut GHG emission by 80% below 1990 levels by 2050 and at the same time doubling its use of natural gas from 20 to 40%. USA has developed hybrid power plants combining conventional power production with solar power generators. Kawasaki city and Tokyo Electric Power Co., have ambitious plan to construct, with their Mega Solar Power Generation Project, two photovoltaic power plants with a total output of 20,000 Kilowatts (KW) with an estimated annual energy production of 21 million KW hours (kWh). Japan with its strategic "10-year Project for a Carbon-Minus Tokyo" has introduced measures to cap emissions so as to make the megacity of Tokyo a model carbon free civilization in 2050. India has also woken up to the global challenge by initiating India's first National Action Plan on Climate Change (NAPCC) with its eight core "national missions" running through 2017. Prime importance has been given to both National Solar Mission and National Mission for Enhanced Energy Efficiency. India aims to generate 20,000 megawatts (MW) of electricity from the sun by 2020. Such an ambitious plan may be thwarted by the counter productive elevation of increasing its cars on the roads from the present 6 million to 18 million in 2020.

By 2050 Hi-Tech civilization may ensure everyone with full health and a high level of affluence but at the expense of Sun's energy. Will the sun survive human exploitation? Will the sun blackout in 2013 – a prediction?

Discussion

Background on UNESCO Ethics and Climate Change in Asia-Pacific (ECCAP) project²⁵

17 working groups have been formed on the following topics:

- Universalism and environmental values
- Ethical worldviews of nature
- Visions and hopes of the future
- Representation and who decides
- Community engagement
- Stakeholder responsibilities
- Energy equity and human security
- Cost-benefit analysis and economic constructions
- Adoption & development of energy technologies (state of the art review)
- Ethical frameworks for research agendas and policy
- Educational frameworks for environmental ethics
- Nuclear dialogues
- Energy flow, environment, and ethical implications of meat production
- Water ethics and water resource management
- Gender, Environment and Energy Technologies
- Biodiversity and Ethics
- Ethics and International Investment in the Energy Sector, and the Environment

The aim of the working groups is to develop dialogue around these particular issues with a focus on environmental ethics and human security. Each group will

²⁵ <http://www.unescobkk.org/en/rushsap/energyethics/>

produce a report with policy options that can be used by policy makers, philosophers, scientists and researchers to consider the ethical dimensions of energy policy. The latest reports and consultation outlines are on the websites. Information is shared through the yahoo group, unesco_eet@yahoogroups.com

10:15-10:25 Tea Break

10:25-12:30 Session 8: Ethics of Public Health and Infectious Disease

Chairs: Irina Pollard and Alireza Bagheri

8-1) Nuffield Ethics Framework for Public Health: Public health ethics and infectious disease

Hugh Whitall,

Director, Nuffield Council on Bioethics, 28 Bedford Square, London WC1B 3JS, UK

Email: 1@nuffieldbioethics.org

Website: <http://www.nuffieldbioethics.org/>

Some public health measures restrict personal freedom more than others and deciding what kind of measure will be appropriate and effective has long been a problem for policy makers. Existing bioethical frameworks are often not well suited to address the problems of public health.

The UK-based Nuffield Council on Bioethics set up an expert Working Party in January 2006 to examine the ethical issues surrounding public health. Following evidence gathering and a public consultation, the Council published its conclusions and recommendations in the report *Public health: ethical issues* in November 2007.

A spectrum of views exists on the relationship between the state's authority and the individual. The Council set out a proposal to capture the best of the libertarian and paternalistic approaches, in what it calls the Stewardship Model. The Model suggests guiding principles for making decisions about public health policies and highlights some key principles, including: Mill's harm principle, caring for the vulnerable, autonomy and consent. An 'intervention ladder' is also proposed, which provides a way of thinking about the acceptability of different public health measures. The report then applies these principles to a number of case studies: infectious disease, obesity, alcohol and tobacco, and fluoridation of water supplies.

In the case of infectious disease, the Council first considered vaccination. Weighing up best interests of the individual and the wider community, the Council concluded that there was not sufficient justification for moving beyond the current voluntary system for childhood vaccinations in the UK. With regard to surveillance of infectious disease, we concluded that the UK should enhance surveillance capacities of developing countries, and that WHO should explore virus isolates as 'public good' and impress social responsibilities on pharmaceutical companies.

8-2) Does research in traditional Asian medicine need intellectual property rights in order to sustain it?

Chamundeeswari Kuppaswamy, Ph.D.

Lecturer School of Law, University of Sheffield, Bartolome House, Winter Street, Sheffield, S3 7ND.

Email: c.kuppaswamy@shef.ac.uk

Intellectual property rights law functions on the basis of a monetary incentive based justification. It is perceived as an appropriate system in most developed countries, and

regularly features in national policy as the driver of innovation in the economy. How suitable is it in different socio economic societies? Societies which sustain and promote traditional Asian medicine are not similar to developed economies, which have followed a certain trajectory in economic development. However Asian societies too have economic growth and development on top of their agendas. Should they have IP protection on the top of their agendas too? If so how does it impact on traditional Asian medical practice, their practitioners and the society as a whole? Most Asian countries are signatories of the Agreement on Trade-Related Aspects of Intellectual Property Rights, including Trade in Counterfeit Goods (TRIPS), hence have to take into consideration some form of IP protection for intellectual property. Asian countries are actively participating in the ongoing initiative at the World Intellectual Property Organization (WIPO) to promote a treaty on traditional knowledge. They are signatories of numerous UNESCO instruments on intangible heritage and cultural diversity. All these different hard and soft obligations form a crisis cross regime for promotion of traditional medicine.

This paper will discuss the ethical and social challenges in implementing both IP and non IP means of promoting traditional medical knowledge.

8-3) Biopiracy, the Third World and Lockean Property Theory

Veronika Szántó

Loránd Eötvös University, Budapest, Hungary

Email: santov@gmail.com

It has been argued that the property theory of the classical liberal philosopher John Locke can effectively be recruited for the justification of the phenomena nowadays referred to as biopiracy, i. e. the exploitation traditional knowledge of local, often Third World, communities and patenting genes and life forms that basically owe their existence or maintenance to this knowledge. In my presentation I point out that this perception of the Lockean theory owes more to an influential interpretive tradition which regards Locke as the progenitor of possessive individualism rather than to actual textual evidence. I try to demonstrate that a close analysis of the text shows that this theory is in fact unfavourable to efforts aiming at the exploitation of indigenous knowledge so much so that even those who protect community rights in the face of monopolizing tendencies frame their arguments in a language featuring remarkable Lockean overtones. I close my talk by pointing out that although any effort to build an intellectual property right theory exclusively on Lockean grounds would be as misdirected and anachronistic as blaming these grounds for justifying biopiracy, the narrow-minded hostility toward Locke's theory obscures its actual efficiency and potential utility for the very case its critiques fight for.

8-4) Karachi Bioethics Group Guidelines for Pharmaceutical Industry-Physician Interaction

Aamir Jafarey, M.D.

Member, Karachi Bioethics Group, Pakistan

Email: aamirjafarey@gmail.com

Website: www.karachibioethicsgroup.org

Interactions between the pharmaceutical and medical device industries and prescribing physicians is a world-wide phenomenon. This interaction becomes problematic

when the industry uses various promotional tactics to persuade physicians to prescribe its products. The potential of conflict of interest in such interactions is well established, based on numerous studies from across the world.

The Karachi Bioethics Group, an informal group of health care related professionals from different institutions across the city of Karachi have attempted to address this issue by developing a set of guidelines for regulating interactions between the industry and the physicians. The objective of this document is to minimize the possibility of conflict of interest for physicians and the consequent potential of exploitation of patients as a result of such conflicts.

This paper will describe the process of development of the guidelines and will discuss its salient features. The various strategies employed by the group in disseminating the document and efforts towards its implementation are also highlighted.

8-5) A Balance between Personal Rational Choice and Public Common Welfare - A Case of Taiwan's Health Policy with H1N1 Vaccine Injection

Chiang, Lan-Tsen,

Doctoral Candidate, Graduate Institute of Philosophy,
National Central University, Taiwan

Email: lantsen@seed.net.tw

Pandemic H1N1 broke out in March 2009 first at Mexico with more than 100 cases of people. Then it spread quickly over the whole world. As according to the most updated World Health Organization epidemiological bulletin at 12th, Feb., 2010, up until 7th, Feb., 2010, there are more than 212 nations and overseas territories or communities reported laboratory confirmed cases which also includes 15292 deaths. The overall pandemic trend, however, is declining continuously. The government of Taiwan has proactively taken actions to cope with its spread at the very beginning stage. Since 1st October 2009, vaccine injection is taken as strategy to effectively control and prevent the widespread outbreak of the pandemic.

After observing what the Taiwan society reacts for vaccine injection, it motivates me to discuss this topic as for ABA 'Emerging Issues in Asian Bioethics'. People in Taiwan at first stage is willing to adapt and conform to this policy as for frightening that it would threat personal health. Then as time evolved on to later stages, there is no actual tendency of widespread community infection and severe mortality. Of course, this could very possibly be the consequence of 5 million peoples have already taken vaccine injection. However, people's attention is more focused upon several cases of suspected bad side effect and death as reported again and again in the news and media. Although the truth of these events is still subject to scientific investigation and verification, they have already caused confidence risk to the government authority and suspicion on the safety and reliability of the vaccine. The government is actually capable of and successful in developing, producing, and deploying the vaccine in short duration before worldwide infection outbreak. The problem now is that many people, based on their own evaluation, don't want to take the right for such vaccine injection.

It is natural that people make their own decisions for taking vaccine injection or not all based on everyone's rational choice as whether to take injection as the resort for keeping health or even life. As a contrast, governments of most nations are tending to overwhelmingly persuade their people to take vaccine injection as for infection control. The reason why is that governments are defining H1N1 as the most severe pandemic for public common health. H1N1 is new type of pandemic which will threat not only one's own health and life but also others'. Therefore, government has to ensure their policy be well applied to each one without leaving any room for personal alternative decision making. Given the condition that vaccine is enough supplied, then everyone are asked to take injection to ensure public health and reduce public risk.

As regarding to maintaining one's health by taking vaccine injection or not, it is originally a personal decision based on each one's rational choice with risk assessment. However, the H1N1 vaccine injection in this case is also related to public health aspect of the community or the nation. Therefore, in this paper I try to analyze Taiwan's H1N1 vaccine injection policy with horizon of the balancing for personal rational choice versus public common welfare. First I will briefly summarize the development processes of the pandemic H1N1 and the corresponding health policy and vaccine injection evolutions in Taiwan. And it is followed by a discussion on the main issues and arguments as consequence of the aforementioned history. Then the discussion goes to the issues as related to bioethics norm with human as subject, which as typical ones includes the Nuremberg Code and the Declaration of Helsinki. The argument is: with the world globally threatened by pandemic and need infective disease control, how to properly regulate the very fast vaccine development to deployment process when the pandemic is in overwhelmingly fast and wide spread state. A strict code of test is for healthy, safety, and life protection of the subject under test and the public. So is for the vaccine in time development and deployment, too. When in the very urgent state, is it permissible to adjust these regulations for test so as to meet the effective timing requirement? What is the ultimate justification and rationalization of the policy with vaccine? Whether there is suitable bioethics ground for it? It is hoped, with clarification on these three aspects, we can find general principle for a balanced decision breaking line between common welfare of public health and personal rational decision making.

8-6) Sustainable Peace for a Sustainable Future: Promoting Understanding based on Science Ethics Education

Irina Pollard, Ph.D.

Department of Biological Sciences, Macquarie University,
Sydney, NSW 2109, Australia,

Email: irina.pollard@mq.edu.au

Issues such as equity, peaceful conflict resolution within and between nations, environmental protection and sustainable development; are matters of ethical concern and collective responsibility. By providing a source of information that bridges the gap between applied science and applied ethics, and by emphasizing that the human condition is the product of past and present circumstance,

the search for a bioethics in tune with modern reality is highlighted. For example; new insights gained from the Human Genome Projects have highlighted long-term mechanisms whereby social trauma may influence health parameters across the generations. Normal development maybe disrupted by harmful epigenetic variables that (1) disrupt DNA forming deleterious mutations; (2) change gene imprinting processes and their consequent expressions; and (3) activate 'fetal programming' strategies that trigger changed endocrine indices that modulate normal growth and personal development. Any of the above challenges the future identity of the conceptus, neonate, infant and adult. In this regard, a major concern has been to understand the unique long-term configurations of stress responses as experienced by traumatized children in nations caught up in institutionalized violence – whether declared or undeclared war-zones. This presentation develops from a bioscience ethical standpoint and focuses on how exposure to traumatic events; such as experienced at times of conflict, impact upon the health of future generations and future societies which, in turn, have bearings upon economic status, political activities and cultural conditions as created by circumstance and choice. Bioscience ethics (<http://www.bioscience-bioethics.org/>) facilitates free and accurate information transfer from applied science to applied bioethics. To this end, bioscience ethics has become an important educational tool interweaving many diverse subjects in the process of gathering specialist scientific knowledge for bioethical review. Integrating ethics and the life sciences emphasizes that the human condition is to a considerable extent the product of past and present circumstance which, in turn, provides unique educational opportunities for advancing biological understanding within the scaffolding of ethics.

8-7) Does the responsibility of helping the global poor lie with nation states or individual persons?

Shajia Sarfraz,
Pakistan

Email: shajiasarfraz@gmail.com,
shajia.sarfraz@utoronto.ca

Does the responsibility of helping the global poor lie with nation states or individual persons? In the following paper I shall argue that nation states are causally connected to the creation and sustenance of global poverty, which makes wealthy nations, and not individual persons, morally obligated to help the global poor. I will start by explaining the nature of the distinction between the role of an individual's obligations versus those of a nation in the context of global poverty. I will follow this by drawing a difference between negative and positive duties to argue that the obligation to help the global poor stems from a negative duty rather than a positive one. I will present Pogge's argument for a Global Resource Dividend to show why a violation of negative duties by wealthy nations makes global poverty their responsibility. Following this, I will attend to a possible criticism of my position and address the problem of coercion to show why it cannot be held as an argument against my thesis. After assessing Pogge's argument, I will present Singer's Principle of Sacrifice. I shall make two key arguments against it being a reason as to why individuals, instead of nations, should be responsible for helping the poor. First, I will argue that Singer's argument that a positive duty

holds as much weight as a negative one is wrong. In order to show this, my paper will argue that one's "ability" to do something does not imply that one has a "duty" to do it. Even if individual persons are capable of solving the problem of global poverty, it does not mean they have a moral obligation to do it. Second, I will show that individuals are simply not capable of suitably solving the problem of global poverty. This premise will demonstrate how Singer's Principle of Sacrifice does not apply to individuals in the context of global poverty, and will therefore lead to the conclusion that the responsibility of helping the global poor does not lie with individuals.

In order to differentiate a nation's responsibilities from those of individual citizens, two points need to be made. First, we need to realize that even though citizens elect their governments, and responsibilities of a nation are ultimately shouldered by its citizens, a distinction between national and individual responsibilities can still be made. National leaders make decisions at a legislative level which are implemented on various economic, political and social levels. Individual decisions on the other hand only influence smaller groups of people, such as close social circles, communities or families. Even though individuals decide who leads their nation, for the purpose of this paper legislative decisions made by nation states will not be reduced to 'individual' obligations. This is because any such discussion will result into a circular argument, thus making the purpose of this paper futile.

Second, decisions made by governments not only influence a single nation's policies but also affect policies at an international level. Political leaders are in a position to discuss reforms that shape a global economy. To say the obligation of global poverty lies with nation states implies that leaders of different countries need to resolve this issue by addressing it at international summits such as G8 summits, United Nations sessions and meetings with other international trading partners. The same cannot be said about individual responsibilities which represent personal choices and do not have the impact legislative decisions do.

Wealthy states have violated a negative duty of not causing harm to poor nations and are therefore causally connected to the misery of the global poor. This imposes an ethical obligation on them to reduce global poverty. Pogge addresses the problem of global poverty by referring to it as a state of "Radical Inequality" that has been a cumulative product of decades of an economic system shaped by more affluent societies who have used their "advantages in capital and knowledge to expand these advantages further".²⁶ Global poverty exists because there is an institutional order that is constantly shaped by a status quo between the rich and the poor. Wealthier nations with their superior military and economic growth influence the economies of poorer nations. Several examples from history point to such a system. The end of British rule over the Indian Subcontinent created a demarcation of borders for India and Pakistan that still has them fighting over sovereignty of their territory and rivers. The frequency of civil strife and disputes between poor nations is directly related to international arms trade. If affluent nations have had a role to play in causing a state

²⁶ Thomas W. Pogge, "Eradicating Systemic Poverty: brief for a global resources dividend," *Journal of Human Development*, 2 no. 1 (2000), 66.

of radical inequality, it seems ethically necessary that they ought to play a role solving the problem.

It can be argued here that individuals in wealthy nations too have violated a negative duty by making commercial choices that shape economies in poorer nations. However, this argument assumes that private citizens have had a bigger role to play in shaping international trade laws than governments of developed nations. If individuals do buy goods that have negatively influenced the economy of a developing nation, they are only doing so because their government's trade policies have made that good available in the local market. Nations, not individuals, have had a bigger influence in shaping this dynamic and nations, not individuals, have violated a negative duty here.

Not only have wealthy nations contributed to the problem of global poverty, they are also in the best position to solve this problem. It is true that "efficiency" here does not entail a moral "responsibility", but it gives us further reasons to state why it is *better* for nations to address this issue. Since wealthy nations have already violated a negative duty, it is incumbent upon them to fulfill a positive duty of aiding the global poor, especially because they are in a position to do it.

Pogge's Global Resource Dividend proposal is based on the idea that the global poor have an inalienable share in the world's natural resources. Therefore, wealthy nations are obliged to give to poorer nations a dividend of resources their share or use.²⁷ If such a scheme is implemented, a GRD would be on all natural resources, including those depleted, eroded or occupied. These would include oil, coal, sites for dumping pollutants, and land used for farming or infrastructure.

Pogge further argues that a GRD would solve the problem of global poverty without putting an extraordinary burden on the economies of wealthy nations. He goes to show that a mere 1% GRD from affluent nations would currently raise "about \$300 billion annually." This would mean "\$250 per year for each person below the international poverty line, over three times their average annual income."²⁸ A mere 1% contribution of GRD would not be financially draining on the economies of affluent nations but would make a phenomenal impact on the global poor in just one year. Similarly, a \$2 per barrel GRD on crude oil extraction would raise 18% of the annual revenue target, but affect oil prices by just a nickel per gallon.²⁹ The financial feasibility of a GRD is promising and presents an effective way to quickly and adequately take measures to address the problem of global poverty.

Some may argue that if nations start following Pogge's GRD scheme, the problem of coercion can arise. Citizens who are part of that nation and do not wish to contribute to global poverty may feel 'coerced' if their governments started allocating money from their funds for the global poor. There are two reasons why this argument cannot be made against my thesis. First, the GDP of a nation does not include taxes the citizens are paying. Therefore, since individuals will not be contributing anything from their taxes, nor be required to pay additional taxes, the problem

of coercion will not arise. Secondly, all citizens of a democratic nation already consensually participate in a system of election in order to elect a government. They do so after willfully assessing mandates of various political parties, and consciously making a decision to vote. Whatever decisions the elected government makes now cannot count as coercion because *individual citizens* elected that government. If the conservatives in Canada get elected, liberal Canadians cannot complain that they are being coerced into following conservative policies because they autonomously participated in a system of election which they had consented to.

While Pogge holds nation states responsible for aiding the global poor, Singer defends a Principle of Sacrifice which places this responsibility on individual persons. Singer uses an example to illustrate his argument. He asks us to imagine a situation in which we are walking by a pond in which a child is drowning. The pond is shallow enough for someone to wade in it and rescue the child, but at the minor cost of spoiling his very expensive clothes. Common sense morality would say that one has an obligation in this case to rescue the child even if it means dirtying one's clothes to do so. Using this example, Singer states his Principle of Sacrifice which says that, "if it is in our power to prevent something bad from happening, without thereby sacrificing anything of comparable moral importance, we ought morally to do it."³⁰ He then states that because "suffering and death from lack of food, shelter, and medical care are bad", we as individuals have a moral duty to prevent them from happening. Singer argues that at the individual level, people in affluent nations have an obligation to respond to the problem of global poverty. This implies that individuals need to cut down on personal purchases in order to contribute generously to relief funds.

The Principle of Sacrifice may seem intuitively appealing to our everyday moral convictions, but it does not lead us to the conclusion that the obligation to help the global poor is incumbent on individuals. There are two reasons why this is so. First, Singer assumes that the positive duty to help the global poor is strong enough for it to be morally incumbent on individuals. This is not the case, because the "ability" to do something does not entail a "duty" to do it. Singer assumes that if money is simply given away from the rich to the poor till a point of marginal utility is met, the problem of global poverty will be solved.³¹ What he fails to appreciate is that the possibility of individuals giving to the point of marginal utility is an unrealistic one to begin with. It is hard to imagine why a person should feel *he* has a direct moral obligation to help the global poor when global poverty is actually a result of the structure of social institutions shaped by nations over time. If I have the ability of cleaning the mess in my house, it does not mean that it is *my duty* to clean the house even when my sister dirties it. I might choose to do it as an act that philosophers term "supererogatory", but it would be wrong to insist that I have an obligation to clean the house even when my sister is responsible for the mess.

²⁷ Pogge, 66.

²⁸ Pogge, 67.

²⁹ Pogge, 67.

³⁰ Peter Singer, *Philosophy and Public Affairs*, "Famine, Affluence and Morality," 231.

³¹ Singer, 234.

Certainly, the harm caused by having a messy home is in no way comparable to the death of people caused by abject poverty. What this example does, however, is identify that agents who might be capable of solving a certain problem, are not necessarily those obligated to do it. Though it is certainly charitable to do so, individual persons are not *obligated* to solve the problem of global poverty, because it is nation states that have shaped policies that have caused global poverty.

The Principle of Sacrifice may be very valid in stating that a person has a responsibility to save a child drowning in a pond, but it fails as a philosophical argument to apply to individuals in the context of global poverty. This is my second arguments against Singer's position. The Principle of Sacrifice says that "if it is in our power" to prevent something bad from happening, we morally ought to do it. The question that needs to be raised here is whether it is really in the power of individuals to prevent global poverty. Earlier in this paper I presented the argument for a Global Resource Dividend which illustrated how global poverty is a result of manipulation of the global market by a few affluent nations due to their superior military and economic growth. Global poverty will not be solved by the act of individuals alone due to the inherent nature of the problem which makes global poverty more of a political problem than simply a monetary one. Therefore, since it "is *not* in our power" to prevent global poverty, the Principle of Sacrifice does not apply to individuals. Singer's example of a child in the drowning pond cannot be extended to the role of individuals in the context of global poverty.

In this paper I have used Pogge's arguments for a Global Resource Dividend to show why the problem of global poverty should be one addressed by nation states. I have relied on the distinction between negative and positive duties to argue why a negative duty is stronger and entails a moral obligation while a positive duty does not. I have also presented two major counter arguments against my position and have addressed the problem of coercion and the criticisms raised by Singer's Principle of Sacrifice. Since nations are causally responsible for contributing to the problem of global poverty and since nations are the best resource to combat this problem, I conclude that the obligation to help the global poor is incumbent on nation states and not individual persons.

8-8) The social contract of medical professionals – from the perspective of medical students

Chiung-hsuan Chiu, Ph.D.,

Associate Professor, Taipei Medical University

Email: meg_chiu@tmu.edu.tw

Chung-jen Wei, Ph.D.,

Associate Professor, FuJen Catholic University

Duujian Tsai, MD Ph.D.,

Professor, Taipei Medical University

The social contract that medical professionals assumed is the foundation to make successful professionalism realize. While professional devotion has recently been less desirable by medical educators in global and local contexts, tremendous efforts on curriculum reform are evident. Along the line, assessments to students' actualization of various obligations related to professional social contracts in medical arena are important. This study therefore sets off to observe how medical students perceive their obligation to patients, society, organized

medicine, and themselves through the works of focus groups.

Focus group interviews with four groups were held, 33 persons in total, senior medical students from five universities. Grounded theory is used as guideline to code and formulate key constructs related to students' understandings of physicians' social contracts. Comparative analysis with current literature on medical professionalism is finally applied.

The result showed that the interviewees clearly indicate their obligation to patients including medical knowledge and skills and empathy. Their obligation to organized medicine including participation and improvement is also addressed. Their obligation to society is less evident. This study addresses social contracts from the perspective of medical students. The significant disparity between students' narration with literatures on professionalism indicate the future mission of medical education reform in Taiwan. Accordingly, following quantitative survey with cohort study design are suggested.

8-9) A social movement of Hansen disease's patients in Japan

Tsutomu Sato, PhD,

Professor, School of Medicine, Fujita Health University, Toyoake city, Aichi-prefecture, Japan

Email: t-sato@fujita-hu.ac.jp

Hansen's disease has been severely discriminated since time immemorial all over the world and also in Japan. Japanese measure of Hansen disease was eternal absolute isolation, i.e. coercive isolation, stay indoors until one's death and forcible sterilization. Japanese authorities managed to extinguish this disease with these measures.

Patients, who were hold in leprosaria coercively, were treated in a dehumanizing way because they were called worthless beings for Japan. Tens of thousands had been dead in the midst of their grief. But there were some movements to demand their human rights against injustice. Movements to improve had arose sporadically after each injustice (Sotozima incident, Nagashima incident) before World War II.

After the war, the Japanese new constitution, that declared the sovereignty of the people, was created. But the discriminative act of leprosy was established as the same before the war. New medicine, promine, was developed and Hansen disease had been curable. Patients in leprosaria organized their community associations locally and a national association consisting of thirteen leprosaria. And then the association has demanded their better medical care systematic ways to authorities.

8-10) Complexities of the Standard of Care in Developing Countries and Responsibilities of Ethics Commitees

Inayat Ullah Memon, M.D.

Chief Pathologist, Peoples Medical College Hospital, Nawabshah, Sindh, Pakistan

Email: memon.inayat@gmail.com

With increasing awareness of human rights, emphasis on protection of the vulnerable communities and avoidance of exploitation of weaker by the stronger, have broadened the scope of bioethics, particularly in the field of research involving human subjects. Economic disparities between various nations, differential health-

care services available in well and less developed countries, coupled with increasing trend of research in medical sciences involving human subjects, particularly collaboration between economically un-matched countries has opened new avenues of ethical debates. The issue of *standard of care in research in developing countries* is one of them. Moreover fast emergence of such infectious diseases like AIDS and MDR tuberculosis in recent past has escalated the interest of developed countries to undertake studies in under-developed areas. But it has generated multiple ethical dilemmas that are difficult to be completely resolved with existing ethical guidelines. Outcomes of various researches conducted in less developed countries need not only be beneficial to them in future, but be affordable to them as well. Like the developed countries, studies in developing countries ensure that research participants be judiciously remunerated, but unlike rich nations there is demand that parallel benefits be provided to the communities in poor nations in addition to the direct results of the studies being carried out.

Current debate among various stakeholders concerned with *standard of care in research involving human subjects in developing nations* focus on many issues but the core point is whether to provide the participates universally best available care or the lesser is sufficient. Some authors have put forward alternate standards while others have relaxed the requirements of best standard of care in presence of certain circumstances, conditional to the approval of Institutional Review Boards (IRBs / ERCs). These proposals have increased the responsibilities of the Ethics Committees to formulate situational or local guidelines and overburdened them with task to disentangle the issues whose resolutions are not offered in the existing international guidelines. This paper discusses various aspects of this ethical issue, probes the alternate models offered and analyses the solutions offered by different authors.

Discussion

12:30-13:30 Lunch and ABA General Meeting

13:30-15:45 Session 9: Trials of UNESCO Core Curriculum in Bioethics Education

Chairs: Leonardo de Castro and Darryl Macer

9-1) Bioethics Education: Initiatives in the Philippines

Renato Manaloto,
the Philippines

Email: renatomanaloto@yahoo.com

As a response to the growing interest in bioethics by various healthcare stakeholders -- who are facing challenges in the changing healthcare landscape, the new healthcare technologies, the rigid demands of healthcare practice, the allocation of scarce healthcare resources, and the current requirements in healthcare research -- an interdisciplinary group of bioethicists from the University of the Philippines took initiatives, by instituting relevant training and academic programs, to improve the bioethics education in the Philippines.

Thanks to international funding grants, these initiatives materialized. Through them training programs in research ethics were developed; seminars, workshops and conferences on research ethics - many of which were participated in by those not only in the Philippines but also in other parts of the Asia-Pacific Region - were conducted; international bioethicists were invited to lecture and mentor in these activities; and collaborations with international bioethicists were forged for the training of local bioethicists and guidance in instituting related training and academic programs.

Through these resources, the University of the Philippines was able to develop certificate courses in research ethics, a Diploma in Bioethics, and Master of Science in Bioethics. These programs provided and continue to provide bioethics education to various healthcare stakeholders, even when international funding grants had already ceased.

Many graduates of these programs occupy key positions in the academia, their respective healthcare institutions, and the government. They have played a crucial role not only in decision or policy-making on healthcare-related issues, but also in creating public awareness on bioethics. Some of them have been able to make their institutions tie up with the University of the Philippines in conducting the programs.

While much is still desired in them, the programs have been taking significant strides in improving bioethics education in the Philippines.

9-2) Combining the UNESCO Bioethics Core Curriculum and the Indonesian Medical Standard of Competencies: The First Step for The Implementation Plan

Nur Azid Mahardinata,
PhD Student, AMC-UvA Department of Huisartsgeneeskunde Section of Medical Ethics, Center for Bioethics and Medical Humanities, School of Medicine, Universitas Gadjah Mada, Yogyakarta - Indonesia

Email: nurazid_mahardinata@yahoo.com ;
mahardinata@gmail.com

Website: <http://mahardinata.blogspot.com>

All medical schools in Indonesia have been implementing the Competency Based Curriculum as mandated by the Indonesia Medical Council. Therefore, teaching subjects and strategy should be formulated and designed in accordance with the competency lists of the medical doctors in Indonesia. The UNESCO Bioethics Core curriculum provides well established curriculum especially for the medical students in the clinical phase. To integrate the UNESCO curriculum into the Indonesian Medical Schools,

This paper has the objective to critically analyze and compare the UNESCO Bioethics Core Curriculum with the list of Indonesian Medical Standard of Competencies in order to implement the UNESCO curriculum into the clinical phase curriculum for the Indonesian Medical Schools. A review of both the UNESCO Bioethics Core Curriculum and the list of Indonesian Medical Standard of Competencies, and other the related references was conducted. Articles with the same issue to the unit in UNESCO curriculum will be explored and analyzed to examine the extent of the UNESCO curriculum to fulfill the need of achieving the competencies.

Most of the units in the UNESCO Bioethics Core Curriculum have been stated as the components of the Competency List of Indonesian Doctors. However, special attention should be given to the Unit 17 of the UNESCO Bioethics Core Curriculum (Protection of the environment, the biosphere and biodiversity) due to the lack of environmental issue in the Indonesian Medical Standard of Competencies.

9-3) Bioethics Learning Methods in an Undergraduate Medical School: Experience from Indonesia

Amalia Muhaimin, Ph.D.

Email: amalia_muhaimin@yahoo.com,

Diyah Woro Dwi Lestari

Email: dyah160778@yahoo.com

Department of Public Health and Community Medicine, Division of Bioethics, School of Medicine, Faculty of Medicine and Health Sciences, Universitas Jenderal Soedirman, Purwokerto, Indonesia

Contact: Kampus Kedokteran Unsoed, RSUD Prof. Dr. Margono Soekarjo, Jl. Dr. Gumbreg no.1, Purwokerto 53146, Jawa Tengah, Indonesia

Bioethics has now an accepted place in the medical curriculum in Indonesia. The "National Workshop on Bioethics Education for Medical Student" held in Yogyakarta, 10-12 December 2007, had aimed to develop a national standard in bioethics teaching for medical students, including topics, materials, and methods. The workshop had been followed by a number of conferences and workshops on bioethics teaching in medical school. Discussions more often emphasized on various ethics curriculum presented by different institutions and specific topics presented by a number of experts. However, learning methods and teaching strategies in bioethics had not been discussed specifically. What methods to use in bioethics teaching were often discussed, but why those methods were chosen, when to use a certain method, and how to apply the method, had not yet been discussed. This paper wishes to share ideas and perspectives on various learning methods in an undergraduate medical school in Indonesia. It also includes an ongoing study evaluating various learning methods that have been used, including

lectures, panel discussions with experts, small group discussions, film discussions, and class games.

The objective of this paper is to evaluate learning methods used in bioethics teaching and to identify opportunities for future learning activities in bioethics for undergraduate medical students. A structured questionnaire was distributed to undergraduate students during their third year in medical school.

9-4) Bioethics Core Curriculum Trials in Japan: Teaching of Bioethics to Undergraduate Students in an International/Multicultural University in Japan

Nader Ghotbi, MD, PhD

Associate Professor, Ritsumeikan Asia Pacific University (APU), Beppu city, Oita, Japan

Email: nader@apu.ac.jp

Ritsumeikan Asia Pacific University (APU) located in Beppu city, Kyushu, Japan, has about 6,000 students, about half of which are non-Japanese students coming from well over 90 different countries. The majority of students at APU are from the Asia Pacific region including Japan, Korea, China, Thailand, Vietnam, Indonesia, and Taiwan. Since autumn 2009 for the first time at APU a course on "bioethics" has been offered at each semester to undergraduate students as a common (foundation) subject. Two consecutive groups of students, about 245 students at each group, enrolled for bioethics at each semester. The course of bioethics was taught through 14 lectures each for 95 minutes with short discussions of bioethical issues. The selection of bioethical issues to introduce the bioethical principles was based on the book "D. Macer, ed., *A Cross-Cultural Introduction to Bioethics*, Eubios Ethics Institute, 2006" which was recommended as the main textbook. However, the second group of students received a different arrangement of bioethical issues, based on the 17 units of the "Bioethics Core Curriculum, UNESCO, 2008" in that order.

Therefore, the content of bioethical issues in the main textbook was rearranged in consultation with UNESCO Bangkok to reflect the order of the "Core Curriculum" and case studies were also added to depict the actual application of those principles to real life examples. In the current study, for evaluation of the results of teaching to these two groups of students and a comparison of the learning objectives achieved, a short questionnaire was given to all students who finished the course and took up the written examination at the end of the bioethics course. In the whole, 454 students, (225 in group A and 229 in group B) took the examination from whom 429 (218 in group 1 and 211 in group 2) responded to the questionnaire. The questionnaire asked them what was the most interesting bioethical issue they learned during the course, why they believed that was important, and what they learned about it. The results of the questionnaire have been examined and compared to evaluate the level of success of the "bioethics course" in familiarizing the students with bioethical issues, and the impact of adding the "Core Curriculum" and the universal principles of bioethics and human rights, on the learning objectives attained. Moreover, for teaching purposes, we attempted to identify a set of bioethical issues which are especially attractive to undergraduate students in multicultural environments; it is hoped that the results will help improve the teaching quality, and the learning by the students of the

principles laid in the “Universal Declaration on Bioethics and Human Rights”.

9-5) Analysis of Trials of the UNESCO Core Curriculum in Ritsumeikan APU

Ri An Quek, Nader Ghotbi and Darryl Macer, UNESCO Regional Unit for Social and Human Sciences in Asia and the Pacific, UNESCO Bangkok, 920 Sukhumvit Road, Prakanong, Bangkok, 10110, Thailand

Email: d.macer@unesco.org

Website : www.unescobkk.org/rushsap

This paper discusses observations made during evaluation of the student feedback of trials of the UNESCO bioethics core curriculum completed for Units 1 through 17 carried out by Ritsumeikan Asia Pacific University in Japan. This paper presents some of the results derived from students' responses including their comments and key concerns found in the open-ended questions. The discussion of observations from this evaluation process may be separated into two parts. First, the results analysis will describe the patterns observed from the statistical data collected after coding the comments and responses. The responses were coded into various categories based on the identification of keywords that reflect various levels of critical thinking and personal moral development, of which students had gained from their understanding of the ethical concepts and issues.

Second, the discussion shall identify and categorize useful suggestions made by students for improving the curriculum and content delivery. The discussion will include the limitations of the evaluation exercise and assess the degree to which the learning objectives set out were achieved.

9-6) Comparing CBEC and UNESCO bioethics curricula

Shifa Salman Habib and Aamir Jafarey, M.D.

Centre of Biomedical Ethics and Culture, SIUT, Karachi, Pakistan

Email: aamirjafarey@gmail.com

The Centre of Biomedical Ethics and Culture (CBEC), SIUT initiated its bioethics education program in 2005. The first program to be offered was a Postgraduate Diploma in Biomedical Ethics in that year followed by a Masters in Bioethics program which was launched in 2009. The CBEC bioethics curriculum (CBEC-BC) has undergone continuous internal evaluation and restructuring over the past 3 years to keep it current and relevant.

The Bioethics Core Curriculum (BCC) developed by UNESCO was made available in 2008 to institutions for implementation and assessment. This paper compares CBEC-BC with BCC to compare the content of each curriculum and assess the extent to which the objectives of various units of study included in BCC are being covered by CBEC-BC. The paper will also reflect on the different ways in which the two curricula address similar areas of study.

The results in this paper will represent a mid year comparison with the CBEC-BC since the current academic session is only half way through. This will be followed by an end of year full comparison in December 2010 to provide the full picture of the comparison.

9-7) Ethics at the Edges of Life, East-West: Michigan State University's Discursive Experiment and Curricular Implications

Ann Mongoven, Ph.D., M.P.H.,

Michigan State University, Center for Ethics and Humanities in the Life Sciences and Department of Philosophy, Center for Ethics and the Humanities in the Life Sciences, C-221 East Fee Hall, Michigan State University, East Lansing, MI 48824, USA

Email: ann.mongoven@ht.msu.edu

This presentation will discuss a unique experiment in cross-cultural bioethics discourse at Michigan State University (MSU), and its implications for bioethics pedagogy, curriculum development, and policy discourse. From January through April 2010, MSU hosted a public colloquium series entitled “Bioethics East-West: Ethics at the Edges of Life.” The series featured multi-disciplinary and multi-national speakers addressing North American, Korean, Chinese, and Japanese contexts. They discussed cross-cultural interpretations of coming into and going out of life, and the relevance of those interpretations to practical bioethical issues such as abortion practice, stem cell research, organ donation/transplantation, and aging. “Piggy-backed” onto the colloquium series was a university undergraduate/graduate class that met separately as well as attending the colloquium series.

The East-West rubric of the series prompted several discursive developments among the American audience, including students. Participants were pressed to:

- Ask what bioethical questions might be either missing or over-emphasized in their own cultural milieu.
- Consider what “counts” as bioethics.
- Confront presumptions they brought into discussion.
- Articulate potential relationships between “descriptive” and “prescriptive” ethics.
- Address issues of diversity and respect for cultural pluralism, which continually demanded problematizing the East-West organizing rubric.

Drawing on colloquium presentations, discussions, and student research posters from the series, I will discuss implications for systematic bioethics curriculum development. I will conclude by briefly noting implications for efforts to develop the UNESCO core bioethics curriculum.

9-8) Teaching Bioethics as a stand-alone subject in New Zealand secondary schools: Discussion of a Doctoral case study

Deborah Stevens,

PhD student, University of Waikato, New Zealand.

Email: deborah.stevens@bioethicsmatters.com

Much of the literature available on the teaching of bioethics is concerned with tertiary level courses. However, over quite recent years, a variety of researchers have demonstrated the importance of teaching bioethics at secondary school level. Yet, studies undertaken in this area have seen bioethics taught, not as a stand-alone subject as it is at tertiary level, but as a unit within the framework of another academic subject, primarily Science and Technology.

Doctoral research is currently being undertaken through the University of Waikato, into whether teaching bioethics as a dedicated subject at secondary school level

is an appropriate vehicle for values education and the development of moral reasoning. Following a brief outline of the curriculum content, this presentation will share preliminary findings from the case study being undertaken in a state, co-educational secondary school.

9-9) Teaching Medical Ethics in Iran: New Developments

Alireza Bagheri MD., PhD,
Tehran University of Medical Sciences, Iran; ABA Vice-President

Email: bagheria@yahoo.com

In the history of medicine in Iran teaching ethics has been recognized as an essential requirement in medicine by Muslim physicians such as Avicenna (AD 981-1037) who laid special emphasis on teaching and practicing medical ethics, Razes (865-925 AD) described the basic principles of medical ethics. The first book of medical ethics in Persian, *Medical ethics and customs*, was written by Dr M.N. Etemadian in 1963. Topics such as doctor-patient relationship, confidentiality, abortion and euthanasia were discussed in this book.

Currently, in medical schools, medical ethics is a two credits class for medical students. Since 2008, a PhD course on medical ethics has been started. The aim of this program is to have more PhD degrees on medical ethics for teaching in medical schools, reviewing research proposal and to work as clinical ethics consultants. Since four years ago a Master of Public Health (MPH) course with focus on medical ethics has started.

This paper presents new developments in medical ethics education and initiatives aim to capacity building in this field in Iran.

9-10) Conclusion of Trials of the Core Curriculum and Development of Teaching materials and Cases Studies

Prof. Darryl Macer

Regional Adviser for Social and Human Sciences in Asia and the Pacific, UNESCO Bangkok, 920 Sukhumvit Road, Prakanong, Bangkok, 10110, Thailand

Email: d.macer@unesco.org

Website www.unescobkk.org/rushsap

UNESCO has developed a Bioethics Core Curriculum in 2009, based on the Universal Declaration on Bioethics and Human Rights (2005). In 2006 a second edition of teaching materials was developed by UNESCO Bangkok, published for bioethics education trials in Asia-Pacific under the title, *A Cross Cultural Introduction to Bioethics* (CCIB). Each of those materials has learning objectives. In addition in 2010 case studies were developed in UNESCO Bangkok, linked specifically to the Bioethics Core Curriculum.

This paper will introduce updates to the teaching guide that was available for CCIB to follow the organization of the Bioethics Core Curriculum and the case studies. It supplements the teaching guide included in the Bioethics Core Curriculum document. The teaching guide is structured that in each section it first introduces the CCIB chapter, than the case study. (Please see Table 1). In case the CCIB chapter is listed for more than one unit, please refer to the background in the first Unit to which it is referred in Table 1.

These teaching materials and teaching guide are all open to further additions, and feedback is welcomed. RUSHSAP provides many teaching materials that may be

also used as teaching materials, and these are available also in Word format. For background theory and many examples of games and methods to use in teaching refer to the book Macer, DRJ, *Moral Games for Teaching Bioethics* (UNESCO Chair in Bioethics, 2007).

It would be appreciated that institutions who are considering to use the UNESCO Core Curriculum in Bioethics in Asia and the Pacific countries contact Darryl Macer by Email: rushsap.bgk@unesco.org, to be associated to the formal trials of the curriculum, with evaluation on its applicability to your institution (which includes options for signing a MOU with UNESCO). Links to the core curriculum teaching materials and cases is available on:

<http://www.unescobkk.org/rushsap/ethicseducationcorecurriculumtrials/>

Excerpts from Joint Plan of Action for Regional Networking in Bioethics Education Towards Better Bioethics Education

3. Goals

Research has shown that there are a number of **goals** of bioethics education including:

a) Knowledge

Development of trans-disciplinary content knowledge

Understanding the advanced biological concepts

Being able to integrate the use of scientific knowledge, facts and ethical principles and argumentation in discussing cases involving moral dilemmas;

Understanding the breadth of questions that are posed by advanced science and technology

Knowledge of cultural values

b) Skills (capacity building in skill acquiring should be multi faceted or many sided, and the goals include)

Balancing benefits and risks of Science and Technology

Being able to undertake a risk/benefit analysis

Develop critical thinking and decision making skills and reflective processes

Develop creative thinking skills

Develop foresight ability to evade possible risks of science and technology

Skills for developing "informed choice"

The required skills to detect bias in scientific method, interpretation and presentation of research results

c) Personal moral development

Understanding better the diversity of views of different persons

Increasing respect for all forms of life

Elicit a sense of moral obligation and values including honesty and responsibility

Being able to take different viewpoints to issues including both biocentric and ecocentric worldviews rather than only anthropocentric perspectives.

Increasing respect for different people and culture, and their values

Developing scientific attitudes, reflective processes, and an ability for holistic appraisal, while not ignoring the value for reductionist analysis.

Knowledge about bias in the interpretation and presentation of research results, benefits and risks of technology and bioethical issues, and how to detect bias

Exploration of morals/values (values clarification)

Values analysis and value based utilization of our scarce natural resources

Table 1: Correlation of the UNESCO Bioethics Core curriculum with RUSHSAP regional teaching materials in CCIB and case studies

BCC Unit	BCC Learning objectives	CCIB Chapter (especially sections)	Available Cases (in Case file)
1. What is ethics?	Students should be able to recognize and distinguish an ethical issue from other issues. Students should be able to reason about ethical issues.	A1. Making choices, diversity and principles of bioethics A2. Ethics in history and love of life (A2.1, A2.2, A2.3, A2.5)	Activity 1 (p17) Case 1-1: The Lifeboat Case 1-2: An Environmental Activist who takes a shower three times a day
2. What is bioethics?	Students should be able to explain the difference between medical ethics and bioethics Students should be able to differentiate bioethics, law, culture, and religion Students should be able to explain the principles of bioethics and how to balance these principles in practice	A1. Making choices, diversity and principles of bioethics A3. Moral agents Universal Declaration on Bioethics and Human Rights (A1.1, A2.4, A3) E5. Prenatal diagnosis of genetic disease	Case 2-1: Prenatal diagnosis and abortion
3. Human dignity and human rights (Article 3)	Students should be able to explain and apply the concepts of human dignity and human rights Students should understand the relevance of these concepts in the context of bioethics	G4. Human Rights and Responsibilities F1. Revisiting the Body	<u>Case 3-1: Donor Sibling</u> Case 3-2: Conflicts of living will and family's wish Case 3-3: Hysterectomy of handicapped child Case 3- 4: Voluntarily active euthanasia Film: "My sister's keeper"
4. Benefit and harm (Article 4)	Students should be able to identify harms and benefits in health care Students should be able to evaluate harms and benefit in health care Students should be able to justify decisions taking harms and benefits into account	A1. Making choices, diversity and principles of bioethics (A1.4, A1.5) [C2. Ethics of Genetic Engineering] [D3. Euthanasia]	Case 4-1: Cosmetic surgery A5. Ethics and Nanotechnology
5. Autonomy and individual responsibility (Article 5)*	Students should be able to explain the concepts of autonomy and individual responsibility and to understand their significance for the health care provider-patient relationship Students should understand the relationship between autonomy and individual responsibility	A1. Making choices, diversity and principles of bioethics (A1.2.) D3. Euthanasia B7. Cars and the Ethics of Costs and Benefits F1. Advances in Neuroscience and Neuroethics	Case 5-1: "Doctor's concern" Case 5-1: Repeated attempts to commit suicide Case 5-3: Decision to have sex with HIV-infected partner Case 5- 4: Patient refuses treatment Movie: Sound of Silence
6. Consent (Article 6)*	Students should be able to explain the meaning of 'consent', 'informed', and 'informed consent'; they should be able to define the principle of 'informed consent'.	D1. Informed Consent and Informed Choice D2. Telling the truth about terminal cancer	Case 6-1: Defensive medicine, Caesarean section.

	<p>Students should be able to explain what the process of informed consent requires</p> <p>Students should be able to explain how the principle of consent is applied in different interventions, research, and teaching</p> <p>Students should be able to explain how exceptions to the principle can be justified</p>		Case 6-2: Patient does not want to make a decision
7. Persons without the capacity to consent (Article 7)*	<p>Students should be able to explain the meaning of 'capacity of consent'</p> <p>Students should be able to explain the criteria of capacity of consent</p> <p>Students should be able to explain how the criteria for consent are applied in different circumstances of treatment and research</p>	<p>D10. Ethical Principles for Medical Research Involving Human Subjects</p> <p>F3. The Neuroscience of Pleasure, Reward and Addiction</p>	<p>Case 7-1: Doctor suggests certain treatment after consideration</p> <p>Case 7-2: Oral advance directive</p> <p>Case 7-3: Ethics committee cannot make a decision</p> <p>Case 7-4: Should tube feeding and ventilator be started or not?</p> <p>D3. Euthanasia</p>
8. Respect for human vulnerability and personal integrity (Article 8) 1 hour	<p>Students should be able to explain the principle of respect for human vulnerability</p> <p>Students should be able to analyze the interrelationship between present day scientific medicine and human vulnerability and to illustrate the difficulties in this relationship with example</p> <p>Students should be able to specify the connections of the principle of respect for human vulnerability with the notion of personal integrity and with care ethics</p>	<p>E1. Lifestyle and Fertility</p> <p>E6. Female Infanticide</p> <p>G2. Child Labour</p>	<p>Case 8-1: Telling the truth or not to the terminal cancer patient?</p> <p>Case 8-2: Is the decision of family for the patient?</p>
9. Privacy and confidentiality (Article 9)	<p>Students should be able to why patient privacy and confidentiality should be respected</p> <p>Students should be able to recognize legitimate exceptions to confidentiality</p>	<p>C4. Testing for cancer gene susceptibility</p> <p>C5. Genetic privacy and information</p>	<p>Case 9-1: Health insurance and privacy</p> <p>Case 9-2: Minor's request</p> <p>Case 9-3: Conversations between medical professionals</p> <p>Case 9-4: Information disclosure to the relative.</p> <p>C10. International Declaration on Human Genetic Data</p>
10. Equality, justice and equity (Article 10)	<p>Students should be able to identify and deal with the ethical issues involved in allocating scarce health care resources</p> <p>Students should be able to recognize conflicts between the health care professional's obligations to patients and to society and identify the reasons for the conflicts</p>	<p>A1.3.</p> <p>D8. SARS (Severe Acute Respiratory Syndrome)</p> <p>B6. Sustainable Development</p>	Case 10-1: Triage

11. Non-discrimination and non-stigmatization (Article 11)	<p>Students should be able to explain the concepts of discrimination and stigmatization in the context of bioethics</p> <p>Students should be able to identify different contexts and bases of discrimination and stigmatization and their implications</p> <p>Students should be able to identify and deal with situations where exceptions to the principle can be justified</p>	C7. Eugenics D9. AIDS and Ethics	Case 11-1: HIV test and result report to a couple
12. Respect for cultural diversity and pluralism (Article 12)	<p>Students should be able to explain the meaning of 'culture' and why it is important to respect cultural diversity; Students should be able to explain the meaning of pluralism and why it is important in the field of bioethics</p> <p>Students should be able to deal with cultural diversity and take into consideration cultural specificities (appropriate approach, positive inputs and limits) with respect to the fundamental principles of bioethics and human rights</p>	G1. Revisiting the Body D4. Brain Death D5. Organ donation C3. Genetically modified foods	<p>Case 12-1: Baby with intersex condition</p> <p>Case 12-2: Palm reading</p> <p>Case 12-3: Artificial breathing to the patient after brain death</p>
13. Solidarity and cooperation (Article 13)	<p>Students should be able to explain the development of the notion of solidarity in different societies</p> <p>Students should be able to describe the difference between solidarity as an instrumental and a moral value; Students should be able to give examples of solidarity in the context of health care and research</p>	C6. The Human Genome Project G3. Peace and Peace-keeping	Case 13-1: Defensive medicine, "Is there a doctor on board?" and Good Samaritan law
14. Social responsibility and health (Article 14)	<p>Students should become acquainted with the shared responsibilities of the state and various sectors of society in regard to health and social development</p> <p>Students should understand the requirements of global justice and the notion of the highest attainable standard of health care as a right</p> <p>Students should be able to explain that health status is a function of social and living conditions and that attainment of the highest attainable standard of health care depends upon the attainment of minimum levels of social and living conditions</p> <p>Students should be able to appreciate the urgent need to ensure that progress in science and technology facilitates access to quality health care and essential medicines as well as the improvement of living conditions and the environment, especially for</p>	B6. Sustainable Development F1. Revisiting the Body	<p>Case 14-1: Medical tourism</p> <p>Case 14-2: Social support to care personnel</p>

	marginalized segments of the population. Students should be able to analyse potentially exploitative social practices and or arrangements affecting public health and recommend possible solutions		
15. Sharing of benefits (Article 15)	Students-should-be-able-to-understand-the-need-for-ensuring-that-scientific-knowledge-contributes-to-a-more-equitable-prosperous-and-sustainable-world. Students-should-be-able-to-explain-that-scientific-knowledge-has-become-a-crucial-factor-in-the-production-of-wealth-but-at-the-same-time-has-perpetuated-its-inequitable-distribution. Students-should-be-able-to-explain-the-reality-that-most-of-the-benefits-of-science-are-unevenly-distributed-among-countries-regions-and-socialgroups-and-between-the-sexes. Students-should-be-able-toanalyse-efforts-that-have-been-undertaken-at-various-levels-to-promote-the-sharing-of-the-benefits-of-scientific-knowledge-and-research-and-to-explaore-novel-initiatives-that-may-be-undertaken. Students-should-be-able-to-identify-and-asses-potentially-undue-or-improper-induecements-in-different-research-settings/situations.	C9. Universal Declaration on the Human Genome and Human Rights D10. Ethical Principles for Medical Research Involving Human Subjects	
16. Protecting future generations (Article 16)	Students should be able to explain the principle of protecting future generations Students should be able to evaluate the possibilities and difficulties in the application of the principle in practical settings	C8. Human Gene therapy E2. Assisted reproduction E4. Choosing Your Children's Sex and Designer Children E5. Prenatal diagnosis of genetic disease E7. Human cloning B8. The Energy Crisis and the Environment	Case 16-1: Brain-enhancing drug use for adults ³² E8. United Nations Declaration on Human Cloning E9. Human Genome Organization Declaration on Stem Cell Research
17. Protection of the environment, the biosphere and biodiversity (Article 17)	Students-should-be-able-to-explain-how-bioethics-is-related-toenvironmenmtal-issues. Students-should-be-able-toanalyse-environmental-issues-from-anthropocentric-biocentric-and-ecocentric-ethical-perspectives. Students-should-be-able-to-describe-sustainable-development.	A4. Ethical limits of animal use B1. Ecology and Life B2. Biodiversity and Extinction B3. Ecological Ethics B4. Environmental Science B5. Environmental Economics B9. Ecotourism	B10. The Earth Charter

16:00 – 17:40 Session 10: Ethical issues in Asian Bioethics.

Chairs: Soraj Hongladarom and Yanguang Wang

10-1) The structure of bioethics in Japan: From the perspective of Three Levels Analysis

Takao Takahashi, Ph.D.

Kumamoto University, Japan

Email: ttaka@kumamoto-u.ac.jp

One of the ways of making bioethics global is to propose universal principles which are abstracted from culturally different practices. Those principles are intermediate. For example, what underlies the principle of Respect for Autonomy can be Kantian philosophy or Mill's liberalism. That is to say, those principles exist between the basic level of philosophy, religion and the practical level of moral sense, custom.

The method of "reflective equilibrium", which is famous for J.Rawls' book *A Theory of Justice*, has two roles. One is to search out the point of equilibrium and find a suitable principle, while the other is to analyze the arguments from the viewpoint of three levels analysis. By three levels analysis we can judge the argument as top down, bottom up or synthesis of the both.

Moreover, three levels analysis teaches us that the practical level of moral sense and custom is deeply connected with the basic philosophical level. However, the method of reflective equilibrium itself shows the connection, because by interpreting the practical level we can make the basic level clear. The process from the practical level to the basic level can be called, using the terminology of C.S.Peirce, "abduction".

I will analyze the structure of bioethical arguments in Japan from the stand point of the method of three levels analysis.

10-2) National standards for research conduct, human research and animal research - the Australian experience

Timothy M Dyke, M.D.

Executive Director, Quality and Regulation Branch, National Health and Medical Research Council, Australia

Email: Timothy.Dyke@nhmrc.gov.au

Website: www.nhmrc.gov.au

The Australian framework for the governance and conduct of research is largely based on three national standards (underpinned by a range of guidelines), that consider the responsible conduct of research and its governance, the ethical conduct of human research, and the ethical conduct of animal research. These standards provide guidance to research institutions and researchers on many issues including handling allegations of research misconduct, and the establishment of human research ethics committees and animal ethics committees. Compliance with these standards is monitored through funding body agreements.

10-3) Islamic Ethics and Modern Biotechnology: The Importance of *Maqasid Al-Shari'at* in Decision Making

Latifah Amin.

University Kebangsaan Malaysia

Email: nilam@ukm.my

Siti Fairuz Sujak, Abdul Latif Samian, Mohamad Sabri Haron, Mohamad Nasran Mohamad

University Kebangsaan Malaysia

Modern biotechnology has huge potential for the betterment of the agricultural, food and medical sector. However, there have been many questions about the permissibility status of modern biotechnology products while others were concerns about the possibility of different kind of risks to human health, environment and society. Islamic Law is comprehensive and encompasses moral principles directly applicable to modern biotechnology. This paper proposes that the ethic of modern biotechnology should be based on the five purposes of Islamic Law, *maqasid al-shari'at* that are also considered as the five purposes of modern biotechnology. The five purposes are preservation of religion and health, preservation of progeny, preservation of intellect and preservation of wealth. Any modern biotechnology application/product must fulfill one of the purposes if it is to be considered as ethical. If any application/product violates any of the five purposes in successive order of importance, it is deemed as unethical. In this paper, the principle of *maqasid al-shari'at* and how it can be used to assess the acceptance of several modern biotechnology applications/products will be discussed.

10-4) Ethics related to research using traditional/herbal/herbo-mineral formulations in India

Nandini K. Kumar, MBBS, DCP, MHS,

National Institute of Epidemiology, India

Email: nandkku@yahoo.com

Vasanth Muthuswamy, MD,

National Institute of Epidemiology,

Email: vmuthuswamy@hotmail.com

In modern times, the universal ethical principles applied to clinical research has mostly been propagated by the developed countries. In India, where the number of clinical trials/ research is increasing rapidly due to various advantages, it became necessary to increase awareness regarding these principles. However, the co-existence of different system of medicines in India, namely, Allopathy, Ayurveda, Siddha, Unani, Yoga, naturopathy and Homeopathy require application of different set of ethical guidelines. The older codes of medical ethics as compiled in Caraka Samhita, Egyptian papyri, Hammurabi and enunciated much later by Hippocrates (father of Unani medicine) stated the common ethical doctrine "Primum non nocere" i.e. first do no harm. Considering the importance of traditional medicine, the Indian Council of Medical Research (ICMR) included the topic in its "Policy Statement on Ethical Considerations involved in research on Human Subjects" in 1980. In keeping with the modern scientific developments, in 2000 this part was much more modified in the revised guidelines, "Ethical Guidelines for Biomedical Research on Human Subjects". The second revised version of 2006 further modified it. India is unique in its approach to traditional medicine research by using reverse pharmacology route for validating traditional formulations and modern drug development route for

testing formulations if there is any deviation from the traditional use, process or route of administration, or is a new combination.

The main problem is procuring a standardized formulation for research. Obtaining informed consent for a particular product is not only laborious but also difficult since the participants do not understand the implications of using it with other household remedies which may cause drug-herb interaction and result in adverse drug reactions. Most of the rural folk who regularly use some traditional remedy could easily fall confound the results. The ethics committees (EC) in modern medicine institutions while reviewing research proposals on use of traditional/ herbal/ herbo-mineral formulations very often do not give approval due to lack of knowledge of Indian guidelines in this regard. Moreover, for compliance with GCP/ GMP standards there is lack of awareness/ training, and constraints on resources/ infrastructure. Post trial access or availability of the formulation does not get any attention most of the times.

In case of collaborative international research, it is not clear if the Indian investigator is not from the formal medical system. In such collaborations equal chances in benefit sharing should be in place with no grounds for exploitation.

10-5) Tracing genomics in traditional medicine

Minakshi Bhardwaj, Ph.D.

ESRC Centre for Economic and Social Aspects of Genomics (Cesagen), Cardiff University, 6 Museum Place, Cardiff CF10 3BG, United Kingdom

Email: bhardwajm@cardiff.ac.uk

Website : <http://www.genomicsnetwork.ac.uk/cesagen>

In this paper I wish to talk about some emerging thoughts with regards to the ways in which practices of traditional medicine are being transformed due to the influence of modern medicine; in particular genomics. Traditional medicine is still widely used and practiced in majority of the developing countries, due to its accessibility, established networks and systems within the local communities. These practices of traditional medicine primarily focused on the nature of the being, its relationship with the nature and drawing upon medicinal plants from nature. It needs to be acknowledged that there is a variety of practices and epistemologies under the rubric of 'traditional' and most medical traditions are intrinsically plural in nature. The plurality lies both in the ways in which one tradition is interpreted and codified and also its practical applications, for example there are several versions of Oriental/Chinese medicine seen in Buddhist countries ranging from Tibet to Thailand.

The progression in environmental sciences and immunology led the researchers to appreciate capacity and rationality of the traditional taxonomies and effectiveness to the treatments. Similarly, recent rise of genetics and genomics in medical sciences is beginning to establish links and similarities, if there are, about the ways in which traditional medical practices classify diseases and populations, do prognosis and try treatment strategies. This paper will trace how contemporary developments in genomics is influencing traditional medicine and some of the arising ethical challenges.

10-6) The popularity of CAM and its lessons for Bioethics

Monika Clark-Grill MD PhD FRNZCGP

Faculty of Medicine, University of Otago, PO Box 56, Dunedin 9054, New Zealand

Email: monika.clark-grill@otago.ac.nz

Complementary and alternative medicines (CAM) have become increasingly popular over recent decades. Within bioethics CAM has so far mostly stimulated discussions around their level of scientific evidence, or along the standard concerns of bioethics. To gain an understanding as to why CAM is so successful and what the CAM success means for health care ethics, this paper explores empirical research studies on users of CAM and the reasons for their choice. It emerges that there is a close connection to fundamental principles of medical ethics. The studies also highlight that CAM's holistic ontology of health and illness has an empowering effect on people in caring for their health, and on an even deeper level, safeguards against biomedicine's reducing image of oneself as biological body-machine. The question is raised what lessons bioethics should draw from this emancipatory social movement for its own relationship with biomedicine.

10-7) Failure of Informed Consent in Compensated Organ Transplantation in the Philippines

Sarah Jane Toledano,

Department of Philosophy, University of the Philippines, the Philippines

The Philippines is a country known for its paid organ donation. A yearlong survey and research done by the University of the Philippines in partnership with Okayama University seek to examine the practice of paid organ donation to 300 respondents in the country. By going to key areas in the Philippines where paid kidney donation is rampant, the research seeks to be able to identify the trend of donation among the individuals of the community; namely, the personal profile of the organ donor, the motivations for the donation, broker involvement, the socio-economic effects of the donation, their experience of pre- and post-operative health counseling and the donor's awareness of government accredited health foundations.

Based on the results of the survey, the research would like to make an ethical inquiry on the dynamics of paid non-related organ donation. First, we would like to present the challenges on informed consent. Poverty plays a major role in the experience of exploitation by the organ donors from the brokers or middlemen. The organ donors primarily live in low-income communities and that poverty-related reasons are the motivations for donating. While many of them felt that their donation was an autonomous decision on their part, the principle of informed consent has been violated in many cases because of the involvement of brokers who fail to provide adequate health counseling and medical services to the donors. The lack of education coupled with a lack of awareness of the government-accredited health foundations have made them susceptible to brokers who take advantage of their vulnerabilities.

Second, we would like to examine how the practice of compensation works in non-related organ donation. In the Philippines, organ donation is permissible upon reasons of altruism. This is a way of the government to combat human trafficking. However, in the midst of such

government regulations, both exploitation and human commodification can be gleaned from the stories of the respondents. Brokers took individuals from far-flung provinces of the country to Manila as organ donors where they failed to receive adequate health services before and after the donation. Thus, we seek to examine whether a system of compensation can work without necessarily leading to human commodification, but can, at the same time, even avoid the exploitation of organ donors. Moreover, we seek to examine the personal narratives of the organ donors and get a more in-depth understanding for their motivations behind their donation.

Discussion

17:45-18:00 Closing Session and Reflections

Leonardo de Castro, Ph.D.
Senior Research Fellow, Centre for Biomedical Ethics,
Yong Loo Lin School of Medicine, National University of
Singapore, Singapore 117597
Email: decastro.bioethics@gmail.com

Darryl Macer
Regional Adviser for Social and Human Sciences in Asia
and the Pacific, UNESCO Bangkok, 920 Sukhumvit Road,
Prakanong, Bangkok, Thailand 10110
Email: d.macer@unesco.org

NOTES

Forthcoming Conferences

For a list of some ethics meetings in Asia and Pacific:
http://www.unescobkk.org/index.php?id=current_and_future_events

UNESCO-UKM Conference on History, Politics, Strategic Studies and Climate Change

29-30 November 2010,

Palm Garden, Putrajaya, Malaysia

Organized by Universiti Kebangsaan Malaysia (UKM) and the Regional Unit for Social and Human Sciences in Asia and the Pacific (RUSHSAP), UNESCO Bangkok. For further details, please contact apc.ukm@gmail.com

International Conference on Ethics and Professionalism (ICEP 2010): Sustainable Science, Technology and Society.

1 - 2 December 2010,

Equatorial Hotel, Bangi-Putrajaya, Malaysia.

Co-organized by: Centre for General Studies, Universiti Kebangsaan Malaysia (UKM) and the Regional Unit for Social and Human Sciences in Asia and the Pacific (RUSHSAP), UNESCO Bangkok. Papers accepted on:

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Fourth UNESCO-Kumamoto University Bioethics Roundtable: Bioethics and the Concept of Happiness,

11-12 December, 2010.

Kumamoto, Japan. Inquiries to
rushsap.bgk@unesco.org

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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.

Cost: US\$25 UK£12 NZ\$30 A\$30 C\$27 ¥3000 **NZ\$40**

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 Macer April 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

November 2004 ISBN 0-908897-22-7 656 pp. Cost: US\$35 Euro35 UK£20 NZ\$40 A\$38 C\$40 ¥3000 **NZ\$50**

A Cross Cultural Introduction to Bioethics 2006, 300pp. (A4)

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