

14th ASIAN BIOETHICS CONFERENCE:

ETHICS IN EMERGING TECHNOLOGIES TO MAKE LIVES BETTER TOGETHER

19-23 NOVEMBER 2013



ABSTRACTS

LOYOLA COLLEGE
CHENNAI, INDIA

14th Asian Bioethics Conference:

Ethics in Emerging Technologies to Make Lives Better together

19-23 November 2013
Loyola College, Chennai, India

ABSTRACTS

Organized by

Loyola Institute of Frontier Energy (LIFE), Loyola College and
Loyola-ICAM College of Engineering and Technology (LICET)
Loyola College Campus, Chennai

in collaboration with

American University of Sovereign Nations (AUSN)

All India Bioethics Association (AIBA)

Asian Bioethics Association (ABA)

and

Eubios Ethics Institute



AIBA
&
Asian
Bioethics
Association



Abstract edited by

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Prof. Darryl Macer
Dr M. Selvanayagam
Dr Aamir Jafarey
Sr Daphne Furtado
Prof. (Ms.) Shamima Lasker
Dr Ravichandran Moorthy

PROGRAMME SCHEDULE

TUESDAY, 19 NOVEMBER 2013

8:30 AM – 9:20 AM REGISTRATION

All participants please be seated by 9:20am

9:30 AM SESSION 1: INAUGURAL FUNCTION

Chairpersons: M. Selvanayagam and Darryl Macer

- | | |
|--|---|
| - Mr. Masanori Nakano,
Consul-General, Japan | — Inaugural Address |
| - Dr. Balakrishna Pisupati,
Chairman,
National Biodiversity Authority (NBA),
Govt. of India | — Special Address |
| - Rev.Fr. L. Jebamalai Irudayaraj SJ,
Chennai Mission Superior | —Presidential Address |
| - Rev.Fr. A.M. Jayapathy Francis SJ,
Rector, Loyola College | — Blessing |
| - Rev.Dr. M. Albert William SJ,
Secretary, Loyola College | — Felicitation |
| - Rev.Dr. G. Joseph Antony Samy SJ,
Principal, Loyola College | — Welcome Address |
| - Dr. M. Selvanayagam,
Conference President;
President, All India Bioethics Association | — Dynamics of the
Conference |
| - Dr. S. Vincent,
Director, LIFE | — Honoring the Guest |
| - Dr. Darryl Macer
Secretary
Asian Bioethics Association (ABA);
Provost, American University of
Sovereign Nations (AUSN);
Director, Eubios Ethics Institute,
New Zealand, Japan, Thailand | — The First Two Decades of
the Asian Bioethics Association |
| - Dr. Jos V.M. Welie
(AJUC) | — Felicitations |
| -Dr. Jose Swaminathan
Principal, LICET, Loyola Campus | —Vote of thanks |

11.00 AM SESSION 2: RELIGION AND ETHICS

Chairpersons: Jos V.M. Welie and Jasdev Rai

1. RELIGION AND ETHICS IN JAPAN

- Nader Ghotbi nader@apu.ac.jp

Ritsumeikan Asia Pacific University (APU), 1-1 Jumonjibaru, Beppu city, Oita 874-8577, Japan

2. MUSLIM PATIENTS: LAWS, ETHICS AND RIGHTS IN HEALTH CARE SYSTEMS

- Dr. AnisahBintiChe Ngah and Prof Dr. Mek Wok Binti Mahmud

¹Faculty of Law, National University of Malaysia, 43600 Bangi, Selangor, email: syarlieza_85@yahoo.com

² Faculty of Law, National University of Malaysia, 43600 Bangi, Selangor, email: anisah@ukm.my

³Kuliyah of Islamic Revealed Knowledge, international Islamic University of Malaysia, 53100 Gombak, Selangor, email: mekwok@iium.edu.my

3. THEOLOGICAL AND PHILOSOPHICAL PARTNERS FOR HUMAN RIGHTS

- Ann Boyd boyd@hood.edu

Professor of Biology, Hood College, 401 Rosemont Ave, Frederick, MD, 21701, USA

4. IS ETHICS LOGICAL, EMOTIONAL OR BOTH?

- Kyle Kim and Jeongmook Lim kimmo@ismanila.org limje@ismanila.org

International School Manila, 21 AI Kensington Place, Fort Bonifacio, Manila, Philippines

5. BIOMEDICAL TECHNOLOGIES, HUMAN NATURE, AND THE SANCTITY OF LIFE. AN ETHICAL ANALYSIS FROM A CATHOLIC PERSPECTIVE

- Jos V.M. Welie

AJUS-Academics at Jesuit Universities and Schools

6. THE DILEMMA OF RELIGION AS SOURCES OF ETHICS AND MORALITY IN THE ETHNIC POLITICS OF SOUTHEAST ASIAN STATES

- Arujunan Narayanan

Asia-Pacific Forum on Ethics and Social Justice, 15 Jalan Tenaga 7, Taman Tenaga, Off JalanReko, 43000 Kajang, Selangor, Malaysia

13.00 LUNCH

14:00 SESSION 3: ENVIRONMENTAL ETHICS

Chairpersons: Darryl Macer and Sivanandam Pannerselvam

7. SPECIAL DIALOGUE ON ETHICAL WORLDVIEWS AND COMMON WISDOMS: THE REPOSITORY OF ETHICAL WORLDVIEWS OF NATURE TO A POSSIBLE AFRICAN CONVENTION ON ENVIRONMENTAL ETHICS AND SUSTAINABILITY

- Jasdev Rai jasdevrai@yahoo.com

Sikh Human Rights Group, U.K.; Vice-President of Asian Bioethics Association for Ethnic Minorities

8. "WOMEN WERE UNDEVELOPED MEN": SAYS EVOLUTION THEORY?

- Jayapaul Azariah

Founding and Former President All India Bioethics Association; Former President of Asian Bioethics Association

9. ENVIRONMENTAL ETHICS AND SUSTAINABILITY: A STUDY ON GLOBAL PERSPECTIVES FOR SUSTAINABLE DEVELOPMENT

- Alluri V.N. Varma, Sri MLN Raju and J.S. Prabakararao avndnr@gmail.com

Dept. Economics, P.G. Courses & Research Centre, D.N.R. College (Andhra University),
Bhimavaram-534 202, W.G. District, Andhra Pradesh, India

10. ENVIRONMENTAL ETHICS AND BIODIVERSITY CONSERVATION: EPITOMIZING VALUES IN DIFFERENTIAL CONCEPT PERCEPT FRAMEWORK AND INTEGRATING PLANNING PERSPECTIVE

- Dipankar Saha dipu_1962@yahoo.co.in / dipankar_icar@yahoo.com

Agriculture Research Service Scientist, Indian Council of Agricultural Research, Senior Scientist & in-charge-Plant Ecology Section, Division of Natural Resources and Environment, Central Arid Zone Research institute, Jodhpur, Rajasthan 342003, India.

11. ENVIRONMENTAL ETHICS AND SUSTAINABILITY - ISSUES AND SOLUTIONS

- P. Nammalwar drnrajan@gmail.com

Project Leader (INCOIS Ministry of Earth Sciences, Govt. of India), institute for Ocean Management, Anna University, Chennai- 600 025, India

12. CONSERVATION OF BIODIVERSITY THROUGH TIME MANAGEMENT

- Santa Misra

H.O.D., Dept. of Psychology, Sri Sathya Sai College for Women, Bhubaneswar, Odisha, INDIA

13. CARE PERSPECTIVE IN ENVIRONMENTAL ETHICS

- A. Nazneen, neensanm@gmail.com

Assistant Professor in Philosophy, Govt. College for Women, Trivandrum, Kerala

14. LIVING LAB AS A BIOETHICAL TOOL IN KNOWLEDGE ENVIRONMENTAL BUILDING FOR HEALTH CITY PLANNING

- Choo Aun Neoh, Duujian Tsai, Yu-chia Chen, Yuga Chen, Ju-Yin Chen, Shyh-Dye Lee, neohca@gmail.com

Pingtung Christian Hospital, No.60, Dalian Rd., Pingtung City, Pingtung County 900, Taiwan

15. BIOETHICS AND GLOBAL HUNGER

- Michael Anjello Jothi Rajan¹, Arockiam Thaddeus² & M.P. Richard³
anjellojothi@gmail.com

¹ Head, Department of Foundation Courses Arul Anandar College, Karumathur – 625 514, Tamil

Nadu, INDIA ² Jayaraj Annapackiam College for Women, Periyakulam – 625601, Tamil Nadu, India,

³ Loyola College, Chennai -600 034, Tamil Nadu, INDIA

16:00 SESSION 4: ETHICS OF INFORMATION TECHNOLOGIES

Chairperson: Ravichandran Moorthy

16. ETHICAL ISSUES OF WIRELESS SENSOR NETWORKS

- J. Theresa Jeniffer,

Department of Computer Science Engineering, St. Joseph's College of Engineering, Jeppiar Nagar, Chemmanchery, OMR road, Chennai-600119.

17. JARON LANIER'S LOCK-IN AS EXEMPLIFIED BY FACEBOOK

- Jose Ma. Ernesto Jacinto Ybanez Tomacruz, Phl., Emmb Ybanez.tomacruz@gmail.com

Philosophy Department, Ateneo De Davao University, Jacinto Street, Davao City 8000, Philippines

18. A SURVEY TO ASSESS THE COMMON REASONS OF VISITING HOLY SHRINES BY THE DEVOTEES IN KARACHI, PAKISTAN

- Zulfiqar Ali Shaikh drzulfiqarshaikh@gmail.com

Associate Professor, Community Medicine, Dow University of Health Sciences, Karachi, Pakistan

17:00-17:30 GENERAL DISCUSSION AND END OF DAY ONE

WEDNESDAY, 20 NOVEMBER 2013

9:00 SESSION 5: BIOETHICS IN SOCIETY

Chairpersons: Jayapaul Azariah and Bang-ook Jun

1. THE ETHICS OF ABILITY PRIVILEGE

- Gregor Wolbring gwolbrin@ucalgary.ca (by skype)

Faculty of Medicine, Dept. Community Health Sciences, Specialization Community Rehabilitation and Disability Studies, University of Calgary, Canada

2. NEGOTIATING BIOETHICS IN MULTIETHNIC SOCIETY: A CRITIQUE ON MALAYSIA

- Ravichandran Moorthy,

President, Asia Pacific Forum of Ethics & Social Justice, Vice-President (Southeast Asia), Asian Bioethics Association; School of History, Politics & Strategy, Universiti Kebangsaan Malaysia

3. IS THERE ANY NON-MODERN BIOETHICS POSSIBLE? IF YES THEN HOW? IF NO THEN WHY NOT?: THE LIMIT OF BIOETHICS DISCOURSE

- Abdul Wahab Suri awsuri@uok.edu.pk

Dept. of Philosophy, University of Karachi, University Road 75270, Pakistan

4. ETHICS FOR GLOBAL SOCIETY AND ETHICS OF THE UNITED NATIONS ORGANIZATIONS

- Darryl Macer darryl@eubios.info

Secretary, Asian Bioethics association (ABA); Provost, American University of Sovereign Nations (AUSN); Director, Eubios Ethics Institute, New Zealand

5. BIOETHICS IN INDIAN PLURALISM

- Nandini K. Kumar nandkku@yahoo.com

Former Deputy Director General Sr. Grade (ICMR); Adjunct Visiting Prof., Kasturba Medical College, Manipal ; Chennai India

6. RECOVERING WISDOMS

- Jasdev Rai

Sikh Human Rights Group, UK

7. VALUE BASES OF THE DRIVING FORCES OF TECHNOLOGY

- George Joseph, M, jores@rediffmail.com

Associate Professor, Department of Philosophy, ArulAnandar College, Karumathur 625 514 Madurai, Tamil Nadu, India.,

8. IMPACT OF THE CHANGING ENVIRONMENT ON RURAL LIVELIHOOD

- G. Bala Muthu Murugan,

Department of Social Work, Loyola College, Chennai – 34.

11:00 SESSION 6: RESEARCH ETHICS

Chairperson: Miyako Takagi

9. RESEARCH SCANDALS AND NEED OF UNIVERSAL BIOETHICS

- Shamima Parvin Lasker splasker04@yahoo.com

Professor & Head of Anatomy, City Dental College, Dhaka , Bangladesh; General Secretary, Bangladesh Bioethics Society; Vice President for South Asia, Asian Bioethics Association

10. NANO-SCIENCE AND TECHNOLOGY IN ASIA-PACIFIC: ETHICAL ISSUES IN RISK ASSESSMENT AND REGULATORY FRAMEWORK

- Abhik Gupta abhik.eco@gmail.com

Dept. of Ecology & Environmental Science, Assam University, Silchar 788011, India

11. A DIALOGUE ON BIOETHICS IN KOREA

- Bang-Ook Jun,

President, Gangneung-Wonju National University , Republic of Korea; Vice President for Korea, Asian Bioethics Association

12. ANALYZING BIOETHICS CURRICULUM BASED ON UNESCO GUIDELINES IN KOREA

- Manjae Kim and Kyung-Suk Sung mjkim@gwnu.ac.kr, sungks@gwnu.ac.kr

Dept. of Urban Planning and Real Estate, Gangneung-Wonju National University, Jukheon-gil, Gangneung, Gangwon-do, 210-702 , South Korea

13:00 LUNCH

(ABA Board meeting over lunch)

14:00 SESSION 7: CLINICAL ETHICS

Chairpersons: Shamima Parvin Lasker and Daphne Viveka

13. CURRENT STATUS OF INSTITUTIONAL REVIEW BOARDS AND APPROVALS OF CLINICAL RESEARCH IN ORIENTAL MEDICAL HOSPITALS IN KOREA: A SURVEY

- Hee-Jung Jung, Ji-Eun Park, Snu-Mi Choi only41@kiom.re.kr, jepark@kiom.re.kr

Acupuncture, Moxibustion and Meridian Research Group 483, Expo-ro, Yuseong-gu, Daejeon, 305-811, South Korea

14. ISSUES OF BIOETHICS IN HOMEOPATHIC PRACTICE AND RESEARCH

- Mihaela Serbulea traditional@hotmail.co.jp

Department of Drug Policy & Management, Graduate School of Pharmaceutical Sciences, University of Tokyo, Japan; Romania

15. THOUGHTS ABOUT RESTORED KIDNEY TRANSPLANTATION AMONG DIALYSIS PATIENTS: CANVAS BY USING A QUESTIONNAIRE

- Miyako Takagi takagi.miyako@nihon-u.ac.jp

4-8-24, Kudan-Minami, Chiyoda-ku, Tokyo, 102-8275, Japan; Vice-President of Asian Bioethics Association for Japan

16. ETHICAL CANONS OF ORGAN TRANSPLANTATION FROM ISLAMIC PERSPECTIVE

- Abdurezak Hashi a hashi@iiium.edu.my

Department of Biotechnology, Kulliyah of Science, International Islamic University Malaysia, Jalan Sultan Ahmad Shah, Bandar indera Mahkota, 25200 Kuantan, Pahang Darul Makmur

17. TRANSPLANT ETHICS: IS IT ETHICALLY ACCEPTABLE FOR MEDICAL DOCTORS NOT TO GIVE TRANSPLANT-RELATED TREATMENT TO PATIENTS WHO HAVE UNDERGONE ORGAN TRANSPLANTS IN CHINA?

- Tsuyoshi Awaya t-awaya@nifty.ne.jp

Professor and Chairman, Department of Bioethics, Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, Okayama University, Okayama, Japan

18. STUDY OF ETHICAL ISSUES PRACTICED WITH PATIENTS IN THE DEPARTMENT OF SURGERY

- Uddin MB¹, Rahman SMF² and Ara S³

¹Prof of Pharmacology, Ibn Sina Medical College, Bangladesh; Member, Bangladesh Bioethics Society;

²Prof. of Anaesthesia (rtd), BSMMU, Bangladesh; ³Prof of Anatomy, Dhaka Medical College

19. CHALLENGE IN CLINICAL ETHICS CONSULTATION (CEC): THE EXPERIENCES OF A MEDICAL CENTER (TCVGH) IN CENTRAL TAIWAN

- Jeng-Yuan Hsu hsuji@vghtc.gov.tw

8F-1. 126-22, Si-Tun Rd. Sec 3. Taichung Taiwan

20. THE ETHICAL ISSUES OF ECMO IN TAIWAN

- Chiung-Lang Wang deputy.wang@gmail.com

No.168, Ching-Kuo Rd., Taoyuan, Taiwan

21. ON THE EFFECTIVENESS OF PROBLEM-BASED LEARNING (PBL) IN INTER-PROFESSIONAL ETHICS TRAINING

- Dena Hsin-Chen Hsin hchsin@mail.cmu.edu.tw

Department of Nursing, China Medical University, No.91, Hsueh-Shih Road, Taichung, Taiwan 40402

22. IS FERTILITY PRESERVATION A RIGHT? FERTILITY PRESERVATION AND FERTILITY ENTITLEMENT

- Marlon Patrick P. Lofredo mlofredo@yahoo.com

St. Paul University Quezon City, Aurora Blvd. cor. Gilmore Ave., Quezon City, 1113 Philippines

23. USE OF SURPLUS EMBRYOS IN EMBRYONIC STEM CELL RESEARCH: THE STANDPOINTS OF THE BUDDHISTS, HINDUS AND CATHOLICS IN MALAYSIA

- Siti Nurani bt Mohd Nor and Mathana Amaris Fiona Sivaraman Department of S&T, Faculty of Science, University of Malaya, 50603 Kuala Lumpur, Malaysia. Email: fatima@siswa.um.edu.my

17:00-17:30 GENERAL DISCUSSION AND END OF DAY TWO

THURSDAY, 21 NOVEMBER 2013

[Celebration of World Philosophy Day]

9:00 SESSION 8: ETHICS OF ENHANCEMENT

Chairperson: Abhik Gupta

1. UNDERSTANDING THE END OF AGING: THE MEDICAL, ETHICAL, & EXISTENTIAL DIMENSIONS

- David Cummiskey dcummisk@bates.edu

Bates College, Lewiston Maine, 305 Hedge Hall; Lewiston, Maine, USA

2. KNOWLEDGE, ATTITUDE AND PRACTICE OF MEDICAL ETHICS OF FACULTY MEMBERS OF A MEDICAL UNIVERSITY, IN KARACHI, PAKISTAN

- Zulfiqar Ali Shaikh drzulfiqarshaikh@gmail.com

Associate Professor, Community Medicine, Dow University of Health Sciences, Karachi, Pakistan

3. ETHICS OF ENHANCEMENT FROM BUDDHIST PERSPECTIVES

- Ananya Tritipthumrongchok, ananya@eubios.info

General Manager, Eubios Ethics Institute, Thailand

10:00 SESSION 9: HIERARCHIES AND ETHICS OF COMMUNICATION

Chairpersons: Miyako Takagi and Daphne Viveka

4. HIERARCHY IN CLINICAL PRACTICE AND CLINICAL ETHICS CONSULTATION

- Yen-Yuan Chen chen.yenyuan@gmail.com

Department of Social Medicine, National Taiwan University College of Medicine, No. 1, Rd. Ren-Ai sec. 1, Taipei, 100, Taiwan

5. ENTANGLE BARRIERS OF INFORMED CONSENT IN MEDICAL SETTINGS WITH A NARRATIVE APPROACH

- Chih-Jaan Tai, Yu-chia Chen, Duujian Tsai cjtai@mail.cmu.edu.tw

Department of Otolaryngology and Department of Health Services Administration, China Medical University and Hospital, No.91, Hsueh-Shih Road, Taichung, Taiwan

6. LIVING LABS AS THE MEDIATING CONCEPT FOR BUILDING A BIOETHICAL BRIDGE BETWEEN CLINICAL AND SOCIAL CONTEXTS FOR TRIBAL PEOPLE

- Duujian Tsai, Estela Lu, Yuchia Chen, Chieh-Yeh Hsu, Shyh-Dye Lee

dj.tsai@msa.hinet.net

Department of Medical Humanities, Taipei Medical University, 4F., No.20, Weishui Rd., Zhongshan Dist., Taipei City 104, Taiwan

7. BUILD A PARTICIPATORY ETHICAL GOVERNANCE FRAMEWORK FOR FACILITATING USER INNOVATION ON SMART TECHNOLOGY IN TRIBAL AREAS

- Ju-Yin Chen, Yu-chia Chen, Yuga Chen, Duujian Tsai pio362@yahoo.com.tw
Department of Law, Hsuan Chuang University, 48, Hsuan Chuang Road, Hsinchu City, Taiwan

8. ETHICAL ISSUES IDENTIFIED BY THE INSTITUTIONAL REVIEW BOARD IN HIV/AIDS RESEARCH – A CASE STUDY OF THE YRG CARE IRB'

- S. Swarnalakshmi swarna@yrgcare.org
IRB Manager, YR Gaitonde Center for AIDS Research and Education, YRG CARE
1, Raman Street, T. Nagar, Chennai 600017 India

9. BIODIVERSITY AND PSYCHOLOGY – A STUDY OF INTERDEPENDENCE

- Laxami Rani
Dept. of Psychology, M.S.K.B. College B.R.A. Bihar University, Muzaffarpur

11:30 SESSION 10: PANEL DISCUSSION ON ACCESS AND BENEFIT SHARING

10. BIOLOGICAL DIVERSITY ACT AND ACCESS AND BENEFIT SHARING MECHANISM IN INDIA

- C. Thomson Jacob, Ishwar Poojar and Prakash Nellyyat
National Biodiversity Authority, Chennai

12:30 LUNCH

13:30 SESSION 11: ETHICS OF PALLIATIVE CARE

Chairpersons: A. Nalini and Ann Boyd

11. ETHICAL PERSPECTIVES ON THE LEGAL DIMENSIONS OF PALLIATIVE CARE IN BANGLADESH

- Md. Jobair Alam
Lecturer, Faculty of Law, University of Dhaka; Member, Bangladesh Bioethics Society

12. CHALLENGES IN PALLIATIVE CARE

- Shamima Parvin Lasker
Professor and Head of Anatomy, City Dental College, Bangladesh; General Secretary, Bangladesh Bioethics Society & Vice President (South Asia), Asian Bioethics Association

13. INDISPENSABILITY OF ENHANCING PALLIATIVE CARE AND REBUTTAL OF UTILITARIAN AUTONOMY ARGUMENT FOR EUTHANASIA

- Mohammad Manzoor Malik,
Assistant Professor, Department of General Studies, Kulliyah of Islamic Revealed Knowledge and Human Sciences, international Islamic University, Malaysia

14. ETHICAL CONSIDERATIONS OF INTEGRATING ALTERNATIVE MEDICINAL PRACTICE IN YORUBA CULTURE WITH PALLIATIVE CARE IN NIGERIA

- Fayemi, Ademola K. & Oladele, Olayemi T.

Department of Philosophy, Lagos State University, Ojo, Nigeria; Member, Bangladesh Bioethics Society

15. A PHILOSOPHICAL EXAMINATION OF EUTHANASIA AS A GOOD DEATH

- Ebunoluwa O. Oduwole

Department of Philosophy, Olabisionabanjo University, Nigeria; Member, Bangladesh Bioethics Society

16. ROLE OF A DENTIST IN PALLIATIVE CARE

- Md. Anower Hussain Mian, Prof. & Head, Pharmacology and Principal, Mandy Dental College and Hospital, Dhaka-1209, Bangladesh; Member, Bangladesh Bioethics Society

17. SOCIAL DETERMINANTS, LEGAL AND ETHICAL ISSUES IN PALLIATIVE CARE: THE CASE OF BOTSWANA

- Rekha A. Kumar, Department of Law, University of Botswana, Botswana; Member, Bangladesh Bioethics Society

- Hashi, Abdurezak. A¹ and Jalan Sultan Ahmad Shah²,

hashi@iium.edu.my ¹Department of Biotechnology, Kulliyah of Science, international Islamic University Malaysia,

²Bandar indera Mahkota, 25200 Kuantan, Pahang Darul Makmur Ethical Canons of Organ Transplantation from Islamic Perspective

16:00 SESSION 12: AGING AND END-OF-LIFE

Chairpersons: Jose Swaminathan

18. THE END-OF-LIFE CARE AND THE “NATURAL DEATH” MOVEMENT IN TAIWAN

- Yi Cheng Chung yichengchung@gmail.com

56-1 toji-in Kitamachi, Kita-ku, Kyoto, 603-8577 Japan

19. DIGNITY AND FREEDOM THROUGH HUMAN SECURITY

- V. Balambal drbala50@hotmail.com drbala50@gmail.com

former Professor of History, University of Madras, Chennai, India

20. GOOD DEATH

- Arif Hossain arif_las@yahoo.com

Vice president, Bangladesh Bioethics Society

21. PERSPECTIVES OF EUTHANASIA FROM TERMINAL ILL PATIENTS: A PHILOSOPHICAL PERSPECTIVE

- Deepa P deepakallayi@gmail.com

Ph.D Scholar, Department of Philosophy, Silver Jubilee Campus, Pondicherry University Puducherry-605014

22. HAMADAN DOCTORS AND SPECIALISTS HOW TO THINK ABOUT HIGH RISK PATIENTS MANAGEMENT?

- Afshin Farhanchi¹, Zohreh Rahimi², Ehsan Rahiminejad³ afarhanchi1970@yahoo.com, farhanchi@umsha.ac.ir

¹Dept of Anaesthesiology and intensive care and medical ethics, University of Medical Sciences, Hamedan, Iran²MS in Psychology, University of Medical Sciences, Hamedan, Iran.

³Medical student, University of Medical Sciences, Hamedan, Iran

17:15-17:45 GENERAL DISCUSSION AND END OF DAY THREE

FRIDAY, 22 NOVEMBER 2013

9:00 SESSION 13: MEANINGS OF JUSTICE

Chairman: S. Vincent and David Cummiskey

1. “THE INSEPARABLE PLASTICS” – A CASE STUDY WITH THE WOMEN DOMESTIC WORKERS IN A CHENNAI SLUM

- M.P. Richard & Michael Anjello Jothi Rajan richy_mpr@yahoo.co.in

¹Loyola College, Chennai -600 034, Tamil Nadu, INDIA; ²Arul Anandar College, Karumathur – 625 514, Tamil Nadu, INDIA

2. MULTIPLE VULNERABILITIES OF ELDERLY PEOPLE IN INDONESIA

- Yeremias Jena Ma yeremias.jena@gmail.com

Atma Jaya School of Medicine, Atma Jaya Catholic University of Indonesia. Jl. Pluit Raya No. 2 Jakarta 14440 – Indonesia

3. ‘SAFE KIT’ RESPONSE BY HEALTH SYSTEM TO SEXUAL VIOLENCE: GENDER AND ETHICAL ISSUES AND CONCERNS

- Nazia Hassan, Deepa V sama.genderhealth@gmail.com

B-45, Second Floor, Shivalik Main Road, Malviya Nagar, New Delhi 110 017 India

4. WOMEN IN INCOME GENERATING ACTIVITIES THROUGH SHG: RISKS AND REWARDS

- C. Hilda Devi hildadevi21@yahoo.in

Mother Teresa Women’s University, Kodaikanal, Tamil Nadu, India

5. ETHICAL SOLUTIONS TO PREVENT CHILDREN EXPLOITATION

- Wonho Song song990319@gmail.com

32C south, Pacific Plaza towers, Bonifacio Global City, Taguig, Metro Manila, Philippines

6. STANDARDIZING FORENSIC INVESTIGATION TECHNIQUES IN THE PHILIPPINES AS AN IMPORTANT TOOL OF PROTECTING BASIC HUMAN RIGHTS

- Clara Shin clara.shin@yahoo.com

Mind Movers Project, 61 Sanso St. Corinthian Gardens Quezon City, the Philippines

7. A CRITICAL REVIEW ON MEDICAL FUTILITY IN NEONATAL CARE

- Takiko Kato kato@u-gifu-ms.ac.jp

Gifu University of Medical Science, Itihiraga, Nagamine 795-1 Gifu Seki Japan,

8. ETHICS OF THE GAPS IN PUBLIC HEALTH OUTCOMES FOR INDIGENOUS PEOPLES

- Darryl Macer Darryl@eubios.info

Provost, American University of Sovereign Nations (AUSN); Director, Eubios Ethics Institute, New Zealand

9. SOCIAL JUSTICE, DEMOCRACY AND HUMAN DIGNITY IN INDIAN CONTEXT

- Sivanandam Panneerselvam sps@md4.vsnl.net.in

Head, Department of Philosophy, University of Madras, Chennai, India

12:00 LUNCH

13:00 ABA ANNUAL GENERAL MEETING

(ALL ARE WELCOME TO ATTEND)

14:00 SESSION 14: ETHICS ASSISTED REPRODUCTIVE TECHNOLOGY AND OUR FUTURE

Chairpersons: Jasdev Rai and Marlon Lofredo

10. EMBRYO REDUCTION IN ISLAMIC JURISPRUDENCE

- Saied Nazari Tavakkoli, _Leila Afshar lafshar@gmail.com

11. CONCERN FOR FUTURE GENERATIONS: SOME PERSPECTIVES

- Sulagna Pal 37sp.sulagna@gmail.com

University of Delhi, Department of Philosophy, Delhi, India.

12. ETHICAL IMPLICATIONS OF PRE-IMPLANTATION GENETIC DIAGNOSIS (PGD): A QUALITATIVE STUDY ON THREE SELECTED GROUPS IN MALAYSIA

- Angelina Patrick Olesen & Siti Nurani bt Mohd Nor angel_kl2001@yahoo.com

Department of Science and Technology Study, Faculty of Science, University of Malaya, 50603, Kuala Lumpur, Malaysia.

13. DO THE PERSONS BORN WITH REPRODUCTIVE TECHNIQUES HELP HAVE THE RIGHT TO KNOW, EVERY THING ABOUT THEIR BIRTH?

- Zohreh Rahimi¹, Afshin Farhanchi², Maryam Darabi³ rahimi_zozo2003@yahoo.com

¹MS in Psychology, University of Medical Sciences, Hamedan, Iran

²Dept of anesthesiology and intensive care and medical ethics, University of Medical Sciences, Hamedan, Iran ³GP, University of Medical Sciences, Hamedan, Iran

15:00 SESSION 15: BIOETHICS AND EDUCATION

Chairpersons: Daphne Viveka Furtado

14. PUBLIC EXPECTATIONS ON ETHICAL LITERACY FOR UNIVERSITY STUDENTS

- Chiou-Fen Lin evalin@ntunhs.edu.tw

Department of Nursing, National Taipei University of Nursing and Health Science, No.365, Ming-te Road, Peitou District, Taipei City, Taiwan

15. TEACHING A COURSE ON BASIC BIOETHICS- EXPERIENCES WITH HUMAN GENETICS STUDENTS OF THE MASTER'S DEGREE PROGRAMMES

- Gursatej Gandhi gandhig07@hotmail.com

Department of Human Genetics, Guru Nanak Dev University, Amritsar 143 005, India

16. INTRODUCING ENVIRONMENTAL ETHICS IN POST-GRADUATE ENVIRONMENTAL SCIENCE CURRICULUM: EXPERIENCES FROM ASSAM UNIVERSITY, INDIA

- Abhik Gupta abhik.eco@gmail.com

Dept. of Ecology & Environmental Science, Assam University, Silchar 788011, India

17. DISASTER EMERGENCY MANAGEMENT TRAINING IN JAPAN; WHAT WE HAVE LEARNED FROM FUKUSHIMA DISASTERS INCLUDING DISASTER PREPARATION AND FUTURE ACTION

- Ryo Takahashi and Sumiko Takahashi, ryo@corefit.org

Center for Gerontology LLC, Fukushima; The Nippon Care-Fit Education Institute, Tokyo, Japan

16:30 SESSION 16: TOWARDS COMMON BIOETHICS EDUCATIONAL PROGRAMS IN ASIA AND PACIFIC

Discussion among different universities on Masters and Doctoral Programs in Bioethics, facilitated by Paul Kommasaroff, Monash University, Australia; Duijian Tsai, Taipei Medical University, Taiwan and Darryl Macer, American University of Sovereign Nations, USA (Open to all participants and discussion of cooperation with ABA)

17:00-17:30 GENERAL DISCUSSION AND END OF DAY FOUR

SATURDAY, 23 NOVEMBER 2013

9:00 SESSION 17: BIOETHICS EDUCATION

Chairpersons: Daphne Viveka Furtado and Darryl Macer

1. BIOETHICS EDUCATION THROUGH PERFORMING ARTS—ACTING WHAT WE MEAN

- Leonardo D. de Castro decastro@nus.edu.sg

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2. EXPERIMENTS IN INTEGRATING BIOETHICS EDUCATION INTO SCHOOL CURRICULA IN INDIA

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3. EMERGING COMMUNITY ETHICS AND STUDENT EDUCATION: A RURAL COMMUNITY EXPERIENCE

- Sivapalan [Selvadurai](#)¹, Ong Puay Liu², Marsitah Mohd Radzi⁴, Ong Puay Hoon³, Shazlin Amir Hamzah², Badariah Saibeh² and Nor Adlyizan theis¹ sivap02@gmail.com

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4. BIOETHICS EDUCATION IN INDIAN SCHOOLS – THE MISSING COMPONENT

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Department of Zoology, Jayaraj Annapackiam College for Women (Autonomous), Periyakulam-625601, INDIA;

Arul Anandar College (Autonomous), Karumathur - 625 514, Madurai District, Tamil Nadu, INDIA

5. INTERDISCIPLINARY APPROACHES IN BIOETHICS EDUCATION

- Nesy Daniel kuphil@hotmail.com

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6. TEACHING BIOETHICS: PERSPECTIVES FROM PAKISTAN

- Aamir Jafarey aamirjafarey@gmail.com (by skype)

Centre of Biomedical Ethics and Culture, SIUT Pakistan; President, ABA

7. EXPERIENCE OF IMPLEMENTING AN EDUCATION INITIATIVE IN CLINICAL ETHICS FOR THE HOSPITAL STAFF

- Mohsin-e-Azam mohsindoc@gmail.com

SD 46 DOHS II Malir Cantt Karachi Pakistan 75070

**8. PERCEPTIONS OF FACULTY IN HEALTH CARE PROFESSIONALS'
EDUCATION REGARDING EDUCATION IN PROFESSIONALISM AND ETHICS**

- Nalini Annaswamy nalinianna@yahoo.com

Saveetha Medical College, Chennai, India

**9. ETHICS OF HUMAN DIGNITY: A REFLECTION ON ETHNIC INDIAN
PREDICAMENTS IN MALAYSIA**

- Selvamaran Kanapathy

Asia Pacific Forum on Ethic and Social Justice

**10. INVESTIGATION ON THE BIOETHICS CURRICULA IN FOREIGN
COUNTRIES**

Bang-Ook Jun and Manjae Kim, Gangneung-Wonju National University,

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mjkim@gwnu.ac.kr

11:30 CLOSING SESSION

12:00 LUNCH

POSTERS

P-1. A SURVEY TO ASSESS THE FEMALE SEXUAL HARASSMENT IN THE HIGHER EDUCATIONAL INSTITUTES OF KARACHI, PAKISTAN

- Zulfiqar Ali Shaikh Drzulfiqarshaikh@Gmail.Com

Associate Professor, Community Medicine, Dow University of Health Sciences, Karachi

P-2. IMPERSONAL ROBOTS: VIEWS OF DISABILITY SERVICE ORGANIZATION WORKERS

- Sophia Yumakulov¹ and Gregor Wolbring²

¹Master Student, Dept. of Community Health Sciences, Faculty of Medicine at the University of Calgary

²associate Professor, University of Calgary, Faculty of Medicine, Department of Community Health Sciences, Specialization Community Rehabilitation and Disabilities Studies.

P-3. COMPARISON OF THE PORTRAYAL OF AUTISM IN ONE CANADIAN (GLOBE AND MAIL) AND CHINESE (CHINA DAILY) NATIONAL NEWSPAPER

- Kalie Mosig¹ and Gregor Wolbring²

¹Bachelor of Health Sciences, Faculty of Medicine at the University of Calgary

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P-4. BRAIN MACHINE INTERFACES AND OTHER COMMUNICATION TECHNOLOGIES AND THE VIEWS OF STAFF OF A DISABILITY SERVICE ORGANIZATION

- Lucy Diep¹ and Gregor Wolbring²

¹Master Student Community Rehabilitation and Disability Studies, Faculty of Medicine at the University of Calgary

²associate Professor, University of Calgary, Faculty of Medicine, Department of Community Health Sciences, Specialization Community Rehabilitation and Disabilities Studies .

P-5. BRAIN-MACHINE INTERFACE AND SUB-VOCAL RECOGNITION DEVICE: PERCEPTIONS OF PARENTS WITH CHILDREN WITH DISABILITIES ON EMERGING TECHNOLOGIES

- Lucy Diep¹ and Gregor Wolbring²

¹Master student University of Calgary, Faculty of Medicine, Dept. of Community Rehabilitation and Disability Studies

²associate Professor, University of Calgary, Faculty of Medicine, Department of Community Health Sciences, Specialization Community Rehabilitation and Disabilities Studies

P-6. MEDIA ANALYSIS OF ORGAN DONATION AND TRANSPLANT: ETHICAL IMPLICATIONS

- Jennifer Cheung and Gregor Wolbring

¹Bachelor of Health Sciences undergraduate student , Dept. of Community Health Sciences, Faculty of Medicine at the University of Calgary

²associate Professor, University of Calgary, Faculty of Medicine, Department of Community Health Sciences, Specialization Community Rehabilitation and Disabilities Studies

P-7. MEDIA ANALYSIS: IMPACT OF AGEISM ON AGING WELL IN NEWSPAPERS

- Bushra Abdullah¹and Gregor Wolbring² ¹Bachelor of Community Rehabilitation undergraduate student , Dept. of Community Health Sciences, Faculty of Medicine at the University of Calgary

²associate Professor, University of Calgary, Faculty of Medicine, Department of Community Health Sciences, Specialization Community Rehabilitation and Disabilities Studies

P-8. SOCIAL SUSTAINABILITY THROUGH AN ABILITY STUDIES AND DISABILITY STUDIES LENS

- Theresa Rybchinski¹ and Gregor Wolbring²

¹Bachelor of Health Sciences, Faculty of Medicine at the University of Calgary

²associate Professor, University of Calgary, Faculty of Medicine, Department of Community Health Sciences, Specialization Community Rehabilitation and Disabilities Studies.

P-9. SUSTAINABILITY CONSUMPTION THROUGH A DISABILITY STUDIES LENS

- Rachel MacKay¹andGregor Wolbring²

¹Bachelor of Health Sciences, Faculty of Medicine at the University of Calgary

²associate Professor, University of Calgary, Faculty of Medicine, Department of Community Health Sciences, Specialization Community Rehabilitation and Disabilities Studies

P-10. AN ANALYSIS OF THE RIO +20 DISCOURSE USING AN ABILITY EXPECTATION LENS: IMPLICATIONS FOR PEOPLE WITH DISABILITIES

- Jacqueline Noga¹and Gregor Wolbring²

¹3rd year Bachelor of Health Sciences, Faculty of Medicine at the University of Calgary

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P-11. DISABLED PEOPLE AND THE POST-2015 DEVELOPMENT GOAL AGENDA THROUGH A DISABILITY STUDIES LENS

- Rachel Mackay¹,Theresa Rybchinski¹, Jacqueline Noga¹and Gregor Wolbring²

¹Bachelor of Health Sciences, Faculty of Medicine at the University of Calgary

²Associate Professor, University of Calgary, Faculty of Medicine, Department of Community Health Sciences, Specialization Community Rehabilitation and Disabilities Studies

P-12. GREENING AND ENERGY ISSUES: AN ANALYSIS OF FOUR CANADIAN NEWSPAPERS

- Jacqueline Noga² and Gregor Wolbring¹

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P-13. THE EUPHEMISM OF INJUSTICE TERM: ADAPTATIVE PREFERENCES

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P-14. TOWARDS AN ETHICAL CONCEPTION OF CARE

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**WE ENCOURAGE ALL PARTICIPANTS TO RENEW THEIR
MEMBERSHIP OF THE ASIAN BIOETHICS ASSOCIATION (ABA)
&
ALL INDIA BIOETHICS ASSOCIATION (AIBA)**

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INAUGURATION

SESSION 2:
RELIGION AND ETHICS

1. RELIGION AND ETHICS IN JAPAN

Nader Ghotbi

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Abstract:

I discuss the case of Japanese society, culture and religion which has mesmerized a lot of social researchers with a lot of controversy whether Japanese people are religious or not. Some say that the majority of Japanese people are not religious because they do not show a particular choice in religious activities, visiting a Shinto Shrine, a Buddhist temple, and a Christian church for various activities. Others refer to culturally strong and widespread religious practices by the majority of Japanese people that classifies them as being religious; they commonly offer money to shrines and temples to protect themselves from bad luck and to help them accomplish their dreams. So which is it: are Japanese people religious or not? I explain that religion has individual as well as societal functions. At the individual level, religion can be the foundation of spiritual health which is an important dimension of human health. Japanese people as individuals may be as religious as any other nationalities and have spiritual needs like any human being. However, there is a major difference in that the socio-cultural rules, norms and regulations in a Japanese society are more significant than the religious ones; these socio-cultural rules dominate and govern the relations among Japanese people, and form the foundation of 'Japanese ethics'. Ancient religious traditions in Japan have influenced and continue to influence the culture and social norms and rules. However, a major point of distinction regarding such an influence is the dominance of "human relations" over "relations with god(s)". The ethics of the Japanese society is dominated by social rules and regulations rather than religious instructions. A good example is the issue of abortion in Japan. I explain how this situation has created the risk of discrimination towards the non-Japanese living in a Japanese society.

Keywords: Japanese ethics, Religion, Social ethics

2. MUSLIM PATIENTS: LAWS, ETHICS AND RIGHTS IN HEALTHCARE SYSTEMS

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Abstract:

This article examines the scenario of Muslim patients in hospital and highlights on awareness of Shariah approach by re-structuring the best model of hospital in total. For this purpose, the authors examine the dilemma among patients in government hospitals as well as privates pertaining their procedures, laws and ethics. The crucial part is emphasizing the patient's right by referring to our existing medical law which recognized the principle of autonomy of patients. Then, it combines with the Islamic ethics on healthcare needs by applying the spirit of *maqasid al-Shariah* and how this harmonisation may contribute to better solutions for challenges in our health care system. Thus, we intend to express our opinion by examining the issues and find out the possible ways to overcome in accordance with the wishes and law of Divine principles. Overall, findings contribute by highlighting the laws and ethics of medical area via Shariah perspective and also Malaysian practices on the existing system. Findings are followed by recommendations and future directions.

Keywords: health care, medical law, medical ethics, patient rights, *maqasid al-Shariah*.

3. THEOLOGICAL AND PHILOSOPHICAL PARTNERS FOR HUMAN RIGHTS

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Abstract:

This paper aims to explore how theological-religious traditions support or distract from bioethical appeal for human rights when grounded philosophically. The Organization of the Islamic Conference's Cairo Declaration on Human Rights in Islam, the papal encyclical *Pacem in terris*, and the Parliament of World Religion's Declaration on Towards a Global Ethic each articulate why human rights are consistent with other normative values. The ancient wisdom of major world religions share universal values such as the Golden Rule, a conception of compassion, and collectively point in the direction of universal human rights and responsibilities. It is not that only a religious cosmology offers a satisfactory justification of human rights with accompanying duties and responsibilities nor is it necessary that justification be restricted to secular philosophy. Human rights and global bioethics share concern for the human condition, addressing issues at every stage of human life. The Universal Declaration of Human Rights arose from an experience of the inhumanity and indignities of WWII. The document declares that human dignity requires civic, political, cultural and economic rights. An account of human dignity is incomplete without recognizing accompanying duties and responsibilities to respect, protect, and fulfill human rights. Capacity of human beings equates with rational ability but is not restricted to reasoning per se, for human beings are also a social and relational species. Narrowing human dignity to a capacity for reason is morally counter intuitive. Rather it is the universal embrace of human dignity for all persons that inspires advocacy for human rights. The newborn child, the mentally compromised, the dementia sufferers share one species-membership. Empathy and compassion for the suffering of imaginary (and real) others releases the universal potential of human rights and inspires practical implementation. Human beings begin and end life with ascendant and descendant capacities for reason and interdependent mutuality all the while, remaining human. Using several case examples at the termini of life, this paper will explore how theology and philosophical ethics can support and promote human rights for all people without sacrificing sacred or intellectual traditions .

Key words: Human rights, World Religion, Philosophy, human dignity.

4. IS ETHICS LOGICAL, EMOTIONAL OR BOTH?

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Abstract:

We all agree that ethics play a huge role in every moment of our lives. But there is a prevailing belief that ethical decisions we make should be free of the dictates of emotion and that they should primarily be logical. This research paper explores the components of ethical behavior through qualitative and quantitative analysis of ethical behaviors, universal ethics by studying realistic examples of ethical dilemmas. I have evaluated the degree of emotional and logical components by rating, through the scale of 1 to 10, the intensity of logic and emotion of an ethical behavior.

By analyzing different examples of ethical dilemmas to find the answer to the ethical behaviors and universal ethics, I found that most ethical decisions require both the emotional and logical elements although they vary in emotional and logical degree.

The result suggest that ethics as a whole does not only constitute logic but also emotions which contradicts the prevalent belief. Furthermore, the result has larger implications in our daily lives. The simple and complex decisions we make every day have a greater depth and profundity than we think. Not only do we take the logical factor into consideration when making any decisions but we also take into account their sentimental constituents. This further implies that we should not ignore the dictates of human emotions when faced with ethical dilemmas.

Key words: emotion, dilemma, complex decisions

5. BIOMEDICAL TECHNOLOGIES, HUMAN NATURE, AND THE SANCTITY OF LIFE. AN ETHICAL ANALYSIS FROM A CATHOLIC PERSPECTIVE

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Abstract:

Biomedical technologies have been the subject of many bioethical analyses. The ethical challenges they pose have been examined by secular ethicists as well as those working within specific faith traditions. Catholic bioethicists are no exception. Much has been written particularly about the use of biomedical technologies at the beginning and at the end of human life. But few commentators appear to have noticed that there is a paradox operative in Catholic bioethics when it comes to biomedical technologies. Such technologies are generally rejected as immoral when they are used to regulate the procreative process, both when they are used to prevent conception and when they are used to overcome infertility. The insertion of biomedical technologies into the sexual relationship between a husband and wife is viewed as a violation of the nature of that relationship and an affront to its sanctity. But at the end of life, it would seem that there is no limit to the amount of technology that may be used to extend human life. Indeed, some of these technologies (such as a PEG tube to administer artificial nutrition and hydration) is no longer viewed as an invasive technology but instead as a natural form of intersubjective care; the PEG tube is now seen as an umbilical cord. It should be emphasized that this love-hate relationship to biomedical technology is certainly not limited to Catholic bioethics only. But given the important role that Catholic health care institutions play in the provision of care around the world, and given, hence, the important moral leadership role that Catholic health care institutions play, critical analysis of this paradox from a Catholic bioethical perspective is urgently needed. This paper intends to contribute to that analysis by building forth on the few authors who have addressed this paradox.

Key words; Bioethics, technologies, artificial nutrition, umbilical cord

6. THE DILEMMA OF RELIGION AS SOURCES OF ETHICS AND MORALITY IN THE ETHNIC POLITICS OF SOUTHEAST ASIAN STATES

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Abstract:

Southeast Asia comprised of ten states that face the problem of state and nation-building. In all these states, there are minority ethnic communities with complaints of discrimination and oppression in the hands of the majority that controls the political power of the state. The ruling majority community looks upon the minority as challenging their legitimate right to govern or insurgents trying to break the state. By coincidence, the majority and the minority belonged to different religions making the governance more difficult. In the Philippines, the majority is Christian while the minority is Muslim. In Thailand the majority is Buddhist while the minority is Muslim. In Myanmar, the majority is Buddhist while the minorities are Muslims, Christians and Hindus. In Malaysia, the majority is Muslim while the minorities are non-Muslims. Indonesia the clash is within Islamic groups and with Christians. In Singapore the majority is Buddhist and the minority is Muslim and Hindu. One finds ethnic, religion and politics is a dichotomy between the minority and the majority, adding fuel to their confrontation in the respective states. Despite their claim of adherent to religion, both have no inhibition to use violence against civilians. Given the divisive role that religions play in these states, it appears as if religion has failed as a source for ethics and morality. Instead has become a rallying force in the hands of ethnic groups to justify their use of force to achieve their political objectives.

Key words: Ethnic groups, politics, use of force, religion, ethics and morality.

SESSION 3:
ENVIRONMENTAL ETHICS

7. SPECIAL DIALOGUE ON ETHICAL WORLDVIEWS AND COMMON WISDOMS: THE REPOSITORY OF ETHICAL WORLDVIEWS OF NATURE TO A POSSIBLE AFRICAN CONVENTION ON ENVIRONMENTAL ETHICS AND SUSTAINABILITY

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Vice- President of Asian bioethics Association for ethnic Minorities

Abstract:

An exciting project has begun in South Africa to form an African Convention on Ethics of Environmental Ethics and Sustainability. This follows from the Repository of Ethical Worldviews of Nature project (of Eubios Ethics Institute, Sikh Human Rights Group and American University of Sovereign Nations). The essential guiding principle in this extension project is the African concept of 'Ubuntu'. Can this be the way forward to engage civil society to take ownership of their environmental ethics and develop Conventions that reflect the civilisation and cultures of the region? What would an Indian Convention on Ethics of Environmental Sustainability constitute?

Key words; south Africa, sustainability, guiding principles

8. "WOMEN WERE UNDEVELOPED MEN:" SAYS EVOLUTION THEORY?

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Former President of Asian Bioethics Association

Abstract:

There are three basic fundamental frameworks to assess the status of woman in society. They are (i) Philosophical domain (ii) Theory of evolution and (iii) Genesis account of creation of woman (Genesis 1–2: Bible). One system was started with Hippocrates the Greek physician of Cos, (4th century BCE) who considered that "women and men as fundamentally different animals". The notion that both woman and man are animals supports animal descent. Then the Aristotelian philosophical thought propagated that "'women were undeveloped men" and he considered "women . . . were inferior because of their failure to develop". It was physician Galen of Pergamum, (2nd century CE) critiqued Hippocrates and Aristotle and wrote "men and women shared one body type, women were in fact men who had not developed . . . What distinguished male and female was the amount of heat and energy generated in the body; maleness being full development arising from adequate body heat, while femaleness was a consequence of relative coldness". (Vide Garton, 2006 p. 38).

The second framework is that of the evolutionary philosophy of the Greeks. The emergence of the evolutionary thought is an Intellectual Property Rights of the Greeks and other early religions like Confucianism, Taoism and Hinduism. In this Greek era prominent Greek philosophers like Plato entertained arguments about whether or not a species can evolve or change. Since Plato and Aristotle differed in their opinion on the fixity of biological species this seed-thought of evolution was put into cold storage for over 2000 years. It is therefore, evident that the ideas of species evolving into higher species, what we now call 'evolution', is not original to the European thinkers including Charles Darwin as well as to scientists of the day. Nevertheless the resurgence of this dormant idea was due to the publication of the book by Darwin "Origin of Species, Through Natural Selection"

The Greek view on the evolutionary philosophy has impacted the status of woman. According to evolutionary thinking it is impossible that both men and women were evolved simultaneously in one area. It should be borne in mind that evolution has no mind of its own. It is non-directional and left to chance and change over time. According to the evolution and in any case – man or woman - one evolved from the other. Who evolved first? It is the woman who evolved first! Browne's book review entitled "ladies of Inequalities" –published

in Nature Magazine 1989 – highlighted this issue from the view point of evolutionist and considered that “women were undeveloped men” – arrested on the way to some supposed better state. As an ‘unformed’ and undeveloped male, woman was evolved earlier than the male. And hence she is “imperfect or inferior’ and unfit, in the sense that all evolution products has to be arranged in a hierarchal manner in an evolution-family tree. The evolutionary sexual history of humans is an unsolvable puzzle and loses it bioethical credibility. This theory does not provide enough true space for womanhood and motherhood and it is a double edged deterrent to woman as a total and complete person. To teach children with such an untrue and unscientific evolutionary concept is horrific and it tantamount to ‘child abuse’.

The third framework is that of the historical account of the creation of woman as recorded in Genesis chapter two. Although this fundamental chapter has come under acute attack by the liberal theistic evolutionist, a detailed and a careful analytical study will reveal that it ensures equality between Man and Woman. Hence such a doctrinal teaching is preferable over the other models.

Garton, S., 2006 History of Sexuality, Equinox Publishing Ltd., London (Online)

9. ENVIRONMENTAL ETHICS AND SUSTAINABILITY: A STUDY ON GLOBAL PERSPECTIVES FOR SUSTAINABLE DEVELOPMENT

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Abstract:

Environmental ethics is one of the most important modern environmental conservation and sustainable development tools and involves in the early history of human civilizations. It has already been a global issue due to its implications in the development discoursed. But most of the people in the underdeveloped and developed countries people are not aware about its importance. Considering the environmental ethics, it is very easy for all to carry out their duties and responsibilities properly that may lead to the sustainable development which we could not hope for; a peaceful and happy environment for our generations on this earth. It is in fact a human virtue supported by the religions on this earth. It is interlinked with the sustainable environment and development. It teaches us to be healthy and friendly to the global environment and development. This virtue is basically based on the international humanitarian law, international human rights, and course the international environmental law under the public international law. The modern societies including the United Nations Organization (UNO) and its specialized agencies, International Union for Conservation of Nature (IUCN) and other national and regional organizations, etc; have been playing critical role in the process of implementing on the need for the environmental ethics for our society in order to attain the sustainable development. The compliance with the existing laws and policies along with the environmental ethics are also crucial for our existence on this earth, our home. It deals with the environmental rights, moral education, traditional knowledge and the environmental conservation issues, etc; which are very important for our sustainable development on this earth. This study will provide a critical overview of the environmental ethics in our daily life linking with the moral educations for sustainable development as mentioned in the international legal foundations as well as in the religious considerations with other relevant mechanisms based on the primary and secondary sources in the different criteria such as lecturers, students, professional peoples, businessman, etc. in Bhimavaram, Andhra Pradesh.

Key words: Environmental ethics, sustainable development, society, Policies and programmes.

**10. ENVIRONMENTAL ETHICS AND BIODIVERSITY CONSERVATION:
EPITOMIZING VALUES IN DIFFERENTIAL CONCEPT PERCEPT
FRAMEWORK AND INTEGRATING PLANNING PERSPECTIVE**

Dipankar Saha

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Abstract:

Addressing the global collapse of biological diversity is an over-riding ecological and ethical challenge facing human society. Simultaneously, the justification of a multi-disciplinary, goal-directed enterprise encapsulated with site specific policy execution dedicated to the conservation of biodiversity became a central question for the growing discipline of environmental ethics to analyze, debate, researched and policy recommendations all over the world since long. Obviously the environmental ethicists have always debated about many types of justifications. According to one school, biodiversity is a property of systems that is intrinsically valuable and should therefore be conserved. According to another all biological entities (and not just human individuals), including higher taxonomic categories such as species and ecological communities, have value independent of all human interests. The problem is that why non-human entities, especially higher taxa, have intrinsic value associated with them. At the other end, some environmental ethicists and economists have argued that biodiversity should be conserved because of their demand value, which is providing tangible benefits to human society through the maintenance of ecosystem services. In addition it is also having the provision of useful resources such as food, building materials, medicine, or opportunities for recreation. Apart from all these variables of understanding and executions, we need to reconcile the views of philosophers of science who has expressed that there are values in science — specifically *epistemic values*. Hypotheses are evaluated in terms of their accuracy, simplicity, scope, etc. More interestingly, some philosophers claim there are moral values in the sciences as well including ecology and conservation biology being the gamut of biodiversity conservation and its related policy issues. This paper is an attempt to understand, realize and visualize the implicative resonance of these variables as some researchers proposed the so-called maximum social welfare function, which allocates

resources in a way that achieves a constant level of utility over time. In this approach, the utility discount rate represents society's altruistic preferences towards future generations, or willingness to undertake voluntary sacrifices so that future generations may enjoy a better way of life. The non-declining utility constraint, in contrast, is based on a perceived moral duty to ensure that present actions do not jeopardize the life opportunities available to posterity. This approach can be viewed as rational given a rights-based Kantian ethical framework in which moral duties complement preference satisfaction in making rational policy decisions.

Keywords: biological diversity, ecological communities, opportunities, recreation

11. ENVIRONMENTAL ETHICS AND SUSTAINABILITY - ISSUES AND SOLUTIONS

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Abstract:

Ethics is as old as philosophy, perhaps older than a philosophy. Environmental ethics is very recent and emergency discipline. Ethics has been by enlarge conceived as the critical study of personal and collective responsibility towards things that are vulnerable to person's social institutions and human communities. Till recently, environment was believed to be too large and to permanent to be vulnerable. Science of Ecology however has conclusively established that environment is equally vulnerable as is evident from the contemporary ecological crisis. Environment ethics has emerged and gained urgency in view of the realization that human actions in the recent years have imperiled the environment.

Environment ethics continues to be and open ended discipline as for as its perspectives and prospective are consent. It appears to be a generic expression, attracting concern almost all discipline. For all environmental activists, four major themes are belived to have emerged; First, ethical consideration of the natural environment pervaded morality, values and private and public life. Second, Emotional and spiritual experiences are personal fulfillment were important for many. Third, there was disagreement on the relationship among environmental principles; intentions and behaviors as well as necessity of prescribing specific behaviors. Finally, there were diver's views on the roll of humanitarian concerns in an environmental ethic. The present paper deals with the responsibilities inextricably embedded in man-society-nature interrelationships.

Keywords:Philosophy, Environmental ethics, Vulnerable,Interrelationship

12. CONSERVATION OF BIODIVERSITY THROUGH TIME MANAGEMENT

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Abstract:

The diversity in our Biosphere is known as "Biodiversity". Biodiversity refers to variety of life forms we see around us. It encompasses whole range of mammals , birds ,reptiles , amphibians , aquatic animals, insects and other invertebrates i.e. plants, fungi and micro organisms such as protista , bacteria and viruses. Generally Bio diversity is recognized at three levels namely species level , genetic level and eco system level. Species diversity pertains to the variety of species; Genetics diversity refers to variation within individual species; Eco system diversity refers to diversity of habitats. These three diversities can be dynamically based on natural factors, i.e., human induced pressure, ecological factors and physical factors. In this paper attempt has been made to describe how the humanitarian physical factors (the biological clock within the organism) are influencing in maintaining the time management (the analysis of human time structure, i.e., activity and arousal cycle)) that ultimately influencing diversities in species and genetic level in the earth. Circadian cycle (the biological clock within the organism) is one of the physical factors that play a vital role in the behaviour of the organism. This cyclic change in bodily processes is also having causal relationships between the mother and the fetus from the pre-natal period of life span development. Several studies indicate that analysis of human time structure i.e., activity and arousal cycle of a person, can be detected from the pre natal period, - that, whether the child will be a "morning people" or a "night people" in his further life style. This particular factor has a great role in time management. Time management is the life management. The conservation of diversities in the context of behavioral manifestations in our rhythmic process can be installed through controlled processing of time management that can enhance the life force. Besides the time management strategies must be arranged with master schedule, weekly schedule and daily schedule with the identification of goals on the basis of priority of the tasks. The process of time management includes examining - how time is utilized, analyzing and maintained, identifying the time wasters and developing new personal - managerial habits. So that one can get the benefits like increased effectiveness and efficiency, higher productivity, increased leisure time, reduced stress, and enhancing creativity. Besides one has to direct careful attention to the task and to concentrate on its probabilities which requires significant attention capacity and intelligence. Biodiversity is a common phenomenon of the earth. So attention should be given to its positive manifestations for the benefit of mankind through proper time management.

Key words; Biodiversity, protista, genetic diversity, biological clock

13. CARE PERSPECTIVE IN ENVIRONMENTAL ETHICS

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Abstract:

The mechanistic approach towards cosmos, adopted by science, has drained nature of its potential resources of food and medicine. The earth's delicate ecological balance is altered through the devastation of natural forests resulting in major changes in weather patterns. Our planet is literally poisoned through pollution. A change in attitude to environment became indispensable for human survival. This crisis rekindled human interest in environmental philosophy and environmental ethics. The 'deep ecology' concept of Arne Naess and 'Land Ethic' of Aldo Leopold caught the attention of environmentalists. Simultaneously feminist ethicists forwarded 'care perspective' as a solution for current environmental crisis. Parallels are always drawn between women and nature and this has contributed to the emergence of eco feminism which argue that there are conceptual, symbolic and linguistic connections between feminist and ecological issues. Feminist thinkers like Karen J Warren insisted that solutions to ecological problems must include a feminist perspective. This insistence is evident when ecofeminist suggest androcentrism, not anthropomorphism as the chief enemy of nature. The oppressive patriarchal conceptual framework which revolves around value hierarchical thinking, value – dualism and logic of domination have always denigrated, the status of both women & nature.

The scientific revolution has brought a paradigm shift from the conception of nature as organically or a benevolent mother to mechanistic view of nature which justified abuse of nature. Mary daly, a prominent feminist thinker, holds that traditional female virtues like caring, nurturing and intuitiveness can foster more sustainable way of life. Susan Griffin countered the objective, dispassionate and disembodied voice of male culture with the subjective, passionate, embodied voice of female culture. She reminds us that nature has a value that cannot be reduced to its usefulness to culture. Feminist 'care perspective' is often juxtaposed with Kantian deontology or justice based normative theory. Feminist ethicist like Karen .J Warren insist that only an ecofeminist ethics, an ethics free of androcentric as well as anthropocentric distortions can overcome naturism once and for all. Such an ethics must be a 'care-sensitive ethics'.

Key words: pollution, eco feminist, patriarchal, environmentalist

14. LIVING LAB AS A BIOETHICAL TOOL IN KNOWLEDGE ENVIRONMENTAL BUILDING FOR HEALTH CITY PLANNING

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Abstract

This project is to establish a participatory health data bank design by working with community leaders to mobilize neighborhood networks in health city planning. Beginning with using Tele-care technology to support health promotion and “aging in place”, neighborhood residents are willing to take a part in community health building. Supported by service learning curriculums, the pragmatic participatory project design making use of oral life histories, health related narratives, and allowing user's narratives to contribute to design on regional planning was not only good for the students. The students' activities also served as critical bridges for health users to sensitize the way they perceive health information and technology. As a result, they became more capable and willing to take an active part in community building and promoting health. Based upon the idea of group consent as a basis for ethical governance, a framework developed for the Taiwan Bio-bank, implements the concept of participatory governance by first establishing a mutual assistance health promotion database in the community. Following, a database for living activities and cultural affairs is assembled to enrich daily life in the associated communal area. Finally, a large-scale ecological and environmental databank will be established for sustainable regional planning. These databanks with community-based benefit-sharing are a feature of infrastructure for developing a knowledge environment. We found this participatory design concept with its appreciation of user innovation can serve as a tool for mediating between voluntary groups and stakeholders in the quest for broader social justice in Taiwan.

Key words: databank, health city, knowledge environment, benefit-sharing

15. BIOETHICS AND GLOBAL HUNGER

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Resilience is the central theme of the 2013 Global Hunger Index, published by the International Food Policy Research Institute, Concern Worldwide, and Welthungerhilfe. For the eighth straight year of calculating the Index, global hunger has improved overall, falling by one-third. Yet despite these seemingly positive statistics, the situation for the world's poor remains grim. Approximately 870 million, or 1 in 8, people worldwide still suffer from hunger. These serious statistics underscore the need for resilience-building efforts to boost food and nutrition security for the world's most vulnerable. A broader understanding of resilience can help expand the dialogue between the relief and development sectors, which have long operated in separate silos. One of the axioms of Bioethics is HUMAN DIGNITY. In this presentation we discuss the reasons for the slow march towards providing food for all with reference to the HUMAN DIGNITY axiom of Bioethics.

Key words: Resilience, food policy, hunger, nutrition security

SESSION 4:
ETHICS OF INFORMATION
TECHNOLOGIES

16. ETHICAL ISSUES OF WIRELESS SENSOR NETWORKS

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Abstract:

Wireless Sensor Networks (WSNs) are an emerging technology having the potential to transform the way of human life. In addition to their applications in science and engineering, WSNs are also used in military, health care, smart grids, government security policy and monitoring of environment, infrastructure, habitat, water and earthquakes. In WSN applications, a number of sensor devices are deployed over an unattended area and the environmental data are collected and transmitted to the base station or remote location. The raw data can be processed for detailed analysis at the remote server based on application requirements. With all the benefits, there are ethical issues concerned with the WSNs like privacy and security. Without taking care of these ethical issues, the growth and development of this technology has to face several obstacles in the near future. Government agencies, researchers and manufacturers must coordinate to overcome these obstacles so that the WSN technology will have a smooth implementation. Awareness has to be created among the general public about the benefits and ethical implications of WSN technology. The key components of WSN, sensor node, applications and the associated ethical issues will be discussed.

Key words; emerging technology, infrastructure, privacy, security, awareness

17. JARON LANIER'S LOCK-IN AS EXEMPLIFIED BY FACEBOOK

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Abstract:

Jaron Lanier, renowned computer scientist who is credited to coin the term “virtual reality” (VR), also nominated in TIME magazine as among the 100 most influential people¹, and Recognized by Encyclopedia Britannica as one of history’s 300 greatest inventors², empathically speaks that persons must beware of digital lock---in. According to him “TheBrittle character of maturing computer programs can cause digital designs to get frozenInto place by a process called lock---in.This happens when many software programs are designed to work with an existing one.The process of significantly changing software in a situation in which a lot of other software is dependent on it is the hardest thing to do. So it almost never happens.”³Thus, Lanier also contends that “lock---in... is an absolute tyrant in the digital world.”⁴This paper contends that the ubiquitous, and also seemingly indispensable, Facebook,Has locked---in its users. From its creation in 2004 by Harvard sophomore Mark Zuckerberg, Facebook has become a monolith with a global 800---million--plus strong(and still growing) subscribers at present. A monolith, which, has been showing signsThatit is becoming a runaway “absolute tyrant in the digital world.” Among many,The most grave portents of such lock---in are, without asking the permission of its users,Once one becomes a Face book subscriber, one remains so ad infinitum –one can’tDelete one’s account, but can only deactivate it, yet one’s Profile still remains to appearActive to other subscribers; b) Imposition of use of Timeline to subscribers)Facebook going public to generate profit (thereby making it a USD 675 billion company),making the members’ data vulnerable to data mining.

Key words: Digitallock---in,Facebook,datamining,digitaltyranny

18. A SURVEY TO ASSESS THE COMMON REASONS OF VISITING HOLY SHRINES BY THE DEVOTEES IN KARACHI, PAKISTAN

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Abstract:

The people with various beliefs and religions attribute divine powers to the graves of their saints. There are frequent visits of the devotees to the holy shrines mainly for the purpose of mental healing. These shrines also seem a refuge for druggies, prostitutes, abandoned children, homeless women, and others to carry out their illegal operations.

This study surveyed the purpose of the visits to shrines, their beneficial effects, and also the sanctity violated by drug addicts and others.

Total number of study subjects was 120, with male to female ratio of 58:42. Their age varied from 20 to 80 years. They belonged to various socioeconomic and ethnic groups with varying educational level. Majority of the visitors come frequently. The purpose of visits included reward (swab), poverty, domestic problems, infertility, ill health, in addition to see lovers, to have an access to commercial sex workers and narcotics. Some devotees had a mishap during the visit.

Conclusion: Though most of the visitors come for mental healing and relaxation with the hope of getting solutions for their problems, yet many use / misuse these sacred places for their wrong doings and criminal activities.

Key words; devotees, druggies, prostitutes, abandoned children, homeless women

SESSION 5:
BIOETHICS IN SOCIETY

By Skype

19. THE ETHICS OF ABILITY PRIVILEGE

Wolbring Gregor

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Abstract:

Ability privilege describes the advantages enjoyed by those who exhibit certain abilities and the unwillingness of these individuals to relinquish the advantage linked to the abilities especially with the reason that these are earned or birth given (natural) abilities. Privileges linked to various groups (e.g. male, race, class, gender) are discussed in the literature. I submit that ability privilege, a dynamic pervasive in society, ought to be discussed. The lens of ability privilege allows for analyzing the dynamic of what ability advantages are seen as earned vs. unearned not only across traditional social groups (e.g. race, class, gender) but also between the social group dualistic of the ability-have and ability-not-have which allows one to look at ability privileges as they play themselves out in human-human, human-nature and human-animal relationships. Ethics ought to give us guidance how to act. I submit that the concept of ability privilege, and which ability privileges we envision as earned or unearned is worthy of ethical deliberations. I cover in this paper ability privileges related to disabled people, human-nature and human-animal relationship, the ability of competitiveness and consumerism, and I highlight emerging new forms of ability privileges made possible through science and technology advancements and the role of ethics.

Key words: Society, Relationship, Privilege, Consumerism

20. NEGOTIATING BIOETHICS IN MULTIETHNIC SOCIETY: A CRITIQUE ON MALAYSIA

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Abstract:

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

Key words; medical science, medical ethics, philosophical maturity,

21. IS THERE ANY NON-MODERN BIO- ETHICS POSSIBLE? IF YES THEN HOW? IF NO THEN WHY NOT?: THE LIMIT OFBIO-ETHICS DISCOURSE

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Abstract:

The contemporary bio-ethics discourse is predominately modern. Most of the challenges of contemporary bio-ethics discourse i.e cloning, genetic mutation, transplantaion, contraceptive methods and iatrogenesis etc. all are the results of the process of modernization of contemporary life form and are the unintended consequences of modern epistemological discourse. This reveals a delicate relation between epistemological discourse and its corresponding bio- ethical challenges and solutions.

Most of the bio-ethicists are derived strictly from modern educational structure and consider modern epistemological foundation as not only non-contestable and universal. But most importantly they also believe that pre-modern ways of understanding, tradition and moral foundations are the result of incoherent and non scientific understanding of reality because of their pre- modern metaphysical assumptions.

It implies that bio- ethics discourse is dominated rather circumscribed by the modern epistemological foundations or assumptions. Thus bio-ethical analysis, evaluations, projections challenges and solutions are over-shadow by the colonization of modern epistemological homogeneity which is detaching bio-ethics from socio-cultural, moral and spiritual particularization of pre-modern traditional order.

In this article we will try to explore the organic relation between contemporary bio- ethical discourse and modern epistemological foundation and will also judge the theoretical consistency of this relation in light of post-modern discourse.

Key words: Modernism, Epistemological discourse, Post-modernism.

22. ETHICS FOR GLOBAL SOCIETY AND ETHICS OF THE UNITED NATIONS

ORGANISATIONS

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The future of bioethics needs to reflect that different Peoples of the world The UN Charter was for the “Peoples of the World”, which is a concept much more inclusive and eternal than that of Nations. This paper will consider some examples of the ethics of United Nations Organizations, and the roles they do and they could play in global bioethics dialogue. Interactive bioethics is the art of dialogue, and is central to a healthy and mature society that allows Peoples of different views to understand each other, and attempt to build a social consensus. Bioethics is the concept of love, balancing benefits and risks of choices and decisions, in our ethical mind – and even this process is the result of an internal dialogue that can be equally as tough as the dialogue between different persons/minds. This heritage of discourse can be seen in all cultures, religions, and in ancient writings from around the world, however, in some cases the public discourse is not so loud as it is in others.

The need for a genuine space for dialogue is the foundation of American University of Sovereign Nations (AUSN), which is the latest bioethical project I have embarked on. AUSN represents a monumental historic development: the creation of the First-ever Medical School to be located on Native American Sovereign Land. It also offers the First-ever Master of Bioethics and Global Public Health program in the United States, and the First-ever .Master of Public Health program on Native American Indian land.

AUSN has an expressed and dedicated commitment toward academic excellence, the pursuit of truth and social justice, the discovery of new knowledge through the attainment of the highest level of academia, scholarship, research, critical-thinking and analysis. AUSN is strongly based in the promotion of respect for human rights, fundamental freedoms, peace, the sense of human dignity, and the promotion of understanding, tolerance and friendship amongst all nations and all Peoples. The AUSN School of Medicine is deeply committed to offering excellence of education, academia and scholarship, through which we will encourage dialogue, to

- provide our students the intellectual freedoms and ability to rejoice in the discovery of critical thought and the pursuit of excellence;
- provide our students the knowledge and the commitment required for full participation and service as future members and leaders of the learned professions;

- properly prepare future leaders of our communities who will be committed and vigorously engaged in helping those who suffer, are burdened by social injustices, or who are stricken by disease, and do so for the benefit of all peoples and populations;
- help our students understand the sense of obligation of citizenship, and need for a requisite commitment to the promotion of human tolerance and understanding, human respect, integrity, and human dignity.

Through bioethics dialogue we will go beyond the European and Anglo-American norms, and stimulate these endeavors globally, not only among Asian Peoples, or Americans, or Africans, but all Peoples.

23. BIOETHICS IN INDIAN PLURALISM

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Abstract:

India's population is pluralistic in culture. Tracing the history starting from Vedic times, the population has been subjected to influence of cultures of various invaders who invaded India from both land and sea. It was inevitable that geographical differences were created in observation of culture and customs. This has a bearing on all aspects of life including education. The code of conduct for physicians was well laid out centuries ago as part of Indian philosophy which included vedic, and non-vedic philosophies like Buddhism and Jainism. During the later Mughal period Sikhism got added to the Indian religious scene. With the British rule vedic philosophy got to be known as Hinduism. The code of conduct of physicians was documented centuries ago in the classical texts. Comparatively, much later in the 17th century western principles of ethics were considered as moral propriety in medicine. In 1960s the word 'bioethics' got coined and gained more prominence by 1970s. Due to globalization and international collaboration, the western ethical principles were expected to be applicable in India. It became apparent that this would pose challenges due to the multicultural environment in India. The Indian ethical guidelines have tried to address these issues to a great extent and bioethics teaching also takes the local cultural and religious environment into consideration.

24. RECOVERING WISDOMS

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Abstract:

The Ethical Worldviews of Nature project is evolving into a more ambitious project of Worldviews which is hoping to have a section on ethics. It will incorporate Ethics in various fields. It will explore the value of common wisdoms in different civilization to modern challenges in society. It will bring together narratives from different cultures, regions and civilizations. The project invites contributions from academics, practitioners and civil society. It will be an online project, involving collaborations between the Sikh Human Rights Group, Eubios Ethics Institute and American University of Sovereign Nations (See the articles and papers of the repository on www.eubios.info), and hopes to restore many lost wisdoms back into the service of human race.

Key words: Nature, ethics, challenges, civil society

25. VALUE BASES OF THE DRIVING FORCES OF TECHNOLOGY

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Abstract:

There is a general view that the technology is value neutral. The ethical issue of good and bad is not applicable to technology, but only to its user. For example, knife that we use for chopping vegetables can also be used for stabbing a person. But knife is not morally responsible for it.

The initial purpose of technology was to reduce hardships and misery of human hard labour and life. Invention of a wheel or a crowbar lessened tiresome labour and provided comfort to worker. Similarly, a sharpened tool supported humans in the food hunting exercise. But further development on it augmented human destructive capabilities.

Based on the consequences of technology we can classify the technologies into three types.

1. Good results only.
2. Designed for good use but cause some bad consequences also, mostly accidental either as necessary by-products or as side effects.
3. Designed to have bad outcome only.

We can consider the invention, production and use of technologies of the first two kinds as value neutral and the last type as inevitably value non- neutral and immoral. Their existence is dangerous and morally bad. This paper tries to refute the legitimacy claims of their continuation.

This paper also studies the driving force on the development and use of technologies. There are instruments that can remove blocks inside minute organs without operation but no equipment to remove blocks in drainage. The purpose of technology is defeated today, because technology instead of reducing hardship and misery stimulates human indulgence and multiplies profit. There is a moral imperative to convert the uses of technology. Its purpose is not to enhance pleasure and profit but to support the life of all including that of the universe. The paper aims to conclude that the technology driven by market forces are to be converted into a need based technology.

Key words; Vegetables, side effects, multiple profit, need based technology

26. IMPACT OF THE CHANGING ENVIRONMENT ON RURAL LIVELIHOOD

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Abstract:

Life has to be adapted to the conditions of its environment. The livelihood systems which in the past were so tied to the environment and especially natural resources are rapidly weakening. The quality of human life is jointly determined by the interplay of two very complex systems: the socio-economic system and the ecological system. Many of the world's ecosystems and areas of high biodiversity under threat are also home to rural communities and indigenous peoples, whose livelihoods and cultures are closely dependent on the natural environment.

Poverty is a result of *loss of livelihoods*, in turn often caused or exacerbated by environmental degradation that is caused by environmental scarcities of arable land and water, resulting in loss of livelihoods. **Loss of biodiversity and environmental degradation tend to affect the poorest communities more directly**, increasing their vulnerability. The report of World Wildlife Fund (WWF 2000) states that the productivity and resilience of ecosystems have deteriorated by at least 30 percent during the last thirty years. During the same span of time human pressure on the environment has increased by some 50 percent.

Economic management impacts on the environment and the environmental quality impacts on the efficient working of the economy. Environmental degradation imposes costs on the economy which results in output and human capital losses. Sustainable development attempts to accelerate development in an environmentally responsible manner keeping in mind the intergenerational equity requirements. Emergence of Bio-ethics, started to influence the environmental protection of the rural life. The rural community is the ultimate beneficiaries and the counter part of it. Development and the rural reconstruction will reflect on the environmental protection which could cause the social, physical and economical wellbeing of the community.

The livelihoods lens, specifically the link between livelihoods and the environment, provides an integrating focus. The detailed knowledge of ecosystem conditions and processes emerging from environmental research in the other themes is combined with an appreciation of societal drivers to provide policy makers and managers with an understanding of options and their likely ecological, economic, social and cultural implications.

Key Words: Environment, livelihood, Agriculture, Rural Community.

SESSION 6:
RESEARCH ETHICS

27. RESEARCH SCANDALS AND NEED OF UNIVERSAL BIOETHICS

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Abstract:

The primary goal of clinical research is to generate useful knowledge about human health and illness. Benefit to the participants is not the purpose of research although it does secondarily. Therefore exploitation of human subjects was happened in clinical research by placing some people at risk for the good of others. There have been many tragedies throughout the history of research involving human subjects. Many people were harmed and basic human rights was violated as a result of their unwillingness participation in research. Every period of research scandals have been followed by attempt to initiate some ethical codes to protect the human from clinical research. First of such codes is the Nuremberg Code. Thereafter, Helsinki Declaration, Belmont Report and lastly Obama commission on Guatemala syphilis study. Knowledge of the history will provide a better understanding to handle the research fairly. There are few sporadic studies on this issue. Researchers and the healthcare providers have no awareness of history of clinical research. Therefore, repetition of scandal is being seen. Need for formulation of UNIVERSAL bioethics is discussed. It will provide common understanding and unique values of the research all over the world.

Keywords; exploitation, human rights, scandals, Belmont report

28. NANO-SCIENCE AND -TECHNOLOGY IN ASIA-PACIFIC: ETHICAL ISSUES IN RISK ASSESSMENT AND REGULATORY FRAMEWORK

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Abstract:

Nanotechnologies (NTs) involve the use of nanomaterials (NMs), which have at least one dimension under 100 nm, and nanoparticles (NPs), which have at least two dimensions between 1 and 100 nm. NTs are among the emerging technologies that have the promise and potential to transform human life in the coming years. The use of NM is increasing in wide-ranging products and applications including diagnostics, drug delivery, environmental remediation, and a host of others. Along with the developed nations, developing countries worldwide, including those in the Asia-Pacific are also aspiring to participate in nano-science and –technology research along with commercialization of products using nanomaterials (NMs). However, despite their great potential in improving human life through different applications, nanomaterials may also prove harmful to human health and the environment alike. Possible toxic effects of nanomaterials and nanoparticles in aquatic and terrestrial ecosystems need to be investigated with top priority, considering the fact that the Asia-Pacific has several hotspots of biodiversity and megadiversity countries that harbor myriad endangered flora and fauna. Similarly, ethical issues pertaining to nanotechnology also deserve urgent attention, especially in view of the rich cultural and ethnic diversity of this region. Thus both the pros and cons of this emerging technology ought to be taken into consideration for incorporation into appropriate regulatory frameworks. The status of nano risk assessment and regulatory frameworks in Asia-Pacific vis-à-vis their development in the western countries are discussed in this paper.

29. A DIALOGUE ON BIOETHICS IN KOREA

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President, Gangneung - Wonju National University, Republic of Korea

This paper will be a dialogue on bioethics in Korea.

30. ANALYZING BIOETHICS CURRICULUM BASED ON UNESCO GUIDELINE IN KOREA

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Abstract

The UNESCO Bioethics Core Curriculum aims to introduce the bioethical principles of *the Universal Declaration on Bioethics and Human Rights* to university students. Because the Declaration embodies a set of bioethical principles that has been agreed upon by UNESCO members, the core curriculum tries to present commonly shared view. Therefore, 17 units of the core curriculum can be considered as an objective guideline of bioethics education regardless of different cultural, historical, and religious backgrounds.

As of 2014, the UNESCO Bioethics Core Curriculum will be applied to Gangneung-Wonju National University for the first time in Korea. In spite of its relatively short history, bioethics education has suddenly become popular as the Ministry of Education requires to include some bioethical issues as a part of the life science in junior and senior high school education. Unlike rather homogeneous contents, bioethics courses at the university level are most likely to reflect lecturers' various perspectives.

Therefore, this study first presents bioethics teaching in junior and senior education, and then tries to analyze diverse bioethics courses taught in selected majors and universities, which will be able to show the (dis)continuity of underlined philosophy in bioethics education. It finally compares currently applied diverse Korean bioethics curricula with the UNESCO core curriculum, which will reflect not only universal common background but also unique Korean educational culture.

Key words: bioethics, education, UNESCO

SESSION 7:
CLINICAL ETHICS

**31. CURRENT STATUS OF INSTITUTIONAL REVIEW BOARDS AND
APPROVALS OF CLINICAL RESEARCH IN ORIENTAL MEDICAL HOSPITALS
IN KOREA: A SURVEY**

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Abstract:

Objective: To investigate institutional review boards and approved clinical trials of Oriental medical hospitals in Korea

Methods: We e-mailed 16 Oriental medical hospitals a survey consisting of questions that addressed two topics, institutional review boards and the clinical trials they approved. The first part included questions about whether each hospital had an institutional review board, that board's staffing and education, reviews, and expedited reviews. The clinical trials portion covered the number and types of approved clinical trials, treatment methods, whether an investigator or a sponsor initiated the trials, diseases, time frame, and clinical trial fee.

Results: We received a response to our e-mail from 14 hospitals, all of which had an institutional review board. The average number of institutional review board members was 13.57. Of these Oriental medical hospitals, 70% and 49% said that they regularly educated their institutional review board staff and clinical trial, investigators, respectively. 79% of the hospitals claimed to conduct regular reviews, and 50% said that they did so monthly. The number of approved clinical trials increased sharply from 11 in 2005 to 102 in 2008. 68% of these clinical trials were randomized, and the most-used treatment methods were herbal medicine (35%) and acupuncture (29%). The most common target diseases were circulatory (19%), urinogenital (14%), and musculoskeletal (13%) disease.

Conclusions: Despite the rapid increase in clinical research in oriental medical hospitals, many more efforts including raising IRB quality, varying research diseases and increasing clinical trials in the hospitals located in non-metropolitan area, should be made.

Keywords; institutional review boards, clinical trials, investigator, reviews

32. ISSUES OF BIOETHICS IN HOMEOPATHIC PRACTICE AND RESEARCH

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Abstract:

Homeopathy, a system of medicine with an over 200 years old history, is used as a complementary and alternative medicine (CAM) in many countries. In 1835 the very first, randomized double-blind placebo controlled” trial in medicine was empirically organized. Practice and research on homeopathic remedies as well as their mechanism of action have continued and are intensifying to this day.

This presentation briefly outlines the context of birth and evolution of homeopathy during the lifetime of its founder, the German doctor Chr.Fr.S Hahnemann (1755 – 1843), discusses the particularities of this approach and the bioethical issues related to clinical research.

The controversy around homeopathy exists since its inception and presents episodes of acutization. The situation of homeopathy in Germany, USA, UK, Switzerland, India and Japan is presented to compare homeopathic education and status of its inclusion in the public health system.

A discussion based on the bioethical principles about the benefits or demerits of homeopathy for the general population, the medical profession and the national health care systems concludes the presentation.

Keywords; homeopathy, alternative medicine, clinical research, national health

33. THOUGHT ABOUT RESTORED KIDNEY TRANSPLANTATION AMONG DIALYSIS PATIENTS; CANVASS BY USING A QUESTIONNAIRE

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Abstract:

By the end of 2012, more than 300,000 people across Japan were receiving dialysis for deteriorating kidney functions. Approximately 30,000 patients die and about 40,000 patients begin dialysis every year. Regarding the transplant, patients wait an average of 14 years to receive transplantation after registration on the waiting list because the number of cadaveric renal transplantations is extremely low in Japan.

Between January 2012 and March 2013, we carried out questionnaire survey under the cooperation of 76 hospitals in order to know dialysis patients' opinions. In total, responses were obtained from 2727 dialysis patients. Ninety-one percent dialysis patients did not enroll in kidney transplant recipient registration because of their advanced age, lower possibility of the transplant or lack of knowledge of the transplant. As a main theme, dialysis patients' opinions regarding transplantation of surgically restored cancerous kidneys as a new source for donor were investigated. Forty-five percent patients recognized restored kidney transplantation as medical care, nevertheless restored kidney transplantation is currently not allowed in Japan. Ratio of patients accepting restored kidney transplantation is not worse than the number of patients who accepted living donor renal transplantation as medical care (54%). In the response to the question, "When it comes to be possible for restored kidney transplantation as medical care, do you want to undergo this kind of transplant?", a total of 548 patients (20.1%) wanted to undergo restored kidney transplantation. When we sub-analyzed among the applicants of the living donor renal transplantation in the dialysis patients, 178 of 332 patients (53.6%) answered that they wanted to undergo restored kidney transplantation, and 59 patients (17.8%) replied that they did not want to do it. Even in non-applicants of living donor renal transplantation, 354 of 2283 patients (15.5%) wanted to do it.

Key Words: Shortage of organs, Questionnaire survey, Dialysis patients' opinions, Restored kidney transplantation

34. ETHICAL CANONS OF ORGAN TRANSPLANTATION FROM ISLAMIC PERSPECTIVE

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Abstract:

Among contemporary issues in biomedical engineering is organ transplantation, which basically means moving part of the biological organism from a certain place in the body to another place or from a person or animal to another; such organs are either donated or sold to another. However, this process raises a number of ethical and legal issues. This paper uses analytical method, to unveil ethical and jurisprudential maxims that regulate organ transplantation and protection of human life and dignity from religious point of view, with special reference to the Islamic ethics and jurisprudence. Besides citations from the original sources of religious teachings, the opinions of the Muslim jurists and ethicists on this subject would be unveiled.

Keywords: organ transplant, human body, ethics, jurisprudence

35. "TRANSPLANT ETHICS: IS IT ETHICALLY ACCEPTABLE FOR MEDICAL DOCTORS NOT TO GIVE TRANSPLANT RELATED TREATMENT TO PATIENTS WHO HAVE UNDERGONE ORGAN TRANSPLANTS IN CHINA?"

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Abstract:

China now has the second largest number of transplants after the United States. However, organ transplantation in China has been brought into question internationally. Most of the organ supply there comes from executed prisoners, Falun Gong practitioners, etc. In addition, recently, visiting foreign countries to undergo organ transplantation has become a target of international criticism as "transplant tourism".

In Japan, the medical establishment has adopted a kind of policy substantially forbidding patients to go to China, or to Asia in general for transplants, and also forbidding doctors to give transplant-related treatments to such patients on the ground that those patients are unethical. However, is this policy really right? Is it natural that such patients are blamed? Is it natural that they are refused medical treatment after returning home? One debater has said that the government of every country should refuse the entrance of any patient who has undergone an organ transplant in China. Is this fair?

Then, what will happen to patients who cannot find organs in their own countries? Can we tell the patients to sit and wait for death? Is it ethical to leave the patients in a lurch? If there are ethical, legal and social problems with organ transplants from executed prisoners, Falun Gong practitioners, etc., the fair and "front door" method of stopping it would be to pressure the Chinese government or Chinese transplant-related personnel. However, it does not seem that going indirectly from behind, so to speak, and putting pressure on patients, who are in a weak position is ethically right or acceptable. "If there is an organ, a patient will demand it." Just as prisoners, Falun Gong practitioners, etc., have human rights, patients who go to foreign countries because they are not able to undergo organ transplant in their own countries have human rights. If the former are weak under the power of the state, the latter are weak in the face of the power of the medical establishment. If we use 'ethics' as a weapon of attacks, it may also be turned to the user of the weapon.

Key Word: organ transplant, ethics.

**36. STUDY OF ETHICAL ISSUES PRACTICED WITH THE PATIENTS IN THE
DEPARTMENT OF SURGERY IN BANGALADESH**

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Abstract:

It was a retrospective survey in the post operative ward regarding the ethical issues and its violations in the department of surgery. The study was conducted in a post-graduate medical Institute (BSMMU). Post-operative patients were supplied with a questionnaire containing ethical issues related to surgery. Questionnaire was filled up by the patients themselves or by medical personnel on behalf of uneducated patients. About 46% of surgical issues were found to be unethical. Most and rest of the issues were ethical. So ethical issues were better practiced in the surgery department.

Key words; violations, patients, questionnaire, uneducated

37. CHALLENGE IN CLINICAL ETHICS CONSULTATION (CEC): THE EXPERIENCES OF A MEDICAL CENTER (TCVGH) IN CENTRAL TAIWAN

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Abstract:

Clinical Ethics committees have been established in nearly all Taiwan hospitals in recent ten years. Despite the increasing interest in clinical ethics, clinical ethics consultation (CEC) as a professional service is still rare even in most medical center of Taiwan.

TCVGH started the service of ethics consultation since June 2011. The SWOT (Strengths, Weaknesses, Opportunity and Threats) analysis was done before Ethics Consultation Service was set up. And then, we started with calling for voluntary ethics committee members as consultants and organize their training courses. CASE approach was used as a process of deliver CEC service. As the consultation service expands, self training continued, skills and knowledge regarding the training of ethics consultation was established. We propose that ethics consultants could assist health care workers by contributing to decisions being more ethically justifiable.

In summary, two years' experiences in CEC service indicate that there is a substantial need for clinical ethics support service. The committee member expressed their great deal of enthusiasm for the consultation work. Many and the most ethical issues focus on ethical difficulties of end of life decision. In the mean time, clinical ethics consultation has provided a multidiscipline discussion of such complex clinical ethics challenge. We hope through the service of ethics consultation, medical ethics may demonstrate its relevance to the needs of those caring for patients.

Keywords; clinical ethics, weakness, threats, opportunities, enthusiasm

38. THE ETHICAL ISSUES OF ECMO IN TAIWAN

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Abstract:

Extracorporeal membrane oxygenation (ECMO) is an extracorporeal technique of providing both cardiac and respiratory support oxygen to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function. Criteria for the initiation of ECMO include acute severe cardiac or pulmonary failure that is potentially reversible and unresponsive to conventional management. Therefore, ECMO may be life-saving for some patient. However, due to the high technical demands, cost, and risk of complications, ECMO is usually only considered a last resort therapy.

A highly publicized case involving a local celebrity has led to excessive expectations regarding the benefits of ECMO among the Taiwanese public. The costs of ECMO treatment has been covered by the Taiwan National Health Insurance since 2002, and Taiwan now has the highest rate of ECMO treatment in the world. ECMO is increasingly being used against logical medical thinking, but rather to accommodate the request of the patient's family that urges the physician to do his or her "utter best". This observation, coupled with the high cost of the procedure and the many medical uncertainties that surround the use of ECMO lead to a series of ethical issues:

1. What should be the estimated chance of success before deciding to use ECMO?
2. Since it is difficult to assess the chance of success for each individual, and the patient's relatives are often ready to take a chance, no matter small, what criteria can we used to decide whether to use ECMO?
3. There are also existential questions such as:
 - a. What is the meaning of life?
 - b. Although patients may sometimes seem/look alive while under ECMO, are they really "alive"?
 - c. Who can decide on the value of a patient's life?
 - d. Who should decide (when) if ECMO treatment should be discontinued in a patient?

Key words: ECMO, life-saving, expectations, meaning of life

39. ON THE EFFECTIVENESS OF PROBLEM-BASED LEARNING (PBL) IN INTER-PROFESSIONAL ETHICS TRAINING

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Abstract:

Lack of inter-professional communication, respect and cooperation is major source of medical errors and ineffectiveness in patient care in the clinical workplace. Yet, pedagogic strategies in the training of medical/health care professionals for addressing this problem have not been in place in medical institutes or clinical settings. Problem-based learning (PBL), which emphasizes establishing competencies in soft skills such as communication, professionalism, team spirits and ethics, has been implemented in medical schools and some hospitals during the past decade in Taiwan, but it has been confined to specific professions with a high degree of professional homogeneity, such as medicine, dentistry, nursing and pharmacy. Cross-professional education in medicine is rare in Taiwan, especially at the preclinical level, when students have more time and are more receptive to new ideas and ready to absorb new concepts and challenges.

This study examined the effectiveness of inter-professional learning (IPL) as part of a problem based learning approach to preclinical professional ethics education.

Appropriate ethics cases relevant to medicine and nursing were designed and presented to three groups of students from the School of Medicine and the School of Nursing. One group was medical students only and the other group was medical students only. The third group consisted of an equal number of medical and nursing students. During PBL tutorials, trained observers monitored the learning process with a checklist to evaluate the learning process. Observers' evaluation sheets and students' self-evaluation forms were then compared.

Results support the hypothesis that appreciation and learning of ethical issues works better in student heterogeneous groups of professionals than in homogeneous groups.

Key words: Inter-professional education (IPE), Problem-based learning (PBL), professional ethics, medical ethics

**40. IS FERTILITY PRESERVATION A RIGHT?
FERTILITY PRESERVATION AND FERTILITY ENTITLEMENT**

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Abstract

While infertility is an unfortunate condition, especially for persons who wish to have a child, it is more often than not aggravated by cancer and their attendant treatments. Because there is a high probability that cancer treatment may cause infertility because of the gonadal effects of chemotherapy and irradiation, many onco patients are considering fertility preservation for future reproductive and psychological uses. This situation suggests that onco patients see child-bearing or ability to reproduce as necessary and indispensable function of personhood. Concomitant to this is the view that one has a right to have a child and that one is entitled to be fertile. While fertility is by nature a part of the constitution of the human body, the ability to reproduce is not strictly essential to personhood. While reproductive health is a right, it is so not by virtue of it being “reproductive” but its being a “health” issue. Preservation of fertility, although it is an unintended end of a therapeutic procedure, may be desired and done but it cannot be requested nor imposed as if it is a human right in itself. When a need is made a right, entitlement follows, establishing a guarantee of access to benefits based on established rights or by legislation. In this reality frame, descriptions become entitlements and then right follows, resulting to protective and promotive legislation that transforms descriptions to norms. While fertility preservation may be recourse to patients undergoing cancer therapy, it should not be seen as an entitlement and a right in itself.

Keywords; aggravated, chemotherapy, human body, human right, legislation

**41. USE OF SURPLUS EMBRYOS IN EMBRYONIC STEM CELL RESEARCH:
THE STANDPOINTS OF THE BUDDHISTS, HINDUS AND CATHOLICS IN
MALAYSIA**

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Abstract:

The use of left over embryos from IVF treatments also known as ‘surplus’ embryos, in embryonic stem cell research (ESCR) has elicited ethical controversies as it entails the destruction of human embryos to harvest stem cells. The notion of human dignity was also widely underscored in many ‘Western’ bioethical discourses. However, in a multi-religious and multi-cultural country like Malaysia, ethical discussions pertaining to the morality of ESCR has taken a different outlook given the diverse views within and among the religious traditions. This paper presents the results of a study on ethical perspectives of religious leaders of Buddhist, Hindu and Catholic traditions pertaining to the use of surplus embryos in ESCR. Findings from in-depth interviews show that a scientist’s research intentions presents an important motivating factor in ethical discussions in Buddhism and Hinduism much like Muslim ethical deliberations in ESCR. For the Muslims, the decision on the use of surplus embryos in ESCR has been forwarded in the form of Islamic ruling (fatwa) in February 2005. Accordingly, research on surplus embryos for therapeutic purposes is allowed with consent from parents. On the contrary and quite similar to past studies in Christian ethics which focuses on the moral status of the human embryo, the Catholics do not permit any form of ESCR; the principle of the sanctity of human life is strictly observed.

Keywords: ethics, surplus embryo, stem cells, research, religion

SESSION 8:
ETHICS OF ENHANCEMENT

42. UNDERSTANDING THE END OF AGING: THE MEDICAL, ETHICAL, & EXISTENTIAL DIMENSIONS

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Abstract:

The emerging field of regenerative medicine offers great promise and ethical challenges. Aging related illness is caused by the accumulation of damage that is a simple consequence of metabolic function. Cellular damage, mutations, and the accumulation intracellular and extracellular junk cause the pathologies of aging; including cancer, heart disease, immune disorders, arteriosclerosis, and, of course, Alzheimer's and dementia. Aubrey de Grey has suggested that treating these pathologies, by repairing the damage caused by normal metabolic function, has the unintended consequence of ending death from aging (www.sens.org). Indeed, he suggests that the human life expectancy could be extended to hundreds and, perhaps, a thousand years. After a brief explanation of the science, there are two related ethical issues that need to be addressed. First, curing the above age-based diseases is the "self-evident" mission of medicine; but the consequences of the success of the medical mission must be addressed. Simply put, if we cure aging related illness, illness will no longer cause death; that is, dying of old age will no longer be an inevitable end of life. It is hard to exaggerate, or even comprehend, the existential and sociological implications of ending death from aging. Second, the ongoing debate over emerging therapies, especially genetics, distinguishes therapies that (i) cure disease and restore "normal" function from (ii) positive enhancements that go beyond the historic mission of medicine. Regenerative medicine, with its inherent capacity to eliminate the pathologies of aging, challenges this widely accepted distinction between therapy and enhancement. Regenerative medicine restores and maintains normal function allowing people to live indefinitely until killed by an accidental or willful cause. As Buddhism has emphasized, old age, illness, and death are the marks of existence. Death is supposed to be a normal consequence of life; but maintaining normal biological function prevents death. The current paradigm for the ethics of emerging technologies is essentially inadequate for addressing the most important moral questions. The potential success of emerging medical technologies challenges the core mission of medicine, the meaning and social significance of death itself, and thus also the meaning of human life on a small, shared and vulnerable planet.

Keywords: regenerative medicine, pathologist, therapies, Buddhism

43. KNOWLEDGE, ATTITUDE AND PRACTICE OF MEDICAL ETHICS OF FACULTY MEMBERS OF A MEDICAL UNIVERSITY, IN KARACHI, PAKISTAN

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Abstract:

Though bioethics has gained priority in formal medical education, but is not much recognized everywhere. Due to increased awareness, complaints against unethical behaviour of medical students/professionals are proliferating. To design an ethical curriculum, it is necessary to assess basic knowledge and attitude of medical teachers regarding bioethics, and well equip them to impart same skills to the students to workout ethical dilemmas.

This study attempted to assess knowledge, attitude and practice of medical teachers regarding bioethics in a Medical University of Karachi, Pakistan.

Total study participants were 202. They conducted research in their field of specialty to get promotion (71%), get funding (9%), discover new ideas (4%), for personal interest (5%), and multiple reasons (11%). Among them, 16% had received training of research/bioethics, and only 2% got refresher training; 70% knew the difference between medical care and research, and 43% did not want to give full information to study participants. According to 77%, the authors' list included only those who had contributed, but 17% also included supervisors/seniors and 6% colleagues. Among the respondents, 45.5% did not get prior approval from Ethical Review Committee, 32% did not declare conflict of interest, 79% did not take informed consent, and 24% had idea of vulnerable population. Among these medical teachers, only 17% had ever taught or discussed Medical Ethics with the students.

As the medical teachers, who train the future doctors, were not fully equipped with appropriate knowledge, and keeping in view the importance of bioethics, it should be included in curriculum and teachers be trained for the same

Keywords: ethical curriculum, attitude, medical teachers, bioethics

44.ETHICS OF ENHANCEMENT FROM BUDDHIST PERSPECTIVES

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Abstract:

Buddha is not a name but a title, meaning “One who has Awoken” or “the Enlightened One”. While in some versions of Buddhism it is believed that there have been many Buddhas, the original texts are quite explicit, both that Prince Siddhartha Guatama was the first to become enlightened and he was not born the Buddha but become enlightened as a young man. There are, of course, many versions of Buddhism, as we would expect of a tradition whose founder lived 2500 years ago.

Nowadays, Western visitors to Thailand have displayed an increasing interest in our national religion, Buddhism, asking, “Who was the Buddha?”, “What did he teach?”, “What do Buddhists believe about life after death, good and evil, and the beginning of the world?” Let us consider these in the context of what a good life, “eubios”, should mean.

The Buddha’s teachings can be understood on two distinct levels. One is logical and conceptual and is concerned with an intellectual comprehension of humankind and the external universe. It is on this level that the above questions are more easily answered.

The second level is empirical, experiential and psychological. It concerns the ever-present and inescapable phenomena of everyday human experience, love and hate, fear and sorrow, pride and passion, frustration and elation. And most important, it explains the origins of such states of mind and prescribes the means for cultivating those states which are rewarding and wholesome, and diminishing those which are unsatisfactory and unwholesome. It was to this second level that the Buddha gave greater emphasis and importance.

Karma is a word that most everyone has heard of, but few people know the true meaning. It's often mistakenly thought of as a punishment and reward system, and is used as a curse on those who do bad things. "You'd better watch out for Karma!" as if it's a voodoo police force of the universe. Karma is most importantly, understanding. It is neither good nor bad, just whole. If a person does good deeds, helps others, and lives an honest life, they can still get "bad karma." If that person does all those things, but then judges others who they say they are evil, then they will soon find themselves on the opposite side of that fence. By judging someone negatively, one is actually asking the Universe for the understanding that made that person behave that way. Common examples are in traits that are misunderstood. If a person says another is too controlling, then pretty soon, they will be

accused of the same. They may not even notice, because to them, they were only being helpful, or looking out for someone, but most certainly not being controlling! Only after the karmic shoe is on the other foot do they gain the insight as to why the person they judged seemed to be acting in a controlling way.

There are different kinds of love, and these are variously expressed as family love, sensual love, emotional love, sexual love, selfish love, selfless love, and universal love. If people develop only their carnal or selfish love towards each other, that type of love cannot last long. In a true love relationship, one should not ask how much one can get, but how much one can give. It is not easy to live life sometimes, and face the world with a smile when you are crying inside. It takes a lot of courage to reach down inside yourself, hold on to that strength that's still there, and know that tomorrow is a new day with new possibilities. But if you can hold on long enough to this, you will come out a new person. Stronger, with more understanding and with a new pride in yourself from knowing that you made it. Just because you fell apart doesn't mean you're broken. Have Faith and never, ever give up.

One of the thorny and most difficult things we humans are ever called upon to do is to respond to evil with kindness, and to forgive the unforgivable. However justified you may be, or however enormous the hurt, it is always possible to forgive. Why teach children about the penalties that life has to offer when you could just as easily teach them about the rewards? Fear based education is negative and faith based education is positive. Simply put, this means that whether we are fearful or faithful, just what we expect to have happen will. Our expectations create our realities, and through our own choosing we create our character, and our character creates our destiny. Even though this is an easy concept to state it is a hard concept to understand, internalize, and put into action.

True happiness can be broadly defined as a mind-state. The characteristics of a mind-state include a sense of universality, continuity and endurance. The mind-state we call true happiness is not temporary, not hit-and-miss; it is not grounded in purely sensual gratification; it does not deal in extremes. It is constant and all-pervasive, and above all it is that which can be borne with ease.

SESSION 9:
HIERARCHIES AND ETHICS OF
COMMUNICATION

45. HIERARCHY IN CLINICAL PRACTICE AND CLINICAL ETHICS CONSULTATION

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Abstract:

Clinical ethics consultation has been introduced to clinical practice in the United States for decades. With the advance of medical technology, clinical ethics consultation now has attracted more and more attention as a service to identify, analyze and resolve value-laden conflicts in clinical practice. Aulisio and colleagues proposed the core competences and qualification of being a clinical ethics consultant, as well as the appropriate method of conducting clinical ethics consultation in clinical practice in a position paper published in *Annals of Internal Medicine*. Some studies also reported the outcomes of clinical ethics consultation. However, no study has discussed the influence of the hierarchical issues of medical profession on clinical ethics consultation.

In this brief presentation, the author will first introduce the literature of clinical ethics consultation in North America/Europe, as well as the hierarchical issues of medical profession. The author will then discuss the issues in relation to the service performed by a senior physician-ethicist and a junior physician-ethicist, and how ethics facilitation approach may be ruined in face of the service performed by a senior physician-ethicist and a junior physician-ethicist. At the end, the author will propose the influence of the hierarchical issues of medical profession on clinical ethics consultation can be minimized, particularly in the clinical practice where the hierarchy of medical profession is dominant.

Key words: clinical ethics, medical profession, facilitation approach

46. ENTANGLE BARRIERS OF INFORM CONSENT IN MEDICAL SETTINGS WITH A NARRATIVE APPROACH

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Abstract:

Knowledge gap between doctor and patient frequently resulted in misunderstanding. The severe consequence of such a misunderstanding will affect the quality of health care, the satisfaction of patients to the health deliver system, and event the medical disputes or legal actions. This research aims to reduce the misunderstanding between the medical profession and patients with a sophisticated design on the approach of inform consent. A narrative understanding based upon the Four Topic Approach has proposed and being evident in our review of the particular clinical settings as our research find. We find that the narrative competence is important to both health providers and receivers in their communication processes. It is especially important while there are major communication barriers existing in present medical contexts, such as short of visiting time, fair amount of paper work, stress from hospital management, escalation on advance medical knowledge development and rapid innovation on health technology. It is therefore even important for all stake holder in medical settings to recognize that that a narrative understanding should serve as the mediator in the complicated informed consent process with its present institutional constraints.

Key words: Medial Disputes, four topic approach, institutional constraints

47. LIVING LABS AS THE MEDIATING CONCEPT FOR BUILDING A BIOETHICAL BRIDGE BETWEEN CLINICAL AND SOCIAL CONTEXTS FOR TRIBAL PEOPLE

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Abstract:

Currently, Taiwan is in the process of reforming its medical educational system, and in the process, the area of bioethics and medical humanities has become a critical focal point. Furthermore, restoring the medical field's tradition of bioethical and social concern has become a dominant theme of educational reform in the field of medical humanities. In addition, efforts for bioethical reflections on participatory biomedical approach with partnership building at clinical, institutional and regional levels have become a special contribution of the intellectual movement in medical humanistic reform from clinical settings to regional social contexts. This project therefore is establishing a platform for Living Lab experiments using smart technology in tribal areas for the purpose of empowering high mountain indigenous peoples and changing their marginal position in Taiwan. This regional planning project includes three core functions: putting in place an IT platform for healthcare management, integrating medical devices for homecare into existing eldercare services, and situating communication devices in tribal communities to enhance convenience in daily life as a way of facilitating tribal community building. We are establishing an experimental field for smart technology to assist indigenous elderly in Nan-ao Township through cooperation with Saint Mary's Hospital Luodong, the Health Bureau of Yilan County, leading tele-care companies, the health care device industry, tribal leaders and community health networks with which they are affiliated. A university-based community partnership serves as a mediator to reduce health gaps in this region. This project also employs service learning as part of a formal curriculum for medical and premedical students, evaluating how participating in the project affects their cultural competence. This pilot project has not only successfully supported tribal community building in general, but has also formulated an ethical governance framework for benefit-sharing that facilitates partnerships between various stakeholders and provides opportunity for developing better cultural competency skills.

Key words: smart technology, service learning, ethical governance, cultural competence

**48. BUILD A PARTICIPATORY ETHICAL GOVERNANCE FRAMEWORK FOR
FACILITATING USER INNOVATION ON SMART TECHNOLOGY IN
TRIBAL AREAS**

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Abstract:

This project attempted to build a participatory ethical governance framework for further empowering the individual health care device users to join in community health building efforts focused especially on the elderly, activity supported by the Jin-yue Community Development Association. The research team has pursued consensus building in tribal areas through the association, and has participated in negotiations to gain support from the Nan-Ao Health Station. The ethical governance framework for defining authorized individual health surrogates and organizing information sharing for community-based mutual support became issues of concern in the process of building consensus among the tribal people. With the support of our research team, the association drew up a tribal contract for promoting community health that identified certain association members as health surrogates with consent from community residents. This contract served as a legal and ethical foundation for the Jin-yue Community Development Association to work with all participants, managing both individual and collective health data. We initiated a community-oriented health appointment management system for mutual support purposes. The association, mainly led by tribal chieftain and civil leaders, has the approval of tribe members to represent them in dealing with outside partners, including our research team members. A negotiating platform for benefit sharing was therefore established. Accordingly, a community-based health management platform providing devices for collective health promotion activities was implemented and a community-based collective user innovation platform was established.

Key words: ethical governance, consensus, tribal contract, user innovation, health promotion

**49. ETHICAL ISSUES IDENTIFIED BY THE INSTITUTIONAL REVIEW BOARD
IN HIV/AIDS RESEARCH – A CASE STUDY OF THE YRG CARE IRB'**

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Abstract:

Y. R. Gaitonde Centre for AIDS Research and Education (YRG CARE) is a Chennai-based Non Governmental Organization, providing a comprehensive range of services in HIV/AIDS, and has a number of research, intramural and foreign collaborative projects pertaining to clinical trials, social behavioral research, and laboratory projects.

Established in 1999, the YRG CARE Institutional Review Board (YRG CARE IRB) is an administrative body to ensure the protection of the rights and welfare of human subjects recruited to participate in biomedical and behavioral research activities conducted by YRG CARE. The IRB also ensures that all research conducted by YRG CARE is in compliance with the highest international ethical standards. The IRB discusses ethical issues with regard to participant recruitment, scientific basis of the project, further follow up of the project participants after end of trials, standard of care, informed consent, privacy and confidentiality, stigma and discrimination, compensation, safety of study drugs, and meeting local needs and priorities in international collaborative research.

The YRG CARE Community Advisory Board (CAB) in Chennai is composed of a group of research study participants and concerned members of the community who articulate the concerns of communities affected by HIV/AIDS and other public health issues related to research. YRG CARE's experience showed that research studies that are not primarily clinic-based require constant interaction with the community. Hence a common forum was created in 2000 that would represent a cross-section of the population participating in research and that would effectively convey both community goals and community apprehensions. YRG CARE formed its CAB in preparation for participation in the HPTN 033 study. The CAB now covers all YRG CARE clinical and behavioral projects. Since the inception of the CAB, members have played an active role in mobilizing community involvement in all YRG CARE research studies.

This paper will analyze the role of both the IRB and the CAB in ensuring the highest ethical standards of research in YRG CARE.

50. BIODIVERSITY AND PSYCHOLOGY – A STUDY OF INTERDEPENDENCE

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Abstract:

The 1992 United Nations Earth Summit defined biological diversity 'as' variability among living organisms from all sources, including all terrestrial, marine, and other aquatic ecosystems, and the ecological complexes of which they are part, this includes diversity within species, between species and of ecosystems. In other words, biodiversity or biological diversity includes all the different plants, animals and microorganisms and the genes they contain and the ecosystems of which they form a part.

India is recognized as one of the mega-diverse countries, rich in biodiversity and associated traditional knowledge. With just 2.4% of the land area, India accounts for nearly 7% of the recorded species even while supporting almost 18% of the human population. India has a long history of conservation and sustainable use of natural resources and is a party to many international environmental conservation agreements including UN conservation as biological diversity.

In the midst of the above, there is a new angle that whether psychology fits in the whole ambit of environmental issues. A fundamental challenge for many cultures is developing a way to talk about humans as a part of nature, not separate from nature. Doremus (2000) describes the rhetoric of nature protection in the Eastern culture and proposes that people, the complexity of nature, and the distinctiveness of places be included in this rhetoric.

Unfortunately, as biodiversity is lost, every generation has fewer chances to experience nature and psychologists are only beginning to understand the implications of such losses. Research on how humans benefit from nature and studies on how caring relationships with the natural world develop also document what is at stake. Interestingly, encouraging people to interact with and form bonds with nature produces dilemmas about what kind of nature matters and how much human presence is compatible with nature protection goals.

My above paper is going to throw light on the complex issue of human psycho-relation with nature and assembling it in a fitting manner for the welfare of mankind.

SESSION 10:
PANEL DISCUSSION ON ACCESS AND
BENEFIT SHARING

Convened by
National Biodiversity Authority
Ministry of Environment and Forest
Government of India
Chennai

51. BIOLOGICAL DIVERSITY ACT AND ACCESS AND BENEFIT SHARING MECHANISM IN INDIA

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National Biodiversity Authority, Chennai

Abstract:

India is one of the 17 mega-biodiversity countries with 2.4 per cent of the global land area and 4 per cent of water. India ranks among the top ten species rich nations and shows high endemism and has four global biodiversity hot spots. It accounts for 7 to 8 per cent of the recorded species of the world. So far, 47,147 species of flora¹ and 92,037 species of fauna², of which insects alone include 61,375 species² have been documented and over 5,650 microbial species have been described³.

Biodiversity provides many ecosystem services that are essential for human well-being and for our economic development. India is one of the major leapfrogging economies of the world; the rich biodiversity endowments of India have the potentials of turning into core strength of Indian economy. Biodiversity offers one of the widest spectrums of livelihood, goods and services and business opportunities. The Indian economy heavily depends on export of material of biological origin, be it agriculture produce, forestry, non-timber produces, fisheries, products of animal husbandry, carbon sequestration, bio-prospecting, ecotourism, bio-fuel, natural beverages or textile fabrics⁴. The biodiversity is commercially utilized for making drugs, industrial enzymes, food flavours, fragrances, cosmetics, emulsifiers, oleoresins, colours, extracts and genes used for improving crops and livestock through genetic intervention⁵.

In India, the bio-resource based industries viz. BioParma (14, 923 crores), BioServices (4,329 crores), Bio-agri (3,210 Crores), Bioindustrial (772 crores), Bioinformatics (290 crores) have registered 18.5 percent growth recording 23,524crores in revenue during the year 2012-13⁴. The Spices exports for the year 2012-13 were 6, 99,170 tone earned value of Rs 11,171.16 crores⁶ and the export of marine products reached and all time high of Rs. 18,856 crores during the year 2012-13⁷.

The concept of ABS is to share the benefit derived from the utilization of biological resources with the provider of the biological resources through prior permission from NBA, SBB and the local community from where biological resources is accessed or procured. The Biological Diversity Act enacted during 2002 regulates access of biological resources from India by any foreigner, NRIs, foreign entities and Indian entities with foreign elements and provide

guidelines to share the benefit with provider of such resources and traditional knowledge related with.

The Biological diversity Act specifies that the benefit can be shared through by means of grant of Joint ownership of Intellectual property rights, transfer of technology, location of production, research and development unit in such areas which will facilitate better living standards to the benefit claimers, association of Indian scientist, benefit claimers and the local people with research and development in biological resources and bio-survey and bio-utilization, setting up of venture capital fund for aiding the cause of benefit claimers. Benefits also can be in the form of monetary and non-monetary terms⁸.

The idea of fair and equitable benefit-sharing is an ethical principle and it is an incentive mechanism for the provider countries for the conserving the bioresources and sustainable utilization of the natural resources for the human well being. The benefits received by the user countries should provide benefits to the provider towards the socio-economic development as well as to eradicate poverty. This presentation will cover some of the case studies related to Access and Benefit Sharing and the implementation mechanism in India.

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SESSION 11:
ETHICS OF PALLIATIVE CARE

52. ETHICAL PERSPECTIVES OF LEGAL DIMENSION OF PALLIATIVE CARE IN BANGLADESH

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Abstract:

Palliative care is an approach that meliorates the quality of life of patients facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of treatment of pain and other problems, physical, psychosocial and spiritual. Narrowly, this care is a *species* of the *genus* called medical care. The provision of 'Medical Care' as enunciated under Article 15 of the Constitution of the People's Republic of Bangladesh is barred from judicial enforcement like other provisions of Part-II (Part-II deals with fundamental principles of state policy). Part-III (Part-III deals with fundamental rights) however, contains the fundamental rights which are judicially enforceable, where 'right to life' is guaranteed under Article-32. Though, previously the term 'Right to Life' had been given a very stringent interpretation but at now owing to the elongation of welfare concept the term is conjectured, expatiated and esteemed in a broader lens. This is well-evidenced and substantiated by various cases decided both by the Appellate Division and High Court Division of the Supreme Court of Bangladesh. There may have a proximate connection between the given meaning of the term 'Right to Life' and palliative care. This is because the object of this care is to improve the quality of life of patients and reduce the burden of illness. The object of this study is to find out whether there exists any room for palliative care in Bangladesh within the legal paradigm. This will mainly be done by assessing the current judicial trends and dimensions as well as legal literature of Bangladesh and neighboring jurisdictions where it seems expedient.

Keywords: palliative care, psychological, spiritual, Right to life

53. CHALLENGES IN PALLIATIVE CARE

Prof. Shamima Parvin Lasker

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Abstract:

Old medical ethical device: “to save and prolong human life as long as possible” is changed by new ethical device: “to save and prolong human life, as long as if this is meaningful”. Many criticize the modern way of death modern palliative care includes palliative sedation, euthanasia as good death model that critics medicalization of management of death. Currently, end of life issues are one of the top 10 health care ethics challenges facing the public. There is a new ethical challenge that “human life may be ended by a doctor, passively or actively or a doctor kills the patient”. Euthanasia, withholding and withdrawing treatments, physician-assisted suicide, do not resuscitate (DNR) orders, advance care planning, refusal of treatments, consent, quality of end of life care and advance directives are the main debates in this field. There are many complex ethical issues that can affect patients and families in the health care setting. Good understanding of medical ethics will contribute to the health professional's decision-making and day-to-day practice of medicine for a terminally ill patient

Keywords: medical ethics, management of death, Euthanasia,

54. INDISPENSABILITY OF ENHANCING PALLIATIVE CARE AND REBUTTAL OF UTILITARIAN AUTONOMY ARGUMENT FOR EUTHANASIA

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Abstract:

Patient autonomy has a vital role in making decisions in medical practice; this right of a patient is accepted by international conventions and medical codes. However, in regards to terminally ill patients, this right becomes very problematic in regards to end of life decisions. Utilitarian ethicists motivated by materialistic worldview and growing individualism have made moral arguments based on autonomy for the permissibility of active euthanasia. However, their arguments are not justifiable because of their inherent problems, on one side; and failing short of consensus because of non-materialistic worldviews and strong family values of the Eastern world, on the other side. Therefore, a thorough appraisal is made of the distinction of biological and biographical life and pro-euthanasia arguments: the best interest, golden rule, and autonomy. The distinction and the rest of the arguments in aggregation make a complete, autonomy argument for euthanasia. The study demonstrates that the distinction of biological and biographical life is inadequate due to: (1) reductive fallacy “oversimplification”; (2) slippery slope; and (3) inconsistency with the arguments for active euthanasia. Furthermore, the best interest and golden rule arguments are based on subjective moral judgments; therefore, the arguments fail the universalization test. The argument from autonomy fails because (1) unsoundness of civil rights claim, self-ownership, and right of self-determination for right to death; (2) fallacious analogy between suicide and euthanasia; (3) unjustifiable impingement of patient’s autonomy on physician’s autonomy; and (4) confounded autonomy of the terminally ill patients. Therefore, patient autonomy argument for active euthanasia is both morally and legally problematic, and it falls short of consensus because of philosophical, legal, religious, and cultural reasons. The researcher argues that the solution of tackling terminally ill patients lies in enhancing palliative care. This conclusion is supported by various researches which demonstrate that mostly those patients have thoughts of suicide and euthanasia that suffer depression, despair, hopelessness, and are kept in isolation from their kith and kin; and their isolation amounts to a greater degree to their suicidal ideation.

Key words: patient autonomy, golden rule, palliative care, euthanasia, end of life decisions

55. ETHICAL CONSIDERATIONS OF INTEGRATING ALTERNATIVE MEDICINAL PRACTICE IN YORUBA CULTURE WITH PALLIATIVE CARE IN NIGERIA

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Abstract:

This paper attempts an ethical exploration of the conditions and necessity of integrating traditional medicinal practices with palliative care in Yoruba culture. Before now, the emerging sophistications in contemporary orthodox medicine have necessitated the calls for integration of indigenous alternative medicine with orthodox medicine among the Yoruba people, South West, Nigeria. This paper argues for an extension of this call for integration to include palliative care. Its position is that though the alternative medicine of the Yoruba is allopathic and homeopathic, while orthodox medicine is surgical, chemotherapeutic and pharmaceutical; a synthesis of these elements is not sufficient for effective and efficacious medical system in contemporary Yoruba (Nigerian) society. Though palliative care is not pronounced currently and largely underdeveloped among the Yoruba (and in Nigeria), the paper points out that some elements of it can be endogenously found in Yorùbá culture, albeit unsophisticated form. The element of communalism inherent in the people's culture, family support structure, poetry panegyrics in showing empathy for patients as well as the spiritual dimension of Yoruba medicinal system involving oral cure, divination and theoretical entities in diagnosing illnesses and determining treatments be developed upon in arriving at a holistic model of medical system that does not attenuate contemporary standards in palliative care. Such integration is deemed suitable as a medical system for the Nigerian healthcare because of the focus on not just relief of symptoms, treatment and prevention of the cause of a disorder, but also on care of the patient within the context of the family and the wider community. But this raises, however, some ethical dilemmas and institutional challenges. Against some of the brick walls of palliative care in Nigeria (such as the multidisciplinary team approach to the management of medical problem, affordability of medical cost, quality control and monitoring, health financing, etc.), the paper posits that the integration of alternative medicine with palliative care in Yorùbá culture requires urgent scientific study, philosophical synchronization and bioethical framework. In its consideration of its viability, the paper recommends development of manpower trained in palliative care, funding, collaborative networks, inclusion and recognition in national health policy in Nigeria. In this

new eclectic medical system, principles of non-harm and communalism are defended as cogent bioethical frameworks in ensuring that health care is everybody's business. In such a model, the provision of palliative care would not necessarily reside in the hospital or clinical setting, but also at patients' residential and community centers. The fundamental justification for this proposed medical system lies in its reflection of self-worth and promotion of communal human dignity even at the face of unplanned aging, unprepared dying and undue individualist persecution prevalent in Nigeria.

Key words: Alternative Medicinal, Palliative Care and Ethics.

56. A PHILOSOPHICAL EXAMINATION OF EUTHANASIA AS A GOOD DEATH

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Abstract:

The act of Euthanasia has generated a lot of moral and legal debate and controversies in most parts of the world. Some Countries have been able to legalize the act of euthanasia following detailed clarification, definition and due process. However, a lot is yet to be clarified on the meaning of euthanasia especially when it is viewed as a good death or easy death as the etymology suggests. This paper therefore tries to fill in this gap by examining in an analytic and critical manner the concept of euthanasia as a good death taking into account that the phrase good death or easy death is a thick concept that needs to be analysed and clarified. The paper addresses the following questions: what is good death? Whose death are we discussing and why will death be a good over and above the fact that life itself is considered as a good? The paper argues that the idea of euthanasia does not necessarily entail good or easy death. Besides, given that the concept of good death cannot be defined on its face value there is a need to reconsider the due process attached to euthanasia that is, if it is to be acceptable at all. Furthermore, the paper argues that euthanasia may not necessarily translate as good death; it therefore, suggests that there is a need to consider some other means of relieving pain and suffering in the terminally ill and those suffering from incurable diseases.

Key words: Euthanasia, terminally ill, good death, easy death, philosophical

57. ROLE OF A DENTIST IN PALLIATIVE CARE

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Abstract:

Palliative care is the active total care of patients whose disease is not or no more responsive to curative treatment. The goal of palliative care is to achieve the best quality of life for patients and their families. Palliative care for the terminally ill patient is based on multidimensional philosophy to provide whole person comfort and maintaining optimal function. Although disease and discomfort of the mouth cavity and teeth are integral and obvious in terminally ill patient but usually it does not include dentistry in its team approach. But the dentist can have a significant role in the care of these patients by providing total, active comfort care of the oral cavity by alleviation of pain and prevention of infection from oral cavity. Because the function of the oral cavity is essential to the patient's ability to thrive. Moreover, Palliative care patient require special dental attention, ranging from operative and preventive care to support for patients physical and emotional aspects of well-being. This study will explore some common problems and their management encountered in palliative care dentistry for terminally ill adults.

Keywords; curative treatment, multidimensional philosophy, infection,

58. SOCIAL DETERMINANTS, LEGAL AND ETHICAL ISSUES IN PALLIATIVE CARE: THE CASE OF BOTSWANA

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Abstract:

Life-limiting illness can mean pain and difficulty in a time of bafflement. It can also bring practical problems, some with legal implications. These can increase stress for patients and families, and make coping harder. Legal and ethical issues continue to confront patients, courts, and physicians. A better understanding of these issues and an awareness of the availability of effective palliative care will help physicians, patients, and families adequately address the end-of-life issues that are an intrinsic part of medical care. In sub-Saharan Africa, Botswana has the second highest HIV prevalence in the world. The Government of Botswana has made impressive strides in combating the disease through a pioneering treatment program. It has also increased access to antiretroviral (ARV) treatment (93%). Nevertheless, the treatment alone cannot solve Botswana's devastating AIDS crisis. The paper discusses the type of legal and ethical issues in Botswana which commonly occur in the palliative care situation, communication with the terminally ill and bereaved family, and the implications of cultural and spiritual diversity with regard to illness and funerals. The paper also identified key legal issues by getting input from hospice personnel and legal practitioners who know something about the challenges facing patients or clients living with life-limiting illness. The capacity to make decisions depends on a person's mental competence which may be compromised as illness progresses. Practical decision-making is often influenced by the beliefs of family and community (including other healthcare professionals) about what is right and wrong. It is suggested that legal policies although not a complete solution to effectively addressing the rights issues relating to palliative care but it is a necessary and often neglected step. It is probably required to establish, promote, and for an effective implementation strategy, standards for quality provision of palliative care.

Key words: Legal and ethical issues; palliative care; life-limiting illness; decision-making process; cultural and spiritual diversity

SESSION 12:
AGING AND END-OF-LIFE

**59. THE END-OF-LIFE CARE, NATURAL DEATH, TERMINAL DISCHARGE,
TAIWAN**

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Abstract:

Also known as the Natural Death Act, the Hospice and Palliative Care Act, which regulates terminal patients' right to self-determination, was enacted in Taiwan in 2000. Next to Singapore, Taiwan is the second country in East and Southeast Asia to have a law regarding end-of-life care. Moreover, the quality of death in Taiwan is ranked highly among other Asian countries according to the recent survey *The Quality of Death: Ranking end-of-life care across the world* (EIU, 2010). Such a result may be attributed to the implementation of the Natural Death Law and the growing availability of palliative care. In addition, the legalization of end-of-life care reflects closely the cultural aspect of a "good death" in Taiwanese tradition, which has a great regard for dying at home.

This presentation will elucidate the process of both the legalization and the development of end-of-life care in Taiwan by focusing on the "natural death" movement from 1995. Before the movement occurred, the idea of discharging dying patients and sending them home had been widely accepted in Taiwanese society. Also, the clinical practice of so-called terminal discharge in hospitals was widely practiced clinically and widely known by the public. Following the practice, the activists of the natural death movement asserted the need for allowing terminal patients to express their wishes concerning end-of-life care, as well as their right to reject life-support treatment, which would permit them to die in the hospital naturally, as they would do so at home. In line with the traditional view of a good death, the idea of a natural death reached a public consensus and this resulted in the legalization and further development of end-of-life care in Taiwan. This movement, which transformed the cultural understanding of a good death to a legal one, is the origin of the improvement of the quality of death in Taiwan.

Keywords: hospice, palliative care Act, Natural death, legalization, good death

60. DIGNITY AND FREEDOM THROUGH HUMAN SECURITY

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Abstract:

Human Security (HR) may mean “the right of all people to live in freedom and dignity, free from poverty and despair”. All individuals, particularly vulnerable people, are entitled to freedom from fear and freedom from want, with an equal opportunity to enjoy all their rights and fully develop their human potential. Human security brings together the ‘human elements’ of security, rights and development. It is mainly people centered.

This paper attempts to picturise the importance of HR in some specific areas of security such as Food Security, Health Security, Economic Security, Environmental Security, Community Security, Personal Security and Political Security and how the best could be achieved for the welfare and dignity of the people concerned. UN documents and interviews with people have been very useful in preparing this paper.

Not only international wars and internal conflicts, but also poverty, climate-related disasters, health hazards, environmental insecurities, organised crime, human trafficking, and economic and financial downturns threaten the lives of people. National security remains foremost in maintaining peace and stability. But insecurities can spread rapidly and cause more intractable crises challenging individuals and causing security threats. With the availability of resources and advanced technologies, insecurities could be removed easily.

Human security increases the capacities of Governments and people to develop their potential and to live in dignity, free from poverty and despair. Protection and empowerment will be the safeguards. There are threats and insecurities. Timely prevention, protection, execution and empowerment make people’s lives secure and safe. It is necessary to redeem the people from these threats and insecurities by promoting Human Rights (HR). HS could be easily achieved if (HR) are implemented properly.

Key Words: Human Securities; Insecurities; Dignity; Threats; Human Rights.

61. GOOD DEATH

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Abstract:

Death is the inextricably link with human existence. The last period of life is much different from the rest of life, irreversible decay of bodily and mental capacities, pain and suffering, narrowing the consciousness and awareness, lack of time. If you see death as an invisible but friendly companion of your life's journey, then you can learn to live rather than simply passing through it. In 60s of last century UK starting the hospice movement and regard death as a normal process, neither hasten nor postpones death. Since 1985, modern palliative care includes palliative sedation, euthanasia as good death model. Euthanasia is considered prohibited in Judaism, Christianity, and Islam. But all religion at all times strongly stated that the necessity of other self protection is mandatory. Philosophy of suffering and good death is discussed. In post modern era - the professionals' relief of suffering in accordance with the patient's own good. The main purpose of this type of care is not repair of body or mind, but provides support. Palliative care can be considered as an exemplary example of this type of practice. Bangladesh position on palliative care is discussed.

Key words: palliative sedation, palliative care, death.

62. PERSPECTIVES OF EUTHANASIA FROM A TERMINAL ILL PATIENTS: A PHILOSOPHICAL PERSPECTIVE

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Abstract:

At the outset my paper is intended to discuss on the concepts of 'Euthanasia' especially in the lights of 'beneficence'. The concept of benefit or beneficence here is to unpack the act of doing good or to benefit others. The act of doing good is to flesh out the underlying concept of not doing harm to the patients throughout their treatment time. The term 'benefit' mentioned in my paper attempts to espouse the important concepts in the field of medical ethics and envisages the rules and principles followed according to the prescribed duty of the physician. Benefit of the patient is one of the moral maxims that have to be followed right from the maxims of the Hippocratic Oath which is an imperative in the field of medical profession. Accordingly, physician's important duty is to give maximum benefit to their patients; such as saving life, prolonged life and death. The point attempted to nail the coffin here is in the lines of the philosopher Hippocrates where he mentions about the duty of the physicians, "to come for the benefit to the sick" (Hippocratic Oath, James F.C. *Who Should Decide Paternalism in Health Care*, New York: Oxford University Press, 1982, p-32.). In the normal paradigm professionals entering in the field of medical science has the responsibility to prevent harm and promote good to his/her patients. Hence, the professionals in the concerning field presume that they are working *apriori* on the principles of Hippocrates in promoting the benefit and the interest of the patients.

There is always a cursory of anomaly involved in questioning the chastity of the physicians pertaining to euthanasia. The moral dilemma involved in bridging the rift between the actual benefit of the patient from the physician perspective and the actual benefit of the patient according to his embodiment and embeddedness is attempted to address in a judicious manner. This paper attempts to discuss the beneficence of terminally ill patients where the dilemma between physicians view to benefit patients by eliminating pain and suffering from the terminally ill patient life on the one side and the patients benefit to choose death (voluntary euthanasia) because of the intolerable pain on the other side. The yardstick used to measure the ethical standards of these two groups is analyzed from philosophical perspective especially in the ethical spectacles of Joseph Fletcher. According to the Divine right theory life or sanctity of life, 'life is the gift of god and it is worth living' but sometimes a particular person to continue life is a worse prospect than immediate death. Hence, the term 'beneficence' is analyzed from a broader spectrum of the physician and the patient in understanding its legitimacy and coherence.

Key Words: Euthanasia, Benefit or Beneficence, Prolonging Life, Terminally ill.

63. HAMADAN DOCTORS AND SPECIALISTS HOW TO THINK ABOUT HIGH RISK PATIENTS MANAGEMENT?

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Abstract:

Often this question is asked do doctors like patients can choose their own patients? Or to some patients, particularly high-risk patients with fewer services to maintain your health provider? To answer these questions it is necessary that survey the doctors how to think about the high risk patients management. The aim of the study is a survey on physicians' knowledge and attitude about this matter in Iran in the years of 2010 to 2012.

Study method is a Cross-sectional comparative and Statistical Society Includes 100 professions, 100 assistants and 50 general physicians. This data is obtained through a questionnaire that Designed by researcher. Questions are in four categories for measurement of knowledge, attitude, legal, moral attitudes and beliefs' physicians.

The findings have shown in 2010 only about 14 percent of population had enough awareness. Only 4 percent of subjects have a moral perspective according to sex segregation. 9 percent of subjects have a legal perspective according to sex segregation. Female doctors in the moral attitude of the male doctors were surpassed and 47% of physicians agreed with existence of particular center for high risk patients. The results compared with similar study in 2012.

This study says this important that doctors and specialists should be trained how to handle high risk patients and evaluated too confirm with emphasis. It is necessary medical society to pay more attention to the rights of high risk patients and we must pay attention to negative effect of male gender index in specialists and negative effect of History of the working on non-compliance legal and ethical considerations possibility for this reason some actions become to the habit and repeating certain. recently study shown the our physicians society need to more the moral education yet.

Key words: knowledge, physician, high risk patient, attitude.

SESSION 13:
MEANINGS OF JUSTICE

**64. “THE INSEPARABLE PLASTICS” – A CASE STUDY WITH THE WOMEN
DOMESTIC WORKERS IN A CHENNAI SLUM**

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Abstract:

Chennai city generates nearly 5,000 tonnes of garbage, including 429 tonnes of plastic, every day. According to the Central Pollution Control Board report, the city's generation of plastic is more than that of Mumbai (421 tonnes). It is second only to New Delhi (689 tonnes). The amount of thin plastic waste dumped per day in the city is 96 tonnes. This is two per cent of the total waste generated in the city. Slums are an ignored place in the urban sector. Slums in Chennai are not exempted from this universal truth. The plastics on the banks of the coovam and the plastic pet bottles on the either side of the railway tracks adjacent to the slums has become a major threat depleting the environment. Women in slums do play a major role in managing their families. The domestic workers from the Chennai slum have begun to get adapted with the plastic culture in their day to day life. The plastic usage has become inseparable with their life style. In the present study an attempt has been made to highlight the status of the inseparable plastic culture in a slum in the day to day life by the community and the need of action to be taken from the Corporation of Chennai to introduce the plastic collection separately with more intense strategies. The area identified for the study is new Boopathynagar, a Chetpet slum adjacent to the railway track. A sample of thirty women respondents who are domestic workers having one or more children were selected for the study. A questionnaire method was preferred to the respondents to identify the level of their plastic usage in the day to day household usage and the level of their understanding about the ill effects of plastics besides doing a survey. The respondents from the community were selected randomly through the convenient sampling. It is found that out of 30 respondents two third of them throw the milk packets to their dustbins. Only one third collects it and gives to the scraper. Polythene cover (less than 20 micron) from shops enters their homes during the household purchase from the nearby shop adjacent to their home. Almost more than two third respondents use that polythene cover to throw all their household garbage. Only less than one third of the respondents take cloth bags or plastic baskets to purchase the vegetables. More than two third of the women respondents frequently buy food parcels to their kids for the morning breakfast. These food parcels are usually packed with thin polythene sheets and

is folded with a news paper. It further adds more plastic contents to their daily garbage. Only less than one third of them take Tiffin box to buy food parcels. All the respondents agree that their children bring home the plastic coated papers in the form of chocolate wrappers, biscuit cover or any other snacks cover. It is observed that two third of respondents kids bring the colorful pet bottles from railway tracks for their games and it is later dumped into the household dustbin which inflates the plastics in the garbage. It is identified that one third of respondents' kids often drinks rasna / local soft drinks which is a plastic packaged drink and throw the plastic packaged cover on the street itself after consuming. All the garam masala for kitchen purpose are either stored in plastic container or remain alike in the cover itself. It is sad that half of the respondents use the used pet bottles to store the oil for cooking which is to be crushed after drinking the first time. Two third of the respondents consume their evening tea in plastic cups bought from the nearby tea shops adjacent to their home which further adds more plastic to the household garbage. It is a very deep concern that only less than one third of the respondents are bit aware of the ill effects of plastics affecting the health and environment. The illiterate people residing in slum are to be made aware of the plastic threats and must become ethically responsible in safeguarding their future generation. A "Reduce your plastic culture" campaign by the corporation and from the environmentalists is an immediate action need to be taken to change this plastic culture. The study will be submitted to the environmentalists to highlight the importance of identifying new alternatives for the plastics in to the daily life of these downtrodden families. In this paper we concentrate on the JUSTICE principle of Bioethics.

Key words: Domestic workers, plastics, women.

65. MULTIPLE VULNERABILITIES OF ELDER PEOPLE IN INDONESIA

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Abstract:

Closer look to the state the elderly in Indonesia, it is easily to detect how the Indonesian elderly are facing what I called “multiple vulnerabilities.” On the one hand, Indonesian demographic is showing that the Indonesian people are getting old. The fertility rate has decreased significantly since 1970 where the total fertility rate decreased from 5.0 points to 1.8 in 2025. This alone gave rise various problems of the elderly, among them are the dependency ratio, aging index, potential support ratio, and the feminization of aging.

These problems show the level of vulnerability of the Indonesian elderly. From the perspective of the dependency ratio, for example, the number of people under the age of 15 years and above 65 years who depend on the labor force (15-64 years) has increased since 1970, from 7.0 points to 29.0 in 2050. Again, this shows the high level of vulnerability of Indonesian elderly, since the dependency ratio itself has influenced on health care, living arrangements and family support, and so on. The economic burden will be very visible in the workforce. This is one side of the vulnerability of the elderly in Indonesia.

While on the other hand, government policies regarding the elderly in Indonesia has not come to the level of maximum realization. Indonesia Law 13/1998 on the Welfare of the Elderly has recommended that every hospital must have Geriatrics and Gerontology section, yet only 8 hospitals fulfilled the requirement. The situation is worsened due to the lack of adequate medical staff at the health center, who can serve elderly patients in a professional and humane way. Again, this brings forth the other side of the state of the elderly in Indonesia, which indicates the high level of their vulnerability.

In this paper I will analyze the state of vulnerability of the elderly people in Indonesia from the perspective of ethics of vulnerability and personalism. I consider these two ethical approaches as representing all ethical discussion about the treatment of the elderly due to their characters of valuing the elderly as a persona with dignity. Thus, this paper will show that the elderly in Indonesia is in danger of not being treated humanely.

Key Words: Indonesian elderly, public policy on Elderly, vulnerability, personalism

**66. 'SAFE KIT' RESPONSE BY HEALTH SYSTEM TO SEXUAL VIOLENCE:
GENDER AND ETHICAL ISSUES AND CONCERNS**

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Abstract:

The pervasive nature of sexual violence and its health consequences - both short and long term, physical and psychological - are well established. However, in India, the roles and responsibilities of the health system vis-a-vis sexual violence remain ad hoc and narrow. Following recent public demands for improved systems and multi-sectoral coordinated response, some efforts have been made by the state. However, the recognition of the central role of the healthcare system in violence prevention and provision of therapeutic care, psychosocial support and medico-legal response to sexual violence, is minimal.

The absence of requisite understanding, skills, protocols and processes has resulted in responses that are unethical and gender insensitive. The current over-emphasis on the medico legal examination and the Sexual Assault Forensic Evidence (SAFE) kit ignores provisioning of comprehensive therapeutic psychosocial support, which is crucial in the short and long term for healing and recovery. Furthermore even in the context of the medico-legal examination, the 'kit' does not address the lack of ethical protocols and processes - for consent, restricted access to healthcare through the police, preservation of evidence, documentation, and 'unscientific' 'irrelevant' practices such as the two finger test, opining on status of the hymen, vagina, past sexual history. These are violative of the survivors' autonomy, dignity, bodily integrity, sexuality and access to justice. The hetero-normative oriented system continues to be largely inaccessible to survivors with diverse sexualities – transgenders, sex workers, who face high levels of sexual violence. Any response to sexual violence must also be located in the larger health system and is tremendously affected by systemic ills.

Drawing on Sama's work on strengthening healthcare response to sexual violence, this paper presents the concerns and recommendations towards an ethical and gendered healthcare response to sexual violence.

Key Words: Health System, Healthcare Response, Sexual Violence, SAFE Kit, Ethical Issues, Gender

67. WOMEN IN INCOME GENERATING ACTIVITIES THROUGH SHG: RISKS AND REWARDS

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Abstract:

Empowering women in the development of skills and abilities of people enable them to manage better. The empowerment process begins with economic independence, knowledge and awareness, self image and finally autonomy.

Self help group is a novel methodology. In order to give a new approach to rural finance NABARD has introduced the SHGs in 1992. This new approach helped the grass root organization which is based on need and collective action. The main objective of SHG is to inculcate the habit of thrift, savings and banking culture to gain economic prosperity through credit. The most important component of SHG is the mobilization and organization of women towards the basic strength of solidarity and collective action. Self-Help Group is a group of rural poor who have volunteered to organize themselves into group for eradication of poverty of the members. They agree to save regularly and convert their savings into common fund which is used for meeting the credit needs of the members through a common management process. The SHG started with a aim of 'Save a rupee a day'. Now it is in the level of saving more than Rs.3/- a day. Once the likeminded members came together they developed confidence to operate the group account. It paved the way for poor women's ability to save. Gradually women have been able to address and take up boldly gender and community issues. Importantly, SHG is a silent revolution in Indian society. Hence it is important to bring the women into economic domain to increase the economic growth. To take them away from clutches of difficult situation self actualization and self-dignity are to be built up right now. To fight against the exploitation, they need collective support.

Here an attempt is made in this paper to exhibit how women are able to generate income through Self-Help Groups and the challenges involved in it.

Key Words: Self Help Group, Collective Action, Common Management and Self Actualization

68. ETHICAL SOLUTIONS TO PREVENT CHILDREN EXPLOITATION

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Abstract:

Many families across the Philippines still allow children to work in hazardous or unjust conditions. Although laws such as ra.7610, 7658 and 9231 prohibit child labor and the ensuing punishments are harsh for violators, the application of laws that punish offenders, mainly parents and employees, remains difficult as numerous ethical problems arise with the application of the laws. This paper will explore the problem of child labor in the Philippines, the laws that protect children, the punishments for offending parties and parents and the more ethical options that should be applied in order to provide a more ethical solution to this problem. This paper analyzes, through quantitative approach, journals and papers, reports from governmental programs with regards the issue of child labor written by ILO, UNICEF and NCSO, case studies of successful projects implemented by NGO's as well as government agencies, reports from international organizations and aid agencies and interviews with parents whose children are involved in child labor and children who experienced working in unjust conditions. Result of these assessments show that the problem of child labor can be eliminated by using a more ethical and humane approach rather than the simple implementation of harsh punitive laws that are damaging to both parents and children. Many children who earn for their families cannot avoid work and hence, putting forth alternatives such as the government's Conditional Cash Transfer Scheme (CCT), building more schools and providing easy access to education as well as accommodating children's choice of school schedule in child labor hot spots can offer a long term remedy to the problem of child labor.

Key word: Children exploitation and ethical Solutions

69. STANDARDIZING FORENSIC INVESTIGATION TECHNIQUES IN THE PHILIPPINES AS AN IMPORTANT TOOL OF PROTECTING BASIC HUMAN RIGHTS

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Abstract:

Only to some extent does the Philippines utilize forensic investigation techniques of acceptable international standards, and thus it fails to provide law enforcements with sufficient support for crime investigation, while defendants and plaintiffs are often not given fair opportunities to receive just evaluations. This is apparent in many aspects of judicial procedures and trials, including: (i) judges and courts' overwhelming reliance on eyewitnesses and testimonies, (ii) oblivious attitudes to DNA evidence due to lack of required technology and facilities, (iii) deficiency of proper training for policemen in collecting evidence, (iv) lack of institutional support for investigators and defendants, and (v) inexistent system on the archiving of evidence. These failures create susceptibility to wrongful convictions as this turns into an ethical dilemma as well as an issue of human rights protection. Thus, primarily relying on qualitative data, including journals and case studies, interviews, and raw data from experts in the criminal justice sector including The Innocence Project in the Philippines, this paper will explore the extent of the challenges and argue for the rationale of substantial support to improve forensic investigation system and related legal procedures. These objectives must be achieved through the amendment of legislations, the allocation of proper budgetary support to establish and operate an ethical system to combat the above-mentioned deficiency, and the development of relevant technologies and facilities. To ensure required system development, resource mobilization is essential, and organizations such as the Legal Aid Tribunal, bilateral and multilateral development institutions, and legal non-government organizations could be invited to participate in this drive by providing grants, concessional loans, or capacity building. Through these changes, the issue of human rights violation brought about by the lack of acceptable standards in forensics investigation will be eliminated.

Keywords: forensic investigation, basic human rights violation, wrongful convictions, archiving evidence, forensic system development

70. A CRITICAL REVIEW ON MEDICAL FUTILITY IN NEONATAL CARE

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Abstract:

Currently, there is a movement in Japan to re-examine excessive life-sustaining and medically futile treatments from the perspective of health economics. However, there is no clear consensus on what causes treatments to be deemed excessive or futile.

In the field of neonatal care in Japan, uniform standards have not yet been established for how long to continue treatments or when to terminate them. These considerations are left to the discretion of individual medical facilities; at these times, “the strong preference of both parents” is stressed. When “medical futility” is reconsidered, the desire must not lead to the parents to become objects of social criticism for “seeking wasteful life-sustaining treatment”. In other words, we must pay attention to the risks that arise when the resuscitation of premature infants or neonates born with critical illnesses in neonatal intensive care units is spoken of in the same breath as economic efficiency.

Key word: neonatal care, medical futility

71. ETHICS OF THE GAPS IN PUBLIC HEALTH OUTCOMES FOR INDIGENOUS PEOPLES

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There continue to be gaps of decades in life expectancy between indigenous peoples and the general population in every so-called industrialised country. The American University of Sovereign Nations (AUSN) School of Medicine's Core Values, which are operationalized in case studies, assignments, and class-discussions presented in the core curriculum throughout our educational and academic programs, include the following:

- ❖ Promotion of respect for human rights, ethics and fundamental freedoms
- ❖ Promotion of peace and social justice
- ❖ Promotion of diversity in culture and political thought
- ❖ Promotion of the sense of human dignity and human respect
- ❖ Promotion of understanding, tolerance and friendship amongst all nations and all Peoples
- ❖ Promotion of academic excellence, scholarship and the pursuit of truth
- ❖ Maintaining the highest quality, integrity and ethical standards in teaching, research and service
- ❖ Lifelong learning for members of the learned professions
- ❖ Encourage the master of creative and analytical critical-thinking
- ❖ Encourage the partnership and collaboration with community constituencies
- ❖ Increase the awareness of public health as a public good and a fundamental right
- ❖ Promotion of protection of the human rights of all human research subjects of experimentation
- ❖ Promotion of the covenants and tenants of the World Health Organization (WHO), especially inclusive of:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

“The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.”

“Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.”

There are four (4) main reasons why we are pursuing this initiative of placing the first-ever Medical School on Native American Sovereign Land. They concern the following:

- Preservation of Society and Culture
- Education and Self-Determinism
- Improvement of Public Health and Medical Care
- Physician Shortage – National and International

Former United States Secretary of Education Margaret Spellings notes “There is an overwhelming need” for more health care education for the American Indian / Alaskan Native populations. Indeed, the ineffectiveness of current health care delivery systems on indigenous land is well recognized – and must be earnestly significantly improved. The healthcare and public health status of the populations in many other Indigenous Populations throughout the world is similarly greatly deficient.

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 healthcare issues of disparity is to directly have a center of education dedicated to Native American and Indigenous Population healthcare *on* the Sovereign Land of Native Americans. In this way, the following public health indicators can be directly addressed and plans implemented to specifically improve them:

- ❖ Infant mortality rate is 150% higher for Native American (NA) infants than non-NA infants.
- ❖ Diabetes has increased 160% in the AI/AN population from 1990-2004.
- ❖ There is a 152% higher death rate from Unintentional Injuries in NA than non-NA populations.
- ❖ There is a 189% higher death rate from Diabetes in NA than non-NA populations.
- ❖ There is a 510% higher death rate from Alcoholism in NA than non-NA populations.
- ❖ There is a 600% higher death rate from Tuberculosis in NA than in non-NA populations.

Further, a Medical School situated on the Sovereign Land of Native Americans will serve not only as an Educational Arena for training expert clinical physicians - but also as a Repository of Scientific, Medical and Public Health Information which will serve as a Learning Resource Center for all Native American Tribes throughout the United States and all Indigenous Populations throughout the world.

There will also be a discussion of public health ethics.

72. SOCIAL JUSTICE, DEMOCRACY AND HUMAN DIGNITY IN INDIAN CONTEXT

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Abstract:

The post-Independent India, no doubt, had a vision of egalitarian society. Its constitution has emphasized the unity and integrity of the nation as a paramount value and insisted upon equality and dignity as a constitutional fundamental. But the social stratification in India does not allow the oppressed and the suppressed to be treated on par with others. In the name of caste, the welfare of the backward and the scheduled caste and tribes are neglected. Dr. Ambedkar very rightly said: “Caste has killed public spirit. Caste has made public opinion impossible...Virtue has become caste-ridden and morality has become caste-based.” Fisk, while commenting on Rawls’s *Theory of Justice* says that the claim that people are equal is not a reality. He says that in reality, people are equally members of classes, not members of society as a whole. Fisk’s approach is very much significant in Indian context.

The principles of social justice is to be considered as fairness. The main problem with the so called “higher caste” is lack of tolerance. The “inclusion of the other” is not possible in the case of higher caste. Habermasian notion of “inclusion of the other” and the “symmetrical understanding” are useful in this context. Habermas seeks “a non-levelling and non-appropriating inclusion of the other in his otherness because citizens who share a common political life also are others to one another, and each is entitled to remain as other”. Habermas speaks of what is known as “emancipatory interest” wherein there a movement from “what is” to “what ought to be”. Ambedkarian approach emphasizes the need for “social emancipation”. It is not the emancipation of a few but emancipation of all. It should be understood that treating others as equal is not act of benevolence, but an act of social justice.

Social democracy is meaningful only if all are allowed to survive by proper representation and participation in democracy. Otherwise, it is the democracy of the few. Dr. Ambedkar pointed out that our constitutional ideal cannot be attained with mere political democracy. He explains that we must make our political democracy a social democracy as well. “Social democracy means a way of life which recognizes liberty, equality and fraternity as principles of life”, says Dr. Ambedkar. The reservation policy aims at creating opportunities for the unequal who have suffered enough. In the caste hierarchy, the higher caste never listened to the plight of the suppressed and the oppressed. The worst part of it is that it is supported by religion. If democracy simply means the voting power to all, then it cannot be democracy. Democracy implies social equality and justice.

SESSION 14:
ETHICS ASSISTED REPRODUCTIVE
TECHNOLOGY AND OUR FUTURE

73. EMBRYO REDUCTION IN ISLAMIC JURISPRUDENCE

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Abstract:

Infertility is a common medical problem all over the world. Using assisted reproductive technologies help couples to overcome this situation. However, ARTs also face different problems. In this regard, multiple pregnancy is a common iatrogenic outcome of ovarian stimulation. The prevalence of multiple pregnancy in these situations has shown an exponential increase and is also directly related to the number of transferred embryos.

On the other hand multiple pregnancy has a higher rate of morbidity and mortality, especially when more than two fetuses are present. Considering these facts, one of the safe and effective options is first-trimester embryo reduction. However, psychological, social, religious, legal and ethical considerations should be taken into account when measuring the effectiveness of this approach.

In Islamic societies legislation systems are based on the Islamic teachings and jurisprudence (*sharia't*) which is highly valued among people and also medical practitioners.

In this regard this study try to describe is it justifiable to reduce embryos based on the *sharia't*?

This study is a descriptive and analytical one and after defining the key terms and concepts, will exam pros and cons of the issue in Islamic scriptures.

We can conclude that: In Islamic jurisprudence the main principle regarding human life is precaution. Hence, in question of the legitimacy of embryo reduction, since the subject of this action is a potential human being, caution should be in to account. Although in Islamic jurisprudence the embryo before ensoulment is not equal to a full human person, but we could not conclude that his life has no value. And the main concern is its potentiality to become a person.

Furthermore, the parent's consent for this reduction is not enough to permissible this action. In the case of infertility and ART's, it is better to transfer as many as embryos which is safe for both mother and fetuses.

Key Words: Embryo reduction, ARTs, Islam

74. CONCERN FOR FUTURE GENERATIONS: SOME PERSPECTIVES

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Abstract:

The present research paper, entitled “Concern for Future Generation: Some Perspectives” begins with revisiting a number of ideas related with the future dressed generations from the perspective of Environmental Ethics. One of the scholarly works which I have addressed here: Work by Gregory S.Kavka who has explained the problem of future generations in the essay, “*The Paradox of Future Individuals*”. Moreover, I have tried to highlight the view points where the scholars been addressed, fundamentally coincide and differ from each other. In the concluding part of the paper I have brought into focus 'the Buddhist theory of *kamma* and how the actions performed by individuals have an impact on future generations. I have shown how the actions of an individual in the present may address our concerns about the future generations. Does *kamma* legitimize concern for the future generations? My work procedure has remained qualitative in nature and my remarks are both descriptive and critical of the works.

**75. ETHICAL IMPLICATIONS OF PRE-IMPLANTATION GENETIC DIAGNOSIS
(PGD): A QUALITATIVE STUDY ON THREE SELECTED GROUPS IN
MALAYSIA**

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Abstract:

Pre-implantation genetic diagnosis or PGD refers to procedure performed on embryos prior to implantation in IVF trials. The technology enables the embryo to be screened for genetic disease and is usually applied when parents have risk of genetic diseases. Ethical issues raised from the utilization of PGD include gender biasness and discrimination towards people with disabilities often linked to societal obsession with perfectionism. This study explores participant perception of ethical issues posed by PGD, by focusing on four key themes: sanctity of life, play God, perfectionism and freedom of choice. Three focus groups were selected; medical personnel, religious representatives and potential users. Key findings show significantly differing views of each study group. For example, members of the medical fraternity alluded to biological interpretations such as ‘mere accumulation of cells’ when declaring limited moral rights of the embryo. On the theme ‘play God’ doctors argue that PGD is merely a form of medical but necessary intervention and do not agree with the idea of ‘meddling with nature’. Perception of both religious figures interviewed and potential users show mixed and almost similar reactions, whereby some consider PGD as an act of playing God because of the belief that such actions will bring upon unknown and undesirable (but God-ordained) consequences while others believe that actions that prevent dangerous diseases in children would not entail playing God.

Key word: Ethical Implications of Pre-implantation Genetic Diagnosis

76. DO THE PERSONS BORN WITH REPRODUCTIVE TECHNIQUES HELP HAVE THE RIGHT TO KNOW, EVERY THING ABOUT THEIR BIRTH

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Abstract:

In the present, given the high rate of infertility in society that parents may have children through assisted reproductive techniques has increased dramatically separate the public and medical staff were infertile couples. The responses were analyzed and compared with similar studies. Now the question is: What's better about themselves and the birth parents to know and understand the impact on a person's fate is? Our goal is to see, how much is necessary and possible that a person knowing of the birth situation and what rights or restrictions are there or have meaning in this position? After extensive study of existing records, beginning with meetings and discussions concerning the issues of identity and that, to achieve some of the answers, the questionnaire was designed to separate the public and medical staff were infertile couples. The responses were analysed and compared with similar studies. Separate the public and medical staff were infertile couples. The results compared with similar studies. 98% if people were willing to treat infertility. Infertility in women seems to be more unpleasant. Most couples agreed raising and training a child is correct as parenting definition and index. We have two reasons to know that the person about their biological parents and the birth of reach. A series of logical reasons - use the following three sets of physical reasons - psychological - social class and the second series of moral reasons - rights that the four principles of medical ethics, identity and human dignity and the right encompasses a right to know. It takes a careful attention to timing and content of information. Therefore needed to give information about the biological parents and the birth of assisted reproductive techniques exist for each individual and the wider public awareness is necessary.

Key words: Right to know, infertility, assisted reproduction, ethics, parents

SESSION 15:
BIOETHICS AND EDUCATION

77. PUBLIC EXPECTATION ON ETHICAL LITERACY FOR UNIVERSITY STUDENTS

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Abstract:

Taiwanese peoples, being recognized as traditionally influenced by Confucianism, have gone through a radical social development and modernization process. It is therefore deserve our attention to invest to what extend and in what way the societal change has changed the basic ethics concept with reflections on the traditional communitarianism and western-oriented individualism in Taiwan, especially for those university students who has accepted western disciplinary training in the modernized professional and liberal educational system. This study aims to research into the public opinion on the ethical literacy of university students and, furthermore, try to propose a ethical guideline regarding the social contracts of the university students. With designed focus group and Delphi survey method, we construct five domains with 26 indices. Family ethics domain contains indicators such as caring family members, willing to keep good relations, appraising each other's merits, being beneficial to each other and communicating appropriately. Life Ethics domain includes recognizing and human differences, respecting for others (including nature creatures), appreciating the disadvantaged, being a responsible person with reflections and appreciating all lives in the world. Domain on campus ethics consists of enthusiasm in learning, honest in life engagement, acknowledge on self-limitation, courage in facing personal distresses, ability to recognizing personal mistakes, and responsibility to legal regulation. Social ethics domain takes account of ability to cooperate with others, willing to help/serve others, engagement in public affairs and responsibility to be a reliable person. Natural ethics domain embraces love in nature, emphasis on environmental protection and joyfulness in sharing resources. We find that there is a nice in-between identity-formation in harmonizing both traditional family values and western social ethics in forging the contemporary phase of bioethical reasoning in Taiwan.

Key words: family values, ethics survey, social contract

78. TEACHING A COURSE ON BASIC BIOETHICS- EXPERIENCES WITH HUMAN GENETICS STUDENTS OF THE MASTER'S DEGREE PROGRAMMES

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Abstract:

The Department of Human Genetics Board of Studies' (curriculum) committee recommended the teaching of a Basic Bioethics course to the departmental students of two Master's degree programmes so that they are better able to understand the present and future challenges ensuing from applications of biomedicine and to develop critical thinking. It was thought appropriate to sensitize and create awareness about ethical concerns pertaining to genetic technologies, and also as most students have plans to pursue higher studies in the applied fields of the discipline. Furthermore as the social set-up in northern Indian (Punjab) average middle class families is closely knit, discussion of such issues at homes is bound to occur and it would assist to handle the concerns confronting acceptability of life technologies with bioethical maturity initiating a move towards a knowledge-based society. The main objectives included the identification and interpretation of ethical questions raised by biomedicine; promote understanding, informed discussion and education. From the regularly (since course inception) obtained students' feedbacks on course completion, three key findings were identifiable: bioethics teaching was considered valuable; students were fascinated and awestruck by the potential for ethical issues in biomedicine; and that ethics teaching had a positive impact as it triggered them to review the issues from an Indian-based cultural, religious and traditional aspects rather than from the hitherto widely-acceptable western perspective. As teaching of thinking and of ethics in biology degrees is hardly there, basic courses on these are required and as in-puts for cross-cultural re-consideration of certain western (old) ethical principles.

Key words: Medical Genetic Advances, Teaching Bioethics

79. INTRODUCING ENVIRONMENTAL ETHICS IN POST-GRADUATE ENVIRONMENTAL SCIENCE CURRICULUM: EXPERIENCES FROM ASSAM UNIVERSITY, INDIA

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Abstract:

Environmental ethics was introduced in different courses of the post-graduate curriculum in the Department of Ecology and Environmental Science in Assam University, Silchar, India. This department is the first of its kind in North East India offering Master's, M.Phil. and Ph.D. programs in this subject field since the mid-1990s. The first attempt to introduce environmental ethics in the post-graduate curriculum was in 2006, when some issues were included in the M.Phil. syllabus. This was followed by its inclusion in the Integrated Pre-Ph.D. Course syllabus in 2009 and then in 2010 as one complete unit having 1 credit in a 5-credit, five unit paper on Environmental Policy, Education and Ethics in the third semester syllabus of the first 'Choice-Based Credit System' (CBCS) Master's program in Ecology and Environmental Science. The experiences of the author in the designing of syllabi and teaching of these courses are narrated in this paper along with an analysis of the response of the first batch of the Master's program students of this course. The need to increase the acceptance of this 'choice-based' course among the students of the other departments of the university and the strategies for achieving this goal are also discussed. The relevance of introducing environmental ethics in various course curricula of the states of North East India, where recognition of intrinsic value in plants, animals, and even entire ecosystems is replete in the culture and religion of many indigenous communities, is also emphasized in the paper.

Key words; Environmental ethics, Northeast India, environmental policy, relevance.

80. DISASTER EMERGENCY MANAGEMENT TRAINING IN JAPAN -WHAT WE HAVE LEARNED FROM FUKUSHIMA DISASTERS INCLUDING DISASTER PREPARATION AND FUTUREACTION

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Abstract:

This presentation will be introduced about RRR (Triple means Rescue+Recovery+Relief) Care-Fitter training Program which is offered by the Foundation for Social contribution. Care-Fit means to provide Care to each individuals to fit in their needs through **SOUL**(See+Observe+Understand+Listen to learn).

SOUL theory is considered as philosophy of Gerontology. Gerontology is considered as life long span developmental process of all ages and all disabilities including cultural differences. We considered importance of hospitality mind for those whom we serve to all including Aging and persons with disabilities. We call this as **kigatsuku** in Japanese. Kigatsuku means being aware of one's surroundings and doing good without being asked. From the above principle the training is provided. The followings are basic principles:

- 1 . We, as 3R(triple R) Care-Fitter will contribute our disaster related knowledge and skills to our community not only during disaster, but also daily lives.
- 2 . We, as 3R Care-Fitter will contribute our hospitality mind and Care-Fit skills with Kigatsuku mind of living together for quality of life with not only aging & disabilities, but also all mankind.
- 3 . We, as 3R Care-Fitter will contribute collaborative and educational leadership by being of MAN who can setting up goals, learning, and acting for solving problems by ourselves. The texts are prepared into two parts such as Prevention from disaster (1. View points of 3R Care-Fitter. 2. Understanding & Application 3. Rapid reaction skills to time of disasters. 4. Related laws and policies about disaster) and Care-Fit skills (1. Understanding and Care-Fit for assisting to the needs including aging and disabilities in normal setting. 2. Experiencing elderly simulation program, 3. How to use wheelchair with hospital mind. 3. How to provide Care-Fit assistance to the blind).

The above principle can be learned from Tagore: "A mere knowledge of things can be had in a short enough time, but their spirit can only be acquired by centuries of training and self-control".

Keywords;gerontology,aging, disabilities, educational leadership

SESSION 16:
TOWARDS COMMON BIOETHICS
EDUCATIONAL PROGRAMS IN ASIA
AND PACIFIC

81. TOWARDS COMMON BIOETHICS EDUCATIONAL PROGRAMS IN ASIA AND PACIFIC

Discussion among different universities on Masters and Doctoral Programs in Bioethics, facilitated by Paul Kommasaroff, Monash University, Australia; Dujian Tsai, Taipei Medical University, Taiwan and Darryl Macer, American University of Sovereign Nations, USA .

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This discussion will consider the potential roles of Asian Bioethics Association in a regional coalition of departments working on common frameworks for bioethics education and doctoral programmes. One of the programmes that of the American University of Sovereign Nations (AUSN), which has brought together many of the key faculty from each institutions. AUSN is offering the firstever Master of Bioethics and Global Public Health(MBGPH) program in the United States.

The Mission of the AUSN School of Medicine MBGPH Program is to promote the ethical reasoning of all peoples, by providing essential competent graduate education, knowledge, skills, research, service, creative and analytical critical thinking ability, and leadership to those graduate students who are dedicated to enhancing the quality of life of all global communities.

The Vision of the AUSN School of Medicine MBGPH Program is to be the Master of Bioethics degree program of choice for those individuals who are committed to learning inter-cultural bioethics applicable for community, global leadership, and are dedicated to promoting ethical public policy and practices, and protecting the well-being of the environment and public of all nations and all peoples.

Because bioethics and global public health are complex disciplines, inherently multi-disciplinary, and concern the practice of preventing and managing disease, promoting good health within groups of people, and advancing healthcare access and health care for all peoples, the values that guide the AUSN MBGPH Program include the following:

- to increase the awareness of public health as a public good and fundamental right;
- to promote diversity in ethical decision-making, culture and political thought;
- to treat all people with respect and to promote intercultural understanding;
- to promote academic excellence and the pursuit of truth;
- to promote human rights, fundamental freedoms, peace, and the sense of human dignity and human respect of all peoples;
- to promote and protect the human rights of all human research subjects of experimentation;
- to understand the ethical principles of different sovereign nations of Peoples around the world and the United Nations;
- to apply the Universal Declaration on Bioethics and Human Rights.

The AUSN School of Medicine MBGPH Program is an onsite residential academic master's degree program intended to provide academically qualified individuals who are dedicated to enhancing the status and quality of life of all global communities, the basic competent knowledge and creative and critical-thinking ability to improve the public's health. AUSN

has adopted a racially nondiscriminatory policy as to student admissions, student scholarships, academic degree programs, and educational certificate programs.

The MBGPH course will prepare students for roles as health professionals and community leaders in a multi-ethnic community, by sharing a cross-cultural perspective of bioethics through the diverse international advisory and adjunct faculty, in cooperation with the Institute of Indigenous Peoples and Global Studies. The program will draw upon the wide extent international experience of the resident and visiting faculty, as well as their multidisciplinary qualifications, to offer a cross-cultural program that will be arguably the most international bioethics degree program to be offered in the USA. The program will assist in the training of leaders who can assist people to rediscover their indigenous values and apply these to contemporary moral dilemmas of medicine, science and technology and the environment, with the wisdom that cross-cultural faculty can provide.

The purpose of the AUSN School of Medicine MBGPH program of study is two-fold. First, upon successful completion of the AUSN MBGPH Program and master of its required competencies, graduate students will be prepared to work in the fields of bioethics, as well as public health, and influence and improve community health outcomes by working for academic institutions, think tanks, public health agencies, non-governmental organizations, hospitals, medical centers, clinics, nursing homes or rehabilitation centers. Second, the AUSN MBGPH program will be offered to existing professionals (e.g., RN, MD, JD, Hospital Administrators, Healthcare CEO's, Engineers, Teachers, etc.) who will benefit from the added knowledge and expertise with respect to bioethics, public health, the health management of populations, and the management of hospitals, medical centers, surgery centers, clinics, nursing homes, etc.; in those circumstances the MBGPH will enhance their career goals and aspirations.

The MBGPH curriculum includes the following courses (total 30 points):

Core competencies Upon graduation, all AUSN MBGPH students will have the following core competencies as related to both bioethics and	Ability Studies	<u>3</u>
	Applied Bioethics Research Seminar	<u>2</u>
	Bioethics and Genetics	<u>3</u>
	Core Concepts in Bioethics and Cultural Frameworks	<u>3</u>
	Environmental Ethics	<u>3</u>
	Essentials of Public Health	<u>3</u>
	Ethics of Science and Technology	<u>3</u>
	Global Public Health and Peace	<u>2</u>
	Human Research Subject Protection	<u>3</u>
	MBGPH Thesis and Public Defense	<u>2</u>
	Public Health Law, Ethics and Policy Analysis	<u>3</u>

public health. These core competencies include elements from UNESCO Bioethics Core Curriculum, the second edition of the Core Competencies for Health Care Ethics Consultation Report of the American Society for Bioethics and Humanities, the Goals of Philosophy Education of UNESCO, and also from the Associations of Schools of Public Health, Education Committee Report, Master's Degree in Public Health Core Competency Development Project and are included below.

(a). **Discipline: Bioethics**

AUSN School of Medicine MBGPH graduates shall have sufficiently mastered the bioethics core competencies such that they will be able to:

- (1) Analyze ethical situations that arise in health care, public health, pastoral care, patient advocacy, genetics, medical social work, medical research, environmental sciences and the life sciences.
- (2). Identify ethical dilemmas through different lens, including those of gender lens, ability studies, and the perspectives of indigenous communities.
- (3) Create and scrutinize policies and practices in various settings.
- (4) Apply the principles in the UNESCO Bioethics Core Curriculum to real situations.
- (5) Think and write critically about these issues from the perspectives of Indigenous Peoples and Global Studies.
- (6) Apply knowledge of cultural values in different communities to bioethical dilemmas.
- (7) Integrate knowledge, principles and argumentation in rational discussion.
- (8) Engage in quality thinking, reflective processes and creative thinking.

(b). **Discipline: Bioethics Skills for Health Care Ethics Consultations (HCEC)**

(Note. A = assessment/analysis skills; P = process skills; I = interpersonal skills).

AUSN School of Medicine MBGPH graduates shall have sufficiently mastered the bioethics skills such that they will be able to:

- (1) A-1. Identify and analyze the nature of the value uncertainty or conflict that underlies the need for HCEC.
- (2) A-2. Access relevant ethics literature, policies, guidelines, and standards.
- (3) P-1. Establish HCEC expectations and determine whom to involve.
- (4) P-2. Utilize institutional structures and resources to facilitate the implementation of the chosen option.
- (5) P-3. Communicate and collaborate effectively with other responsible individuals, departments, or divisions within the institution.
- (6) P-4. Facilitate formal meetings.
- (7) P-5. Document and communicate HCEC activities.
- (8) P-6. Identify systems issues and delegate follow-up.
- (9) P-7. Evaluate HCEC and provide quality improvement.
- (10) P-8. Effectively run an HCEC service.
- (11) I-1. Listen well and communicate interest, respect, support, and empathy to involved parties.
- (12) I-2. Educate involved parties regarding the ethical dimensions of the consultation.
- (13) I-3. Elicit the moral views of the involved parties.
- (14) I-4. Represent the views of the involved parties to others.
- (15) I-5. Enable the involved parties to communicate effectively and be heard by other parties.
- (16) I-6. Recognize and attend to various relational barriers to communication.

(c). **Discipline: Knowledge competency for Health Care Ethics Consultations (HCEC)**

AUSN School of Medicine MBGPH graduates shall have sufficient knowledge of:

- (1) Moral reasoning and ethical theory as it relates to HCEC.
- (2) Bioethical issues and concepts that typically emerge in HCEC.
- (3) Health care systems as they relate to HCEC.
- (4) Clinical context as it relates to HCEC.

- (5) Health care institution in which the consultants work, as it relates to HCEC.
- (6) Local health care institution's policies relevant for HCEC.
- (7) Beliefs and perspectives of patient and staff population where one does HCEC.
- (8) Relevant codes of ethics, professional conduct, and guidelines of accrediting organizations as they relate to HCEC.
- (9) Health law relevant to HCEC.

(d). **Discipline: Public Health Ethics**

AUSN School of Medicine MBGPH graduates shall have sufficiently mastered the public health core competencies such that they will be able to:

- (1) Describe the legal and ethical bases for public health and health services.
- (2) Apply basic principles of ethical analysis to issues of public health practice and policy.
- (3) Describe the roles of history, power, privilege and structural inequality in producing health disparities.
- (4) Identify the ethical, social and legal issues implied by public health sciences.
- (5) Distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of public health programs.
- (6) Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.

(e). **Discipline: Social and Behavioral Sciences**

AUSN School of Medicine MBGPH graduates shall have sufficiently mastered the public health core competencies such that they will be able to:

- (1) Identify the role of social and community factors in both the onset and solution of public health problems.
- (2) Examine racial and ethnic disparities within the context of historic and contemporary social and economic climates.
- (3) Recognize the causes of social and behavioral factors that affect health of individuals and populations.
- (4) Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field.
- (5) Understand the causes of disparities in disease risk, access and utilization of preventive and health care services and health outcomes.
- (6) Identify multiple targets and levels of intervention for social and behavioral science programs and/or policies.
- (7) Explain how genetics and genomics affect disease processes and public health policy and practice.

(f). **Discipline: Environmental Health Science**

AUSN School of Medicine MBGPH graduates shall have sufficiently mastered the public health core competencies such that they will be able to:

- (1) Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.
- (2) Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety.
- (3) Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.

(g). **Discipline: Epidemiology**

AUSN School of Medicine MBGPH graduates shall have sufficiently mastered the public health core competencies such that they will be able to:

- (1) Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.
- (2) Identify key sources of epidemiologic data, and comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.
- (3) Identify the principles and limitations of public health screening programs, including the evaluation of validity and reliability of screening tests.
- (4) Describe epidemiologic study designs and assess their strengths and limitations.
- (5) Describe a public health problem in terms of person, time and place.
- (6) Apply the basic terminology and definitions of epidemiology.
- (7) Calculate basic epidemiology measures, including risk, rate, incidence, and prevalence.
- (8) Draw appropriate inferences from epidemiologic data.
- (9) Communicate epidemiologic information to lay and professional audiences.

This example is given as a method to discuss further programmes for postgraduate studies in bioethics.

The AUSN School of Medicine has an expressed and dedicated commitment toward academic excellence, the pursuit of truth and social justice, the discovery of new knowledge through the attainment of the highest level of academia, scholarship, research, critical-thinking and analysis. Although the primary focus of AUSN School of Medicine is to train and educate students to become clinicians for clinical practice in primary care (e.g., Family Practice; Internal Medicine; Emergency Medicine; Surgery; etc.), research is a critical component of our academic curriculum and in attaining critical-thinking skills. Our research includes clinical, public health and social science research.

The Institute of Indigenous Peoples and Global Studies, directed by Professor Darryl Macer, Provost of AUSN, undertakes innovative trans-disciplinary research. In this regard, while many wise people have tried to improve life and health outcomes for Native American Indian Nations since the colonization, we believe we can greatly enhance health outcomes through integrating the wisdom, traditions, and latest scientific knowledge of Peoples from around the world, thereby enhancing the space for dialogue and learning between Peoples for a more sustainable world.

Some of the projects of the Institute of Indigenous Peoples and Global Studies will include: Creation of a Repository of Ethical Worldviews of Nature; International Bioethics Survey; Attitudes to Life and Nature; Interventions to Improve Youth Motivation and Healthy Lifestyles; Integration of Research Methodologies and Paradigms for Indigenous Research; Decision-making processes for Community Engagement in Technology Decision-making; and the Integration of Values from Tradition and Modernity in Different Ethnic Communities.

SESSION 17:
BIOETHICS EDUCATION

82. BIOETHICS EDUCATION THROUGH PERFORMING ARTS—ACTING WHAT WE MEAN

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Abstract:

This presentation illustrates efforts to educate the public on issues of bioethics, with a focus on secondary school and junior college students, through the use of a play commissioned for this purpose. After a description of the play and the show scenarios, short video excerpts of live performances are shown. The impact of the shows are discussed in relation to worksheets distributed to students to gauge their answers to pre-formulated questions. The evaluation also considers a comparison with more conventional teaching methodologies.

The play itself consists of 3 intertwined stories of human enhancement. The first story is a study on coping with “living forever.” The second deals with justice issues relating to the use of stem cells to manufacture transplantable organs. The third speculates on a future with designer babies. The hypothetical scenarios provide a challenging context for a realistic investigation of ethical concerns arising from the use of currently available technology as well as of technologies that are the subject of current research. The experience of dealing with these challenges is also a subject of the presentation.

The result of a preliminary survey of student responses to questions is also examined in terms of maturity and comparability to more sophisticated discussions of the issues involved.

Keywords: secondary school, junior college, evaluation, technologies,

83. EXPERIMENTS IN INTEGRATING BIOETHICS EDUCATION INTO SCHOOL CURRICULA IN INDIA

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Abstract:

The subject of *Bioethics* has not yet found its rightful place in the education system of the sub-continent. In fact, even in medical and nursing colleges, *Medical Ethics* and *Nursing Ethics* are considered soft options, though the Universities and Boards to which these colleges are affiliated prescribe the subject as compulsory. It is much more difficult to introduce the umbrella subject of *Bioethics* at the school level. However, with the exponential rise in emerging newer technologies in medicine and agriculture, and the increase in medical tourism and environmental degradation in the region, it is vital that our children be exposed to the subject of *Bioethics* from an early age. An experiment has been tried, with some success, over the past few years to work around the difficulties by involving small groups of students, who study a particular unit of *Bioethics* under the guidance of a *student teacher* for a limited period of time and then present it creatively to the whole class. This decreases the stress factor on the teacher and makes the experience an exciting one for all. In one experiment the text book *A Cross Cultural Introduction to Bioethics*, edited by Professor Darryl Macer, was used. In another, with older students, an intense, five-day workshop was organised. In still another, it is proposed to work on the philosophical underpinnings of bioethics, using the concept of *Advaita* to inculcate the feeling of interconnectedness with the whole universe. The process and results of these experiments will be presented at the conference.

Key words: Bioethics Education, experiment, *Advaita*

84. EMERGING COMMUNITY ETHICS AND STUDENT EDUCATION: A RURAL COMMUNITY EXPERIENCE

Sivapalan Selvadurai¹, OngPuay Liu², MarsitahMohd Radzi⁴, OngPuay Hoon³, Shazlin Amir Hamzah², Badariah Saibeh² and Nor Adlyizan Theis¹
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Abstract:

Ethics of society have been found to influence collaborative efforts of stakeholders which then enhance student's performance and experience. The aim of this paper is to examine the ethical precepts of an isolated mountainous community and their success in uplifting the student's education. The study was undertaken in a rural village (Ba' Kelalan), located in the northeast region of Sarawak, East Malaysia. A focus-group discussion with village heads and interviews with teachers, and students were carried out. The transcribed materials were analyzed via constant comparison method. The findings revealed that there were several ethical precepts that forged the community spirit namely community-based school programmes such as COMIC (community in the classroom) and MUSANG (community involvement in school projects), strong local leadership, religious devotion, strong cultural values and identity. Amidst these emerging precepts, conceptual tools of environmental determinism and sense of place provide explanation to these processes.

Keywords: Community ethics education rural students

**85. BIOETHICS EDUCATION IN INDIAN SCHOOLS –THE MISSING
COMPONENT**

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Abstract:

Education in its truest sense is one of the basic tools to bring about positive attitudinal changes in the learner. Since we do have different mediums of instructions, and different curriculum even for the same grades it becomes difficult to include Bioethics education as a part of curriculum in the high schools in India. But we do have moral instructions classes in all schools irrespective of medium of instructions or even different curriculum. This is one of the greatest opportunities offered in the hands of the teachers to introduce the basic ideals of Bioethics even at the earlier age in education. Since Human Rights has entered most of the curriculum in some of the schools in different states in India it is the duty of the teacher to introduce bioethics in a lively way by play way methods. There are many moral games which teach Bioethics to learners in an interesting way. In this presentation it is planned to introduce four moral games which can be useful for the teachers to introduce the principles of Bioethics to high school students.

86. INTERDISCIPLINARY APPROACH IN BIOETHICS EDUCATION

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Abstract:

Interaction of facts and values is very common in the pursuit of knowledge. It is not limited to high profile biotechnological or medical fields but is concerned with less prominent issues as well. Bioethics is understood as a new discipline which combines biological knowledge with a knowledge of human value systems, which would build a bridge between the sciences and the humanities, help humanity to survive and sustain and improve the civilized world. It is conceived not as a single discipline but it has become a meeting ground for a number of disciplines, discourses and organizations concerned with ethical, legal and social questions raised by advances in medicine, science and biotechnology. A wide variety of peoples such as medical professionals, patients and research subjects; the public in general; political representatives and media people and a number of academic disciplines like moral philosophy, moral theology, economics, sociology and history are actively involved in the pursuit of bioethics. Bioethics has become an interdisciplinary study of value judgments that consist in creating awareness among the people by way of discussions and debates, educational programs, intellectual forums for exchange of ideas and experiences, dialogue among scientists, decision makers, religious leaders and communities. Hence the question why teach with an interdisciplinary approach becomes prominent. Interdisciplinary instruction sets certain objectives and promotes some gains among students. The common goals of interdisciplinary approach consist in engaging students to develop knowledge, insights, problem solving skills, self-confidence, self-efficacy, and a passion for learning. The expected gains include recognizing bias, thinking critically, tolerate ambiguity and acknowledge and appreciate ethical concerns. Heterogeneous ways of learning, cross disciplinary knowledge and synthesis of insights from across disciplines are rewarding and promote understanding between disciplines. The field of bioethics continues to grow in sophistication. The increasing pace of technological advances in medicine and life sciences demands that bioethicists continually think the basic assumptions of their field and reflect carefully on their own methodologies.

Key words: Applied ethics, Bioethics, Interdisciplinary teaching, Bioethics education

87. TEACHING BIOETHICS: PERSPECTIVES FROM PAKISTAN

AamirJafarey

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Abstract:

This paper describes the experience of the Centre of Biomedical Ethics and Culture (CBEC) in initiating Pakistan's first formal bioethics education programs. The Centre was established at the Sind Institute of Urology and Transplantation (SIUT) in 2005 and still remains the only bioethics centre in Pakistan. To date, over 50 people from across the country have graduated from the two programs that the centre offers, a one year Postgraduate Diploma in Biomedical Ethics program (PGD) and a two year Masters in Bioethics program (MBE).

Both programs offer a model of bioethics education which is tailored to local requirements. The programs are part time and modular, having contact sessions interspersed with distance learning components. In addition to describing the genesis of the programs, the presentation will also highlight the development of the dynamic curricula employed for teaching, which changes with each new cycle.

This paper will also discuss the impact of training so far. Both external and measurable impact in the form of presentations and publications, as well as internal impact as measured in perceived behavioral changes in the program graduates will be presented. The graduates have contributed steadily to the bioethics literature emerging from Pakistan. They have also been participating in national, regional and international bioethics conferences and workshops. Several have initiated bioethics education and other awareness programs at their respective institutions.

Another significant observation is the reporting of internal changes in the way graduates now think and perceive of issues after their bioethics experience. They reported having become better listeners and communicators, and more compassionate in their interaction with patients and their relatives. They also felt motivated to change their own practices and align them in more ethical ways.

Formal, degree level, bioethics education in Pakistan is still a relatively new entity. However, it has resulted in both measurable as well as perceived impact upon those who undertook it. The Pakistani experience with bioethics education can be useful for developing similar programs in the region and beyond.

Key word: Teaching, bioethics, dynamic curricula

88. EXPERIENCE OF IMPLEMENTING AN EDUCATION INITIATIVE IN CLINICAL ETHICS FOR THE HOSPITAL STAFF

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Abstract:

Now more than ever, clinicians come face to face with ethical issues in their medical practice. These may comprise of issues pertaining to patient confidentiality, informed consent, or other aspects of clinical work. Dilemmas can arise in different scenarios like end of life care and physician-pharmaceutical industry interactions. With the growing need and importance of ethical awareness in medicine it is imperative that key medical personnel should have awareness of basic ethical concerns and how they can be resolved in practice.

In Pakistan clinical ethics has not been formally included in the medical curriculum. So the current generation of healthcare staff may have difficulty when faced with ethical dilemmas. In my opinion a need was felt at our hospital, Memon Medical Institute (MMIH) for doctors and staff to have awareness in clinical ethics so that they are able to identify ethical issues in their day to day practice.

With this in mind a lecture series was developed comprising of topics like Physician - patient relationship dynamics, Informed Consent, Privacy and confidentiality, Pharmaceutical - physician relationship, End of life issues, Plagiarism & scientific misconduct etc. aimed at the practicing clinicians, trainees and other healthcare staff, with a focus on clinical ethics.

The project was deployed at a private hospital and was completed over one year. This presentation will cover different aspects about details of the lecture series, teaching methodology and the experience related to deployment of the whole project and its feedback.

Keywords: clinicians, dilemma, healthcare, medical Institute,

89. PERCEPTIONS OF FACULTY IN HEALTH CARE PROFESSIONALS' EDUCATION REGARDING EDUCATION IN PROFESSIONALISM AND ETHICS

Dr. Nalini Annasamy
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Background:

In recent decades, there has been a call to teach professionalism to students of health care professions, due to evolving challenges in health care. The faculty needs to be suitably equipped with knowledge, skills, attitude and confidence to impart training.

Objectives:

To explore the perceptions of faculty of Medical, Dental, Nursing and Physiotherapy colleges of a University in India, regarding education in professionalism.

Methods:

A questionnaire was distributed to faculty. Number of responses – 182.

Results:

Professionalism was equated with Medical ethics by 45% of the faculty. However, only 25% associated it with service and 19% with professional competence. Although 90% of faculty stated that they incorporated medical ethics into their teaching, a large proportion (71%) admitted that they do not have the required expertise. Most faculty (84%) expressed the need for faculty development programs. Only 18% of faculty had exposure to some formal teaching in their UG/PG training.

Health care provider – patient relationship was considered the most important aspect of professionalism. Case discussions and role-plays were considered as most effective teaching tools, while lectures, least effective. OSCE was considered an useful evaluation method by many, while written tests by few. Main hurdles identified in teaching professionalism were:

- Lack of interest among students
- Lack of time

54% of faculty expressed that formal teaching is not sufficient to instill professionalism. Significance of role modeling and integration in clinical teaching were emphasized by faculty.

Conclusion:

There is a need felt to impart professionalism education to students, and encourage faculty development programs.

**90. ETHICS OF HUMAN DIGNITY:
A REFLECTION ON ETHNIC INDIAN PREDICAMENTS IN MALAYSIA**

Selvamaran Kanapathy
Asia Pacific Forum on Ethic and Social Justice

Abstract:

After 56 years of independence, ethnic Indians of Malaysian nationality are still fighting for their socioeconomic and political survival, and looking for a way out from the conundrum of being marginalized. Despite having contributed to the economic progress of the nation in many sectors of development, this community has been largely left out from the mainstream of socioeconomic progress. The paper provides a reflection on how this situation impact upon the human dignity of this community. It also provides an overview on the moral-ethical issues of ethnic relations in Malaysia.

91. INVESTIGATION ON THE BIOETHICS CURRICULA IN FOREIGN COUNTRIES

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Abstract:

This study analyzes Bioethics curricula in 54 universities, representing the United States, Japan, Belgium, Ukraine, and Hungary. Results show that most courses are taught by one lecturer for 14 weeks, and offer three units. The most popular title is bioethics, whereas some imply strong relation with legal and biomedical backgrounds. Two major departments teaching *Bioethics* are the Department of Philosophy and the Department of Biology. Main subjects include animal ethics, autonomy, beginning of human life, bioethics and other disciplines, doctor's responsibility, end of life, environmental ethics, food ethics, fundamentals of ethics, genetic control, history of bioethics, human enhancement, human experimentation, international viewpoint, justice in medicine, medical ethics, nanotechnology, neuroethics, patients right, policy in medicine, property right, reproductive control, research ethics, society, sports ethics, stem cells, synthetic life, and transplantation. In spite of some limitations in collecting data, this study provides worldwide views on teaching *Bioethics*.

Key words: bioethics, curricula, university education

POSTERS

**P-1. A SURVEY TO ASSESS THE FEMALE SEXUAL HARASSMENT IN THE
HIGHER EDUCATIONAL INSTITUTES OF KARACHI, PAKISTAN**

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Abstract:

Sexual harassment is a serious social issue and the women from every walk of life are affected by it. Perceptions differ about what behaviors constitute sexual harassment. The cases are not reported by victims because of various reasons. Sexual harassment is the least spoken issue in Pakistani society.

To determine the nature and frequency of the exposure of female students to sexual harassment at higher educational institutes; and explore the adverse effects on the victims and coping strategies implied by them.

From ten educational institutes, 480 female students were conveniently selected, and were provided a questionnaire with their consent. Their identity was kept secret. The study was conducted from January to September, 2009.

A total of 460 (96%) students returned the filled questionnaires. Among them, 65% reported sexual harassment of various degrees/levels. They were harassed by the fellow students (37%), faculty (32%), the staff (2%) and strangers (64%) who included patients, attendants, visitors and passersby. The victims reported feelings of powerlessness, humiliation, disbelief, shock, anger, fear, anxiety and depression, badly affected studies/academic activities, and transient suicidal tendencies. Though 98% wanted a punishment for the harassers, yet 78% were reluctant to disclose perpetrators because of the fear of exploitation, social taboo, further embarrassment, adverse consequences, and career obstacles.

Sexual harassment seems prevalent in various forms at higher level educational institutes. Many cases go unreported. The victims were reluctant to talk against their agony because of the fear of humiliation for themselves and their families. There is a need to sensitize the society to tackle this issue seriously.

P-2. IMPERSONAL ROBOTS: VIEWS OF DISABILITY SERVICE**ORGANIZATION WORKERS**Sophya Yumakulov¹ and Gregor Wolbring²¹Dept. of Community Health Sciences,

Faculty of Medicine at the University of Calgary

²Associate Professor, University of Calgary, Faculty of Medicine

Department of Community Health Sciences,

Specialization Community Rehabilitation and Disabilities Studies

Abstract:

Social robotics is an emerging field, with many applications envisioned for people with disabilities. With increasing integration of social robotics applications in the field of rehabilitation therapy and care of people with disabilities, it is important to understand the perspective of care givers towards these technologies in terms of acceptance and appropriate applications. We administered a survey to employees of a Saskatchewan disability service organization, collecting data on basic demographics, perceived importance of social robotics applications for disability, and concerns about human worker replacement. Out of 44 respondents, 80% were female, most aged 21-65 years. Robotics applications perceived to be important or very important included domestic robots (58%), and rehabilitation robots (31%). Least important applications included eldercare robots (26%), companion robots (81%), and pet robots (40%). Most participants felt that robots cannot replace human touch, human interaction, or emotional companionship, and that they absolutely cannot/should not replace human workers in the disability service setting. Some people expressed concerns about safety, removing normality for disabled people, and that robots cannot instill happiness. Overall, in our sample, there is general opposition towards robots being used for services requiring interactions; however, mechanical applications such as cleaning are viewed as acceptable.

Keywords; emerging field, disabilities, demographic, social robotics, companionship

P-3. COMPARISON OF THE PORTRAYAL OF AUTISM IN ONE CANADIAN (GLOBE AND MAIL) AND CHINESE (CHINA DAILY) NATIONAL NEWSPAPER

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Abstract:

Perception of the body influences the field of Medicine. Autism is a prime example for this. Newspapers are a form of literature that presents information to various audiences. Autism is one topic that receives a considerable amount of newspaper coverage. How autism is portrayed in newspapers will influence the social atmosphere around autism. This presentation will discuss the data of a research project in which the aim was to determine and compare the portrayal of autism in one Canadian (Globe and Mail) and Chinese (China Daily) National Newspaper allowing for a transnational comparison. Articles were retrieved from the earliest possible date to the present; 1978-2012 for the Globe and Mail, and 2001-2013 for the China Daily newspaper. The methods entailed performing a qualitative and quantitative content analysis using deductive, inductive and iterative coding using Atals-ti software. We hope that the data will be used not only by academics to further research, but also by those in the disability studies field as well as advocacy groups, especially self-advocacy groups.

Keywords;transnational comparison, content analysis.

**P-4. BRAIN MACHINE INTERFACES AND OTHER COMMUNICATION
TECHNOLOGIES AND THE VIEWS OF STAFF OF A DISABILITY SERVICE
ORGANIZATION**

Lucy Diep and Gregor Wolbring
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Abstract:

New and emerging communication technologies such as language translators, brain computer interfaces, and sub vocal speech device have the potential to transform the nature of communication. While literature exists around the views of care givers in clinical settings on various communication technologies the views of disability service organization staff related to new and emerging communication technologies has not been well explored. The aim of this paper was to give voice to staff of disability service organization on the topic of brain Machine interfaces and other communication technologies. An online survey combining yes or no, Likert scale and opinion rating scale questions with the option to comment was developed and sent to one disability service organization. The findings indicated a friendly sentiment to the new and emerging communication technologies however the major concerns highlighted by staff members for their clients included affordability, marginalization and the invasiveness of the technologies which indicates the need of some action around how Brain Machine interfaces and other communication technologies are discussed.

Keywords; communication technologies, brain computer, service organizations,

**P-5. BRAIN-MACHINE INTERFACE AND SUB-VOCAL RECOGNITION DEVICE:
PERCEPTIONS OF PARENTS WITH CHILDREN WITH DISABILITIES ON
EMERGING TECHNOLOGIES**

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Abstract:

Advancements in communication technologies have transformed the way we communicate and interact with each other. The brain-machine interface (BMI), which controls external devices through the use of thought and the sub-vocal recognition device which translates vocal cord vibrations from neurological signals of intended speech, are emerging technologies that have the potential to transform the very nature of communication. While these technologies were envisioned for use by people with disabilities, its purpose has expanded to military, gaming and entertainment use. As the implementation of these technologies expand, the potential of these technologies being part of our everyday lives become increasingly evident. However, literature is limited in the perception of both technologies, particularly among parents with children with disabilities. Thus, the purpose of this research study is to qualitatively explore the perception among parents of children with disabilities of BMI and sub-vocal recognition technologies. Through semi-structured, in-person interviews, we explored the factors that may facilitate or prevent the uptake of these technologies by parents for their children.

Keywords: brain machine, emerging technologies, perception

P-6. MEDIA ANALYSIS OF ORGAN DONATION AND TRANSPLANT: ETHICAL IMPLICATIONS

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Abstract:

Organ transplants have become a viable option and solution for patients facing organ failure for some time. In turn, organ donation has been constantly promoted to increase the supply of organ donors to alleviate the shortage and give hope to patients on the wait list. Since the media shapes public perception and contributes heavily in promoting organ donation, four newspapers were analyzed for the coverage and discourse of ethics in relation to organ transplants and donations. A local Canadian newspaper in the province of Alberta (*Calgary Herald*), two national Canadian newspapers (*Globe & Mail* and *National Post*) and a Chinese newspaper (*China Daily*) were compared to distinguish any differences between local, national, international, and cultural perspectives. Newspaper articles were examined from as early as 1978 up to 2013 based on the search term "organ transplant" and "organ donation". A semi-deductive framework was adapted in conducting a qualitative and quantitative content analysis through the use of Atlas. IT research software. A key finding surrounding the discourse of ethics is religious, cultural, medical, technological and human ethics. In religion, articles generally mention that there are no qualms against organ donation as most religions favour altruism, self-sacrifice, and a benevolent nature. Technology plays a factor in the implications of xenotransplantation; using animal organs as a substitute for humans and possible diseases which may be transferred and adapted to humans. Coupled with medical and human ethics, factors such as being eligible for the transplant wait list, the question of proper consent, and the morale of using prisoners (as the case in the *China Daily*) must be determined and discussed. Only by examining these issues can the criteria and standard for organ transplants and donations improve.

Keywords; organ transplant, organ donation, human ethics, altruism,

P-7. MEDIA ANALYSIS: IMPACT OF AGEISM ON AGING WELL IN NEWSPAPERS

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Department of Community Health Sciences, Specialization Community Rehabilitation and
Disabilities Studies

Abstract:

Ageism is a type of stereotyping that is specific to individuals of a certain age cohort. Elders are especially vulnerable to the discrimination and beliefs of ageism. Media plays a role in influencing how society views elders and put into place the discourses of ageism. Three newspapers were used to analyze the discourse of aging well in society and whether ageism was thematized. *The New York Times*, which is an American daily newspaper, *The Calgary Herald*, a Canadian daily newspaper within Alberta, and *The Globe and Mail* a Canadian national newspaper. Ageism was mentioned in nine articles of the 278 articles that are relevant to elders. Words such as stereotypes, marginalization, and discrimination have a small amount of results as well. Along with the minimal coverage of the term ageism, it was found that social issues that lead to or influence the discourses of aging well are also not mentioned often in the media. The same results are found for minority groups. What media has presented are ways in which elders can exceed what society has seen and expected from them in the past. Media has recommended life style practices and recognized individuals who are inspirational examples of successful aging. This analysis suggests that media do more to convey to the reader the understanding of diversity in ability and providing the public with a more awareness of aging and the impact that ageism has on the elderly and society.

Keywords; stereotyping, ageism, minority group, media

**P-8. SOCIAL SUSTAINABILITY THROUGH AN ABILITY STUDIES AND
DISABILITY STUDIES LENS**

Theresa Rybchinski and Gregor Wolbring
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Abstract:

The journal, *Sustainability* recently called for a special issue on social sustainability, stating, “Though sustainable development is said to rest on ‘three pillars,’ one of these-social sustainability-has received significantly less attention than its bio-physical environmental and economic counterparts.” A particular call is on the focus of finding ways to ease the tension between ‘development sustainability,’ ‘bridge sustainability’ and ‘maintenance sustainability.’

We present here data of the analysis of 1874 abstracts of academic articles on social sustainability through an ability expectation and disability studies lens focusing on the answers to two questions: What are the abilities seen as essential to socially sustain and what are the consequences of the ability vision evident using the conceptual framework of ability expectations and ableism? How are disabled people covered and impacted by the social sustainability discourse.

Keywords: sustainability, disability.

P-9. SUSTAINABILITY CONSUMPTION THROUGH A DISABILITY STUDIES LENS

Rachel Mac Kay and Gregor Wolbring
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Health Sciences, Specialization Community Rehabilitation and Disabilities Studies

Abstract:

Since the Report of the Brundtland Commission, Our Common Future, was published in 1987 various approaches to realising sustainable consumption and production have come into practice. The ability to generate sustainable consumption is seen as a goal by many. Education for sustainable consumption is a task force under the UNEP and United Nation the Marrakech process “a global process to support the elaboration of a 10-Year Framework of Programmes (10YFP) on sustainable consumption and production, as called for by the WSSD Johannesburg Plan of Action“. However disabled people are so far not part of that sustainability consumption discourse. This is an issue by itself. We present in this paper our analysis of the sustainability consumption vision (e.g. what consumptions they want to make sustainable and which aren't covered) and the impact it might have on disabled people especially in low income settings keeping in mind for example the recent discussion around Post 2015 development agenda and the vision it has for disabled people. Our results are obtained from a content analysis of 1122 academic articles on sustainable consumption and various key non-academic documents linked to the Marrakech process.

Keywords: Brundtland commission, common future, UNEP,

**P-10. AN ANALYSIS OF THE RIO +20 DISCOURSE USING AN ABILITY
EXPECTATION LENS: IMPLICATIONS FOR PEOPLE WITH DISABILITIES**

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Department of Community Health Sciences
Specialization Community Rehabilitation and Disabilities Studies

Abstract:

The aim of the study was to content analyse documents related to Rio +20 through an ability expectation lens and to evaluate the impact of the exhibited ability expectations on marginalized groups, specifically people with disabilities. An ability expectation implies that certain abilities are seen essential within a discourse. Content analysis of academic and grey literature sources covering Rio+20 using the software's Atlas-ti and knowledge share. Academic databases being used include EBSCO; 275 articles have been found relevant (English language, not books and PDF available). Non-academically sources included the International Institute for Sustainable Development (IISD) Reporting Services and Google. Data collection continued until the end of August 2012 in order to include the literature post-dating Rio+20, which offers a rich source of newspaper articles. From the articles we can identify certain ability expectations (e.g. the ability to consume, the ability to work, etc.) which come with certain consequences, such as the lack of development in certain economies due to exclusion or exclusion of certain groups, such as people with disabilities. The authors submit that in the Rio +20 discourse, people with disabilities are invisible, and therefore excluded. Exclusion can be detrimental, leading to issues with health, poverty, and education. Using the ableism lens reveals ability preferences, which may in turn reveal the risk of marginalization and discrimination. This research is beginning to reveal the potential issues for people with disabilities which may arise in the climate change discourse.

Keywords: marginalized group, grey literature, sustainable development, exclusion

P-11. DISABLED PEOPLE AND THE POST-2015 DEVELOPMENT GOAL

AGENDA THROUGH A DISABILITY STUDIES LENS

Rachel Mackay, Theresa Rybchinski, Jacqueline Noga and Gregor Wolbring
Department of Community Health Sciences,
Specialization Community Rehabilitation and Disabilities Studies

Abstract:

The call for papers asked for addressing the linkage of sustainable development (SD) goals with the Post 2015 development agenda. We approached this task through the lens of disability studies. We present here a) SD goals as they were evident in sources covering social sustainability, sustainable consumption and Rio+20 and Post-2015 development proposals as they relate to disabled people and b) the views of disabled people in regards to development policies as evident in the online consultation for a *disability inclusive development agenda towards 2015 & beyond*. We found that disabled people were barely visible to invisible in many of the sources and that disabled people have clear ideas why they are invisible, what the problems with development policies are and what needs to happen to rectify the problems.

Keywords: sustainable development, disabled people, development policy

P-12. GREENING AND ENERGY ISSUES: AN ANALYSIS OF FOUR CANADIAN NEWSPAPERS

Gregor Wolbring and Jacqueline Noga

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Abstract:

The concept of greening has been part of the public discourse for some time. The greening of energy, which is seen as essential for green growth and a green economy, which in turn is seen as essential for sustainable development, is part of this public discourse. Media is seen to be important in shaping public opinion. We investigated how two national Canadian newspapers (Globe and Mail and National Post) and two regional (Alberta) newspapers (Calgary Herald and Edmonton Journal) cover greening as it relates to energy issues. The key findings were: although 88% of newspaper articles that covered greening also covered energy issues, only 0.15% of the articles that covered energy issues also contained the term greening; greening was mostly framed in economical not environmental protection terms; many themes were covered but often only once in a given article and often in less than 10% of the overall articles. This analysis could give guidance to stakeholders such as industry and non-governmental organizations on how greening is discussed in relation to energy issues. The analysis suggests that there is a need for increasing the visibility of greening in energy covering articles, that a more analytical approach is needed linking it for example to the greening indicator discourse as indicators are envisioned to give guidance as to what to do how and that a rethinking of how stakeholders distribute their greening message as it relates to energy issues might be warranted.

Keywords; greening, green economy, public opinion, stakeholders, non-governmental organizations.

P-13. THE EUPHEMISM OF INJUSTICE TERM: ADAPTIVE PREFERENCES

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Abstract:

While accepting the dichotomy of a world of rich and poor people, the division of the global age are not binary, is multiple because they are formed into groups or subgroups, motivated by the same cause. That it is not a cause but rather a pleasure. A pleasure that has found a home where it to can reproduce and increase in its nucleus of heterogeneity: internet. In turn promoted by the mass media, which do not dissolve the rise of dishonest behavior but also contribute to their livelihood. The scientific-technical process is not the culprit of such a "stink-ism", but rather of "hedon-ism". Despite the surprising, if there is any guilty, the fault is the scientific-deductive method, forgetting the emotions. Starting from hypothesis to conclusions not foreseen; building truths in stages. The scientific-deductive method is not only in science, also part of the "humanities". It is essential so that students present papers according its axioms. No essays, no creativity. How to be so? A world of supposed truths, shapers of theories, that leads to adaptive preferences admit. And, are they more adaptive preferences that a new euphemism of the term 'injustice', based precisely in this scientific-deductive logic? Expressed the problem and taking into consideration the words of John Elster, Carl Sunstein, SerenKhader and Gustavo Pereira. We will try to show how the logic of adaptive preferences is not adjusted to the emotions, not of those who suffer, but from those who see it. Experts are those who build euphemisms.

Keywords: societies – adaptive preferences – method – injustice – mass media

P-14. TOWARDS AN ETHICAL CONCEPTION OF CARE

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Abstract:

The paper argues that human nature and human condition can be seen in a synthesis as care re-interpreted as the fundamental human condition of being human as I and Other, that is, human nature is defined as care which is the fundamental human condition at the same time. Such argument was substantiated by asserting the following claims: That the human person is *dasein*; That the human person is a relational subject; That there is consistency and conformity to the moral and social identities of the human person; That face-to-face encounter leads the human person to autonomy that form part human capacities; That the human person as a meaning-making rational agent finds and justifies his existence through sense of moral obligation and social responsibility; and That the human person is care as seen through empathy and compassion. Embracing the idea that care is the fundamental human condition of being human as I and Other suggests that we need to contextualize it in many forms, i.e. health care. As such, we view health care as a basic right and as a social good. We explicate that health care enables persons to pursue their conceptions of the good and to develop and exercise their moral powers; a basic human right; a moral obligation and at the same time a social responsibility; and is the concrete realization of care taken as the fundamental human condition of being human as I and Other. Some concepts and principles for an ethic of health care are formulated: That the human person is rational and at the same time reasonable; That the 'Four Principles' is the basis for an ethic of health care; That Reflective Equilibrium is the methodology for public reason i.e. health care; and That health care is part of a political conception of justice.

Key Words: Philosophy of Care, Ethics of Health Care, Ethics & Policymaking, Health Care & Policy

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