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## **Special Issue – Abstracts**

### **13<sup>th</sup> Asian Bioethics Conference and the 6<sup>th</sup> UNESCO Asia-Pacific School of Ethics Roundtable**

Conference theme:

## **Bioethics and Life: Security, Science and Society**

27 - 30 August 2012

Institute of Diplomacy & Foreign Relations (IDFR)  
Kuala Lumpur, Malaysia

Organized by the Asian Bioethics Association (ABA), the Asia Pacific Forum on Ethics & Social Justice (Malaysia); the Regional Unit in Social and Human Sciences in Asia and the Pacific (RUSHSAP), UNESCO Bangkok. This conference is also organized with the Institute of Diplomacy & Foreign Relations (IDFR) Malaysia, Faculty of Social Sciences & Humanities - Universiti Kebangsaan Malaysia, the Institute of Malaysian & International Studies - Universiti Kebangsaan Malaysia (IKMAS-UKM), and the Eubios Ethics Institute as strategic partners.

**MONDAY 27<sup>TH</sup> AUGUST 2012**

*Venue: Auditorium, Institute of Diplomacy & Foreign Relations (IDFR)*

#### **Opening Session (9.30 – 11.00 A.M.)**

##### **Welcoming Remarks**

Dr. Ravichandran Moorthy, Conference Chairperson.

##### **Remarks**

Prof. Dr. Darryl J. Macer, Regional Adviser, UNESCO Bangkok

##### **Remarks**

H.E. Dato' Ku Jaafar Ku Shaari, Director General, Institute of Diplomacy & Foreign Relations (IDFR) Malaysia

##### **ABA Presidential Address**

Prof. Dr. Anoja Fernando, President, Asia Bioethics Association

##### **Opening Speech**

Hon. Prof. Tan Sri Dato' Wira Dr. Sharifah Hapsah Syed Hasan Shahabudin, Vice Chancellor, Universiti Kebangsaan Malaysia.

Book Launch *Environmental Ethics in Managing Resources in the Asia Pacific* by Ravichandran Moorthy & Darryl J. Macer (Eds). Discussant: Prof. S. Pannerselvam, University of Madras, India.

**11.00 – 11.30 A.M. Refreshments**

#### **Session 2: Climate, Environment & Conflict (11.30 – 1.00 P.M.)**

*Chairperson: H.E. Dato' Ku Jaafar Ku Shaari, Director General, Institute of Diplomacy & Foreign Relations (IDFR)*

##### **Environmental Ethics, Protecting Nature and Civil Society**

Salleh Mohd Nor, (Tan Sri, Dr)

Vice Chair, National Bioethics Council; Malaysia

##### **Hydropolitics and water ethics in Asia**

Ravichandran Moorthy (Dr.)

President, Asia Pacific Forum of Ethics & Social Justice; Vice-President, ABA; Universiti Kebangsaan Malaysia; drravi5774@gmail.com

Asia faces major water crisis that threatens, not only its socioeconomic progress and environmental sustainability, but also its national security. Asia's rising populations, economic development and agricultural activities has placed enormous demand on the steady supply of water. Rivers and water basins in Asia are the

main sources of water for human consumptions, agriculture and industries. Many of these water sources are shared by several countries – often causing competition among riparian countries to secure the supply of water. The increasing pressure on countries to secure water supply for their own consumption often comes in disputation with other countries sharing the same sources. Currently, many countries in Asia face water disputes with their neighbours especially over the access of water sources and the control of water basins. It should be noted that Asia is the fastest-developing continent and home for some three-fifths of world population but it has less freshwater per-capita than any other continent. In addition, water efficiency and productivity in Asia are the lowest in the world. The paper examines the nature of water scarcity and insecurity in Asia, and how water is increasing being securitized and politicized by the stakeholders. It also promotes the inculcation of acceptable ‘water ethics’ in water management activities and the use of conflict resolution mechanism to reduce competition and tension among stakeholders.

#### **Large dams in North East India: Role of sustainable technology, dialogue and ethics in conflict resolution**

Abhik Gupta (Prof)

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The northeastern region of India has earned many epithets: it is the seat of ecocentric traditions, ethnic-cultural diversity and biodiversity to anthropologists, biologists and ecologists; zone of high seismicity to geologists; hotbed of insurgency to political scientists; and since 2002, the ‘powerhouse of India’ to power companies, engineers and policy makers. It owes the last-named distinction to a stupendous hydropower generation potential of 70,000-odd MW, of which about 80 per cent is in Arunachal Pradesh on R. Brahmaputra (Siang or Dihang) and its various tributaries. The total number of projects in Arunachal Pradesh is 132, of which three are under construction, while some have already received environmental clearance. These projects constitute a major epicenter of conflict that emanates from the concern of the downstream riparian state of Assam. The other major potential area of conflict and resentment is the Indian apprehension of China’s construction of dams on Yarlung Tsangpo – the 1625 km stretch of Brahmaputra in China (Tibet) - and yet another concern is that of Bangladesh on the possible downstream impact of the proposed Tipaimukh Dam in the upstream of R. Barak in India. A spate of public protests and agitations are already raging against the 2000 MW Lower Subansiri project being built in the border of Assam and Arunachal Pradesh. There have been sustained agitations in Manipur and Bangladesh against the Tipaimukh project; of several indigenous communities in Arunachal Pradesh and Sikkim; and others. This paper explores more sustainable alternatives for power generation without compromising environmental and human rights concerns and examines the role of continued dialogues among different stakeholders at all levels. The need for developing more mutually accommodative attitudes in order to evolve morally appropriate and environmentally benign

blueprints for development is also emphasized in the theoretical context of normative ethics.

#### **Ethics of nuclear energy technology and disaster ethics**

Professor Dr. Darryl J. Macer

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Nuclear energy is one of the energy options used today across the world that could be expanded for the future because in its day-to-day operations it does not produce CO<sub>2</sub> and other pollutants into the atmosphere, which cause global warming. Nuclear energy has been one of the major public topics of discussion in 2011 following the Fukushima accident, which has revived the fears that emerged after Chernobyl incident in 1986. In the UNESCO Ethics and Climate Change in Asia and the Pacific (ECCAP) project there is comparative analysis of the ethics of nuclear energy compared with other energy options. The principle of non-maleficence is very important to people’s fears of nuclear technology. However, when we consider the types of risk inherent in most energy options it may be difficult to argue that nuclear energy should be absolutely prohibited simply because accidents can occur. As a comparison, several thousand persons die in coal mine accidents each year, and hundreds die in the oil and gas industry; not to mention the added complications of health to miners and the public in general, and environmental effects. The fact that Fukushima disaster occurred despite comprehensive safety systems and multiple redundant safety systems, and inherent and passive safety systems, has significant implications for nuclear safety. Although Fukushima nuclear accident was triggered by a major earthquake and tsunami that led to loss of power for the cooling systems, resulting in meltdowns at three reactors, the NPP had been designed with the recurrent risk of earthquake and tsunami in that region of Japan in mind. The risk preparations were thus proven to be insufficient, with a number of implications for many other NPPs built close to earthquake faultlines. Some of the most significant impediments to nuclear energy becoming a sustainable, safe source of power are the “unseen” expenses. The potential long-term viability of nuclear power could decrease if financial and environmental risks are ignored. Nuclear power is inherently tied to “external costs and benefits”, termed as “externalities”. Liabilities include the cost of environmental damage, adverse radiation effects on human health following a nuclear accident, damage to human health during routine operation of nuclear facilities, and the long-term problems associated with nuclear waste disposal and plant decommissioning. external costs of electricity generation are largely dependent on the choice of fuel, technology and location, although assumptions underlying specific technologies studied cannot be generalized. In the case of nuclear energy, the impact assessment will need to include the risk of severe radiation accidents as the major environmental burden. Fukushima accident has revealed the high cost of clean up of the contaminated land as well as making the site safe over decades. We have to consider prevention when we consider disaster ethics.

### **Environmental Security and Regional Dispute in the Lower Mekong river basin: A case study of the Xayaburi hydropower dam**

Ayesha Lorenza

M.A. Student; Indonesia

This paper examines the impact of the proposed construction of the Xayaburi Hydropower dam on the mainstream of Mekong River will have on environmental security and the ensuing issues relating to the relations among the stakeholder states in the lower Mekong River basin that include Thailand, Laos, Viet Nam, and Cambodia. This mega dam project is estimated to produce a large amount of electric power that can supply electricity not only for domestic use in Laos but also for its neighboring countries. Thus, it is hoped that the construction of the hydropower dam can help reduce the economic development problems faced by Laos, a landlocked country. However, this proposed dam project raises a storm of protest because of its adverse impact on the ecosystem of the river as well as the environmental security of the lower Mekong River basin countries that include Laos, the proposer itself. In the worst-case scenario it may even lead to disputes among the stakeholder countries of Mekong River over the water source. There are many precedents for this and the impact of the Baglihar Dam and the Aswan Dam has had on the environment as well as the ensuing issues relating to the relations among the stakeholder states are good examples. Thus, it is submitted that the Xayaburi hydropower mega dam project proposed by Lao has more disadvantages than advantages for all parties involved.

### **A study on the concept and method of process management for democratic nature restoration project**

Dr. Tomoki Takada

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One of the most important issues regarding nature restoration projects is how to involve various stakeholders. If a project is carried out without relevant public participation, it may lead to unsustainable consequences. This study aims at considering the method of process management for democratic nature restoration through actual restoration activities. For this purpose, as a social experiment, the authors have launched a public organization named the KAMOKEN research center on Sado Island, Niigata, Japan. KAMOKEN was established as a result of the discussion with local fishermen who strongly wished to improve the environmental conditions of Lake-Kamo. KAMOKEN started a lakeshore restoration at the inlet called "Kogome-no-iri" by facilitating the collaboration of local residents, researchers and governmental officials. In order to develop a restoration project based on collaboration with stakeholders, process manager needs to assess people's interests. In "Kogome-no-iri" project, when we assessed the interests, the concept of "*local milieu*" has been highlighted. "Local" is used as vicinity, and "milieu", which is put from a Japanese word of "*Fudo*", is used to describe the inter-relationship between human beings and their environments. "*Local milieu*" is a

characteristic of a region whose specific geographical elements underlie both its natural climate and social conditions. A variety of interests held by different stakeholders have developed in association with climatic and geographical characteristics of the area in which the stakeholders live. "*Local milieu*", in other words, is deeply related to the interest building process of stakeholders. But, such a difference has not been cleared beforehand. KAMOKEN has been running the project by coordinating workshops and conducting construction works in collaboration with local residents. In this way, we have developed and embodied a unique restoration plan by gradually elucidating people's interests and specific environmental characteristics.

**Lunch 1.00 p.m. -2.00 p.m.**

### **Session 3: Ethics in Food, Agriculture & Development (2.00 – 3.30 p.m.)**

*Chairperson: Dr. Ravichandran Moorthy, Asia Pacific Forum on Ethics and Social Justice; Malaysia*

#### **Fish pain, suffering and their value of life: ethics of what we eat**

Lea Ivy O. Manzanero,

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The trend in aquaculture provides an increasing proportion of food supply and fish have important advantages compared to livestock in terms of food conversion efficiency. Compared to livestock which require extensive skeletons, fish provide more flesh as available food compared to total body mass, and some people consider it more ethical to eat fish than meat. While eating fish benefits humans, will human society ever acknowledge that fish, like other vertebrates which had been given much attention especially in animal farming, also have rights? This paper describes historically why fish have remained invisible to the eyes of some humans and are often subjected to unjust or disproportionate suffering and examines ethical concepts such as consciousness, sentience, intrinsic value and right to life. By using ethology, this paper also tries to encourage discussion on fish welfare issues especially in the advent of intensifying capture fisheries and aquaculture.

#### **Tapping of idle resources to address environmental and socio-economic issues: the kitchen garden initiative in Chennai, India**

S.S. Radhakrishnan

President, Good Governance Guards, India

A nation has to make use of all its natural wealth to thrive well. Modern technological innovations have caused a mismatch between the demand and supply in all walks of human life. Innovative steps, by involving all segments of the population, have to be taken by every country so that societies uphold the rich values of civilization and culture for a fulfilling and celebrative existence. This paper addresses the need to involve the idle population in

urban areas for enhanced food production by urban horticulture. About one-third of the urban population in India, who are capable of getting engaged in creative activities is now idling. This group consists of able-bodied senior citizens (of above the age of 60), unemployed housewives and children. They can be guided to grow vegetables and fruits in courtyards, balconies and roof-tops. Organic farming is possible also by converting the household bio-degradable waste into compost manure. If so, the civic administration can save huge amounts of money they spend for garbage management. In turn, civic taxes can be got reduced or the money saved could be diverted for other developmental works. Growing a kitchen garden helps in producing safe organic food, more food production, fighting inflation and global warming, enriching the country's economy, better care of the aged by keeping them physically and mentally engaged, inculcating farming habits among children, better happiness at home and saving energy by reducing the use of electricity in the house kept cool by more vegetation above and around.

#### **Development ethics and native development**

Selvadurai, S., Lyndon, N., Er, A.C. & Moorthy, R.  
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Development discourses have conventionally been understood in terms of material improvement in enhancing the economic, social and physical living condition. However issues of inequality, human concerns, environmental and sustainability issues have reframed the debate. A key missing link in this debate in the developing world discourse is the development ethics which suggest the need to assess the development means and ends as well as the evaluate the state of deprivation of poor or peripheral communities. Conventional development promotes the idea of integrating the economy into the market forces and its eventual embedding in the globalization of trading and economic exchange. From a macro perspective this realist stance appears pragmatic and desirable. However not all communities are adaptive to this mainstream development. There are inequalities within a country in terms of peripheral regions with displaced and isolated communities who are excluded from mainstream development. The Penans been once predominantly nomadic has now become settled communities. However they are confronted with a state development discourse that is premised on the development of natural resource for commodities and market economy. This modernist development ethics comes into conflict with the Penan communities dependent on forest resource for their livelihood and their sustenance of cultural practices and identity. This paper explores the development ethics and the dilemmas in the development of the Penan native community in Belaga District in Sarawak.

#### **Ethics and sustainability of aquatic meat production**

Lea Ivy O. Manzanero,  
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Co-Chair UNESCO Bangkok ECCAP WG13  
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Projected demands for fish is increasing in line with other protein food sources, especially in parts of East and

South Asia where population growth and per capita income are expected to increase and this demand will be met through aquaculture. While producing food and contributing to food security, promoting employment, livelihood and wealth, capture fisheries and intensifying aquatic meat production also generate a significant level of negative impact on climate change, the environment, humans and other species. As is the case of intensive land-based meat production (Ethics and Climate Change in Asia and the Pacific (ECCAP) WG13 first report on Energy Flow, Environment and Ethical Implications for Meat Production), negative externalities also arise from unsustainable fisheries practices and intensification of aquatic meat production. This paper examines these externalities and describes existing post harvest technology practices related to aquatic meat production, and looks at how existing international, regional and national laws play a role in promoting food safety, sustainability and humane treatment.

#### **Trading aquaculture products between Asia and Europe – Ethical issues**

Mattias Kaiser (Prof)  
University of Bergen, Norway

Abstract not available.

#### **Session 4: Human Security, Environmental Ethics & Sustainability (3:30 – 5.00 p.m.)**

*Chairperson: Prof. Dr. K.S. Nathan, Director, Institute of Malaysian & International Studies, IKMAS - UKM*

#### **Bioethics, humanism and Vedic thought: Conceptions of the human body**

Chamundeeswari Kuppaswamy (Dr),  
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The United Nations Educational, Scientific and Cultural Organisation (UNESCO) is unique amongst the specialized agencies of the UN. With a broad remit and creative agenda, it houses apolitical bodies such as the International Bioethics Committee (IBC) which acts as a global arena for pioneering reflection on advancements in science and technology pertaining to intervention in and manipulation of human biological materials, including the human person. While national discussions on these themes produce various outcomes, none have the potential for inclusivity as does the UNESCO's IBC. In the spirit of bringing diverse ideas and thoughts from various periods in human history, from various cultures, this paper explores conceptions of the human body in Vedic Thought. Human rights instruments place importance on human beings and by extension, on their bodies. The international instruments developed by IBC use a human rights framework to elaborate a system of rules for regulation of technologies. This paper seeks to understand the human body in a fundamentally different way to the mainstream understanding of the body. Would we be able to break through the current stalemate in bio-law if we were to apply new understandings to our bodies and beings?

**The promotion of human dignity as manifest in the Ifugao familial and socio-political structure and oral traditions as primary factors in developing a sustainable and peaceful community**

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Builders of the world renowned Banaue Rice Terraces, the Ifugao, has developed a way of life that sustained both its environment and culture for thousands of years. As we look for solutions to environmental and social dilemmas that beset modern society, it is important for us to glean knowledge from the Ifugao way of life so as to determine factors that contributed to their sustainability and survival. The Ifugao's promotion of human dignity and equality as seen in the familial, socio-political structure and oral traditions manifest in its epic tales such as the Hudhud chants, greatly contributes to our understanding of a sustainable way of life and the perpetual preservation of culture- ideals that modern societies have neglected to advance. Hence, it is significant, thereby, for us to examine the Ifugao's familial and socio-political structure as well as its oral traditions which guarantee the preservation of its cultural heritage and environment and to use this knowledge as a paragon of cultural and environmental sustainability. The research involves analysis of data and empirical studies taken from published ethnographic fieldwork, academic papers and journals written by anthropologists, sociologists and scholars and includes interviews of experts on Ifugao's culture and traditions. It will explore the causal link between cultural and environmental sustainability and the promotion of human dignity among individuals and members of the community as the promotion of human dignity among the Ifugaos thereby engenders ethical certainty and maintains secured peace. Through this research we learn that the sustainability of one's society can be determined by how an individual member of a community is viewed upon by the society. This paper likewise establishes the correlation between the promotion of human dignity and sustainability and the Ifugao socio-political structure and oral traditions, as primary factors in developing a sustainable and peaceful community.

**A Study on the vision to achieve sustainable society focus on the concept of home place in ecotopia**

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Sustainability is one of the most important challenges for decades. Many urban dwellers in Japan seek safer and cleaner lifestyle after Fukushima Nuclear accident in March 2011. Common vision to achieve sustainable society is needed more than ever. Some hints for the vision may be found in American writer, Ernest Callenbach's *Ecotopia*, a title of his novel and his thoughts. *Ecotopia* (1975) receives a high recognition for holistically illustrating a path to the sustainable society. Some critics denounce it is too unrealistic, however some of Eco-friendly ideas in the novel have become much visible, some in existence today (2012). The purpose of

this study is to answer a question whether Callenbach's *Ecotopia* is applicable to urban region. In order to build a process to eco-sound society, we scrutinize his novel and his works to extract some key elements such as "stable state", "home place", "bioregion" and "urban ecology". And we find out that people tend to think the word *ecotopia* as "ecological utopia", and they misinterpret the novel. *Utopia*, written by Thomas More, is a novel about ideal state in imagination. He originated the word *Utopia* with Greek components "u" and "topo", meaning "No Place" or "a place which does not exist". It eventually evolved into "an ideal place". On the other hand, Callenbach used the word *Ecotopia* as "Home Place" from its Greek origin "oikos" and "topos". *Ecotopia* is home place where people not only belong to but also have emotional ties with others as well as landscapes. According to his vision, awareness of home place is the first step for urban dwellers in industrial society, who tends to live without a sense of community being away from natural environment, to practice eco-sound lifestyle. The concept of home place emphasizes importance of human aspect to achieve sustainability.

**Some thoughts on climate change**

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Much has been talked about climate change in the scientific community since the 1980s. But science alone cannot help us with the answers we need. The 1980s also witnessed the coming of the ethics of science and technology. It started with the upsurge of the interest in bioethics. Then bioethics was extended to environmental ethics, nanoethics and neuroethics. Ethics of climate change is the hot issue at the moment. Beginning with the origins of scientism, the paper will discuss the ethical dimension of climate change.

**Investigation of environmental attitudes among elementary school teachers: Case study in Iran-Ahvaz**

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Environmental education increasingly promoted as a tool in environmental management and School teachers play a significant role to develop positive attitudes towards the environment. The objective of this research was investigating the environmental attitudes among elementary school teachers in relation to gender, education and residential background in Iran. A questionnaire to measure the environmental attitude was administered to a random sample of 346 elementary school teacher in Ahvaz city. The questionnaire consisted of 20 closed questions grouped into the following categories of major environment issues: Need for Education about Environmental Problems, The Importance of Fieldwork and Activities for Environmental Education, Environmental Contamination and the Need for Conservation, Environmental Protection Action. Analysis of statistical results revealed significant difference in the environmental attitude of elementary

school teachers in relation to their education level. However, no significant difference was observed in relation to the gender and residential background of elementary school teachers.

**Environmental ethics: Recycling Styrofoam for building human habitat**

Kartini Aboo Talib Khalib (Dr), Ravichandran Moorthy (Dr) & Suhana Saad (Dr), Universiti Kebangsaan Malaysia, Malaysia

Styrofoam is extensively used in food packaging businesses throughout the world. Its light weight makes it a favorite food package for entrepreneurs in food businesses. However, unlike its content, the food, which decomposed easily after some time, Styrofoam remains un-decomposed due to its oil-based structure. This study discusses the prospects of re-utilization of Styrofoam as environmentally friendly recycled material. Approach: This study uses the data from an exploratory survey on the usage of Styrofoam for food packaging-conducted in the district of Bangi, Malaysia-to highlight the magnitude of Styrofoam-waste generated in these activities. Results: The study shows that Styrofoam can be used in combination of cement and concrete to produce a light weight, energy efficient and strong building can be built. Since there are a lot of supplies of waste Styrofoam, this material can be re-used in as part of construction material. In addition the use of Styrofoam in construction could be an innovative way for constructing termite's free buildings. Conclusion: This study shows that recycling Styrofoam can assist in building environmentally friendly and cost efficient human habitat. Styrofoam can be channeled for a good cause and ways of governing the recycled materials. As such, the industrial waste generated by Styrofoam can be turned into other uses, thus reducing its environmental problems.

**5.00-5.15 p.m.: Refreshments**

**5.15-6.15 p.m.: Discussion of creation of a Asia-Pacific Society of Food and Agricultural Ethics (APSAFE) All Welcome**

**5.15-5:45 pm: Future Activities of Ethics and Climate Change in Asia and the Pacific Project (Facilitator: Darryl Macer)**

**5.45-6:15 pm: Discussion on creation of an Asia-Pacific Society of Food and Agricultural Ethics (APSAFE) - All Welcome**

**7.30 – 9.30 p.m.: Conference Dinner**

**TUESDAY 28<sup>TH</sup> AUGUST 2012**

Venue: Auditorium, Institute of Diplomacy & Foreign Relations (IDFR)

**Session 5: Special Session for Malaysian Bioethics (9.00 – 11:30 a.m.)**

Chairperson: Prof. Dato' Dr. Mahani Mansor Clyde, Chairperson, National Bioethics Council, Malaysia

**The role of IKIM in the bioethics discourse in Malaysia**

Azizan Baharuddin (Prof)

Deputy Director, Institute of Islamic Understanding Malaysia

Since they first made its impact in the world of science and technology about 1000 years ago Muslim scientists had always held a substantive ethical approach in the treatment of the natural and biological world through science and technology. Carrying on such a tradition since its inception in 1992, the Institute of Islamic Understanding Malaysia (IKIM) has played a significant role via a number of seminars, research projects as well as publications concerning the bioethical issues being introduced into the fabric of Malaysian life. With each issue, IKIM plays several important roles (understanding and explicating the issues, negotiating local responses and disseminating information) especially in the context of providing a socio-cultural response and recommendations to Malaysia's multi-ethnic society. Examples of how this was done will be the focus of this paper.

**Malaysian bioethics: Is such a concept possible?**

Ravichandran Moorthy (Dr),

President, Asia Pacific Forum of Ethics & Social Justice; Vice-President, ABA; Universiti Kebangsaan Malaysia

Bioethics is a recent phenomenon in Malaysia. Less than a decade ago, except the medical science fraternity, most academics and the public in Malaysia were oblivious of the concept of bioethics. Even in medical sciences, bioethics as an academic discipline was not well develop, with most hospitals and medical schools limiting their activities to issues of medical ethics and medical ethics committees. It should be noted that the current discourse in bioethics pervades many academic disciplines and addresses many issues that affect mankind and the environment. The wealth of academic researches and the maturity of its philosophical debates have enabled bioethics to emerge as an academic discipline in its own right. This paper addresses the question how Malaysian bioethics, being at its infancy, can effectively address the multifaceted ethical issues in the country. More significantly, the paper will examine three issues – firstly the lack of philosophical maturity that may decelerate the development of bioethics in Malaysia. Secondly, how the multiple sets of value-systems due to ethno-religious plurality influence the development of national bioethics culture or standards. Thirdly, how ethical debates are managed in Malaysia, especially with regards to human-centred policy approaches.

**An inclusion of bioethics for a unified biosecurity definition in Malaysia: Genetic engineering as a case study**

Marina Abdul Majid

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Scholarly literature has indicated there are different dimensions to the meaning of biosecurity. At the higher policy making level in Malaysia, currently there does not exist a single understanding of biosecurity reflecting the diverging views among Malaysian government agencies of this term. Therefore, the objective of this research is to propose a broad encompassing definition of biosecurity for Malaysia to guide policy makers in merging the different meanings of biosecurity that currently exists among scholarly literature. It will be argued that different meanings of biosecurity currently exists as separate sectors that should be interlinked with one another. The method relied for this research is one that is qualitative in analysing international organizations, foreign and Malaysian government documents as well as other primary and secondary resources to decipher the meaning of biosecurity through a comparative approach. Using the German E.coli disease outbreak incident of 2011 in Germany that may have possibly involved genetic engineering although this was not ascertained, this research will show that biosecurity stretches across different sectors of agriculture biosecurity proposed by the Food and Agriculture Organization of the United Nations (FAO), laboratory biosecurity by the World Health Organization (WHO) and the biosecurity of biotechnology involving the usage of genetic engineering either for benevolent or malevolent purposes. A good lesson drawn is for Malaysia to have a broad definition of biosecurity incorporating bioethical considerations to capture the different impacts of genetic engineering that must encroach across the three sectors of biosecurity. The result from this research reveals the need for a broad definition of biosecurity as the impact of genetic engineering is multifaceted. This research has proposed for a broad definition of biosecurity in Malaysia and a model enjoining the three different sectors of biosecurity. It is anticipated that this model acts as a template to identify the relevant laws and agencies within Malaysia falling under the three enjoined biosecurity sectors. Keywords- biosecurity, bioethical considerations, genetic engineering.

**Healthcare reform in Malaysia: Ethical issues and challenges**

Chin Kok Fay,

Asia Pacific Forum of Ethics & Social Justice; School of History, Politics and Strategic Studies, FSSK, UKM

While there is no dispute that healthcare reform in this country is indispensable, not everyone would agree on what and how we should do to improve the healthcare system. Attempts to examine this question necessitate us to look at the ethical issues from various perspectives of which is the main purpose of this paper. As Malaysia progresses through increasing healthcare reform, the country's healthcare system can no longer escape from the global influence of financialization – the growing gravity and influence of finance and financial markets and

actors. The key question is to what extent healthcare reform has subordinated to the dictates of finance in Malaysia? In the light of this global phenomenon, the paper also attempts to scrutinize various challenges to the ethical issues in healthcare reform that are at stake. Key word: Ethics, Healthcare Reform, Financialization.

**Ethical aspects of synthetic biology from the Malaysians' perspective**

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Modern biotechnology has moved forward by the introduction of the synthetic biology technique. By using synthetic biology, it is possible to construct mice genes in the laboratory and replace the need for the genes to be split out from the original animal. The purpose of this paper is to examine how the public in the Klang Valley region of Malaysia, perceive the ethical aspects of genetically modified (GM) rice which contain synthetic mice gene to increase its vitamin C content. A survey was carried out using self constructed multi-dimensional instrument measuring ethical perception of GM rice. The respondents (n=434) were stratified according to stakeholders groups. Results from the survey on 434 respondents have shown the Malaysian stakeholders were not very familiar with the GM rice and perceived it as having moderate risk, its benefits to the society would not be much denied if it is not developed and the ethical aspects were considered as not acceptable to them as well as from their religious point of view. ANOVAs showed that the five ethical dimensions: familiarity, denying benefits, religious acceptance, ethical acceptance and perceived risks significantly differed across stakeholders' groups while the first three dimensions also differed significantly across races. Furthermore, with respect to ages, only the factor of familiarity differed and no significant difference were found across educational level and gender. In conclusion, although the idea of producing GM rice enriched with vitamin C seems to be an ideal alternative to increase vitamin C intake, the Malaysian public in the Klang Valley region were still not ready and have a cautious stance on the use synthetic animal gene. The research finding is useful to understand the social construct of the ethical acceptance of the use of synthetic animal gene in plant. It is suggested that a more in-depth study should be carried out to determine the perspectives of various religion on synthetic biology.

**Bioethics and its relevance to civil society**

Maude E Phipps (Prof)

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The appreciation and application of bioethics is directly relevant to localised and global efforts to establish and maintain civil society. Bioethics is simultaneously conceptual and practicable. As many countries progress towards a more educated and sophisticated citizenry, there are often dichotomies or tensions between worldviews of the empire/ or governance exercised by a small proportion citizens that drive the economic and political landscape, and the worldview of the greater community that the world is a place of creative

opportunity best realized through cooperation and the equitable sharing of power and control of resources. In recent times, we have witnessed unprecedented uprisings in Asia as a result of these dichotomies. We live in a globalized world where information technology and the internet pervade almost every aspect of our lives in a rapidly developing country such as Malaysia. We are challenged daily by various situations and have to grapple with new and difficult issues, which can be in certain cases seem to undermine familiar established principles and conventional norms. Most of these challenges confer various degrees of uncertainty, perhaps discomfort and even alarm. At times, urgent responses are required which have a direct bearing on individuals and societies in which we live. Bioethics discourse provide an avenue for reflection, discussion and measured responses to these challenges, rather than thoughtless and instantaneous knee jerk reactions which often times, prove to be ineffective and detrimental in the long run.

#### **The protection of patient-subject in clinical trial in Malaysia**

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In the performance of clinical trials, the protection of patient-subjects is of paramount importance, Clinical trials (CT) by nature are full of uncertainties and no absolute assurances can be afforded to patient-subject. Thus, it is appropriate that the aspect of patient-subject protection be given a serious consideration. It should be borne in mind that, the patient-subjects have 'voluntarily' accepted the risks inherent in a trial for the benefit of future patients and not themselves. Hence this study has been undertaken to analyze the medical ethical principles that are being used in clinical trials to protect patient-subjects. The findings show that the medical ethical principles such as beneficence and respect for person are applied in conjunction with the concept of autonomy to protect patient-subject. However, the philosophical basis of these ethical principles in clinical trials differs from those used in medical practices. In addition, the application of these principles in Malaysia is different when compared to that practiced in the West especially in areas that involved information dissemination by doctor-investigators. To enhance this study, the researchers also made reference to the process of obtaining informed consent. Previous experience has demonstrated that the patient-subject cannot rely on the beneficence of doctor-investigators in the clinical trial arena. In fact, a breach of duty that lead to negligence in clinical trial often occurs due to failure of doctor-investigators to disclose full information to enable patient-subjects to give consent to participate in the clinical trial. The study reveals that doctor-investigators fail to disclose full information to patient-subjects. Considering that protection to patient-subject is important to ensure participation in clinical trial, doctor-investigators are responsible to acknowledge patient-subjects' rights to get information to give consent.

#### **Ensuring the legal protection on the mentally disordered persons: The Malaysian experience**

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The World Health Organization defines mental illness as a psychiatric disorder that results in a disruption in a person's thinking, feeling, moods, and ability to relate to others. Persons who are suffering from mental illness are often known as the mentally disordered persons. They have been commonly misunderstood by the society as dangerous, prone to violent, incurable and a threat to the society. Consequently they are often discriminated by many, including their own family members. The truth is that not all mentally disordered persons are dangerous and most mental illnesses are curable. Nevertheless, the discrimination and stigma associated with mental disorder have discouraged people from seeking the necessary treatment. As far as the Malaysia laws are concerned there are several laws, in particular the Mental Health Act 2001 to address the need of the mentally disordered persons. The Mental Health Act 2001 by comparison to the former Mental Disorders Ordinance 1952 is more 'wholesome' in addressing various aspects of mental disorder. The issue is whether the laws provided are adequate to both address the needs and provide proper protection to the mentally disordered persons. This paper seeks to identify the relevant laws that address the protection of the mentally disordered persons and examine whether the existing laws have adequately protect the rights of the mentally disordered persons in Malaysia or not. In order to determine as such not only we have to look at the provisions themselves, but we must also ascertain whether the laws provided for the mentally disordered persons are consistent with the standard set by the World Health Organization. This paper also seeks to propose any necessary amendment to the laws. Keywords: mental disorder mental health law, insanity.

#### **Protecting bioethical issues relating to LMOS in Malaysia: The adequacy of the Biosafety Act 2007**

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Malaysian National Biosafety Board (the Board) has recently approved the field testing of genetically modified (GM) male mosquitoes. Despite the fact that the approval was made based on the requirements under the Biosafety Act 2007 (the 2007 Act), this decision has created wide debates locally and internationally surrounding the scientific, social and legal issues. These include bioethical issues, risk assessment measurement, public participation, transparent decision, and the adequacy of the law. Although the Act was developed diligently to regulate all living modified organisms (LMOs) in Malaysia, as to strike a balance between biotechnology development and environment and human health protection, but the law is rather vague in responding the abovementioned debates. This paper is a critical analysis of the adequacy of the 2007 Act in regulating LMOs, specifically in protecting social and bioethical issues. The definition and scope of the said Act will also be examined as to whether it is sufficiently



addressed the novel aspects of existing and emerging modern biotechnologies. The discussion will also touch on the extent to which the stakeholders in the performance of their functions and roles are applying the 2007 Act. Keywords: LMOs, bioethical issues, biosafety law, adequacy.

**Pre-Implantation Genetic Diagnosis for Social Sex Selection (PGD for SSS) in Malaysia: Analysing the “wisdom of repugnance.”**

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The advent of new medical technologies has always been greeted with scepticism and revulsion from the public. Preimplantation Genetic Diagnosis has also suffered the same ‘fate’ when it made its way into Malaysia. The technique, which was used by a couple to select the sex of their child for non-medical reasons ignited instinctive negative response from the public who were appalled by the thought of parents choosing the sex of their unborn child. This type of objection which is based on intuition or gut-feelings or also known as the ‘yuk factor’ relates to the feeling of revulsion that the public have over new medical breakthroughs and is often difficult to comprehend or justify with sound reasons. A question thus arises on the acceptability of this public intuition or the ‘yuk factor’ in formulating law and policy on new bio-medical practice. This forms the crux of this paper where public intuition or the ‘yuk factor’ expressed over Preimplantation Genetic Diagnosis for Social Sex Selection (PGD for SSS) is critically examined with the view of determining whether such an objection should be heeded in formulating law and policy on the technique in Malaysia. Based on the arguments advanced, it is concluded without any justifiable grounds, parental autonomy to use PGD for SSS to select the sex of their child should be upheld over revulsion expressed by the public. Keywords: Bioethics; Preimplantation Genetic Diagnosis: the ‘yuk’ factor.

**11.30 – 11.45 a.m. Refreshments.**

**Session 6: Health Care Systems & Human Enhancement (11:45 – 1.15 p.m.)**

*Chairperson: Prof. T. Manohar, Ambedkar Law University, India*

**Security and the human right of access to affordable healthcare**

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Article 25 of the Universal Declaration of Human Rights refers to “the right of everyone to a standard of living adequate for the health and well-being of himself and of his family, including ... medical care ...” and also “the right to security in the event of ... sickness, disability, ..., old age, ...”. This article also entitles mothers and children to “special care and assistance”. Ensuring access of almost every individual living in a country to the needed medical care usually depends on the provision of

health insurance coverage to a population pool and gradually expanding the pool to the whole population. The four general methods of healthcare insurance, state-funded, social, private, and community-based health insurance, have been used in different countries with varying details in the sources of funding, pooling of contributions, and the purchase of the health services under coverage. These methods have had varying levels of success depending on not only the availability of funds, whether domestic or from foreign assistance, but also on the political commitment of the state, and the social solidarity and cultural attitudes of the population regarding universal healthcare coverage. This presentation provides a summary of the worldwide situation of healthcare coverage and then specially discusses the sociopolitical issues that influence the socio-cultural demand of people as well as the political commitment of their governments regarding access to healthcare. The ethical perspective of pooling resources across various groups of people in a population who have different levels of income, as well as different health risks associated with age, genetics and lifestyle, will be discussed in the context of individual autonomy versus solidarity. It is hoped that a cross-cultural discussion of the various options and choices can help with the identification of the necessary steps for implementing article 25 of the Universal Declaration of Human Rights.

**Integration of various health systems and health care delivery services in India: Is it really a welcome one or ruining the existing system without placing emphasis on merits and demerits of systems – an ethical perspective**

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In india, various systems of medicine like ayurveda, siddha, unani, homeopathy and allopathy (evidence based medicine) are practiced. The Indian civilization dates back 2000 BC had pioneered the native system of healing (ayurveda—based on the vedic literature) and is still practiced without much stakeholders. The physicians of ayurveda and other indigenous systems have failed to document the processes and procedures followed in healing the disease or disease process per se. They claim that their systems are holistic one and not relying on or placing exclusive emphasis on symptoms or signs as practiced in the modern or method of medicine. The sacred texts written by rishis/ religious leaders of the native system of medicine claim that if they start documenting their method of healing process, the art of healing will not be effective (in the sense that) it will not cure the individual or patient completely. In the beginning of 20th century the discovery of penicillin antibiotic followed by vaccination and immunization have greatly reduced the epidemic of various vaccine preventable diseases and finally contributed to the greater reduction in morbidity and mortality and eventually helped the humankind. When the western world and the other developed countries claim that evidence based medicine alone is having the answer for all sorts of bacterial and viral diseases --to mention a few (tuberculosis and HIV/AIDS) which confront the humanity in a big way. A school of thought has focusing on integrating various

systems of medicine in India without going into the historical perspectives on the evolution and the practice medicine. Is there any real reason why there should be an integration among the systems? Will the integration help in synthesizing the nuances of various methods and methodologies into a single comprehensive conglomeration with the ultimate aim of helping in combating newer diseases as well? Can't these systems exist as water tight compartments and work within their respective domains without attracting vehement opposition and criticism which dilute each other's unique qualities and special emphasis? The move to integrate these systems will really work in tantum or will work at cross purposes because each system has got its own way of approach and healing methods. By remaining as a separate and distinct identity will these methodologies will serve the noble intention of healing or compromise on certain aspects will really help in conglomerating the unique and special qualities of each systems into a new product which can be really termed as an "integration in true sense".

### **How do medical students perceive medico-ethical dilemmas? a study from a developing country**

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**Introduction:** Although ethical theories differ, certain ethical rules and principles appear consistently. These include non-maleficence, beneficence, respect for individual autonomy, justice and a physician's or patient's own beliefs specific to his or her culture and religion. Although it is recognized that teaching of such ethical principles to medical students is an essential component of their education, there are yet no established means of evaluating them with respect to moral reasoning. **Method:** We conducted a cross sectional study done on all medical students (391) enrolled in a private university at Karachi, Pakistan in 2005. A structured questionnaire based on six domains of medical ethics, i.e. Autonomy, Beneficence, Morality, Justice, Religion and Doctor's Rights, was designed and administered to assess the moral judgment of medical students. **Results:** 320 medical students enrolled at the university responded to the questionnaire. Significant changes in moral reasoning of these students were seen across the years of medical education in three of the six domains assessed, i.e. Autonomy ( $p = 0.038$ ), Beneficence ( $p = 0.018$ ) and Justice ( $p < 0.001$ ). Final year students were found to be the most indecisive, with 63% unable to come to a decision in at least one of the four ethical scenarios. **Conclusion:** Previous studies have shown deterioration in ethical sensitivity and reasoning amongst medical students. However, our study shows that the reasoning medical students use does not vary as they progress through their medical curriculum.

### **Accreditation and ethical issues in laboratory practices**

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**Background:** Accreditation of the laboratory as per ISO 15189 addresses ethical issues in sample collection,

analysis, results, storage and access to results and specimens. **Objective:** To evaluate awareness of ethics among technical staff in laboratory practice. **Material and methods:** Collection of information, consent and confidentiality were taken as parameters for evaluation. Questions related to sample collection, consent and confidentiality were incorporated along with other technical questions during annual evaluation process. 18 technicians from clinical pathology and 4 technicians in cytogenetics participated. **Results:** Average number of outpatients in clinical pathology (CP) for sample collection is 300 per day while in cytogenetics (CG) is 15-20. In CP, collection of information for identification was done for all patients. A verbal consent was taken for less than 5% of patients; for rest, consent was inferred which was reflected in answers as consent was not included as a step in sample collection. Technicians were aware of confidentiality of results, as agreement is taken in writing and also as part of individual integrity. However, they were not aware that consent and confidentiality are part of respecting patient's right and autonomy. In contrast, in CG written consent was routinely taken from all patients prior to sample collection and same was reflected in their response. The staff were aware of need for confidentiality of reports, associated with genetic reporting especially if reports are 'abnormal' and maintenance of rights and autonomy of patients. **Comment:** In the same institution, different practices exist, probably in view of the specialty. Accreditation process helps in implementation of ethical practices to a great extent. However, there is lack of awareness of ethical concepts underlying such processes. Hence there is a need to include ethics as part of technical staff training either at institutional level or at laboratory level in case of stand-alone laboratories. **Key words:** Consent, confidentiality, laboratory practice, accreditation.

### **The ethics of human enhancement and the viability of the treatment-enhancement distinction**

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Human enhancement - generally understood as any activity to improve our bodies, minds, or abilities in order to enhance our well-being - is an ethically complex issue. This paper investigates the viability of the treatment-enhancement distinction in the ethical evaluation of human enhancement. In the first part we will investigate the concept of human enhancement by considering various definitions and approaches to the phenomenon. Among the three approaches - Pragmatic Distinction Approach (Treatment vs. Enhancement), Metaphysical (Human Nature) Approach (Sandel, 2007; Kass, 2009) and the Welfarist Approach (Savulescu, 2011; Buchanan, 2008) - we claim that maintaining the treatment-enhancement distinction (Jeungst, 1998; Daniels, 2000) is crucial for investigating the moral permissibility of varied forms of human enhancement. The second part focuses on the prominent kinds of human enhancement (Cognitive Enhancement, Mood Enhancement, Physical Enhancement, Lifespan Extension, Moral Enhancement, and Designer Children) in order to bring forth the various forms of debate emerging from them. The intense controversy generated by the contrasting hopes and

fears of the proponents and opponents of human enhancement, will be analyzed critically with a view to highlight the pertinence of the treatment-enhancement distinction. The third part analyses how this distinction has been discussed (Sandel, 2004; Kamm, 2005), criticized (Daniels, 2000; Harris, 2007), and even rejected (Stock, 2003; Savulescu, 2006) by numerous authors, basing on its major flaws. We will also highlight how the distinction is difficult, elusive and to some extent arbitrary. Underscoring the number of purposes the distinction serves, like drawing the boundaries of the medical domain, moral acceptability of biomedical interventions and their reimbursement, and the personal decisions regarding self-improvement, we will justify the line between treatment and enhancement. Hence, we defend the pragmatic distinction approach which justifies the viability of the treatment-enhancement distinction in the ethics of human enhancement. Key words: Human Enhancements; Treatment-enhancement distinction; Types of enhancements; Human Nature approach; Welfarist Approach; Playing-God argument; Precautionary principle; Designer children.

### **Biobanking – Ethical issues**

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Bio banks play an important role in the development of diagnostics, discovery of novel drugs and biomarkers, studying disease progression and treatment. The concept of the biobank which includes operations like collection of samples/ specimens, processing, storage and distribution is changing. Each country has its own guidelines for bio banks and the ethical and legal issues which govern bio banks are still evolving. The ICMR guidelines in India are fairly inclusive. India with its huge diverse population has its own unique problems. The pathology departments in various medical colleges and institutions are aware of their potentiality in bio banking. However, all are not aware of the grey zones. While the issue of 'broad consent' for bio banking has been widely discussed in literature, there is little understanding of what potential research participants in India feel about bio banking and the implications of it for themselves. The specific nature of genetic studies with regard to confidentiality, sensitivity of the obtained information which might have a bearing not only on the individual, but also on the family or community, the possibility of discrimination or stigmatization arising out of the same makes it necessary to provide counseling along with the revelation of genetic information. As most of the genetic work may occur at a later time, the ethical issues pertain to consent requirements for the banking and further uses of the obtained samples, their control and ownership, and the benefit sharing to the individual or community. There is a requirement under current ICMR guidelines (2006) that a separate Bio repository / Bio bank Ethics Review Committee be set up wherever these facilities exist and the institution is considered as "custodian" of samples. Ethical issues with regard to Indian guidelines in comparison with others will be discussed.

**Lunch 1.15 - 2.15 p.m.**

### **Session 7: Health, Disease & Medical Ethics (2.15 – 4.30 p.m.)**

*Chairperson: Dr. Jasdev Rai, Sikh Human Rights Group, United Kingdom*

#### **History of clinical research and ethics**

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The primary goal of clinical research is to generate useful knowledge about human health and illness. Benefit to the participants is not the purpose of research although it dose secondarily. Therefore exploitation of human subjects was happened in clinical research by placing some people at risk for the good of others. There have been many tragedies throughout the history of research involving human subjects. Many people were harmed and basic human rights were violated as a result of their unwillingness participation in research. Every period of research scandals have been followed by attempt to initiate some ethical codes to protect the human from clinical research. First of such codes is the Nuremberg Code. Thereafter, Helsinky Declaration, Belmont Report and lastly Obama commision on Guatemala syphilis study. Need to remember history is essential so that it is not repeated again. Researchers and the healthcare providers have no awareness of the history of ethical requirements for of clinical research. Moreover, there are few sporadic studies on this issue as well. Knowledge of the history will provide a better understanding to handle the research fairly. Formulation of UNIVERSAL rules and regulations is required which will not limited to a specific tragedy or scandal or the practice of researcher in one country for common understanding and unique values of research, although their application will require adaptation to particular culture, health condition and economic setting.

#### **Prospective consensus building based on 'history of reason' and 'list of risks'**

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In consensus building process in medicine, it is said that it is crucial for its participants to understand why each stakeholder, patient, his/her family, physician, nurse, etc, in decision making has his/her own opinion. In order to understand this condition more deeply, I develop the notion of 'reason of opinion' to characterize the process as 'prospective consensus building.' This prospective consensus building should satisfy the requirements of having 'history of reason' and 'list of risks'. The former requirement, history of reason, can be characterized by making clear when one started to form the reason of an opinion, how one formed the reason, what kind of relationship is supposed to be between the present opinion and its reason, and what kind of result is expected to come out after a decision making. The latter requirement, the list of risks, should display what kind of outcomes are supposed to come out in each alternative

of the decision making. Prospective consensus building makes it possible, first, for the stakeholders to understand the patient's needs more deeply. For the patient, secondly, the each stakeholder would be able to become aware of his /her own sense of value and to confirm what he/she expects the result of his/her decision-making. For all the stakeholders, thirdly, it would make it possible to decrease the amount of risks of misunderstanding and to share their expectations for their well-being. Finally, the stakeholders can reach a satisfactory consensus and find a way to the better solution.

### **Feelings of living donors in spousal renal donor transplantation**

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In Japan the average waiting time to receive a kidney from brain-dead patients or those in cardiac arrest is about 14 years. Owing to very limited availability of deceased donor organs, there is an increasing reliance of kidneys from living donor. Spouses are an important source of living-donor kidney grafts because, despite poor HLA matching, the graft-survival rate is similar to that of parental-donor kidneys. This study investigated the feelings of living donors in spousal renal donor transplantation. We interviewed 8 donors about their feelings after transplantation using structured interviews and then conducted a content analysis of their responses. Many donors were not anxious, did not feel coerced, and did not consider donation dangerous. However, in the case that the rejection occurred, as a result, transplantation was unsuccessful, the donor felt vain, and regretted that she was donor. The transplant system has been engineered around the needs of the recipient, however, the welfare of the donor should be the primary concern in all cases. On the other hand, there are reports that total nephrectomies are performed as a treatment for small size (4 cm or less) renal tumors and that many of these nephrectomized kidneys can be successfully transplanted after surgical restoration with satisfactory results. Because of the lack of necessary evidence, it is currently not allowed in Japan. According to some literatures, recurrence rate of cancer in 5 years is up to 6%. A comparison of dialysis and transplant, patient survival rate is much better in transplant than dialysis (5 years patient survival rate: dialysis 60%, transplantation 90%). We also asked donors the rights and wrongs for using the restored kidneys. Key words; feelings, living donors, renal transplantation

### **The Filipino concept of loob and ethical patient care**

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A patient is cared for according to his/her context, and by context we mean the cultural milieu of the patient. A patient approaches a medical professional not only as a sick person but also as an individual shaped by different social factors and agents. Such has been recognized by medicine long before its overspecialization. A more holistic and integral perspective on disease and health is the underlying principle behind quality care and well-

being. Personalized medicine cannot be understood only to mean specific treatment and care for specific malady or disease, but it also includes specific culture, philosophical and religious beliefs, and mindset. A Filipino patient can be described as a one who is not only sick physiologically, but also as someone who is sick psycho-mentally. Such psycho-mental sickness can be "diagnosed" through his/her "loob." There is no specific equivalent of the term in English but following Wittgenstein philosophy that the use of the term determines its meaning, it can be understood in different themes: intellectual, volitional, emotional, and ethical. The Filipino concept and experience of loob permeates all internal and external acts of the individual. Loob can mean reason, motive, decision/judgment, desire, will, state of mind, volition, change of attitude, courage, benevolence, debt of volition, moral goodness, etc. For patient care to be more effective and efficient to a Filipino, his/her state of loob should be considered. Patient's decision making and consent for a particular treatment cannot only be based on his/her ability to understand his/her condition and the medical procedure to be done and his/her ability to consent but must also consider the dynamics of his/her loob. Considering the loob means that the patient can participate in the healing process in mind and heart. Thus, healing is not only something that is received, but also something that is willed. KEYWORDS: Loob, culture-base bioethics, culture and medicine, medical anthropology.

### **Knowledge and ethical perception regarding organ donation amongst medical students**

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Objective: To assess Knowledge and Ethical Perception Regarding Organ Donation amongst medical students in Karachi. Methods: Data of this cross sectional study was collected by self administered questionnaire from MBBS students of Ziauddin University from 2010 to 2011. Sample size of 158 (83 First years and 75 Fourth years) were selected by convenient sampling and those students who were present and gave consent were included in study. The data was analyzed by SPSS version 11. Results: Mean age of sample was 20 + 1.7. Males and females were 34.2% and 65.2% respectively. Majority of students were aware about organ donation and print & electronic media was the main source of information 65%. 80% were agreed that this is an ethical issue. In students opinions most commonly donating organs were kidney, cornea, blood and platelet. Regarding criteria for organ matching students were agreed on HLA compliment system (94%), organ tissue matching (71%) and blood group matching (56%). Fourth year students were more aware (21%) about organ transplantation bill than first year students (12%). Ideal candidates for donating organ were siblings (87%) and parents (80%). About list of options for preference to get organ, most of the students were agreed on young age group patients and persons with family. Conclusion: Both 1st year and 4th year students are well aware of Organ Donation, but there is a significant lack of knowledge regarding the topic. Key Words: Organ donation, knowledge and ethical perception.

### **Common causes of resubmission/rejection of research proposals – an experience from a developing country**

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**Introduction:** Intuitional Review Board (IRB) has important role in reviewing research proposals to point out potential ethical issues, deficiencies in consent process and documentation and advise the investigators to make desired corrections in order to make a proposal ethically sound. A search for common reasons of deferring and resubmission of proposals is thus important to help researchers to prepare their research proposals, informed consent forms and necessary research documentation properly. **Objective:** To identify the reasons for resubmitting proposals that were previously deferred by the ethics committee. **Methods:** This cross sectional study was conducted in Postgraduate Medical Institute Lady Reading Hospital and Hayatabad Medical Complex Peshawar, Pakistan. Research proposals submitted in 2010 and 2011 were evaluated for common reasons of resubmission. **Results:** Two hundred and eighteen research proposals were submitted to institutional review boards of the two hospitals. From the total 140 were included in the study. The main reasons for returning the projects to the researchers were lack of informed consent (25.8%), use of inadequate (non local) language (26.5%) and doubts regarding methodological and statistical issues of the proposal (9.3%). Other reasons included lack of information on supply of medication after end of the study, justification of rationale and liaison with respective personnel. **Key words:** bioethics, institutional review board, ethics in research.

### **A study of the informed consent process: The role of research coordinator in biobank Japan**

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A major function of Biobank Japan is not only to collect and manage human samples, medical records, and lifestyles whether on a personal or a large-scale level but also to exercise ethical consideration towards participants of long-term researches. Other responsibilities such as recruitment necessary to obtain the target number of participants, securing informed consent (IC), and doing follow-ups on participants during participation are all imperative for the research to progress. Procurement of participant's responses through continuous communication while taking part in the research is also required. The success of the research depends on who is in charge and how these responsibilities are carried out. The purpose of this presentation is to elucidate the role of the Research Coordinator (RC), which includes acquiring IC from the participants at the start of the project. This study also aims to analyze the duty of Research Coordinators in Biobank Japan's Personalized Medicine Project, which is funded by MEXT (Ministry of Education, Culture, Sports, and Science & Technology) in Japan since 2003. We

conducted a semi-structured interview to a group of 54 RCs. For analysis, the method of the Modified Grounded theory (M-GTA) was used. We first review the ethical problems on human genome research and the response in BBJP. Next, we explore the kinds of ethical considerations RCs performed in the informed consent process, which is divided into five stages: recruitment, information, consent, collection of blood samples, and follow-ups. Finally, we discuss the role of RCs in IC discussions as the bridge between participants and the complicated scientific concepts and trends in huge human genome research projects.

### **An examination of the establishment of biobanks In East Asian, The case of Taiwan Biobank**

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In 2002, as the Human Genome Project had almost completely identified all of the genes in human DNA, national biobanks began being established in East Asia, starting with Biobank Japan in 2003 and Korea Biobank in 2008. In Taiwan an initial phase "Super Control Genomic Database" was implemented in 2003, and the Taiwan Biobank Project was established in 2005. However, because of questions concerning human rights, taking blood samples was stopped. To address the balance between human rights and research, the Biobank Act (2010) was passed. In July of 2011, the National Science Council announced an expansion budgeting 6.8 trillion NTD (US\$224 million) over 12 years starting in 2012. Although the Taiwan Biobank Project has been criticized by experts for human rights and ELSI issues, the project has received a high level of support from the general population. This paper identifies three key factors for the support related to the project's status as a national policy and the lag in democracy and industrialization compared to the West. As Taiwan has raced to catch up with more advanced countries, technologies have developed faster than government regulations. There is also an acceptance of leadership and a central role of the national government in directing science policies. Finally, since the end of WWII, Taiwan has implemented several large-scale public health programs with the aid from the US and UN, and as a result, the public is used to cooperating with national health programs. However, because the biobanks in Japan, Korea and Taiwan have been developed without adequate communication between policy makers, researchers and the public, this presents issues of public trust concerning the banks.

### **Application of the bioethics principles in helping Indonesian' patients to stop smoking; an evaluation of smoking cessation clinics in primary care setting**

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**Background:** Prevalence of adult smoker in Indonesia has been increased in the last 5 years. In line with the effort in reducing the number of smoker, 18 smoking cessation clinics have been opened in all Puskesmas

(Pusat Kesehatan Masyarakat or Primary Health Clinic) in the City of Yogyakarta. Since patients did not perceive there was a correlation between smoking habit and illness symptoms, most patients were referred directly to the clinic without discussing. The aim of this study was to explore the application of bioethics principles in helping patient to quit smoking in primary health care setting. Methods: We conducted an evaluation study using mixed methods in Yogyakarta, Indonesia. Seven focus group discussions (FGD) have been carried out among community surrounding Puskesmas. Subsequently, a survey among Puskesmas' doctors and patients using self-administered questionnaire were carried out. Data was analyzed qualitatively and quantitatively. Results: A few patients voluntary visited smoking cessation clinic and most patients were referred by doctors. Autonomy principle was not easy to be applied since patients perceived less on the relation between smoking and disease. Beneficence and non-maleficence principle had been discussed between counselor and patient during brief intervention in smoking cessation clinic. Doctors have educated patients, although patients reported differently. Conclusion: This study reveals that bioethics principles had been applied in helping patient to quit smoking in primary setting, although autonomy principle implementation was challenging. Counselors in primary health care smoking cessation clinic need to learn more on finding the appropriate way to apply patient autonomy optimally.

#### **4.30 – 4.45 p.m. Refreshments.**

### **Session 8: Medical Ethics of Early Life & End of Life (4.45 – 6.15 p.m.)**

*Chairperson: Prof. Anoja Fernando, President, ABA*

#### **Ethical dilemmas and key communication skills in the end of life care**

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The quality of the end of life and palliative care is becoming more concerned and improving continuously in recent years around the world. Majority of people approve of alleviation of suffering and maintenance of dignity as core values held in the attributes of good and compassionate care at the end of life. Health professionals in end of life care team frequently confront with ethical dilemmas in a given clinical situation, sometimes in complex situation, which needs how to proceed in disagreement. The dilemmas often relate to sensitive and personal issues such as values, beliefs and what consists of a patient's best interests, and who should make determination when a patient is unable to do so himself. There is no "right" answer for resolving a dilemma, but each related person may have to compromise a little to achieve an agreed common direction. Communication skills may assist health professionals and patients with progressive, advanced life-limited illness and family caregivers in discussing the information sensitively such as prognosis and life expectancy, reaching a consensus for an ethical dilemma, and encouraging patients to share in decision-

making, permitting medical professionals to help patients reset goals and choose appropriate supportive treatments. Key communication skills training can equip health professionals to discuss end of life issues more confidently. Differences and similarities from different cultures will be explored. Key Words: End of Life; Ethical Dilemma; Communication Skills; Consensus.

#### **Limit of defending life of human being**

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The advances of medical technologies create new problems of defending life. In the last century, people who stop breathing will die but with new medical technologies they can be kept to live for years. The social-economical condition of the patient makes even more complicated because it is possible that poor patient who need more treatment but cannot afford any longer, what should the do? The main question is, "Do we have to defend life of human being at all costs?" Bioethics as a new growing science can offer some clues to resolve this problem based on right and obligation. Obligation can be imposed only if majority of people can do it or can afford it; otherwise this obligation becomes unjust obligation. One can never be imposed obligation beyond their capacity because he/she can never fulfill it. There is a limit to defend life of human being: extraordinary means. We are not morally obligated to use all available medical procedures in every set of circumstances. Certainly, there are different capacities from one person to another and from one group to the other. It means that what is obligation for a person or a group may not be obligation for the other. We can conclude that the obligation to defend life of human being, practically different from one person to another or from one group to another. Knowing the limit of rights and obligation to defend life is very important in order not to have guilty feeling. For the medical staffs it is important so that they do not perform precarious and futile medicine. For the patient and his/her family, it is important so that they don't have to have guilty feeling if they do not spend all of their resources. There is a limit in which we can say, "Enough!"

#### **Language and decision-making: breast cancer patients in Pakistan**

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Contemporary bioethics places a great deal of emphasis on the patient's autonomy, important aspects of which include complete disclosure of the disease and the patient's right to make informed decisions about therapy. With the objective of exploring the influence of local culture on the disclosure of illness and subsequent decision-making, I conducted a qualitative study on women diagnosed with breast cancer, in a local tertiary care hospital. A questionnaire was developed to obtain demographic data and included open ended questions to gather information. Twenty-four interviews were conducted. Youngest patient was 26 years of age, 13 were in the age bracket of 30-50 years and 10 were between 51 and 70 years. Eighteen patients had

undergone mastectomies while 5 had had some form of breast conservation. The results described disclosure in a two parts, firstly nuances of terms within the language along with the word “cancer” and secondly the disclosure of medical jargon. One of the most interesting findings that emerged from my study is the use of language in interactions with patients. Patients I interviewed generally avoided the word “cancer” and had strong views on the language of communication between the doctor and patient. The other element of disclosure was the knowledge of the disease labeled medical jargon in my study. The appeared to be an absence of any medical information of choices, such as whether breast can be conserved, the prognostic finding in the reports or even the choice to have chemotherapy or surgery first. In contemporary bioethics this information/disclosure is considered a fundamental right of the patient. So the question arises as to what needs to be disclosed? Other areas that appeared as themes were religion, privacy, confidentiality and the role of the family. Interestingly, my study has led me to believe that the implementation of bioethical principles cannot be a text book affair that may be read and learnt. But contextualization of the norms of a culture, religion and society is a major stake holder for ethical practice.

#### **Postmenopausal pregnancies - some ethical issues**

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A woman's reproductive age, once a dictate of nature, now has been challenged and artificially extended by using donated oocytes fertilized in vitro and transferred to their uteri. Postmenopausal pregnancies have been and will remain controversial as there are overlapping interests of national, religious, medical, legal, social, cultural as well as ethical views. Medical, psychological, and ethical factors weigh heavily in the decision to have a child of postmenopausal women. Again the perspectives are of different in nature-from prospective mother's side as well as to be born child's rights. Postmenopausal pregnancies also widen the scope of reproductive options and challenge conventional ideas and theories about motherhood, pregnancy, childbirth, parenting as well as evolutionary perspective. Present paper intends to explore such issues and discuss accordingly to understand ethical and other issues behind postmenopausal pregnancies.

#### **Use of surplus embryos in embryonic stem cell research: Nothing unethical is happening**

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Among the sources of human embryonic stem cells (hESC) are (i) surplus embryos left from IVF trials and (ii) embryos created via IVF solely for research purposes. Ethical controversies arise due to the need to extract stem cells from a 4-5 day old embryo that is subsequently destroyed whether from source (i) or (ii). Like many countries, research on hESC is also in progress in Malaysia. A medical centre in Malaysia

recently announced the birth of its 3000th IVF baby, and a success rate of 62.1% of the total IVF trials performed in the year 2011 alone. Couples from the program who do not wish to freeze surplus embryos are given the option to either discard or donate them for hESC research. Some writers have argued that it is 'respectful' to use surplus embryos for research rather than discard them. Biologically, the moral concern of harming the embryo does not arise as a 5-day old embryo is not a sentient being due to the absence of the primitive streak. Furthermore, embryos in a petri dish do not possess moral status for the fact that they do not reside within the womb, the natural nurturing environment of 'human' embryos. Subsequently, it would be morally obligatory that such embryos are used optimally for research. The US National Bioethics Advisory Commission (1999) permits research on surplus embryos with the intention to find cures for diseases. Research aimed at improving health is also viewed as a noble act according to some religions. According to the Malaysian Fatwa (2005), research on surplus embryos is permissible with consent from parents. To conclude, we believe that nothing unethical is happening here and the intention to promote happiness for the greatest number overrides all ethical presuppositions related to the destruction of surplus embryos.

#### **Experiences and expectations on the process of delivering bad news from nasopharyngeal cancer patients**

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Delivering bad news is a crucial part of communication in terminal illness. Informing cancer diagnosis to patients has been regarded as “delivering bad news”; although treatment for many types of cancer in early stadiums have been established, including nasopharyngeal cancer (NPC). The aim of this study is to explore patients' experiences in receiving the diagnosis of their illness for the first time, information about the treatment, and prognosis of their illness. This study also wishes to explore patients' expectations on the process of delivering bad news, including which persons should be involved in the process of delivering and receiving the information. Nasopharyngeal cancer patients aged 17-56 years who were undergoing treatment were interviewed in the hospital using a semi-structured questionnaire. Patients with impaired hearing and speech were excluded. Interviews were recorded and transcribed for qualitative analysis. A number of themes related to the process of delivering bad news were identified. Results show that different terms for “nasopharyngeal cancer” were used by doctors to inform the diagnosis. A number of patients did not receive clear information beforehand about the treatment and prognosis of their illness. Patients expect to receive clear information about the diagnosis, treatment, and prognosis of their illness. However, a number of patients prefer that doctors deliver the information first to their family, not to themselves as the patient.

**WEDNESDAY 29<sup>TH</sup> AUGUST 2012**

Venue: Auditorium, Institute of Diplomacy & Foreign Relations (IDFR)

**Session 9: Panel on Narrative Turns in Social Contexts for Promoting Clinical Bioethics in Taiwan (9.00 – 10:15 a.m.)**

Chairperson: Prof. Duujian Tsai, Taipei Medical University, Taiwan

**Physicians' disclosure of hereditary illness; Huntington's disease in Taiwan**

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This study uses a qualitative approach to explore the local and possible meanings of physicians' patterns of illness disclosure in Huntington's disease (HD) and issues relating to genetic testing technology. We used participant observation and in-depth individual interviews and family interviews with 12 participants from six HD families. We produced a total of 20 rich texts from multiple contacts with them. Participants portrayed extreme shame and stigma relating to their family's hereditary disease and demanded high requirements to guarantee their privacy. Participants expressed that the physicians' disclosure of their illness and the results of the genetic test had tremendous impact on them. Therefore, the phenomenon of physicians' disclosure of hereditary illness is the main focus under exploration in this paper. Data analysis revealed five patterns of how physician disclosed hereditary illness: "paternalistically traditional or contemporary," "humanly conservative or eccentric," "scientifically neutral or subjective," "artful ethical and caring," and "reflectively conflicting or affirming." The results of this study can have implications for genetic, psychological, and ethical counselors in clinical settings to remind them that ethical reflection and skillful communication significantly affect the illness disclosure process and outcome. Key words: Huntington's disease, genetic test, truth disclosure, qualitative study.

**Comprehending lives beyond illness: Narratives of aids patients in Taipei**

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In recent decades, as the practice of medicine has increasingly become a task of technology-driven diagnosis, a complementary awareness has been emerging that caring for patients must integrate personal concern for the patient (Rita Charon, JAMA. 2001;286(15):1897-1902). Narrative medicine has been recognized as a medium for creating an emotional connection with the patient, by entering into his or her world of meaning. The direct experience of listening to a life history, especially that of a person such as an AIDS patient, who could easily be written off as hopeless or culpable for the illness, changes the perceptions and values of the interviewer. In this light, I have included visiting and interviewing AIDS patients in my medical

anthropology class. Through these narratives we come to feel how the person makes sense of his/her life; and for the interviewee, the process of narration seems to impart subjective meaning and even acceptance of fate to what could be objectively seen as a random affliction. Two narratives will be presented along with insights as how these affected the students. Ms. Lee, a conservative 65-year-old woman who was a refugee from China in 1949, did not know she was infected by her common-law husband of 12 years until she broke out with violent psychiatric symptoms a few years ago; medication has gradually helped to clear her mind. Her greatest pain is the stigma of AIDS, both to herself and others: her elderly parents and her children by a previous marriage refuse to see her. Mr. Can, now age 55, was almost sold as a male prostitute to settle his mother's gambling debts when he was 16, after admitting he had homosexual experiences. But his most emotional outpouring revolved around his decision at age 25 to give up plans to marry a girl slightly older whom he had loved platonically for six years. Was this due to his natal family's claim on his income, or the forbidden lure of his demonstrated capacity to seduce men? Successful in business as well, he was not surprised to turn HIV+ at age 51, and closed down his shop when problems with eyesight emerged. He had planned to end his own life in an orderly fashion when penniless, but now after seeing signs from the Taoist gods he is setting out again to learn computers (he can read the screen with lettering set large) and reset his goals. Although Taiwan provides free HAART medication, physical affliction and perhaps early death due to a sexually transmitted disease such as HIV carries with it a particular burden of stigma and social sanctions for "immoral" behavior, and even difficulties in getting medical and dentistry services. But facing pain and mortality are common to all patients with serious illnesses. In these narratives we see a person facing an illness in the context of his or her perceptions and goals, not a disease inhabiting a body. Key Words, Narrative medicine, HIV carries, stigma, free HAART medication.

**Reflections on clinical ethics in building therapeutic communities for psychiatric patients: comparing narrative identity in several mental illnesses and chronic substance abusers**

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This paper investigates the formation of two kinds of psychiatric therapeutic community building efforts in Taiwan through the lens of Jonsen's four-box rationales for clinical ethical decision-making. A narrative identity approach has been applied to our fieldwork on treatment models for two groups: those with severe mental illness and low cognitive function at Yu-li Veterans Hospital and chronic substance abusers with high cognitive function at Cao-Tung Psychiatric Hospital. Contextual features and supportive social network formations are first identified for target patients in each model. Then, with the goal of maintaining quality of life, I will then further analyze the complex relationship between patients' autonomy and medical indications. A complementary therapeutic model is finally proposed based upon narrative identity findings. This paper argues moral dilemmas related to current



therapeutic models for psychiatric patients of significantly different types are in fact inherited from a rather strict biomedical paradigm that has a monopoly on treatment assumptions and prevents consideration of contextual features for individual cases.

**The purpose, theory, and strategy for implementing interdisciplinary and intercultural medical ethics among Taiwanese doctors: constructivist qualitative research**

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This study explores the challenges of implementing interdisciplinary and intercultural medical ethics among Taiwanese doctors in both clinical and educational contexts. A sophisticated understanding of the purpose, theory, and strategy behind doctors' teaching, learning, and practice of medical ethics are constructed by interviewing 25 local stakeholders and analyzing relevant literature worldwide. This research uses a constructivist qualitative approach to generate practical insights into how to improve doctors' practice in Taiwan's increasingly pluralistic society. First I address the question of purpose: why should Western-trained doctors practicing in non-western countries learn about and exercise medical ethics outside their profession and tradition. By outlining local doctors' cognitive bewilderment and situational vulnerability in the face of a diversity of moral standpoints, a proposition emerges: doctors' learning of normative information should equip and empower them to transition from practicing medicine in a simplistic and rigid manner towards a more holistic and sophisticated manner. To define holistic and sophisticated medical practice, six kinds of learning milestones that indicate doctors' moral accomplishment are identified and then integrated as a whole into the notion of ethics as empowerment. I argue that by developing various kinds of knowledge, reasoning, skill, competency, habituation, and attributes, doctors can balance the tension between the global and the local, the ideal and the practical, and between thinking and doing. However, this theoretical framework is not proposed as a basis for further generalization but rather, for demonstrating the richness of doctors' ethical development. To translate this sophisticated learning model into a teaching strategy, I first concentrate on the issues of doctors' power, knowledge, and role. I then argue that doctors' power can be self-constraint by inspiring them with moral philosophy that fosters reflective ethical understanding. I also argue that by equipping them with academic reasoning ability, doctors' knowledge can become holistic. I finally argue that doctors' role can become community-oriented by empowering them with explicit professional duties to help them fulfilling their commitment to patients' welfare. My thesis offers an alternative perspective, which I argue is practical and holistic, to help local practitioners, teachers, and policy-makers in Taiwan embrace the emerging global, multi-disciplinary, and reasoning-based medical ethics. Key words: medical ethics, reasoning, doctor role, pluralism.

**A tense walk in the clouds? – electronic medical record and Taiwan's legislative development in privacy protection**

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A plan in Taiwan approved by the Department of Health (DOH) that will allow about 80 percent of the country's hospitals to use an integrated system of electronic medical records for patients is ready to start in 2012. Under the plan, about 400 hospitals of the total in the country will be using e-medical records, and 60 percent of the nation's hospitals will be able to share electronically stored medical records. The so-called e-medical records will include medical examination reports, prescription records, blood test results and imaging pictures. Certainly, there should have some legal bases for the establishment of e-medical record systems, nevertheless, the practice of computerizing patient records is not wide accepted yet. Purpose of this article is to study Taiwan's status of legal development in privacy protection for electronic medical record. In particular, there is a law – a Computer Processed Personal Information Protection Act – which was enacted in 1995 to cope with the needs of an emerging information society, recently was revised in 2010 and expanded into a general law: The Personal Information Protection Act (PIPA). Article 6 of said law provides: "Personal information of medical treatment, genetic information, sexual life, health examination and criminal record should not be collected, processed or used. However, the following situations are not subject to the limits set in the preceding sentence: 1. when in accordance with law;....." However, are the current provisions in Medical Care Act sufficient to support this plan? And can the risk-distribution from emerging technologies be justified as well as fair? It is hoped that this paper can provide some legal introspection and Taiwan's experience for the information world. Keywords: electronic medical record, privacy, information security, cloud computing.

**Session 10: Research Integrity & Technologies (10:15– 11.30 a.m.)**

*Chairperson: Dr. Aamir Jafarey, CBEC, Pakistans*

**The review of medical ethic researches in Iran with attention to the nation and universal priorities**

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In order to development of medical ethics in community, recognition process and description of current situation can provide the possibility of pathology and finding the existence strengths and weakness points for planning and implementing the scientific map of medical ethics in the country. This study evaluated and considered the papers status in one year in medical ethic and medical sciences universities publications in Iran and review a summary of researches in these centers in 5 recent years. we evaluated the titles of the published articles in 1390 through 205 formal journals to Persian and Latin in

medical universities and research centers. Then these articles were classified based on education and 'title' authors, place of research, topic and the type of article. These results with prioritization of Iran medical ethic strategic plan and results of survey that obtained from medical ethic researchers already, have compared. Results showed that in 1390, 46 journals of 208 general medical and specific medical ethics journals, have presented 158 medical ethics papers. The most of these were about patient rights subject and philosophy of medical ethics and referring to the medical ethics in genetic and vulnerable groups is the lowest. Some titles such as children subject and life began discussions was not allocated any articles. About 55% of papers are review and analytical article and 45% of them are descriptive and original. The most of researchers are associate professor and the least ones are BS. With respect to the importance and Present necessity of community, Some of the titles have been neglected and some other have been considered although not priority. So, we can see some inconsistency between researches topics and practical and functional necessities in Iran. Moreover, internal approach to medical ethics in some points is different with universal approach. Keywords: Medical Ethics Research, Country Priorities, Strategic Plan, Scientific map, papers.

**Bioethical issues arising from the pharmaceutical industry's relationships with its stakeholders: Examples from Asia.**

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In 2005, a health committee in the United Kingdom produced a report on The Influence of the Pharmaceutical Industry – the first of its kind since 1914. The inquiry concluded that there were 'over-riding concerns about the volume, extent and intensity of the industry's influence, not only on clinical medicine and research but also on patients, regulators, the media, civil servants and politicians', and stressed the need 'to examine critically the industry's impact on health to guard against excessive and damaging dependencies' (HoC 2005, p. 97). It also noted that it is important to comprehensively analyse pharmaceutical regulation in order to ascertain whether there are systemic problems. A study addressed this recommendation and was conducted to examine whether recognised concerns are merely ad hoc or as a result of systemic flaws in the current system of pharmaceutical regulation. The work addressed a gap in the academic literature by drawing on the fragmented criticisms of the pharmaceutical industry in order to produce a model of intra-elite communication in drug regulation (called Pharmaffiliation) to illustrate how various stakeholders collaborate with drug companies to promote licensed products, and to explore the nature of the relationships between these stakeholders which include groups; medical communication companies; academics; regulators; public relations firms; lobby groups; the media; and medical practitioners. This paper applies the model and presents examples from Asia to illustrate how systemic problems in the current system of pharmaceutical regulation, which can ultimately harm the patient, are not unique to the

Western world. The implications of these findings are discussed. Solutions on a micro-level include consumer involvement in decision making processes, which can be enhanced through public education and awareness campaigns and the instigation of public inquiries whenever drugs are withdrawn from the market. On a macro-level, this will involve critically exploring neoliberal capitalism and the empowerment of the citizenry.

**E-Health: Modern health care technology and bioethics issues surrounding it**

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Countries around the globe are increasingly using Information and Communication Technologies (ICT) to improve individual and public health, to strengthen health care systems, in the world. This advancement could also have problems that besides the threat to public norms have endangered dignity, personal freedom and people's civil and basic rights. Hence, it is required for researchers in law and ethics field to investigate the roots of those threats and provide legal and ethical guidelines and standards to protect human rights. Today, one of these modern technologies that have raised many questions in the field of bioethics is electronic health (E-health). This term is used to describe the application of information and communication technology (ICT) in the health sector. It encompasses a couple of purposes ranging from purely administrative to the delivery of health care. For example: 1. Electronic administration of patient information systems, as part of hospital care. 2. Tele-control systems and remote vital signs as part of home care. 3. Use of computer systems for patient monitoring, medical records and electronic prescribing, as part of primary care. A fundamental component of all these applications is Electronic Health Record (EHR), which allows sharing of necessary information among care professionals from different disciplines and medical institutions. There are other important uses of e-Health in the field of continuing medical education and public health education. Because health information, products, and services have the potential both to improve health and to do harm, organizations and individuals that provide health information have obligations to provide high quality content and protect users' privacy. Regarding these issues, some questions could be raised: How the activities of health care technology adapt for bioethical issues? What measures implement by the executive operators of this system to protect patients' rights? What judicial and ethical measures perform to protect the privacy of people who put their information in this cyber space? In this paper, we investigate ethically the threatening problems of patients' rights that associate with this emerging technology and to provide some solutions in order to solve these problems. Key words: E-health, Bioethical issues, technology, privacy, security, patients' rights.

**Research integrity and responsibility**

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The aim of the paper is to highlight the application of integrity within the field of research and the role of Bioethics in establishing a monitoring mechanism for research misconducts. Background: Research integrity is very broad term which is further misrepresented into the negative attributes of data fabrication, falsification and plagiarism to attain authorship by the researcher. Nowadays, it is considered very crucial around the globe, still a lot has to be done in developed as well as developing countries. Although numerous misconducts are happening in research, various bioethics groups in diverse institutions have initiated steps to instill ethical standards. Many research studies have been done to signify the conflict of interest of academicians that they tend to opt for research misconduct to fulfill the criteria of achieving personal motives i.e. promotion, through mere means. However, it is a well established fact that no academician can necessarily be a good researcher. Method: To analyze the issues related to research integrity and its magnitude, comprehensive literature review was carried out from March 15, 2012 to March 25, 2012. For extensive searching manual data extracted from periodical, electronic databases were accessed including Google Scholar, Pub Med, The Lancet (Commentary), Office of Research Integrity (ORI), Nature (Editorials), CINAHL and other Ethics related journals. Conclusion: Clear guidelines should be established to determine the criteria for authorship i.e. authorship should be limited to those individuals only who have provided their best into the research study. There is a strong need to create an insight of ethical standards implied in research ethics to tackle misconduct. The incidence of authorship will never persist if all researchers do their studies according to the perspective of research integrity. The role of institutional Ethics review committee is also very significant to speak on the issues of research misconduct which will indeed facilitate those investigators who carry out their research studies with sincerity. Keywords: Research Integrity, Research Ethics, Misconduct.

**Contesting ethics in the use of forensics and biometrics for human security**

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The sweeping of DNA during criminal investigations and sampling of many individuals has become a gold standard and routine procedure for forensic identifications since its introduction; however not without risks and ethical concerns. The rapid success of forensic utility of DNA led to creating local and global DNA databanks exclusively for criminal investigations. By 2008, about 120 countries were using DNA profiling in criminal investigations, 54 countries have national DNA database, 26 countries plan to introduce a national DNA database. The continuous expansion on the criterion for the DNA collections is ethically alarming and raises a

host of critical questions about its inherent purpose, usefulness and implications for individuals and society. As such the issue of collection and storage of personal data and potentially incriminating information is highly sensitive issue with serious implications for individual rights, privacy protection and civil liberties; with DNA it is even greater as it may yield information that may have profound implications on social relationships and future health. With the population growth and increasing mobility, personal identification has become a new issue, as new threats such as international crime, terrorism, and identity theft are growing. With the development of biometric technologies surveillance mechanisms are rapidly growing globally. The second-generation biometrics also use DNA for identification and verification purposes, with the aim of profiling people based on their actions and behaviors. As these technologies develop, there is a potential to use and integrate these technologies with DNA profiling in the future investigations. In this paper I make an attempt to explore some of the ethically contesting concerns with regards to the use of these technologies in human security and its implications for individual privacy.

**11.30- 11.45 a.m. Refreshments.****Session 11: Worldviews & Common Wisdoms (11.45 – 1.15 p.m.)**

*Chairperson: Dr Arujunan Narayanan, Asia Pacific Forum of Ethics & Social Justice, Malaysia*

**Indo-chinese knowledge and wisdom: a cultural dialogue between confucius and tiruvalluvar**

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Ancient Indian tradition and ancient Chinese culture are based on moral and spiritual values. Both countries have ancient histories, which appreciate the role of man in the upliftment of the self. Both countries have synthesized tradition and modernity. In the background of ancient culture and wisdom, one can understand social progress and justice. There is a treasure of wisdom which is deeply embedded in Indian and Chinese culture which must be taken into account when it comes to develop the values which are required in order to make economic progress more beneficial to the public. The values like, fairness, freedom, honest, humanity, responsibility and solidarity, sustainable development, tolerance and transparency are the values stressed both by Indian and Chinese wisdom. In the Confucian tradition we understand the importance of self-realization in the overcoming of the ego-self and the fixed perspective that this ego-self entails. The concept of tradition is very much recognized in the Confucian thought. The concept of tradition for example in the Analects plays a dynamic role. It is approached from a moral or humanistic perspective, which is reflected as follows: "It is man that can make the Way great and not the Way that can make man great". What kind of man can enlarge the Way or Tao? It is the "superior man" which serves as the moral idea in the Analects. Like Indian tradition, in Chinese tradition too, we find a synthesis of both spiritual and the

moral. Two great traditions of the world, the Chinese and Indian, have many commonalities. Both traditions emphasized the need for ethical values. The life world of both the traditions are based on the ethical values. I would like to present the two great thinkers, namely, Confucius and Tiruvalluvar to see their relevance in the present age. Confucius in the Lun Yu says: "I will not teach a man who is not anxious to learn, and will not explain to one who is not trying to make things clear to himself. And if I explain one fourth and the man does not go back and reflect and think out the implications in the remaining three-fourths for himself, I will not bother to reach him again. The Indian ethical text, Tirukkural examines the human life to show how there can be all-round progress in life and how man can live a better life. Thus it could be viewed as a critique of life. It examines the present conditions of human life and guides for the betterment of life. Further, in the text, we see a move from "what is" to "what ought to be". The values which are prescribed in the text clearly prove the need for possessing them. The text does not accept life as it is available to us, but gives a direction for improving it so that life would be more meaningful. As a critique of life, the Tirukkural prescribes some norms for life. It is possible to prescribe them only after examining the life which man leads; and Tiruvalluvar, the author of the text, Tirukkural as well as Confucius saw the society as vitiated by some basic evils which have to be eradicated. Thus in the text we find an inseparable relation between value and action. The value-oriented text is also an action-oriented one. The ethical texts clearly support the relation between value and action. The values he prescribes as norms are for the purpose of practising them. Indeed, Confucius and Tiruvalluvar represent the life-world of the people.

### **The great four books and the Dao De Jing as sources of direction in solving modern man's social and ethical problems**

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In recent decades, we saw a lot of progress in every aspects of society. What puzzles a lot of persons is that while we enjoy a lot of improvements, we are also facing a lot of social and ethical issues that cause negative impact and divisions into our society. The very purpose of this paper is to look at the Ancient Chinese Thought, particularly the Great Four Books of Confucian Philosophy and the *Daodejing*, and seek for an answer on how to solve these social and ethical dilemmas. Man, in trying to attain more development in his life, loses his path towards the way in a number of circumstances. In the process, inner and external peace are lost and often becomes the source of misery in the form of social and ethical problems. The Ancient Chinese in the persons of Confucius and his Disciples and the author of *Daodejing* are once again reminding the modern man to review his character, including his way of life and his social relationships, because he might be off track from the right way. Change of character or may I say, a return to the original character which is according to the way (dao) as suggested by the Ancient Chinese philosophers is the

key for modern man to live in peace and harmony, free from the burdens of ethical and social problems.  
Keywords: Ancient Chinese Thought, Confucianism, Ethical Problems of Modern Man and the solution.

### **Civilization, environment and humans**

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It is becoming increasingly evident that different civilizations have all had some if not comprehensive view on the environment, the association, role and responsibility of humans within it and the larger issue of cosmos. It is also becoming evident that different civilizations have had concerns for the environment and had rituals and practices that limited the scope of humans from damaging the environment. It is important that we bring these to the fore and move away from one fits all approach.

### **Japanese views of nature**

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The Chinese character meaning "nature," was originally brought from China into Japan. The usage at the time was different from the present one. It was used as an adverb to mean "spontaneously" and called jinen. The present-day concept of nature is said to have arrived in Japan from the West during the Meiji period (around 1868- 1912). Then, the concept was given the translation of shizen. In sum, for the Japanese people, "nature" is the imported concept doubly from China and Europe. Just because the Japanese had lacked the Western concept of nature, it does not mean that they had possessed their own views of nature. Ancient people had believed that beings such as mountains, rivers, grasses, trees, and so on are special beings in which gods can live. Such an animistic belief of nature derives from Shinto, and is an indigenous belief considered peculiar to Japan. At the same time, it has been affected by Buddhism and Confucianism. Because of those mixed effects, the Japanese views of nature appears ambiguous. Certainly, it seems that objectifying nature environment itself have not been adequate through the history in Japan. Rather, the Japanese has enjoyed the blessings from the nature and psychologically depended strongly on it, although nature has punished people through different natural disasters, such as earthquake, tsunami, typhoon, eruption. In other words, the Japanese possessed the apparently contradictory attitudes of nature at the same time: the love of nature and the fear of it. In this paper, the ambiguous characteristics of the Japanese views of nature will be pointed out and then the apparently contradictory attitudes of nature in Japan can be described based on the original animistic views.

### **Moral agent-lead relationship approach: One Buddhist perspective**

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The growing interest among philosophers working on the status of non-human animals can be regarded as the reflection towards influential thoughts offered by Aristotle, Augustine and Thomas Aquinas. Those significant thinkers express a view with the tendency to deem non-human animals as mere resources or items of property for human use. Along this line of thought, it is morally permissible to treat non-human animals in a very different way to how we treat humans. The emergence of animal rights movement therefore aggressively seeks to justify a higher moral status of animals. The well-known philosophical accounts are Peter Singer's Utilitarian work and Tom Regan's rights-based study. Both of them ingeniously make inference to justify non-human animals' higher moral status. I call those arguments devoted to entitle animals' moral status with certain capacity as "moral status approach." This paper is organized as follows. In the first section, I modify the famous lifeboat example made by Regan to examine Singer's and Regan's responses to the argument from modified case. The examination leads to the conclusion that "moral status approach" is insufficient to respond to the pressing and core issue of sustainable development. In the second section, a non-mainstream proposed by Cora Diamond is considered. Diamond raises relational properties which are ignored by Singer and Regan, that is called "relationship approach". Without considering moral agent, Diamond's ideal equal relationship fails to face the challenge of moral dilemma involved in the above-mentioned lifeboat example. Finally, this paper explicates Buddhist perspective towards non-human animals. In the light of Buddhist philosophy, moral agent-lead relationship approach offers another line of thought to explore both the issues of non-human animals and sustainable development.

### **Moral philosophy of bioethics: A comparative perspective**

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As an academic discipline, bioethics signifies the intersection of ethics and life science. It addresses moral issues of contemporary scientific researches and practices in fields of biomedical and biotechnology, particularly, those biological and medical procedures, technologies, and treatments, such as organ transplant, genetic engineering, stem cell researches, surrogate mother and care of the terminally ill patient. It raises questions on human life, death, dignity, creativity, role of religious beliefs in human innovations and moral values, standards and professional practices. This paper uses analytical method, and aims to present a comparative account of moral philosophy of bioethics between religious and conventional ethics on selected bioethical cases. Keywords: moral justification, bioethics, biomedical practices, comparative analysis.

**1.15 – 2.15 p.m. Lunch.**

### **Session 12: Religion & Ethics (2.15 – 5.15 p.m.)**

*Chairperson: Prof. S. Pannerselvam, University of Madras, India*

#### **The human nature and the right to life of a deformed fetus from the perspective of shiite jurisprudence**

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Throughout the History, abortion and fetus's right to life have been controversial issues among the intellectuals of medical ethics so that there are references to abortion methods in old medical texts. But the turning point dates back to the second half of the twentieth century and the year of 1950 in which abortion was legally recognized in some of the eastern and central European countries. The issue which has always been subject to disagreement among different religions or legal systems is defining the time when a fetus becomes a human being. The significance of biological considerations and the methods for its formulation particularly fertilization from the perspectives of different religions, legal systems and the acknowledged international regulations is a known fact. The question posed in the present paper is whether a deformed fetus has a human nature and the right to life? Since when a fetus is entitled to this right? And in case a mother is informed of the deformity of the fetus, does she have the right to abort it? There are certain perspectives that consider the decision to keep or end the life of a fetus a personal choice, and without considering the issue of a fetus right to life, emphasize on the health of the mother. Moreover, in order to analyze this issue, one should take into account different legal, religious, and international perspectives identifying probable gaps and coming up with appropriate solutions would be quite necessary as well. Therefore, after presenting the subject and defining the fetus from the three aforementioned perspectives briefly, the present paper will have a quick review of the history and the philosophical underpinnings of the issue. Subsequently, will embark on comparing the mentioned underpinnings with progressive legal systems with a positivist approach. The following sections will focus on comparing the mentioned underpinnings with Shiite Jurisprudence and international documents respectively. And eventually a conclusion will be drawn based on the presented arguments. Key words: fetus, abortion, right to life, human nature, Shiite Jurisprudence.

#### **Ethics of fortune telling and counselling**

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In Thailand when someone faces a bioethical problem, most of them will go to see fortune tellers more than meeting a psychiatrist. In case of someone who goes to hospital for seeing a psychiatrist, they are look like they face a serious mental problem in eyes side of other people. That is why psychiatrist job in Thailand is not as popular as fortune tellers. Also Mental Health Counsellors are less supported as a public social service compared to Physical Health or Nursing. Fortune-telling

is the practice of predicting information about a person's life. The scope of fortune-telling is similar to the practice of divination. The difference is that divination is the term used for predictions considered part of a religious ritual, invoking deities or spirits, while the term fortune-telling implies a less serious or formal setting, even one of popular culture, where belief in occult workings behind the prediction is less prominent than the concept of suggestion, spiritual or practical advisory or affirmation. For many Westerners, fortune tellers – more often referred to as psychics – are generally seen as dwelling in the fringes of legitimacy. However, 'mor doo' ('seeing doctors') in Thailand play a much broader social role. From Prime Ministers to street sweepers, seeing a fortune teller is something that many Thais do regularly and with quite a bit of conviction. As any long-term expat can tell you, making fun of their craft or trying to disprove a session with a cold dose of reality will only earn you scorn, and even actual bad consequences. In this modern world, we try to avoid suffering. Often this only seems to create more suffering when one person's positive work can be someone else's suffering. How do we judge? Shouldn't we just accept a certain amount of suffering and discomfort? Our experiences and feelings are related to both our bodies and our minds. We know from our daily experience that mental happiness is beneficial. For instance, although two people may face the same kind of tragedy, one person may face it more easily than the other due to his or her mental attitude. We all cherish and wish to hold onto life. In the teaching of the Buddha, like many religions, all of us will pass away eventually as a part in the natural process of birth, old-age and death and that we should always keep in mind the impermanence of life. To Buddhism, however, death is not the end of life, it is merely the end of the body we inhabit in this life, but our spirit will still remain and seek out through the need of attachment, a new body and new life. Where they will be born is a result of the past and the accumulation of positive and negative action, and the resultant karma (cause and effect) is a result of ones' past actions. The Thai way of life is based upon Buddhist religious beliefs as well as the animistic elements of Brahmanism and folklore. As a result, religion has become a mixture of philosophical, mythical and supernatural elements, all of which deeply influence one's way of life. Just as some people go to see the doctors to treat their physical ailments, some Thais go to fortune – tellers, 'mor doo' the "all seeing" doctor, to cure their spiritual ills, and prevent future maladies. Fortune - tellers are engaged to give auspicious names to a baby according to his exact birth calculations. Weddings, investments, travel, car purchases, building construction, traveling and other significant decisions in life, are all directed by the fortune - teller. There are many forms of fortune - telling: palm reading, star charts, playing cards, physical features, spirit mediums and high - tech computerised fortune - telling. Fortune - tellers can be found in many places - under the shade of the trees like the tamarind trees around the Grand Palace, in the markets, in the hotel lobbies and shopping plazas. Most can be identified by small altars with offerings of flowers and lighted incense dedicated to various deities who have given them with the skill and knowledge of this art.

### **The scope of paediatric autonomy in health-related decision making: An Islamic view"**

Alireza Parsapoor

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In recent decades, changes have come about in the physician-patient relationship with stronger emphasis on autonomy based on the patient's understanding of the reasonable and irrational elements of his/her decision. Also, there have been changes in the rearing and upbringing of children, granting them more freedom in ordinary life decisions. This poses numerous questions about the scope of pediatric autonomy in decisions related to their health. Some of these questions are the necessity and the limits of these decisions within children's different age groups, as well as the approach to be taken in relation to the difference of opinion between children with parents or physician in these decisions, and the actions physician should take with regards to parents who make decisions "clearly opposed" to the child's best interest. These questions have been answered to great extent within the context of modern medical ethics, which is based on a secular worldview. However, there are certain challenges and ambiguities when one attempts to answer them in an Islamic Medical ethics context, which places emphasis on the strength and stability of the family structure. In Iranian law, which draws on Shiite jurisprudence, the various developmental stages of a child's growth are divided into non-discerning child (Gheyre-Momayyez), discerning child (Momayyez), adolescent and ultimately fully grown (Rashid). The individual's scope of autonomy is different in each stage. The principle appears to be that the adolescent has autonomy in making a decision relating to his or her health after reaching religious adulthood, which for girls is the age of nine, and for boys fifteen. This is on condition that the decisions do not impose financial burdens on him or her or the child's parents. In circumstances where the decision involves control over finances or assets, the individual's maturity will be decided in court. On another hand, the child's parents are required by religious law to have her or his best interests in mind, and in the event that any malice or even misjudgment on their part becomes apparent, they shall be stripped of their authority in deciding for the child's health, and a qualified individual shall make these decisions with the child's best interests in mind. This paper shall aim to elaborate on this view in more detail by referring to legal texts and views from Islamic Jurisprudents (Faqih). Key words: Autonomy, Pediatrics, Iran, Shiite jurisprudence.

### **Therapeutic cloning: Legislative framework for harmonization with Islamic law**

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Medical technology continues to unfold new ways and means for treating diseases which were traditionally unthinkable to remedy. For instance, through stem cell technology a diabetes patient can be successfully treated by the process of generating pancreatic cells from a combination of his somatic cells and human oocyte from

an egg donor and then transplanting them into him. This procedure, among others, impinges upon some core legal and ethical principles of Islam such as creating human embryos outside the natural legitimate process, conjoining of the sexual fluid of a strange woman with another person's cell etc. Consequently, its legitimacy even on account of medical reason has been dealt with mixed reaction by Muslim jurists. This legal scenario proves perplexing to Muslims and paradoxical to health authorities. Accordingly, to dispel the confusion, this study proposes to identify the broader legislative frameworks within which this medical technology can be harmonized with Islamic norms. Key notes: Medical technology, stem cell, legislative frameworks, harmonized and Islam.

### **Rethinking concerns about PGD: An Islamic perspective**

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Preimplantation Genetic Diagnosis (PGD) is being used for primary prevention of genetic disorders in recent decades. However, some new uses of PGD have raised challenges. Looking at the extended uses of PGD, the paper describes main ethical issues, and then, summarizes the Islamic perspective on the permissibility of PGD. The article has also a quick glance at the advancements in Iran, as an Islamic country. It concludes that according to the Islamic views, most indications of PGD are permissible but there are objections to eugenics, and the use of the techniques for discrimination against minors is prohibited. Key words: Preimplantation Genetic Diagnosis (PGD), Assisted Reproductive Technologies (ART), medical ethics, reproductive ethics, sex selection, eugenics, Islam, Iran.

### **Religion and ethics in the Indian context**

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Indian ethics has some distinctive characteristics which distinguish it from Western ethics. The difference between Indian and Western ethics lies in the method of approach and the interpretation of the supreme good. In order to distinguish Indian ethics from Western ethics, we may enumerate its following special features: (1) Remoteness in time; (2) Practicality; (3) A metaphysical basis; and (4) Absoluteness. The Vedas, the oldest literature available in the world, are the perennial source of Indian philosophy and ethics. In the Rigvedic Mantras, we find the idea of an universal moral law. The remoteness of Indian ethics is a mixed blessing, responsible for ambiguity of certain theories on one hand, while making Indian ethics so well established, on the other. Western philosophy has an intellectual approach to moral problems. Indian ethics, on the other hand, lays down practical means of attaining a life of perfection, here and now. Indian ethics propounds the four Purusharthas or the ends of human life, which are the means as well as the end, our duties as well as our goal of self-realization. Compared to Kantian ethics and the utilitarianism of Mill, which exist only in the books of the

West, Indian ethics is the actual application of moral ideals. The third and most important feature of Indian ethics is its strong and deep metaphysical foundation. The ethics of the Bhagavad Gita, which is regarded as the most practical and universal moral ideal, also indicates the metaphysical nature of Indian ethics. It regards God as the eternal infinite self-caused principle.

The metaphysical background of Indian ethics makes it an ethico-metaphysical theory, with Moksha, or perfection as the highest goal. Thus, though Indian ethics is an absolute ethics, the ethics for each case is considered on an individual basis. Indian ethics is through and through spiritual in nature.

### **Religion benefitting neurosurgical patients: a qualitative study**

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As the focus on modern neurosurgery has shifted to the realm of technological advancement, some patients and their loved ones still hold a strong faith in their religion to guide them through the process. This study aimed to determine whether religion as a coping mechanism was beneficial for patients before, during and after craniotomy. Qualitative case study methodology was used. Semi-structured interviews were conducted with 36 adult patients who underwent surgery for a benign or malignant brain tumour. Interviews were audio recorded and transcribed, and the data subjected to thematic analysis. Four overarching themes emerged from the data: 1) religion significantly benefited neurosurgical patients; 2) neurosurgical patients did not require a dedicated religious room in the hospital; 3) neurosurgical patients required religious resources such as leaders and/or groups; and 4) patients were not in favour of their physician engaging in the religious ritual. Most patients found religion to be an effective coping mechanism, offering them strength, comfort and hope through the surgery. The findings from this study emphasize the need for including a "religious time-out" before and after surgery and the inclusion of religious leaders/groups for those in favour to ensure quality care and patient satisfaction.

### **Ethical decision making in medicine through Islamic ethico-legal deliberation**

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This article conveys the Islamic interpretive-evaluative maxims of problem solving to medical ethics, taking the issue of sex assignment surgery (SAS) for infants with disorders of sex development (DSDs) or intersex as a case study. The main objective is not to proffer an Islamic legal rule on the issue examined, but to converse problem-solving maxims within the matrix of Maqasid al-Shariah through which such moral dilemmas in medical field, particularly can be revised and resolved. Indeed, Maqasid al-Shariah reflects the holistic view of Islam and integrated code of life and its goals encompasses the whole life, individual and society; in this world and the hereafter. Alongside with Qur'an and hadith, a number of

bioethical questions can be discussed and evaluated on the maqasidic scheme of benefits and harms. Any practice which overweighing benefits is considered permissible, meanwhile those overweighing harm is considered prohibited. The case of SAS for newborns with DSDs for instance, affects the overall future livelihood of those affected infants or individuals and the process of decision making seemed to be very complex since the time of making decision, in some cases, has to be done during the early age of those individuals for some emergency problems so as to avoid future medical problems. The decision making must consider the amount of benefits and harms to the individuals, taking into account, their future wellbeing. Keywords: sex assignment surgery (SAS), Ethical decision making, Maqasid al-Shariah, Intersex, Islamic interpretive-evaluative maxims.

#### **Moral status of embryo and time of ensoulment; A new look to Islamic tradition**

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The ethical acceptability of medical procedures such as abortion, stem cell research and cloning is based on our consideration about the moral status of embryos. There are different theological, philosophical and scientific views about this issue. The beginning of personhood varies in these views from time of conception to implantation, sensory organs and central nervous system development, quickening, birth, consciousness and self consciousness. The major western religions, Islam, Christianity and Judaism, focus on the spiritual part of the human beings and their opinion about the moral status of embryo is based on the time of ensoulment. In this view when the body meets the soul it becomes a full human person, with all rights, especially his basic right to life. So understanding the exact time of ensoulment could prevent us from terminating the lives of actual human persons. Among these religions, only the holy book and most important ethical source of Muslims, The Quran, describes the development of the embryo and speaking of the breathing-in of the soul. Although, The Quran does not give the exact time of the ensoulment but It can be understood from its verses that, in order to receive the soul, a pre-nate must pass the stages of conception, zygote (nutfa), implantation (alaqa), somites occurrence (mudgha), and beginning of ossification and musculation (ezam). The majority of Islamic scholars believe that ensoulment occurs around 120th day of pregnancy. This view is a juridical pragmatic one in order to prohibit the abortion due to the high value of human being life in Islam. In the Islamic Middle Ages, the only signs of pregnancy were the repeated lack of menstrual flow, the visible changes of the maternal body and the sense of fetal movement by mother (quickening) which can justify the time of ensoulment around 4 month of pregnancy in their believe. But today embryological studies and the ability to monitor the embryonic development can play an important role in our understanding about the time in which an embryo could be ready to receive the soul and this may led the formation of a positive position towards protecting

embryos. It is known that at day 10 of conception the blastocyte completely embedded in the endometrium. After that the embryo of 22-24 days resembles a leech, or bloodsucker and the somites of the embryo occur in day 24-25. The first ossification centre occurs in the clavicle at day 36-38 and in the jaws and palate at day 42-44. At week 7, some of the neck and trunk muscles begin to contract spontaneously; arm and leg movements then occur and are detectable by ultrasound methods. So, based on the Quran verses, we can conclude that during the eighth week of pregnancy the embryo is physically ready to join the soul and its moral status should be treated.

#### **Bioethics and religion: A study on the response of selected muslim scholars to bioethics**

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Bioethics is a multi-disciplinary field whereby analysis of bioethical issues depends on inputs from experts from various fields of knowledge; history, philosophy, science as well as religion. Religious scholars and theologians are among the important contributors to this field since its beginning. However, due to the pluralist-secular background of the American society where bioethics first started and the dominant involvement of moral philosophers in the discourse of bioethics, this field is perceived as secular by nature. Its main theoretical and methodological framework is philosophy which emphasizes the pervasiveness of human morality in religious or secular sense. Critics have argued that application of this contemporary approach may be inappropriate in societies where religious convictions and cultural norms do play important roles in bioethical deliberation. They assert that rigorous and deeper analysis of bioethical issues in such societies should be achieved by incorporating local values derived from religious and cultural traditions. Studies on the ethical issues from Islamic perspectives have shown that Muslims are strongly attached to their religious framework of bioethics, but little attention has been given to expound the views of such Muslim scholars towards mainstream bioethics. This paper intends to shed some light on the subject of bioethics from the Islamic perspective, based on the data derived from literature surveys and interviews with selected Muslim scholars. It is clearly shown that Muslim scholars strongly assert that religion is important in bioethical discussions. They positively accept bioethics and urge Muslims to benefit from the field especially for critical assessment of the impact of science and technology on humanity. It can be concluded that most of the Muslim scholars agree that interaction between bioethics and Islam can be better expounded and established in two forms, namely integration and dialogue. Keywords: bioethics, religion, Islamic perspective.

#### **Ethical values of Hinduism**

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All religions have ethical values. India has given birth to many religions and accepted some from outside. Hinduism is the ancient religion of India. It embraces a multiplicity of beliefs, practices, and peoples. Ethics are the vital part of life of the Hindus in India. The cardinal virtues according to Hinduism are purity, self control, detachment, truth and non violence. Ethics, which is a major branch of philosophy, encompasses right conduct and good life. A Hindu is expected to possess some characteristics, such as compassion, forgiveness, patience, kindness, hospitality, absence of jealousy, cleanliness, self control, right conduct, love, peace and non-violence, non-miserliness and non-desiring nature. More emphasis is placed on empathy than in other traditions. Women are sometimes upheld as great moral examples and great gurus. All Hindu ceremonies, rituals and worships end with a prayer for universal peace and harmony. "The whole of religion is concerned with conduct, because it is more a way of life than a doctrine about the divine or a system of ritual. Morality is taught through Hindu scriptures like Ramayana and Mahabharatha. The elders at Hindu homes tell stories to children and impart ethical values from childhood. Tamil texts Tiukkural and Naladiyar also stress moral codes. Hinduism is not a pacifist religion. It recognises that there are situations where it may be necessary to take up arms. The scripture of authority for Hindus - the Bhagavad Gita - was preached on a battlefield. The Hindu individual is constrained by his or her position in a caste-oriented society. Some ethical traditions in Hinduism have been influenced by caste norms which is a great black dot in Hinduism. The theory of rebirth in Hinduism cautions individuals to practise ethical values. Though Hinduism places great emphasis on the sacredness of life, in modern times, it would view issues like abortion or voluntary euthanasia in a slightly different way. Key words: Hinduism; values; scriptures; stories; modernity.

### **War crime & Buddhist ethics as witnessed in the Sri Lanka civil conflict**

Arujunan Narayanan (Dr)

Asia Pacific Forum of Ethics & Social Justice, Malaysia

Realism and Idealism are two contending international theories that explain events in international relations. The first explains with power politics while the later explains in terms of ethics, international law and international organizations. Sri Lanka is a democratic state with Buddhism as its official religion and claims itself as the custodian of Buddha's teaching. The fundamental principles of Buddhism are not to kill, loving kindness, tolerance and others. During the civil war between the Liberation Tigers of Tamil Eelam (LTTE) and the Sri Lankan Armed Forces (SLAF) for three decades, the Sangha, one of the three gems of Buddhism, involved in politics supporting the actions of the SLAF and it was even an obstacle against peace efforts. The question was whether Buddhist ethics had become subservient to domestic power politics. The civil war was finally ended with the defeat of the LTTE in May 2009 by the SLAF. During the civil war, both the LTTE and the SLAF committed war crimes. In the war that defeated the LTTE, the SLAF deliberately breached International Humanitarian Law. While it was denied by the Sri Lankan government in the

beginning, the investigation by a UN investigation team confirmed that the SLAF committed those crimes. The attempts to bring the SLAF to answer for these violations at the United Nations Human Rights Council did not receive adequate support of its members due to power politics of the major powers and their supporters, especially China, India and Russia. Due to the pressure from the West, especially the US, it was finally imposed on the Sri Lankan government to enforce the findings of its own investigation team. Knowing from the Leipzig Trial, US trials for crimes committed in the Philippines, the My Lai trial, it is quite clear that the Sri Lankan government will not be in a position to deliver justice to the victims. It will be quite clear that Buddhist ethics and war crimes justice are victims of power politics.

**5.15 – 5.30 p.m. Refreshment.**

**5.30 – 6.30 p.m. ABA Board Meeting.**

*(Only for Board Members and Country Representatives)*

## **THURSDAY 30<sup>TH</sup> AUGUST 2012**

*Venue: Auditorium, Institute of Diplomacy & Foreign Relations (IDFR)*

### **Session 13: Bioethics Education**

**9.00 – 12.15 a.m.**

*Chairperson: Prof. Darryl J. Macer, UNESCO Bangkok*

#### **Evaluation of course on ethics by medical students:**

##### **A study from Saudi Arabia**

Jamal S. Aljarallah (Prof)

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Background: At the College of Medicine at King Saud University in Riyadh, Saudi Arabia, a course in ethics is taught in the first clinical year. At the time of conducting this study course was given in the form of interactive lectures. Objectives: To evaluate the course from the students' perspectives and to examine their attitudes towards teaching ethics. Methods: A predesigned, self-administered and piloted questionnaire was used for the study. All students in the third year were included. The questionnaire included questions about the curriculum especially the methods of instruction, and the contents, in addition to opinion about the contents of the course. Results: 327 questionnaires were distributed and the response rate was 77%. The majority of students were happy about the course and its timing (84%). However, more than 85% believed that the methods of instruction need to be changed to case-based teaching. Also, the majority (89%) agreed that ethical issues based on Islamic Fiqh (jurisprudence) should continue to be discussed, and they prefer discussing issues related to doctor-patient relationship and professionalism. The students' opinion regarding the topics to be covered was as follows: Brain death (76.8%), organ transplantation (72.4%), cosmetic surgery (68.8%), abortion (66.8%), terminal care (61.6%), ethics of reproduction (59.6%), doctors' right (56.4%) end of life issues (56%), and medical errors (45%). Conclusion: Medical students at College of Medicine, at KSU were happy about the course and its contents, but were unhappy about the

methods of instruction. This was taken into consideration in the subsequent year.

**What do they say about medical professionalism? perceptions of first year medical students of school of medicine of Universitas Gadjah Mada**

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Professionalism education for medical practice is essential in today's complex world because medical policies and patient rights legislation are ever-changing, health care systems function differently than before, and clinical practice now involves decision-making about many new issues. Everyone who has contact with incoming medical students is struck with their idealism and commitment and we do agree that they are "the best seeds". We addressed the perception of first year medical student about professionalism after they just finished their first block. We opted for a qualitative approach by holding semi structured focus group discussions. We selected by purposive twenty students regular program in batch 2011 after they had just finished their first block about "being medical student and locomotor system". We categorize our result into five main theme (1) motivation being medical students; (2) definition medical professionalism; (3) teaching and learning professionalism; (4) Assessment professionalism; and (5) Learning environment for fostering professionalism. Their perception to look at teaching, learning and assessing professionalism might be as our consideration to develop the new framework for fostering professionalism in medical students at early stage of their journey. By armed to the term "start from our own self, start from a little thing, and start from now" we do believe that the fresh medical students have very promising future and they are pretty potential for bringing out the new paradigm of professionalism. Keywords : Professionalism, Medical education, Medical Students, Learning Environment.

**Knowledge, attitude and practice of medical ethics of faculty members of a medical university in Karachi, Pakistan**

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Background: Though bioethics has gained priority in formal medical education, but is not much recognized everywhere. Due to increased public health awareness, complaints against unethical behaviour of medical students and professionals are proliferating. To design an ethical curriculum, the first step is to assess the basic knowledge and attitude of medical teachers regarding bioethics, and second to well equip them to impart same skills to the students to workout ethical dilemmas. This study attempted to assess knowledge, attitude and practice of medical teachers regarding bio-ethics in a Medical University of Karachi, Pakistan. Results: Total study participants were 202. They conducted research in their field of specialty to get promotion (71%), get funding (9%), discover new ideas (4%), for personal interest (5%), and multiple reasons (11%). Among them, 16%

had received training of research / bioethics, and only 2% got refresher training; 70% knew the difference between medical research and care, and 43% did not want to give full information to the study participants. According to 77%, the authors' list included only those who had contributed, but 17% also included supervisors/higher seniors and 6% colleagues. Among the respondents, 45.5% did not get prior approval from Ethical Review Committee, 32% did not declare conflict of interest, 79% did not take informed consent, and 24% had idea of vulnerable population. Among these medical teachers, only 17% had ever taught or discussed Medical Ethics with the students. Conclusion: As the medical teachers, who train the future doctors, were not fully equipped with appropriate knowledge, and keeping in view the importance of bioethics, it should be included in curriculum and teachers be trained for the same. Key Words: Research Ethics, Medical Ethics, Medical Teachers, Medical University.

**Making a movie as methods to improve cognitive of informed consent in bioethics teaching**

Dedi Afandi (Dr)

University of Riau, Indonesia

Informed consent is one of topic in bioethics curriculum. Role play is one of method teaching. By using role play methods, the learning process demand student center learning. In this study, we investigated effect of making a movie about informed consent to cognitive achievement among undergraduate medical student in Faculty of Medicine University of Riau. This study was pre dan post test parallel design. Score of Cognitive Informed Consent as a parameter was measured using Informed Consent Test (ICT). There were significantly increased cognitive achievement before and after making a movie ( $p = 0.025$ ). This study suggests making a movie can improve cognitive of informed consent in bioethics teaching.

**Bioethics in Pakistan: Disconnect between production and utilization**

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Bioethics made landfall in Pakistan about 3 decades ago, but there is hardly any evidence of it actually taking root. There are only a very few Ethical Review Committees scrutinizing human subject research for ethical issues. Few of them function on standard, established protocols, and are generally ad hoc bodies. There are perhaps no more than two Hospital Ethics Committees, looking and dealing with ethical issues encountered in the dispensation of healthcare within hospital settings. These two have also come up only in response to accreditation requirements for international recognition. Breach of ethics is common and is frequently debated in public forums including print and electronic media, often with opinion makers passing judgments based on their own personal agendas with practically no considered input from those with formal training or background in bioethics. In the past few years, more than 20 or so health care and other professionals have been obtaining higher qualifications in bioethics each year, including masters degrees or postgraduate diplomas in bioethics,

from two leading institutions in Karachi. However, apart from perhaps a handful of people, none of them are actually involved in bioethics professionally. Till now, bioethics offers no potential on employability on its own, and hardly provides an opportunity for career advancement for most. Although there is clearly a demand for higher qualification in the field, and also a clear need for establishing various bioethics processes such as different committees, there seems to be no clear framework for absorbing and utilizing this growing pool of human resource. This paper studies this obvious and widening disconnect between production and utilization of bioethics resources in the country.

### **Bioethics integration: effects on critical thinking skills of biology students**

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The continuous advancement of science during the past decades has been coupled with ethical issues. The benefits and risks of these biotechnological advancements like genetic engineering, stem cell research, cloning, the Human Genome Project and Genetically Modified Organisms (GMOs) and their social acceptance comprise most of the issues. This scientific dilemma has propelled educators to make their students more informed and critical in judging these issues. With the aim to address this dilemma, the education sector started the inclusion of bioethics education in the tertiary level especially those in the medical sciences. Apparently, the inclusion of this subject improved the awareness of students on the current bioethical problems and issues concerning professional integrity. Since it has been offered in the tertiary level and positive results were observed in terms of ethical consciousness, secondary students also need to be informed not only on the significant facts and theories of the natural sciences but also the conflicts of values and ideals arising from the practical applications of these facts and theories. This paper therefore, aims to discover the effects of bioethics integration on the critical thinking skills of high school biology since they also share the responsibility of knowing the impact of science and technology. This is to ensure that science and technology are used to protect rather than endanger human dignity, health, well-being and diversity (Selvakumar & Joseph, 2004). Science, which plays a major role in the changing physical world, is seen as the proactive media in targeting the critical thinking and skills of students.

### **Adult education in Nigeria**

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Adult education is conceived as any activity that seeks to bring about improvements in the perceptual, intellectual, attitudinal and physical outlook of any adult and makes him/her function more effectively, economically, politically and socially. The role of Adult education is to help people acquire the knowledge and skills which are necessary for improvement of their living standards and to be concerned actively with the economic and social

development of their community. He lack of awareness of the existing literature, fewness and lack of reading materials on some aspects of Adult education in Nigeria are identified as part of the problem of Adult education development in Nigeria. Some of the weaknesses of the Nigerian education system, which can be remedied through Adult education, are listed. This includes, Provisions for (1) the drop-outs from school, (2) those who finished the primary school education and there are not enough secondary schools for them, (3) those who cannot find job and so on. This study set out to investigate the specific areas in which there are adequate and / or inadequate sources of literature on Adult education in Nigeria. This study reveals that aspects of Adult education in Nigeria that are well covered include, community development, literature education, design of programmes, workers and vocational education. Those that are inadequate covered are philosophy, sociology of Adult education, History of Adult education, Lifelong education, correspondence education, Rural and extension education. Other aspects of Adult education that are really lacking and need urgent attention are: Methods of programme design, Psychology, Research in Adult education, Mass media, Visual aids, face to face approach and supporting institution to Adult education.

### **Perception on being involved in medical education in Pakistan**

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Patients' perception with regards to their use in medical teaching is an under-researched area in Pakistan. The objective of this qualitative, pilot study was to determine the perspectives of hospital admitted patients on their being used in the medical education of students in a private medical institution. An attempt to understand the dynamics of interactions between patients, students and doctors was also made and to see how this affected the doctor-patient relationship. A total of 20 adult patients, both male and female were interviewed with the focus being on their experiences with bedside teaching. Two focus groups with medical students and one brief meeting with faculty were also conducted. This pilot study reveals interesting findings about patient-physician interactions in Pakistan. Patients had a traditionally passive role in medical education putting more onuses on the doctor to impart knowledge to the medical students. Patients comforted themselves in the knowledge that they were following Allah's command when they were involved in the teaching of medical students. The apparent altruism of Pakistani patients in this study was influenced mainly by religious reasons, following the commandments of Allah to help develop future healers for humanity. Students experienced moral discomfort in their teaching activities especially when examining patients with findings. They realized that patients had a right to refuse on their involvement in medical education but that was hardly ever the case. The culture evident in the medical college where this study was conducted is reflective of the social power ladders that pervade Pakistani society. The positions of doctors and medical teachers in Pakistani society are hardly challenged to debate. Little attention has been paid to the values that

influence the cultural and social frameworks within which Pakistani medical teachers, medical students and the patients function. This study is a small step in that direction.

#### **Attitude of Hamedan non-governmental organizations in health field about the basics of bioethics**

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With regard to the human's right and dignity, in various areas, the importance of preservation and promotion of human's life quality appeared. Special attention to the Visitors' right in the health system causes consideration of dignity and provide the necessary services to them. The existence challenges in Observance of the Rights of Patients depends on some factors such as organization strategy, planning, expert personnel or another factors. In this situation, with respect to the identity and structure of the NGOs, their role in forming of patient's requirement seems more useful and effective than the other factors. At first, were identified the active NGOs in health field in Hamedan (one of the western provinces of Iran). Then, the researchers evaluated the knowledge and actions of these organizations administrators in 3 fields including patient right, medical ethic principles and ethical standards for NGOs with questionnaire. After results exploitation, according to the defined needs, the authors held a training workshop about patient rights and medical ethic principles for these groups. In addition, some consulting meetings were held about the implementation of patient's right policy. The results and effectiveness of these educational and consulting meetings were under review. The results shows that the amount of knowledge NGOs administrators in health field about patient rights issue is about 30%, about medical ethic Principles is 70% and about ethical standards for ngos is 70%. But practical obligation to this ethical standards in these organization about patient's right is 27%, medical ethic is 16% and NGOs behaviors is 43%. In sufficiency of knowledge in these 3 fields and the striking reduction in practical obligation to these standards reminds the necessity of reconsidering and designing the consulting and educational compiled programs and plans. Key words: Non governmental organization, Health system, Patient right, Medical ethic, Charter of ethics.

#### **Teaching medical ethics in a multi-religious class: "what is the right answer?"**

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This paper was intended to capture 6 years of experience in teaching medical ethics to medical students in multi-religious background at the School of Medicine, Universitas Gadjah Mada, Indonesia. Medical ethics teaching was aimed to train students to become more competent decision-makers. In order to achieve that goal, we exposed students to various ethical dilemmas in both real and simulated cases. However, since most of the

students are using religious values as the main ground to their ethical arguments, ethical discourses are often ended with uncompromised answers. This situation is feared to lead students into skepticism on medical ethics teaching. In order to avoid students' skepticism, we implement an academically based culture of inter-religious discussion. Some selected medical ethics cases were presented to the students to trigger discussion in which we ask the students to build scientifically and ethically sound argument. Instead of disregarded religious values in this process, we encourage students to explore their religiously grounded moral values and enable them to stand on their argument. We hope that by conducting this activity, we will cultivate generations of physicians who have broader understanding and tolerance towards other religions, not only to follow ethical codes but becomes their professional character.

#### **Illustration of new Apple Ibook "Bioethics across cultures" and educational features of Apple Store**

Professor Dr. Darryl J. Macer  
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New technology is revolutionizing the dissemination of information and approaches to learning for students. This presentation will illustrate the **new Apple Ibook "Bioethics across cultures"**, which is free to download as an iBook from iTunes in all countries which Apple has launched iBooks. This opens up an audience of over one billion persons, and this is rapidly expanding. The days of printed books are rapidly disappearing.

The book also features photos, videos, interactive activities and other features that can make bioethics open to all those who have the tablet computer (currently designed for iPad). A pdf file version without the interactive features is 40Mb and is available.

The earlier version of this book is Cross Cultural Introduction to Bioethics, available for free download on [www.eubios.info](http://www.eubios.info) and <http://www.unescobkk.org/rushsap/resources/shs-resources/ethics-resources/multilingual-material/>

The paper will also update progress on trials of UNESCO Bioethics Core Curriculum.

#### **12.15 – 12.30 p.m. Refreshments**

#### **Session 14: Memorial Lecture for Dr. Sahin Aksoy (12.30 – 1.00 p.m.)**

*Chairperson: Prof. Anoja Fernando*

#### **In Memorium:**

#### **Sahin Aksoy: A Young Outstanding Bioethicists from the Land of Abraham**

Umar A. Jenie, *Vice President ABA/ Chairman of the Indonesian National Bioethics Commission (KBN)*

On 2 June 2012 sad news came from the Asian Bioethics Association (ABA) Secretariat, that Prof. Dr. Sahin Aksoy passed away at the age of 46 years-old. He died due to pancreatic cancer which he had suffered from since 2011. I felt a great loss of a friend who was one of

the best bioethicists I have ever met. Let us give deeply condolences to Mrs Nurten Aksoy and the twins, may Allah receive his soul, forgive his wrong doings, and place his soul under His Mercy and Forgiveness, *amien*.

Allow me now to give you a brief life history of the late Prof. Aksoy. He was born in Izmir, Turkey on 9 October 1965; and graduated as a Medical Doctor from the Faculty of Medicine, University of Ankara in 1990. He continued to do his Ph.D. Program at the Center for Social Ethics and Policy at the University of Manchester, UK, and got his Ph.D. in 1998. After returning home, he joined the Department of Deontology and History of Medicine, Faculty of Medicine, Harran University, and in 1999 became Head of Department.

His main research activity was on Medical Ethics and History of Medicine. He was a member of International Bioethics Association since 1995, and also a member of Asian Bioethics Association (ABA) since its founding in 1997. Prof. Sahin Aksoy was appointed as Vice President of ABA from 2002 to 2006.

I met him for the first time in Sanliurfa, a small city Southeast of Ankara, during the 6th Asian Bioethics Conference (ABC-6) that he hosted. I was impressed by his statement at the welcoming speech on why the city of Sanliurfa was chosen as a place for ABC-6 in Turkey. He said that Sanliurfa in the Harran Region was a place of young Abraham, who migrated from the city of Ur (in today's Iraq) to Palestine, and stayed for a while at Harran. He continued to say that Abraham is the father of three World Great Ethics, namely Judaism, Christianity and Islam. So Sanliurfa of Harran is the right place for a meeting of bioethicists who adhered to great religion/ethics such as Judaism, Christianity, and Islam, as well as for Buddhism, Hinduism, etc. His speech gave me the impression about the personality of Dr. Sahin; *i.e.*, he is indeed a man of religion, and he knew his religion: Islam, in precise detail. Returning from Harran, I was then trying to download many of Sahin's papers on bioethics which were published in many journals. In his paper (together with Ali Tenik) entitled "*The 'four principle of bioethics' as found in 13th century Muslim scholar Mawlana's teachings*", he tried to seek the four Principle of Bioethics (always called as *Prima facie*) within the 13<sup>th</sup> Century Muslim Scholar, Mawlana Jalaluddin Rumi's teaching. We know that the *Prima facie*, proposed by Beauchamp and Childres, consists of four bioethical principles, namely respect to *Autonomy*, *Beneficent*, *Non-maleficence*, and *Justice*. Mawlana teaching not only guides people how to worship God to be close to Him, but also advises people how to lead a good life to enrich their personality, as well as to create a harmonious society and a peaceful world. Mawlana's original teaching is stressing on loving and accepting everybody regardless of their colour, race, and religion. Thus Sahin concluded that the *Prima facie* which is universally applicable to any culture and society, existed in the Mawlana teaching. Sahin seems to adhere strongly to Mawlana's teaching, believing in "Universal Existence", but at the same time he was a good Muslim.

In another paper, entitled: *Historical Perspective on Islam and Bioethics*, he explained more about the four Principle of Bioethics within the Islamic Teaching. Concerning the principle of **Non-maleficence**, Sahin explained that in Islamic tradition, there are a lot of statements regarding "*to avoiding harm others*". Prophet

Muhammad (peace be upon him) for example, commanded that "*there should be neither harming nor reciprocating harm*". Islam orders not to be harmful or maleficent to others. Even in the case of being harmed; Islam advice not to reciprocate harm for vengeance. Sahin also explained the principle of **Beneficence** within Islamic Teaching, by quoting the Prophet saying that, "*The best among you is the one who is most beneficial to others*". In Islamic understanding, the principle of beneficence is so dominant to other principles, that we can say it is a starting point in all kind of human relations. Regarding the principle of **Justice** in Islamic teaching, Sahin said that justice is very much central to Islamic teaching. The Qur'an says: "*Allah (God) commands justice (principle of justice), doing of good (principle of beneficence), and giving to kith and kin, and forbids all indecent deeds and evil (principle of non-maleficence) and rebellion; He instructs you that you may receive admonition*" (An-Nahl/XVI:90). On the principle of **Autonomy**, Sahin explained that in Islam, Muslims are expected to act with *'ilm* (knowledge), and knowledge is significantly important in decision making. Islam does not permit person to act as he wishes, but limits him/her with certain rule. If there is a prevailing opinion or a fairly certain presumption based on 'knowledge', *the individual is obliged*, and the physician is authorized to act accordingly *to protect health and life*.

As Chairman of the Organizing Committee of the 9<sup>th</sup> Asian Bioethics Conference (ABC-9), which was held on November-December 2008 in Yogyakarta, Indonesia, I invited Prof. Sahin Aksoy to be a key-note speaker at the Conference. His key-note speech was entitled "*Bioethics in Asia: Healthy and Productive Life with Nature*". He was stressing that Asia was a land where many great ethics were born, namely Abrahamic Ethics (such Judaism, Christianity, and Islam), Zoroastrianism, Buddhism, Hinduism, Taoism, Confucianism, Shintoism, etc. He said that despite differences among those Asian ethics, but *communitarianism is common in Asian way of thinking*. He explained that Asian moral traditions are all holistic; they tend to put a higher value on nature, society, community, neighbor, family and mutual aid than individual ego. He suggested that *Asian bioethics should not abandon their deep rooted and many times tested moral values in the name of globalization and universalism*. Asian bioethicists shall concentrate more on traditional life styles and derive ethical principles from those. Those are the legacy of the late Prof. Sahin Aksoy.

From my experience in talking and discussing with him, I feel that he is a humble person, a warm friend, a deeply religious man, but deeply respectful to adherents of other religions, and also a man of principle. We indeed lost one of our best friends: Sahin Aksoy, an young outstanding bioethicist from Harran, a land of Abraham. But we have to accept sincerely on God's decision, good bye my friend and have a nice rest in peace.

**Lunch: 1.00 – 2.00 p.m.**

**Session 15: Women, Gender & Bioethics****(2.00 – 3.30 p.m.)***Chairperson: Dr. Bushra Shirazi, Vice-President, ABA; Pakistan***Religious fatwa by expert to guide medical practice: a way to enlighten or indistinct pathway**Sumaira Khowaja-Punjwani & Fatima Khuwaja,  
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Background: Autonomy of vulnerable group and decision making capacity is controversial even if the decision is being made by weighing benefits verses risk associated with a particular treatment modality. The right to decide for the treatment in context to vulnerable population i.e. women and fetus is a big issue. Moreover, it is challenging to make a decision where religious and moral values and beliefs are conflicting. Method: Case study: A 22 years old lady, 24 weeks pregnant gravida 2, para 1+0, was admitted in obstetric and gynecology ward of one of the secondary care hospital of Karachi for Termination of Pregnancy (TOP). At 22 weeks of gestation her ultrasound was done that reveals fetus having anencephalopathy and spinabifida. It was identified that her husband is not informed about her admission as he was not in favor of TOP. With the consensus of that lady her husband was called. During counseling three ultrasounds from different labs were shown by the patient's husband but mentioning the same findings as well as a fatwa in which it was suggested that this pregnancy should be continued regardless of the ultrasound findings. The statement written in fatwa was supported by a Quranic verse of sura Nisa. Results: We as a team tried to explain the reason for TOP to both parents, although, they understood but there was a genuine conflict between their religious, medical and moral values and beliefs. Finally, it was suggested by us to ask two questions by those fatwa makers i.e. what if fetus is abnormal, and what should be done if mother's life is in danger? Later on, individual and couple counseling that was focused on multiple dimensions for family harmony and health. As a result, client was discharged without TOP and family conflict was settled to certain extent. Conclusion: These types of clinical situations are very prevalent in many hospitals of a developing country like Pakistan. This case illustrates a conflict between religious and moral values and beliefs. Moreover, this depicts the power deferential and autonomy of women living in developing country in diverse perspective. Therefore, the concepts provided by west have a modified implication in this context. Key Words: Women Right, Autonomy & Religion.

**A survey to assess the female sexual harassment in the higher educational institutes of Karachi Pakistan**

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Background: Sexual harassment is a serious social and psychological issue and the women from every walk of life are affected by it. Perceptions differ about what behaviors constitute sexual harassment. The victim may

feel threatened, humiliated, harassed and insecure. The cases are not reported by victims because of various reasons. Sexual harassment is the least spoken issue in Pakistani society. Objectives: To determine the nature and frequency of the exposure of female students to sexual harassment at higher educational institutes; and explore the adverse effects on the victims and coping strategies implied by them. Subjects and Method: From ten educational institutes, 480 female students were conveniently selected, and were provided a questionnaire with their consent. Their identity was kept secret. The study was conducted from January to September, 2009. Results: A total of 460 (96%) students returned the filled questionnaires. Among them, 65% reported sexual harassment of various degrees/levels. They were harassed by the fellow students (37%), faculty (32%), the staff (2%) and strangers (64%) who included patients, attendants, visitors and passersby. The victims reported feelings of powerlessness, humiliation, disbelief, shock, anger, fear, anxiety and depression, badly affected studies/academic activities, and transient suicidal tendencies. Though 98% wanted a punishment for the harassers, yet 78% were reluctant to disclose perpetrators because of the fear of exploitation, social taboo, further embarrassment, adverse consequences, and career obstacles. Conclusion: Sexual harassment seems prevalent in various forms at higher level educational institutes. Many cases go unreported. The victims were reluctant to talk against their agony because of the fear of humiliation for themselves and their families. There is a need to sensitize the society to tackle this issue seriously. Key Words: Sexual Harassment, Female Students, Higher Educational Institutes.

**Ethical, legal and social issues of donor insemination in Japan**Tsuyoshi Sotoya, Hitotsubashi University, Tokyo, Japan  
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By giving voice to both individuals conceived through Donor Insemination (DI) and a couple who gave birth to a child through DI, the purpose of this paper is to raise and examine ethical, legal and social issues regarding DI. DI is a medical procedure utilizing sperm from a donor to assist conception and insure a woman's pregnancy. As a way of having children for those who cannot reproduce due to the physical infertility or other factors, in Japan, it has been widely practiced for more than 60 years since the first DI procedure was undertaken at Keio University hospital in 1948. However, there has been little public interest in several ethical issues this method has produced. This paper first introduces the history of DI in Japan, then defines its current practice, and finally, by listening to the voices of DI offspring and a couple who conceived a child using DI, considers a number of concerns related to DI. First, DI offspring's voices have not yet penetrated the general social consciousness, resulting in a lack of awareness about DI from the child's perspective. Second, no legal system of regulation in Japan exists to protect the rights of DI offspring to access their biological origins, which in turn affects their identity. Furthermore, without laws regulating the use of Assisted Reproductive Technologies (ART), like DI, serious problems can arise, such as a couple, where one member with a gender identity disorder, changes the

sexual orientation and conceived a child via DI. Third, the tension between an individual's reproductive autonomy and the child's right to know about his/her origins is addressed. In raising these concerns, this study seeks to advance the bioethical discussion of DI.

### "Health equity" of Amartya Sen And rights to access reproductive health care in Indonesia

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The idea of health as rights is evident in the 2010 Amnesty International report on rights of access to reproductive health services for Indonesian women. The report was to position women as victims of discrimination in health policy as an addition to the restrictions of certain life style such as consensual sex, cohabitation, abortion and others which believed to allegedly harming women. Defending the position of right to health care, 2010 Amnesty International report called for the elimination of discrimination against women's reproductive health rights. Based on Amartya Sen's notion of "health equity", this paper defends the position that (1) inequality and discrimination that are intentionally created in the community should be removed because it inhibits the realization of human capabilities.

(2) Although the natural inequalities exist in society, people still able to realize its capabilities.

(3) Access to reproductive health services can be realized along with the fight for the elimination of inequalities that are created intentionally without having to implement health care as rights (rights to health care) that can destroy the cultural values and local wisdom of a society. Key words: Health equality, health equity, rights, discrimination, cultural values.

### Posthumous assisted reproduction in East Asian context: the legal and ethical issues

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In 2005, a Taiwanese military officer, Chi-hsiang Sun, died from an accident. His fiancée, Ms. Li, required Officer Sun's sperm to be retrieved so as to bear his child through artificial insemination. The Taiwan Department of Health gave permission to the extraction of sperm but later opposed to the posthumous reproduction. The sperm was finally destroyed. In 2007, the newly enacted Taiwan Artificial Reproduction Act responded to instances of posthumous reproduction in a forbidding fashion. This article will argue that the blanket regulation is overly broad that it may impose substantial obstacle to an individual's autonomy in procreation, which should be narrowly tailored under consideration of all the competing interests. This article will frame the theme of posthumous reproduction from both the legal and bioethical perspectives. In the first part, various modes of regulation from the restrictive to the permissive approach will be discussed in light of protecting the procreative autonomy of the deceased. Next, since the assisted reproduction medicine will be performed upon the surviving spouse, she will need comprehensive consultation in order to

make autonomous choices. The contents, goals, methodologies of such consultation and the system of collaboration and referral will be the main concern in this part. Lastly, the best interests of the resulting child must be given due consideration. To reduce the uncertainty and potential risks, issues of legal parentage and inheritance will be explored. This article will conclude by proposing a comprehensive framework of regulation where interests of the deceased, the surviving spouse, the resulting child and social justice will be balanced. Key Words: posthumous reproduction, procreative autonomy, legal regulation, the best interests of the child.

### Views on abortion and sex selection in Phnom Penh, Cambodia

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This paper describes ethical perspectives of the Cambodian urban population and medical practitioners on the issues of sex selection. The aims are to discover whether sex selective abortion is practiced and to examine the reasons hidden behind the decisions of abortion practice in the country. This study used a questionnaire for seventy-nine people from eight districts in Phnom Penh, the capital city of Cambodia. Moreover, two health professionals were interviewed to explore aspects of sex selection in the hospital. The findings suggest that Cambodia does not have a tendency towards the practice of sex selection yet. Nevertheless, sex-selective abortion is indicated to happen if parents already have one or more children of a particular gender. Public opinions about gender preference and other medical, historical, religious and socio-economical parameters are discussed.

### 3.30- 4.00 p.m. Refreshments

## CLOSING SESSION

4.00 – 4:30 p.m. Asian Bioethics Association (ABA)  
General Meeting.

4.30 – 5.00 p.m. Feedback Session & Closing Ceremony

## POSTER PRESENTATION

### Why fraud repeats in stem cell research?

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It was seven years ago that Woo-Suk Hwang was found to have fabricated data for breakthrough papers in stem cell research. Recently, Seoul National University again announced that they were going to investigate four stem cell papers written by its professors after they were retracted from an international journal, 'Antioxidants and Redox Signaling'. One of authors, Prof. Kang Soo-Kyung, is also being alleged to fabricate the data since 2006. If this allegation turned out to be true, stem cell research in

Korea may lag behind. Based on these repeated research scandals, this paper tries to find out some plausible reasons as follows. As the research fund is limited, competition to get more research fund is intensifying. These immensely competitive environment has forced stem cell researchers to produce more outputs and publish them before their competitors claim to be the first. Finally, it cannot be ignored that some products can guarantee high business success in bioindustry.

## VIRTUAL PRESENTATIONS

### **Ableism exhibited by ethics theories**

Wolbring Gregor

Ethics of Emerging Technologies, Human Enhancement, Law, Policy & Ethics

[http://www.crd.org/docs/Gregor\\_Wolbring/ableismethicsasiabi\\_oethicsv2.mp3](http://www.crd.org/docs/Gregor_Wolbring/ableismethicsasiabi_oethicsv2.mp3)

Ethics theories are supposed to be applied to problems humans face. They are envisioned to give members of society guidance as to how to act, how to relate to each other. They are envisioned to help society to deal with emerging issues such as the governance of scientific and technological advancements. At the same time ethics theories exhibit certain forms of ableism which is the favoritism for certain abilities over others. This paper looks at ethics theories through an ableism lens and analysis the impact the different exhibited ableisms intrinsic to ethics theories has for people with disabilities in particular and the fabric of society in general. Keywords: Ableism; ethics; governance.

### **Nanotechnology and democracy versus democratization of nanotech: an ableism analysis**

Wolbring, Gregor

Ethics of Emerging Technologies, Human Enhancement, Law, Policy & Ethics

[http://www.crd.org/docs/Gregor\\_Wolbring/nanodemocracyasia\\_bioethics.mp3](http://www.crd.org/docs/Gregor_Wolbring/nanodemocracyasia_bioethics.mp3)

Nanoscale science and technology products and processes (NSTPP) are developing at a rapid pace, enabling products and processes in various science and technology fields such as physics; chemistry; material sciences; biotechnology; biology; genetics; synthetic biology; information and communication technology; cognitive sciences and neuro-engineering; bioengineering and geo-engineering. Each field enabled by NSTPP will pose distinct challenges and impact various segments of society and influence how we relate to each others on the individual and societal level, locally and globally. One focus of NSTPP was to democratize the field meaning that stakeholders are heard right at the beginning. Much less focus was given how NSTPP visions support democracy. Democracy is one aspect of how we relate to each other on the individual and societal level. Many countries define themselves as democracies. Various abilities are seen as essential for a functioning democracy. This paper looks at whether and how NSTPP can help or hinder democracy and the abilities needed for it. Keywords: Ableism; nanotechnology; governance.

### **Climate change, water, sanitation and energy insecurity: invisibility of people with disabilities**

Leopatra, Verlyn & Wolbring Gregor

Environmental Ethics & Sustainability, Resource Ethics: Water & Energy Ethics, Law, Policy & Ethics

[http://www.crd.org/docs/Gregor\\_Wolbring/waterenergyclimate\\_disabledinvisibility.pdf](http://www.crd.org/docs/Gregor_Wolbring/waterenergyclimate_disabledinvisibility.pdf)

The problems associated with climate change, energy scarcity, water and sanitation insecurity and severe natural disasters are at the forefront of both national and international policy agendas. Increasingly, people with disabilities are those most critically affected by these environmental challenges; however, literature addressing the implications for people with disabilities remains scarce. The well-being of people with disabilities is threatened by this invisibility. Here, we present survey results that suggest how women, children, people with disabilities, indigenous people, ethnic minorities, and industry in both high and low income countries are perceived to experience these environmental challenges. Respondents ranked people with disabilities between first and third in regards to experiencing climate change impact, energy scarcity and water and sanitation insecurity. Our results emphasize the need to make the impacts of climate change, energy scarcity and water and sanitation insecurity experienced by people with disabilities a priority for local and global discourses, public policy formation and academic research. Keywords: disabled people; climate change security; energy security.

### **Eco-ableism: enabling and disabling the ecosystem**

Wolbring Gregor & Noga Jacqueline

Environmental Ethics & Sustainability, Resource Ethics: Water & Energy Ethics, Law, Policy & Ethics

[http://www.crd.org/docs/Gregor\\_Wolbring/Ecoableismforasiaa\\_nbioethicsconf2012v2.mp3](http://www.crd.org/docs/Gregor_Wolbring/Ecoableismforasiaa_nbioethicsconf2012v2.mp3)

Ecology and cultural studies have a long history of engagement with each other. Ability expectations and preferences are one dynamic through which members of a group, whether within households, communities, societies, sectors, regions or countries judge others, themselves, and their lives. Ability preferences and judgments are at the root of many rules of behaviours and customs. Ability preferences also shape various ecological aspects. This paper introduces the concept of Eco-ableism as a conceptual framework to analyse enabling and disabling human ability desires, a class of desires that shape the relationship between humans and their environment. Keywords: Ableism; eco-ableism; environment; governance.

### **Coverage of neuro and cognitive enhancement beyond the normal: Canada And Usa**

Ball, Natalie, Martin Angelica & Wolbring Gregor

Human Enhancement, Ethics of Emerging Technologies, Neuroethics & Privacy

[http://www.crd.org/docs/Gregor\\_Wolbring/Neuroenhancement\\_%20Poster\\_Malaysiaball.pdf](http://www.crd.org/docs/Gregor_Wolbring/Neuroenhancement_%20Poster_Malaysiaball.pdf)

Neuroenhancement—the use of pharmaceuticals, surgical intervention, certain substances and internal/external devices intended to increase cognitive capacities to a level higher than what is considered to be ‘normal functioning’—is a reality in current society and has the potential to exacerbate physical, social and economical inequalities between groups of people or between developing and developed nations. Therefore, the objective of this project is to explore the recent discourse surrounding neuroenhancement. Specifically, the researchers of this study sought to identify what research was being put forward by various countries and if the ethical concerns, number of clinical trials for neuroenhancements, and the number of overall literature being produced from different countries differed. **Methods/Approach:** The presenters collected articles from JSTOR, ScienceDirect, PubMed, EBSCO—Academic Search Complete, Web of Science and Scopus (Elsevier) using KnowledgeShare, a literature review software developed by Dean Yergens (<http://people.ucalgary.ca/~dyergens/ksv2.htm>). These articles were found using the terms “neuroenhancement” or “cognitive enhancement.” In order to be included, articles must have been available in full-text English, and the article must address



neuro/cognitive enhancements in a non-rehabilitative fashion; that is, the enhancements that are being used to increase abilities above what is considered to be 'normal.' Once inclusion and exclusion criteria were applied, articles underwent content analysis using Atlas.ti software. These articles were coded for their country of origin and for the envisioned and appearing applications, concerns, perceived risk and visions offered with respect to neuro/cognitive enhancement. **Results:** We found for example that the majority of authors came from the USA, UK, Germany with very few articles from non Western countries. This might be partly due to that people publish in their non-English mother tongue but it might also reflect a lack of coverage of the topic outside of a few countries. We also found that academic articles about Neuroenhancement terms such as "low income" (n=0), "global health" (n=0), "developing countries" (n=0), "developing nations" (n=0) were not present. **Conclusion:** Neuroenhancements have the potential to exacerbate already existing inequities between certain classes of people, or even between developed and developing nations. Neuroenhancements may only be available to those who already possess a great deal of wealth. Increasing their cognitive abilities could further advantage such people—thereby further marginalizing those with few material reasons. For this reason, neuroenhancement is a global issue, and must be considered across nations. We found that the amount that neuroenhancement is being discussed is sharply different between countries. The presenters submit that neuroenhancement must be addressed globally and greater discussion of the topic is needed in a number of countries, particularly developing nations where possible consequences of neuroenhancement may be magnified. As one article states ' "But if policy-makers do intend to intervene, they should do so before neurocosmetic technology gains an economic foothold and the neurologically enhanced workforce really does become an inevitability." ' Keywords: Ableism; neuroenhancement; governance.

#### Exploring discourse surrounding therapeutic enhancement and injured veterans and soldiers

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Human Enhancement, Ethics of Emerging Technologies, Law, Policy & Ethics  
[http://www.crd.org/docs/Gregor\\_Wolbring/veteranasiabioethics.pdf](http://www.crd.org/docs/Gregor_Wolbring/veteranasiabioethics.pdf)

Human enhancement is discussed for a long time although different facets of human enhancement enjoy different levels of visibility. Doping, the hidden use of performance enhancement products with the purpose of obtaining an unfair advantage, has a long history in sport [1-18] and is questioned a lot [19]. The open use of performance enhancement in general [20-38] and within sport [39-41] is also debated whereby many feel it should be legalized [42-54]. A lot has also been written about the development and use of and push for not as therapeutic perceived human performance enhancement products for 'healthy' soldiers and its impact [21,55-69]. Therapeutic body devices developed to mimic species-typical body structures and expected body functioning, as a side effect, increasingly allow the wearer to outperform the species-typical body in various functions (therapeutic enhancement). Increasingly 'therapeutic' enhancements become a therapeutic option for people with disabilities [70] including injured soldiers and veterans. However therapeutic enhancement is one area that has seen little coverage and raised little controversy beside that people debate whether one can make a distinction between therapeutic and non therapeutic enhancements [71]. The authors submit that a) discourses around therapeutic enhancement will impact the discourses around so called non-therapeutic enhancements and b) discourse around therapeutic enhancements of injured soldiers and veterans will be in particular impactful given that injured soldiers and veterans

were often at the forefront of paradigm shifting policy development. The authors discuss 1) historical examples of policies and views linked to injured soldiers and veterans in the Americas and perception of injured veterans and soldiers; 2) the science and technology therapeutic enhancement landscape and 3) views of veterans on therapeutic enhancements. The authors conclude that therapeutic enhancements especially of injured soldiers and veterans is an under researched area with various open ethical questions in need of more coverage. Keywords: Ableism; human enhancement; veterans; perception.

#### Nanoscale science and technology and people with disabilities in Asia: An ability expectation analysis

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Ethics of Emerging Technologies  
[http://www.crd.org/docs/Gregor\\_Wolbring/nanoanddisabilityasiabioethicsv2.mp3](http://www.crd.org/docs/Gregor_Wolbring/nanoanddisabilityasiabioethicsv2.mp3)  
<http://www.springerlink.com/content/g3463321254xj452/?MUD=MP>

Science and technology, including nanoscale science and technology influences and is influenced by various discourses and areas of action. Ableism is one concept and ability expectation is one dynamic that impacts the direction, vision, and application of nanoscale science and technology and vice versa. At the same time policy documents that involved disabled people and that relate to disabled people exhibit ability expectations of disabled people. This authors presents ability expectations exhibited in science and technology direction documents from Asia and in policy documents generated and influenced by disabled people from Asia and discuss the impact of the ability expectation exhibited in these four documents and the impact they might have on the relationship between science and technology and disabled people. Keywords: Ableism; nanotechnology; disabled people.

#### Technology, health consumerism, and a new age of global health—who will be left behind?

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Ethics of Emerging Technologies, Law, Policy & Ethics  
[http://www.crd.org/docs/Gregor\\_Wolbring/hc\\_gapsandinequities%20asianbioethics.pdf](http://www.crd.org/docs/Gregor_Wolbring/hc_gapsandinequities%20asianbioethics.pdf)

**Project Objectives:** Health consumerism, or the largely technology enabled movement of empowered, informed, and active individuals within the health care system, is a growing global movement. Despite this, little has been done to analyze how this shift towards a technologically revolutionized, health consumer driven model may widen disparities between the health statuses of different populations. In order to further investigate the potential impact of continued growth of the health consumerism movement on health care inequities, this project aimed to identify and synthesize existing health consumerism discourse in order to assess relationship between health consumerism and the health of different populations; the abilities, needs, and values within existing health consumer literature were qualitatively analyzed. **Methods:** A scoping literature review was conducted using the keyword "health consumer" within both academic domains (Global Health and Health Star) and grey literature databases (Canadian News Stand, the New York Times, and HealthSource Consumer Edition). Database searches were conducted over 4 time periods: 1900-1930, 1930-1960, 1960-1990, 1990-2011. Searches were limited to English full text articles only. To be included within the review, articles had to contain "health consumer" within the source and/or the term "health" within the title or abstract; articles had to address the research questions explicitly within and/or one of a set of additional criteria. All sources passing inclusion criteria were included within the review and thematically analyzed using NVIVO 9 software. **Results:** A total of 140 articles were examined (74.3% grey,

25.7% academic). Health consumers within the literature were outlined as requiring choice in healthcare products and services, enhanced health knowledge and communicative skills, an active and equal role in the patient-provider partnership, and empowerment or a sense of control over health. Abilities identified within the literature as inherent within the role of health consumers include cognitive capacities such as the ability to problem solve, be aware of oneself, understand and interact with health information, as well as various physical capacities such as being able to access health information within a largely technologically based system, and communicating for oneself. As a result, there exists varying levels of health consumerism ranging from groups pushing towards new paradigms of conceptualizing healthcare and health to groups restricted to passive patient roles.

**Conclusions:** The roles, abilities, and values of health consumerism identified overwhelmingly favour educated, health literate, affluent, and tech savvy populations. Health consumerism may have the potential to increase the health status and access to health services for various vulnerable groups. However, should the spectrum of varying abilities, values, and need be ignore in future healthcare development—health consumerism has the potential to severely diminish the health status of ignored groups by creating and enforcing various access barriers to achieving active health stakeholder status. Keywords: health consumerism; global health; governance.

#### **Consumer focused and technology driven health care — exploring the benefits of health consumerism as a global health tool and the issue of private vs. Public involvement**

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Ethics of Emerging Technologies, Law, Policy & Ethics

[http://www.crds.org/docs/Gregor\\_Wolbring/Globalhealth\\_privat\\_evspublichc.pdf](http://www.crds.org/docs/Gregor_Wolbring/Globalhealth_privat_evspublichc.pdf)

**Project Objectives:** Knowledgeable and active patients, also known as health consumers, have been identified as a potential solution for global health system concerns for cost effectiveness, system efficiency, and improving health outcomes. However, despite these advantages little has been done to survey the current acknowledgement of health consumerism practices or the perspectives of this healthcare model in either public or academic discursive domains. The purpose of this project was to review existing literature on health consumerism in order to identify the development and implementation of this movement, varying perspectives of benefits and concerns, and the current level of private vs. public involvement. **Methods:** A scoping literature review was conducted using the keyword “health consumer” within both academic domains (Global Health and Health Star) and grey literature databases (Canadian News Stand, the New York Times, and HealthSource Consumer Edition). Database searches were conducted over 4 time periods: 1900-1930, 1930-1960, 1960-1990, 1990-2011. Searches were limited to English full text articles only. To be included within the review, articles had to contain “health consumer” within the source and/or the term “health” within the title or abstract; articles had to address the research questions explicitly within and/or one of a set of additional criteria. All sources passing inclusion criteria were included within the review and thematically analyzed using NVIVO 9 software. **Results:** Within the literature health consumerism discourse developed via a transition of patient attitudes from needs, to wants, to rights as motivators of patient action. Similarly to existing literature on the topic, health consumerism was identified within the review as being a potential solution to inefficiency, improving health outcomes, and out-of-control spending. However, health consumer actions were also identified as potentially leading to inefficiency in the healthcare system, particularly in circumstances where individuals may demand expensive and unnecessary tests, placing greater strain on system resources. Despite the

powerful role and continued development of health consumerism, academia and policy makers appear to be only marginally aware of the shift towards health consumerism; as a result adaption and incorporation of this movement into public domains is slow—leading to rapidly expanding growth by the private healthcare sector to meet consumer demands.

**Conclusions:** This review was successful in identifying that the health consumer plays an active, informed, and empowered role within health care interactions and that the growth of this movement may be guiding the development of health care technology and services; it has however, not yet been explicitly recognized or studied in its capacity to do so by academic or political domains. Keywords: health consumerism; private versus public delivery; global health.

#### **Shifts in global health services technology: ethical considerations for implementing health sensors**

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Ethics of Emerging Technologies, Law, Policy & Ethics

[http://www.crds.org/docs/Gregor\\_Wolbring/sensors\\_leopatraasi\\_abioethics.pdf](http://www.crds.org/docs/Gregor_Wolbring/sensors_leopatraasi_abioethics.pdf)

**Project Objectives:** Health sensors are increasingly being developed and implemented into various health service domains worldwide. The automatic generation and transmission of one's health information by sensors generates various implications for privacy, autonomy, and control of health information. This project aimed to identify and explore the ethical implication of these concerns to the use health sensors on differing global populations. **Approach:** This project is an ethical consideration for future study and research into the ethics of health sensor development and implementation. As a result, this project draws from existing research on the topic and is largely logic based. **Results:** Sensors within the body, on the body, and within the environment to collect and transmit health information are increasingly being developed and integrated into the healthcare sector. Although the primary goals of these types of sensors are largely efficiency of information transfer and the safety of the individuals being cared for, these technologies are accompanied by a number of ethical issues. Ethical considerations for privacy and autonomy with the widespread implementation and use of this health tool largely center on global populations with varying levels of self-advocacy and visibility with global health policy domains, such as elderly and disabled populations. Privacy, autonomy, and control issues related to the wireless generation of health information however, extend beyond specific populations to overall consumer and health care provider utilization. In particular, the inability for individuals to control the generation of and access to sensitive health information potentially paves the path for social, medical, financial, and occupational discrimination based on third-party interpretation of information generated. **Conclusions:** Despite increased efficiency and other benefits of sensor integration into various healthcare sectors, future research into the appropriate use and regulation of this important health tool is necessary. Overall, it is necessary for global health policy to acknowledge and address concerns for privacy, control, autonomy, and discrimination generated by the implementation of health sensors into various health care facets. Keywords: sensors; healthcare; privacy; governance.

#### **The future of disability studies and social robotics: the future is here**

Yumakulov Sophya and Wolbring, Gregor

Ethics of Emerging Technologies, Law, Policy & Ethics

[http://www.crds.org/docs/Gregor\\_Wolbring/Yumakulov.%20Wolbring%20-%20Future%20of%20Disability%20Studies%20and%20Social%20Robotics.mp3](http://www.crds.org/docs/Gregor_Wolbring/Yumakulov.%20Wolbring%20-%20Future%20of%20Disability%20Studies%20and%20Social%20Robotics.mp3)

The ethics of social robotics in Asia: Needs and opportunities. Asia is currently on the forefront of developments in social robotics for numerous applications and settings, including health care, the service industry, and elderly care. While great strides are being made in these sectors, there is a need for robotics researchers and bioethicists to consider ethical concerns in the use of social robots. This paper reviewed social robotics literature and discourse around robot ethics. Literatures generated around social robotics were imported into Knowledge Share ver. 2.1.3 (KSv2), a tool developed by Dean Yergens (<http://people.ucalgary.ca/~dyergens/ksv2.htm>) to systematically review literature. Databases included ScienceDirect, Compendex, IEEE, Communication Abstracts, Scopus, OVID(All), EBSCO(All), Academic One File, Web of Science, and JSTOR. Out of 489 articles, 30 included discussions of ethics. Articles were coded using Atlas.ti qualitative data analysis software. Within English-language journals (including the International Journal of Social Robotics), the Asian perspective is lacking. Most research on ethics is from non-Asian countries, and discussions of broader ethical implications for social robotics are not considered. For example, what will be the impact of social robots on low-income vs. high-income countries, people with disabilities, gender relations, or local and global economics? We found that the disability studies angle is underrepresented in social robotic research, which presents an ethical issue since this group will be affected by robotics. For example, are social robotics (designed for people with disabilities) trying to improve well-being of the disabled or simply to normalize them (to fulfill others' expectations of them)? Since robotics is already prevalent in Asian countries, and is expected to grow, the disability studies angle is relevant not only for Anglo-Saxon countries, but also globally and in Asian contexts. This angle and the others mentioned above are missing from the current ethical discourse on social robotics and it is an opportunity for Asian bioethicists and robotics researchers to bring the Asian perspective on these issues. Keywords: ethics, disability studies, social robotics; global, ability expectations.

### The future of bullying for people with disabilities

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Ethics of Emerging Technologies, Law, Policy & Ethics

[http://www.crds.org/docs/Gregor\\_Wolbring/Asia\\_Posterdanav3.pdf](http://www.crds.org/docs/Gregor_Wolbring/Asia_Posterdanav3.pdf)

Bullying is a social problem that impacts every corner of the globe (Volk et al, 2012). Volk and his colleagues (2012) stated that it involves "hundreds of millions adolescents worldwide" and the effects of bullying are devastating for all that are involved. Songsiri and Musikaphan (2011) referred to Tapanya 2007 Report on Pattern Development for Bullying Prevention among Children stating that 60% of students in Japan have been bullied. Ismail and colleagues (2010) stated in their article that the occurrences of bullying within Malaysian schools are increasing. Bullying is a social phenomenon that is continually evolving; new forms of bullying have been emerging with technological advancements, and these advancements continue to enable certain forms of bullying. For example over the past few years we have seen the emergence of cyber bullying; which is the use of various forms of technology (social networks, cell phones, and chat rooms) to victimize. It has been estimated that 20-40% of students of been the victims of cyber bullying (Tokunaga, 2010). Since these technological advancements have the possibility to create more forms of bullying and enable them to continue it will be imperative to investigate how new technology is and will impact the social phenomenon of bullying and what the lasting effects will be; as we know once it is online it is there forever.

### A look at the influence of communication technology advancements from the perspective of special education

### school teachers: impact on education for people with disabilities

Diep Lucy and Wolbring Gregor

Ethics of Emerging Technologies, Law, Policy & Ethics

[http://www.crds.org/docs/Gregor\\_Wolbring/Lucy%20Diep%20A%20LOOK%20AT%20THE%20INFLUENCE%20OF%20COMMUNICATION%20TECHNOLOGY%20ADVANCEMENTS%20FROM%20THE%20PERSPECTIVE%20OF%20SPECIAL%20EDUCATION%20SCHOOL%20TEACHERS%20IMPACT%20ON%20EDUCATION%20FOR%20PEOPLE%20WITH%20DISABILITIES.MP3](http://www.crds.org/docs/Gregor_Wolbring/Lucy%20Diep%20A%20LOOK%20AT%20THE%20INFLUENCE%20OF%20COMMUNICATION%20TECHNOLOGY%20ADVANCEMENTS%20FROM%20THE%20PERSPECTIVE%20OF%20SPECIAL%20EDUCATION%20SCHOOL%20TEACHERS%20IMPACT%20ON%20EDUCATION%20FOR%20PEOPLE%20WITH%20DISABILITIES.MP3)

The new age of communication technologies: Will our changing expectations of abilities impact the future of special education? Project Objectives: Advancements in technology have transformed the way we communicate and interact with each other. Smartphones, emails, video conferencing and even social media are forms of communication technologies that have redefined expectations of how we connect, what we connect with, and how often we connect with each other. Therapeutic enhancement devices, such as the brain-machine interface, sub-vocal speech devices, artificial hippocampus, and cochlear implants/hearing aides are in the midst of changing not only communication expectations but also ability expectations. Defined as the preference and value for certain abilities (Wolbring, 2008), ability expectations – or ableism – is anticipated to move beyond our species-typical abilities with the introduction of these communication devices. This in turn has impact on our cultural attitudes of abilities particularly within the discourse of teaching and learning in education. From a global perspective, it is known that individuals with disabilities face the lowest level of education as a result of social, economic and political determinants (World Health Organization [WHO], 2011). These determinants lead to factors such as decreased individual well-being, poverty and increased health risks (WHO, 2011). What the global future entails regarding education access and opportunities for people with disabilities and teaching methods and practice in promoting inclusive education are captured from the perspective of special education school teachers. Generated literature was imported into Knowledge Share version 2.1.3 (KSv2) tool, developed by Dean Yergens (<http://people.ucalgary.ca/~dyergens/ksv2.htm>). This tool was used as a way to systematically review the literature. Individual face-to-face interviews were conducted with a group of special education school teachers. The interviews were audio-taped and then transcribed. The transcribed documents were imported into the ATLAS.ti tool and themes were identified for qualitative analysis. Results: Ability expectations played an influential role on the perceptions and assumptions of the future of teaching, learning and accessibility to education with the prevalence of advanced therapeutic enhancement devices by this particular discourse. Conclusion: Special education school teachers exhibited one facet of perspectives around ableism. There are opportunities for further research to be conducted with other discourses to obtain another dimension of ability expectation perspectives with the advancement of these technologies. Reference: Wolbring, G. (2008). The politics of Ableism. Society for International Development, 51, 252-258. World Health Organization (2011). World Report on Disability 2011. Geneva, Switzerland. Keywords: communication devices; disabled people; education

### Setting the olympic stage: who should be there?

Tynedal, Jeremy Wolbring Gregor

Ethics of Emerging Technologies, Law, Policy & Ethics

[http://www.crds.org/docs/Gregor\\_Wolbring/Asian%20Bioethics%202012jeremy.pdf](http://www.crds.org/docs/Gregor_Wolbring/Asian%20Bioethics%202012jeremy.pdf)

The prevailing discourse around sporting abilities is based on species-typical abilities, but advances in therapeutic assistive devices and in other science and technology products increasingly open the door for beyond species-typical abilities.

The cheetah prostheses of double-leg below the knee runner, Oscar Pistorius, are one example of how human performance enhancement technologies in sport have challenged the hierarchy of athletes competing outside of their acceptable classification and exceeding their species-typical counterpart. The World Anti-Doping Agency classifies doping as the hidden use of performance enhancing products with the purpose of obtaining an unfair advantage (World Anti-Doping Agency 2011), but classification of therapeutic enhancements as a form of techno doping is misinformed because species-typical sporting disciplines that use special equipment, in almost all winter sports (for example luge) and in summer sports (such as pole vaulting), are not labelled as doping. Thus, beyond this question is the equal treatment of assistive (as also used by nondisabled athletes in species-typical sports) and therapeutic assistive devices. With equal treatment, disabled athletes competing in sport alongside nondisabled athletes is a trivial issue and the question of which assistive devices in a particular sport are given entry into the Olympics becomes more important. The possibility of leg prostheses fused to a ski or snowboard worn by an athlete competing against the species-typical skier or snowboarder is just one example of the potential infrastructural changes that envision a technological enterprise of new sport. Convergence and acceptance of technology into Olympics may be determined by answering these questions. Keywords: sport; therapeutic enhancement; Pistorius

#### **Eugenics: The never ending threat to disabled people**

Ball Natalie and Wolbring Gregor

Ethics of Emerging Technologies, Law, Policy & Ethics

[http://www.crds.org/docs/Gregor\\_Wolbring/Eugenics%20Poster\\_Malaysiaball.pdf](http://www.crds.org/docs/Gregor_Wolbring/Eugenics%20Poster_Malaysiaball.pdf)

Disability studies scholars and disabled people right activist have been engaged in questioning Eugenic practices from sterilization to selection termination of pregnancies based on ability judgments for many years. The author submits that the fight is not over. This presentation will outline some to come eugenic dynamics made possible by technologies under development such as artificial womb and synthetic biology and changing ability expectations such as the one by the social movement of transhumanist that want to move human abilities beyond the species-typical. Additionally, the author will present survey responses from disability service workers on their thoughts surrounding the future of eugenics. Keywords: Ableism; ethics; future of eugenics; disabled people; governance

#### **Impact of perception on global health: example of autism discourse in the New York Times:**

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Law, Policy & Ethics, Health, Disease & Medical Ethics, Health Care System & Management

[http://www.crds.org/docs/Gregor\\_Wolbring/Alshaba%20Billawala%20Final%20HOM%20poster%20March%203rdwolbsenttoprint.pdf](http://www.crds.org/docs/Gregor_Wolbring/Alshaba%20Billawala%20Final%20HOM%20poster%20March%203rdwolbsenttoprint.pdf)

**Project objectives:** The numbers of autism in the USA are 1 in 88 and 1 in 38 in Korea (1). Autism in India and China are seen to surpass one million (2). When describing autism two main narratives have emerged: the medical perspective and the neurodiversity perspective. How people with autism are portrayed impacts how their problems are described and what solutions are sought to their medical and social health needs. The objective of this study was to investigate the coverage of autism in the New York Times given that newspapers are influential and shape opinions of its readers. Furthermore, this study aimed to look at what ability expectations are highlighted within the autism coverage. **Methods/Approach:** The historical New York Times (NYT) and NYT late edition (East Coast) ProQuest databases were used as one source. The keyword

'autism' in the title was used as a search strategy to limit the number of articles. All 198 articles which had autism in the title with the first one being from 1973 underwent frequency, content and thematic analyses whereby ability expectation was one theme that was identified. Furthermore we analyzed 34 autism diagnostic tests developed in the UK and the USA from 1986-2011 to look at what abilities or lack thereof they tested for. **Results:** In the NYT, 24% of articles discussed lack of abilities of individuals labeled as autistic. 19% positive abilities. 49% of all articles analyzed discussed the symptoms and behaviors associated with autism, 43% discussed statistics of autism (medical aspect), 37% focused on providing descriptions of autism, 24% focused on describing treatments (medications, therapy other). Only 12% discussed the neurodiversity perspective. Only 6% looked at discrimination issues and only 2% of articles discussed rights issues. No articles provided statistics on the social aspects of individuals with autism such as for example: how many autistic individual are employed, how many autistic individuals attend university etc. **Conclusion:** The NYT coverage of autism is slanted heavily towards a medical narrative under-representing the neurodiversity and social justice narrative. Both the NYT and the autism tests exhibit certain ability expectations (20 abilities were identified from the autism tests and 163 abilities (and lack of) were identified in the NYT). cursory coverage of some Asian newspapers also shows that the same bias (medical over neurodiversity perspective). We postulate that the bias in the coverage of autism influences how problems associated with autism are defined and what solutions are thought. Keywords: autism; media analysis; perception; impact on global health.

#### **Ethics of artificial wombs: missing angles and special concerns**

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Law, Policy & Ethics, Women, Gender & Bioethics, Ethics of Emerging Technologies

[http://www.crds.org/docs/Gregor\\_Wolbring/Yumakulov,%20Wolbring%20-%20Ethics%20of%20Artificial%20Wombs.mp3](http://www.crds.org/docs/Gregor_Wolbring/Yumakulov,%20Wolbring%20-%20Ethics%20of%20Artificial%20Wombs.mp3)

Artificial womb technology (ectogenesis) is commonly associated synthetic biology (generating genomes from bottom-up), which leads to visions of science fiction societies where babies are manufactured and grown outside the woman's body; however, ectogenesis is well on its way to becoming a reality. We reviewed literature related to the artificial womb and discourses around the ethics of this technology. Literatures generated around "artificial womb" were imported into Knowledge Share ver. 2.1.3 (KSv2), a tool developed by Dean Yergens (<http://people.ucalgary.ca/~dyergens/ksv2.htm>) to systematically review literature. Databases included ScienceDirect, Compendex, IEEE, Communication Abstracts, Scopus, OVID(All), EBSCO(All), Academic One File, Web of Science, and JSTOR. Out of 194 articles, 133 were included (based on relevance to the topic). Current literature on artificial wombs mainly focuses on feminist issues of whether or not this technology will liberate or oppress women. Ethical considerations of ectogenesis are discussed, especially in the context of the abortion debate within North America. However, the use of artificial wombs has implications for gender relations and women's rights on a global scale; women's rights are an issue for women in Asia and globally, and the artificial womb can have significant impacts. For example, what affect will ectogenesis have on women's autonomy, social well-being, and status in low- and middle-income countries? Will it make women's reproductive function obsolete and thus result in the devaluation of women? Can it result in the increased use of women as sex slaves rather than reproductive partners? What will be the effect on family structure and gender imbalances that are already present in countries like India and China? Current ethics discourses are focused on the American-feminist perspective, and ethical scholarship from a global perspective and the perspectives of low- and middle-income countries is

needed. The rapid technological advancement in Asian countries (artificial womb design in India<sup>1</sup>) gives both an opportunity and a duty for Asian ethics scholars to consider the implications of ectogenesis for diverse populations and contexts.

Keywords: artificial womb, synthetic biology, designing genomes, ectogenesis, global, women's rights, gender, ethics  
 1Mitra, AK; Choudhary, NK; Zadgaonkar, AS. 2008. Development of an artificial womb for acoustical simulation of mother's abdomen. International Journal of Biomedical Engineering and Technology, 1(3): 315-328.

### Perception of immigrants through an ability expectation lens

Martin Angelica and Wolbring Gregor

[http://www.crds.org/docs/Gregor\\_Wolbring/immigrationAsian%20Bioethics%20Conference.pdf](http://www.crds.org/docs/Gregor_Wolbring/immigrationAsian%20Bioethics%20Conference.pdf)

Immigration policies have a long history everywhere and will be topical for times to come. Immigration policies raise many ethics issues. Newspapers are playing a pivotal role in dissemination information and shaping public opinion. We present here data of investigating perception of immigrants through the lens of ability expectations (abilities we expect immigrants to have and abilities we think immigrants lack). The data source for this project was the New York Times from 1851 to today and we are presenting here the results. Although we have no Asian content we believe the results are of interest also to the participants of this conference.

### Clean water and sanitation are universal human rights

Noga Jacqueline and Wolbring Gregor

[http://www.crds.org/docs/Gregor\\_Wolbring/Clean%20Water%20and%20Sanitation%20are%20Universal%20Human%20Rights.pdf](http://www.crds.org/docs/Gregor_Wolbring/Clean%20Water%20and%20Sanitation%20are%20Universal%20Human%20Rights.pdf)

Yet, approximately 884 million people still lack access to safe drinking water and 2.6 billion do not have access to basic sanitation. Access to clean water is an important issue for people with disabilities. Lack of accessibility prevents community involvement of disabled people, for such reasons as being unable to leave one house. Within disabilities there is a hierarchy; in relation to access to clean water, some disabled individuals are more greatly impacted than others. Those with limited mobility must fight for accessibility; within the group of disabled people, fighting for this cause together will bring together the community. This works in the same way for those who are discriminated against in other ways, such as race or sexual preference. Recognizing that people with disabilities experience more barriers, both physical and social, which reduce their access to clean water is crucial in order to collaborate and remove these barriers. In order to give another impetus for covering the access to water and sanitation for people with disabilities we present here the economic benefit for society and people with disabilities alike that is linked to providing access to water and sanitation whereby the economic benefit stems from improved health, employment and education but also will look at economic benefit of community participation. Concrete numbers will be presented which are based on existing calculations but are not applied to people with disabilities as of now.

### A cost-benefit analysis of providing people with disabilities accessible clean water

Noga Jacqueline and Wolbring Gregor

[http://www.crds.org/docs/Gregor\\_Wolbring/nogadiswateraccessjuly2012.wav](http://www.crds.org/docs/Gregor_Wolbring/nogadiswateraccessjuly2012.wav)

For whatever reason that was not part of the abstract list Clean water and sanitation are universal human rights. Yet, approximately 884 million people still lack access to safe drinking water and 2.6 billion do not have access to basic

sanitation. Access to clean water is an important issue for people with disabilities. Lack of accessibility prevents community involvement of disabled people, for such reasons as being unable to leave one house. Within disabilities there is a hierarchy; in relation to access to clean water, some disabled individuals are more greatly impacted than others. Those with limited mobility must fight for accessibility; within the group of disabled people, fighting for this cause together will bring together the community. This works in the same way for those who are discriminated against in other ways, such as race or sexual preference. Recognizing that people with disabilities experience more barriers, both physical and social, which reduce their access to clean water is crucial in order to collaborate and remove these barriers. In order to give another impetus for covering the access to water and sanitation for people with disabilities we present here the economic benefit for society and people with disabilities alike that is linked to providing access to water and sanitation whereby the economic benefit stems from improved health, employment and education but also will look at economic benefit of community participation. Concrete numbers will be presented which are based on existing calculations but are not applied to people with disabilities as of now.

### Footprint hierarchy: a global health issue

Noga Jacqueline and Wolbring Gregor

[http://www.crds.org/docs/Gregor\\_Wolbring/Footprint%20Hierarchy-%20A%20Global%20Health%20Issue.pdf](http://www.crds.org/docs/Gregor_Wolbring/Footprint%20Hierarchy-%20A%20Global%20Health%20Issue.pdf)

**Objective:** The aim of the paper is to answer the question: "Is there a hierarchy present related to different footprints? (i.e. water, carbon, eco, etc.)". Research was performed using an ableism lens to delineate a cost/benefit framework to the footprint discourse, and to infer the impact of footprint hierarchy on global health. **Methods:** This research used the Canadian Newsstand Proquest online database provided by the University of Calgary, the New York Times (NYT.com, searching from 1981), China Daily (http://www.chinadaily.com.cn, from 2000-today), and Malaysia The Star online (http://thestar.com.my/) to examine the frequency of various footprints. The authors also present data related to water footprint from a recent online survey monkey survey (n=244). Data was synthesised using an ableism framework, which is an emerging perspective which views looks for ability-preference. **Results:** There is a footprint hierarchy apparent in the media (with the main visible footprints being: carbon>ecological>water>energy). The ableism framework brought forth reasons why the carbon footprint is more visible than the water footprint. Reasons for the footprint hierarchy became apparent using the ableism framework as a cost-benefit analysis. Consequences of the footprint hierarchy for global health were generated.

**Conclusions:** The authors submit that ability preferences influence cost benefit analysis of footprints which contributes to the footprint hierarchy. The authors further submit that footprint hierarchies influence global health policies and global health, by way of demonstrating which footprints are seen as a more critical global issue, and thus, why certain wasteful practices occur more than others.

### Lifestyle, fertility and the assisted reproductive technologies" describes how our life choices and reproductive health interrelate across the generations.

Irina Pollard, You tube -

<http://www.youtube.com/watch?v=PE69WMmw8nU>

**Marsupial reproduction and the conservation of endangered species” challenges human-dominated ecosystems, portrays kangaroos in the wild and presents examples of endangered species and captive breeding programs.**

Irini Pollard, *You tube* -

<http://www.youtube.com/watch?v=Bq0xxq49C6Q>

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The **UNESCO Asia-Pacific School of Ethics** is a regional network of individuals, institutions and associations that are working on projects and meetings together with the Regional Unit for Social and Human Sciences in Asia and the Pacific (RUSHSAP). The Unit collaborates with numerous partner organizations to carry out projects and activities, in addition to UNESCO field offices and HQ. RUSHSAP also consults and collaborates with non-governmental organizations

(NGOs), intergovernmental organizations (IGOs), institutions and individuals with special expertise. <http://www.unescobkk.org/rushsap/asia-pacific-region/networks/apse/>

**Asian Bioethics Association Board**

[www.eubios.info/ABA.htm](http://www.eubios.info/ABA.htm)

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**ABA Constitution**

**Article 1 (Name)**

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

**Article 2 (Definitions)**

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

**Article 3 (Objectives)**

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

**Article 4 (Membership)**

4.1 Membership of the Association shall be open to any individuals and institutions sharing the objectives of the Association.

4.2 A member of the Association shall be in good standing. There will be a voluntary payment of annual dues. The Board of Directors may tentatively set the suggested annual dues at a different rate for members with different income.

4.3 Membership shall be valid unless and until they are rejected by the Board of Directors and/or by the majority vote of members.

**Article 5 (the Board of Directors)**

5.1 The Board of Directors shall be nominated from among the members of the Association.

5.2 Institutional or regional members may nominate delegate(s) for the Board, but the nominee, if elected, shall hold office in his or her own right, and not as a representative of the institution or the region.

5.3 The Board of Directors shall consist of no more than 15 members and no more than 3 members from any one nation state. The nation state of each member should be defined by the member on the basis of residence or nationality at the time of nomination for election.

5.4 The Board of Directors may appoint, or authorize the President to appoint, additional officers, sub-committees, executive staffs to carry out specific tasks of the Association. In particular a list of regional representatives will be maintained for promotion of the ABA.

5.5 The board can co-opt, by consensus, associate non-voting members to increase the diversity and geographical representation of the board for the current term. (Adopted by acclamation at the ABA General Meeting on 5 November 2008)

**Article 6 (the Officers)**

6.1 Officers of the Association shall be the President, seven vice-presidents (one from each of China, India, Japan, Korea, South Asia (East of India), West Asia (West of India), and Asian Ethnic and Religious Minorities, and a General Secretary. They are nominated and/or elected by members of the Association. The President can serve a maximum of two years in office. The Other Officers should stand re-election every two years.

6.2 The Officers shall be responsible for the general management and the direction of business works of the Association. The President and/or Secretary shall have authority to execute, in the name of the Association, all authorized deeds, contracts, or other instruments.

6.3 The Vice-presidents shall provide secondary leadership for the Association, substituting for the President when needed.

6.4 A vice-president can be elected for a maximum of two successive terms as a vice president.

6.5 The General Secretary shall keep, or arrange to have kept, a true record of the minutes of all meetings.

6.6 The General Secretary shall have custody of the Association's funds, keep full and accurate accounts of the receipts and disbursements, and deposit all money in the name and to the credit of the Association in the depositories designated by the Board of Directors. The accounts shall be shared with all members of the Association every year.

**Article 7 (Amendment of the Constitution)**

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

**Supplementary Note 1**

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

**Supplementary Provision 2**

The business office of the Association was placed in the University Research Center, Nihon University, Tokyo, Japan, from 1998 to February, 2002. From February, 2002 to February 2005 the secretariat and office was: Prof. Darryl Macer, Institute of Biological Sciences, University of Tsukuba, Tsukuba Science City 305-8572, JAPAN. From February 2005 the secretary and office moved to Prof. Darryl Macer, Director, Eubios Ethics Institute, c/o Center for Ethics of Science and Technology, Chulalongkorn University, Faculty of Arts, Chulalongkorn University, Bangkok 10330, Thailand  
Email: darryl@eubios.info

For a list of some ethics meetings in Asia Pacific:  
<http://eubios.info/conferences>

Editorial address:

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Email: darryl@eubios.info

**Site of 2013 and 2014 Asian Bioethics Conferences:**

Those delegates with proposals should discuss with the secretary or president of ABA as soon as possible. The proposers should be available to meet the ABA Board with some concrete details.

## ASIAN BIOETHICS ASSOCIATION MEMBERSHIP 2012 (and for 2013)

and **2012 and 2013** subscription to Eubios  
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I wish to pay my annual membership fees of Asian Bioethics Association (ABA) for 2012 / 2013 (Circle which ones), and receive the annual issues of *Eubios Journal of Asian and International Bioethics (EJAIB)* (The Official Journal).

Regular Price for each year: US\$60 Euro 40 NZ\$70 ¥4000 (=Credit card price NZ\$90)

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Fax: Int +66-2-664-3772

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