Eubios Journal of Asian and International Bioethics

EJAIB Vol 17(3) May 2007 ISSN 1173-2571

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Official Journal of the Asian Bioethics Association (ABA)

Abstracts of presented papers at the Eighth Asian Bioethics Conference (ABC2007) concurrent with the Second UNESCO Bangkok Bioethics Roundtable (BBRT2)

19 – 23 March 2007
Century Park Hotel, Bangkok, Thailand

Monday, March 19, 2007
1. Opening Session
Chair: Dr. Soraj Hongladarom

Welcome to the Eighth Asian Bioethics Conference: All Nations … The Phantom Next Generation (ABA Presidential Address)
- Jayapaul Azariah, Ph.D., President, Asian Bioethics Association; Chennai, India
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- Distinguished dignitaries on the stage, honored experts in bioethics and technoscience, ladies and gentlemen. I am happy to be present in this unique ABA conference. I would like to bring to your knowledge and concern some selected bioethical issues that are currently discussed in India. I perceive that these issues are also faced by all nations. Since all nations are concerned about the adoration or veneration that is being given to the very important "human beings.

- Human beings are unique in this biosphere because humans are not only related to the past but also to the future generations. "Man (Humans) is Man because he shares a common culture… not only (with) its living members but also members of past generations and those yet unborn…" (Worsley, 1970).

- The problems of the present century and our generation are radically different from the previous century. It is going to be far, far different from the present! Are we the conscience keepers of the generation to come?

- At the outset we need to consider the three realms (1) Ecology (ii) Economic and (iii) Ecumemics – anthropocentric development. All these spheres sprung from the same common Greek work “οίκος” which means house or a dwelling place. The word ‘nomics’ stands for ‘management’. We need to manage the principles of ecology and infuse it with the management of the commercial world with an aim to achieve a balanced, healthy and just society.

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

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

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

Some bio-political issues
- Institutionalized injustice
  - The question of corruption in Government ministers down to the Police
  - The misuse of power vested on officials by the Constitution of India
  - Abuse of power by officials in Power
  - Stress on transparency and accountability
  - Provision of protection to law enforcing authorities and prevention of political interference

- To train young people right from the start through Bioethics education.

Viral out breaks and Health
Viral fever is deadly in many respects. We had common flu, influenza, dengue fever, bird flu and Chiangunia. We are familiar with words like, incidence, prevalence, and epidemic but not to the word pandemic. It is
commonly believed in scientific circles that we are only two mutations away from the pandemic situation. Britain is the recent victim of bird’s flu. Millions of birds and for the humans. People of All Nations and avian population of All Nations need to adhere to bioethical precautionary measures.

Gay Rights
There has been much discussion in India to recognize the rights of homosexuals. In 2007, The Supreme Court of India nullified the ‘sperm’ as in the case of ‘somatic cell nuclear transfer’, technique used in cloning can eliminate the necessity of a sexual intercourse and the sperm but not the womb. In the future, it may be possible to bypass the involvement of a woman’s womb in procreation. We have to wait and see! Or medical technology has successfully transplanted a womb. Will technology of womb transplantation in a male’s body save and solve some problems?

From a biological perspective the natural outcome of human sexual union is the resultant birth of a child. This process is considered ‘natural’. In the context of human male-female relationship, leading to the birth of a child, is also referred to as ‘normal’. Any other process, which does not fall in line with the above formula, i.e. not leading to the birth of a child, is considered ‘unnatural’ and not ‘abnormal’. When human technology is involved in IVF, the question naturally that is raised is this, whether the ‘gay marriage’ has eliminated a “normal” abnormality in human sexuality? In the context of homosexuality, St. Paul took the position of ‘unnatural’ with regard to same sex sexual relationship (Book of Romans chapter 1 verses 24-27). A thing is unnatural when it does not lead to the expected end. Biological sex, however, is a universal human trait. Thus, St. Paul may have been right to define homosexuality as “against nature”. He continued “men with men committing what is shameful and receiving in themselves the penalty of their error. This is why their industry is also punished. For in the same way that Christ was betrayed, Christians since a precise opinion is divided. Ecologically, any anthropocentric (human centered) act that is not ‘in tune with nature’ (i.e. against nature) is unnatural.

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

Two options and Precautionary Principle
There are, therefore, two options. One option is to term the practice of homosexuality as ‘unnatural’ and non-productive. Based on this premise the social and cultural risks, if any, when the rights of homosexuals are legally protected. Secondly, the words such as ‘parent, mother, and father’ may be confusing to many. Hence, the word ‘family’ needs to be redefined which will exclude the family component of ‘grand parent, grand mother and grand father’ since there will be no such entity as grandfather.

Climate change - mirage or a reality? Issues cheaper by the dozen
Any consideration on matters relating to climate change may include the following:
1. Increase in surface temperature of the total Biosphere
2. Linked with global industrial development since 1970s
3. Significant rise seen in the number of birds and their population
4. 2007 PREDICTED to be the warmest year, more than 1998
5. During 20th Century the temperature has increased by 0.7 to 0.8 degrees
6. Prediction – by the end of this century it could rise by 1.4 to 5.8 degrees
7. Global warming is linked with sea level rise
8. Ice caps and glaciers have shrunk
9. Polar ice caps are reduced and glaciers have shrunk
10. Effect on Land - Monsoon in India has been reduced/decreased
11. Carbon dioxide emissions - 1.6 (1) The United Nations Conference on Environment and Development at Rio de Janeiro in 1992 and (2) The Kyoto Protocol in Green House Gases (GHGs) emission in 1997. GHGs are carbon dioxide (CO2) - emissions from coal fired industry, automobiles and airplanes, causing a tropic rain forest to dry up. It has been a fact for ages that birds and forest system affecting monsoon rains in Southeast Asia today. It also emphasizes that any shifts in an area of low pressure that follows the equator, known as an inter-tropical convergence zone, with weakened monsoon rains in summer during the eighth and ninth centuries. Dynamic changes often involved popular uprisings during phases of crop failure and famine, and these are consistent with carbon emissions reduced rainfall. The 21st inter-tropical convergence zone shifts in response to periodic El Nino events, which when monsoon rains in Southeast Asia in the modern era. The final conclusion is that “But I believe the weather did play an important role in Tang’s decline,”

Two human measures
Two significant human endeavors to save the environment and reduce carbon dioxide (CO2) emissions are: (1) The United Nations Conference on Environment and Development at Rio de Janeiro in 1992 and (2) The Kyoto Protocol in Green House Gases (GHGs) emission in 1997. GHGs are carbon dioxide (CO2) - emissions from coal fired industry, automobiles and airplanes. Bioethics and religion are not conducive to savings.

Security against the negative impact of GHGs. Again the three major players are: (1) The United Nations Conference on Environment and Development at Rio de Janeiro in 1992 and (2) The Kyoto Protocol in Green House Gases (GHGs) emission in 1997. GHGs are carbon dioxide (CO2) - emissions from coal fired industry, automobiles and airplanes. Bioethics and religion are not conducive to savings.

The world community through the Intergovernmental Panel on Climate Change formulat...
take efforts to reduce the GHGs but instead it can buy large amounts of CERs from the South, which has green cover, which is thought to play a major role in the reduction of atmospheric GHGs like CO₂ with CDM. Furthermore, the increase in the allocated quota of Kyoto's Protocol between the North and the South. In the interest of the sustainability of the environmental health with regard to the loading of GHGs, it may be necessary to increase the share of the North. And then to reduce there is any effective reduction in CO₂ loading due to industrial development.

What is the difference between weather and climate? The former is a short-term environmental physical features and climate is a long-term event and is predicted to as exactly what would happen. However, we can have a futuristic concern by giving heed to the present trends in industrial development. Climate change is coupled with changes in the atmosphere, which is well on the way to become global. The temperature rise during the previous year 2006 has been the sixth hottest year since 1864. By 2100, it is predicted that the temperature rise may be in the range of 5.8°C. There will be a wide spread migration of monsoons leading to shortage in vital resources like food and water. Moreover, climate change can initiate the melting of the polar ice caps and also the glaciers of high mountains such as the Himalayas. Two major rivers originate from the Himalayas namely The Ganges and The Brahmaputra, risks of major flooding areas in Bengal delta. Similarly, the two Chinese rivers, The Mekong and The Yangtze rivers can cause similar havoc, leading to the loss of property and human life. It has been reported that Peru can submerge low lying areas in Bengal delta. Such a feminization of males has sociological and psychological consequences. The biochemical dilemma is that do we quench human hunger for food with GM food or do we pay attention to a hypothetical disability that could become a few decades.

Recently, the United States Food and Drug Administration (US FDA) has released its draft statement on risk assessment of eating of cloned animals. Though the initial modifications do not involve genes across the unrelated phyla it is unlikely that the problems faced in GM plant food may not arise in a cloned mammal since it is only a genetic copy of another individual. Although the FDS draft risk assessment states that there is no additional risk of eating the meat of cloned animals and drinking milk another individual. Although the FDS draft risk assessment states that there is no additional risk of eating the meat of cloned animals and drinking milk another individual. Although the FDS draft risk assessment states that there is no additional risk of eating the meat of cloned animals and drinking milk

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

Minister Yongyuth, Prof. Jayapal Azariah, Prof. Hyakudai Sakamoto, Prof. Darrell Macer, Prof. Leonardo de Castro, Ladies and Gentlemen,

It is indeed my great honour and pleasure to come here to the Eighth Asian Bioethics Conference, which is mainly organized by Chulalongkorn University and UNESCO Bangkok for the Asian Bioethics Association. I would like to thank the Asian Bioethics Association for giving Chulalongkorn University the opportunity to organize such an important event, and I am quite certain that the conference will inaugurate further interest in bioethics, a field that, as you all know, is of growing importance in the world where the rapid advancements in science and technology are making serious impacts on the social, cultural and ethical lives of the people all around the world. The conference has been made possible through many layers of cross-organizational collaborations. First of all, within Chulalongkorn University itself, the conference is organized both by the Center for Ethics of Science and Technology, Faculty of Arts, and the College of Public Health. The Center for Ethics of Science and Technology is a research unit belonging to the Faculty of Arts, and the College of Public Health. The center for ethics of science and technology is a research unit belonging to the Faculty of Arts, and the College of Public Health. The center for ethics of science and technology is a research unit belonging to the Faculty of Arts, and the College of Public Health. The center for ethics of science and technology is a research unit belonging to the Faculty of Arts, and the College of Public Health. The center for ethics of science and technology is a research unit belonging to the Faculty of Arts, and the College of Public Health. The center for ethics of science and technology is a research unit belonging to the Faculty of Arts, and the College of Public Health. The center for ethics of science and technology is a research unit belonging to the Faculty of Arts, and the College of Public Health.

Thank you one and all for your patient listening.
But do not pay any heed to all of my thought on various issues, especially climate change since they are only a mirage.
University because it is the university's nineteenth anniversary. In fact, just a few weeks from now, on March 26, we will have a big birthday celebration for the university. As the oldest and some might say most prestigious university in the country, we are sure that we will have an array of activities during the past ninety years, and on what we will have to do for the future, which includes both the future of Thailand and the world. And I am sure that bioethics is one of the relationships between the university and our society, and our cultural environments will figure prominently in this tradition. The successful collaboration between the Center for Ethics of Science and Technology and the College of Public Health is just a start for bioethical activities within the university, and I am quite sure that will have lasting impacts both within Thailand and internationally.

Finally, the Eighth Asian Bioethics Conference would not have been possible without the support of the Chulalongkorn University, without which, I think, the conference would not have been conducted successfully. I would like to thank the World Health Organization, whose grants have enabled many participants here to travel to Bangkok for the conference. Further grants also come from UNESCO Bangkok, the Center for Ethics of Science and Technology itself, and many others. I would like to thank them all. Without them, the success of this conference.

Again I would like to thank the Asian Bioethics Association for giving the opportunity for our university to host their Eighth Asian Bioethics Conference. As the founder, I shall enjoy the luxury of the China academic endeavors, and please do not focus your attention entirely on the academic side, but do take some time during your stay here to enjoy our city and its numerous offerings.

Ethical Issues Facing Science and Technology

- Prof. Yongyuth Yuthavong, Emeritus Professor, Aoyama Gakuen University, Tokyo;
- Prof. Darryl Macer, Ph.D, Regional Adviser in Social and Human Sciences in Asia and the Pacific, UNESCO Bangkok; and
- Prof. Yongyuth Yuthavong, Emeritus Professor, Aoyama Gakuen University, Tokyo;

This paper (presented by powerpoint) will review some of the ethical issues facing science and technology. We can see new paradigms of science and technology, from knowledge for knowledge sake with applications assumed to appear when needed. Some of this technology is considered “from Science, the Endless Frontier” to “Society, the Endless Frontier”.

Science and Technology change rapidly. Twenty years ago the computer was expensive and inefficient, and gene engineering was mostly fiction. Ten years ago some researchers would not have predicted that we would have the “Gripchips” and many new biotechnology applications. “Biotechnology” and “digitization” were almost unknown. Science and technology are moving faster than understanding of the implications to society.

Risk management, Intellectual Property Management, and Future Directions towards Good Governance in Science and Technology will be discussed. The criteria for membership is output based, to recognize those actively contributing to the UNESCO Regionally based ethics program, its goal is to develop members will become self-sustaining in funding through multiple partnerships and networking, to build sustainable outputs that can influence policy. Half of the UNESCO has been active in bioethics education, including in areas environmental ethics and medical ethical, which is one of the major priorities for the region. In July 2006 the UNESCO Asia-Pacifi Conference on Bioethics Education was held jointly with the National Commission of Bioethics in Korea, at Ewha Women's University in Seoul, Korea. A regional action plan defining goals and targets for bioethics education was developed, and the assembly and maintenance of on-line free access teaching resources, audience and translation languages and communication tools.

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

Opening Greetings from Founding President, Asian Bioethics Association

- Hyakudai Sakamoto, Ph.D.
- Emeritus Professor, Aoyama Gakuin University, Tokyo;
- 2-1-16-202 Higashiyama, Meguro-ku, Tokyo 153, Japan
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I am very pleased and honored to give you some greetings on this occasion of the Eighth Congress of our Asian Bioethics Association at Bangkok.

This Association was first organized in Beijing, China in 1995 (twelve years ago), in the name of the East Asian Association of Bioethics (EABA), because we believed that the Continent, the Chosen (Korean) Peninsula, and Islands of Japan, and I did not notice any bioethical movement in other parts of Asia at that time. Directly after the inauguration of the Association, however, we received strong interest and widespread advice to expand this bioethics initiative to, first, South and Southeast Asia and then to the West and the Middle and Near East Asia, namely to the whole Asia. Following to these keen demands at the second Congress, the UNESCO Asia Bioethics Conference in Kobe in 1997, we changed the name to simply the “Asian Bioethics Association (ABA)”. Accordingly, we are now enjoying enthusiastic participation from every discipline. The ABA was stepped down in 2002 by the Prof. Song Sang-yong, one of the co-founders, hosted the Fourth Asian Bioethics Conference. In 2005 we held a great and successful international Congress in Seoul, Korea, AABK.

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

But what is Asian Bioethics other than, and different from the standard European American Bioethics? I myself have and behave in a way that they apply the concepts of Asian Bioethics, which can implement global bioethics standards into the cultural realities of each community, and help each society re-discover their long-standing ethical traditions in a way that they can apply the concepts of Asian Bioethics to modern science and technology.

In the forthcoming few weeks UNESCO bioethics roundtables will be exploring the ideas of UNESCO International Bioethics Committee (UNESCO-IBC) and the Thai government, who will be developing the ethics and science in the coming decade.

We welcome especially Dr. Somsak Chan and Prof. Yongyuth Yuthavong, the Thai member of the COMEST, Dr. Somsak Chan worked for the region for bioethics research. Currently the school includes around 20 partners and institutions and some individuals who are involved in collaborative research activities (website: http://www.unesco.org/index.php?id=apsc).

The criteria for membership is output based, to recognize those actively contributing to the UNESCO Regionally based ethics program, its goal is to develop members who will become self-sustaining in funding through multiple partnerships and networking, to build sustainable outputs that can influence policy. Half of the UNESCO region has been active in bioethics education, including in areas environmental ethics and medical ethics, which is one of the major priorities for the region. In July 2006 the UNESCO Asia-Pacific Conference on Bioethics Education was held jointly with the National Commission of Bioethics in Korea, at Ewha Women's University in Seoul, Korea. A regional action plan defining goals and targets for bioethics education was developed, and the assembly and maintenance of on-line free access teaching resources, audience and translation languages and communication tools.

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

**Asian Bioethics: Challenges and Prospects in the Coming Decade**

- Prof. Leonardo D. de Castro, Ph.D.

Dept. of Philosophy, University of the Philippines; Vice-Chair, UNESCO International Bioethics Committee
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Asian bioethics faces a number of important challenges that appear to be compelling in that our responses to them could indicate how we, Asians, envision ourselves as a force in global bioethics. These challenges are not necessarily unique but they are of such importance that if we ignore them, the identity of Asian bioethics could be eroded.

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

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

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

### 2. Medical Ethics Across Cultures

**Chair: Prof. Darryl Macer**

**Bioethics and the Pan Asia Single Nucleotide Polymorphism Initiative**

- Maide E. Phripps, Ph.D.

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The Pan-Asia SNP Initiative is a landmark population study that will assess genetic diversity within Asia. The Initiative will, for the first time, document the precise level of genetic diversity among Asia’s peoples and ethnicities. The Initiative’s premise is that a very high level of genetic diversity exists in Asia. Unfortunately, current databases do not represent these very regional Asian populations. Knowledge of Asia’s genetic composition will create more benefits but they are of such importance that if we ignore them, the identity of Asian bioethics could be eroded.

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

- Abdal Khan, Bilal Sabra, Ibrahim Sarraj, Abdul Majeed Abdul Kareem & Sameer Issa

Saudi Arabia

Saudi Arabia has the largest cadaveric liver program for liver and kidney transplantation in the Arab world. Cadaveric liver transplantation started in 1996 at King Fahad National Guard Hospital. Since this time, 201 cadaveric liver transplants have been performed. The institution has also provided follow-up care to 190 patients transplanted outside the country. As in the rest of the world, there continues to be a severe shortage of organs for transplantation. Liver is particularly sensitive to hemodynamic instability and electrolyte imbalances and many potential livers are also declined due to poor quality. Hence, efforts are needed to improve both the quantity as well as the quality of the donor livers offered for harvest.

Data of cadaver donor liver offers from Saudi Center for Organ Transplantation (SCOT) were reviewed retroactively from Jan 2003 to 15 Nov 2006. Reasons for declining the offers at the outset were assessed as well as not using the livers after harvest operation. During this time, 168 livers were offered and 110 livers for procurement were offered. There were 108 males and 21 females. The breakdown of donors by year was 29 for 2003, 38 for 2004, 47 for 2005 and 54 until mid Nov. 2006. Of the 168 offers, 90 livers (54%) were declined outright without harvest. The main reasons were high LFT’s, hematuria, hepatic instabilities, and severe fatty infiltration of the liver. A total of 55 livers were used for transplantation in 57 patients. 30 day mortality was 8.7%.

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

### Functions of the Centre for Biomedical Ethics, Singapore

- Alastair V. Campbell, Ph.D.

The Centre for Biomedical Ethics, located in the Yong Loo Lin School of Medicine, National University of Singapore (NUS), Singapore

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The Centre for Biomedical Ethics, located in the Yong Loo Lin School of Medicine, National University of Singapore, was launched in October 2006, with the following aims: Initiating multi-disciplinary research projects in biomedical ethics in collaboration with colleagues in the biomedical sciences and humanities; promoting conferences and seminars in biomedical ethics at national, regional and international level. This paper describes the current developments in the Centre and future plans to become a regional resource, and to provide postgraduate training.

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

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

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

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

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

- Jumana Krishnan, M.D. and V. Murali Krishnan, M.D.

India

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

It is to be borne in mind that the new reproductive technologies also get adopted and changed in the context of local values and customs of a society. Sometimes the simplest of medicines, leave alone reproductive technologies are out of reach for huge majority of population. Sometime treatments are used in such a way that they even have iatrogenic effects. Again infertility need not only be treated for the sake of health of the mother but also for the health of society.
Is the Use of Animal Organs for Transplants Morally Acceptable? -- Debates over the Use of Animals in Xenotransplantation

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As a first step, the arguments for and against the use of animals for medical purposes in general are reviewed. Secondly, even if people accept in principle the use of animals in medicine and medical research, their use in xenotransplantation raises particular ethical issues. There are three distinct subissues in the debate over the use of animals in xenotransplantation. The first is whether a principle of prudence is acceptable to use or if there are more ethical issues to be considered. The second is the ethical issues raised by the use of genetically modified animals to provide xenotransplantation. The third is whether the ethical issues raised by xenotransplantation is a good reason to ban the use of primate organs. In the debate, the first two issues are more often addressed than the third. The first issue is similar to the ethical issues regarding the use of conventional medicine and alternative medicine. The second issue is similar to the ethical issues regarding the use of both human and animal cells and tissues (therapeutic cloning). We will review the various positions that stem cell researchers have taken on these issues.

Cloning and Stem Cell Research Issues: Religious Viewpoints on Value of the Pre-implantation Embryo

Geeta Narula
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On one side of the spectrum is the "conceptionalist" view. According to this view, the embryo is a "person" and has all the same rights as any other human being. On the other side of the spectrum is the "non-person" view. According to this view, the embryo is not a person and does not have the same rights as any other human being.

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

Iran is one of the first countries, which have produced human embryonic stem cells. This paper aims to state current achievements of Iranian scientists and discuss the background over the shortage of organ donations from cardiac-arrest patients and kidney transplants from living donors. The Organ Transplant Law and the necessity for reform will be discussed. A study group in the health ministry has ruled out, and the appropriateness of would-be recipients traveling to underdeveloped countries for an organ transplant will be discussed.

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

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Since 2000, in Japan, human reproductive cloning is prohibited by law as a crime with imprisonment for ten years. However, the law does not forbid therapeutic cloning. In 2003, in which it is mandated to the Ministry of Education. However, the permisibility of human therapeutic cloning was encountered by a hot debate for three years in the Bioethics Panel of the CSTP (Council of Science and Technology Policy), which decided in 2004 to authorize facultative cloning research only for regenerative medical care. A set of guidelines should be established following the law. The core concept of Japanese ethical debate on cloning research is human dignity. Human research is permitted under this concept, which is divided into three elements, namely, instrumentalization of human being, non-respect for the individuality of each human person and cause of social and family disorder. It is established for the first time in the ethical guidelines on human therapeutic cloning, i.e. cloned embryo research, started its examination since December 2004 and delivered its Interim Report on this issue in June 2006. The Report clarifies in extenso the conceptual and normative framework for the guidelines. The core questions the WG discussed are: donation of ovum, donation of somatic cells, qualification of research institution and researchers for cloned embryo research, voluntary donation of ovum, and donation of somatic cells. Scientists involved in cloning research and human ES cell research criticized the Report because of its alleged excessively restrictive conditions imposed. The discussion in the WG and the outline of this Report will be presented, together with the main elements of ethical consideration in Japan's context.

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

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

4. Histories of Bioethics

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

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In the area of research and medical crimes during the Third Reich, the relationship between the famed racial eugeniciot Otmar von Verschuer and his student Josef Mengele is still one of the most challenging collaborations known from this period. While Verschuer became one of the directors of the Kaiser-Wilhelm-Institute for Anthropology Hygiene an der Medizin in Berlin, Mengele rose to be the SS chief physician in Auschwitz. His notorious experiments with twins in Auschwitz where actually thought up by Verschuer. After the war, Verschuer could not return to the Kaiser-Wilhelm Society, but found a new chair at the University of Muenteer there becoming the seminal figure reestablishing human genetics in the early Federal Republic of Germany. Over the years he would become the center of strong controversy, and even after death in 1966, the fact that during the Third Reich he was an active member of the resistant Confessing Church thus establishing his ethical integrity. Mengele who could not produce such a privileged affiliation had to disappear and spent the rest of his life in Latin America. Not until recently has the career of Verschuer been exposed to critical examination. In the light of debates about the Japanese Unit 731 it is of great interest to examine the case of Verschuer as an example for the ethically problematic impact of ignorance about historic facts. Recently an international study has published new insight on the problematic heritage of the Kaiser-Wilhelm Gesellschaft (see Politics and Science during Wartime, Osiris 20, 2005). The spiritual, symbolic and institutional milieu relevant for Verschuer's career and his collaboration still need to be clarified. Further, his origins and predilections still need to be demystified. I shall discuss, what has been gained and what might have been lost due to the silence about this significant case, and what this could imply for the making of the ethical analyses of the unit 731 situation and our current bioethical reflection in Asia as well as the West.
Christianity and the role of the community, Pacific epistemologies, and cultural and Christian values, is the challenge faced in the region. Providing for social services and human rights. Melding sustainable care, the bioethical issues of immediate concern in the Pacific relate to the focused on key areas such as primary education and provision of basic health care with relatively small administrative capacities and resources, much of which is economies, societies and environments due to the impacts of globalization. Additionally, various reports, for example that of the Royal Society and Royal Academy of Engineers in the United Kingdom raises various issues that need addressing.

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

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

6. Bioethics in Underrepresented Areas
Chair: Prof. Darryl Macer and Dr. Niyada Kiying-ansue

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

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

Ethics of Corporate Social Responsibility (CSR)
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Corporate social responsibility (CSR) is a growing trend, and this appears to be true for Asia. CSR encompasses a wide spectrum of activities: human rights, labor standards, environmental management, consumer protection, anti-corruption, corporate philanthropy, and more. There are both conservative and liberal views on CSR. We find that taking a fundamental approach to the conservative view using shareholder-focused utilitarianism can create opportunities for greater CSR than other prominent conservative views. The utilitarian approach provides a way to avoid something as valuable as the present prevailing interpretations.

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

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

In ancient Greek poleis (city-states), there was no medical school, no formal regulation for training and qualification, and everyone could practice whatever they wished. Physicians were in demand that provided service for health and healing who had to compete with many other practitioners of similar nature in the medical field. More hands could go to helping more stray dogs around. It is argued that such crippled dogs have their right to life and should not be sacrificed for other dogs, while the other side looks to their quality of life and the demand of service to help them live on. In this paper, I shall elaborate the view of utilitarian about the morality of euthanizing animals in general and dogs in particular. Comparison with the arguments pros and cons of euthanasia concerning human being and babies are put forward to guide our thinking on this issue.
an association under the patronage of a certain god, called thiasos. A similar example is that those who recited and performed Homeric poems were organized as Homeriadi, though the Greek thiasos might not be as regulated and as formal as their counterparts in the Medieval Ages, the guilds, which my suggestion that the Oath might be the charter of their association. However, when their professional status are quivered and challenged, the identifications and status quo were regulated by the cult of healing god, Asclepius, and as fair to recognize that the Hippocratic physicians reassert these articles of faith in the Oath. Under these circumstances, the Hippocratic Oath should be interpreted as a charter of the Asclepiadai, which maintained a code of practice as well as prevention from unwanted criticisms. Thus it is also fair to recognize that the Oath under this interpretation is a product of a given socio-cultural situation, not a timeless assertion of medical ethics.

Tuesday, March 20, 2007

8. Buddhist Bioethics

Chair: Dr. Somparn Promta

Buddhist Theories of No Self as a Foundation for New Bioethics

-Susanta Geoatilake

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

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

-Somparn Promta

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

Buddhist Model for Public Health

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

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

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

Fetal (an unborn child) Checkup- for Whom?

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

For whom are the investigations performed in the hospital meaningful? Is it for the pregnant women or the fetus? This study examined the actual examples of abortions done through fetal checkup without a sense of sin and proceeded at drug disaster recently to provoke the US and Easian countries, were witnessed. This paper will review the problems of prenatal diagnosis checkups in Korea.

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

Chair: Prof. Darryl Macer

Future of Bioethics – Rational BioCosmology

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This paper will review the problems of prenatal diagnosis checkups in Korea.

Buddhist Ethics. This analysis is thus designed to understand strengths and limitations of each moral foundation in order to propose a possible improvement.
that cannot be predicted or explained from antecedent conditions (for example, the emergent ascending essence of the biological evolution is quite demonstrable). The third universal natural BioCosmological sphere is the essence of our living world, etc. This is precisely a way to ethical disclosing of the reason of existing unreasonableness in everyday life.

Open Science and the Future of Biomedicine

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A climate of open science is said to have prevailed in the field of biomedicine before the 1980s. It has been described as a climate where scientific findings were seen as a product of social collaboration that should be shared with members of the community. Thus, claiming property rights in inventions or keeping discoveries secret, was perceived as immoral. However, the concept of open science is not new, it has been hypothesized that open science is fundamental to science itself. For example, the field of biomedicine is said to be the primary source of new knowledge.

This presentation will demonstrate via a comparative case study analysis of five selected large scale biomedical projects associated with open science, that although the commercialization of biomedicine is beginning to be viewed as a counteracted by the biomedical community is more interested now than ever in the importance of adopting an open science approach to successfully meet the important challenges raised by large population projects in the field of genomics and pharmacogenomics.

Bioethics is Love of Life: An Alternative Textbook

I was inspired to relate my article on Chanting for Health and Peace to the field of bioethics. If one only knows what is good for oneself, he or she will certainly do little for the good of others. It has been a recent discovery that the concept of love is at the core of Socrates’ teachings. If we know that love is knowledge, then we also know that love can be the beginning and the ending of all our actions only if we realize the power of love (as shown in the background of Tamil literature and Tamil culture that will help the students of Tamil Nadu to develop their own “Codes of Justice” on the basis of their culture and tradition.)

Justice as Shown in Tamil Literature

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This paper tries to present the following points: First, through human’s love of life, love for beauty, and love for knowledge we have the knowledge is the most important thing, like that Socrates mentioned, “Virtue is knowledge”. If we know that is good for a man then we will do it. Love for beauty can be the beginning and ending of all our actions only if we realize the power of love of life. Love for knowledge can be the beginning and ending of all our actions only if we realize the power of love of knowledge.

In this paper, I examine the ethical questions of withholding and withdrawing life-sustaining treatments in current Japanese health care. This paper will elaborate upon the benefit of chanting to humankind, that our “vital energy” can conquer nature, but Eastern “to protect Nature for its own sake” (to turn nature into a posteriori principles – already scientifically discovered natural empirical principles – and the derived ethical principles like “love everyone, justice, doing no harm, protect the environment”). Ethical disclosing of the reason of existing unreasonableness in everyday life. This is precisely a way to ethical disclosing of the reason of existing unreasonableness in everyday life.

Open Science and the Future of Biomedicine

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... transparent consumer on any market, just to name a few of the examples which a citizen; biometric information is used for the purpose of fighting terrorism; threatened by the state or government and by industry in such a manner, as has... show its function for the societies.

that there must be something behind the right of privacy and data protection, which shows importance and function of the right of privacy and data protection has another status and function in Asian society and it seems different from the European position.

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

What is the basis of "privacy"? First, it concerns the creating and maintaining of the material and immaterial life space of a citizen, which they need, like animals need their territory: Living beings and communities have an instinct for "flight distance" or the "critical distance" (Edward Hall, The hidden Dimension). In this sense, privacy is determined in Germany in more detail by the Federal Constitution and its importance and value for the civil society and in the discussion of protecting the human genome or the patient’s data shows that there must be something behind the right of privacy and data protection, which shows importance and function for the societies.

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

Biomedical Ethics and the Right of the Privacy in the Indian Law
- N. Manohar
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In India, though largely a country with strong flavor of indigenous culture preserved from the precept of its civilization, the principle of privacy and secrecy, and confidentiality are part of its civilization pride, maintaining privacy and secrecy and confidentiality are part of its ethos. The words indigenous used are acham, shar, mat, naanam, payirpu, imply a women’s inherent gender qualities. Women never share gender specific compulsions, issues or otherwise delicate things even with her husband. Some are shared with mother, a few with friends, and very less with her husband. The confidentiality on any period of human life is preserved by her, her person, anything done to her sentiments and of physical impact offends or infringes her right to privacy. In correlation, this principle pervades to many such issues like, testing a woman in the course of such other aspects regarded sometimes good on health grounds often times regarded as gross invasion of her privacy and much more sensitive on other counts.

Human rights are tracked this way, which has been rationalized by medical advancement and research development, has not focused on individual identity but on a population for the futuristic benefit of all, as the excuse would claim. Societies, which are individualistic in character and right conscious in their complexion, are prone to come with a price on the quality of life. They either accept consent as a license to invade individually preserved privacy even in scientific and clinical research of testing, researching and diagnosing of the illness, aberration, defects, malfunctions and more now in biotechnological context biogenetics experimentations, mapping of genes for creating data bases on the assurance and guarantee of anonymity. Law lends support to such a trade with a price. Violations are regarded as injurious act repressible with unliquidated damages. That is the reason the world is preoccupied with this issue of finer aspects in quality of life has been preoccupied with...
In principle, genetic data must also be protected from other persons even in case of a biological relative who seeks information concerning the possible presence in him or her of a pathological gene similar to the discovered in the deceased parent, and also in case of the parents, even when the doctor considers it necessary for family members to know the information because they too might be affected by the results of the genetic test.

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

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

Only exceptional circumstances, whereby disclosure could prevent serious harm to the health of a Third party, and provided there are no alternative and less intrusive measures to protect personal data, are possible only with the previous consent of the data subject. Provided that the treatment of the sensitive data is subject to some additional requirements. In particular, it is necessary to get the permission of the national data protection authority (excepted the treatments conducted for indisputable therapeutic purposes). The Authority has decided for the first time in Europe a case concerning the access to data of her/his consent, in order to proceed to a pre-natal diagnosis (decision 22.5.1999, in Bollettino, n. 8, 1999, p. 13).

As a general principle (art. 18, Directive 95/46/EUC), anyone who starts a treatment on personal data has to notify the national Data Protection Authority, before the collection takes place, a signed declaration containing several elements (name and address; purposes and modalities of the treatment; kind of data collected; location or categories of people whom the information is related to; to what extent the data will be communicated to a third party). Secondly, the data subject has to be informed, orally or in writing, about: a) the purposes and the modalities of the treatment; b) the existence of a duty to communicate the sensitive data to a third party; c) the right of access to the data concerning him; d) the name and the address of the public body or private subject - is the responsible for the treatment) with the accompanying advice of the Ministry of Health (but it's not clear whether this advice should be deemed binding or not).

However, the authorization must not be in any case specific. The Authority can release by decree some general authorizations. In the year 2000, for instance, in Italy the Authority has issued seven different authorizations and, among them, an authorization to the people that practice a medical profession to process the medical data and, for some purposes (medical treatment to the data subject’s consent), the genetic data (see art. 2 prov. 20.9.2000, Autorizzazione al trattamento), to receive a state of salute and a live sessuale).

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

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This paper is based in three ideas, namely:
1. In the field of “privacy” and “confidentiality” derived from genetic tests only must be taken into account if we deal with “personal data”.
2. When we are dealing with personal genetic data, two aspects must be especially guaranteed: a) the freedom and autonomy of the individual; and b) the duty of secrecy in order to protect the privacy of the person.
3. Some conflicts can appear between these two aspects and we have to deal with them.

I will discuss Directive 95/46/EC of the European Parliament and Council, of 24 October 1995, on the protection of individuals with regard to the processing of personal data and on the free movement of such data. The Directive states that personal data “shall mean any information relating to an identified or identifiable natural person”. The scope of “genetic data” will be discussed, and who it can be shared with.
of human rights or those that guarantee the coexistence. In order to develop them, we must take into account principles such as responsibility, solidarity, justice, equity, tolerance, non-discrimination and responsibility towards future generations.

11. Confucianism and a New Dimension of Bioethics
Chair: Prof. Lee Shui Chuen
Panel abstract
This panel will present Confucian bioethics in contrast with Western bioethics as a contrast between familial solidarity versus individualistic family and individuals. In critiquing the limiting of justice to fair equality of social resources is a further issue both for the health of the nation and for the social injustice. I shall espouse the grounds for genetic therapy and west.

Justice and Health Care: A Confucian Program
- Shu Chuen Lee, Ph.D.
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The main thrust of healthcare resources has been a daunting and pressing problem for countries rich and poor. The mainstream theory of just healthcare of Norman Daniels though gives a broad outline of reasonable practice but could not be said to be more than satisfactory. Though the free market is an important motive for better medical services, the encroachment of market forces in medical matters is not only deemed as inappropriate and very often charged as promoting inequality of social classes. How to mobilize the social resources in healthcare will be important for the health of the nation for that family and individuals. In critiquing the limiting of justice to fair equality of opportunity, we resurrect the idea of solidarity of a moral community to treat the individual as an integral part of family and society. In this paper I shall espouse the Confucian conception of just healthcare as a co-venture of family and society. Except for some necessary major public provisions for the treatment of diseases and rehabilitation, part of the public functions in health will be healthcare, if the family members can provide personal support of the individual, which could be shared by the family members. Each person could use this funding for personal medical needs and preferences so that medical services can be given with the consent of persons concerned. It is thus moral and fair as each has his or her share and could get the most of what each one wants. The sharing of family medical accounts provides better incentive to familial solidarity, according to the Confucian conception of family ties. Also, the insufficient portion of medical expenses will be supplemented by personal or familial resources rather than by public funding. It shall realize the Confucian ideal that everyone, especially the frail elderly will be well taken care of.

A Comparative Study of Confucian and Taoist Conception of Well-Being and Their Implications on Health
- Wong Hon-Chung
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This paper compares the conception of well being in healthcare by the two main streams of thoughts in China and how they differ and could provide a new dimension of bioethical considerations in healthcare other than that of the west.

A Confucian Appraisal of Justice in Genetic Therapy and Enhancement
- Chou Wan-Ling
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The rapid development of genetic technology brings to the front the ethical problems of the applications of genetic therapy and genetic enhancement. One of the major problems in bioethics is how to handle the question of justice. In this paper, I shall deliberate on the justice problem from a Confucian point of view. First, Confucianism will support genetic therapy, as it is a kind of genetic interference for the curing of diseases or restoring of health. It is regarded as a participation of the nourishing process of human beings, that is, a moral obligation. For Confucians, justice is to let people fully extend their natural endowment as a human being, the so-called hsing feng. Hsing feng encloses both the moral mission of human being as well as the talent resources. As a matter of fact, the gene therapy could raise the states back to normal, it is by all means approved by Confucians. As to genetic enhancement, I venture to argue that Confucianism will not object to it in principle, though its execution requires two restrictions. The kind of genetic enhancement will concern the quality of development of others on the one hand, and it is supposed to be beneficent to human being as a whole. The first restriction is to avoid furthering social injustice and the second is to avoid the negative effects of enhancement such as causing more social injustice. I shall espouse the grounds for genetic therapy and enhancement, and delimit the scope of application.

Confucian Conception of Genetic Privacy and Public Interest and its Application to Biobank
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The conflict of privacy and public interest has been a focal point of discussion in bioethics and it is fueled recently by the talk of genetic privacy. New issues emerge as our genetic information bears not only individual characteristics but also ethnic and familial features. The case becomes especially sensitive in that when genetic stigmatization may bring to discriminations of all sorts. On the other hand, the rapid progress of genetic researches requires more and larger samples of genetic testing. In order to bring out the Confucian point of view, I shall compare it with the individualistic account of the West. For the latter, I employ the UK model. Finally, I shall present the Confucian idea of familialism and privacy and how to solve the kind of privacy problem with biobanking.

12. Asian Perspectives on Neuroethics: Can Neuroscience Contribute to the Peace and Health of Human Beings?
Chair: Dr. Tamami Fukushima and Prof. Osamu Sakura
Panel abstract
Neuroethics is a newly emerging field, which is roughly defined as "ELSIs of neuroscience". Neuroethics, allows us to understand human being more deeply, which may contribute to solve, at some degree, several social issues, such as education, medical and health policy. On the other hand, the rapid progress of neuroethics surely will cause several problems. The aims of this session are: First, to review the current status of neuroethics especially in North America and Japan, which introduces the status of neuroethics in Japan, to have a picture of the present conditions of neuroscience and bioethics in Asian countries in order to launch the discussion what should be necessary for neuroethics in this region? Third, to re-evaluate the cultural and philosophical framework(s) of mankind and soul in Japan and Taiwan, such presentation roughly corresponds to one purpose of the session, respectively.

Current Status of Neuroethics: International frontier and Japanese perspective
Tamami Fukushima, Ph.D. and Osamu Sakura, Ph.D.
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We introduce the background and current situation of neuroethics in Western countries and in Japan. Academically, neuroethics originated at an international meeting entitled “Neuroethics: Mapping the Field” held in San Francisco, California, United States in 2002. Participants from various fields including neuroscience, bioethics, philosophy, law, genetics, and journalism, discussed and summarized the topics into the following five categories: “Brain Science and the Self,” “Brain Science and Social Policy,” “Ethics and the Practice of Brain Sciences,” “Brain Science and Public Discourse,” and “Mapping the Future of Neuroethics.” Since then various ethical issues, including criminal applications of brain scans, incidental findings during non- clinical brain imaging, cognitive enhancement using both pharmacological and mechanical procedures, have been recognized roughly within the perspective of neuroethics in European and Japan. In the other hand, more society oriented movements seem to be dominant such as “Neuroscience Future” and “Meeting of Minds: European Citizens’ Deliberation on Brain Science.” In Japan the Neuroethics Research Group, Japan (NeiKog), was launched in 2004, under the project of “Brain Science and Social Policy” of the Japan Science and Technology Agency (JST). This group mainly focuses on the ethical issues of neuroscience and has organized several domestic and international symposiums, and has been facilitating communication between neuroscientists and the public. We will also report several ethical issues caused by the drastic development of the technology of neuroimaging and of brain machine interface. These cases may require the establishment of nationwide institute for bioethics, and of effective guidelines. Finally we will discuss what is and should be neuroethics in Asian countries. It may be necessary to make some international strategic plan and promote the importance and unique characteristics of neuroethics.

Neuroethics: Painful Pleasure and Persistent Pain
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If late 20th Century belongs to bioethics then the beginning of the 21st century belongs to neuroethics. The emerging discipline of neuroethics has been defined as a sub-discipline of the ubiquitous bioethics. As such, the emerging importance of neuroethics as a new source of obtaining “new tools for achieving our goals and prompting a new understanding of ourselves as social, moral and spiritual beings” (mission statement of Neuroethics Society) the Neuroethics Society was “finally established to progress more worldwide and practical, social activities of related to neuroethics” (Fukushima and Sakura 2006). Such an emphasis recognizes the two sides of neuroscience: day-to-day application of neuroscience to human life and its philosophical implications.

The present paper deals with the practical scenario relating to addiction of young adults in India. Addiction by definition is a heritable that has become
A further question: how to make longevity effective?

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

Legal and Ethical Protection of Aging Persons

Chair: Cordelia Thomas

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

Many older people fear becoming a burden on others and losing independence, but, results of research by Statistics New Zealand show that most people aged 65 to 84 were quite capable of carrying out everyday activities without help. The very old appear to be managing to look after themselves without help. Family and friends was the most likely group to help older people with everyday tasks.

The aging of the «baby boom» generation is expected to drive up a demand for a broad range of long-term care services. One common suggestion for counteracting this is to encourage home care in preference to hospitalization and residential care. An additional driver over the past few years has been concern from both elderly persons and their families about the effect of the asset testing of persons in rest homes. On 1 July 2005 the Social Security (Long-Term Residential Care) Amendment Act 2004 came into force. It increased the asset thresholds to enable older people to retain more of their assets and still qualify for a Government subsidy to help meet the cost of their care. However, this increase must be considered in light of the rapid increase in asset thresholds in recent years. There has been some incentive for families to discourage elderly persons from residential care in order to protect their inheritance. Alternatively, families may choose to choose to use their elderly family member's retirement savings to avoid responsibility for their care. In the 2005 budget, the Government announced that it is investing $3 million over the next four years to improve and expand services for older abuse and neglect prevention and increase Maori and regional co-operation. As a result, the proposed new set of community care under Opportunity for All New Zealanders to prevent family violence and abuse and neglect of older people.

Changing social trends have led to drastic changes in the lives of older people. In the past they would commonly live in the same residence as their adult children, who were socially and morally obliged to care for them. Today, people are more mobile and children may live far away from parents. This
together with the reduction in the numbers of children and the increasing numbers of people with no children at all results in increasing numbers of older persons have no close family support or care. A society that equates an individual's worth with productivity and an emphasis on youth, which often links activity and vitality with youth and senility with old age, conditions older persons to adopt the role allocated to them. Additionally, they are economically more dependent on government support than any other segment of society.

It is likely that in the future New Zealand will have a substantial increase in the number of elderly people who may need social and legal support to preserve their ability to take care of themselves, remain independent and avoid abuse, neglect and economic hardship. Home care will be a clear proving preserve their ability to take care of themselves, remain independent and avoid in the number of elderly people who may need social and legal support to economica more depende nt on government support than any other segment

Morality is the embodiment of norms and values, which have been exists a sharp theoretical distinction – which ethics is the broader notion and authors, however, have brought influential arguments to the effect that there −

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

In recent work arising from questions of the nature of personhood and the Personhood-as-Process, and the Four Noble Truths of Buddhism: Red Herring, or Conceptual Bridge?

Ethics of Increasing Human Lifespan

In a recent book, Aging, Death and Human Longevity (U of Calif. Press, 2003) Christine Overall argues for a position called "prolongevitism." Basically this is the view that it is justified to extend the human life span long past the age when death is natural and should be accepted as such. In this talk I shall comment on some of the arguments that have been put forward either defending or attacking prolongevitism. The whole issue underlying the debate between prolongevitism and apologism concerns what should be considered as "one's self." The central issue of the continuation of life, functions in some form count as one's own survival. Prolongevitists seem to assume that what is to be prolonged is one's own body and one's own mental continuum, but what is to be prolonged is just that one's self. In the paper, I shall refer to the title of "The Four Noble Truths". This paper is a preliminary exploration of these possible symmetries with a view to stimulating discussion on a possibly useful conceptual bridge in East-West bioethics.

Ethics of Informed Consent: Process and Practices in Cambodia

- Margit Sutrop

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

I will argue in this paper that even if particular moral rules and norms may vary from one culture to another or from one person to another, the moral reasons for such differences are due to the respective philosophical traditions rather than the consequence of a different interpretation of values and not the uptake of different values. All moral practices appreciate honesty, freedom, human dignity, respect and beneficence. All these values are not esteemed in a sense about moral practice. Moral values are objective in nature, thus allowing for criticism of people and groups who do not accept these values. The problem is that these values can be interpreted very differently. For instance we can talk about "subversive" or "prolongevitism". The whole issue underlining the debate between prolongevitism and apologism concerns what should be considered as "one's self." The central issue of the continuation of life, functions in some form count as one's own survival. Prolongevitists seem to assume that what is to be prolonged is one's own body and one's own mental continuum, but what is to be prolonged is just that one's self. In the paper, I shall refer to the title of "The Four Noble Truths". This paper is a preliminary exploration of these possible symmetries with a view to stimulating discussion on a possibly useful conceptual bridge in East-West bioethics.

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a number of ways in which a psychiatrist might assist in late terminations. These include assessment of competence, coercion, coping skills, and psychiatric vulnerability; education about mental illness and pregnancy or the efficacy of psychiatric medication on treatment of depression, grief and symptoms of trauma. Does psychiatry as a profession have a social contract with society to use its specialized body of knowledge and skills for “the common good”. How do the principles of respect for autonomy and “primum non nocere” fit with involvement in late terminations?

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

Viewpoints of Euthanasia between the Public and Nurses

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This study is a descriptive survey dealing with different viewpoints about euthanasia between the public and nurses to understand the current stage who encounter death. The fundamental materials of Lee Keum-Ja (2001), which are expected to bring social consensus about euthanasia, were used. Nurses and citizens responded to the questions from 8-15 July, 2005. The analysis and statistics of this research were completed through Frequency Analysis, Cross Analysis, t-test, and ANOVA (Analysis of Variance) in the version of SPSS for Windows 12.4. As the reasons for euthanasia are concerned “loss of meaning in life”, were followed after “present pains” according to the responses from the public and nurses.

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

In conclusion, human life is to be completed by birth and death in the end. It’s our common desire that, if unavoidable, we maintain human dignity and respect to our patients and surroundings in good order for greeting the moment of death peacefully. Irrespective of richness and poorness, the patient and remaining family members are all eager to spend the rest of life with each other. Taking such factors into consideration, does not prohibit the right of choice because of the violation of human rights after all.

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

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

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

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

- R. Norman Bailey, MA, OD, MBA, MPH, FAAO

Health care practitioners at times face personal conflicts where that which is “good” for themselves may not lead to that which is best for others, especially for the practitioner’s patients. Conflicting interests are a part of everyday life around which health care practitioners must make decisions, often major decisions that could impact the outcome of a patient’s care. The most difficult conflicts of interest that practitioners must face are those where the practitioner must be sensitive to the professional ethics and ideals that place patient interests ahead of the practitioner’s personal interests. In confronting such conflicts of interest, health care practitioners must be guided by the ethical ideals and principles that they have chosen to follow, and these principles guide practitioners to assess the alternative actions and then pass through a critical thinking process whereby a decision is made as to which, under the most ideal circumstances, should be done. In reality, circumstances may make it difficult to follow through with the preferred course of action, however, the core ethical principles guide practitioners to act in the most ethical and morally right manner.

Panel Abstract

The original ideal model of medical training is to cultivate physicians who are devoted to saving lives based on humanitarian concerns. As the world becomes more modernized and medical costs rise, equitable distribution of the limited resources to the large, often indigent patient population becomes an even more pressing concern. In the industrialized nations, democratic mechanisms are often used when making decisions concerning public health care policy. In contrast, in the less developed nations of the third world, decisions to allocate scarce health care resources are made by a variety of means, including the use of the political process. In the advanced countries, the public health care system in industrialized nations is often in accordance to the country’s political reality. For example, in the United States, the market system with a fee-for-service HMOs, whereas Scandinavian countries develop their medical insurance policy based on their socialist inclination. All in all, it is easier for the governments in Europe and North America to reach reasonable agreements in finding effective policies for medical resource distribution because of the homogeneous tradition; in the newly democratized Asian countries, however, solving the dilemma is usually much harder.

Why is it so? First of all, in Asia’s authoritarian tradition, the government is expected to take reasonable measures, not benefiting the citizens. In addition, the extent of which is defined in the constitution through democratic discussion and negotiations. Therefore in the West the allocation of medical resources is more transparent and socially predictable; but in most Asian countries, policy direction is largely dependent on charismatic leadership, so the decision-making process is often secretive and the public is not included in the process. Therefore it is difficult for the administrators to implement public policy based on rational negotiations—the basis for a mature democracy—and often result in vacillations and fragmentation of bureaucratic process.

Since its implementation in 1995, Taiwan’s National Health Insurance has become an internationally notable case of public health care. During the recent years, however, the NHI of Taiwan is facing severe challenges coming from the country’s shallow democratic tradition, a disharmonious mixture of capitalism and socialism in the nation’s governance structure, the lack of adequate mechanisms in policy evaluation, lack of communications among different professions, the populist tendency of the current administration, the information gap between practitioners and legislators, and insufficient channels for improving the public health policy. In this paper, I will list the ethical dilemmas and how these ethical dilemmas are reflected in the actual implementation of NHI. I will also discuss the ethical implications of the current health policy in Taiwan.
This panel, consisted of three papers, will discuss the challenges facing Taiwan’s current medical care system and the practitioners. In presenting the conflicts between ideal and reality that have occurred during the process of health care research in Taiwan, we hope to explore the challenges that facing doctors when their morality becomes ambiguous, when their adjustment to the legal system becomes difficult, and when they are left on their own to deal with the patients brought by the government’s inadequate policy decision. We hope that Taiwan’s experience will provide insights to other Asian countries, which are trying to implement similar reform in their health care systems.

Law: An Incomplete Legal Response to the Health Care Delivery System
— Fan Chien-Ten, Ph.D., Lin Jui Chu, and Lee Chung His
Insistent process or not insistent process? The whole true story, or Bioethics & Law Center, NTHU, No.101, Kuang Fu Rd. Sec.2, Hsin Chu, Taiwan, China
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Sociology: Lacking of Sufficient Institutional Support to Support Physician in Confrontation with the Challenge Derived from the Public Health System Reform
— Lin Shen Yi
16. Research Ethics
Chair: Prof. Ahnik Gupta

Ethics in Clinical Trial for AIDS Vaccine and Antiretroviral Drugs: Past, Present and Perspective in Thailand
— Niyada Kiatying-Ansuee, M.D. and Niphattra Haritavorn
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Current bioethics analysis of clinical trials focus on strengths or standards of obtaining ethical consent. The consent process is varied, ranging from research methodology, ethics committees and an approval process. However, less concern is placed on patient aspects such as experiences in the trial and participation in the approval process. Trials in AIDS research are very important for debate ethics subjects. This paper aims to discuss bioethical issues in AIDS vaccines and antiretroviral drugs clinical trials by using patient perspective approach in Thailand.

Ethics in Clinical Trials: Challenges, Opportunities and Implications
— Debjani Mukherjee, Ph.D.
Current bioethics analysis of clinical trials focus on strengths or standards of obtaining ethical consent. The consent process is varied, ranging from research methodology, ethics committees and an approval process. However, less concern is placed on patient aspects such as experiences in the trial and participation in the approval process. Trials in AIDS research are very important for debate ethics subjects. This paper aims to discuss bioethical issues in AIDS vaccines and antiretroviral drugs clinical trials by using patient perspective approach in Thailand.

Informed Consent in Malaysia: A Socio-Legal Study
— Anisah Che Ngah, Ph.D.
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The right of a person to control their body is a concept that has long been recognized in Malaysia under the law of torts. The purpose of requiring informed consent is to preserve that right in medical decision-making. Informed consent is a relatively new concept in medical decision-making. However in the late 1990’s, it has become one of the important aspects under the government’s inadequate policy decision. Informed consent refers to a heterogeneous group of disorders; the etiology, symptomatology, prognosis and treatment vary widely. Frequent causes include motor vehicle accidents, falls, and assaults with and without firearms. Common areas of difficulty after TBI include activities of daily living, cognitive functioning, emotional functioning, physical health issues, sense of self, and social functioning. The diagnosis is not synonymous with a lack of capacity to consent, but each potential participant must be assessed systematically and if necessary, research consent proxies can be utilized. Other ethical issues to consider with this research population include maximizing self-determination and respect for autonomy, avoiding therapeutic misconception, and addressing biases and stigma associated with acquired cognitive disability.

The concerns are complicated further in the context of international research, in which the researcher may simultaneously be learning the norms and if necessary, research consent proxies can be utilized. Other ethical issues to consider with this research population include maximizing self-determination and respect for autonomy, avoiding therapeutic misconception, and addressing biases and stigma associated with acquired cognitive disability. The concerns are complicated further in the context of international research, in which the researcher may simultaneously be learning the norms and if necessary, research consent proxies can be utilized. Other ethical issues to consider with this research population include maximizing self-determination and respect for autonomy, avoiding therapeutic misconception, and addressing biases and stigma associated with acquired cognitive disability.

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Ethical Issues in Post Disaster Clinical Interventions and Research - Working Group on Disaster Research and Ethics (WGDRE) to be presented by Athisa Sumathipala Forum for Research and Development, Sri Lanka

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Asia has witnessed quite a few large-scale disasters over the last 2 years in our region. Many of these have also experienced a large number of foreign organisations and individuals rushing to provide ‘humanitarian aid’ including therapeutic interventions but some without adequate understanding of the country or its culture. There were concerns that research has been carried out without proper scientific rigor or ethical standards giving the vulnerability of the people affected by these disasters; be it intentional or unintentional. This is considerable, particularly given the possibility of ill planned exploitative international collaborations.

Even under normal circumstances informed consent alone is not protective enough, because of the asymmetry in knowledge and authority between researchers and participants, particularly in the developing world. When research is conducted on the vulnerable populations, the participants are generally unaware of the research and its potential for harm. Hence, the need for additional provisions of safeguards. Participants should be made clear whether there is therapeutic intent or whether it is pure research project to reduce the likelihood of participants mistaking research for clinical services. These issues should be equally if not more important to the developing countries as the ethical review processes are yet to be developed adequately.

The draft statement covers areas such as relevance of proposed research to disaster situations, informed consent, community consultation and participation, exploitation, dignity, privacy and confidentiality, risk minimization, responsibilities of the sponsors and institutional arrangements, professional competence, public interest and distributive justice. The following ethical principles should be borne in mind when conducting research in disaster-affected situations.

The research team must identify factors that serve as a barrier to the implementation and provide effective mechanisms to address them.

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

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

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

The global divide and disparities that already exists within societies become even more exaggerated in disaster, especially in developing countries. During such calamities government policies (or their absence) and those of a wide variety of governmental and non-governmental organizations impact on the ethical management of research involving human participants.

Disaster response needs to be integrated, appropriate and evidence-based. It also needs to flow along coordinated and well-managed governance systems. Greater vigilance is necessary in disaster-related research to ensure that the ethical management of disasters and research is properly aligned with the relevant ethical guidelines.

Guidelines for disaster research

In addition to the accepted national and international ethical guidelines for the conduct of research, we urge researchers to pay particular attention to the following ethical principles when conducting research in disaster-affected situations.

1. Relevance to disaster situations
   a. The objectives of all potential research in disasters should be weighed very carefully for their potential contribution to the survivors, and for their relevance to disaster situations.
   b. All phases of the research must be culturally sensitive and should involve those familiar with the community’s situation and their cultural beliefs and customs.
   c. The research team must identify factors that serve as a barrier to the freedom of individual members of the participant population to give consent, and provide effective mechanisms to address them.

2. Informed consent and voluntariness
   a. Informed research is only possible if carried out with the prior, free and informed consent of the person concerned based on adequate information.
   b. The research team must identify factors that serve as a barrier to the freedom of individual members of the participant population to give consent.

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c. Survivors of disaster situations are particularly vulnerable and should not be subjected to inducement.

d. Research should not be disguised as treatment, relief or humanitarian aid even if initially conducted for the greater good.

e. The informed consent ruled out. However, due to their greater vulnerability, the researcher will have to justify the need to use children as research participants. The informed consent process will have to incorporate mechanisms of proxy consent by their parents or guardians and include provision from permission by the child whenever applicable. The reviewers will look very carefully at the process of consent involving children who have lost one or both parents in the disaster scenario.

3. Community consultation and participation

- a. Community participation before and during the research is essential in disaster-affected communities.

- b. Wherever the research process need to identify the communities that may be affected by the research and consult with them. The research team must describe a preliminary community mapping/scoping exercise to ensure familiarity with the community as well as identify local resources that will support ethical execution of the research.

- c. A community representative or advocate must be identified by a process, which is acceptable to the study population.

- d. Community representatives or advocates should be involved in conceptualization, review, research and dissemination of research involving disaster-affected populations.

- e. In no case should a collective community agreement or the consent of the community leader or other authority or advocate substitute for an individual's informed consent.

4. Non-exploitation

- a. The selection of research participants must be made on scientific reasons and not based on accessibility, cost, gender or malleability.

- b. The research should not impose additional burdens on people who are already traumatized, and on the local infrastructure.

5. Dignity, privacy and confidentiality

- a. Given the circumstances that survivors of a disaster face, extra care must be taken to protect the privacy and confidentiality of individuals and communities.

- b. In the collection of data and human biological material, human dignity must be respected for both survivors and the deceased.

- c. Similarly, stringent standards must be maintained for the storage and possible destruction of such materials.

- d. utmost attention must be paid to prevent stigmatization, ostracization, and other harm to individuals and communities at all stages in the research process.

6. Risk minimization

- a. Since disaster-affected populations are particularly vulnerable it must be ensured that they are consulted on all aspects of the research.

- b. Risks that are acceptable under ordinary circumstances may not necessarily be acceptable in disaster situations. The research must have the ability to anticipate adverse reactions and facilitate appropriate interventions.

7. Institutional arrangements

- a. Institutions that sponsor and conduct research should recognize that a stronger ethical obligation is required in disaster-related research.

- b. Research in disasters should be coordinated with other disaster relief activities.

- c. Research should not disrupt or further burden the existing infrastructure.

8. Professional Competence

- a. Ensure professional competence of all members of the research team for their specific tasks.

- b. The highest standards of scientific research and peer review should be maintained throughout the process in.

9. Public interest and distributive justice

- a. The research undertaken should provide direct or indirect benefits to the researched group, the disaster-affected community or future disaster-affected populations.

- b. Prior agreement should be reached, whenever possible, between the communities and the researcher on what benefits could arise from the research, and how they would be shared.

- c. The actual benefits arising from research should be shared with society as a whole and with the international community with due consideration to the potential negative effects upon the participants and the communities involved, in consultation with the community.

10. Dissemination of results

- a. Transparency in dissemination of results should be a prior condition for the conduct of research in disasters.

- b. Research published in open access journals will ensure the widest dissemination of findings.

- c. Efforts should be made to use the results of research to influence the formulation and modification of policy.

- d. The presentation of the results of research to the community who participated in the research, and to the public, should be after a proper review has validated the research findings.

- e. The relevant needs result to be presented in understandable language to research participants and the participating community.

11. Ethics review

a. Independent, multidisciplinary and pluralistic ethics committees should assess all the relevant ethical, cultural, legal, scientific and social issues related to the research project. These should include representation or advocates from the disaster-affected community.

b. All research should be subject to local ethics review that includes regular feedback from the researchers and community representatives.

c. In addition, there should be a centralized mechanism (such as a national ethics review committee) for review and coordination of all research in the disaster-affected area to ensure a wide perspective on all the research and to prevent unjustified repetitive work.

d. A central/national “clearing house” on an open web Site would be more effective in preventing duplication, as well as letting everyone know what the research has been covered, are currently being researched, and which ones are being planned.

12. International collaborative research

- All research in the disaster-affected area needs to be done with a local partner(s).

- Such collaborations should be based on mutual respect and partnership. Collaboration needs to be undertaken between national researchers, policy makers and the community to share responsibility for determining the importance of the problem, assessing the value of the research, planning, conducting, and monitoring the research, and integrating that research into the social system.

- Contribute to developing the capacity for researchers, policy makers, and the community to become full and equal partners in the international research enterprise.

- Permission taken from local authorities does not exclude the requirement for ethics review at local level and at national level.

- Special consideration should be given to transfer of biological material, ownership of data and intellectual property rights. The export of biological materials from a disaster-affected area should be strictly regulated through a central mechanism.

- Benefits of the research (if any financial or non-financial) should be shared fairly with the community and decided a priori.

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

- Suwin Hewage, Athula Samuthipala, Sisira Siribaddana, Mnaura Lekamwattage, Manjula Athukorale, Joanna Murray, Martin Prince

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

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

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

The objective was to carry out a comprehensive review of the documented evidence of informed consent practices and related ethical procedures, as featured in the research projects carried out in Sri Lanka. This was undertaken to provide a baseline so that any future intervention to improve consent procedures and ethical standards can be compared. All published research originating from Sri Lanka, between 01.01.1999 to 01.09.2004 that could be obtained from a Medline search carried out with MeSH major and minor heading: 'Sri Lanka', were scrutinized according to pre-agreed checklists to evaluate the ethical practices followed. All MD and MSc. thesis available at the Postgraduate Institute of Medicine (PGIM) library were also included.
From the 367 identified Medline articles originating from Sri Lanka, 250 (68%) were human subject research, and of them only 87 (42%) had mentioned obtaining ethical clearance for research projects carried out particularly by local investigators for reporting specifically about taking or not taking consent from participants, about obtaining ethical clearance and also provided evidence for it and reporting specifically about taking or not taking consent from participants, showed a trend towards a gradual increase with time. It is noteworthy that there is an upward trend in obtaining ethical clearance for research projects carried out particularly by local investigators for reporting about obtaining ethical clearance in local PGIM theses has increased steadily from 1989 to 2005. Attention to ethical issues also appears to be higher in the local journal CMJ compared to the overseas journals.

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

17. Ethical and Social Implications of Biotechnology

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

Chair: Prof. Sang-yong Song

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Biotechnology, Genomics and Global Health: A Challenge for Traditional Bioethics
- Patricia C. Kuszler, MD, JD
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- Biotechnology, when in the context of new drugs derived from DNA and
genetic technology, genetically modified food, or biologics making use of
living cells, raises ethics concerns at a variety of different levels. There is
growing concern that the very nature of research is being subverted, rather than
enhanced, by genetic modification. This area of ethical concern has intensified in
the United States as a result of the conflicts of interests resulting from the
growing alliance between University academia and private industry in the
research enterprise. The result has been to expand what was originally intended as
a drug or technology, ethical questions arise with respect to protecting human
subjects and society from danger and exploitation by researchers. As
development gives way to marketing and dissemination of a new product,
government regulators, such as the United States FDA, are pressed to get drugs
developing into the market faster and are forced to walk an ethical tightrope between speed and safety. As new biotechnology products enter the market place, patients and researchers yet another tightrope, that between unknown risk and the promise of benefit. And
finally, we have growing attention paid to patent protection as a culprit in
keeping prices high and depriving the global poor from lifesaving drugs and
biologics.

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

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

Discussion in this paper will show how Western “principles-based”
bioethics and some of the ethical issues that are facing biotechnology
industry. The new ethical paradigm will need to more firmly embrace social justice and
consider the skewing of justice by politics and economics. It will need to
address not only the rights of individuals and populations, but also ecologies.
With respect to genetic modification, ethics and social justice requires risk
evaluation with an orientation to the generations of the future.

18. An Empirical Study on the Observation of UN Bioethics Related Declarations in Mainland China & Taiwan
Chair: Prof. Darryl Macer, Prof. Ji-Ming Yi and Prof. Chien-Te Fan
Panel abstract
Envisioning the rapid progress in genetic research would make possible
far-reaching medical research and biomedical applications, the International
Declaration on Human Genetic Data was adopted unanimously and by
acclamation at UNESCO’s 32nd General Conference on 16 October 2003. This
Declaration and the Universal Declaration on the Human Genome and Human
Rights turn out to be most important international points of reference in the
field of bioethics.

The International Declaration on Human Genetic Data was articulated in
response to the needs for fair guidance from governments, non-governmental
organizations, the intellectual community and society in general at the
international level, when facing the ethical challenges derived from the rapidly
developing fields of genetic databases and the fear that such databases might be
used for purposes contrary to human rights and freedom. On
the other hand, the Universal Declaration on the Human Genome and Human
Rights of 1997 calls us to take into account concerns about the social,
cultural, legal and ethical implications of the progress in the life sciences, which
are leading with a new momentum to improve the health and wellbeing of
central nervous system and control over the development processes of all living species. Recently, some of
those predicted concerns turned real, especially in the fields of stem cell research and genetic testing.

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

On both sides of the Taiwan Strait, people have faced similar challenges and
address through the development of international ethical norms promoted by
UNESCO. In particular, the ethical guidance of stem cell research aiming for
cosmetic surgery, the biobank development in Taiwan, the ethical governance
for gene therapy study, the benefit sharing issues and the entitlement of
stakeholders to exploration of gene testing techniques, ethical codes to govern
research related to the aboriginal people, will be included extensively. These
empirical studies may, to some extent, express to us how the Asian community
responds to the daring move of international bioethical norms. In
the meanwhile, these explorations shall be valuable to those researchers who
are interested in the biotech development in China, especially from the
perspective of culture anthropology.

Papers:

Substantial Points in Medical Ethical Formal Procedures: A Medical Professional View
- Jiao Hong-Tao
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The Establishment of Taiwan Biobank in Compliance with the Ethical
Norms Provided under UN Declarations
- Chien-Te Fan, Ph.D.
- Professor of Law, Institute of Law for Science & Technology & Director,
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The ELSI Implication of Gene Therapy Development
- Ji-Ming Yi
- Professor of Law, College of Law, Huazhong University of Science and
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From Principles to Guidelines—The Bioethics and Cultural Pluralism in
Taiwan
- Ching-Hsu Lue
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The Benefit-sharing of Biomedicine Research Production Based on the
Genetic Resources
- Chunya Wu
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Ethical and Social Analysis of Stem Cell Research: Empirical Reports from Taiwan
Chair: Prof. Lee Shui Chuen
Panel abstract
In 2006 we conducted research on the public opinion in Taiwan and made
a policy report to the government on the regulation of stem cell research. We
used a stratified sampling method and obtained some interesting results of the
public opinions of stem cell research in Taiwan. Some of the major points
are that their trust in scientists and ethical committees are fairly high and the
notification and consent of family members are highly respected. Anomalous
results are also noted. Upon the result of a multi-factorial analysis of the
empirical data, we proposed a draft of stem cell research regulation incorporating
the Chinese ethos and ethical beliefs as well as keeping in line with the
global declarations on related researches. We shall present some of the
salient ethical elements of the proposed regulation with comparisons to the
West in mind. Finally, we shall also explore the social and policy implications

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

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

Bioethics Clubs in Schools and Colleges: Challenges, Prospects and Benefits
- Arockiam Thaddeus1, M. A. Jothi Rajan1, T. Mathavan2
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There are as many Clubs, Associations, and Forums in schools and colleges. Science clubs and environment clubs are doing exceptionally wonderful work. We performed a questionnaire in a science club is unique, and has its own goals, objectives, rules and regulations. In addition these clubs have their own activities based on their goals and objectives. The Unity in Diversity brought forth the clubs. In the future they need not be overemphasized. Clubs aware, promote healthy discussions, and pave the way for joyful and meaningful living of human beings in harmony with the environment on the mother earth. In India Bioethics Clubs are of recent origin, and developed out of cooperation between the Ethics Institute and UNESCO Bangkok. In this paper the origin and the functioning of the bioethics clubs in two colleges situated in rural settings of south India will be presented at length. The challenges and achievements are dated and envisaged in the near future will come to be highlighted in this paper. The time is ripe for all the bioethics educators to come forward and start clubs in their schools and colleges and assist the functioning of the clubs by their expertise. The future world is in the hands of the children and youth of this period of time. It is said “Better late than never”.

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

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

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

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

The Effectiveness of Medical Ethics Workshop on Different Level of Cognitive Domain in Dental Students
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Revision of medical education was begun by the Cultural Revolution Council in 1981 when the medical group of the council revised the aims and curriculum of medical education. Five years later they added a course of medical ethics in the dental school in Shiraz University of Medical Sciences. The results of medical ethics workshops suggest that ethics education plays an important role in the attainment of the cognitive domain. Ethics education does not function as a single factor. It is thought that it may have been accompanied by entrenched moral beliefs such as religious observance that can account for some of the differences observed among respondents. This study showed a positive effect of workshops and attendance of stakeholder in ethics teaching and learning. These findings support the idea that active learning and workshop discussion is the best way to improve the student learning.

Thursday, March 22, 2007

20. Ethics in Public Health
Chair: Dr. F. Alakamony Plaisai

Ethical Issues in International Public Health and Health Research
- Richard Cash, Ph.D.
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Ethics in the new millennium must be social philosophy. Reflecting upon the agonies and sufferings of the existing society affected by intermittent crises and chaos and suggesting a way out of them, stressing the ideal of individual and social happiness, striving for new and enabling ideals form the very basis of social philosophy. Our urgent need is to debate upon the basis for a healthy, happy and satisfactory life; a full and abundant life. The cleavages that separate art from science, morals from economics, political affairs and religion from education are still there. Only such an enterprise can be described as thoughtful. The question of confidentiality extend to groups of people, especially those in vulnerable situations? Should there be a single international standard of care? What should it be? In a resource poor environment, what is owed to a community or individual? What is involved is an issue of human rights that will haunt us.

Social philosophy is different from Sociology. Sociology being a science and philosophy being an art. Sociology is about details and philosophy is about the big picture. Sociology is a science that is based on facts and deduces from them. Social philosophy is different from Sociology. Sociology being an empirical study deals with that human communities, the study of all these various forms, laws, customs, institutions, languages, and ways of thinking, feeling and acting. Unlike such an enterprise, thinking brains are upset with questions regarding the destiny of humans and society, particularly in times of crisis. There were occasions in the past when thinkers became discontented and dissatisfied with the prevailing order of things in society and goaded in to action. Plato’s The Republic and Hobbes’ Leviathan are shining instances of social philosophies attempting vigorous studies and analyses of the existing social conditions and are prompted to look beyond time for evolving a new set of values and ideals in order to make human life fuller and happier. And as such, social philosophy is concerned with narrowing the gap between the factual and the normative, between the ‘is’ and the ‘ought’.

Social philosophy that is discussed herein is a human-centered philosophy rather than a God-centered one. Some of the important issues of the philosopher to attend in the contemporary society are the following: Multiculturalism; Science and Technology; the Environment; Equality and Justice; Development, and the changing role of religion. In conclusion human beings want to lead wholesome lives. Abundant power is at our disposal. At the same time issues of peace and war, poverty and abundance and racial, political and industrial conflicts face us on every side. Religious divisions and clash between the aged and the youth are prominent. The conflict between the material and spiritual values, between self-interest and world-service lie at the root of all problems. In a world of unending and frightful problems, the role of the social philosopher is very significant. A scientific and critical attitude to politics creates a new thinking pattern and a new social philosophy conducive to a meaningful life.

Human Rights and Gender Equality
- V. Balabaml, M.A.B.T., Ph.D., FRAS (London)
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In the modern world, every country is concerned about Human Rights and the Constitution of each country specifies what are the rights given to its
people. Always focus has been on men and women of the country. The Indian constitution specifies that there is no caste, creed, sex, sect, religious and linguistic differences in dealing with the people of India and all can enjoy their rights. But the fact is that there is lot of discrimination on the above classifications. One more category is economic differences. A deeper study reveals that women are deprived of their basic rights and privileges. This paper focuses on the rights of women and transgender persons in India as a whole and Tamil nadu in particular.

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

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

From Farm to Pharma: public health and challenges of nutrigenomics - Minakshi Bhardwaj, Ph.D.

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Nutrigenomics has led to the prospects of tailored medicine with focus on pharmacogenetics and the recent trends towards “eat right for your genotype” has shifted nutrition and health research towards nutrigenetics and nutrigenomics. Nutrition is an input to and foundation for health and development. It is also the reason why the bioethical aspects of medicine and the health hazards, which are due to overcrowding, and another is due to the growing reliance on processed foods and fast food. Nutrition is a component of health and development, and needs to be integrated with other aspects of social development.

- Aruna Sivakami, Ph.D.
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Nutrigenomics is an emerging interdisciplinary field that combines biology, chemistry, genetics, and medicine. It studies how genes, nutrition, and the environment interact to influence health and disease. It holds promise for personalized nutrition and preventive medicine. However, challenges remain, including the need for large-scale studies, the complexity of gene-environment interactions, and the need for regulation of dietary supplements.

Euthos Journal of Asian and International Bioethics 17 (May 2007) (ABC8/BBRT2 abstracts)

The Role of Public and Private Sectors in Health Care: Emerging Ethical Dilemmas in India - Aruna Sivakami, Ph.D.

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- Valaiyana Plasai, Plasai, Dr.P.H.
- Department of Communicable Disease Control, Ministry of Public Health valaiyana@yahoo.com

This paper presents a question if a separate set of ethical guidelines is necessary for biotechnology. It proposes that a code of ethics as a guide for the practice of biotechnology could be developed.

- Systemic challenges in Globalization
- Ethical Analysis of biotechnology
- Challenges of biotechnology

The paper argues that a code of ethics for biotechnology is necessary to address the ethical issues that arise in the field of biotechnology. It also highlights the challenges that arise in the implementation of such a code of ethics.

Capacinity Building and Networking in Ethics in Public Health

- Chair: Prof. Leonardo de Castro and Dr. Valaiyana Plasai
- Piyatra Jarupoompol

21. Capacity building and networking in ethics in public health

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

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

Some time ago Thailand conducted a study using WHO’s WPFO framework on the essential public health function carried out in Thailand. This study showed that Thailand was doing enough and needed to improve the areas of health promotion, disease control, population and monitoring.

In response THAIPHEN was created as a vehicle of communication and capacity building among the nations public health institutes. The subsequent knowledge management and technical building activities proved so successful that in December 2003 at a WHO Regional Consultation held in New Delhi, delegates proposed the establishment of SEAPHEIN. The challenge was to identify and define a long term process of improving the public health standards within any country is to improve the educational standards within the public health institutes. To address this need, minimum educational standards, accreditation and guidelines for SEAPHEIN MPH programs were successfully adapted. To help all member institutes meet these guidelines workshops attended by MPH program educators are conducted on a regular basis.

Two factors, which are very important in public health, are urbanization and the health hazards, which are due to overcrowding, and another is due to environmental quality of the surroundings. Health is thus ascribed to be a dynamic equilibrium, out of which is determined by a wide variety of biological, socioeconomic, cultural, political, and environmental factors. The Ninth Indian Five Year Plan (1997–2002) enlisted a number of factors responsible for inefficient functioning of Public Health Care services.

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

2. Over integration of institutional mechanisms and services mentioned above.

This paper will also discuss National Health Programmers including:

- Non-communicable Disease Control Programmers
- Care of the Instruments
- Bio-Medical and Diagnostic Equipment
- Nursing Services;

- Computers in the Hospital Administration and Management of Information Systems in a Hospital.

- Partnerships are essential. As we move into an advanced technological era, the challenges for health promotion go beyond the wider articulation of the concept of health promotion, from building infrastructure to achieving adequate levels of resources, both technical and supportive demands for health promotion as well as love and care for patients. With Voluntary sector and NGOs in Partnerships, with State and Central Governments, should be able to effectively respond to the health needs of vulnerable population groups, such as workers, women, children and elders in the society this needs
to be more vigorously pursued. Healthy public policies need to be developed to ensure supportive environments for individual and community health action, and to protect people from lifestyle-related problems such as those due to tobacco use and alcohol consumption. This consists of intervention with nutrition, and dissemination of health promotion outcomes are also critical to the legitimization of the cause of health promotion in the region. New health challenges mean that new diverse networks need to be established and the principles of tolerance, beneficence, autonomy and justice. In my suggested bioethical framework the principles of tolerance and care should play a central role.

22. Ethics in the Practice of Public Health
Chair: Prof. Darryl Macer and Dr. Alineza Bagheri

Feminist and Virtue Perspectives on the Ethics of Public Health Research - Wendy A Rogers, Ph.D.
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The central tension in public health research ethics is between actions taken for the common good, and the rights of individuals affected by those actions. Health promotion policies which use a variety of methods, such as: epidemiology, randomized controlled trials for disease prevention and health promotion, and social and behavioural techniques. All of these methods raise ethical issues which we believe this work of community involvement, privacy issues through to coercion and manipulation, and conflicts of interest. Given the wide range of research methods and potential interventions, it is challenging to build a theory of public health research ethics. In this paper I will present the potential contributions of feminist and virtue perspectives on public health research ethics. Feminist public health ethics urges us to address inequalities, attend to specific details and context, provide for fairness and justice, and to embrace diversity in research methods. Feminist approaches also highlight the need for procedural justice that considers the ways in which individuals and communities can exercise their own decision-making actions. Virtues in public health research include honesty, courage and justice, all of which are necessary to counter inequalities and conflicts of interest, and to promote community partnerships and trust. Using feminist and virtue approaches, it is possible to develop practical guidelines for supporting ethical practice in public health research.

Social Discrimination and Health Disparity Across Generations: Are We Sufficiently Informed? - Irina Pollard, Ph.D.
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Genetic susceptibility in combination with chronic physical and psychological factors is recognized as an etiological factor of many lifestyle diseases of the cardiovascular, immune, nervous and reproductive systems. A range of adverse environmental and behavioural factors, including lack of exercise, depression and drug dependencies, contribute to ill health and poor fertility. Therefore, poor fertility in some circumstances maybe a good indicator of an individual’s overall health status. Given that the capability to bear healthy children depends on our genes, the conditions under which we live and the ways in which we behave, inappropriate lifestyle choices may produce profound health consequences across the next and subsequent generations. Regardless of cultural sensitivity, it has to be recognized that poverty and their socio-behavioural consequences are particularly significant for many Aboriginal Australians; thus, highlighting the scandalous reality that in one of the most economically successful nations on earth the benefits are not shared fairly among all Australians. There is little doubt that many of the current poor health outcomes of Indigenous Australians result from past impoverishment which, as a result, imposes on all Australians a collective and inherent ethical responsibility to make effective changes that aim to empower through management of cultural and biological diversity, education, employment opportunities and economic development. These initiatives increase wellbeing by means of increased collective autonomy, self-esteem and social adhesion. The presentation’s intention is to provide an in depth understanding of biological systems from which adaptive socio-ethical consequences may evolve.

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

For Further Information:
Visit the Health Promotion and Disease Prevention in the Philippines website at http://www.hphipp.org/ or email info@hphipp.org.

HIV/AIDS Prevention: A New Bioethical Framework for China - Yangguang Wang, M.D., Ph.D.
Professor, The Center for Applied Ethics, Chinese Academy of Social Sciences, Beijing, China
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At the end of 2006, the Chinese CDC reported 83,733 reported cases of HIV-positive and AIDS patients all over the country. Even though the numbers of HIV infection seem to be quite low considering China’s population of 1.3 billion, we have reason to assume that it is very probable that China will become a country with a high HIV infection rate. Which bioethical framework ought to govern China’s HIV prevention policy? The basic bioethical framework we use to evaluate actions is the concept of a value hierarchy, which is a three-tiered hierarchy, respecting for autonomy, and justice. It seems that these principles are not fully suitable for HIV/AIDS Prevention. I suggest an improved bioethical framework that respects the principles of tolerance, beneficence, autonomy and justice. In my suggested bioethical framework the principles of tolerance and care should play a central role.

Foreign Dental Health Research and the Philippine Dental Act - Evangeline Joy U. Ramos, DMD, DipBE
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The image of security, order and labor are the key factors for a better society. This can only be achieved by educating the people on ethics that will enable them to respect and embrace their culture. This paper was made in realization of commodification of health at the expense of the vulnerable groups. The market oriented motivation of health research that draws the researcher to work on studies with better monetary returns rather than those associated with an IRB. In this case, will society’s benefit take precedence over the ethical issues including poverty and Vulnerability, research ethics, the legality of the Ethics Review Committees will be discussed. I analyze an externally funded research project for the researchers to place amalgam restoration on a cavity prepared supposedly for atrumatic restoration. The issues relating to the continued use of amalgam will be discussed. Noting that Sweden, Denmark, and Germany have restrictions on dental amalgam use. This restriction made it clear to that this research is linked to the reason of possible market of amalgam. A market driven intention is a clear unethical motivation. I cite this case as poor governance. The legality of a medical ethics committee to allow dental research to occur in the country is questionable. Their incompetence to the methodology made them vulnerable as well to judge it and had placed these children participants at risk.

Ethical Dilemmas in Public Health Research - Godofredo V. Dalmau, M.D., D.M.B.
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Lymphatic filariasis is endemic throughout most of the southern half of the Pacific Islands archipelago affecting an estimated 12 million people. People living in areas endemic for the parasite are in regions with highest incidence of poverty and eliminating the disease in these areas provides significant opportunities to alleviate poverty and reduce inequalities in health. Mass treatment with single dose of DEC has shown to effectively kill the parasite but albendazole has increased to 99% the killing effect on the microfilaria. Nevertheless, the ideal treatment regimen still needs to be defined despite growing medical literatures attesting to the safety of the combination. A couple of years back, mass treatment with DEC and albendazole was administered in many areas endemic for the condition without passing Institutional Board Review (IBR). Unfortunately this resulted to quite a number of unexpected deaths including that of an apparently healthy young boy and a couple of health officers escaping the outrage of the town’s folk. This brings to mind when public health activities are or are not research. Reference for guidelines for consent and ethical issues including poverty and Vulnerability, research ethics, the legality of the Ethics Review Committees will be discussed. I analyze an externally funded research project for the researchers to place amalgam restoration on a cavity prepared supposedly for atrumatic restoration. The issues relating to the continued use of amalgam will be discussed. Noting that Sweden, Denmark, and Germany have restrictions on dental amalgam use. This restriction made it clear to that this research is linked to the reason of possible market of amalgam. A market driven intention is a clear unethical motivation. I cite this case as poor governance. The legality of a medical ethics committee to allow dental research to occur in the country is questionable. Their incompetence to the methodology made them vulnerable as well to judge it and had placed these children participants at risk.

HIV/AIDS Prevention: A New Bioethical Framework for China - Yangguang Wang, M.D., Ph.D.
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Public Health and its Ethical Aspect in Ottoman State (1299-1923): Some Good Examples for Modern Age - Sahin Aksoy M.D., Ph.D.

Public Health and its Ethical Aspect in Ottoman State (1299-1923): Some Good Examples for Modern Age - Sahin Aksoy M.D., Ph.D.
Clinical competence, experience in the field, and a good track record were not similar and did not seem to be influenced by their educational level or Karachiites. At both sites in-depth interviews were conducted in privacy by at a premier private hospital, represented the educated and affluent class of consisted of patients with little formal education and came predominantly from underprivileged class. In contrast, the other set of participants, interviewed at a free public sector hospital, gave some historical examples from Ottoman documents, which set very obvious in the presentation, the Muslims' holy book, Qur'an and the tradition of the Prophet Muhammad are full of orders and recommendations concerning public health and its ethical provision. Another reason to choose Ottoman State is that, its people and institutions had evolved to Turkish Republic, and its public health policies and institutions had constituted the pioneering principles of Modern Turkish Public Health Policies.

23. Ethics and Research in the Eastern Mediterranean Region
Chair: Dr. Aamir Jafarey and Dr. Sahin Aksoy

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

The Good/Ethical Doctor: The Eye of the Beholder

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This paper is based on an ethnographic study conducted on patients and family members at two different hospitals in Karachi, Pakistan, exploring their perceptions on what they consider to be the qualities of a “good physician”. One set of study participants, interviewed at a private premier hospital, represented the educated and affluent class of Karachi Pakistan. At both sites, interviews were conducted in privacy by two co-principal investigators simultaneously talking notes. Perceptions about a “good/ethical doctor” by both sets of study participants were strikingly similar in that they were to be influenced by their educational level or economic status. For most, a “good doctor” was one who “spoke to the patient nicely” and “considered the patient like a next of kin”. They mentioned traits like “kindness”, “helpfulness” and “forbearing” repeatedly as being essential for a “good doctor.” All of these traits related to the character of the individual. Clinical competence, experience in the field, and a good track record were not stressed by our participants. This study highlights the importance of tailoring bioethics education for medical students and young physicians on aspects of virtue ethics.

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

- AbouZeid Alaa , MD, MPH, Afzal Mohammmd1, Silverman Henry2
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This paper will investigate the adequacy of the ethical review process from results in 12 countries in the EM region. This study is based on the study proposals that the Eastern Mediterranean Regional Office (EMRO) received from member states in answer to a call for proposals. The submitted research proposals are for implementation of projects in 85% of the region. However only 44% of the proposals involving human participants had obtained an ethical review from a relevant committee prior to submission. In this study, the authors also found several deficiencies in the submitted informed consent documents. The conclusion is that there is lack if awareness regarding the need for ethical review and obtaining informed consent among researchers in the region. And therefore, there is a need for more emphasis on research ethics education in the area.

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

- Magdi Shehata, Ph.D., Mohamed Shams, Alaa Abou-Zeid, Henry Silverman
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This paper presents a research proposal investigating the attitudes of individuals living in remote areas of Egypt towards their participation in research. Areas to be explored in this survey will include: the research participants’ understanding of the meaning of medical research, their awareness of the risks involved in different types of research, their understanding of the process of randomization and blinding, their understanding and involvement in the informed consent process, their concept of consent for unspecified future research on stored human biological samples, their concept of the confidentiality of research data, their understanding of the ethical review process, and their understanding of the rights of individuals to withdraw their consent. The survey will be conducted in two regions of Egypt: one is an urban area and the other is a rural area.

Perspective on Modern Medical Ethical Issues by Non-Medical Science Graduates

- Anjellojothi, Ananth, Bhumika Jaining, Akromלא Sk, T.Mathavan1, P.enthil Kumaran4
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A mini debate was conducted on “Medical Ethics” for the final year undergraduate students of Physics course. A batch of 36 students (5 girls and 31 boys) in the age group of 18+ was divided into 15 groups. The topics for the debate were given two months prior to the conduct date, and relevant study materials were provided from different books on ethics, newspaper cuttings, and references to sites of Ethical Issues in Medicine on the web site of UNESCO, Bangkok, and other relevant web sites. All the students were given to read the textbook “A Cross Cultural Introduction to Bioethics” (2005) edited by Darryl

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

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

24. Bioethics Education
Chair: Prof. Darryl Mace

23. Ethics and Research in the Eastern Mediterranean Region
Chair: Dr. Aamir Jafarey and Dr. Sahin Aksoy
Faculty of Medicine, University of Ruhuna was established twenty five years ago as the third medical school in Sri Lanka. While professional ethics and the five-year course. This paper will describe the medical ethics courses from teachings and the introduction of Medical Humanities in October 2005. Student enjoyment of the Department of Forensic Medicine, research ethics by the Department of Pharmacology. Summative assessments of students are done as part of the introduction of Medical Humanities in October 2005. An attempt was made recently to include professional ethics and legal ethics are covered by the Department of Forensic Medicine, research ethics by the Department of Pharmacology. The paper provides quantitative data with respect to feasibility and acceptability and discusses the methods and implications to assess course effectiveness.

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

Most instruction in normative medical ethics to medical undergraduates in Sri Lanka is based on Western ideas and documents, from the Hippocratic corpus to more recent documents such as the Helsinki declaration, the Geneva Code, the Nuremberg Code and many others. A notable omission is the teaching of ethics to Sri Lankan medical students is traditional indigenous ethics that have been explicitly stated, mainly in the literature of Buddhism, the Vedas and the Upanishads. This paper will provide a brief overview of the content should include Asian ethics in addition to ideas from the Western sources. This will include discussion of cultural relativism in medical ethics, and provide results of quantitative evaluation.

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

The main objective of the debate was to find out the level of awareness among the non-medical student community on the ethical issues related to medicine with more emphasis towards the human community. In the view of the experts present in the debate, it was noted that the level of awareness on the present issues related to medical ethics is now fairly well established in most Sri Lankan medical schools. The schools, but it is still not common in Asian medical schools. Teaching medical legal medicine were taught in forensic medicine from the very inception of the academic year. The majority of the participants expressed their views in English, ethnocentrism being a majority minority in Tamil (Mother Language). The authors have translated the Tamil answers into English as the whole debate was recorded in audiotapes. Three experts were present to elicit and facilitate the smooth progress of the debate and two staff members were taking down the notes of the whole proceedings of the debate. The participants were arranged to sit on a circle in chairs without tables.

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An introductory lecture is given at entry to medical school. After five terms of preclinical studies, at entry to the clinical course in the 3rd year, the students have two-week introductory course of lectures and demonstrations during which the main input of medical ethics teaching occurs. This consists of a series of 7 lectures and one seminar discussing ethical scenarios, given over a period of one week. The series on ethical issues including respect for human life is overwhelming by conducting debates of problems related to ethics, which will strengthen the moral character of the younger generation.

A one-page, 15 item questionnaire was prepared and administered on 74 PGs working in various departments (Obstetrics and Gynaecology, Internal Medicine, Pediatric Medicine, General Surgery, Anaesthesiology and Anesthesiology) of LUMHS. It contained questions about frequency of encountering ethical problems in clinical practice, knowledge of existence of and awareness about patients' rights vs. health professionals' responsibilities. In Pakistan, most of the medical colleges / universities do not offer the subject of Medical Ethics in the curriculum for undergraduate medical students. The objective of this study is to ascertain the baseline knowledge of bioethics amongst physicians (postgraduate-PG trainees), so as to be able to develop curriculum content for the training of physicians at Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro, Pakistan.

The responses ('agree') of rural Sri Lankan students to 6/15 culturally dependent questions differed significantly from those of the urban Sri Lankan students, probably indicating a cultural drift due to their dissatisfaction regarding the performance of the committee. Almost all urban Sri Lankan population to 10/15 questions that were taken to be culturally-dependent, differed significantly from those of urban from that of the urban group in England, supporting the idea of cultural relativism. In India and Sri Lanka, both groups retained their indigenous ethos that differed
include confidentiality, privacy, informed consent and issues related to curriculum is designed for the duration of six months to give exposure of curriculum for the postgraduates related to the busy specialty of OB-GYN. The background on drama as an instrument for communication and explores the family interactions. Thus it stimulates thoughts and discussion.

A person who inherits the HD gene will sooner or later develop the disease. At this time, there is no way to stop or reverse the course of HD. For the moment, she will not develop the disease and cannot pass it to subsequent generations. The chance of inheriting the HD gene. If a child does not inherit the HD gene, he or she will not develop the disease and can be of help in the teaching of bioethics as a discipline and assisting doctors to practice ethically may be fulfilled in the OB-GYN field.

Bioethics concepts and five PBL cases, those are issues of GM food, Organ transplantation, End of life care, Paralyzed superman rise again?” and “To tell her, or not to tell her, that is the question.”

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

For centuries, drama has been used to deal with important ethical issues, especially about religious topics. Nowadays drama is applied mainly in the education of children. The Drama in education (DIE) or as tool for prevention. Indeed, drama can be efficient to illustrate the different aspects of contemporary issues such as disease, old age, responsibility, education and family. Hence, the aims to establish and implement bioethics as a discipline and assisting doctors to practice ethically may be fulfilled in the OB-GYN field.

This presentation is aimed to share the experience of applying PBL (problem-base Learning) in Bioethics teaching and the implementation of PBL in Bioethics teaching is to ensure every participant (students who take the course) to be self-directed and life-long learner in bioethical issues as is expected of all health science professionals. In PBL, the use of practical problems and case studies triggers students to think critically, discuss and debate on the learning issues. The essential parts are that there is a practical problem presented to students in a small group and a teacher-tutor for each group who may develop the discussion. In the first few meetings, students based on the case raising questions of the case problem. Thus, the course materials included a general introduction of Bioethics concepts and five PBL cases, those are issues of GM food, Organ transplantation, End of life care, Paralyzed superman rise again?” and “To tell her, or not to tell her, that is the question.”

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

The application of PBL (problem-base Learning) in Bioethics education – my experience in General education of Medical University - Dena Hsin-Chen Hsin, Ph.D.

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

25. Initiatives in Bioethics Education in Countries of the Eastern Mediterranean Region Chair: Prof. Farhat Mosam

Panel abstract

The panel consists of three speakers from EMRO countries who will present three different initiatives in teaching bioethics concepts and principles teaching program, introduced by the Centre of Biomedical Ethics and Culture, SIUT in Karachi, Pakistan consists of a one year long, and broad based Postgraduate
Diploma Course in Biomedical Ethics catering to health professionals of that country. The second, a Middle East focused program (based in Cairo), provides training focusing specifically on research ethics in the region. An important feature of the UNESCO Bangkok office consists of efforts to involve a much broader audience in educational strategies to introduce bioethics at different levels including high schools, medical schools, and within the family. The UNESCO programs also incorporate discussions on ways of implementing the Universal Declaration of Bioethics and Human Rights, which forms an integral part of the organization’s overall ethics strategy.

Disseminating Biomedical Ethics to Healthcare Professionals: CBEC Programs in Pakistan
-Fahimuddin, M.D. PhD and Aamir Jafary, MD, PhD
Centre of Biomedical Ethics and Culture, SIUT, 5th Floor, Dewan Faroq Medical Complex, SIUT new premises, Karachi Pakistan, fanam@mindspark.com

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

Middle East Research Ethics Training Initiative: A Program to Enhance Research Ethics Capacity in the Middle East
- Ibrahim Rahmahi1, Maged El-Setouhy2, Henry Silverman3
1 Consultant of Forensic Pathology and Clinical Forensic Medicine, National Institute of Forensic Medicine; Amman, Jordan, 2 Ain Shams University, Cairo, Egypt 3University of Maryland School of Medicine, Baltimore, Maryland, USA
tramahim@hotmail.com

This paper describes the Middle East Research Ethics Training Initiative (MERETI) which offers an eight month long Certificate Program in research ethics and a two-year Master’s Degree Program in research ethics. The Certificate Program consists of a two-month academic study period (June/July) at the University of Maryland, Baltimore, U.S.A. Training for the Certificate Program includes short courses equivalent to 8 credit hours, observe research ethics committees in action, gain practical experience in the review of research, and attend a "trainer of trainers" course. The MERETI program is modeled after the CBEC-Pakistan's highly successful programs in its 33rd and 34th year. Almost all patients expressed high level of concern for environmental issues, 21% of doctors mentioned doctors as source of environmental information while 24% of doctors said that they really talk about environmental issues during their consultation. Environmental issues, this is true for both doctors and patients. Though some of the doctors are very much up-to-date about medical and scientific literatures on environmental issue, still the doctors are not addressed these issue in their daily practice as well. It is only 63% will be willing to change their personal behaviours and be motivated to support policies necessary to protect the environment. At the same time it very urgent to train doctors about environmental issues and its influence on health in an attempt to talk about this critically important task.

Environmental Ethics and Sustainable Development
-S. Panneerselvam, PhD
Professor, Department of Philosophy, University of Madras, Chennai 600 005, India
spg@md4.vsnl.net.in

The relationship between sustainability and development is always complex. It should be studied in relation to what ethics. What is the ethical comprehensive sustainability. The very status of sustainability sometimes remains unclear. Is sustainability a 'good thing' by definition or by implication? Munasinghe defines the social dimension of sustainability as follows: "The socio-cultural concept of sustainability seeks to maintain the stability of social and cultural systems, including the reduction of destructive conflicts. Both intragenerational equity (especially elimination of poverty), and intergenerational equity (involving the rights of future generations) are important aspects of this approach." (p.3) Environmental Ethics and Sustainable Development, World Bank Environment Paper No.3, World Bank, Washington DC). The distinction between the "environmental sustainability" and the "development" components of sustainable development, avoiding the ambiguities inherent in such terms as "economic sustainability" "social sustainability" and "cultural sustainability" where it is not certain what is meant by these terms. The concept of social sustainability is meant to focus on the social structure which is the fundamental source of the economic system. For instance, the concept of social sustainability might be taken to mean the sustaining of current societies and their social structures when the meeting of human needs without developing environmental capital implies major changes to the social structure.

26. Environment Ethics and Code of Conducts
Chair: Prof.Jayapaul Azariah

Concerns for practicing environmental health issues among doctors and patients in Bangladesh
-Sanchoy Kumar Chanda M.D., Krishna Rani Bhowmik1, Mirza Nizamuddin2, J.D.Institute of Social Sciences and Public Health (ISSPH), 1/16 Tajmahal Road (3rd Floor), Block-C, Mohammadpur, Dhaka 1000, Bangladesh
1 Society for Promotion of Health, Education and Environment (SPHHE), Dhaka
2 sanchoychanda@yahoo.com

Biodiversity has a strong impact on human health, on emerging and re-emerging disease pattern and on medication as well and very much linked to changed natural environment, living conditions and life style. In last decades, Bangladesh is facing a huge degradation of environment, witnessed massive deforestation in the name of urbanization, increased number of factories and other means that polluted environment enormously, many water resources and reservoirs have been dumped for constructing militarized buildings. In major urban cities, the pollution in slum areas are very high and health of the people are declining because of unhygienic situation. There is rapid change of environment in the country, which is a big threat to human health. Practicing environmental health is a responsibility of every professional. The UNESCO programs also incorporate discussions on ways of implementing the Universal Declaration of Bioethics and Human Rights, which forms an integral part of the organization’s overall ethics strategy.
come to play a larger role in the delivery of public goods. These changes in the policy are considered to be the logical correlated of the economic reform process. Thus, the reforms, on the final analysis, are meant to promote policy are considered to be the logical correlated of the economic reform process. Thus, the reforms, on the final analysis, are meant to promote efficiency in governance and integration of the governing units.

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

Technology and Human Progress: Importance of Negative Feedbacks - Abhik Gupta, Ph.D. Professor, Dept. of Ecology & Environmental Science, Assam University, Silchar, India agecol@rediffmail.com

Technology is a complex tool with many faces. It is perhaps unfair to ascribe "goodness" or "badness" to technology on absolute terms. As Haugeland stated, when technology is manifested as "revealing" in the sense that it "brings forth" what is yet unrevealed, then it can be perceived as benign and useful for all. However, more often than not technology is an agent of "enframing" and even enslaving. It challenges Nature's secrets or ways of functioning by moving in harmony with it. Instead of recognizing intrinsic values in Nature, it treats Nature as a "standing reserve", excluding it from the picture. Even the harmony that science may have achieved in the mind and enslave the weak, the poor and the underprivileged. This negative side of biotechnology is illustrated in several case studies of the introduction of genetically modified organisms, including crops. If human societies intend to exist in harmony with Nature, then the question is - what should we do to achieve this harmony?

Scientific and Technological Advancements for the Holistic Development of Humankind - M. Selvayagam, Ph.D. and Francis P Xavier SJ, Ph.D. Loyola Institute of Frontier Energy (LIFE), Loyola College, Chennai-600 034, India drmsel@yahoo.com

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

Towards a Code of Conduct for Scientists and Engineers: COMEST and Korea - Song Sang-Yong, Ph.D. College of Humanities, Hankyung University, 17 Haengdang-dong, Songdong-gu, Seoul 133-791, Republic of Korea; Vice-Chair, COMEST songsy63@hotmail.com

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

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

27. Closing Forum and Debates on Future of Asian Bioethics Research - Chair, Prof. Jayapaul Azariah, Dr. Soraj Hongladarom, Prof. M. Selvanayagam, Ph.D. and Francis P Xavier SJ, Ph.D.

Open Discussion and Recommendations for the Future

Acknowledgments

The financial contributions of the Wellcome Trust, World Health Organization, Chulalongkorn University, UNESCO, National Health Foundation, Thailand, and APEC Foresight, Thailand, as well as numerous other bodies and individuals have made this event possible. ABC2007 is the Eighth Asian Bioethics Conference organized by the Asian Bioethics Association. ABC2007 is concurrent with the Second UNESCO Bangkok Bioethics Roundtable (BBRT2). It is co-organized by the Center for Ethics of Science and Technology, Chulalongkorn University; College of Public Health, Chulalongkorn University; Regional Unit for Science and Human Science in Asia and the Pacific (RUSHSAP), UNESCO Bangkok; National Health Foundation, Thailand; and APEC Foresight, Thailand.

Call for papers for publication

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

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

Editorial address for papers and for EJAIB:
Prof. Darryl Macer, RUSHSAP, UNESCO Bangkok, 920 Sukhumvit Rd, Prakanong, Bangkok 10110, THAILAND
Fax: Int+66-2-664-3772
Email: d.macer@unescobk.org

Next Asian Bioethics Conference

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


More details to be posted soon.
Asian Bioethics Association
Website: cubios.info/ABA.htm

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

Asian Bioethics Association (ABA) Board of Directors 2006-2008
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Vice President for Korea: Un Jong Pak
Secretary: Darryl Macer (Thailand/New Zealand)
Immediate Past President: Song Sang-yong (Republic of Korea)

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

Membership fees are payable at any time in the year, including at the time of renewal to *EJAIIB*, the official journal of ABA. Why not pay your fees at ABC2007.

A three tier system exists for annual fees:
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The Asian Bioethics Association Constitution
(adopted on 25 November, 2002 at ABC4)

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

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

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

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

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

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

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

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, RUSHESP, UNESCO Bangkok, 920 Sukhumvit Rd, Prakanong, Bangkok 10110, Thailand [asianbioethics@yahoo.co.nz]. The website from 2005 is eubios.info/ABA.htm. (E-mail: asianbioethics@yahoo.co.nz).
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