



Sixth UNESCO-Kumamoto University Roundtable

Bioethics: From Theory to Practice

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Kusunori Kaikan, Kumamoto, Japan

Abstract book

Saturday 8 December 2012

13:00 – 15:30 Session 1 Bioethics: From Theory to Practice

Opening Words from Kumamoto University

Shinji Harada, Vice-President of Kumamoto University

Welcome Words from UNESCO

Darryl Macer

Welcome Words

Takao Takahashi

The Multicultural Foundations of Theoretical and Practical Bioethics Towards Peace and Ethical Development

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What future do we want? An Asia-Pacific perspective of bioethics would say that the pursuit of a good life is a goal that all persons can hope for. We can consider the four imperatives of love for ethics, as self-love, love of others, loving life and loving good. Love is not only a universally recognised goal of ethical action, but is also the foundation of normative principles of ethics. Global responsibilities for promotion of health for all (not only humankind) is necessary for our sustainable future, and requires both peaceful and ethical development.

We can apply a number of the ethical approaches and ethical principles agreed upon in the international community, through international environmental treaties and the Universal Declaration on Bioethics and Human Rights, into debates on ethics of climate change and on human responsibilities. Although we may see a global love of life as a foundation for ethical behaviour, how can we apply this to new areas of applied ethics? We also see growing attention in environmental planning for engagement of all stakeholders in decisions and policy making, which can build upon the community structures for consensus building and decision making that exist in many nations. The societal and policy

infrastructures to guide the development of wise and ethical science and technology need to be carefully constructed to utilize the creativity of humankind expressed in the scientific endeavour. This paper will discuss the situation relating to implementation of ethical standards in relation to environmental policies and their link to global bioethics, with a reference to the issues raised by the Fukushima disaster and the responses made to that disaster.

The ideas of peace and sustainable development are core ideals of humanity. This paper will also describe aspects of UNESCO Youth Peace Ambassador training programme, which has trained over 400 youth who are now implementing 170 action plans around the world. There will also be discussion of the newly founded International Peace and Development Ethics Centre and an International Peace Park in Kaeng Krachan, Thailand.

Policy statements and laws are not an end point but a point along the journey for each society to travel to rediscover its values and apply them to the emerging issues raised by science and technology, and the environmental crisis that we share. Strategies to better implement these standards will be compared, along with identification of the gaps between needs of different sectors of the communities in countries at a range of different socio-economic levels, and different cultural value systems that can construct a more global bioethics.

Transhistorical Attitude and Protective Possibilities of Science and Technology

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Bioethics promotes a value system that respects, preserves and generates life. Raimon Panikkar claims that the persons with a transhistorical attitude uphold such a value system. Transhistorical consciousness is an experience of relation and action within a holistic cosmic universe. Transhistorical differs from historical (modern) attitude of over production, over possession and over consumption through the technological dominance which disturbs natural rights of existence and survival of all species. According to him, anthropocentric response to Copernican revolution was the denial of a possible cosmic experience which made humans super consumers.

Transhistorical consciousness is an emerging attitude of hope and action, with love to preserve all living species of the earth that Panikkar visualized from the ancient scriptures of India. This is encouraged by the conscious effort of many at different levels of planning in converting science and technology as effective means for conserving nature. For example Indian Railway makes an environment friendly appeal to its passengers not to print **e- ticket** to save 300,000 A4 size papers a day which in turn extends the lifespan of pulp making trees. This study relies also on Gandhian non-violence which gives extreme care to the small and the least.

This study has three parts. (1) A historical study on the attitudinal reactions to the periodical developments of science and technology. (2) An enquiry on the potency of science and technology in modifying our consumption pattern that would promote life, yet not losing much of our facilities. (3) An attempt to document the growing transhistorical attitude in the grassroots as models. Awakening on the organic farming is an example. Organic farms are nourished and protected by living organisms available in the area.

References

1. Gandhi, M.K., **Sarvodaya (The Welfare of All)**, Navajivan, Ahmedabad, 2008.
2. Martin Buber, **I and Thou**, Continuum, London, 2005.
3. Raimon Panikkar, **The Cosmotheandric Experience**, Motilal Banarsidass, Delhi, 1998.

The Fourth Meaning in Life: with a discussion of what V.E Frankl calls meaning (creative values, experiential values, and attitudinal values)

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The purpose of my presentation is, first of all, to show what the word “meaning” is all about in spiritual care at the end of life. I indicate that the essence of the “meaning” in end-of-life care is almost equivalent to what V. E. Frankl intends by “meaning.” According to his logotherapy, we can find the meaning in life in three different ways: creative values, experiential values, and attitudinal values. At the end-of-life care, particularly, the third kind of values are regarded as significant. In addition to these three values, I insist the fourth meaning in life, i.e., “coexistential values”, which can be defined as “coexistence” or “togetherness” with others. This is of vital importance in all care settings as well as in the end-of-life care.

Secondly, I will propose the definition of spiritual care. I define spiritual care in general as the care for the spirituality of a suffering person. Therefore, it is essential to articulate the definition of spirituality in understanding what spiritual care really means. I show a few definitions of spirituality, indicating what an important part the word “meaning” plays in the definition of spirituality. I stress the fourth meaning of “meaning in life” or “coexistential values” in all care settings. Some say that the fundamental aspect of spiritual care is “being-together-with”, and I state that coexistential values are a core concept when it comes to understanding spiritual care. Spiritual caregivers should convey the message that they are always with their patients or clients. As caregivers, clinicians should be self-confident and dependable, because patients or clients want and need those with whom they feel psycho-spiritually secure.

In conclusion, I assert that not only at the end-of-life care, but within all other kinds of care, caregivers should be self-confident and psycho-spiritually stable. In particular, when patients are finishing their lives, their spiritual pains are beyond description; therefore, realization of coexistential values is crucial for caregivers.

Food Culture and Bioethics

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This study has a target, which is to make a bioethical viewpoint and its practical method according to analysis of our food culture. The bioethics is understood to be a very comprehensive category which would give the reasonable and right way to human beings, especially pointing to the direction that human beings could carry on their lives harmoniously with the other livings or all other creatures. To this bioethical idea, food culture has very important and specific gravity, because eating food, as every people’s indispensable and daily repeating actions, has been building up a fundamental and widest circulation loop between the mankind and the nature. Therefore it’s very significant to give an ethical way to mankind’s food eating. I think every nation or every society has developed its own food culture that involves the ethical way, but in most modernized society the endemic culture gave way to the modernized food culture and thus its ethical way is gradually disappearing. The modernized food culture has been changed from the traditional one on the basis of industrialization which resulted in mass production and mass consumption. The mass consumption could be one of the main causes of environmental disruption. There could be a seriously vicious circle between the mass consumption and the environmental disruption. If so, what is the direct and effective way in our

daily lives to alleviate this vicious circle and finally come to a halt? That is just to adjust our style of eating foods which is named as food culture.

In this presentation food culture will be analyzed into three levels, food to food level, food to human one, and human and human one. And ethical way relating to the three levels will be discussed from the viewpoint of Neo-Confucianism and its Pro-life-ism.

16:00-18:00 Session 2 Translating Theoretical Bioethics into Practical Bioethics for the Public

Introducing "Bioethics" to average Japanese citizens

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Recent headlines have made some topics discussed at "bioethics" forums very popular (induced Pluripotent Stem cells iPS cells, prenatal diagnostic procedures being more widely available, organ transplantation laws, to name the most evident ones). However, anecdotic evidence shows that the average Japanese citizen is taken aback by the term "bioethics" (生命倫理)、considering it a academic discipline far too complicated to approach. As part of the Bioethics Education team in Japanese (high) schools, I am convinced that discussions on such topics are necessary in order to develop the awareness that such situations are part of daily life of any living person in contemporary society. In recent months I have started to promote lecturing on such topics to public and private universities, schools, community centers, etc. In this presentation I would like to outline several strategies employed in this process, difficulties encountered, and I am looking forward to advice and suggestions from other participants.

What are the real qualifications of professionals? Consideration from the Point of View of the Patients in the Practice of Rehabilitation Medicine in Japan.

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The purpose of this study is to clearly identify what the real qualifications of professionals are in rehabilitation medicine from the point of view of the patients. The author examined writings by four patients respectively.

1. Kazuko Tsurumi was a sociologist who had a left hemiplegia with intracerebral haemorrhage in 1995. She has actively written essays and worked continuously after having rehabilitation medicine for two years. She recollected on how she noticed a "change in her values" after being able to peel an apple or ambulate freely with the aid of an ankle-foot orthosis which had been advised by her psychiatrist.

2. Tomio Tada was an immunologist who had a right hemiplegia with a brain infarction in 2001. He described his treatment as "a giant awakening" because he was able to ambulate due to physical therapy and with the help of his therapist's theoretical support.

3. Kanta Ikenoue was a manager who had quadriplegia with traumatic brain injury in 1999. He questioned the profession's level of conscious responsibility for patients and the difference of technical skills among physical and occupational therapists. Nevertheless, he was able to live with hope after his attending physician logically explained matters concerning therapy for living in his home. Eventually, he experienced the benefits of therapy and acquired personal computer skills with the aid of devices recommended by his occupational therapist.

4. Yasuaki Hayama was an accountant who had a left hemiplegia with intracerebral hemorrhage in 2006. He felt grateful for those in the profession as he has experienced being able

to cook pasta as per his occupational therapist's advice. Later on, he became the manager of a facility for the disabled elderly where he informs the residents about the good points of occupational therapy.

For patients, the "real qualifications" of a professional in the practice of rehabilitation medicine is reliability and value. Patients require a professional who is able to explain therapy planning clearly and bring with them the experience that encourages patients to make use of their potential ability for activities of daily living. Moreover, he or she is a valuable person who considers the patient's present and future life. These qualifications are not distinct among the various types of license.

Bioethics and the Dead

Takao Takahashi

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Bioethics deals with end-of-life care, euthanasia, and organ transplants from brain-dead donors; however it doesn't show interest in dead persons outside medical settings. Recently grief care has become an agenda of bioethics, but only as a minor part in a play. One of the main reasons bioethics researchers don't want to be involved in the problems concerning dead person is to avoid religious arguments. It may be possible to argue about the dead without committing to any religious position. However, if we don't refer to the life in the afterworld, we become involved in serious philosophical problems, one of which is whether death is bad for the dead or not. We believe death is bad for the dead as well as for the bereaved. However, philosophically, it is not easy to assert it. Another more serious problem in this context is whether we can harm the dead. Often we accuse someone of the defamation of the dead, and it shows the existence of the harm to the dead, though such an accusation seems to presuppose the life in the afterworld.

In order both to accept the harm to the dead person and to avoid the presupposition of the afterworld, I appeal to the concept of 'Cambridge change'. Cambridge change is not a real change, and it is caused by the change of the relationships with other persons/things or by the change of evaluation by others. Applying this concept to the dead, we can accept the harm to the dead without religious presupposition of the afterworld. Using the concept, we can also explain the restoration of the honor of the dead. Moreover, we can cope with serious dilemmas such as abortion from a different viewpoint, dealing with enhancement of the significance of the life of the dead, and taking into consideration the trauma of those who have to decide in a dilemma.

Right without Choice and the Future of Bio-ethics Discourse in Post-Colonial Society

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The future bio-ethics paradigm of post-colonial under developed societies like Pakistan oscillates between *right-based-health-care* and *aetiological medicalization of life-world*. The contemporary discourse of bio-ethics presumes a delicate distinction between right-based-health-care and institutionally determined medicalization of life-world.

The former considers the health care as a fundamental right of an individual, where as the later emerges from the institutionalization of scientific methodological studies i.e. a never ending process of excavating the causes of diseases and reasons of their spread, which is the result of the compartmentalization of knowledge to actualize modern dream of transcendental standard of ideal human life.

In this paper both paradigms of bio-ethics will be evaluated critically with reference to reproductive healthcare. It will be argued that both these bio-ethics paradigms provide a passive

resistance to the moral foundations of traditional societies. They also have a potential to disintegrate communal particularities of such communities. The paper will be divided into two sections. In the 1st section it will be argued that right-based deontological health care paradigm presumes an antagonistic relation with local moral foundation which are rested upon the priority of *Good over right*. In the second section we will argue that medicalization of life-world either determined by state apparatus or by market driven mechanism will eventually facilitate the process of modern discursive practices.

In the conclusion we will try to establish that both paradigms are complementary to each other and the institutionalization of right-based-health care is directly proportional to the positivistic scientificization of traditional life-world.

Kagura (Shinto dance) performance

Welcome Party

Sunday 9 December 2012

9:30-12:30 Session 3 Medical Ethics

Crossing the Boundaries of Internationalized Healthcare and the Principles of Respect for Human Vulnerability and Non-Discrimination

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The internationalization of healthcare has created a new condition challenging accepted principles of bioethics, such as respect for human vulnerability, distributive justice and non-discrimination. Medical tourism, specifically, crosses boundaries of culture, medical protocols, and bioethical decision-making. The possibility of global spread of diseases through cross-geographical, cross-cultural infection poses a serious threat to global health and various human vulnerabilities. Individuals seeking medical treatment abroad obviously bring with them not only their money, which is beneficial to the receiving country, but more specifically, their conditions of sickness/disease which may not be present in the host country, or may have a different strain from that which is already in the host country. The local community may become susceptible and socially vulnerable to such a disease. Moreover, the local patients may also become victims of discrimination and injustice in terms of distribution, availability, use, and equal opportunity to medical facilities, procedures, medicines, and technologies. Such condition may arise because of economic and social conditions in the host country. While there are principles of bioethics that are universally accepted in medicine, the socio-cultural context varies, allowing for diversity in application and interpretation of these principles. Medical tourism and other forms of internalized healthcare create contradictions and inconsistencies in the application of such principles to bioethical decision-making involving foreign patients who, undoubtedly, bring with them their own culture and world views.

Specific conditions and protocols must then be established safeguarding the welfare and respecting the vulnerabilities of people in countries where medical tourism is strong. The interplay between indigenized/contextualized/inculturated bioethics and the universal principles must be clearly defined without disrespecting or sacrificing one of them. Non-discrimination and respect for human vulnerability are fundamental human rights, and such must be seriously considered by countries, like the Philippines, who are promoting medical tourism, such that the general health and culture of their people are protected for future generations.

Methods of Decision Making in Clinical Ethics

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In this presentation, I argue that because of the complexity of ethical questions arising in health care, decision making in clinical ethics should draw from a range of decision making procedures. Although an implication of this view is that there is no single or canonical decision making method for clinical ethics, clinical ethics is not thereby reduced to a field of that is *laissez faire*, where “anything goes”. Instead, I will argue that clinical ethics decision making must operate with the boundaries of accepted ethical, professional, and legal frameworks. These frameworks, when coupled with the normative commitments of the key decision makers involved, provide guidance to the kind of decision making methods that are ethically justified for clinical situations. Thus, certain concerns and considerations will be shown to be essential. These concerns and considerations make up the core components that *all* sound decision making methods in clinical ethics should incorporate.

The Concept of “Treatmentalization”

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Technological advancement has brought expansion of treatments. When these medical technologies apply to treatments not only for intractable diseases but also for common diseases, people may neglect to preventive control for lifestyle-related diseases. Speaking in the extreme, for example, when the technology and systems of organ transplantation, people could select not to control diabetes prophylactically but to receive kidney transplantation in terminal renal failure.

I define this condition as a “treatmentalization”; given great weight not to prevention but to treatment of disease. Namely, it is the condition that people think “if I got a disease, I can treat it completely using new medical technology”, and that excess or incaution are accorded by individual or social level. “Treatmentalization” is a concept that is different from “medicalization”. “Medicalization” is the process whereby previously non-medical aspects of life come to be seen in medical terms, usually as disorders or illnesses (*Blackwell Encyclopedia of Sociology*).

If new medical technologies are configured as “standard care” in medical community, health disparity might be possibly corrected. However, “treatmentalization” will be further promoted. Why does “treatmentalizaion” occur? –The hypothesis that “human nature prefer to sentient numerically superior pleasure” can be generated.

“Treatmentalization” results in an entropy increase in individuals and populations (e.g. increase in number of donors/recipients, medical recourses that are devoted to treatments, number of care, and so on). The maximum entropy in individuals causes individual death, and the maximum entropy in the populations causes break down of social order. As the result, absent of individual lives or corporate lives (=regularity) may be brought down.

To prevent that danger, reconsideration about preventive medicine and care is needed. Also it is the matter with personal virtue to choose “treatmentalization” or prevention, beyond the flame-work of medical ethics or bioethics.

Bioethics and Patients' Participation: Flexible Strategy of the patients with ME/CFS (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome) and Health Governance

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By overviewing the activity of the Japan ME/CFS (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome) Association, this study shows that the activity is a strategy for the patients living with ME/CFS and an important theme of the Bioethics. Additionally, this activity would become a connector among many stakeholders, such as government officials, medical professionals, clinical practitioners, and lab researchers, who were initially separated, and would realize Kyosei Syakai, a society where all people live together without discrimination and/or disparity.

ME/CFS is much more than just being heavily tired. People with ME/CFS are so run down that the syndrome interferes with their lives and can make them hard to function at all. Furthermore, they are not just dealing with extreme fatigue but with a wide range of other symptoms, which include sudden severe fatigue, sleep without refreshing, muscle and joint aches without swelling, intense or changing patterns of headaches, sore throat, swollen lymph glands in the neck or armpits, and memory problems/inability to concentrate. For fatigue to be considered severe, it must meet four following criteria: 1) it is not relieved by sleep or rest, 2) it is not the result of strenuous physical labor, 3) it significantly lowers the ability to function normally in most situations, and 4) it gets a lot worse after mental or physical exertion, or after being sick.

ME/CFS affects more than three hundred thousand people in Japan, and more than a million people in the U.S. Researchers have not yet discovered the underlying cause of ME/CFS, and so far the condition is incurable. Treatment can include prescription or over-the-counter medications to help with specific symptoms, complementary or alternative therapies, and emotional support. Despite of the severe symptom, only a small percentage of patients who see a doctor for fatigue can be diagnosed with ME/CFS.

ME/CFS is sometimes considered as malingering. Therefore, ME/CFS patients have been kept away from medical treatment and social services. To overcome this situation the Japan ME/CFS Association was established in February 2010 and has enacted various activities making public awareness on ME/CFS, promoting biological research on ME/CFS, and advocating to central and local government.

These activities of the patient's organization can be recognized as an example of the Health Governance and is expected to play an important role improving the medical and social services for the patients to continue to live through hardship.

Misuse of evidence-based policy by the Japanese Ministry of Health, Labour and Welfare; "wait until harm is conclusively evident"

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In this presentation, the author focuses on drug-induced harms caused by the misuse of evidence-based policy employed by the Japanese Ministry of Health, Labour and Welfare (JMHLW). Notorious events include chloroquine retinopathy, thalidomide embryopathy and the ongoing harm of urinary bladder cancer with the diabetes drug pioglitazone. In these events, the JMHLW realized or has been notified at earlier stages about the harms of these drugs. However, the JMHLW did not take appropriate action to prevent further increase of the victims. A number of patients with urinary bladder cancer are increasing day by day, since the JMLW does not take

satisfactory action to prevent harm despite the demands to withdraw pioglitazone from the market by the Japan Institute of Pharmacovigilance in October 2000 and the YAKUGAI Ombudsperson "Medwatcher Japan" in September 2011. The experiences at the events of chloroquine retinopathy and thalidomide embryopathy suggest that the JMHLW is observing the harm of pioglitazone until an undisputable number of victims are produced. Their evidence-based health policy is right in case of drug approval, i.e., wait until benefit is conclusively evident," whereas it is absolutely wrong to apply the same policy in decision-making for drug-induced harms. The policy of the JMHLW probably derives from their traditional inhumane attitudes in favor of industries rather than human beings. The precautionary principle should be applied when potentially harmful phenomenon is observed in pharmacovigilance.

Models for research ethics consultation

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Ethics consultation known in clinical settings is increasingly recognized as a valuable mechanism for addressing ethical issues that arise in research involving human subjects. Since 2006, the US National Institutes of Health (NIH)'s Clinical and Translational Science Awards (CTSA) program has encouraged applicants to develop innovative research programs that bridge clinical research ethics with other CTSA activities. Now at least 41 of 60 CTSA institutions have research ethics consultation service (RECS). Against the background of issuing and breaking various research ethics guidelines, a few institutions in Japan have also established RECS at the IRB office. This presentation aims to consider the advantage and disadvantage of several models for research ethics consultation.

Based on the roles of a RECS and an IRB in the US, Beskow et al. (2009) propose three models of the membership of a RECS and its relationship to the IRB: 1) The RECS and the IRB are the same entity; 2) The RECS and the IRB are separate and distinct entities; 3) Distinct entities with considerable overlap. The RECS at the IRB office in Japan seems different from these models in that while consultants are not official IRB members (in order to avoid conflict of interest,) they are at the IRB office to recommend and/or pre-review the ethics of research. The RECS at the IRB office probably has the advantage of assisting investigators and the IRB in making protocols meet with approval. It might, however, make it difficult to distinguish consultation and authorization, and high standards and low standards. The careful and clear distinctions are necessary. Although using resources, core institutions could have RECS independent from the IRB office to better serve investigators as well as the IRB.

Comparative Community Policy Analysis: Meaning of Communal Principle

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This study investigated the variation of community policy in the urban area of Japan, China and the United States, which is related to social capital and social network. Community is a word that we feel a good place with warm and comfortable. We would like to experience but seem to miss. Basically, the idea of communal is included neighborhood relationship with reciprocity, common-pool resources management, and share the sense of belonging to the community. People's relationship within the community creates safe, security and trust. We are never strangers to each other. Collective action in the community provides various benefits such as prevention of crime and natural disaster, protecting environment, everyday life support for nursing and child caring, sharing the value of health and well-being.

It was found by the comparative community studies that the difference of social relationship, which was influenced by the culture and history, creates a unique social capital structure, and it has the path-dependency. Each country has been developing different type of community policy, and health and welfare policy.

In Japan, government and residents share the idea that geographical neighborhood community (Chonakai) is the key relationship in the society. They try to embed the communal sense to the residents and residential organizations. Residents work together for community building; local government supports citizen's collective activities. For example, they select a person responsible of community health and welfare promotion of the community. Self-governance of the community is emphasized as an important public policy idea.

In China, they value and trust kindred and friend relationship rather than neighborhood. Many of the communities are gated-community, no relationship with others. Street office government has full responsibility for providing public services and protecting. Government provides medical services, but resources are limited. Communal sphere is small; however, individuals and government services cover other spheres.

In the United States, many citizens live in detached house, and share the community value for maintaining their property investment. Basic social ties are created by friends, relationship of church, volunteer works, hobby and business relationship. There are many kinds of non-governmental organizations and charity in society, but few for neighborhood community. Mutual help and reciprocity are rare as the community activities. Places are divided by the difference of races and incomes, gated-community is increasing. National health insurance is the top issue for presidential election, because people believe this might be a private matter in the US. Communal activity is NGO and charity issue rather than neighborhood matter.

Ethical, legal and social issues in research involving children as subjects – ethical principles, dilemma and practice –

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Children are an existence that human beings and society assume a duty to protect, as well as persons which should have their rights respected. Based on this recognition, ethical issues in research involving children as subjects have been discussed historically in Western countries for a long time. Through such consideration, various ethical principles to involve children in research have been set out. In Western countries, legal frameworks to make research involving human subjects legitimate after clearing various conditions to protect research subject have been established, and then rules and regulations to protect children subjects as vulnerable persons were added in those frameworks. In Japan added provisions to protect children subjects are set in the similar way in the series of guidelines defined in several specific areas of medical research, for instance.

Meanwhile, there are various dilemmas in the practice of research involving children subjects complying legal/regulation frameworks or respecting ethical principles. That is to say, actions, which adults/society including parental guardians generate aiming children's health and welfare, may sometimes increase the potential risks for part of, or the entire children's group. That potential should be weighed against expected benefit for children subjects themselves, the group they belong to, or future children. Sometimes, even research which won't benefit children subjects directly may be conducted still. Actually recently, especially in clinical research and clinical trials for drug development, the traditional attitude to exclude children as a general rule in research to protect them from potential risks has been shifted not to exclude them in principle so that they can

potentially take some benefit which they can obtain if they participate in the medical research.

This presentation will overview the currently established ethical principles and legal/regulation frameworks for research involving children as subjects, and various dilemmas regarding the practice of research will be examined. Recently some sort of research have been emerged in wide range of area, which seems not to include immediate unacceptable risks but include more than minimum potential risks, in spite of not promising any direct benefit for children subjects, such as large scale cohort study to follow children's growing and developing process. Ethical dilemmas in such research will be discussed also.

Lunch

13:30-18:00 Session 4 Ethics of Assisted Reproductive Technology

Recent ethical and legal issues in assisted reproduction in some Asian countries

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More than fifteen years ago, it was reported that, though in many Asian countries scientific standard is almost similar to Western countries, there were not many legislations nor state registry. However, since then, embryo research, especially ES cell research, as well as reproductive technology, developed so much that situations might have changed the situation.

This paper will examine 1) general features of Asian countries vis-à-vis bioethics, 2) the scientific state of the art in reproductive technology and legal and ethical standards on assisted reproduction in some Asian countries, namely, Philippines, Singapore and Hong Kong, Comparative analysis will be made, in particular, on a) third party donation of gametes and embryo, b) permissibility of surrogacy reproduction, c) right of child to know his/her father/mother. The third question is especially important in Japan, since two MOH committees reports contradict each other.

Special attention will be made on a recent draft regulation on the child's right to know his/her parents. Also a new question emerges in relation to stem cell research in which gametes might be derived from stem cell and embryos produced with these gametes with possibility of creation of human being, whereas human reproductive cloning is strictly prohibited.

Why Reproductive Fertility Medicine? For Sinners and Saints With Fertile and Barren Wombs

Jayapaul Azariah

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The paper discusses the importance of human womb fertility and the need for reproductive fertility medicine. A fundamental error at the basics in conjugal relationship between sexes, due to socio-cultural pressure, along with its collateral slippery slope-mistakes has the potential to lead an economically stable nation to extinction. The paper presents infertility as a womb that is "closed" and hence it leads to a tragic condition of 'childlessness' which in Indian context is a social stigma. To obtain a clear view of the concept of closed wombs, two cultural and linguistic groups were taken into consideration: the Hebrew culture and the Vedic culture including the Indian culture. . Ancient Hebrew culture had indigenous knowledge about herbal medicinal antidotes for sterility. The plant species of mandrakes were used to cancel infertility and favour conception. The paper traces ancient cultural practices which could serve as prototypes in 'three parent family' and surrogacy

Further to understand the pros and cons of reproductive medicine (RM), in the context of infertile womb, the subject matter of the study has been presented from diverse angles such as the (i) common day to day – dictionary- meaning (ii) its meaning as elaborated in encyclopedias (both religious and non religious) (iii) constitution of a country (iv) legality and (v) religious views of major world religions. In the present study a few of these aspects has been considered. A detail discussion on the impact of RM, ART and IVF on the current status on (i) marriage (ii) family and (iii) parenthood including fatherhood and motherhood has been presented. Exploitation of Indian surrogacy woman and egg donor has been discussed in the light of international guidelines. American Guidelines in Ovarian Hyper Stimulation Syndrome (OHSS) provided by The American Society for Reproductive Medicine (ASRM) has relevance in setting Indian ethical guidelines in the practice of recruiting egg donors for IVF. Poor rural women in good health have been made to undergo unnecessary hysterectomy for the sake of extracting their health insurance money, which is an income for the hospital. The permanent scars of hysterectomy and womb loss have to be compensated monetarily. The paper concludes that an economical rich nation with a permanent loss of productive womb and with the existence of women with closed wombs stands in danger of extinction.

Reproductive Medicine in Hyper-Modernizing Chinese Societies

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Reproductive power is the basic drive for any living species' survival. Human beings have been successfully to reproducing themselves to capture the world and enjoying a commanding position in natural world... With urbanizing and hyper-modernizing forces, demographic transitions move towards ageing societies globally – the drop of human fertilities (total fertility rate per woman in her life course) represents an alarming quest for the longevity and survival of human species (*homo sapiens*) in 21st century and beyond!

This paper explores human reproduction processes, particularly those are gifted by modern reproductive medicine and the related technologies; highlighting the contradictions (within three inter-related spheres) of dynamic socio-economic forces, developing along the past, present and future historical timeline within a wider opportunities structure available in 20th-to-21st century. By contrasting social virtues of pre-modern traditionalism (Confucian virtues, say, filial piety) and hyper-modern reproductive medicine based promise for better reproductive outcomes (the better newly born), it articulates that, bioethics for human reproductive medicine, is struggling to catch up with both governmental regulatory initiatives and the market-force driven higher pricing for the best possible reproductive outcomes – this is evidently shown in our study on hyper-modernizing Chinese societies.

Yet, we are in the new age of technological revolutions, shaping *modus operandi* of our daily life! But our case study on reproductive medicine in ageing Chinese societies discovers that the bioethics of reproductive medicine is seemingly so elusive in the public discourse but is administratively straitjacketed-bound within the governmental and bio-medical professional matrixes of rule-proceduralism. Hence, reproductive medicine and its ramifications are far from serving to revitalize the old social virtues for reproduction of filial piety, nor contributing significantly for the quality of life in hyper-modernizing society: isn't something missing-out from the (r)evolutionary of bio-medical science advancement?

Bioethical Aspects of Using Reproductive Medicine in Bangladesh: Application of Takao's Three Level Structure Analysis

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In Bangladesh, there are two diverse and conflicting agencies in respect of reproductive policy. NGO's and government have been playing a role in one side, on the other side, religious idealists around the country are upholding a role which has been provoked by orthodox and misinterpretation of Islam. The first agent is involved in the reproductive medicines aiming to achieve the boundary of population. Therefore, this new reproductive technologies entertain infertility. On the other hand, the religious idealists oppose all possible options regarding reproductive medicines. In evaluating such a situation, this article follows Takao's Three Level Structure Analysis, which is known to be an assessment methodology of bioethical problems.

In examining the problem, I have used here Three Levels Structure Analysis proposed by Takao Takahashi. In this structure analysis the first level is a concrete moral judgment, the second level consists of some principles (responsibility and four principlism) and the third level is engaged with the moral evaluation, concepts definition, evidence, narration, and right and wrong consideration. In doing so, the article analyzes the controversy of applying RM with its pros and cons in the context of Bangladesh. Secondly, it deals with the problems related to the reproductive medicines, which are justified under the ethical outlook. This justification is a common phenomenon in all medical branches. Finally, the article will examine the fact that apart from Islam, there are other rituals, cults, and conventions which exist in the loco of public mind. They contribute to construct the livelihood. This article will explore these ideas and norms while evaluating the RM in Bangladesh.

Reproductive Medicine In Russia: Three Levels Structure Analysis

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In his conception "Three Levels Structure Analysis" (Takahashi 2011), Prof. Takao Takahashi notes a deep thought – the "second level" universalizing principles have rather "intermediate" essence, than a true "universalizing" significance. This prompts to us that a true meaning of second level's principles is to be placed in the mean between two levels: the first (of moral judgments and medical practices) and third (of basic cultural concepts). Put it otherwise, second level's theories essentially are produced by the method of "reflective equilibrium". Of course, we need to investigate the equilibrium of all three levels (of first, second and third). However, the crux is that "without taking the third level seriously, ethical committees and medical professionals may solve the individual problems separately" (Takahashi, 2011). A key point is, still, that "the basic level, i.e. third level, is left untouched in each country" (Ibid.) At least, as our exploration has disclosed, it applies fully to the situation of Russian reproductive medicine. Therefore, in this matter, a need is to study both the state of existing medical practices and the basic cultural conceptions of the given civilization. Vyacheslav S. Stepin (President of the Russian Philosophical Society), in his work "Theoretical knowledge" (2003), signifies these basic concepts (which value correspond to the "third level") as "the foundation of science," "type of rationality," "cultural genetic code", "basic value system", "system of philosophy" of the particular civilization, "the root system" of the given social sphere.

Missed opportunities in studying the concepts of the third level leads to situation (exactly as Professor Takahashi emphasizes), wherein "medical professionals and philosophers often have

no other common ground to talk on than second level principles.” Takahashi also notes, in general meaning, that Japanese philosophers realize their search in the theoretical background of Western Europe, rather than "looking back in Japanese traditional thought.” The same situation is typical for Russian bioethical situation of today. Studying the issue of reproductive medicine in Russia, we have arrived at a clear evidence of this state of affairs. Indeed, on the one hand, Russian medicine is successful in the implementation of reproductive technologies. Bioethical support (reflection and public reaction) of this progress likewise conforms to the mainstream cultural activities of Western societies. On the other hand, Russian society is passing through a severe demographic crisis (and the serious threat of expected depopulation of the country), due to a deterioration of reproductive health in Russia, and reduced fertility in general. The paradox is that while the former issue (of reproductive health) gets serious attention from the government, scientists and bioethicists, the latter (of the main significance – general decline of fertility) is completely out of view. The actual (urgent) reason is, therefore, to extend the scope of bioethical activity, primarily through rehabilitation and development of the third level conceptions. At any rate, Prof. Takahashi’s claim is really substantial, that “consideration on the concepts rooted deep in the culture is required in addition to the concepts of Western philosophy. Otherwise, arguments of medical professionals and philosophers will not meet.” (Takahashi 2011)

We likewise need to take into account the cyclic dynamic essence of social processes (and, thus, of philosophical and bioethical concepts). Here, we cannot ignore the integral sociology by renown Russian-American scientist Pitirim A. Sorokin (1889–1968), especially referring to his world famous socioculturological theory, mainly expressed in his magnum opus – the four-volume work “Social and cultural dynamics” (1937–1941). Thus, a prospect of integration of bioethics and Biocosmology can be displayed on the agenda.

Reproductive Health in Thailand and Mindful Parents for Reproduction and Healthy Children.

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Thailand is one of the developing countries in Southeast Asia that cannot overcome the difficulties of going through the decline of morality in this 21st Century. Sexual health becomes a great concern for the whole society. While technology and media are commonly used; it is important for the people to have the knowledge to handle their own anatomy and emotion. In big city like Bangkok and other provinces have social problems such as teen mums, illegal abortion, unwanted children, drugs and suicides which become great burden to the society. If we want to have a healthy society, we need to give knowledge to the people so that they can have the capacity to determine their own destiny and able to have healthy sexual relationship and experience, instead of being a victim of their own ignorance, and most of the time it is women who are the victims. Even though Thailand had pass many laws that should provide education to their people, yet the problems are still great and will be much more if their people cannot find ways that is effective to solve the problems. They fail to give the right education to the people. Family planning is still a problem, maternal and child health is better than before and yet need to be improved. The problem of abortion and its consequences are still great. The Thai government announced the policy for Reproductive Health since 1997, “All Thai citizens at all ages must have a good RH throughout their entire lives.” That they should have an appropriate plan for having children, happy family, equitable opportunity and can fully participate in family and social activities. These ideology and dreams can actualize in only some part of the society.

Do we have more happy family than before? Do we have more illegal abortion? How about sex slaves and unwanted babies? If the Thai government cannot solve these problems, we are like a society that is crippled from within.

I hope to find some ways out of this wicked cycle, that the more one is poor, with the lack of knowledge one can easily get sick. No money leads to ignorance, and finally sickness. All comes together. How to get out of this wicked one? Even though the RH program in Thailand consider as a period of transition, many programs and function of different department are working. There are some success towards lowering total fertility rate. But the quality of reproductive health care, reproductive rights, women's equality in reproductive decision and other issues are still a big challenge for the country.

It is the purpose of this paper to introduce some ways for the Thais to solve RH problems. Education is one solution, especially sex education but the good educators are in great need. How to help people aware of RH problems and being self sufficient. Thais are mostly Buddhist, but only few really practice Buddhist philosophy. It is my intention to provide the knowledge of mindful meditation for healthy family and society. By introducing methods and reason from parents to their children, from micro to macro, from one family to the whole society. Even now we are part of the capitalistic society and at the digital age how can we bring back the real humanity, the community that is warmth, sincere, respecting one another, able to live healthily and happily together.

Should we maintain a baby hatch in our society?

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The Jikei Hospital at Kumamoto City has set up Japan's first baby hatch named the Stork's Cradle since May 2007 to enable parents who can't care for their infants for various reasons to leave them anonymously. Since then, in the past 5 years, 81 babies and children have been left in the baby hatch.

The baby hatch facility has raised several ethical and legal questions worldwide. There has been sheer and lasting disagreement over if the baby hatches can save the lives of babies, or if they just result in giving women in trouble the idea of dumping their children and easy way out, creating a demand that would otherwise not exist in the first place. Several public-opinion polls and opinion surveys on various healthcare professionals in Japan and Germany have suggested that there are arguments both for and against the existence of the baby hatch, without an overwhelming majority.

Major objections to the baby hatch are as follows. 1. The baby hatch violates a children's right to know who his or her biological parents by allowing anonymous birth. 2. The baby hatch neglects the fulfillment of the very basic obligation of the biological parents to bring up their baby. 3 Some people abuse the baby hatch based on just self-regarding reasons. 4 The baby hatch cannot save the lives of babies. 5 The rights of the one parent can be ignored if the other surrenders a child without the former's consent. 6 The baby hatch put a baby in medical jeopardy. 7. The baby hatch has no clear legal basis.

Under these circumstances, the baby hatch named the Stork's Cradle at the Jikei Hospitals continues to function so far. In this paper, the authors would refute all of the aforementioned objections and defend the ethical justifiability of the baby hatch in our society. It is concluded that the baby hatch should continue to exist in our society if the baby hatch is begun with good intentions, all possible efforts are made to protect child's rights and to prevent harms to him or her, and no clear evidence about harms existed.

The Current State of Commercial Surrogacy in Thailand and the Ethical Assessment of Physician in Charge - Dr. Somboon Kunathikom. A Study of Thai Reproductive Medicine (Surrogacy) Ethics, by Means of a Three-Layer Structural Analysis

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The practice of surrogacy in Thailand, with its base in the capital city of Bangkok and the nationwide number of surrogacy cases exceeding one hundred, goes back to 1991. Dr. Somboon Kunathikom of Bangkok Hospital practices surrogacy under a governmental sanction and strongly promotes medical tourism as a national project.

Based on the result of an ethical investigation based on a three-layer structural analysis, this paper consists of an introduction to the current state of surrogacy in Thailand as experienced by Dr. Somboon Kunathikom of Bangkok Hospital (layer 1), an inquiry into Dr. Kunathikom's ethical assessment (layer 2), and Theravada Buddhism's view of reproductive technology in support of this assessment (layer 3).

1. The current state of surrogacy in Thailand as experienced by Dr. Somboon Kunathikom (layer 1):

According to Dr. Kunathikom, he has been involved in more than 10 of 100+ cases of surrogacy that have been performed in Thailand.

2. Dr. Kunathikom's ethical assessment (layer 2):

According to Dr. Kunathikom, in Thailand where IVF-ET is implemented up to 4000 times per year with an elevated pregnancy rate of 30%, the establishment of regulatory legislation is needed in order to prevent any trouble accompanying surrogacy. Patients born without a uterus, patients whose uterus has been surgically removed, and heart disease patients who wish to give birth to a child are considered as subjects for salvation. However, in anticipation of the consequences of commercial surrogacy, Dr. Kunathikom also pleads for a possibility to restrict future developments.

3. Theravada Buddhism's view of reproductive technology in support of both the surrogate mother's position and Dr. Kunathikom's ethical assessment (layer 3):

The Thai parliament has been deliberating on regulatory legislation for surrogacy since 2010. Due to their deliberation, both hospitals and private practitioners do not engage publicly in surrogacy. As such, couples requesting surrogacy either search for a surrogate mother by themselves or through an intermediary, or recruit a surrogate mother on the internet, with many of the women volunteering to become surrogate mothers placing self-introductions on the internet on their own initiative.

In Thai society, where large differences exist in the income between people living in the metropolis of Bangkok and those from rural villages, for women of poor families the high earning surrogate motherhood appears as an alluring road towards large income gains. But, this is not the only reason why women from poor families are entering the reproductive technology market. To the surrogate mother reserve corps of Thailand, surrogacy would also appear to be a fulfilling job that grants them a taste of the blissful sensation of pregnancy. Many of these women, as followers of Theravada Buddhism, have a strong sense of desire to be useful to their fellow women suffering from an incapacity to bear children. There are also those that possess a strong altruistic motivation to help people in a state of suspended atonement for their sins for the purpose of *thamboon* (accumulating virtue). And there are also exceptional cases of women who offer surrogate motherhood without asking for any compensation. The Thai populace, of whom 94% believe in *thamboon* and reincarnation, concepts that form the core of Theravada Buddhism (Hinayana Buddhism) and that have deeply permeated daily life, maintains a tolerant attitude towards commercial surrogacy to which women from poor families offer of their own accord.

The Place of Autonomy in Assisted Reproduction

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The purpose of this presentation is to discuss the bioethical principle of autonomy in the context of assisted reproductive technology such as artificial insemination by donor. The central idea of autonomy is that of protecting the decision-making right of a person. This individual freedom is the basis for the practice of informed consent in medicine or health care, protecting patients against coercive treatment by medical professionals. Developing this moral theory, often characterized by bioethicist as a principle, infertile couples or individuals are theoretically given procreative autonomy with informed consent. In assisted reproduction, however, its procedure is also involved in the welfare of the new life thereby produced, putting autonomy as a right into question. In fact, some individuals conceived through donor insemination in Japan have recently begun to express negative feelings about their way of conception, including the lack of social support, the absence of laws to protect their right to access to the information about donors, and the fear of future risk for heredity diseases. Reproductive technology could, in theory, be used for all infertile couples or individuals wanting a child if procreative autonomy is a right because the right should be applied to everybody concerned. Ethical consideration about their concerns should then be taken into account. Hence, the current notion of autonomy is challenged by the party involved in advanced medicine and technology. It can be better addressed as to what extent this moral principle is applied in practice with revised understanding of bioethics.

*Reception***Monday 10 December 2012****9:30-12:30 Session 5 Applying Ethics to Public Controversies, including Fukushima***The Ethics of Reproductive Medicine in the Islamic Republic of Iran*

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Reproductive medicine services have been provided at a fairly advanced stage in the Islamic Republic of Iran, and there are currently more than 75 infertility clinics which provide some of the latest technology in the field. From the ethical and religious point of view, Iran has provided a very flexible environment that no other Muslim nation and in the region, has matched. This flexibility is mainly related to the role of *ijtihad* in *Shi'a* Islam where new rulings can be extracted by *Shi'a* jurists to facilitate the use of technologies that were once banned by traditional Islamic rulings. The possibility of temporary marriage in *Shi'a* has also helped legitimize the third part donation. The Supreme Leader in Iran has issued a series of *fatwas* that played a big role in legitimization of assisted reproductive technologies (ART) and the use of third party donated gametes for infertile couples in Iran. The problem is that infertility clinics have got a large control over the ethical aspects of these services while their major focus is on a higher success rate and keeping the donor and recipient information “anonymous” or “confidential” in order to avoid frictions between them. The infertile couples on the other hand

are mainly concerned with the continuity and “purity” of their lineage and do not receive proper consultation to make ethically sound decisions. There is a large potential of misconduct and misuse of technology over financial pay-offs, and therefore the lack of an ethical and legal system to protect the rights of concerned parties is quite worrisome. With the recent trend of the government away from population control, there is little hope that ethical and legal limits may be implemented over the activity of infertility clinics in the near future.

Bioethics after Fukushima

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The disaster caused by a great earthquake on 11 March 2011 in Japan forces us into rethinking the relationship between human being and nature. We have to rethink this disaster in two aspects. First, the tsunami caused by the earthquake took more than 20,000 human lives and made us recognize the horrible aspect of nature. We cannot prevent the earthquake as well as Tsunami from happening and therefore we have to say that the complete domination over nature is impossible forever. What we can do in this regard is at best to prepare for unexpected natural disasters by means of reinforcing the earthquake-proof or building breakwaters higher than 15 meter on the coast. We should be more cautious for disasters caused by nature.

Second, the disaster in Fukushima has quite different traits than the tsunami, although it was caused by earthquake and Tsunami. I mean by this that it was not a natural disaster but a human-made disaster. It is not enough for us to say that this disaster is due to the destruction of electric power sources in nuclear power. We have to say that this disaster is rather due to our underestimation of the risk of nuclear power plant. The harmful effect from radioactivity is so widespread and so uncertain that we cannot calculate the amount of damage for human body at present and in future. It proved to be false that nuclear power is safe and clean. This enormous accident shows clearly that the nuclear technology, which transforms uranium as native elements in nature into plutonium, did harm for human beings. The negative effect of nuclear power is more than this. It produces high-level nuclear waste and needs therefore permanent underground waste repositories.

In face of such a very critical situation, we need to integrate the environmental ethics into the bioethics in the widest sense, which considers the future of our lives on the global level.

Applied Ethics Issues in The Recovering Process from the TEPCO Fukushima 1st Nuclear Disaster

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The purpose of this presentation is to overview applied ethical issues seen in the recovery process from the TEPCO Fukushima 1st Nuclear Plant disaster, and to try to arrange conceptual frame work of applied ethics needed to promote ethical policies in the disaster.

One year and 9 months passed after the Eastern Great Earth Quake and the nuclear disaster induced by it, and the clearing and recovering process are still far from the end. As I continue interview research with the victims about the recovery policy and process, I found many ethical issues which lie in the process. The nuclear energy plant was run by a private company named TEPCO, and at the same time, this industry is highly affected and controlled by the international military and industry policy. The accident contaminated huge area and destroyed its environment, where the people are exposed to health risks by radiation and their bread and butter job were destroyed. Because of complexity of the phenomena, interdisciplinary

approach among many applied ethics such as political ethics, business ethics, research ethics, bioethics, and environmental ethics is needed to do critical review the recovery policy comprehensively.

Regarding health ethics and bioethics issues, I found the people in the affected areas are facing the problems described below. (1)Health equity issues among people/among prefectures, (2)wrong application of “self-determination” regarding risk-avoiding behavior towards radiation, (3)research ethics regarding health research using the victims, (4) future discrimination risk of people who were exposed by radiation using the health data, (5) increase of prenatal diagnosis and abortion with a pregnant women who were exposed by radiation Thus, a lot of health/bioethics issues are arising, however most of them are interlinked with other applied ethics issues.

Science and Society in Japan after Fukushima

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Reconciliation and the technics of healing

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Healing from injustice, betrayal and moral offence always involves a process of reconciliation, often linked to mourning and sometimes to forgiveness. The theory of reconciliation encompasses a broad field that goes beyond conflict resolution to the establishment of healing and forgiveness, the recovery of cultural identities, the building of trust and the overcoming of personal enmities, deliberately avoiding formulations that rely on traditional binary conceptions of good and evil, perpetrator and victim, guilt and innocence. This talk will discuss the contemporary theory and practice of reconciliation with illustrations from recent experiences in Sri Lanka and elsewhere.

Revisit the Principlism Debates

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The four-principles approach to biomedical ethics (autonomy, beneficence, nonmaleficence, and justice) has been developed by Beauchamp and Childress since 1977, and increasingly been used in bioethical education and practice in the USA. It has also been introduced and promoted in Europe by Gillon and accepted gradually and widely as general ethical guidelines for medical practice. For the past three decades, after undergoing a great deal of criticism and debate, and through the revision of the five editions of their works - *The Principles of Biomedical Ethics* which is probably the most widely used textbook of medical ethics—the theories of ‘the four-principles approach to biomedical ethics’ were constructed to become more comprehensive and

systematic. These theories, on the one hand, were popularly accepted and widely used especially by the medical circles, yet on the other hand, received vehement criticism as well as scrutiny of their plausibility and universal applicability. This paper intends to give an overview of the “Four principles approaches to bioethics”, and review and reflect upon the theories, critics, and defenses of this prominent contemporary bioethics method. After three decades of development, debates, and revision of the theories, the four principles approach seems sustained its central and influential position in bioethics methods. Further research concerning its cross-cultural application is expected.

Current Ethical Issues and Future Challenges in Psychiatric Nursing - Based on the Pilot Test Outcome –

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Japan’s psychiatric medical care faces numerous problems regarding such issues as long-term hospitalization, the government promotion of deinstitutionalization due the functional classification of hospitals, and increasing numbers of patients with dementia, mood disorders and suicidal tendencies. This study is designed to shed light on present ethical issues in psychiatric nursing and clarify what measures, educational programs, and guidelines are needed in order to improve the care and treatment of patients with mental disorders.

Prior to a survey conducted with 1,000 members of the Japan Academy of Psychiatric and Mental Health Nursing, 20 psychiatric Certified Nurse Specialists (CNS) were interviewed on ethical issues using a framework developed by Dr. Sara T. Fry. This study reports the results of this pilot test. The survey was conducted from October to December of 2012. After approval from the Kumamoto University Research Ethics Committee, objectives, methods, and guarantees of privacy were explained to the subjects and, with their agreement, interviews were conducted.

Ethical issues the CNSs face fall into 5 categories: 1) As hospitalization lengthens, patient needs are less respected, 2) Conflict between patient and family regarding decisions, 3) Struggle in achieving agreement with doctors, 4) Difficulty in developing sufficient treatment and care programs, and 5) The insular nature of hospitals. Each category was divided into subcategories: Category 1: a) Social hospitalization increases due to little outside support, b) Difficulty in identifying patient’s needs, and c) Patients prefer to remain hospitalized.

Category 2: a) Family wishes have higher priority than the patient’s and b) Patient becomes over-dependent on family and loses self-sufficiency.

Category 3: a) Medical care team’s decision is overridden by doctor and, b) Poor cooperation within the team.

Category 4: a) Decision making by patients takes an unreasonably long time, and b) Patient practice of self-care and symptom management is insufficient due to a lack of staff training.

Category 5: a) There is very little policy regarding promotion of community living of psychiatric patients and, b) Very few established methods exist for optimizing social resources.

Discussion will be made from a viewpoint on how to promote multi-disciplinary team collaboration to support and respect patient’s decision-making, and, for towards that purpose, what kind of leadership is needed from nurses and what support is needed for a patient’s community life.

Lunch

13:30 – 16:00 Session 6 Environmental Ethics*Jaina Environmentalism and Respect for Life*

Sivanandam Panneerselvam

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Compassion and reference for life are the basic principles of Jainism. Compassion as the guiding principle of non-violence is considered as the virtue of all virtues, since life exists in all living forms. The roots of ahimsa is in the quest of anekanta, an epistemological tool for understanding the nature of validity. The Jaina environmental ethics shows how many of the problems arise because of over-consumption. By minimizing consumption, one minimizes harm to one's environment. Bio-centric egalitarianism which has been emphasized by Bill Devall and George Sessions contains in it the Jaina methodology: "The intuition of biocentric equality is that all things in the biosphere have an equal right to live and blossom and to reach their own individual forms of unfolding and self-realization within the larger self-realization. This basic intuition is that all organisms and entities in the ecosphere, as parts of the interrelated whole, are equal in intrinsic worth." The Jainas say that not only animals and plants, but also the smallest particles of the elements, earth, fire, water, and wind, are endowed with souls (jiva). The man-centered ethics has been questioned by many philosophers like Hans Jonas, Leopold, Gandhi, Peter Singer and host of others. It has been pointed out by these thinkers that man should "respect for others' life, whether it is animal or plant. In this way of approach, we are trying to derive a "holistic approach". This means that non-human life otherwise the "non-person" should also be treated on par with human beings. Philosophers have tried to bridge the ethical gap between the animal life and human life. Jainism has shown a proper way of understanding the animate and inanimate. The solution to many of the environmental problems lies in Jainism.

The Jaina environmentalism has a universal outlook. Acharya Tulsi's Anuvrt movement which was started on March 1949 has 12 vows: The first vow goes as follows: "I will not kill any innocent creature". "I will do my best to avoid contributing pollution." (12th vow) The Jaina philosophy emphasizes the need for harmony with nature. The *Acharanga Sutra* describes how the palanquin that Mahavira ascended is adorned with pictures of wolves, bulls, horses, men, dolphins, birds, monkeys, elephants, antelopes, sarabhas, yaks, tigers, lions and creeping plants. (II:15;21) The *Acharanga Sutra* says: Injure not the water-bodies, injure not the fire-bodies, injure not the plants, injure not the animate beings and injure not the wind bodies: "Some slay animals for sacrificial purposes, some kill animals for the sake for the of their skin, some for the sake of flesh, some for the sake of their blood, thus for the sake of their heart, their bile, the feathers of their tail, their horns, their teeth, tusks, nails, bones, with a purpose or without a purpose". The modern approach to respect for animals contains in it the above principles of Jainism.

On Leibnizian causation, human freedom and its Eco-epistemological Value

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In this article, I will mainly talk about three parts, Leibnizian causation, human freedom and its Eco-epistemological Value which have innate logic order and structure. According Leibniz, appetite or desire, formal conciseness state and final causation compose the whole process of the perception of individual substance, which could be called efficient causation. human free will plays the key role of it. The problem of evil which existed in the world is a significant problem

related to human free will. Leibniz defends a rational God which depends on the admission of evil in the best of all possible worlds, finally in order to make human freedom and responsibility. Leibniz distinguishes three kinds of evil: metaphysical evil, physical evil and moral evil. I think these three kinds of evil are corresponding with three different evils during the process of Leibnizian causation, which are related with human free will. Free will guarantees the human freedom. But it is inevitable of evil. In Leibniz's Theodicy, evil is the prize we have to pay for our free will. Concerning the evil caused by our creation, e.g. technology, which not only the condition of our surviving, but also the origin of evil in some aspect. But the cornel of Leibniz's God and human are rational, which means that we can use our ration to avoid the evil and reduce the danger as much as we can--- the technology are much safer today than before; we can find more solution to avoid or reduce the physical evil and danger; we can control the moral evil by the method of education, legislation and sanctions. According to Leibniz, human freedom presupposes rationality and insight. "A free substance, he says, decides by itself, and in doing so it follows the motive of the good, recognized by the understanding. (*Theod, III § 288*). Today, we need a new understanding with the Principle of universal harmony--- in a Leibnizian spirit we are obliged to use our rationality, our understanding, our creative ideas and our knowledge of values for developing in common such a Principle of the Best for our human creation, e.g. technology in theory and Practice, and to care for the preservation of a world worth living in for us and for future generations. Here in all are the eco-epistemological value or Leibnizian causation and human freedom understood by nowadays.

Planting by composite method of forest livestock, and firm, and conquer the desert area, and its implication

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I want to offer my Bio-economics. Here, I stress the basic infra-structural industry forest on which firstly, other bioindustries (agriculture, livestock, fishery etc.) should be integrated, secondly, manufacturing, circulation, and service and care industries should be located nearby. This is locally self-sustained circulating economy. The reason is as follows.

Firstly, I stand on the nested dynamic system method. The system comprises of universe-earth sphere, under which follows live sphere, eco-sphere, economy sphere and human. Development has been meant deforestation which has substituted multi-various values offered by forest, such as heat and energy, materials, foods, and environment. This has resulted the desertification of earth surface, which has reached 40%, more than doubled, on the contrary, forest occupies only 30%, more than halved. This effect is huge. This brings into live sphere of the underground fossil fuel, synthesized chemicals, nuclear radioactive by economic activity has disturbed the live sphere and the followings in many and variant roots.

The UN Rio 20 Conference has appealed that the 21st century is the age of green economy. It solves the contradiction between world-wide rapid economic growth and the shortage of resources, foods, and destruction of environment. The problem is how to attain it. I offer forestation of the world by agro-forestry, livelihood-forestry and agro-livery hood-forestry which I call the composite method of ecological industries.

I show an example of composite method at the Holtin desert area of Inner Mongolia of China. Stock-farmers want planting by this method to protect their house, firm, pasture from desertification, and to improve the profitability of their management. The flow profitability of one case is 90%. In this case, we have lent them small money to launch on their management by this method management, and they can earn money and return it almost by 1 year, their yearly income has tripled. If they scale up this method by 3 times, which is possible with their farmland and family, their income will become 9 times. Many firmer want to learn this method,

and borrow money. If we can gather more money for this method, then, we can conquest The Holtin desert by this method. The result is locally self-sustained circulating economy.

Ethical Considerations on Animal Experiments in Iran

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This paper has tried to review ethical considerations on animal experiments and to explore Islamic view points in this regard for elaborating comprehensive ethical regulations/guidelines on animal experiments whose establishment could be beneficial for moving forward all research activities in this field in Iran. Recently animal experiments is accompanied by a comprehensive legislative framework, particularly in countries with great development in this area, this includes laws, regulations, policies, guidelines, ethics committees and codes of conduct, among others.

In general, performing experiments on animals seems permissible only with the purpose of obtaining necessary information for saving and improving life of human beings or animals. Apart from the different ethical approaches developed in this field such as anthropocentric ethics, it is important to mention that based on Islamic view points, although Allah has put the Man as the Lord of all creatures, he has not the right to use other creatures for any conditions and does not respect their real statues. According to Islamic viewpoint, animals represent Allah's ability and wisdom, and humans must pay attention to their health and living conditions. Several Islamic manuscripts state that animals have their own position in the creation hierarchy and humans are responsible for supplying minimal facilities and their welfare.

Principally, all religions believe that human life is more valuable than animal life and humans have a God-given authority over animals, but they should not be cruel to animals and cause their pain or suffering. In practice, spreading of information pertaining to the ethical considerations and alternatives in animal experiments has also two important effects; first, it increases the researcher's awareness of the possible methods of using animals in the experiment, and second, to ensure that potential users are aware of the established alternatives. Due to the widespread use of laboratory animals, particular ethical codes should be defined for living conditions of experimental animals based on the present regulations in Iran. In deed, all our researchers should have enough information about ethical codes of treating experimental animals as well as Islamic principles in this regard.

Therefore, in this paper after exploring the Islamic principles and examining the related regulations in Iran relating to animal experiments, we suggest that an appropriate and comprehensive ethical guideline is required on which animal researches could be moved forward progressively in Iran.

16:00 – 17:00 Session 7 Conclusions and the Collaborative Research Program

Facilitated by Takao Takahashi and Darryl Macer

Conclusions and Way Forward

Darryl Macer

Note: Each speaker should aim to complete their presentation within 15 minutes with 5-10 minutes of discussion time per paper

Abstracts of those not attending

Reproductive Health in the Philippines

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Article 2, section 12 of the Declaration of State Policies of the 1987 Philippine Constitution states that, *“The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the mother and the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the Government.”* The interpretation of this section of the Philippine Constitution is at the heart of the current debate of Reproductive Health in the Philippines today in relation to the pending Bill in Congress on “Responsible Parenthood”. The particular bone of contention is the second sentence that emphasizes the equal protection of the mother and the life of the unborn from the moment of conception. The latter is specifically relevant because it prescribes against the use of abortifacients once the woman’s ovum is fertilized by the sperm. The philosophical foundations of the contending parties can be subjected to Beauchamp and Childress three-tiered analysis by showing the rules, principles and theories that underlie their conflicting claims in order to arrive at a more reasonable compromise about “responsible parenthood.”

The Roman Catholic Church’s opposition wherein most Filipinos belong against the current Bill in Congress is premised on the rule that one must not “impair the viability of the zygote at any time between the instant of fertilization and the completion of labour [that] constitute, in the strict sense, procedures for inducing abortion.” This rule, in turn, presupposes a broader principle of an ethic of life that range from the person’s birth to death and care for the environment. “Mabuhay!”, (to life!) the Filipino greeting to friends and foreigners alike, exemplifies this principle of the promotion of life itself. The Pro-life principle, furthermore, is governed by the ethical Theory of Natural Law that is not merely peculiar to a culture or religious beliefs, but is supposedly “the natural light of reason” that sheds enlightenment on what is conceivably right or wrong. (Thomas Aquinas, ST I-II, q. 91a.2,c)

Support for the Reproductive Health Bill as proposed in Congress, on the other hand, is premised on the rule that protects the life of the mother and their children, especially the poor who stand to benefit from state-sponsored measures to enhance reproductive health. It is based on the principle of equity that is ultimately grounded on modern and contemporary rights-based ethical theories that encompass such proactive measures as preferential option for the poor, the youth and women.

The differences between these positions, nevertheless, can be reconciled by the scholastic distinction but non-separation between esse and essence wherein the right to life is enhanced by its quality. The proposed bill, after all, does not advocate abortion but offers a wide array of options from which conscientious citizens ultimately has to make their informed choices.