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## **Abstract Book 15<sup>th</sup> Asian Bioethics Conference (ABC 15)**

**1-9 November 2014**

**Venue: Ritsumeikan Asia Pacific University (APU), Beppu; and Kumamoto University, Japan.** Organized by the Asian Bioethics Association (ABA)<sup>1</sup>, Ritsumeikan Asia Pacific University (APU), Kumamoto University, Eubios Ethics Institute & American University of Sovereign Nations (AUSN).

**Saturday, 1 November<sup>2</sup>**

**12<sup>th</sup> Asia-Pacific Conference: Ethics, Human Security and Sustainability: Knowledge & Practices in Asia Pacific**

Venue from 1<sup>st</sup> – 3rd: Building FII (Classrooms), 1-1 Jumonjibaru, Beppu, Oita 874-8577 Japan

**Session 1: Bioethics Beyond Borders**

**Words of Welcome**

Prof. Nader Ghotbi, Director, Ritsumeikan Center for Asia Pacific Studies (RCAPS); Professor, Ritsumeikan Asia Pacific University (APU), Japan

**Ethics, Human Security and Sustainability: Knowledge & Practices in Asia Pacific**

Prof. Francisco Jr. Fellizar, APU Vice-President of Research

**Fifteen Asian Bioethics Conferences and the Emergence of the AUSN Masters in Bioethics and Global Public Health**

Prof. Darryl Macer, Provost, American University of Sovereign Nations, Scottsdale, AZ, USA; Director, Eubios Ethics Institute; Secretary, Asian Bioethics Association (ABA)  
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The first Asian Bioethics Association Conference was held in 1995 in Beijing, and in the past two decades bioethics has rapidly developed in Asia. The previous conferences have

been held in China, Japan, Korea, Turkey, Thailand, Malaysia, Indonesia, India, Iran and Taiwan. The conference brings together scholars and policy makers from many disciplines all around the world (beyond just Asia and the Pacific) to discuss and deliberate on the latest issues facing humanity. What is the future of the ABA? In the ABA Constitution:

**'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."

**Asian Bioethics Association (ABA) Presidential Address: Bioethics Beyond Borders: Responding to Challenges of a Globalized World**

Prof. Aamir Jafarey, Asian Bioethics Association (ABA) President, CBEC, SUIT, Karachi, Pakistan  
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Despite obvious differences and divisions on geographic, religious, ethnic, economic and numerous other grounds, we are all citizens of one world. Ease of travel and inexpensive communication have shrunk distances and we remain interconnected in numerous ways. We cannot remain dissociated with happenings even in the remotest corners of the globe since they may affect us in ways beyond the limits of our present vision, making it imperative to embrace the challenges of this rapidly globalized world.

Bioethics empowers us in many ways to do just that. It bridges divides and creates a space where the commonality of issues can be discussed and debated. This is important since seemingly regional problems have a global impact. Poverty, lack of healthcare and illiteracy, although ostensibly someone else's problems, can morph into global threats and should be regarded as global responsibilities.

<sup>1</sup> [http://www.eubios.info/asian\\_bioethics\\_assn](http://www.eubios.info/asian_bioethics_assn)

<sup>2</sup> 1-3 November in Ritsumeikan Asia Pacific University (APU), Beppu (concurrent with the 12<sup>th</sup> Asia-Pacific Conference: Ethics, Human Security and Sustainability: Knowledge and Practices in Asia Pacific organized by Ritsumeikan Center for Asia Pacific Studies (RCAPS), Ritsumeikan Asia Pacific University (APU))

This presentation will use the example of two apparently local problems, which were neglected for long and now threaten the world, in their own different ways. Just a few years ago Polio and Ebola seem to have nothing in common except that they were infectious diseases that struck the poor, in remote areas of the world. And now they are headline news across the world.

The presentation examines ethical issues that have emerged in the wake of these threats, and the responsibilities of the world community towards tackling them.

In a globalized world, burdens need to be shared. Our efforts to mitigate suffering should not surface only when things spiral out of control, but much before that, to mitigate their occurrence in the first place.

## Session 2: Public Health & Medical Ethics

### Public responsibility in healthcare

Prof. Shamina Lasker, Dhaka, Bangladesh, ABA Vice-President for South Asia; General Secretary, Bangladesh Bioethics Society  
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Health is a basic human right. It is the moral obligation of the society to ensure the access of everyone to some level of health care services necessary for living, functioning normally and pursuing life activities. Traditionally, patients are usually not held responsible for having a role in causation of their illness. When a person becomes ill, medical treatment implies that patients cannot be blamed for their condition. But if the individual choices have been unhealthy, if an individual remains uninfluenced by health education, and suffers a health problem due to his unhealthy life style or risky behavior, some legal and financial repercussions may apply and be justified. Examples include a drunk driver causing an accident, a smoker getting lung cancer, or suffering heart attack because of serious over weight, liver disease caused by alcohol consumption, AIDS because of unsafe sexual activity, etc. Since the person plays a major role in in the causation of the medical problem, he/she may be held legally/financially responsible for the consequence of unhealthy and risky behavior to the public. This is especially true because of the use of advanced technology in contemporary health care which offers sophisticated and expensive therapeutic options. A political dialogue may be needed over the moral and ethical issues.

### Bioethics of pharmaceutical services in Indonesia

Prof. Umar Anggara Jenie, Indonesia's National Bioethics Commission (KBN); Indonesia; ABA Vice President for Indonesia  
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Public pharmacists are health services professional, and since 1975, pharmacists are required by the Indonesian Government to provide information to patients regarding prescriptive as well as over the counter (OTC) medicines. Before 1975, only the doctors could provide drug- information to the patients and the pharmacists' duty was only to prepare and dispense the doctors' prescriptions. After nearly 40 year, the relation between pharmacists and patients has become more and more complex. Patients have been eager to know about drugs/medicines they get from their doctors, asking questions about pharmacological effects, adverse reactions, the cost of the medicines, possible less expensive substitutes for medicines, etc. The relationship between pharmacists and patients could be built up using ethical principles similar to the relation between doctors and patients. Beauchamp and Childress (1994) have proposed four principles of medical bioethics, known as *prima facie*. The principles include (1) Autonomy (respect to patient autonomy), (2) Beneficence

(effect cure), (3) Non-maleficence (cause no harm), and (4) Justice. These four bioethical principles (*prima facie*) could also be adopted by pharmaceutical professionals in relation with patients. Moreover, some ethical principles in the Universal Declaration on Bioethics and Human Rights (2005), such as principles of human dignity and human rights, benefit and harm, autonomy and individual responsibility, non-discrimination and non-stigmatization, etc. could be adopted in building up ethical principles in the pharmacist-patient relationship.

### Spirituality and science; is there a conflict?

Prof. Nader Ghotbi,  
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Bioethics is a discipline that connects science with human values; it emphasizes on the benefits of science and pushes for their applications that are acceptable within the values of people. People get their values from their cultures and traditions, and religious traditions play a large role in the formation of human values, though there are other sources for traditions besides formalized religions. A common and unfortunately growing misunderstanding in contemporary societies is that a belief in religion and God is contrary to science and/or rational thinking. In this presentation, I shall use a number of arguments to explain why science and religion/spirituality are not contradictory. I will also explain how a belief in any of a number of religions provides the basis for 'spiritual health' among the majority of humans, and trying to take the spirituality away can be the most un-scientific thing to do. The definition of 'health' includes spiritual health as an important dimension of human health. In this paper there are references to the Big Bang theory in relation with the origin of the universe, as well as the theory of evolution through natural selection and research on the probability of spontaneous generation of life in its simplest form. But more importantly the fields of science and spirituality are examined, particularly in areas they may overlap and areas they are completely separate; and the benefits of spirituality on individual health, social culture and traditions are described.

### Cross-cultural bioethics: Western and Hindu philosophical traditions

Prof. Sivanandam Panneerselvam  
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Respect to life is emphasized by cross-cultural bioethical theorists. For example in the West, Leopold argues in favor of a land ethic, which includes soil, water, plants and animals or collectively, the land. Leopold thus demonstrates a shift from human to nature. The contemporary approach is an extension of environmental aesthetics to plants, animals and nature. Animal rights philosophers like Peter Singer and 'deep ecologists' like Arne Naess and Warwick Fox represent such a concept. Philosophy teaches us how to live with our environment with peace and free from conflict. But sufficient care has not been taken to understand the traditional methods of preserving nature. This has led to innumerable environmental problems. In the current scientific and technological civilization, there is a need for protecting

mankind as well as the environment. Every individual and every creature has intrinsic dignity and inalienable rights and each one has an inescapable responsibility for what he does. The role of bioethics, bio-safety and the ethical implications of genetic engineering are important in the contemporary society. In Indian tradition animals and plants are important as sentient beings, and even inanimate parts of nature like mountains and rivers, the sun and the moon, all are endowed with life. The *Vedic* deities are personification of natural phenomena, fire, wind, the sun, the moon, rivers, mountains, the day and the night. This is not just a poetic personification. The mystic seers of the *Vedic* hymns believe in divine presence in every phenomena of nature with the same reality appearing in different ways. This tendency is found even in later classical Sanskrit literature. In the *Kumarasambhava*, *Kalidasa* describes the Himalayas as *Devatama*, the heroine *Parvati* is the daughter of *Himavan*. *Ganga* and *Sarasvati* are rivers as well as deities. In the context of contemporary problems of environmental destruction and pollution, we must consider the harmony which existed between man and nature in ancient India. The theory of *Samsara* emphasizing *karma* and rebirth apply not just to human beings. The ten incarnations of *Visnu* as fish, tortoise, boar etc. are well known. The *Ramayana* refers to the story of *Ahalya* being cursed to become a stone for a long time until Lord *Rama* resurrected her by the touch of his foot. The unsophisticated village men and women treated nature as part of their household. Sri Aurobindo believed that evolution is not always straightforward and that it often entailed involution too.

### Session 3: Environmental Ethics and World Views of Nature

#### Keynote lecture: Fukushima nuclear accident and the Post-Fukushima energy issues

Mr. Hitoshi Mizuta, Executive Officer, Nuclear Fuel, Nuclear Division, Kansai Electric Power Co., Inc., Japan

In the TEPCO's Fukushima Daiichi accident in March 2011, the loss of off-site power supply caused by the earthquake and the loss of on-site power supply caused by the ensuing tsunami resulted in a 'Station Blackout'. This resulted in the failure of safety systems and thus developed into a severe accident (SA) with core melting.

We, nuclear licensees, learned the following three big lessons from the accident:

- 1) Countermeasures toward SA of low probability may have been inadequate,
- 2) The attitude to enhance safety and to stay ahead of the regulatory requirements may have not been strong enough, and
- 3) Voluntary measures to improve safety through learning world best practices may have not been enough.

Therefore, we have been enhancing safety through implementing emergency safety measures since the accident, such as diversifying emergency power supplies, diversifying cooling functions, and improving anti-flooding systems. We are also implementing measures to conform to the new regulations established after the accident. The Nuclear Regulation Authority is currently reviewing the conformity of nuclear power plants (NPPs) to new regulations, but as yet no power plant has passed their review.

Given the circumstances, the supply from NPPs which had been 30% of the total demand until the earthquake was substituted with that from thermal power plants. As a result, dependency on imported fossil fuels, fuel prices and CO<sub>2</sub> emissions have increased. Namely, energy security, economy, and environmental conservation –“3Es”- have been damaged.

There has been an emphasis on supply from renewable energy sources such as solar and wind since the accident and the utilities are actively developing the renewables. However, they cannot be sufficient alternatives for nuclear energy associated with their low availability and low energy density. From this viewpoint, nuclear power generation is imperative for Japan to restore the “3Es”, with securing safety as its essential premise. We continue to make every effort to restart NPPs timely through a verification of compliance to the new regulations.

#### From a Repository of World Views of Nature to Conventions on Environmental Ethics

Prof. Jasdev Rai, Sikh Human Rights Group, UK; ABA Vice President for Asian Ethnic and Religious Minorities  
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The project of “Repository of Worldviews of Nature” has encouraged at least one region of the world to discover indigenous perspectives on nature that have preceded the colonial era and modernity. Academics from South Africa are proudly digging deeper into the diversity of philosophical concepts on the relationship of humans to nature that exist in different parts of Africa. They have been joined by academics and practitioners from other African countries such as Nigeria, Zimbabwe, Botswana, Tanzania, Sudan, and Togo among others. During a series of workshops they noticed that the considerably distinctive aspects of different African views warranted an African Convention on Ethics of Environment. A similar process is taking shape in India where academics and environmental activists are considering a similar exercise. This paper will review some of the different perspectives and consider whether different conventions will lead to a better protection of the environment.

#### Bioethics for Environmental Security and Indigenous Peoples

Prof. Darryl Macer, AUSN, USA (New Zealand)  
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One sixth of the world's population lacks access to electricity, struggling to meet basic and essential needs fundamental to health and wellbeing such as heating, lighting, cooking and hygiene, let alone have time to reflect on social science policy. How can we respond to ethical dilemmas that are global in scale? Although there are a number of ethical principles agreed in international normative texts, the adoption of these principles by most communities is difficult because people in much of the world have different paradigms than the universalist rhetoric of United Nations texts. However, some ethical concept of justice and responsibility to future generations can be found in every society. In addressing the problems such as right to water, or ensuring ample access to essential energy services to all living human beings, the issue can be viewed through the perspective of human rights. The risks to human security from dangerous climate change are not the product of ecological risk alone, but are caused by existing global inequalities in the distribution of power, opportunities and resources between and within countries. Indigenous Peoples are often among the persons with lowest environmental footprint, but living in places that are most vulnerable to the impacts of climate change, and environmental pollution, that other Peoples have caused. Environmental security takes an ecocentric ethical approach towards the value of the living and non-living environment, which implicates a minimization of the damages done to nature by energy production and use. The anthropocentric approach of human security underestimates human integration into various ecosystems. Ecosystem functioning is crucial for human survival. Individual lifestyles

and attitudes have to be changed towards more austerity and frugality through questioning of the consumerist myths of market economies. If we want to allow every human being to have equal access to energy, we have to understand that there are limits to sustainable energy provision. Intergenerational equity requires us to secure the energy needs of future generations, as well as consider the injustices to those alive in our own generation. There is a lot of work to be done by social sciences and humanities in every tradition to challenge all the assumptions of what is a good life, and our reliance on energy to achieve this.

### **Humanizing ethics: the synergy between environmental ethics and human security**

Prof. Ravichandran Moorthy, ABA Vice President for South-East Asia; School of History, Politics and Strategy, Faculty of Social Sciences & Humanities, Universiti Kebangsaan Malaysia, Malaysia; President, Asia Pacific Forum on Ethics & Social Justice

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Environmental ethics primarily concerns the 'ethical relationship' between human beings and the natural environment. Even though many scholars have addressed this relationship throughout history, it was only in the 1970s that environmental ethics began to develop into a specific philosophical discipline. The environmental ethics discourse began to take center stage with the increasing awareness, globally, of the disastrous effects that rapid industrialization, depletion of natural resources, population overgrowth and economic expansion have had on the environment and the survivability of mother Earth. The fundamental question answered by environmental ethics is basically: what moral obligations do we have concerning the natural environment? Although the question appears simple, it may lead to several other more probing questions. What are our environmental obligations for the sake of human beings living in the world today, for humans living in the future, or for the sake of entities within the environment itself, irrespective of any human benefits? Discourse on environmental ethics is also often politicized, because it demands for change in life style and consumption patterns, and the way we conduct our usual business. Environmental degradation due to human activities has placed enormous pressure on livable habitats and ecosystems, resulting in a decline in the quality of life. In line with this, the paper will examine the relevance and implications of environmental ethics to human security.

### **Ethical issues: Energy sector in Union of Myanmar**

Ms. Yamin Thu, Graduate School of Technology Management, Ritsumeikan University, Shiga, Japan; Myanmar

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Myanmar energy consumption mainly depends on traditional energy such as fuel wood, charcoal and biomass. Domestic conventional energy sources such as oil and natural gas have recently been increased a bit though new discoveries and improved technological developments, though they may not fully satisfy the demand of the country of Myanmar. Myanmar's government has been setting up the energy policy guidelines and emphasized on renewable energy sources which have less environmental impacts in comparison to traditional energy types. This paper will discuss the current energy situation in Union of Myanmar, and the environmental impact and ethical issues related to energy sector. Finally, the future plan for energy conservation is highlighted.

### **Thoughts on Improving Ecological Ethics Education in High School**

Liu Xiaoyan, The High School Affiliated to Beijing Normal University

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Ecological ethics education is carried out in various forms in many schools, but we also found some common problems in the process of practice. This paper is on how to solve these problems in the secondary education level perspective, and summarizes several measures to enhance the effect of ecological ethics education, including clarifying the ecological ethics theory, applying "positive energy" case and pay attention to practical activities. Try to find the practice opportunity, and strive to implement long-term planning of ecological ethic education.

### **Teaching plan on understanding of wetland and wetland protection**

Liu Xin, The High School Affiliated to Beijing Normal University, Beijing, China

For lack understanding the ecological value of the wetland, the phenomenon of damaging wetland is very serious in China. It is necessary to popularize ecological ethics education on wetland for students. In the process of teaching, first of all to lead the students to study what are the value of wetland and the concept of wetland, discuss the reasons for Chinese wetland destruction and wetland development case. Then analyze and discuss some controversial cases. Finally summarize how to reasonably use and protect the wetland, and achieve the teaching objective of understanding of wetland and wetland protection.

### **Teaching the Islamic worldview of environmental ethics to students of science in Malaysia**

Maisarah Hasbullah, Siti Nurani Mohd Noor, Mohd Hazim Shah, Suzana Ariff Azizan, Rosnah Sadri

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Religion is an important cultural resource in Malaysia particularly for environmentalists who are engaged in creating new paradigms of thinking about managing the current ecological or environmental crisis. This paper presents the course content of an undergraduate course for science students entitled '*Philosophy of Islamic Science and Technology*' of which a component on the '*Islamic Philosophy of Environment*' is emphasized. The course is designed to particularly groom students who recognize the importance of environmental conservation and hence would act ethically towards nature. The Islamic view of nature perceives the environment in a rather different way from the modern view of nature. While the modern view of earth systems and humans may be divided into human-centric views or anthropocentrism, and nature-oriented ones, or eco-centrism, Islamic environmental ethics encourages humans to see the interconnection and interdependence of all elements in the universe. It emphasizes and expounds the harmonious relationship between humankind and nature in concordance with Islamic teachings. This course also highlights an Islamic epistemology of the environment as practiced in Malaysia that has been translated in many institutions, as presented by the term "Islam *Hadhari*". Islam *Hadhari* calls for Muslims to be progressive, modern and dynamic, and yet moderate in behavior and attitude.

## A critical comparison of scientific misconduct in stem-cell research between the two infamous cases in Japan and in South Korea

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In 2014, the RIKEN Center for Developmental Biology (CDB) in Kobe, Japan found misconducts in the work of stimulus-triggered activation of pluripotency (STAP), a method allegedly able to turn ordinary mature mouse cells into cells that share embryonic stem cells' capacity to turn into any type of body's cells. Two papers published in *Nature* presenting the technology were retracted from publication after all. This case of scientific misconduct has various aspects in common with the case of embryonic stem-cell research fraud in South Korea, or the Hwang Woo-suk scandal that took place in 2005. By presenting the striking similarities and the significant differences between those conspicuous cases, we analyze them with respect to the course of events, players on the stage, triggering causes, and the society's responses as well as the professional measures of handling the matter.

**Sunday, 2 November**

### Session 4: Ethics and Conflict

#### The true cost of conflict and its implications for future generations

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Issues such as equity, peaceful conflict resolution within and between nations, environmental protection and sustainable development, are matters of ethical concern and collective responsibility. Increasingly insights gained from the Human Genome Project are highlighting mechanisms whereby social trauma can influence health parameters across the generations. Yet despite our inferred ethical obligation to leave a healthy and fruitful planet for generations to come, the world's military are responsible for 8% of global air pollution, 6% of raw energy use and almost all high-low nuclear energy waste. Essentially, the Global costs of conflict are multifaceted and far-reaching and cannot be quantified by means of financial, injury or casualty burdens. For instance, epigenetic influences (that is, all the external environmental variables which regulate gene activity) modulate normal developmental processes; and normal development maybe disrupted by harmful epigenetic variables that (1) disrupt DNA forming deleterious mutations; (2) change gene imprinting processes and their consequent expressions; and (3) activate 'fetal programming' strategies that trigger changed endocrine indices that modulate normal growth and personal development. A major concern has thus been to understand the unique long-term physiological configurations of stress responses as experienced by traumatized children in nations caught up in institutionalized violence – whether declared or undeclared war-zones. This presentation develops from a bioscience ethical<sup>3</sup> standpoint and focuses on how exposure to traumatic events; such as experienced at times of conflict, impact upon the health of future generations and future societies which, in turn, have bearings upon economic status,

political activities and cultural conditions as created by circumstance and choice. Bioscience ethics (<http://www.bioscience-bioethics.org/>) facilitates free and accurate information transfer from applied science to applied bioethics which, in turn, provides unique educational opportunities for advancing biological understanding within the scaffolding of ethics.

### Visiting the principle of “vulnerability” in the context of bioethics education

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Historically, Bioethics has steadily evolved over the past four decades, since the early 1970s, from theology to philosophy, the secular and the rational, at times verging on a discourse between “moral strangers”. However, from the earliest time when the principles were accepted, there was a move to integrate experience (“narrative ethics”) and also “virtue ethics” (McIntyre and Pellegrino). Van Potter extended the term to include “global ethics” and “ethics of the environment”. At the start of the new millennium, Warren Reich (editor of the Encyclopedia of Bioethics) said: “One can see that there is a new understanding opening up in the 21st century where rationality alone is not the basis for philosophical and ethical dialogue, but where the individual, especially the one with no voice is given importance”. In contrast to the four American principles of biomedical ethics, the four principles of European bioethics include vulnerability along with autonomy, dignity, and integrity. Quoted from Rendtorff and Kemp, “Basic Ethical Principles of Bioethics and Biolaw” (Vol. 1, 2000), “The principle of vulnerability is ontologically prior to the other [European] principles, as it expresses better than all of the other ethical principles the finitude of the human condition and therefore it might be the real bridging idea between moral strangers in a pluralistic society”. This paper reflects on the importance of inculcating in students today the importance and appreciation of the principle of ‘Vulnerability’, linking it with the response of the “Ethics of Care”, the principle of “Justice” and the concept of “Global Ethics” in the context of vulnerable populations as well as of the environment.

### Session 5: Bioethics Education

#### Implementation and evaluation of a ‘seven-step method’ for ethical case discussion

Amalia Muhaimin<sup>1,2</sup>, Miko Ferine<sup>1,2</sup>, and Diyah Woro Dwi Lestari<sup>1</sup>

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Case discussion is often used in bioethics teaching to practice both knowledge and skills. The ‘seven-step method’ has been developed as a teaching method to discuss ethical cases with students. It was introduced in 2012 during the 11<sup>th</sup> World Congress of Bioethics in Rotterdam. Previously other methods were used in clinical ethics to discuss clinical cases with ethical issues; they were developed especially for problem solving and to find the best solution for the case. However, ethical issues do not occur in only clinical cases that involve interaction between doctor and patient, but they may also occur in any other cases such as education, environment, public health, etc. Therefore, in bioethics teaching, cases might also include ethical issues in a broader

<sup>3</sup> Bioscience Ethics by I. Pollard. Cambridge University Press, 2009.

sense. Furthermore, emphasis should be put more on the learning process rather than on the output or solution. This paper introduces a simple structured approach or method in ethical case discussion for students. The method is intended to be used for ethical cases in general, not necessarily clinical cases. Furthermore, it focuses more on the learning process and is not necessarily intended to find one single solution as in clinical ethics consultation or deliberation. The 'seven-step method' has been tested (pilot study) for undergraduate students in the School of Medicine, Universitas Jenderal Soedirman. The piloting was then evaluated through focus group discussions with both students and tutors (facilitators). This paper first explains the background in developing this method from a particular context, and then will briefly elaborate on each step and provide reasons for constructing that particular step. At the end, it will describe the piloting process and the results of the evaluation.

### **Bioethics curriculum development using the 'six step approach' in medical education**

#### **Bioethics curriculum development using the 'six step approach' in medical education**

Miko Ferine<sup>1,2</sup>, Amalia Muhaimin<sup>1,2</sup>, and Diyah Woro Dwi Lestari<sup>1</sup>

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Bioethics has become a quite popular subject among medical students and practitioners in Indonesia during the past decade. "Ethics and professionalism" have been included as one of the core competencies according to the first (2006) and second version (2012) of the Standards of Competencies for Indonesian Physicians, or the so called "SKDI" (*Standar Kompetensi Dokter Indonesia*). Since 2007, Indonesia has also started a national standardized exam for all medical doctors to obtain a certificate of competence from the Indonesian Medical Council (*Konsil Kedokteran Indonesia*). The exam, called the Indonesian Physicians' Competence Exam or *Uji Kompetensi Dokter Indonesia (UKDI)* includes questions on bioethics and ethical issues. Since then, medical schools have started to include bioethics into their curriculum. Despite the high enthusiasm in promoting bioethics in the field of medicine, there has not yet been any proposed or standardized bioethics curriculum in Indonesia, especially for medical schools. For this reason, the School of Medicine, Universitas Jenderal Soedirman, has started a project to develop a structured bioethics curriculum for the undergraduate. The curriculum will adapt various materials and methods to the local setting. The ongoing project uses the 'six step approach' to curriculum development from Kern et al, which is well known in medical education. The approach starts with problem identification and general needs assessment, and ends with evaluation and feedback. This paper wishes to share experience in developing a bioethics curriculum in an undergraduate medical school. The paper includes discussions on the problems and obstacles encountered in each step, and possible solutions or problem solving strategies that have been implemented.

### **Session 7: Ethics of Public Security**

#### **Keynote Lecture: Opportunities for Asian Science to Address Ethics and Human Security**

Prof. Lukman Hakim, Director, Indonesian Institute for Sciences (LIPI), Jakarta, Indonesia [1 hour]

#### **Sinking of ethics with MV Sewol**

Prof. JUN Bang-Ook, President, Gangneung\_Wonju National University, Korea; ABA Vice President for Korea  
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The sinking of the Korean ferry MV Sewol on April 16th resulted in the reported death of 293 passengers, with 11 still missing, most of whom were high school students on a field trip. It turned out to be a man-made tragedy, resulting in ethical debates on each actor's behavior. Chunghaejin Marine and Korea Resister of Shipping breached business ethics in trying to make more (illegal) money at the sacrifice of passengers' safety. The Korean media failed to follow the set of ethical guidelines on reporting disasters and major accidents provided by the Journalist Association of Korea. Above all, the ship crew, especially the captain, should be blamed for not meeting the desired ethical codes and standards. First of all, they abandoned the sinking ship leaving many passengers on board without giving any proper information for evacuation. The standard for a captain's ethical responsibility can be simply understood from the popular phrase: "the captain goes down with the ship." However, the captain of MV Sewol did not make any efforts to rescue passengers under the condition of minimal risk. Currently there is no specific international regulation on captains' violations of professional ethics, but some legal punishment for not obeying the rule of beneficence may be justifiable. In fact, Korean Seafarer Act Article 10 says the captain must check for the passengers' safety and should remain on the ship during disaster. The captain and the other crew members have been indicted on charges of negligent homicide and abandoning the ship.

#### **Breaking the Vicious Cycle of Hate and Revenge: The True-Life Story of 'Wounded Tiger'. A Lesson From History**

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Achieving peace between warring factions is almost always an exceedingly difficult task, and unless there is a way of enemies becoming reconciled through mutual forgiveness and acceptance, the vicious cycle of hate and revenge will continue to rear its ugly head. "Wounded Tiger" is a recently released historical novel, soon to be made into a movie, that is based on the true story of two soldiers from opposite sides who thoroughly hated the other side, but who later became close friends and associates. Mitsuo Fuchida was the commander and lead pilot of the Japanese bombing of Pearl Harbor, while Jake DeShazer was a bombardier on the Doolittle Raid that was the initial American response. DeShazer was captured and spent over three years as a prisoner of war, enduring torture and deprivation. The kindness of a young American girl who had been raised in Japan and whose parents had been executed by the Japanese military was instrumental in bringing these two together. It is a fascinating, real-life story that makes a powerful plea to our world today to become peacemakers and to bring reconciliation where there is hatred.

## Session 6: Cross-cultural Ethics, Indigenous Peoples & Asia-Pacific Studies

### The importance of culture and gender sensitivity in disaster research ethics

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Taiwan is a county at risk of various natural disasters such as wind damages, floods and earthquakes may happen because it is located on the monsoon belt and a seismic zone (Eurasian plate in collision with the Philippine Sea plate). Disasters not only destroy the natural ecological order, but also reshape the structure and context of individual and social culture. In the process of reconstruction and rehabilitation, the disruption and reconstruction of the social relationship impact the collective memory of Taiwan residents and its social culture. Disasters have an impact on the original social structure and order. Groups with few social resources are prone to be overlooked and isolated or even ignored in the relief and reconstruction process of disaster; mishandling by humans will expand the disaster impact on victims and pose a threat to their life and property. The unjust distribution of social resources may lead to violence and increase the gap of groups with fewer social resources and lower social class. Taiwan used to be a colonial (colonized) society, governed by different groups and regimes, and has a complex, rich and diverse content. Thus, in the earthquake disaster and reconstruction, we must be aware of their similarities and differences on different cultures, ethnic groups, classes, gender, age and other factors. Multicultural thinking may allow us to help victims in overcoming fear and plight with justice, bring a relief system into full play, and achieve the goals of communities in the future. Bankoff (2001) presented different interpretations about the Western society and their vulnerability to disasters. He said that there are different experiences and perceptions among ethnic groups with different cultural backgrounds, and class. Interpretation alone cannot meet the expectation of groups with diverse backgrounds. If we overlook the importance of unique cultural meanings and ethnic emotions, disasters may expand and endanger the human society order, and its inherent cultural awareness. Gender-sensitive issues should also be included in disaster relief and prevention system, by understanding the experience of women, their needs and role. But there is no in-depth analysis and interpretation for women's experiences, feelings and cognition; gender has become a research variable only used in econometric analysis. Disaster-related research must place cognitions, contributions, experiences and feelings of women in the social, cultural and historical context to eliminate the blind spot of knowledge dominated by men. Ethical considerations of disaster-related research are always challenging our wisdom.

### Assessment of implementation of Free, Prior and Informed Consent (FPIC) between bio-prospectors and indigenous peoples in Taiwan

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This study assesses the meaning, origins and uses of Free, Prior and Informed Consent (FPIC) and the assumptions underlying its application to traditional

knowledge (TK) and biological resource transactions. It also deals with the complexities that need to be overcome before this can become a workable policy tool. Using a case study approach, the immense challenges of applying FPIC in diverse and different cultural settings in a tense political context are demonstrated. Even with the best intentions and the most carefully drawn up plans, things may go wrong. The concept may in many cases be inapplicable because a great deal of knowledge and resources are already in circulation and can no longer be attributed to a single community or country of origin. This, however, does not mean that there can be no moral obligations even in the absence of legal ones. A review of the various policies, programs and mechanisms of the Taiwan government in relation to indigenous peoples and nature resource management reveals that several laws and policies touch on TK of the indigenous peoples. One is the Basic Law of Indigenous Peoples' Rights (BLIPR), which provides for the recognition of indigenous culture including TK, the consultation of indigenous peoples towards obtaining FPIC for any project in indigenous territories, the participation of indigenous peoples in the formulation of development plans, and the recognition of ancestral land rights. However, the implementation of BLIPR in practice and its impact on indigenous peoples need deeper study and analysis, before its effectiveness as a law recognizing indigenous peoples' rights can be established. Other problems identified included conflicting laws, overlap of policies and unclear jurisdiction among various government agencies concerned with indigenous peoples. The assessment also revealed a lack of awareness among government personnel of their international commitments, coupled with a lack of funding for the implementation of government programs and commitments. There is a lack of awareness and sensitivity among government personnel and decision-makers on indigenous peoples' rights. Not many are able to appreciate the valuable knowledge and contribution that indigenous peoples have made to the cause of sustainable development. However, this is not to suggest that it is a useless concept. Indigenous peoples have the right to be formally asked for consent by bio-prospectors. Still, obtaining FPIC is not a substitute for respect to basic human rights. FPIC should be seen as a necessary but not a sufficient requirement for the establishment of more equitable bio-prospecting arrangements; it must be acquired according to procedures that are effective, culturally appropriate, transparent and flexible.

### A comparative examination of the concept of compassion between Western and Buddhist medical ethics

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Compassion is commonly mentioned in both Western and Eastern medical ethics. However, there are some differences in the understanding of compassion in these two approaches. Briefly, compassion can be defined as prioritizing others' interests and welfare before your own ones. In modern medicine, principles of compassion can serve to find solutions for highly debatable issues such as euthanasia or testing on animals. In traditional medicine in Mongolia, all actions of a medical professional such as treatment and diagnosis are conducted based on clearly defined Buddhist ethics. According to the famous script "Four Tantras of Traditional Medicine," ethics is based on the compassionate conscience of "love for all beings". This paper analyzes compassion in

medical ethics as stated in "Four Tantras of Traditional Medicine" with a comparative perspective to Western medical science.

### **Macro-bioethics: a "Bioethics Community without National Borders"**

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Bioethics may be assumed to include three main areas. The first is in medical practice and medical research. The second one is in life sciences, including medical engineering and related technologies. The third area is embedded in the inconvenient reality of structural injustice that threatens the life of humans and their rights. I call the area of bioethics that covers such issues as 'life-protecting bioethics.' War, terrorism, disaster, etc. are included in this area to the extent that they perpetuate such injustice. Therefore, it is not enough that bioethicists simply discuss ethical dilemmas in the first and second areas. Bioethicists should also target structural injustice; macro-bioethics is needed. Although there are various structural injustices which threaten human life and rights in the world, the reality is that the existing academic societies hardly treat these problems as bioethical. For example, no one in the academic bioethics community adequately addresses the issues of human life and rights in Asian autocratic dictatorships. In order to address this third area directly and effectively, we urgently need to establish an organization such as a "Bioethics Community without National Borders". However, how can bioethicists deal with structural injustice concretely? It is contemplated that bioethicists can establish an "International Citizens' Tribunal" that will be hosted by the "Bioethics Community without National Borders" and publish its "judgments" on the Internet. For example, the tribunal will return verdicts of guilty for the leaders of Asian and other autocratic dictatorships and post them together along with the process of deliberation on the Internet. It will be one of the means to indirectly realize conclusions. Such a proposal makes me appear as a character like Don Quixote! Will some bioethicists approve my idea? This is the up-versioned talk of my speech which I had at the 11th conference of International Society for Clinical Bioethics (Oct. 10th-11th, 2014 at Kazan State Medical University, Russia).

### **Peace and Conflict resolution**

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Since ancient time the world has seen many wars and conflicts, and after the last major wars World War II there has been attempts to keep peace and a balance of power to prevent from another major war. However, internal and outer turmoil still exist in many parts of the world. There is a saying: "if we cannot find peace within, how can we create outer peace". It is important then to make peace from within and then spread it out. The purpose of this paper is to underline certain concepts in order to keep peace around the world. **First**, how can we spread the idea that 'all is one' and we are a part of the whole? Whatever we do always has effects upon others. **Second**, how can we perceive the reality of self? How can we see ourselves in relation to others, the society and the world? **Third**, learn to have sympathy and compassion to all, no matter if there are differences in the outlook, race, nationality, occupation or social status. If we can follow the three points above, we all can exit together in peace and harmony, and we can overcome being self-centered and

deceived by the material world around us. No matter what nationality, religion, and social status one belongs to, one can go beyond all the differences to attain peace, and can overcome any conflicts that may happen. A sense of justice can be created for all people.

### **Can Bioethics in Thailand Make a Secure Society**

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Bioethics is a way of thinking that embraces the human factor as the core value. Bioethics is a system of reflection based on guides that promote ability of human beings to reach their full potential. Both culture and religion influence decision making on contentious issues in the realm of medical ethics and bioethics, including responses to emerging infections, integration of Western and Eastern medicines, medical tourism, stem cell research, organ transplantation, informed consent, malnutrition, abortion, public health, genetic testing and reproductive medicine.

Thailand is perhaps the only country in the world where His Majesty the King is constitutionally stipulated to be a Buddhist and the upholder of the Faith. For centuries Buddhism has established itself in Thailand and had enriched the lives of the Thais in all their aspects indeed, without Buddhism, Thailand would not be what it is today.

Buddhism's holistic understanding of human nature encourages a mental approach to the pathology of disease, something to which Western medicine is now increasingly attuned. It may also be suggested that the Buddhist philosophy of origination in dependence is both a fruitful diagnostic model and a philosophy, which encourages a preventive approach to the risks of life, including promoting spiritual and physical health. However, anxiety has been voiced recently about how "natural" certain forms of traditional Buddhist medicine that included in Traditional Thai herbal medicine actually are, including coconut, banana, garlic, ginger, pepper, jackfruit, mango, mint, pineapple, pumpkin, sugar cane, tamarind, Thai Basil, Thai eggplant etc. Most people who live in rural areas are familiar to use all traditional Thai herb medicine, and in popular belief they have a longer life than those who live in urban areas, which is often attributed to "Alternative medicine." We will also consider other factors such as lifestyle stress, and statistics, to assess how this actually enhances the human security of people.

Human security includes respect for human rights and peace. One of the most difficult bioethical issues is abortion. Buddhism does consider abortion to be the taking of a human life. At the same time, Buddhists generally are averse to intervene in a woman's personal decision to terminate a pregnancy. Buddhism may discourage abortion, but it also discourages rigid moral absolutes. This may seem a conflict. In our culture, many think that if something is morally wrong it ought to be banned. However, the Buddhist view is that the rigid following of rules is not what makes us moral. A further, "magnificent authoritative rule" often creates a new set of moral wrongs.

Buddhism does not approach morality by handing out absolute rules to be followed in all circumstances. Instead, it provides guidance to help us see how what we do affects ourselves and others. The karma we create with our thoughts, words and actions keeps us subject to cause and effect. Thus, we assume responsibility for our actions and the results of our actions. Even the precepts are not commandments, but principles, and it is up to us to decide how to apply those principles for our lives.

The struggle to find balance between development and



conservation occurs in many arenas, including culture and religious. Various actors for pre-development schemes and conservation projects use cultural and religious beliefs, practices and attitudes toward nature to promote their positions. Religious beliefs themselves are not essentially either ecologically or developmentally oriented, but they can be interpreted in ways to support either conservation or development. The Thai government, for example, has used Buddhism to promote rapid national economic development, on the other hand, a handful of Buddhist monks and non-government activists incorporate both indigenous spirit beliefs and Buddhist practices to foster and environmental ethic on a local level. Both approaches claim to be based on a fundamentally "Thai" understanding of the world as well as basic Buddhist teachings.

### **The comparison of 'role stress' between Indian and multinational company employees in India**

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Today, Indian companies are unable to compete with multinational companies in India such as Korean and Japanese companies. It was theorized that the style of management had to be revamped in order to compete with multinational companies. The role of human resources was considered of paramount importance and the management started to focus on the employees. One such important aspect is the concept of 'role stress'. The researchers selected two organizations (one from a multinational company and another from an Indian company) for the present study. Both the multinational company and the Indian company manufacture automobile parts. The objective of the study was to compare the level of organizational role stress of the employees between the multinational company and the Indian company. All permanent employees of both companies were included for data collection, and the census method was adopted to recruit the respondents for this study. Data collected from 450 employees in an Indian company along with data from 450 permanent employees of a multinational company were included for the analyses. The researchers identified ten dimensions of 'role stress' as the major variables, and T-tests were employed. The researchers could establish who was having more stress in the minds of the both company employees. Findings of our study will be discussed in this presentation.

### **Securitization of Infectious Diseases and Obligatory Precautions against HIV/AIDS**

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The HIV/AIDS pandemic across the globe has been declared as an international security issue, because it threatens economic and social security of many countries of the world. The theory of securitization of infectious disease argues that it is appropriate to respond to HIV/AIDS and some other infectious diseases with various resources normally used only for military and state security issues. Some research works claim that stating an infectious disease as a security risk is lending it a sense of urgency. It is also a way of seeking for extra resources and investments that are associated with traditional (military) concepts of security. In this regard, the question may rise "how could we materialize securitization?" To frame an infectious disease as a security issue, it is necessary to define the semantic issues, and then

to empirically investigate whether HIV/AIDS actually endangers state security in an appropriate way. Keeping this problem in mind, this article will focus two issues: Firstly, it will investigate the various approaches to securitization of infectious diseases. Specially, this is a critical approach to Selgelid and Enemark (2008) securitization model of infectious diseases. Secondly, this research work will focus on the justification of obligations with regard to precautions against HIV/AIDS, the world's most deadly Sexual Transmittable Disease (STD). The question in this context is which ethical theories or moral principles form the basis of obligatory precautions against HIV/AIDS. This research work at hand will focus on utilitarianism and contractualism as important theories. Hereafter, I will argue that the question of *over-demandingness* presents us with different considerations when it concerns precautions against HIV/AIDS as compared to other infectious diseases.

### **Enhancing professional obstetric care with competence in clinical bioethics**

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The rapid development of medical science and technology without attention to ethical values has raised moral issues in the field of obstetrics. Medical professions have found themselves in a dilemma because they all geared for the mastery of knowledge and skills in diagnosis and scientific decision-making, but lack the skills needed for ethical assessment. Formal education and training in ethical assessment is needed to help make medical decisions that can be justified. This paper intends to describe a new approach in improving the quality of medical practice in obstetric care based on competence in bioethics and clinical Ethics in accordance with the demand of society in developing countries. Ethics should be observed by every physician as indicated in the "Preamble of Indonesian Code of Medical Ethics". It includes values such as purity of intention, generosity, humility, sincerity in work, scientific and social integrity, and amity among physicians. Ethics is related to legal aspects, and the two are complementary for achieving good practice in medicine. Obstetric care decisions cannot rely on a single approach; several alternative approaches including feminist ethics and bioethical principles should always be considered in medical decision-making. Consultation with experts in the field or a hospital ethics committee can also be helpful. Therefore no good ethical decision can be made without ethical guidance.

### **Monday, 3 November**

#### **Session 7: Applied Bioethics**

#### **Personal identity and moral responsibility: A Confucian response to neuro-ethics**

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One of the bioethical problems raised by the advance of neural science is that we have the technology to change one's memory which could disturb our common understanding of one's personal identity. However, personal identity is in a broad sense usually based upon one's memories and it is this base that accounts for the moral responsibility of what one has done before. A radical change of one's memory thus may lead to difficulty in identifying with the self, and if they have committed something wrong, with their wrongdoings. This may provide a loophole for criminals trying to escape the charge of their previously committed

crime. Derek Parfit has pointed out the defects of traditional theory or conceptions of personal identity and has tried to replace it with his 'Relation R'. However, 'Relation R' could not cope with such disturbance of memory, and moral responsibility could not be maintained under such circumstances. In this paper, I shall argue how Parfit's thoughtful analysis could not tackle this new challenge and what are the key factors for the solution of this new moral problem. I then argue that the Confucian concept of 'a person' could provide us with another criterion of personal identity that could meet this challenge and could provide strong reasoning to assure that the culprits of a crime shall meet their moral responsibilities.

### **Perceptions of medical students regarding the use of cadavers for medical education in Turkey**

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The use of human cadavers is one of the most common practices in medical education in Turkey. However, there have been many ethical conflicts and debates about this practice. This study is aimed at evaluating the students' perspective on the use of human cadavers in medical education and its ethical dimension. A questionnaire was designed and administered to 382 students in eight different medical schools in the western part of Turkey, from May to June 2014. The questionnaire asked about twenty phrases which included in both educational and ethical perspectives, and the items were scored on a five-point Likert Scale. The study had received ethical approval from the Ethics Committee of Afyon Kocatepe University. Most of the participants were women (n=227, 59.4%) and 155 were men. The majority of the students were concerned with the (human) dignity of the cadavers, and the ethical conflicts of dissecting a dead body. The findings of this study addressed and highlighted that medical students were aware of the ethical dimension of the cadavers. The main ethical conflict was about the status of cadavers as educational material and the dignity of the dead bodies of humans.

### **The influence of mass media on medical decision-making: the case of extracorporeal membrane oxygenation**

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Several studies have demonstrated how medical information may be portrayed incorrectly in media. For example, depiction of an over-optimistic survival rate for patients receiving cardiopulmonary resuscitation, presenting the positive outcomes of a new drug rather than the negative ones in newspapers, and so on. This is to highlight that the incorrect information presented on media can mislead the readers into believing that medical decision-making of patients/family members should be based on the presented information. Nevertheless, few studies have ever examined the influence of incorrect medical information on decisions made by patients and their families. Our presentation will focus on how the media influence patients'/family members'

medical decision-making in critical care medicine, based on two articles we have already published to examine this issue on the subject of extracorporeal membrane oxygenation. Extracorporeal membrane oxygenation was introduced to clinical practice several decades ago and is now the most famous and important life-support intervention in Taiwan. This presentation concludes that incorrect medical information presented on media may significantly influence medical decision-making by patients and their family members.

### **The Islamic and Iranian view on bioethical issues of using transgenic animals**

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The rapid growth of biotechnology in recent decades and its great potential in various fields of science such as agriculture and medicine has attracted the attention of scientists and politicians around the world. The application of biotechnology on animals is not new but one of the greatest successes of modern technology is to produce transgenic animals. Transgenic technology consists of inserting new genes into the animal genome for eugenic purposes to produce certain attributes in them. These animals transfer the new genes to the next generations. Although the responsible production of transgenic animals is very useful, we should always be aware of the possible hazards of this technology. Also, the ethical aspect of this issue has to be considered carefully. In this paper, we review the ethical aspects of using transgenic animals and present the Islam's view briefly. We have also surveyed the ethical guidelines for research on animals in Iran in the context of transgenic animals. There are various perspectives on production and the use of these animals around the world. Some of them are essentially against the application of animals for welfare of human beings, but some others support any kind of application even if it involves hurting the animals for various benefits. Issues such as profit seeking and inhumane abuse, annoyance and suffering of animals and also biological hazards, make it essential to assess the benefit-to-risk ratio for ethical approval of this technology. Islam has a very unique point of view regarding the treatment of animals. Considering the ethical aspects of the issue, there seems to be some precautions for production and application of transgenic animals in biotechnology. The ethical guidelines for research on animals in Iran need updating to cover this issue.

**Ethical regulation of Homoeopathy**, Dr. Mihaela Serbulea, Romania; Japan

### **Session 8: Integrated Human Systems**

#### **No Charity, but a Chance! The challenge of Japan Sun Industries in realization of a society which preserves the dignity of human beings**

Dr. Taro Nakamura

President of Japan Sun Industries, Beppu, Japan

At the closing ceremony of the 1964 Tokyo Paralympics, Dr. Yutaka Nakamura, the founder of Japan Sun Industries (JSI), was determined that "the days of giving charity were over" and, from that moment, "independence and active participation in society through employment were key". Japan Sun industries was established one year later at the 1964

Tokyo Paralympics and, since then, has continued to provide opportunities to people with disabilities. Dr. Yutaka Nakamura dedicated his passion to hold the Paralympics in Tokyo 1964 to the spreading and promotion of 'sports of the disabled'. The event succeeded but he was not satisfied and was rather depressed. He noticed a difference between disabled 'participants' from other countries and Japanese participant who appeared like 'patients'. Participants from other countries had jobs and were independent, and thus filled with confidence, while the Japanese participants were dependent on caregivers. JSI was started with 16 people with disabilities, with the purpose to create jobs for people with disabilities and help them gain their true independence. JSI believed that "even if they have disabilities, it does not mean that they do not have the ability to work". JSI has supported them to create an environment conducive to working and living by themselves. JSI is now a place where people with disabilities work, live and enjoy life. They participate in the local community as other local citizens. Since 1964, the rights for disabled people has come a long way and now, 50 years later, Tokyo has been chosen again to hold the Olympic/Paralympics in 2020. The JSI group which started with 16 people with disabilities now has over 1,200 people with disabilities and over 600 supporting staff in Oita prefecture, Aichi prefecture and Kyoto, Japan.

### **Keynote lecture: Leading Edge of HAL: Fusion of Human, Robot and Information Systems**

Prof. Yoshiyuki Sankai, Director, Center for Cybernetics Research, University of Tsukuba / CEO CYBERDYNE, Japan

### **Session 9: Ethical Medicine, Science and Technology Across Asia**

#### **Bioethics in science and technology in Kazakhstan,**

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Bioethics has become one of the growing areas in the field of science, technology and education in Kazakhstan. The development of bioethics was initiated and driven by the public medical organizations, physicians and health researchers in the last decade; however, the recent bioethical issues go beyond medical and research ethics. There is a wide national policy for the development of science and new technologies in the field of biomedicine, biotechnology, nanotechnology, green energy, and the environment and natural resources in Kazakhstan, with an understanding that the new policies should include ethical considerations. The Central Asian Bioethics Association (CABA) has been involved in the project of the Ministry of Science and Education, "System analysis and prognosis in the field of science and technologies in Kazakhstan – 2030", also called as "Foresight". Developing the future research agenda should follow the legal and ethical frameworks, and CABA is responsible for this part of the project. For this purpose it is necessary to establish cross-sectoral cooperation of interested parties in the various fields of science, education and new technologies development. It is necessary to raise awareness and widely involve the various communities in the discussion of bioethical issues, to implement an educational program in bioethics in school and university curricula, and to develop international cooperation. During the Second Central Asian Symposium on Bioethics last December in Almaty (Kazakhstan), there was a special section on bioethics education at the university level with participation of the Ministry of Health, Ministry of Science and Education. This

event has been considered as significant for further practical steps for promotion of bioethical principles through education and public awareness. The Foresight project allows CABA to take the leading role and, more importantly, it provides an opportunity to include bioethics in the current agenda of science and technology development in Kazakhstan.

#### **A disability conscious universal bioethics curriculum for an inclusive society**

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Disability is one of the inherent disparities beyond human control. Though biomedical engineering has advanced significantly, the number of persons born with disabilities has not come down. A disabled person may be considered a liability to the family as well as the society, and hundreds of millions of families in developing countries are affected. Currently around 10 per cent of the total world population, or roughly 650 million people, live with a disability. Eighty percent of persons with disabilities live in developing countries, according to the UN Development Program (UNDP). The World Bank estimates that 20 percent of the world's poorest people have some kind of disability, and tend to be the most disadvantaged in their own communities. Statistics show a steady increase in these numbers. The reasons include: a) Emergence of new diseases and other causes of impairment, such as HIV/AIDS, stress and alcohol and drug abuse; b) Increasing life span and numbers of elderly persons, many of whom have impairments; c) Projected increases in the number of disabled children over the next 30 years, particularly in developing countries, due to malnutrition, diseases, child labor and other causes; d) Armed conflict and violence. For every child killed in warfare, three are injured and acquire a permanent form of disability. In some countries, up to a quarter of disabilities result from injuries and violence, according to WHO. The two-way link between poverty and disability creates a vicious circle. Poor people are more at risk of acquiring a disability because of a lack of access to good nutrition, healthcare, sanitation, as well as safe living and working conditions. Once this occurs, people face barriers to education, employment, and public services that can help them escape poverty. A study in the United Kingdom found that the poverty rate for disabled people was 23.1 percent compared to 17.9 percent for non-disabled people, but when extra expenses associated with being disabled were considered, the poverty rate for people with disabilities shot up to 47.4 percent. In this grave situation an 'Inclusive Society' should emerge so that the rights of the disabled persons can be protected and they can enjoy their lives like able-bodied persons. In this context Bioethics Curriculum in schools can include topics on disabilities and teach the concept of 'Justice' in bioethics by interesting methods and help them realize that disability can affect anyone at any time however disability can be challenged by therapies and a life full of joy is still possible. Here we share a model curriculum designed for the slum dwelling children in Chennai, India on 'Disability Management'.

### The ethical aspects of *halal* certification of medical devices in Malaysia

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The medical devices industry is one of the fastest growing sectors of healthcare industry with a large market, a wide variety of products and growing applications. In Malaysia, this industry is a major contributor to the economy and government initiatives support its growth to position Malaysia as a medical device manufacturing hub in the Asia-Pacific region. There are more than 180 manufacturers of medical devices in Malaysia involved in the production of sophisticated devices such as orthopedic products, surgical instruments and dialysis machines. Local companies are moving towards complying with internationally recognized quality standards such as ISO 13485 as an attempt to penetrate the global market. However, there is a religious need to provide medical devices that are certified *halal* in order to cater to the needs of Muslim consumers who make up 64.3% of the Malaysian population. It is an advantage that Malaysia *halal* certification industry is well-developed and recognized as a model all around the world. Malaysia shows a strong industrial manufacturing potential for a wide range of *halal* products. The availability of supporting industries thus provides Malaysia with the ideal conditions to develop into a medical device hub in Asia as well as to establish a global acceptance model for *halal* medical devices. This paper will discuss the ethical aspects of developing *halal* medical devices for the needs of Muslims in Malaysia and other Islamic nations.

### The Need and Ethical Handling of Promoting East-West-Native Integrated Global Medicine

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The financial burden of medical care expenses is increasing for families globally. Much of the rise in healthcare costs can be attributed to advances in medical technology. 63% of all deaths worldwide currently stem from non-communicable diseases (NCDs) chiefly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. The risk factors stem from a combination of modifiable and non-modifiable risk factors; non-modifiable risk factors cannot be changed by an individual or the environment and include age, sex, and genetic make-up. Non-Western traditional medicines should step in to provide local treatment modalities that have been proved suitable because of genetic and local sociocultural and environmental factors and the history of their usage for over thousands of years. Complementary medicine can provide safe and affordable medical care to local residents. Modifiable risk factors are those that societies or individuals can change to improve health outcomes. Traditional Chinese medicine can be of great help. The gap in health and life expectancy between aboriginal and Torres Strait Islander Australians continues to be significant. Western medicine specialists think that the gap in life expectancy will not be closed until aboriginal peoples and Torres Strait Islanders have better access to high quality primary healthcare. Traditional Chinese medicine offers great benefit in health promotion for a unique local social economic environment. There are often major inequalities in access to Western healthcare that may be improved by promoting East-

West-Native integrated medicine. However, one may face with ethics, human security and sustainability issues. We thus need to accumulate more knowledge and experience in this new field to provide safe care with scientific evidence to our patients. We need to empower the public in their healthcare choices. The physicians may face role stress in providing Western medicine along with Eastern or native traditional medicine. The principle of autonomy governs decision-making in the healthcare system of local and Native residents. Personal identity and moral responsibility also play an important role in selection of the type of treatment. Many issues such as genetics and ethics, biotechnology, environmental ethics, medical ethics, bioethics education in schools and universities, and public health ethics need to be discussed and debated for promoting East-West-Native integrated global medicine.

### Session 10: Ethics and Biobanks New ELSI challenges in the management of “Taiwan Biobank” based on a comparative study of international biobank consortiums

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Due to the unique island and immigrant culture in Taiwan, biobanking has raised serious and complex “ethical, legal and social implications” (ELSI), e.g. the issue of aboriginal protection. To deal with these complex ELSIs, the government of Taiwan in 2010 enacted the “Human Biobank Management Act”, specific legislation focusing on biobank activities. But this single-act government regulation is now insufficient to deal with issues emerging from the integration of domestic biobanks in Taiwan, or future needs in international research cooperation. International research communities have already developed several cross-border biobanking consortiums. We have reviewed the governance structure of two of the most sophisticated consortiums among them, P3G and BBMRI. We found the governance strategies of the two consortiums to be different. P3G takes a bottom-up governance strategy involving ethical self-regulation by its own members and NGO members of the international research community; this is useful for the establishment of a domestic network of biobanks in Taiwan. On the other hand, BBMRI takes a top-down governance strategy involving a central node to integrate national biobank infrastructures in its member states; this is valuable for future legislation in Taiwan. Through a comparison of the international biobanking consortiums and current situation in Taiwan, we also identified major barriers including ethical, logistical and legal issues in either international and domestic cooperation or collaboration between biobanks. In conclusion, we suggest solutions including legal and ethical strategies to Taiwan government and its national biobank to overcome these barriers.

### Protection of genetic resources in Taiwan in retrospect and prospect

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Since the “Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits arising from their Utilization (ABS)” to the “Convention on

Biological Diversity (CBD)" was adopted in October 2010, the international community is forecasting new and effective rules for regulating genetic resources through prospective methods. Although Taiwan will not be able to join the Nagoya Protocol's contracting parties, nonetheless legislative plans have been initiated since 2004, far earlier than this Protocol. Following the principles set in Bonn Guidelines (2002), the drafted laws in Taiwan for protecting genetic resources and indigenous peoples' traditional knowledge conform with most principles in the Nagoya Protocol. Unfortunately, the legislative progress of these two drafted laws in Taiwan has been left in a limbo for many years, due to political and legal concerns. This paper looks into some of the work that has been done over the past ten years in Taiwan, to try and bring national legislation in line with the international community on biological diversity issues, and more importantly regulations over access and benefit sharing. It goes without saying that Taiwan occupies a rather unique position when it comes to participation in international treaties, bodies, protocols etc. as it is not permitted to join most multilateral environmental agreements (MEAs) that generally require statehood as a qualification for membership. However, Taiwan's non-contracting party status to the CBD cannot diminish the nation's capacity to engage in the building of a relevant ABS legal system. This paper shows that the recently developing Nagoya Protocol can bring some new momentum for legislative progress in Taiwan.

**Tuesday, 4 November**

**Session 11: Geothermal activity; Disability; and Monkeys in Beppu**

**Wednesday, 5 November**

**Session 12: Mount Aso, biodiversity and ethics**

**Thursday, 6 November**

**Session 13: Nagasaki and nuclear ethics**

**Friday, 7 November<sup>4</sup>**

**Session 14: Oversight of Medical Research Teaching ethics to professional scientists**

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Supporting the view that ethics can be taught, this paper will explore the frequent lack of a philosophical foundation in scientific training and its impact on a course on 'Science and Ethics'. The incidence of cases of misconduct by scientists engaged in basic research led the United States to establish the Office of Research Integrity. Their publication covers the ethical conduct of research and defines misconduct as fabrication, falsification and plagiarism. Concern for breach of public trust with dubious repercussions in scientific funding has led to mandated courses in ethics for students training for scientific research careers. Having concentrated their course work in laboratory-based science, they have less familiarity with philosophy and consequently struggle with the ethical reasoning aspects of a course in science and ethics. Discovery of a therapeutic drug or device opens a complex web of regulations by Food and Drug Administration for the ethical use of human subjects. Again the ethical system is one of rules and conduct based norms without foundational

philosophical support for the ethical principles used in the guidelines. Rules of law reflect corrective action. Engaging students in case studies helps alert them to potential ethical dilemmas and invites them to explore why one action is right, good, or better than an alternative. Narrative ethics provides a human presence to competing and compelling claims, the intersection of which is the ethical issue and concept. Dissecting narratives helps students explore how ethics can be taught and learned in a pluralistic society and remain relevant to the field of expertise they have chosen. The challenge is determining the best methods in teaching ethics in a particular discipline. Is there a code of ethics that applies cross culturally and cross disciplinarily? Early and often should be the mantra of teaching ethics throughout the development of the individual and emergent professional.

### **Ethical issues in biomedical research on human subjects in developing countries**

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'Research ethics' is the discipline for evaluation of merits, demerits, risks, benefits, and social concerns over research activities. Maximum benefit should be derived from research and no harm should be employed to the participants. In a developing country, there are many vulnerable subjects like people of slum areas, patients of low socioeconomic condition, females, low income groups, etc. Protection of persons with diminished autonomy, i.e. vulnerable subjects, should be ensured. Informed consent (IC) is an essential prerequisite for starting a biomedical research involving human subjects. For all biomedical research involving human subjects, the investigator must obtain voluntary IC of the prospective subject. Some important ethical issues like voluntary IC, inducement, confidentiality, autonomy and assessment of risk-benefit should be kept in mind during research and all ethical norms should be maintained with justification. A total of 214 doctors of a postgraduate medical institute in a developed country were included in a study to assess their knowledge of research ethics. A structured questionnaire was supplied to them to answer questions regarding research ethics. It was found that many participants had poor knowledge about research ethics guidelines like the Nuremberg Code, Helsinki declaration, etc. ( $p=0$ ). Regarding the knowledge of informed consent (IC), most participants were more or less knowledgeable about it, and the attitude of the respondents was also in favor of taking IC. In practice, most of them had taken IC in verbal (39.3%,  $P = 0.001$ ) and written forms (47.6%,  $p = 0.001$ ). But some of the researchers had not taken any IC (13.1%,  $p = 0.001$ ). It can be concluded that the knowledge of most of the researchers of the concerned institute was poor about guidelines of research ethics, but they were aware of informed consent.

### **Ethical awareness on reproductive genetic technology (RGT) in Pakistan in the context of poverty, lack of education, gender discrimination and absence of regulation**

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Assisted reproductive technologies (ART) and reproductive genetic technologies (RGT) are intertwined and co-evolving. The latter comprise pre-implantation genetic diagnosis (PGD), sex selection (either through PGD or sperm sorting) and hypothetical genetic modification, all based on concepts of optimizing the 'outcome'. RGT are used to

<sup>4</sup> Concurrent with the **Ninth Kumamoto International Bioethics Roundtable (KBRT9)** organized by the Interdisciplinary and Global Oriented (HIGO) Program, Kumamoto University, Japan

overcome certain forms of inherited diseases and may serve the quest for a 'perfect baby' (or 'designer baby') and 'human enhancement'. These technologies are increasingly used to fulfill socially and culturally framed requests, e.g. for family balancing or to enable post-menopausal women or homosexual couples to have genetically linked children. The realm of ART and RGT is loaded with countless ethical issues, particularly as different social practices and legal regulations as well as economic inequalities within and among countries create numerous vulnerable groups and chances for exploitation. ART and RGT are being offered to citizens in Pakistan. This research provides an overview of the ART and RGT landscape in Pakistan and analyzes the available online content related to the field for Pakistani citizens. I explore the topic in the context of deep rooted poverty, lack of education, gender discrimination and absence of regulation. More information about applicability of techniques and their use is continuously emerging; however, social, ethical and legal debates in this field are unfortunately lagging behind in Pakistan. This research provides an insight on how ART & RGT industry is developing in Pakistan and what are the potential threats associated with their provision in an unregulated market.

### **Incorporating higher learning skills into bioethics education of multicultural students of science in Malaysia**

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An overview of bioethics courses offered to pure science undergraduates from the University of Malaya is presented. Students come from three ethnic groups affiliated with three major religions with diverse values and belief systems. It was therefore important to incorporate a bioethics curriculum where the youths could identify with and relate to their intrinsic beliefs and moral discernment. For example, the concept of non-violence is an important ethical rule for the Hindus and Buddhists affecting their stand related to embryonic stem cell research. Likewise the concept of charity in Islam and Christianity would be important virtues to consider in regards to organ transplant issues. Two overriding concerns when designing the bioethics curriculum are therefore discussed in this paper: (1) the rationale for a course structure that accommodates varying ethical values on issues of scientific research and innovation, and (2) a suitable course design should incorporate and induce critical thinking and problem-solving skills. Positive feedback was received from students through a course evaluation survey and most students reported having fun while tackling ethical problems collectively in a peer group.

### **Experience during the gestational period of a couple selecting fertilization treatment receiving egg donation**

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This study presents the results of an interview with a couple, analyzed qualitatively and inductively, to understand the experience and struggles they experienced during pregnancy and following the delivery of a baby following infertility treatment with a donated egg. The married couple,

who were the same age, was interviewed when the baby was six months old. The husband cared about the feelings of his wife and continued the stance of "leaving all decision-making on the baby to her" and "talking nothing about the baby". He also continued having "the anxiety whether she would recognize the baby without genetic relation as her own baby" and spent days "with great caution so that she would feel like delivering a baby". Moreover, he continued "struggling and brooding over the righteousness to receive egg donation". Meanwhile, the wife, already 40 years old, had started designing her life without a child. She said that she received egg donation as "the decision of her husband's parents to give up on having a blood-related grandchild". When pregnancy was confirmed, she was confused and disappointed at "whether she could take good care of the baby without genetic relation." Furthermore, since the pregnancy was costly, she felt the pressure that "miscarriage would be unforgivable" and consulted her parents that knew about the secret of egg donation. Starting to feel fetal movement, she felt "a joy and love along with the helplessness of having no genetic relation." However, as the fetus grew, she felt a miraculous connection and started to feel like "raising the baby with love as her own child". However, she continued struggling because "she was uncertain about the ethics of delivering a baby by receiving egg donation". Both of them had decided not to declare "the place of origin" to their child, but were aware of the necessity of announcement under certain circumstances.

### **Session 14: Public Health Ethics**

#### **A study on the truth telling of Yemeni doctors to terminally ill patients**

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This work was conducted with the objective of exploring the attitude of Yemeni graduated doctors in regard to ethical issues in terminally ill patients. A cross-sectional descriptive study was applied. A total number of 130 doctors representing all graduated doctors from the Faculty of Medicine, Aden University, Yemen participated in the study. The opinions of doctors were obtained by means of self-administrated questionnaires that included different criteria regarding terminally ill patients. The results show that the majority of doctors answered 'always' or 'often' to the questions asking about truth telling to patients and relatives, informing patient relatives that patient would die, whether there was a lie used when asked by patient about the truth, informing the relatives that the disease was cancer, and telling the truth when asked by relatives with mean percentage scores of 99%, 97%, 94%, 93%, 93% & 91%, respectively. Ninety seven percent of doctors responded that they would involve the patients and their family when making decision on using artificial life support for a deteriorating patient while 80% of doctors would not like to be told about the truth if they were patients. The main reason identified by doctors for not telling the truth to terminally ill patients was that the patient would not like to know the truth, and the main reason for not telling the truth to the patient family was to protect the family from emotional stress. The study concluded that truth telling to terminally ill patients was a common dilemma in that 'to tell' or 'not to tell' was the main question which was evaluated differently by doctors.

### **Ethical considerations of restrictive public health measures for the control of Hand, Foot and Mouth disease in Malaysia**

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Hand, Foot and Mouth disease (HFMD) is known to be endemic in Malaysia. The most recent outbreak was in the year 2012. Public health prevention and control measures for HFMD include active and passive case detection, restrictive measures and health education. Restrictive measures include case isolation and institutional closure accompanied by measures in hygiene and sanitation. The effectiveness of these measures thus relies much on the compliance of the child parents to willingly isolate the sick child. In Malaysia, the most common institutional closure is the child care center, kindergarten and schools. However, in the era of working parents nowadays, not all working parents can cope with prolonged closure of care centers or schools. This study explored the perception of this restrictive measure enforced during the 2012 outbreak among the healthcare workers and the parents of the children in care centers in Kota Bharu, Kelantan. Four child care centers were closed during the 2012 outbreak. An in depth interview was carried out among healthcare workers involved in the 2012 HFMD outbreak management, parents of children and the managers of respective child care centers. Six public health ethics themes were discovered namely moral justification, burden to parents, support to parents, proportionality of closure, communication gaps and compliance. The restrictive measures were perceived as morally justified but the implementation process had issues in term of reciprocity, transparency and proportionality resulting in an undue burden to parents especially to those who had limited support or access to social support. In conclusion, restrictive measures for the control of HFMD were considered as justified but would be more receptive by the public when accompanied by social support.

### **From bioethical definitions to the setting of public policy by the court of law in the Philippines**

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Population control, abortion and contraception are the most divisive bioethical topics in the Philippines. For years, the Philippine Congress has been embroiled in heated debates and political squabbles between conservative and liberals, hardline constitutionalists and postmodernists. The enactment of the Responsible Parenthood and Reproductive Health Act of 2012 (*RH Law*) aggravated the already tense and polarized social, religious and political atmosphere in the country and led to the submission of petitions to the Philippine Supreme Court to declare the law unconstitutional. Led by religious groups, the cases revolved around the constitutional provision in respect to freedom of religion and the sanctity of human life from the time of conception. The Supreme Court eventually decided to partially grant the petitions on March 19, 2013 and declared Republic Act. No. 10354 as not unconstitutional except with respect to some provisions which are declared unconstitutional, like those related to freedom of religion, consent, freedom of conscience, and contraceptives as primary medicines. But the most striking part of the decision is the definition of the beginning of life, which has

now become the basis of all public policies related to the use of contraceptives, abortion, population control, and possibly, even future policies related to stem cell research and therapy, genetic engineering, therapeutic cloning, etc. For bioethics in the Philippines, this is a defining decision, putting a final seal on the debate on the beginning of life and personhood of the individual. In this paper, we shall discuss the implications of the decision in Philippine bioethics as well as public policies related to current bioethical issues in the country.

### **Session 15: Global Bioethics Official Opening of Kumamoto Bioethics Roundtable**

Vice-President, Kumamoto University

#### **Welcome to Kumamoto**

Prof. Takao Takahashi, Emeritus/Visiting Professor, Priority Organization for Innovation and Excellence, Kumamoto University, Kumamoto, Japan

#### **Welcome to Kumamoto**

Prof. Darryl Macer, Provost, American University of Sovereign Nations, Scottsdale, AZ, USA; Director, Eubios Ethics Institute; Secretary, Asian Bioethics Association; Visiting Professor, Kumamoto University, Japan

#### **Triage and the medicine in disasters**

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Triage is the medical assessment of patients to determine the priority for treatment and transportation based on the severity of their medical conditions, in situations where medical resources are limited and answering the needs of all the patients is impossible. Triage takes place in urgent circumstances, such as battlefronts, disasters and emergency hospitals. When medical professionals perform triage in disasters or emergency hospitals, they prioritize the severely wounded patients who are likely to survive. The ethical principle working here is a utilitarian principle, i.e. the greatest happiness (survival) for the greatest number. However, in triage in military medicine, less severely wounded soldiers are often treated in preference to more severely wounded because a military setting may require soldiers to return to the front as quickly as possible. In this presentation, I concentrate on the triage in disasters, and consider it from an ethical point of view. According to *Encyclopedia of Bioethics* 4<sup>th</sup> edition, decisions in triage are controlled by a mixture of utilitarian and egalitarian considerations. Generally, utilitarianism treats a person as one person; therefore, it is not incomprehensible that both utilitarian and egalitarian considerations appear in the judgments of triage. The most important point to examine is why utilitarianism is justified in those situations, and more, whether more basic principles such as 'restoration of the order' are the basis of justification for utilitarianism. The consideration of triage in disasters seems to lead to a more comprehensive consideration of 'ethics in disaster'.

#### **Gandhi's talisman, a challenge to modern day youth**

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In this presentation we will address how Gandhiji was a practicing bioethicist by narrating some of the incidents in his life so that the modern day youth can research over it and publish the findings. This presentation, for instance, discusses one of the last notes left behind by Gandhi in 1948, expressing his deepest social thought: *"I will give you a talisman. Whenever you are in doubt, or when the self becomes too much with you, apply the following test. Recall the face of the poorest and the weakest man whom you may have seen, and ask yourself if the step you contemplate is going to be of any use to him. Will he gain anything by it? Will it restore him to a control over his own life and destiny? In other words, will it lead to SWARAJ (freedom) for the hungry and spiritually starving millions? Then you will find your doubts and your SELF melts away."* The presentation will explain concepts such as *Swaraj*, *Satyagraha* (non-violent resistance), justice, and human dignity in this perspective.

### **Bioethics: From a scandalous past to a perilous future**

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Contemporary bioethics is a phenomenon of the last 4 decades and largely owes its existence to research scandals in the earlier part of the twentieth century. This paper will examine some of the stimuli that created a need for a discipline with the overarching objectives of bringing the discourse of morality into the life sciences. The discipline has a great deal of achievements to its credit in its relatively short lifespan and is now recognized as a distinct and necessary field in its own right. However, bioethics now also faces diverse yet interlinked threats from within itself and from outside. This paper aims to highlight some of them so that they can be recognized for the danger they present. A worrying trend faced by bioethics is its reduction to four easily memorizable principles bereft of context and devoid of social, cultural and religious influences. A bioethics stripped of context simply does not work when called upon in analyzing real life dilemmas. The paper will describe this trend and how it has created a divide between what is taught and what can actually be put in practice. Bioethics has gradually also been institutionalized, and proceduralized. Rather than focusing on the moral agent and doing what is right, bioethics is now often perceived to be limited to rules and regulations that need to be followed in order to secure funding, get research proposals approved or acquire and maintain accreditation which threatens the very ethos of bioethics. Another threat to the field is its decline into irrelevance. The academic discipline of bioethics has so far not made a market for itself in most of the world, a qualification hardly ever leading to a career in the field. Bioethics may therefore not attract fresh blood, and risks stagnation. The most alarming trend in bioethics is the gradual encroachment of the pharmaceutical industry into bioethics, which is now providing funding for education, research and even supporting bioethics centers. The conflict of interest here is obvious and the future agenda of bioethics may soon be set by the industry rather than the academia and public concerns. This paper discusses these disturbing trends and suggests countermeasures to stem this erosion.

### **A method for the development of an international bioethical management system**

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Amaryta Sen (*Why Human security?* presentation at "International Symposium on Human Security" in Tokyo, 28 July, 2000) emphasized on human security for survival, daily life, and dignity of human beings, and the significance of health, peace and tolerance for survival and thus human security. However, Sen did not suggest a management system to help achieve human security. There are two ethical aspects to human security: one is on the moral choice of behavior by individuals and the social choice by the general public, and the other is a need for an ethical standard for management of social organizations for cooperation. Sen focuses on the moral aspect and democracy for human-security. Meanwhile, he focuses on the management of social organizations that can contribute to human-security in daily business affairs. Social organizations need social responsibility to be able to contribute to human-security in daily business activities. For the achievement of social responsibility in daily business, not only a rule verification of all members inside the social organization but also a system and structure for the governance of social organization, like cooperative governance, are needed. ISO (International Organization for Standardization) has utilized the cycle of management for achievement of industrial and commercial standards by social organization in daily business affairs. Advanced management systems like ISO focus on the achievement of social responsibility. But, there is no international bioethical management system for the achievement of social responsibility that can contribute to human-security. In this age of rapid globalization, cooperative work is needed for the development of an international bioethical management system. The author shows the application of the management cycle to the development of a bioethical management system. The bioethical management system should be a universal manual for business under international bioethical standards. For the creation of a universal manual through international cooperative work, a framework and basic system need to be developed on a web-site. The framework of management cycle may be composed by "Plan" (ethical standards, ethical codes), "Action" (guidelines), "Monitoring" (standards and norms for evaluation) and "Conclusion" (remediation of daily business in the future). It is possible to develop a system for international cooperative work on a web-site about the management cycle. In this paper, the author concentrates on the actual method for the development of an international bioethical management system through international cooperative work as a tool that may contribute to the realization of human-security. The author has already founded a Free Think Tank system on the web-site for cooperative work.

### **Session 16: Biocosmology and Bioethics**

#### **The Concept of Identity and Otherness,**

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'Identity' has been the central theme of cultural studies since 1990s. Driven by the cultural politics of feminism, human rights and multiculturalism, as well by philosophical and linguistic concerns, there has been a new mode of thinking. The concept of 'identity' has also been subject to criticism. Identities are not universal, fixed or essential entities, but contingent on historically and culturally special construction of language. This means that identities are



wholly cultural and cannot exist outside of representations. Identities are discursive constructions, i.e. descriptions of ourselves with which we identify and in which we have emotionally invested. While identities are matters of culture rather than nature, this does not mean that one can easily replace those ethnic or sexual identities into which one has been acculturated. While identities are social constructions, they constitute us through the impositions of power and the identifications of the psyche. Stuart Hall identified three different ways of talking about identity: the 'enlightenment subject', the 'sociological subject', and the fractured (de-centred) or 'postmodern subject'. There are different perspectives to the concept of 'otherness': Philosophical perspective (Indian Philosophy, especially Buddhism and Jainism, Foucault, Levinas, Habermas, Rorty), Religious-Social Perspective (social stratification in Hinduism, Karma, Moksa), ecological perspective (human being and nature), feminist perspective and Hermeneutical perspective. Levinas (*Totality and Infinity: An Essay on Exteriority*) talks about the responsibility for the other. Responsibility is the proximity of the other. In Levinas, the radical responsibility is an infinite responsibility proper to human psyche. Radical responsibility develops interpersonal relationship, i.e. to take care of the neighbour, his suffering and pain. Responsibility is a bond, response and recognition. Habermasian notion of "inclusion of the other" and the "symmetrical understanding" are useful in this context. This paper will discuss these concepts in detail.

### **Triadologic bioethics: rehabilitating the foundations of Aristotle's *biocosmology* and intermediate holistic '*integralism*'**

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Aristotle is considered to be the father (founder) of ethics as a scholarly discipline. Therefore, naturally, we cannot develop modern ethics or bioethics, in relation to all forms of life, without a clear understanding of Aristotle's system of knowledge. Moreover, Aristotle is commonly known as the father of modern science in general, i.e. his rational scholarly knowledge forms the foundation and matrix of the edifice of modern science. However, paradoxically, Aristotle's supersystem of scholarly knowledge and his scientific 'organicism' – '*biocosmology*' – as a comprehensive form of rationality in scholarly endeavors has been forgotten during its long history and eventually removed from the agenda of modern scientific activity. Following Aristotle, ethics examines the good of the individual, emphasizing the importance of developing excellence or virtue of character and aiming at the individual's wholesome activity, thus achieving *eudaimonia* (happiness). Essentially, Aristotle regards excellent activity as pleasurable for a man of virtue, i.e. when it has an immanent (intrinsic) origin. Another cornerstone concept is that as Aristotle emphasizes, virtue is practical. The roots of virtue ethics in Chinese philosophy are even more ancient, however, the philosopher from Stagira stresses the unity of knowing and acting, i.e. the unity of mind, body and the environment (i.e. places or *topos* of activity). Indeed, this is a true 'organicist' approach based on the organic universality of the world (*Kosmos*), and in respect to bioethical studies, it is rationally reducible to the individual's ontogenesis of its/her/his inherent virtual (functionalist) potentials. A crucial concept, therefore, is that Aristotle's bioethics has an intrinsic (inherent, inborn, endogenous) etiology and essence. Substantially, all this is fully opposite to the currently dominating forms of modern bioethics which mainly have a deontological – i.e. extrinsic (outward, separated from the man's endogenous potentials) origin and essence. In general, as expressed in Pitirim Sorokin's "Social and Cultural

Dynamics", 1937–1941, we have three types of sociocultural supersystems: two polar and one intermediate (integral) one. Each and all of the three types are permanently active and autonomic (independent from each other), and each embraces all the forms of social and cultural life, including the bioethical one as well. Therefore, we need to rehabilitate the studies of etiology and methodology (anthropology, physics and metaphysics, evolutionary theory, etc.) of contemporary cosmologies (comprehensive supersystems of knowledge), including the Aristotelian ('*organicist*', '*biocosmological*') and '*integralist*' (intermediate, holistic) types. It is exactly in this Triadologic perspective that we have a good chance to get closer to the true effective forms of bioethics.

### **Recovering Indigenous Knowledge in the Wake of Environmental Ethics. Concern: A Case from Taiwan's Tayal People**

Dr. Yih-Ren Lin, Taiwan

#### **Lessons for environmental ethics in the indigenous knowledge of Tayal people in Taiwan**

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This study explores the significance of indigenous knowledge among Tayal people in the context of nature conservation efforts in Taiwan, particularly the ethical aspects of the human-nature relationship. Based on a participatory research for over 10 years in the Tayal communities, the author argues for the indigenous viewpoint in facing the current ecological crisis. The major study focus is on Tayal people, the third largest indigenous tribe in Taiwan, and their worldview of nature. First, a general outlook of indigenous peoples in Taiwan is presented in terms of their relationship with nature; secondly, some controversies like the conflict between indigenous hunting and wildlife protection are analyzed to reveal the neglect of the ethical dimension of the indigenous worldview of nature; thirdly, "Llyung" (literally meaning watershed), the Tayal people's cultural core concept to understand nature is explained along with its possible contribution to environmental ethics. This paper concludes with an emphasis that the worldview and knowledge of indigenous people in Taiwan can help with the healing of ongoing worldwide ecological crisis.

### **Ethical, legal and social implications (ELSI) of the use of communication robots in care settings**

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Among the major trends of healthcare today is an increasing integration of knowledge in engineering and use of technology. Advanced robotics has been introduced in the medical field since around the turn of the century. As is well-known, robots transporting medical records and robot-assisted surgery are already in practical use. Robot-assisted therapy, primarily intended for psychological healing of elderly people's minds, is currently being developed. Japan has been an international hub of robotics with several examples of Japanese robotic products in this field including AIBO by Sony Corporation (production discontinued in 1999), Paro by the National Institute of Advanced Industrial Science and Technology, OriHime by Ory Laboratory, Palro by Fujisoft and Hugvie by Vstone Corporation. While the disputes related to robots both in Japan and in the Western countries have centered on the military use or '*cyborgization*' (partial robotization of human bodies), the ethical, legal and social

implications (ELSI) of the communication robots used in care settings have apparently received less attention. In this paper, I present the result of a systematic review of the literature. After summarizing the arguments made so far in literature, to clarify the research trends of the field, I provide the results of keyword searches of databases provided by patent offices in Japan, the United States and the EU. In doing so, I will point to the ELSI of emerging applications of care robots that has scarcely been discussed so far. In addition, special focus is placed on robots resembling human beings or animals, as it may entail deception of elderly users.

## **Saturday, 8 November**

### **Session 17: End of Life Care**

#### **The moral status of euthanasia in Bangladesh**

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The intention of euthanasia is to dispose of the life of a patient affected with unbearable pain and suffering caused by an incurable disease/injury. This article focuses on its pros and cons and the controversy related to the moral permissibility of euthanasia as a means of death. In addition, the article provides an assessment of the scenario of euthanasia in Bangladesh, after firstly clarifying the idea from a Western perspective. Secondly, the common normative approach is used to see whether there is any compatibility between the Western approach and the normative one. Most of the inhabitants of Bangladesh are Muslims (80%); there are also Hindus (12%), ethnic communities (5%), and others (3%). Each of these has got its own religious and cultural values. The government of Bangladesh does not favor any specific form of religious or cultural value reformulating its policy or ethical framework. However, people are prone to come to their conclusions on the basis of existing socio-cultural-religious norms. While adapting a moral course of action, it is essential to resolute the moral conflicts that arise between the concerned parties. The article does two theses: First it presents philosophical arguments with an aim to reach to the conclusion as to whether it is permissible to adopt the ideal of killing a patient. Second, it presents a report on a field survey which was conducted over the country's different hospitals and medical colleges in urban and non-urban areas. Finally, it is concluded that (1) most decisions regarding one's ending his/her life or the withdrawal of life-support systems are not according to the procedure of ethics committee, (2) believers of either Islam or Hindu or other religions are not prepared to take a decision on euthanasia because of a lack of religious or cultural permissibility. However, in extreme cases we need to find an alternative solution for not ending a patient's life.

#### **Clinical ethics consultation to withdraw life sustaining treatment from terminal patients in Taiwan**

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Taiwan was the first Asian country to have a 'Natural Death Act'. The act was enacted in 2000 to provide the medical personnel with a legal basis to respect patients' autonomy in refusing to perform CPR on a patient in the terminal stage. To achieve a 'good death' in terminal illness, the act has been continuously revised. The latest version allows the family to decide not only to withhold but also to withdraw CPR as a life sustaining treatment from a terminal patient. In fact, the act is not only a claim to clarify the right of a terminal patient to refuse medical futile treatment but a

response to the great strides made by medical technology and national insurance of Taiwan over the last decade in prolonging the life of the severely ill. Although the latest version has been enacted for more than one year in Taiwan, health care providers encounter difficulties in practicing the act. First, the patient must have been diagnosed as being in a terminal stage by two physicians. However, the judgment of terminal stage is difficult for some patients. Second, the surrogate decision maker (usually the closest family) who acts on behalf of the incompetent patient may feel a lot of tension in deciding what the patient's best interest is. Third, without the assurance from the hospital ethics committee that the declaration has become effective, health care providers would not feel comfortable to comply with the declaration, e.g. the withdrawal of life support treatments. Taichung VGH (Veterans General Hospital-Taichung) began to provide ethics consultation services in May 2011. Seventy two ethics consultation cases have been proposed until 31<sup>st</sup> May, 2014. In 89% (64 cases) of the cases, the main reason of consultation was end-of-life issues, and 74% (53 cases) of the consultations included a request for withdrawing life sustaining treatment. Our experience seems to indicate that ethics consultation before withdrawing life sustaining treatment is important for both the family of the patient and health care providers to understand the ethical justification and eliminate the doubts in their mind.

#### **Wider implications of the right to die debate in the UK**

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The United Kingdom House of Lords has conducted a passionate debate on the right of some individuals to end their lives when suffering extreme discomfort and pain in terminal diseases. This is one of the most challenging dilemmas facing human beings as medicine continues to advance unrelentingly without considering the ethical consequences of medical breakthroughs on human relations, human suffering and traditional human approaches to end of life suffering. It is time that humans come to terms with the facts of terminal or untreatable illnesses regarding the option of ending their life through a cocktail of pain relief and other medications to avoid suffering. However as medicine advances, hope rises for new breakthroughs. While medicine cannot relieve suffering it can prolong life through new treatment modalities, though the quality of life is not always good in some of these circumstances. Fear of patients taking their own lives to relieve their relatives of the burden of looking after them, or fear of relatives and others pushing such patients to take their own lives remain strong arguments against relaxing of the laws against assisted dying. This paper will examine some of the issues and the difficult choices that society has to make.

#### **Session 18: Bioethics teaching for cultural diversity and medical humanities Challenging learning across generations with reference to bioethics education**

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There is an urgent need to reduce the gap in translating newly acquired knowledge from the bench to the classroom. With no secure, long-term solutions towards protecting our 'global' natural and cultural heritages, we must empower future generations to become sufficiently knowledgeable to best provide them with a safety net for survival. This proposal

depicts a workable framework incorporating more ethical elements into existing educational programs as taught in science, medicine, law and economics. To facilitate reform, a commitment to update education and to expand the pool of individuals concerned about 'Global' ethics would, of necessity, facilitate path-breaking discoveries and creative opportunities for social advancement. I am convinced that newly created Education Departments will enhance the pleasure of learning whilst increasing community accessibility to much needed ethics education. By working together to improve the available resources for learning, we will promote understanding and further endorse relevant themes crucial to modern bioethics. UNESCO can be a powerful and neutral platform where stakeholders with diverse backgrounds from all over the world get together to incorporate updated education materials and create adaptive change.

### **A situational and relational learning paradigm for community mental health in Taiwan with pragmatic challenges to the contemporary visions of professionalism**

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This research uses community mental health for developing a learning paradigm that encompasses a situational and relational approach to medical professionalism, and hoping that it would contribute to exchanges among regional professionals as well as protection of human rights. Major mental hospitals in Taiwan have established models for therapeutic communities that incorporate pragmatically adopted patient-centered approaches, while successfully integrating biomedical knowledge with social support networking skills. These models were developed in Taiwan not only to address the issue of humanizing psychiatric treatment, but also to create an opportunity for Taiwan to earn a good international reputation. Based upon Taiwan's established international collaborations with Southeast Asian countries, this project adopted a participatory narrative approach towards a learning paradigm that is situational and relational. Using Jonsen's four-topic approach as a directing concept, we designed learning environments and service learning curricula in collaboration with mental health workers and appropriate patient groups. In conclusion, Taiwan's experiences can serve as evidence for a patient-centered professional model and open new horizons by addressing gaps in contemporary theories about professionalism.

### **Bioethical Reflections on Spiritual and Terminal Care for Cancer Patient: lessons from recent curriculum designs in Taiwan**

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Training in basic and clinical sciences gets medical scientists and doctors so much indulged in the study of pathology or therapeutics that they may lose competence in humanistic matters. Death then can act as an informal 'curriculum' for clinicians to reflect on the meaning of life and to reconsider the humanistic value of medicine. We have designed courses with a comprehensive approach that includes thinking reflections, care capacities and academic practices so that the learner's holistic competence can be insured. This includes the care of dying cancer patients, with an emphasis on empowering their families and close friends with body-mind/spirituality approaches, and mastering the knowledge, skills, and attitude of hospice care. Accordingly, a

narrative method with four-topic approach has been introduced for students to help them explore the challenges of hospice in the Taiwanese context, to reflect ethically on medical care, and to conduct participatory research with compassion. By critically reviewing the related curriculum designs and policy reform in the last five years, this paper proposes a bioethics oriented medical humanity education program for early clinical exposure in hospice contexts. In conclusion, the prospective of this medical education program on professionalism and cultural competence will be addressed.

### **Students as facilitators for development of ICT methods at 'Living Labs' in an indigenous tribe in Taiwan**

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ICT can help overcome cultural barriers that inhibit the access of elderly people to medical and social services. 'Living Labs' use a participatory approach to the design of products and services that can effectively be used in rural areas and among the elderly, tailored to the needs of these populations. This paper reports on project to overcome cultural and technological gaps between an indigenous tribe and the mainstream society in Taiwan. The success of efforts to improve health literacy depends on the capacity of healthcare professionals to overcome cultural barriers, and thus promoting cultural competence is an important issue in training medical students and health professionals. In 'Living Labs', we designed an IT platform to manage and share information in a user-friendly approach with a feedback mechanism to improve knowledge management. The 'Living Lab' provides for a systemic innovation approach in which all stakeholders in the service can participate in the development process. First, a workshop was conducted to empower the medical device users in the tribe. Medical students and IT masters students worked in interdisciplinary teams. Oral history taking enabled them to learn about the lifestyle of device users, and to collect users' health-related narratives. Students then continued working in their groups to design prototype ICT projects for the tribe. Their designs made significant contributions to the development and deployment of healthcare devices, to cultural preservation efforts, and to the establishment of an innovative user-based platform. The contributions were not limited to the cultural domain or health issues, but created bridges between the two. Students' feedback showed they were fully aware of the cultural barriers inhibiting tribal people's understanding of students/professionals/mainstream society, and the information disparity between the students and the tribal people.

### **Nurturing global care and competence to medical students through professional training in social medicine and cross-cultural studies**

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With globalization, the barrier between countries has decreased and cross-country activities have increased. Pingtung Christian Hospital (PTCH) has followed the footstep

of medical missionaries in international cooperation and service. During cross-cultural learning programs, we realized that Taiwanese students had inadequate knowledge and participation in international cooperation. Therefore, PTCH facilitated overseas missions for Taiwanese students, and worked closely with several universities in Taiwan for medical or health clerkship and internship in order to enhance Taiwanese students' delivery of humanities and interest in international cooperation. With support from a cloud computing platform for service learning, designed by our project team members, and collaboration between the PTCH tele-care and mobile care project and governments in South Africa, Malawi, Lao and the northern part of Thailand, we extended the know-how of an integrated information technology with community medicine and regional health planning to international spheres. The action plan was based upon our design of integrated delivery systems to serve tribal communities, and has been demonstrated in recent annual Southeast Asian Professional Collaboration Workshops and is further helping with training professionals in international programs. Regarding regional hospitals as the core hub to facilitate the development of health promotion and health care delivery resources in communities, the action plan has been arranged into 3 phases including community care, aboriginal mental health services and international cooperation and education. Comparing the differences of cross-cultural learning and training can be helpful in the facilitation of professionalism and global involvement to Taiwanese students. Such projects enrich collective learning opportunities for professionals and help cultivate capable leaders with cross-cultural competence for shaping the foundation of a regional civil society beyond national borders.

### **Session 19: Bioethics Education Implications of AUSN MBGPH for Future of Bioethics Education**

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The American University of Sovereign Nations (AUSN) Masters in Bioethics and Global Public Health (MBGPH) program has emerged in 2014 as a full master's course in bioethics education. This paper will describe the courses and needs. The development of the value of love of life is quite consistent with a holistic view of life. The word 'Eu-bios' means good-life, and such a life must be sustainable. The pursuit of a bioethical life, a good life for all, is something we can see across the world, and is a core of the bioethical imperative. The task of a teacher includes empowering their students to develop their maturity as individuals as well as being able to be cooperative members of changing societies. Students need to be prepared so they are able to apply knowledge to make good decisions during their life. This begs the question of "what is knowledge?" Knowledge is much more than the latest trends in science and technology, or the latest political ideals. The wisdom from traditions of one's own, and many other communities are essential to the resources that our minds call 'wisdom'. How can we train teachers and sustain their motivation to take upon this vocation of sharing wisdom? How can we create communities that support these goals? There are various roles and challenges for teachers and educational institutions, and those who develop curriculum. Depending on the goals of the educational systems a variety of training strategies and methods will be used. This paper will bring together the ideas of the bioethics education sessions to assess future research directions and teaching strategies.

### **Design of Bioethical cases spanning over general and professional education**

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Bioethics helps with the handling of the difficulties and dilemmas in life-related issues through its multidisciplinary studies of population, behavior and life sciences. Bioethics education may be more successful if high quality trigger cases can be presented to integrate these three aspects of learning. In China Medical University of Taiwan, a revised curriculum with a three-level ethical course was proposed to support the graded learning objectives of bioethics and to meet the need for general and professional education. The diverse aims in each level imply the need for multiplicity in case scenarios that can represent a wide spectrum of ethical issues. For example cases of animal rights, GM food, gene privacy, human experiments, etc. were designed to achieve the first level's aim to cultivate an attitude to respect life, consider risk vs. benefit and understand the value of diversity. For the second level, cases on truth-telling about terminal cancer, patients' right to self-determination, doctors' rights and duties, reports of medical malpractice have been designed to cultivate the ability of moral reasoning and to realize values in medical profession. Narratives about the patients and their families in several real clinical cases were developed mainly to encourage students to introduce ethical considerations in their clinical learning. In general, the cases have been designed along a path that moves from more general to more specialized and professional. To create effective cases for bioethics learning, the case scenarios should not only lead students to a particular area of study to achieve those diverse learning objects, but also it must contain cues to stimulate discussion and encourage students to seek information from various learning resources. In general, cases of ethical enquiry are commonly derived from dilemmas in everyday life, which are then grown into more specific issues relevant to the context in professional practice.

### **Nurses as facilitators of clinical ethics: An interview survey of their experienced incongruities in teamwork**

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While teamwork is essential for the delivery of high-quality nursing, it has been reported that nurses face certain difficulties in communication and collaboration with colleagues who have a different sense of values. Since nurses are expected to facilitate ethical conflicts or seeds of conflict that can occur between stakeholders in clinical settings, they often experience incongruities and dilemmas when working with patients, families, physicians, and other healthcare providers, including colleague nurses. Therefore, the objective of this study was to examine the incongruities experienced by nurses in their teamwork, as well as to clarify their common structures. A semi-structured interview survey was conducted with 10 nurses (with clinical experience ranging from 3 to 10 years), and a narrative analysis was performed in regard to the structure of the nurses' stories of incongruities. As a result, 31 episodes were extracted from the stories told by the 10 participants. The reported causes for such incongruities were categorized into three themes: (A) related to differences in the conventional codes of conduct in their nursing teams, (B) related to a difference in the length of clinical experience, and (C) related to nurse-doctor relationships. In addition, the findings of the structural narrative analysis suggested three

structural patterns in the reported episodes: (1) the nurse did not take any action (19 episodes); (2) the nurse took some actions, but they had no effect (10 episodes); and (3) the nurse took some actions and they had some effect (two episodes). Regarding the latter two episodes, one nurse noted that her colleagues were a "good model" while another referred to her previous successful experiences when dealing with the current incongruity. These results are informative as to the role of teamwork and group dynamics in clinical ethics, especially in the Japanese healthcare context.

### Comparison of the effects of lectures vs. narratives for teaching ethics on the moral sensitivity and learning satisfaction of Iranian nurses

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Ethics education has a crucial role in the development of moral sensitivity in nurses. Meanwhile, curriculum instructors constantly look for new and effective ways for ethics education. The aim of this study was to compare two methods of teaching: narrative ethics and lecturing, on moral sensitivity and learning satisfaction of nurses. Fifty-six nurses from two educational hospitals in Birjand city participated in this randomized field trial research. Data were collected by using Lutzen's Moral Sensitivity Questionnaire before and after intervention. The participants were divided into two groups and four sessions of classes (each 3 hours) with a one week interval for each. A learning satisfaction questionnaire was also completed after the intervention. Both methods, narration and lectures, significantly increased the nurses' moral sensitivity in each group ( $p < 0.001$  and  $p = 0.01$ , respectively). Despite the higher mean score of moral sensitivity in narration group than in the lecture group, moral sensitivity did not show a significant difference ( $p = 0.70$ ) and also there was not a statistically significant difference between learning satisfaction in the two groups ( $p = 0.09$ ), despite the higher mean score of narration group. Concerning the results of this study, since there was no significant difference between two methods, it was concluded that a combination of narration and lecture in development of moral sensitivity can lead to better outcomes.

### Professionalism and Citizenship: Cultivating Cross-Cultural Sensitivity through Writing Local History - an Interdisciplinary Service-learning Project for Community Development

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We report a community-building project that enabled the development of a university-community partnership with a participatory and multilayered approach. The project used oral history as a rich and sustainable methodology for producing local records. It has potential applications and future implications for liberal and professional education. The project employed oral history as a tool for community building by strengthening community ties and collective memory, and integrated it with a service-learning curriculum designed to nurture the responsibilities of citizens. The curriculum thus served as a bridge linking cultural sensitivity, desirable in

liberal education, with the required competencies in professional problem-based learning in the field of community development. By guiding students to take part in local history projects, they could appreciate the maritime influence of Chinese Empires and the distribution range of Austronesian/Malay-Polynesian nations. Such understanding provided incentives for learning cultural competence, enriched their professional competence within the field of community development, and ultimately helped students realize Taiwan's potential as a crucial international hub for professional and cultural exchange. Such projects can help prepare premedical students in developing competence as professionals and citizens, before going deeper into their professional education.

### The Medicalization of Suffering

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Concerning especially with the end-of-life stage care of people in today's developed countries, most people have the benefit of professional medical care. Therefore, people may assume that they can most of the time get pain management and that they should somehow manage their disease or illness on their own with medical help. WHO sets a guideline for managing pain in "physical, mental, social and spiritual" aspects. Medical professionals are preparing for their patients' good death, laying out its components, such as: 1) Management of pain and other symptoms, 2) Clear decision making, 3) Preparation for death, 3) Completion, 4) Contribution to others, and 5) Affirmation of the whole person (Steinhauser et al. 2000). Here in Japan, where more than 80% of people die at hospitals and clinics, it is considered necessary for the medical staff to look after their patient's process of dying. Ordinary people, too, are now encouraged by the media and by commercialism to plan and arrange for each one's own death and dying. Thus, there is a grave issue from a humanistic point of view; that is, along with other aspects of ageing and illnesses, the contemporary society tends to 'privatize' human suffering: namely, each one has to deal with suffering and dying as private matters with the help of institutional medical assistance. Thus, suffering is shunted off as an individual affair. I argue that this poses a fundamental obstacle to our personal, interdependent understanding and living out of our humanity.

### Sunday, 9 November

#### Session 20: Bioethics in the Clinic

##### Remembrance : The 4th 'R' of Animal Experiments

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Animal experimentation or *in vivo* experiments use non-human animals, such as mice, rats, monkeys, dogs, cats, etc. in research. Although the sacrifices of these experimental animals have helped researchers to follow with the successful development of medicine and technology, there have been growing debates and bioethical concerns regarding animal experiments. When experimental animals are used in the lab, scientists have a moral and ethical responsibility to provide high quality care. In 1959, British scientists, Russell and Burch described the principles of working with and caring for these animals, which can be represented with 3Rs:

Replacement, Reduction and Refinement. In the last few decades, the 4<sup>th</sup> R, 'Remembrance,' has been proposed as a new idea to acknowledge and show appreciation to sacrificed experimental animals. This proposal is not yet popular worldwide; however, in Japan almost all universities and research institutes have annual memorial services and ceremonies to comfort their souls. Bioethical issues of performing animal experiments have been raised and will continue, but the 4<sup>th</sup> R may be able to help the society reach a compromise between agreement and disagreement over the use of animals in research field. In this presentation, we will focus on the 'Remembrance' of those sacrificed animals, and will introduce the situations of memorial services and rituals not only in Japan but also in other countries. We would also like to discuss some viewpoints of remembering experimental animals based on religious views, and provide information of the origin and historical backgrounds about remembering the animals in Japan. We hope this presentation would stimulate researchers to reconsider animal welfare in research fields all over the world.

### **Nurturing medical ethics and professionalism through experience of 'A day in a doctor's life'**

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The teaching and learning of medical ethics and related professionalism have been discussed as a process beyond the boundaries of lecture halls. This component of medical education should not be focused on theory alone but be inculcated as a work culture in future career of medical graduates. In Universiti Sains Malaysia (USM), the basic theory and principles have been well scheduled as part of the curriculum activities, but additional non-lecture activities are also arranged to emphasize the application of it. 'A day in a doctor's life' program is a program where a group of first year medical students were assigned to a volunteer medical lecturer. They follow all the lecturer's clinical duties such as ward round, clinic, operations and patient education session. This paper describes the qualitative findings from the students' reflection diaries. The students wrote their observations on how the doctors communicate differently in different situations and with different types of patients, how they realize that a doctor may not always cure but provide the comfort that the patients need, and how a doctor's job must be carried out with caring, determination and dedication to overcome the challenges in medical profession. These observations were more meaningful for them in pursuing their medical profession dream.

### **Organ donation and family relations in Bangladesh**

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This paper presents a cross-cultural and comparative review of the situation of organ donation and transplantation policies between Bangladesh and the UK. The focus of this paper is on how the human organ donation and transplantation policy of Bangladesh is different from the secular Western perspective such as in the UK. Structurally, organ donation and transplantation policies in Bangladesh are family oriented in comparison with the secular Western notion of self-reliance. The biomedical practice in Bangladesh is in a way that organ donation and transplantation are only acknowledged for family members. However, family members

can donate their organs to any stranger in most Western societies. This family oriented donation of organs is very typical and unique in the traditional and Muslim majority society of Bangladesh. I also address the normative question of why organ donation and transplantation policy of Bangladesh is family oriented. Based on the Islamic religious laws and accounts, cultural and ethical perspectives, I argue that saving a family member's life is the prime duty and responsibility of the religious Muslim majority of the society in Bangladesh. Each account offers a comprehensive framework in relation to the family oriented approach of organ donation and transplantation policy in Bangladesh. I also argue that organ donation and transplantation policies in Bangladesh are family oriented because the families are more vulnerable and the issue may be critical in the sense that family relationships may be lost, and organ trafficking may increase. This bioethics study presents a new research aspect and is based on widespread practices in the society. This cross-cultural study may help policy makers, researchers, transplant practitioners as well as patients in Bangladesh.

### **Shortage of organ donation resulting from difficulties in the diagnosis of brain death by medical practitioners in Malaysia,**

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The issues of brain death and organ donation are closely related. Brain death is the irreversible loss of brain function, and from the medical perspective, a person who is brain dead cannot be recovered. The shortage of organs for transplantation is a worldwide problem. One of the reasons contributing to the shortage of organs is the refusal of medical practitioners to diagnose brain death. This paper will highlight four factors why medical practitioners in Malaysia may refuse to diagnose brain death. These factors include: 1) medical practitioners may not accept brain death as true death, 2) a misconception of the concept of brain death, 3) a lack of knowledge about brain death, 4) a lack of responsibility in carrying out professional duties. These four factors will be discussed on the backdrop of ethics as the ethical implications pertaining to brain death diagnosis in Malaysia.

### **Newly Elected ABA Presidential Address: The influence of gender on living donor kidney transplantation in Japan: a questionnaire survey of spousal kidney donors**

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Living donor nephrectomy for renal transplantation has become widespread as surgical techniques and outcomes have improved. However, living donor transplantation presents an ethical dilemma because physicians must risk the life of a healthy person to improve or save the life of the patient. Between January 2012 and March 2013, a questionnaire survey was conducted on living transplantation donors who had donated a kidney to their spouse to determine their perceptions of living donor kidney transplantation. The survey included 41 husbands and 99 wives as donors, i.e., over 70% of kidneys were donated by wives. Thus, there may be a gender bias with regard to the

number of donations from wife vs. husband living donors. In Japanese society, men are commonly the breadwinners in the family and women may be more often expected to act as donors. For the question "How much the decision to become a donor was yours?" 85.4% of husband-donors and 79.8% of wife-donors answered that the donation was only their intention. Surprisingly, however, 1 wife-donor answered it was not her intention to donate (under 10% her decision) and her decision was influenced by others. Apparently, wife-donors were under pressure from their husbands, children, parents, parents-in-law, or close relatives. Another finding was that 92.7% of husband-donors compared with 86.9% of wife-donors perceived living donor transplantation as ongoing medical care. Donors were also asked about their opinions regarding transplantation of surgically restored cancerous kidneys. This is currently not allowed in Japan because of the lack of necessary evidence. The issue of cancer recurrence is a concern in restored kidney transplantation, and we estimated the 5-year recurrence rate to be 6%. In total, 78.0% of husband-donors compared with 82.8% of wife-donors recognized restored kidney transplantation as ongoing medical care. These results thus show that husband-donors preferred living donor transplantation, while wife-donors preferred transplantation using a restored kidney. Transplantation using a previously cancerous donor kidney may offer some relief from the pressure on family members, particularly wives, to donate.

## Session 21: Seminar on Conflict Resolution

### Can a community restorative justice model in transitional justice contexts be applicable to transforming community conflicts after environmental disasters?

Prof. Akiko Ishihara, Kumamoto University, Japan  
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In this presentation, I will discuss the applicability of community restorative justice model after civil wars to a process of conflict transformation and justice building after mass environmental disasters such as Minamata and Fukushima cases. Divisions and conflicts among community members tend to happen after mass environmental disasters. For example, Minamata and Fukushima experienced and are still experiencing them. In both cases of civil wars and environmental disasters, 1) all community members are traumatized, 2) some level of victim-offender relationships exist in the community. The restorative justice model seems to be useful for building justice and re-building community. However, there exist differences also. In this presentation, I will compare the Rwandan genocide case, the Minamata environmental pollution case, and the TEPCO Fukushima environmental disaster case. In the Rwandan genocide cases, violence was usually direct, physical, and visible; it was easy to identify who was an offender and who was a victim about one incident. Both the victim and the offender are individuals. In the environmental disaster case, violence is structural, but is not direct. The victim-offender relationship is not visible and scientific proof for the victim-offender relationship is needed. I would like to discuss at what stages of community transformation process we can use the restorative justice model and what practical form of restorative justice is appropriate in each case.

### Avoiding ethnic religious hatred; concept of 'Kita'

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*She said: Don't make others suffer for your hatred* – Neon Generation Evangelion

Even in this century, Asians are still living with unreasonable superstitions. In this essay, I would like to criticize such ill-affected concepts. I can use the example of my mother's experience during the World War II, when Korea was occupied by Japan. She was born and raised in a far-off island but to avoid being captured by the military as a sexual slave she had to fake being married and get asylum to an inland city. But there were many Japanese living there, and when she went to use the public bath, she was told off by Japanese women who yelled at her: "*Josenjin Kitana*", "get off from my eyes". Another example is my colleague who lives in Canada. He studied Japanese religions for two years and lived in a Japanese home. When he moved in, the landlord mentioned that a '*Kitana*' person was in the town; here, '*Kitana*' is a religious and racial term. But '*kita*' is a medical notion of 'health'. There are two levels of the concept of '*kita*' ('sanity' or 'clean'). The two dimensions of the concept mean good and healthy at the same time, which is the root of hygiene as well as racial discrimination. The former meaning is health and hygiene, the latter refers to religious emotions. It is neither a philosophical concept nor an ethical norm. Religious and ethnic studies demonstrate that the sense of clean and dirty is critical for the survival of indigenous societies. The holiness comes from such thinking, but then the discrimination follows. For example, delivering a baby is not ordinary but a holy affair, so they have to be separate from the public for a while. In the ethnic religious sense, a menstruating woman is not clean therefore she may be isolated for a while. This may only be justified when we live in a small and segregated village. But when we live in large cities, separation by racial discrimination is not valid and does not suit a globalized life style. In this environment, a religious approach is helpless. When AIDS struck in 1980's, it resulted in a panic approach which was not a solution. There was only a witch hunt with the blame of immorality on sexual minority people. They accused sexual minorities under the name of God. It led to a huge wave of political conservatism, claiming that AIDS patients were sinful, damned, cursed, and untouchable. In a logical point of view, this was a categorical fallacy. The religious beliefs were mixed with medical concepts. It was mere superstition. However, now we know that it was not a suitable treatment for patients and families. In Africa and worldwide, there are many people suffering due to hatred. They suffer more pain from the disgust of neighbors rather than the disease. This is a negative aspect of religious hatred. In old times, leprosy was known as a highly infective and cursed disease. So they were separated from the public to prevent from an outbreak. Nowadays, we know that it is not true. Still, they may suffer from the hatred of others. Animosity is the other face of '*kita*', a religious idea of 'clean' that is not any longer used. The Japanese, Chinese, Korean, Indian and others have their own criteria of cleanliness. Each notion has the religious sense of immunity. Shunning is a significant function of each religion. But, it is not suitable for medical ethics or moral philosophy. Now we are facing the Ebola virus with a worldwide panic. Discrimination against African people may become more severe than before. Sanity is a great idea when applied to hygiene and medical ethics. However, by judging others by the name of ethnic religion, it can change into a nightmare.

### **Dialogue Project for the Affected People by the Fukushima Nuclear Disaster using Deep Democracy Model**

Mr. Norio Hiromizu, PhD Candidate, Kumamoto University, Japan

In this presentation, I will discuss the possibility of the Deep Democracy Model as a philosophy for a dialogue project for Fukushima people affected by the Nuclear Disaster. We have had the dialogue project for the people from Iitate village, which is severely affected by the Nuclear Disaster in Fukushima. We used the Deep Democracy Model there. 'Deep Democracy' is a psychological, social and political paradigm and methodology for decision making that Arnold Mindell, the founder of Process Work, proposed. I define it as "a philosophy, attitude, a viewpoint, and technique to make much of every person, every event, and every dimension (dimensions of reality, dreamland and essence) equally".

We can rarely improve the tangle situations in our society because we focus on the factors that we need to consider. Then I believe that we could expect new possibilities for the approach of Deep Democracy to solve the tangle situations by adding the other parts that look unrelated without separating the problem that we face from the whole. 'The *Kasukadari* society' is a dialogue project to support a revival of the broken hearts of the refugees from Iitate village and to contribute to community rebuilding. The participants are various stakeholders and basically they listen to each other. The potential of 'Deep Democracy' to empower people and to start community rebuilding will be shown.

### **Role of conflict resolution in Global Business,**

Ms. Keiko Suzuki, President, Footsteps, Tokyo, Japan

How and who would deal with conflicts in the global organizations where many work virtually? Today, the global firms face more complex and demanding work situations which often create stress and internal conflicts. Global team leaders are challenged to handle more diverse team members with a different nationality, cultural background and set of values. Exercising the idea of inclusion and diversity becomes critical to create a high performance team. The World Bank defines social inclusion as the process of improving the terms for individuals and groups to take part in society. Inclusion ensures that people have a voice in decisions which affect their lives and that they enjoy equal access to markets, services, and political, social and physical spaces. It is about recognizing and valuing diversity; it is about engendering feelings of belonging by increasing social equality and the participation of diverse and disadvantaged populations. Let's look at how the organization leaders manage conflicts using meta-skills and the concept of "Deep Democracy" for inclusion and diversity, which foster trust, flexibility and collaboration instead of confusion and conflicts at the work place.

### **Challenges and opportunities of deliberative democracy approach on complex public issues**

Dr. Satoshi Ishida, Kumamoto University

### **Time to think about the changing faces of family, marriage and parenting**

Prof. Jayapaul Azariah, Founding President, AIBA and former President, Asian Bioethics Association; Former Professor & Director, School of Biological Sciences, University of Madras, Chennai, India  
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The stability of any human society is rooted in its institutions, which include education, health care, human rights and marriage, to name a few. Due to the rapid

advancement of science and technology, these institutions have undergone marked changes in maintaining their social and cultural values. This paper examines the bioethical issues that are emerging in the institution of marriage, family and parenting, as a result of changes in social and cultural values. Marriage from time immemorial has been a public event. The earliest report is found in the Old Testament when Laban made his daughter's wedding a 'public event' by "gathering together all the men of the place and making a feast" (Gen. 29:22). There are three options in defining the partners of marriage: (i) marriage is between a man and a woman (ii) between two persons and (iii) between two creatures. The legal definition of marriage is changing. Which is the right definition? Changing the phases/faces of marriage is a bioethical challenge. Similarly the number of parents a child can have is changing. Traditionally a child can have two parents, a father and a mother. Currently this number is changing. With the onset of one parent families, a child may be basically denied of the benefit and/or luxury of having two parents. However, in some countries, the number of parents a child can legally have is more than two. The main issue is that of secular thinkers who have made a vow to radically change the institution of marriage. Which position is right? This paper discusses the bioethical implications of marriage and family in modern times.

### **Devising Disaster Ethics: Paradigm, Challenges and Dilemmas**

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Disasters are frequently characterized by an abrupt onset, with overwhelming needs in the face of scarce resources. Therefore they pose different types of critical challenges including especially ethical challenges that may be different from those in a normal situation. Since disasters assume diversified characters depending on the time, place, and extent of the event, the ethical questions that are raised cannot naturally be answered based on a "one-size-fits-all". Moreover, apart from this inherent impossibility of having a unique paradigm, there are other challenges and dilemmas that may surround the basic issue, including ethical norms, ethical processes and elements, and ethical principles and theories. Thus, although for each and every disaster, we may successfully respond based on experience from diverse forms of previous disasters affecting different parts of the globe in different phases of history, one must inevitably contextualize the disaster being confronted, appreciate its unique nuances and thereby facilitate the construction of its specific legal, ethical as well as medical framework. This paper endeavors to focus on the basics of jurisprudence crucial to devise a disaster ethics which eventually entails an arduous job of meticulous analysis of components related to the construction of apposite paradigms as well as the challenges and dilemmas affecting their viability and efficacy.

### **16:00 – 17:00 Session 22: Medical Ethics Consideration of the Production of Human Skeleton Models from Autopsied Patients with Hansen's Disease in Pre-War Japan**

Atsushi Asai<sup>1</sup>, Hiroko Ishimoto<sup>2</sup>, and Sakiko Masaki<sup>3</sup>

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On May 9, 2013, a local newspaper in Kumamoto (located in Kyushu Island, Japan) reported that pathology researchers at Kumamoto Medical School had produced dozens of human skeleton models (hereafter, models) from autopsied patients who had died of Hansen's disease (HD) in the 1920s. A general meeting of the "Hansen's Disease Citizen's Association" was held in Kumamoto City immediately after the release of this news, aiming to eliminate prejudice against individuals with the disease and to address the historical lessons learned about discrimination. The Association made an emergent appeal, demanding investigation over the production of these models and the ethics of medical professionals and researchers at both Kumamoto University School of Medicine (originally Kumamoto Medical School), and the National Sanatorium *Kikuchi Keifuen* where all autopsied patients had been admitted. Both former patients with HD and commentators specialized in the history of HD in Japan argued that medical professionals involved in the production of these models had been discriminatory toward patients with HD in carrying out unethical practices. The authors believe it is important to examine, from the humane perspective, the factors that allowed medical professionals to participate in those activities without any condemnation from either the medical community or the lay population. The paper discusses the long history of discrimination against patients with HD and the ethical fragility of medical professionals as the two main factors that contributed to the production of the models. We also consider circumstances of the era in which this occurred, including the national atmosphere and the ethical immaturity of the medical community at the time. In conclusion, the authors stress the importance of preventing discrimination and ensuring robust ethical guidelines for medical professionals in order to keep history from repeating itself. An endless battle against discrimination is necessary, and serious reflection upon the past and learning from it are essential.

### **The clinical application of the new-type of preimplantation genetic diagnosis (PGD) on embryos in Japan**

Dr. Masayuki Kodama, National Institute of Fitness and Sports in Kanoya, Kanoya City, Kagoshima, Japan  
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In a recent symposium held by Japan Society of Fertilization and Implantation (JSFI) in Oita on August 8-9, 2013, many of participants were of the opinion that in the prevention of recurrent miscarriage associated with a balanced chromosomal translocation it was remarkably effective to apply the new-type of preimplantation genetic diagnosis (the new-type PGD) using comparative genome hybridization (CGH) for only the carriers of balanced chromosomal translocations. Although the Japan Society of Obstetrics and Gynecology (JSOG) endorses the new-type PGD using CGH for only the carriers of balanced chromosomal translocations, it is against the ethical guidelines of the JSOG to decide whether or not embryos should be implanted when aneuploidy is found in the embryos with the new-type PGD. In my opinion, it is at the discretion of the JSOG's own randomized controlled studies which involve multiple facilities whether or not a scientific basis can be found for the value of the new-type PGD in cases of recurrent miscarriage, implantation failure, and in women of advanced age.

### **Closing Words for ABC15**

### **Poster and Podcast Presentations**

#### **Anticipatory governance of social robotics**

Lucy Diep<sup>1</sup>, John-John Cabibihan<sup>2</sup>, Gregor Wolbring<sup>1</sup>

<sup>1</sup> Department of Community Health Sciences, Faculty of Medicine, University of Calgary, Calgary, Alberta  
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<sup>2</sup> Department of Mechanical and Industrial Engineering, Qatar University

Social Robotics is an emerging field, with many applications envisioned. Scientific and technological advancements constantly impact humans on the individual and societal level, therefore, one question increasingly debated is how to anticipate the impact of a given envisioned, emerging or new scientific or technological development and how to govern the emergence of scientific and technological advancements? Anticipatory governance has as a goal to discuss potential issues arising at the ground level of the emergence of a given scientific and technological product. Our study investigated: a) the visibility of the anticipatory governance concept within the social robotic discourse and, b) the implication of anticipatory governance for the social robotics field and people impacted by how the social robotic field advances.

### **Social work, technology governance and people with disabilities**

**Gregor Wolbring<sup>1</sup>, Lucy Diep<sup>1</sup>**

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podcast[http://www.crds.org/research/faculty/socialworkasiabi\\_oethics.mp3](http://www.crds.org/research/faculty/socialworkasiabi_oethics.mp3)

This paper engages with the topic of science and technology governance including anticipatory governance and the questions it raises by looking at the purpose of social work in various places ranging from North America to Asia. We provide answers to the following questions: a) is social work as an academic field engaged in the governance of technology as a means to influence how technologies are used; and b) is the field of social work visible in the area of three concrete emerging technologies (social robotics, brain machine/brain computer interfaces, neuroenhancement/cognitive enhancement) and one general area of technology application (human enhancement)? We found no engagement of social work with technology governance and no mention of social work within the emerging academic literature of the technologies covered. We discuss these findings in light of the purpose of social work as mentioned in academic articles and the 2012-2016 global social agenda generated by the International Association of Schools of Social Work, and the International Council on Social Welfare highlighting in particular, the impact on people with disabilities.

Podcast:[http://www.crds.org/research/faculty/socialworkasiabi\\_oethics.mp3](http://www.crds.org/research/faculty/socialworkasiabi_oethics.mp3)

### **Anticipatory governance of scientific and technological advancement: what does this mean for ability-diverse groups of the Global South**

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podcast[http://www.crds.org/research/faculty/Podcast%20-%20Social%20robotics%20through%20an%20anticipatory%20governance%20lens%20\(Diep,%20Cabibihan,%20Wolbring\).mp3](http://www.crds.org/research/faculty/Podcast%20-%20Social%20robotics%20through%20an%20anticipatory%20governance%20lens%20(Diep,%20Cabibihan,%20Wolbring).mp3)

Scientific and technological advancements have throughout history impacted humans on individual and societal levels. Recently, debates of how scientific and technological advancements should be governed have intensified. The

purpose of this paper is to contribute to the ethics of science and technology discourse, an analysis of anticipatory governance, anticipatory advocacy and ability expectation governance. Anticipatory governance is a recent addition to the governance of science and technology discourse with the goal to discuss potential issues arising from the ground level of emerging product. We outline in this paper, the challenges anticipatory governance pose for disabled people in the Global North and in particular, in the Global South. We propose that anticipatory governance generates the need for anticipatory advocacy by disability (ability expectation oppressed) rights groups and we present barriers for that to happen. Finally, using ability expectation and ableism as a lens we discuss that moving from governance to anticipatory governance of science and technology alone is not solving the problem; it has to be accompanied, if not preceded, by a solid ability expectation and ableism governance discourse that includes engaging in questions of which ethical theory can contribute to how we decide which ability expectations are accepted and which are not.

### **Parental perceptions of media portrayals and public perceptions of autism**

Kalie Mosig, Gregor Wolbring

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(podcast) <http://www.crd.org/research/faculty/Parental%20Perceptions,%20Mosig%20and%20Wolbring.wav>

Media plays an important role in distributing information to a range of audiences and also influences the opinion of various audiences regarding various topics, one of which is autism. Studies have been completed that have looked at autism portrayals in media and have concluded overall that media portrayals are one-sided, medicalized and framed in negative ways, using terms with negative connotations such as "difficult". How autism and autistic individuals are portrayed in media influences the social atmosphere surrounding autism, and the utility of the information for the audience. Given that people are impacted by media portrayals, among them parents, this here presented study aims to ascertain the views of parents of children with autism in regards to media portrayals of autism and public awareness of autism. Key findings related to media portrayals were that participants thought: There are many inaccuracies in the media; The inaccuracies in the media impact the parents, their children and their families; The public perception of autism is inaccurate. The inaccuracies in the public perception of autism has impacted the parents, their children and their families; There are resultant social barriers the participants face due to inaccuracies in the media portrayals and public perception of autism. The results of this study help to illuminate the opinions of those within the autism community many of whom consider media portrayals and public perception of autism to be inaccurate resulting in various negative impacts on the families. Ethics regarding autism and its portrayal in media should be stressed given the wide and frequent negative effects experienced by the parents of children with autism. This data can be used not only by academics to further current or existing research goals particularly those in the disability studies field, as well as advocacy groups, especially self-advocacy groups in regards to ethics.

### **"Winning is everything" as the basis of academic misconduct among Indonesian students**

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Recent researches conclude that unethical behavior among university students, such as cheating and plagiarism has led to quasi-civilized behaviour. These findings are alarming if the acculturation process is taken as a holistic process of internalizing values and norms that may form the students' moral principles in life. Educators are concerned whether or not the students have properly internalized the moral values and norms. A study of 360 students of the second semester who took "personal development" course at Atma Jaya Catholic University in Indonesia in 2013 showed that unethical behavior such as cheating and plagiarism were rarely done. However, the inquiry about why students commit academic dishonesty produced alarming results. This study shows that academic integrity among university students who should demonstrate high ethical behavior is worrisome, especially considering that in the period of study they were studying a course on "personal development". Looking at the strong desire of students to change the academic misconduct culture we argue that an educational model is needed which does not emphasize excessively on performance. This position has to be practiced hand in hand with the involvement of 'clean' students who can be role models in influencing the formation of student awareness and ethical behavior.

### **Ethical concerns over the use of restrictive measures for tuberculosis control in the UK**

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=Tuberculosis (TB) is second only to the HIV-AIDS as the greatest killer worldwide due to a single infectious agent. Approximately 1.3 million died from TB in 2012. The UK has one of the highest incidences of Tuberculosis in Western Europe and TB remains a serious public health concern with rising trends in the incidence over the last two decades. The TB from abroad is a leading factor in the rise of TB in the UK. Given that TB is a notifiable infection, the UK has adopted different methods for controlling TB including random screening at the point of entry to the UK (ceased in April 2014) and compulsory medical checks prior to permission to enter the UK and immediate referrals upon entry of individuals coming from high prevalence regions of the world such as Africa and Asia. Similar systems are seen in US and other parts of the Europe where TB is not endemic. However, these restrictive measures also raise significant ethical concerns in terms of privacy, exclusion and identity. In this paper, I wish to explore the ways in which tuberculosis implies underlying ethical issues of globalisation and human rights within the context of communicable diseases.

### **The Homo sapiens' place in nature from an objective 'biocentric' point of view**

**Michael J. Vandeman, USA**

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Are humans part of nature? Clearly we are, or we wouldn't be able to interact with it. The real question is what part are we? Most texts define an exotic species as one translocated by humans to an area where it had not previously existed; this would seem to make us, throughout most of our range, an exotic species, although this fact is never mentioned. But the effect the species has on its new surroundings has little to do with how it got there, and more to do with its being a newcomer. What is a native species? It is basically one that has been around a long time, i.e., not a newcomer. The question is, how long? A length of time that makes sense is

the length of time that it takes for the other species in the area to evolve to adapt to the newcomer – on the order of a million years. That would make humans native only to Africa, and everywhere else a rank newcomer (exotic species). This is not a value judgment, just biological fact, but maybe also a good indication of how we should behave: with restraint: with the manners of a guest.

### **Olympic Truce Youth Network**

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The Olympics games was traditionally used as a means of preventing conflict and creating peace between nations at war, and the International Olympic Committee (IOC) and United Nations (UN) have transposed this ancient peace ethic to the modern Games. And in order to emphasize the importance of the Olympics tradition, a dozen youths from all over the world were trained by the UNESCO team in London during the Olympics (2012) in several approaches to community peace building and means of promoting the Olympics peace history and process. Thus in order to promote youth participation, initiate inter-agency cooperation, development and increased youth involvement, organizing a 2-day workshop in Nepal is essential in inspiring, coaching and supporting youths in enhancing peace and stability. To this end, the Youth Empowerment Workshop (YEW) is aimed at encouraging more youth participation in relation to cross-cultural aspects of peace education, human security, post-conflict reconstruction and socio-ethical aspects of development in crisis prone, war-torn and peace building communities in Nepal and the world at large. Intensive trainings and inter-cultural measures for peace-building activities, approaches to sustainable development and projects will be discussed, taught and encouraged during the 2-day workshop. Thus the overall aim of this workshop is to: inform about several youths focus programs in the world, facilitate decision-making and approaches to reinforce and support the leadership of the country in sustainable development, also encourage participation of more Nepal Youths at international forums thereby increasing network of contacts, and mobilize Youths for future Olympic Truce Youths programs in Turkey, Asia, Rio (2016) etc. It is envisaged that by creating awareness about the international Youths programs, this workshop will echo the mission which is “to provide development opportunities that empower young people to create positive change” of which these opportunities will have no boundaries or barriers.

### **The ethics of translating genomics research into public health practice**

Minakshi Bhardwaj, Faculty of Medicine, University of Southampton, UK

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With the end of the Human Genome Project in 2003 and the decoding of a final draft of human genome, advances in molecular medicine and genomic technologies have brought a paradigm shift in the ways in which genomic technologies may shape the practice of medicine in the future. The completion of the HapMap project and ENCODE have laid the scientific and technical foundations for the use of Genome Wide Association Studies (GWAS) that make use of genetic maps of populations rather than individuals and are currently routinely utilised in health research applications at population level. GWAS are particularly useful in identifying and finding genetic variations that contribute to common but complex diseases such as diabetes, cardiovascular diseases, asthma and cancers, for example. Although there have been rapid

developments in genomics research, translating them to clinical practice has had a moderate pace. However, strategic efforts are made in the UK to integrate these developments into mainstream clinical medicine. The aim of this paper is to highlight some of these developments in genomics and how they are expected to shape the future of public health practice in the UK, whilst an attempt is made to raise some pertinent and valid issues around readiness, skills and competencies required of public health practitioners to utilise these technologies in their work and decision-making.

### **Ethical issues in genetic engineering: are there lines we shouldn't cross?**

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One of the most fascinating rapid developments in biological sciences is genetics. Genetics opens many possibilities to modify an organism's genetic makeup through genetic engineering. The twenty-first century is the DNA age due to the abundant benefits that have resulted from genetic engineering in the field of medicine, manufacturing, and agriculture. In this paper, we will discuss the application of genetic engineering in humans. Human genetic engineering has to be guided by ethics so that it will not degrade human dignity but place human beings in the center of development. There are two groups of ethical problems: general ethical problem and special ethical problem. The first refers to ethical problems that arise in all kinds of genetic engineering while the second refers to ethical problems that emerge according to the purposes of genetic engineering: therapy, alteration, enhancement, and perfection. The general problems include the safety of the product for the subject and his/her environment. This problem emerges due to the inability of humans to control all side effects and unpredicted reactions. The next is about 'playing God'; with modification, deletion, combination and insertion of genes, people may create new life or interference with nature as the prerogative rights of God. As for special ethical problems related to the purpose of genetic engineering, there is no serious ethical problem if the procedure is for curing the diseases since living healthily is a human right. There may be no serious problem either if the purpose is for perfection since it is the natural laws that everything moves in the direction of perfection. The most problematic is the alteration of human being. With genetic engineering, humans can be altered into a different form, both physically and mentally. Behavioral genetics prove that genes have big influences on human behavior. Certainly, it is not true that all human behaviors are determined by genes but it is true that some genes have large influences on human behavior. Finally, the basic question is on human freedom: “Do humans have the freedom to do what they can, and if so, in what sense?”

### **Commercializing oocytes as an extension of pro-life vs pro-choice debates in the era of therapeutic cloning**

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Imagine an era where therapeutic cloning has become routine clinical practice; a considerable number of oocytes should be supplied in order to meet market demands of tissue

manufacturing. Oocyte donation on voluntary basis would no longer be able to cope with the demand. With this, comes the ethical question of whether it is morally acceptable to commercialize human oocytes in order to keep up with the demands for oocytes. This presentation includes the different views and moral deliberations of the two opponents, extended from abortion debates of Pro-Life versus Pro-Choice. Pro-life proponents would see oocytes, to a certain extent, as seeds of life, though they may not be life itself in its fullest meaning. Selling oocytes would be seen as disrespect to the sanctity of life because it would mean selling seeds of life, if not life itself. Pro-choice proponents would see oocytes as part of a woman's body, and thus in women's possession, over which women should have full autonomy. Selling oocytes would be seen as completely an exercise of woman's autonomy over her own body. In a situation where therapeutic cloning becomes the norm in medicine, just like antibiotics are used today, prevention of oocytes commercialization might potentially harm the practice of medicine. It would also be injustice to the oocytes donors who have undergone medical interventions in order to obtain their oocytes, while the cells/organs manufacturers enjoy lucrative profits. Concerns with regards to respect over the sanctity of life could be taken into account, in the form of regulation of non-inducement compensation. However, this approach will be confined within state jurisdiction, because the amount of compensation offered by more developed states could be more attractive to women coming from less developed states. Therefore, trans-commercialization of oocytes, which may happen during oocyte shortages in particular countries, may be ethically problematic whether in allowing or prohibiting it.

### **The principle of autonomy and decision making differences between the American and Chinese culture**

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In the United States, it seems that a surrogate from family members makes decision for a patient who has lost decisional capacity. But the important point is that in some states the law would like to find the evidence of the patient's past wishes and 'advance directive'. So finally, this is not a family decision or family autonomy. This 'advance directive' of a patient's wishes is so important for practicing individual autonomy, and individual autonomy is not only protected by American law but also is realized by the American culture of making an 'advance directives'. The family, in Chinese culture, functions as a whole to provide consent for significant medical and surgical interventions when a patient has lost decision-making capacity. And older people, including the current generation do not think it is necessary to give a wish or 'advance directives' before they lose decisional capacity. I think one important reason is that in Chinese culture, death is a bad thing, and especially the faith of the older generation. Most Chinese don't believe human will have next life and go to Heaven after death as said in the Bible of Christians; so they are afraid of death so they can hardly make an 'advance directive' before death. However, the Chinese do make the 'advance directive' for their property left for their family. Does this difference cause the loss of patient autonomy in China and the family autonomy has to be substituted for it in China? It is true that the principle of Autonomy could not simply be imported into 'already existing' Chinese cultural systems; in China this can better be done by formulating more individual-oriented laws and policies, such as those that empower the patient to establish a written 'advance directive' for the family members and physicians to follow regarding surrogate decision making.

### **The impact of selected Yoga *sana* and meditation on psychological variables of Yoga teachers**

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Yoga is a systematic practice for the realization of higher perceptions, and a method for transformation of the human system which influences all levels of being, including the body, mind, personality, emotions, and their interactions. Yoga recognizes that a pure consciousness exists within each individual which is influenced by all levels of being. The teachings of yoga emerged with the Vedas, other classical texts and a rich oral tradition. Yoga is a living tradition, and its practices are relevant in the modern world. These practices include *asana* (sitting still), *pranayama* (breathing exercise), meditation, *mantra* chants, *mudra* rituals, and a disciplined lifestyle. The researchers selected two educational institutions, the Arul Anandar College and Madurai Kamaraj University, for the present study, where forty male teachers were recruited for the study at random by lot sampling technique. From the 40 participants, 20 male teachers were assigned as the experimental group and 20 male teachers as the control group. The objective of the study was to understand how Yoga teachers particularly embrace the ideal of truthfulness in dealing with students and others. All permanent teachers of both Arul Anandar College and Madurai Kamaraj University were included for data collection. Findings of our study will be discussed in detail, and after presentation of the research paper, some *Mudra* ritual gestures will be demonstrated by the researcher.

### **The ethical imperative associated with public health disparities across neglected populations of the world**

Prof. Thomas Gionis, President, American University of Sovereign Nations (AUSN), USA

The Fulbright Academy of Law, Peace and Public Health ([www.FulbrightAcademyLaw.org](http://www.FulbrightAcademyLaw.org), Washington, D.C.) conducted critical research and analysis with respect to global public health, the ideals of the Fulbright Program, and the covenants of the Preamble to the Constitution of the World Health Organization. That research was of fundamental importance in furthering the development of AUSN, elucidating further its overwhelming call to be formed, and helped guide the creation of its educational programs. For instance, striking global public health data concerning the burden of disease and global death rates related to communicable and infectious diseases, cardiovascular diseases, cancer, and diabetes, the health of populations and the increasing of international epidemics, the increasing incidence of natural disasters, complex humanitarian emergencies, refugees and internally displaced persons, the devastating persistence of enormous disparity in healthcare outcomes with respect to global health indicators and basic provisions of and access to medical care between Native American indigenous peoples and non-Native Americans, and the growing disparity in healthcare access and health care, both nationally and internationally, were identified, both over the course of the past 5-10 years and as currently exist. The identification and understanding of this global health data formed the foundation of our moral imperative to act and formulate what we believe is a necessary remedy. Second, important fundamental ideals of the Fulbright Program including promoting international mutual understanding, international tolerance, global cooperation, promotion of respect, human dignity, and peace, were identified as being guiding principles which ought to be called upon to guide the

remedy for the devastating existing global public health outcome data identified from the Fulbright Academy of Law's research. And, third, important covenants of the Preamble to the Constitution of the World Health Organization (WHO) were also found to serve as guiding principles for the development of AUSN, which were important in guiding the formation of the AUSN Mission, Vision, and Philosophy, which are discussed here. Health and public health are undisputedly foundational pillars of any sustainable community, society or nation and serve as positive attributes of peace. In order for us to sustain communities and nations, peace, well-being, and maintain respect and understanding for tradition and culture of Native Americans as well as all Indigenous Populations, we must have a sustainable educational system which promotes graduate education in both medicine and public health. We believe the best way to directly address and improve the delivery and accountability of healthcare for Native Americans and Indigenous Populations so as to directly address the healthcare issues of disparity is to have a center of education dedicated to Native American and Indigenous Population healthcare on the Sovereign Land of Native Americans.

### **Attitudes of Sri Lankan university students towards animal ethics**

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The use of animals by humans is morally complicated regarding the raised ethical issues. Universities have an obligation to ensure that students, as a vital segment of the society, are made aware of animal ethics. The attitude of an individual about animal bioethical issues is governed by a range of factors. This study attempts to determine the attitudes of Sri Lankan undergraduates toward the use of animals for human purposes which may be affected by their field of studies. The views of 450 undergraduates in the fields of medicine (M), agriculture (A), veterinary (V), management (MG), engineering (E), and art (AR) were collected using a structured type questionnaire. The respondents from majors of V (98%), A (82%), M (95%) and AR (60%) held utilitarian views on the use of animals for human activities but nobody believed that humans have full liberty to use animals. The most accepted use of animals by M, MG, AR and E was as pets while that of A, V undergraduates were for livestock farming. Killing of unproductive farm animals including cattle was accepted only by V undergraduates. Many MG (88%), E (75%) and AR (81%) students opposed any animal experiments that would disable the animals whereas V (95%), M (69%) and A (61 %) said that their decision depends on the outcome of the experiment. More than 90% in any discipline were similar in their strong agreement with treating all animals kindly, preventing pain and providing space for animals to move normally; A and V were more in agreement than others with farm animals' interests being considered as important as companion animals' interests. The highest percentages of stating "disagreement" were in the category of animal use for transporting, fighting, hunting (of native wildlife), and inhumane treatment (castration, intensive housing). It was concluded that the undergraduate students' attitudes about the use of animals for research and other purposes vary depending on the field of study they follow.

### **Bioethical issues in food animal production: public concerns about animal welfare in Sri Lanka**

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Food animal production systems that supply food to society have been directly affected by societal demands. Ethical issues are a crucial factor for the livestock industry today. There are significant ethical questions associated with food animal production that the society demands to be answered. Ethical questions and concerns focus on all aspects of animal uses in our food production system, including humane handling, housing, feeding, watering, castrating, tail docking, teeth clipping, beak trimming, de-horning, breeding, transporting, slaughtering, and preventing illness. Consequently, society has turned to science for guidance and animal welfare has been identified as the key attention point for future livestock production. This paper analyzes the public concerns about farm animal welfare issues especially in the advent of ethical basis of current commercial livestock production and processing of food animals. Survey information indicates that the public expresses great concern for issues related to conventional animal production systems in Sri Lanka. The public is unwilling to accept food which embodies poor animal welfare, but also willing to pay a premium for ethical (higher farm animal welfare) products. Also Sri Lankans are perhaps philosophically ready to accept and support the urgent changes needed to improve animal welfare standards in their country. This study does not wish to push for an end to eating meat by the public but strongly believes that animals should receive appropriate treatment during their lives. The study proposes that the establishment of food animal production practices that are viewed as ethically defensible is not only the right thing to do but also the pragmatic action to be taken as a business tool.

### **Injustice in the healthcare system to Native Americans in the US**

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Native Americans (American Indians and Alaska Natives) include approximately 2.5 million individuals who self-identify as AI/AN and an additional 1.6 million individuals who in addition to AI/AN self-identify with one or more other races (U.S. Census 2002). Currently, there are 566 federally recognized AI/AN tribes in the United States representing numerous distinct languages and cultures. Approximately 50 percent of AI/ANs reside in rural areas, some on reservations, and others in organized communities; these are underserved isolated rural areas with overburdened physicians, limited clinical space and resources, and burdensome travel distances. American Indians and Alaska Natives have the highest rates of poverty in America, accompanied by lower education levels, poor housing, and transportation problems. The health disparities between AI/ANs and the majority population in the United States are substantial and persistent. Suicide and other violent deaths remain a paramount concern for tribal communities. Youth suicide and violent deaths have reached epidemic proportions. Losing land, culture, and lives through systematic government attempts to assimilate indigenous populations through changed diet, culture, and forced relocation can be linked to today's tribal health challenges. These combined experiences continue to result in escalating rates of depression, alcoholism, suicide, and violence in tribal communities. Currently, the federal government oversees a system of hospitals and clinics

managed by the Indian Health Service (IHS), tribes, and urban Indian programs. Historic and persistent underfunding of the Indian health care system has resulted in problems with access to care, including primary health care, specialty medical care, long-term care, and emergency services. The funding has been limited to 40 to 60 percent of need and insufficient to maintain health status. This severe underfunding has also resulted in concerns not only over access of care, but also over the quality of health care delivered to this population. This presentation voices a demand for justice for Native Americans.

### **Stakeholder's Attitudes to Embryonic and Adult Stem Cells In Malaysia**

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Modern biotechnology has been identified as one of the five core technologies that will accelerate Malaysia's transformation into a highly industrialized country by 2020. However at same time, it has been classified as a complex emerging issue which exhibits high salience combined with limited knowledge on part of the public. In medical biotechnology, several promising applications have been developed for decades including drug production, pharmacogenomics, gene therapy and tissue transplant. One of the sources of tissue for transplantation to treat human disease is stem cells which could be retrieved either from embryo or from various adult tissues in human. However, due to the rapid advancement in medical biotechnology in the past fifteen years, it has been the object of an intense and divisive debate worldwide. Earlier studies have shown that public understanding, perception and acceptance of new technology can both promote and hamper its adoption. The objectives of this paper are to assess the Malaysian stakeholders' general attitudes that can shape their specific attitude to medical biotechnology and to determine their specific attitude to embryonic and adult stem cells. A survey was carried out on 513 respondents from various stakeholder groups in the Klang Valley region. Overall the stakeholders in Klang Valley have moderate level of engagement with modern biotechnology, moderate level of trust on key actors (industries, scientists and biotechnology regulators) in Malaysia, perceived technology as having moderate negative impact on society and the environment, and claimed to have high level of religiosity. They perceived both embryonic and adult stem cells as having moderate benefits, risks, moral concerns and religious acceptance which translated to moderate encouragement. However, embryonic stem cells was perceived as having higher moral concerns compared to adult stem cells and in turn, adult stem cells was found to be more acceptable from the stakeholders' religious perspective and was more encouraged. Factors influencing their acceptance of stem cells will also be discussed.

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**Email to Professor Darryl Macer, [dmacer@au-sn.com](mailto:dmacer@au-sn.com)**

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