

*UNESCO Chair in Bioethics
International Conference on*

Bioethics Education: Contents, Methods, Trends

May 2-5, 2010

*Canaan Spa
Zefat, Israel*

Program and Book of Abstracts

Dear Colleagues,

The purpose of the Conference is to offer and serve as an international platform for exchange of knowledge and thoughts, and to channel them to benefit individuals as well as entire societies.

The Conference is situated in the City of Zefat that used to be the center of the World of Kaballah.

We hope to provide you with a unique opportunity to share the beauty of the Northern part of the country combined with the high academic gathering at the conference, looking forward to interesting and fruitful discussions.

Prof. Amnon Carmi
Conference Chairperson

The conference is under the auspices of:

Zefat Academic College, School of Law, Israel

Zefat Forum for Bioethics

Israel National Commission for UNESCO

UNESCO Chair in Bioethics

The International Center for Health, Law and Ethics

The Safed Scientific Workshops

University of Haifa

Monday, May 3, 2010

Scientific Program*

Sunday, May 2, 2010

- 17:00 **Registration**
- 19:00 **Get Together Welcome Dinner**
- 20:30 **Social Evening: The Vocal Octet**

Monday, May 3, 2010

- 08:45-09:30 **Registration**
- 09:30-10:30 **Opening Session**
Chair: A. Carmi

Greetings

Prof. H. ten Have, Director, Division of Ethics of Science and Technology, UNESCO

Prof. A. Kellerman, President, Academic College Zefat

Dr. L. Eidelman, President Israel Medical Association

Mr. D. Barelli, Secretary-General, Israel National Commission for UNESCO

Prof. N. Elkin Koren, Dean, Faculty of Law, University of Haifa

Opening Lectures

H. ten Have, Director, Division of Ethics of Science and Technology, UNESCO

Teaching Bioethics from a Global Perspective

Y. Halevi, Director, Sha'are Zedek Medical Center

Teaching Bioethics in Medical Schools - Should the Emphasis be on Role Modeling?

- 10:30-11:00 **Galilee Coffee Break**

* program subject to change

Monday, May 3, 2010

11:00-13:00 **Parallel Sessions**

Session 1 Model Ethics Education Programs Chairs: M. Vasinova, V. Mammadov Room A	Session 2 Research Ethics Chair: S.S. Rubin Room B	Session 3 WORKSHOP Room C
<p>A Longitudinal Approach in Teaching Medical Ethics: Theories, Methods, Application, and Integration D.F.C. Tsai (Taiwan)</p> <p>Teaching Ethics and Morality at the Multi-disciplinary College of Holistic Medicine A. Mizrahi (Israel)</p> <p>Teaching Bioethics & Law to the New Millennials: Multiple Methods for Multitaskers M. Chapman (USA)</p> <p>Whither and Thither is Bioethics Education in Kenya? Strategies and Approaches J.M. Mathooko ((Kenya)</p> <p>Content of Bioethics Education in Medical Schools of Azerbaijan V. Mammadov (Azerbaijan)</p>	<p>Multidisciplinary, Multimodal Approach to Teaching Ethics in Postgraduate Courses of Clinical Research Nursing: Italian-Swiss Experience J. Bryce (Italy)</p> <p>Stakeholder Perceptions of the Ethics of Qualitative Health Research in Ghana E. Anane-Sarpong (Ghana)</p> <p>A History of Concern: the Ethical Dilemma of Using Nazi Medical Research Data in Contemporary Medical Research R. Halpin (Australia)</p> <p>Harmonization or Standardization of the Bioethical Education in the Research Field? A Personal Experience N. Cannovo (Italy)</p> <p>Ethics at the University: Lessons to be Learned from Professional Ethics S.S. Rubin (Israel)</p>	<p>Pedagogy and Puppets: Creating Ethics Dialogue J. Penney (Canada)</p> <p>Max. Participants: 20</p>

13:00-14:30 **Lunch Break**

14:30-16:00 **Parallel Sessions**

Session 4 Teaching Methodology I Chair: J.H. Solbakk Room A	Session 5 Ethics Education I Chair: M. Peled-Raz Room B	Session 6 WORKSHOP Room C
<p>Academic On-line Course in Jewish Medical Ethics B. Gesundheit (Israel)</p> <p>Can You Learn Just by Watching?: the Use of TV Shows and Clinical Situations in Teaching Ethics to Health Science Students and Clinical Instructors Z. Davidow (Israel)</p> <p>Emotional Intelligence as a Didactic Tool in Teaching Bio-Ethics at Medical Schools D. Keidar (Israel)</p> <p>Catharsis and Moral Therapy J.H. Solbakk (Sweden)</p>	<p>Bioethics in Medical Education - Teach the Students and the Teachers G. Werner-Felmayer (Austria)</p> <p>Expanded Newborn Screening in Israel: Education for Parents of Newborns and Health Professionals S. Zuckerman (Israel)</p> <p>Bioethics in Education System M.M. Yakubova (Tajikistan)</p> <p>The Challenge of Moral Sensitivity under Stressful Conditions: a Ubiquitous Challenge of Medical Education H. Weinberger (Israel)</p> <p>Continuing Ethics Education for Physicians M. Peled-Raz (Israel)</p>	<p>Teaching Bioethics Using Video and Films J.J.M. Farina (Argentina)</p> <p>Max. Participants: 20</p>

Monday, May 3, 2010

16:00-16:30 Galilee Coffee Break

16:30-18:15 Parallel Sessions

Session 7 Teaching Ecobioethics in Disaster Intervention: The New Challenge of Our Age Chair: M. Benyakar Room A	Session 8 Philosophy and Ethics Education Chair: M. Wattad Room B	Session 9 WORKSHOP Room C
Training Programs in Ethics and Spirituality, its Role in Disasters R. D´Souza (Australia) Teaching Educators in Ethical Principles in Disasters: the Brazilian Experience J. Thomé (Brazil) Sustainable Peace for a Sustainable Future: We Must Put an End to Armed Conflict and Environmental Degradation I. Pollard (Australia) Teaching Ethical Questions Facing Disasters Intervention M. Benyakar (Argentina)	Philosophical Ethics and Bioethics Education V. Gluchman (Slovakia) Do Bioethicists Have a Duty to Disclose their World View? B. Vanderhaegen (Belgium) The Influence of Philosophy on Ethical Decision Making J. Quitterer (Austria) The Role of Virtue Epistemology in Bioethics Education: Re-Considering the Problem of the (im)Possibility of Moral Expertise L. Garbayo (USA) What Is It that We Teach - Ethics of Morals or Morals of Ethics? M. Wattad (Israel)	Ethical Decision Making - Model in Practice N. Wagner (Israel) Max. Participants: 20

20:00 Farewell Dinner (dress informal)

21:30 Social Evening: The Ziv Ron Hospital Choral Group

Tuesday, May 4, 2010

08:30-09:00 **Registration**

09:00-10:30 **Parallel Sessions**

Session 10 Cultural and Religious Diversity I Chair: Y. Chen Room A	Session 11 Evaluation of Ethical Knowledge and Perception Chair: A. Rubinow Room B	Session 12 WORKSHOP Room C
<p>The Challenges of Cultural Competency in Pediatrics M. Brusa (Italy)</p> <p>Traditional Medicine Practice in Uganda-the Bioethics and Education Strategies M. Bamuwanye (Uganda)</p> <p>Multi-Cultural Ethical Thinking in Psychotherapy: The Perspective of Expressive Therapy T. Hazut (Israel)</p> <p>To Justify the Authoritarian Approach of Ethics Consultation in East Asia: the Take-Home Message for Bioethics Educators Y. Chen (Taiwan)</p>	<p>Evaluating the Ethical and Moral Competencies of Nursing Students M.S. Guttman (USA)</p> <p>Differences in Perception of the Term "Ethics" and the Domain of Ethics among Physical Therapists I. Zilberstein (Israel)</p> <p>Does Medical School Educate for Professional Values? M. Brezis (Israel)</p> <p>Case finding: A Method for Assessing the Ability of Medical Students to Identify and Analyze Ethical and Professional Problems at the Bedside A. Rubinow (Israel)</p>	<p>Teaching Bioethics Using Video and Films J.J.M. Farina (Argentina)</p> <p>Max. Participants: 20</p>

10:30-11:00 **Galilee Coffee Break**

11:00-12:30 **Parallel Sessions**

Session 13 Ethics Committees as an Educational Tool Chair: N. Wietchner Room A	Session 14 Educating in Mental Health Ethics Chair: V. Gluchman Room B	Session 15 WORKSHOP Room C
<p>Formation and Growth of Bioethics Awareness in a Medicine Faculty through Federico II Ethics Committee Experience C. Buccelli (Italy)</p> <p>When One Ethics Committee "Teaches" the Ethical Practice G. Rossi (Italy)</p> <p>The Ethics Committee of the Israel Medical Association M. Borow (Israel)</p> <p>Training Ethics Committee Members as a Necessary Step for a Job-Well-Done N. Wietchner (Israel)</p>	<p>Ethics and Education of Psychiatrists Dealing with Mentally Disordered Young Patients Offenders in a Detention Setting R. Nardello (Italy)</p> <p>Occupational Health Ethics - a Valuable Tool for Professional Education R. Dekel (Israel)</p> <p>"What is Science For?" Integrating Ethics Education Into Bioscience S. Chan (UK)</p> <p>The Two-Edged Sword of Rehabilitation A. Eichengreen (Israel)</p>	<p>Right and/or Good? Creative Methods to Enlarge and Deepen Ethics Awareness Beyond Professionals in the Mental Health J. Stano (Israel)</p> <p>Max. Participants: 20</p>

12:30-14:00 **Lunch Break**

14:00-16:00 **Parallel Sessions**

Session 16 Specific Issues Chair: A. Rudnick Room A	Session 17 Ethics Education II Chair: O. Asman Room B	Session 18 WORKSHOP Room C
The Mother-Baby Rights-The Freedom to Choose the Way of Labor N. Noe (Israel) End-of-Life Facing Medical Technology: Failure of Legislation and Need for Education M. Frankel (Israel) The Significance and the Task of Studying Bioethics in Forensic Medicine Field in China Z. Li (P.R. China) The Place of Emotion in Professional Carers' Thinking Reflections on Three Cases E. Koren (Israel) Never the Twain Shall Meet? Interspecialty Bioethics Education and Practice in Relation to Informed Consent for Anesthesia for Surgical Procedures A. Rudnick (Canada)	Deinstitutionalization: A Social Justice Perspective C. Forchuk (Canada) Bioethics on the Israeli Media: A Case Study of Public Engagement in Science E. Laslo (Israel) Ethic Standards for Employers in the Local Administration Units: Republic of Macedonia A. Azizi (Macedonia) Bringing Ethics Back to the Market O. Asman (Israel)	Multi-cultural Ethical Thinking in Psychotherapy: Expressive Art Materials as a Powerful Method in Coping with Multi-cultural dilemmas T. Hazut (Israel) Max. Participants: 20

16:00-16:30 **Galilee Coffee Break**

16:30-18:30 **Parallel Sessions**

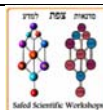
Session 19 Teaching Methodology II Chair: S. Davtyan Room A	Session 20 The UNESCO Core Curriculum and Model Ethics Education Programs Chair: S. Nissim Room B	Session 21 WORKSHOP Room C
Professionalism in the Wards: An Innovative Workshop Initiative for Medical Tutors and Lecturers R. Strous (Israel) Teaching Bioethics and Research Ethics through Movies and Documentaries D. Guilhem (Brazil) Positive Wrongdoings: Reading Doctors' Narratives on Ordinary Ethics E. Avrahami (Israel) Cinematography as Teaching Materials in Health Law and Ethics Classes V. Samuels (Israel) Using Literature and Theatre for Elucidation of Issues of Involuntary Abortion, Sterilization and Hospitalization S. Davtyan (Armenia)	Dealing with Ethics and Moral Values in Training Programs, through the Dignity of Holocaust Survivors L. Cohen-Bello (Argentina) Environmental Ethics Education and Quality of the Environment Z. Sapuric (Macedonia) The UNESCO Bioethics Core Curriculum Application for Israeli Nursing Students D. Rubinstein (Israel) Teaching Bioethics Using Video and Films: Developing an Interactive Data Base for the UNESCO Core Curriculum J.J.M. Farina (Argentina) A Preparatory Workshop to Introduce the UNESCO Bioethics Core Curriculum for Nurse Teachers from Nursing Schools in Israel S. Nissim (Israel)	Pedagogy and Puppets: Creating Ethics Dialogue J. Penney (Canada) Max. Participants: 20

20:00

Dinner

21:15

Walking Tour of Zefat



Wednesday, May 5, 2010

08:30-10:10 **Parallel Sessions**

Session 22 Codes of Ethics Chair: M. Hamiti Room A	Session 23 Cultural and Religious Diversity II Chair: A. Garcia Room B
Legal aspects of bioethical norms A. Mustafayeva (Azerbaijan) Ethical Codes Written by Medical Students Compared with other Codes of Medical Ethics A. Jotkowitz (Israel) Bioethics Education on Deliberation S. Magalhães (Portugal) The Inability of Establishing a Universal Code of Ethics in the Field of Information Technology in Education A. Dika, M. Hamiti (Macedonia)	Organ Transplantation and the Protestantism on Baptist Doctrine: Bioethics Education through Cultural Sensitivity L.E. Falcão Lins Kusterer (Brazil) Teaching Traditional Confucian Medical Ethics in Korea D. Ahn (South Korea) The Role of Ethics in Buddhist Religious Education O. Dorzhigushaeva, S. Demensky (Russia) Values in Professional Education A. Babu Karuppiah (India)

10:10-10:30 **Closing Session**
Chair: A. Carmi

10:45 **Tour #1 departs promptly at 10:45**

Poster Presentations

Using Audiovisual Equipment as a Way of Assisting teaching Ethical Dilemma
N. Tabak, D. Rubinstein (Israel)

The Best Interest of a Surrogacy-Born Child Versus the Best Interest of the Surrogate Mother's Children - Should the Law Refer to the Interest of the Surrogate Mother's Children Too?
E. Katzenelson (Israel)

Knowledge, Sensitivity and Behavior Knotted in the Ethics Learning
P. Esteva (Argentina)

The Theme "Moral Problems of Assisted Reproductive (AR)" in Teaching Bioethics
T. Sidorova (Russia)

Distance Learning Course in Bioethics and Research Ethics
D. Guilhem, F. Squinca, D. Diniz, A. Sugai (Brazil)

Bioethics and Nursing: A Core Curriculum for Undergraduate Students
D. Guilhem, L. Neves da Silva Bampi (Brazil)

ABSTRACTS

TEACHING TRADITIONAL CONFUCIAN MEDICAL ETHICS IN KOREA

Ducksun Ahn

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Confucianism is still accepted as the social norm in South Korean society. Confucianism proposes a system of benevolent paternalism, which extends to all relationships - including the one between physicians and patients. Accordingly, within the context of Confucianism, patient autonomy, while pervasive in principle, is not yet real in practice. The Confucian ethical theme of “In-Sool” (RenShu in Chinese) has been the epitome of medical practice in Korea for hundreds of years. Confucius expounded that the quality of humaneness is innate in all persons. For physicians, this means the willingness to strive to relieve the sufferer and to do so without thought for one’s own profit or reputation. “In” (仁) is one of the five moral Confucian principles, containing themes of philanthropy, charity, benevolence, and love. Physicians complain that it is this abstract nature of InSool that leads to it to being inappropriately applied to any misconduct or any unfavorable outcome by patients to blame physicians. This was the stimulus for the author to conduct the questionnaire survey on the current perceived concept of InSool in contemporary South Korean society. The results suggested that the elicited major constructs of InSool are competence, benevolence, and compassion. While the usual Western bioethical values of justice, beneficence and non-maleficence are relatively aligned with the results of the survey, the concept of autonomy is not. Instead of teaching an esoteric and unrealistic concept of “Western autonomy,” Koreans must develop a concept of bioethics based on their own traditional values.

STAKEHOLDER PERCEPTIONS OF THE ETHICS OF QUALITATIVE HEALTH RESEARCH IN GHANA

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Introduction: Ongoing discussions in health research ethics (HRE) circles about qualitative health research (QhR) ethics have sparked controversies regarding international ethics structures in their relation to QhR. Some perspectives have been given but little is known from stakeholders in less ethics-resourced countries. This study surveyed Ghanaian stakeholders' perspectives.

Objectives: The aim was to describe perceptions related to QhR ethics, investigate practices and explore local perceptions of international perspectives on QhR ethics.

Methods: Contact lists from the Medical School, Kumasi were used to identify and survey 75 stakeholders nationwide. Self-administered questionnaires and interviews were conducted at all research centres known to host research ethics committees.

Results: All (100%) interviewees and 77% of respondents thought need for QhR ethics was just as important as quantitative research ethics but that awareness of QhR ethics approaches/issues was low. A minimal (18.3%) number of respondents had ever encountered QhR ethical issues. Dynamics of QhR ethics were perceived to be at developmental levels with no national ethico-legal provision. Five formal ethics committees existed nationwide: none had specific provisions for QhR; and none focused primarily on QhR. These could reflect an inadequate local QhR ethics system. While 80% of interviewees agreed that QhR ethics had had lesser consideration and HRE structures were better suited to quantitative methods, QhR ethics was not perceived to be entirely neglected.

Conclusion: While this survey indicates local similarities with the under-emphasis of QhR ethics internationally, it recognises an urgent need for HRE to be more explicitly adapted locally to cater for QhR.

BRINGING ETHICS BACK TO THE MARKET

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Although philosophy has always offered practical tools for everyday life, It seemed to drift away in the eyes of the general public and is viewed by many as a theoretical and a hypothetical field of academics. This goes both to philosophy in general and to the specific field of ethics, which is an important philosophical branch.

The emergence of “practical ethics” in literature and professional education in the 60’s was merely the beginning of a process to reintroduce this important philosophical field into the awareness of professionals, as a relevant and practical field for everyday decision making.

In order to advance the concept of practical ethics even more, it seems that ethics should be brought back to the “markets”, the same way it was when Socrates debated philosophical issues with his pupils in the market place of ancient Greece. Today’s equivalent of the Greek market place seems to be the electronic media.

In this presentation we will present a pilot project that has been first introduced on November 2009 – A weekly radio program on medical ethics. This radio program is broadcast on a Radio station in Israel (in Hebrew) and is also posted on the Haifa University’s academic channel internet website.

The target audience is both the general public and interested professionals. The programs are also used as listening material in courses about medical ethics and medical law.

Due to the success of this program, a similar international project is now being produced – A medical ethics radio program involving experts from around the globe.

POSITIVE WRONGDOINGS: READING DOCTORS' NARRATIVES ON ORDINARY ETHICS

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The paper I propose to present is part of a larger project that analyzes doctors' unpublished autobiographical stories, building on a narrative view to the *form* that moral knowledge and justifications take in matters of ordinary medical ethics. In their recreated experiences of ethical engagements, the doctor-writers whose stories I read place their moral choices in concrete, dense contexts that invoke "the indeterminacy, the sheer difficulty of actual human deliberation" (Nussbaum *Fragility* 13). Because their narratives are more complex and more closely resemble the lived experience of practicing physicians than the usually terse "cases" in bioethics textbooks, they can function as valuable contributors and mediators of shared moral language and practice toward the development of ordinary medical ethics. I argue that these narratives embody a more handy and natural way to reflect on and understand moral issues than the top-down models of formal deliberation prescribed by the dominant theoretical discourse of bioethical principles.

The paper will analyze one of these doctors' narratives, written by family physician Yossi Kuchnir. Tellingly entitled "Ethics," the story engages in the problematic of applying moral principles to clinical "cases" and asks whether we need "ethics specialists" to resolve the moral dynamics of everyday care of patients. I will first frame the discussion by turning to two theoretical templates of morality: the rhetorical model of ethics launched by Margaret Urban Walker in her influential book *Moral Understandings* and the view of ethical reading, voiced by literary critics such as Wayne Booth, which scrutinizes our relationship with the chooser, the shaper of the narrative; an implied author who is usually more complex ethically than the narrator or any one character portrayed. My claim will be that Walker's picture of morality, which promotes moral reasoning in the form of narratives, and ethical literary criticism, which concretely investigates how shared understandings are embedded in narratives, complement one another. Both of them posit narrative as the medium of practicing ethics and the very subject for our investigation of "the ethical value of the stories we tell each other as 'imitations of life,'" as Wayne Booth put it in *The Company We Keep*. Subsequently, my analysis of Kuchnir's story will show how Booth's distinction between the narrator and the "ethos" of a story's implied author contributes to our grasp of the sequential and temporal dimensions of moral understandings. This distinction will be shown to complicate and add layers of meaning to the story by compelling us to respond not only to its most immediately presented moral dilemma but also to the different stories that are nested in the plot. Thus, in contrast with a principlist approach to moral cases that works to eliminate their particularizing narrative information, this close-reading will ground the story's moral focus in its narrated details. A narrative approach to ethics, I shall argue, is better attuned to contemporary views of the self's embeddedness in relationships and of moral character as always in formation, while, pragmatically, it can refine doctors-writers' capability to rely on their reactions to difficult moral situations both retrospectively and in their future encounters with patients.

ETHIC STANDARDS FOR EMPLOYERS IN THE LOCAL ADMINISTRATION UNITS: REPUBLIC OF MACEDONIA

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The extensive research on public ethics in the local administration is more than necessary.

This paper defines “public ethics” and implementation of it as a tool for exploring the effects of good governance in the improvement of services for the citizen's perspective. It identifies the basic values of and the challenges to the Macedonian Legal System in this area, and explains the key ethic aspects who should implement in practice.

This article also analyses the importance of civil servant training and increase of ethic values in the realization process of their task-work, and fulfillment of vernacular needs and expectations of citizens.

Generally, training and education has to do with civil servants, who increasingly have to teach how to exercise their job in accordance with ethical values. All this because the civil servants in RM does not have appropriate professional education, but, in the framework of the Agency for Civil Servants are taken activities in this area, which will be analyzed in this paper.

This paper deals with ethics and education or training, programs for the education and training of the civil servants, assessment of best practices, evaluation of positive and negative indicators.

The article finalizes with few recommendations for the next steps in this process and some criteria's for the consideration of future developments are suggested. Macedonia should have as an objective the promotion of the better ethic standards in particular for the civil servant in general.

VALUES IN PROFESSIONAL EDUCATION

A. Babu Karuppiah, S. Devipriya

Velammal College of Engineering and Technology, Madurai, India

The purpose of education is to develop the knowledge, skill and / or character of students. The proverb “As you sow, so shall you reap” holds well in the field of education, too. Education has been conceived by Swami Vivekananda, as “Education is manifestation of perfection already within a man”. Education in order to be man-making should encompass a wide gamut of values that are common to all societies irrespective of time and place, which are also called eternal values. Particularly for education in Engineering what is conspicuous is that in the age of culmination of grasping and analytical abilities of human brain, it is made to prepare to clasp latest technical skills on the one side and on the other, it is not given even the basics of values and hence the outcome is lopsided character. This is how professionals with unsound ethical base are out, who being technically strong, excel on the front of development but as poor they are on moral front, are unable to prevent destruction innately associated with the process of their concept of development. This imbalance makes them suffer a lot in their personal lives also. This paper is aimed at discussing the need of value education in engineering as an effective way to sow the seeds of humanity in the young brains in order to enable them to grow as real professionals and multifaceted personalities who could live meaningful lives and serve the long run interests of mankind in general. The paper also discusses the other factors apart from institutions which serve the purpose.

EDUCATION OF PEDIATRICIANS ABOUT CULTURE DIFFERENCIES AND SIMILIARITIES FOR ETHICS DECISIONS IN BOSNIA AND HERZEGOVINA

*Adnan Bajraktarevic¹, Sanja Putica¹, Branka Djukic¹, Zdravko Margeta¹, Gordana Vukovic¹,
Slobodan Trninic¹, Beganovic Amela¹, Milan Miokovic¹, Jadranka Mumin¹,
Aida Djurdjevic Djulepa², Dragan Djokanovic³, Ismeta Kalkan⁴, Verica Misanovic⁴,
Danka Milicic Pokrajac⁴, Sanda Majstorovic⁴, Goran Todosijevic⁵, Teodora Frankic⁶*

¹Pediatrics Department, Public Health Institution of Canton Sarajevo

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Background: The educated pediatrician must consider the benefits and risks of the genetic test to the child while also considering the concomitant ethical, legal, and social implications for the child and the family. Ethical moral philosophy or philosophical thinking about morality, moral problems, and moral judgments in this case in perinatology, neonatology and after in childhood and life.

Aim: The development of new diagnostic, and hence therapeutic possibilities, has brought the realization that genetic disease is now an integral part of medical practice.

Methods: The challenge for the clinician is developing a strategy for incorporating genetic testing into patient care. Molecular tests can be used as diagnostic tests in symptomatic infants to confirm the diagnosis .

Results: The laboratory reported results that exceeded the established cutoff values so that those infants could undergo further confirmatory testing. Clinical validity refers to the accuracy and reliability with which a test detects or predicts a particular clinical outcome.

Conclusion: Society has great expectations that modern medical technologies will improve longevity and quality of human life, and nowhere are these expectations higher than in the practice of perinatology,obstetrics and neonatology and the desire and expectation of having a healthy child. Some cultures have spiritual or magical theories about the origins of disease, for example, and reconciling these beliefs with the tenets of Western medicine can be difficult.

TRADITIONAL MEDICINE PRACTICE IN UGANDA THE BIOETHICS AND EDUCATION STRATEGIES

Michael Bamuwamye

Ministry of Health, Natural Chemotherapeutics Research Laboratory, Kampala, Uganda

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Traditional medicine (TM) also known as complementary and alternative medicine (CAM) has a long history. It is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses. Traditional medicine is attracting more and more attention within the context of health care provision and health sector reform. In some developing countries for example Uganda, TM is much more widely available than allopathic medicine with a reported ratio of TM practitioners (TMPs) to population of 1:200–1:400. This statistics sharply contrast the availability of allopathic practitioners, where the ratio is typically 1:20 000 or less i.e., at least 80% of the population consult TMPs who in most cases have no formal education. Besides, while there are specific laws covering the practices of modern medical and dental practitioners, pharmacists, nurses and paramedical personnel, there is nothing specific in the laws of Uganda that governs the activities and practices of TMPs. There is therefore need for regular training in issues of safety, efficacy, quality, availability, preservation and further development of TM.

The World Health Organization (WHO) suggests that care providers of TM should be encouraged and required to have proper training in both TM and in conventional medicine as their training and skills will affect the safety and efficacy of their treatment. This paper therefore presents a reflection of the progress made in effecting and implementing some of government's interventions to integrate TM in the primary healthcare system, and in a safer manner. Emphasis is laid on strategies aimed at causing awareness, promoting health and well being, and creating harmony among the conventional medicine practitioners, the TMPs and the health care consumers.

ENVIROMENTAL PROBLEMS OF WATER RESOURCES IN KOSOVO

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For all ecosystems water is essential for life. Water is also a critical environmental issue. Because of the rapid growth of cities, large quantities of industrial and sewage wastes are disposed into rivers and that's why they have polluted heavily.

Environmental problems have to do with cultural and social habits of the citizens.

Understanding the role of cultural, social and economic factors is a vital solution for the development of a country. Water pollution is a permanent environmental problem all over the world.

The major source of water pollution is present in municipal, industrial and agricultural areas. Pollutant can be in the form of chemicals from fertilizers, pesticides, oil gasoline and antifreeze.

Every environmental problem has causes, numerous effects, and the most important thing is its solution.

The problem of water pollutions affects almost every nation and countries. This is especially true because water is able to transport pollution from one location to another like: sewage, sludge, garbage and even toxic pollutants are all dumped into the water. Some irresponsible citizens deposit or throw sewage into the rivers. To reduce water pollution, to improve the ecological situation and the life quality in our country it is necessary to undertake these steps: to create a system of continuous monitoring to develop a system for determining compensation for damages and 21st century education will be the most important way to prevent water pollution. The developing countries have to cooperate professionally with the developed countries in order to solve the environmental problems.

THE ETHICS COMMITTEE OF THE ISRAEL MEDICAL ASSOCIATION

Malke Borow
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The Ethics Committee of the Israeli Medical Association (IMA) is the body responsible for formulating and assimilating the ethical standards for the physicians in Israel. One of its key functions is ethics education, and in fact, according to IMA Regulations, the functions of the Ethics Committee include "educating, inculcating and raising awareness of proper ethical behavior among Israeli physicians." This is accomplished through two main activities: formulation and dissemination of the ethical code and adjudication of ethical disputes.

The ethical code ("the Code") was recently revised and expanded, and includes guidance on a range of topics as well as references to dozens of ethical position papers issued by the Ethics Committee. These positions are publicized to physicians in the IMA journal, on its internet site, as well as in the general press. The IMA also holds semi-annual conferences to present and discuss ethical issues to the physician community. The general public is educated and influenced via media reports and conferences; the Code also forms the basis for judicial decisions and legislation, such as organ transplants, time of death, advertising and others.

Because of the importance in teaching ethical standards of behavior at an early stage in training, the Committee is also in deliberations with other bodies such as the IMA Scientific Council and deans of the medical schools to include ethics education in the curriculum for medical studies and residency programs.

Finally, the adjudication of ethical complaints against individual physicians also serves an educational function, particularly through the deterrent effect involved in the publication of the case.

DOES MEDICAL SCHOOL EDUCATE FOR PROFESSIONAL VALUES?

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Surveys of students at our medical school have disclosed problematic attitudes and behavior related to honesty, lifestyle and consent to donate organs. Over 80% of students reported that they or their classmates had cheated during examinations and/or behaved unethically during their clerkship (e.g., performing intimate examinations without receiving patient's consent), even though they recognized these actions were morally wrong. Many teachers ignored students' dishonesty problems, viewing as not part of their job to deal with them. Over half of students reported little exposure to physicians advising patients to stop smoking or to exercise, and lacked knowledge regarding healthy lifestyle. Students' lifestyle did not differ from that of the general population and a third of them felt their own behavior would have little impact on their future patients. Only about half of students and teachers had signed a card for organ donation.

Inclusion of psychological evaluation in the admission process of students and introduction of courses on humanistic values in recent years, appear to have had marginal influence on these issues. Students perceive a system of competitive evaluation as largely based on factual biological knowledge and not on attitudes, behavior, skills and values. A potential solution might be to grant students early on in the curriculum responsibility for patient care, aligning pedagogic and professional goals. Educating for professionalism and values during medical school is a challenging task that deserves attention and warrants a new paradigm.

THE CHALLENGES OF CULTURAL COMPETENCY IN PEDIATRICS

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In medical education there is a growing awareness of "cultural competence" in clinical medicine. It seems that this challenge is more acute and more complicated in pediatrics.

Several empirical studies show that cultural values influence patients' perception of sickness, illnesses' narratives, and the "help-seeking threshold".

Various "multicultural" societies have developed and deployed educational activities promoting "cultural sensitivity" - academic courses, workshops and experiential activities for students and doctors alike.

In this presentation I wish to focus on some challenges and related ethical implications that educators may face while dealing with the design and promotion of such activities.

The literature does not define "culture" in a sufficiently exhaustive and consensual manner. Race and ethnicity are often used as if they were synonymous. It is also unclear whether social disparities (e.g. being immigrants, working class) or symbolic culture proper, as religious beliefs, are the factors most relevant to care.

The second problem is some measure of reductionism that conflates "difficulties at communication" with "linguistic barriers".

The third most important challenge is the opening up of doctors to cultural self-awareness and to accommodate other cultures. No less puzzling is a sort of in clarity whether doctors' "cultural awareness" is about finding polite and efficient ways to make patients comply with the doctors' best "evidence-based" and scientifically sound opinions, or, perhaps, it is about humility in front of alternative perceptions of sickness, health and good care. Whereas adult patients make their own autonomous choices, children might be entrapped in cultural gaps about life and health.

MULTIDISCIPLINARY, MULTIMODAL APPROACH TO TEACHING ETHICS IN POSTGRADUATE COURSES OF CLINICAL RESEARCH NURSING: ITALIAN-SWISS EXPERIENCE

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Background and Purpose: The responsibility of the Clinical Research Nurse (CRN) as a champion of patient advocacy as well guardian of scientific integrity requires a solid foundation in biomedical ethics. The role of the CRN in Italy and southern Switzerland is establishing itself, though minimal education and competencies have not been defined. The purpose of this presentation is to describe a multidisciplinary and multimodal approach to teaching ethics in postgraduate courses for CRNs.

Methods: A multidisciplinary team was assembled with members from the disciplines of nursing, medicine, psychology, ethics and law to evaluate the course objectives and material for ethics content and teaching methodology for a postgraduate 40-hour course for Oncology Clinical Research Nursing. Courses were planned to ensure integration of Italian deontological code and Swiss practice act for nurses and the principles of Responsible Conduct of Research, including those of autonomy, beneficence and nonmaleficence, throughout the course.

Results: In cooperation with the European School of Oncology, the University of Naples Federico II, the National Cancer Institute of Naples and the Oncology Institute of Southern Switzerland, 2 postgraduate residential courses have been conducted. The multidisciplinary team presented ethics content and various modes of teaching were provided to ensure integration and practical application for the participants. Plenary lectures, case studies, role-play, and workshops were provided throughout the program providing CRNs opportunities to apply principles to identified dilemmas. Responsibilities of CRN were discussed along the continuum of clinical research: protocol development, study team activation and education, informed consent, treatment follow-up and communication of results. Issues impacting patients of special populations (pediatric, elderly, multicultural,) genomic research, and communicator/advocate role of CRN to both research team and patient emerged.

Discussion: The multidisciplinary and multimodal approach permitted the integration of biomedical ethics throughout the course while collaborative participation between faculty and CRNs yielded insight into unique role of CRN to both research participant and research team.

FORMATION AND GROWTH OF BIOETHICS AWARENESS IN A MEDICINE FACULTY THROUGH FEDERICO II ETHICS COMMITTEE EXPERIENCE

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The Ethics Committee of Federico II University is a very solid organism in Italy with a long story (25 years) of activity. The Ethics Committee's mission to ensure that science and technology in the Faculty of Federico II University respect human rights, human dignity and the rule of the law in research, but it is also a valuable reference, collaborative, consultative stakeholder for promoting Medical Deontology principles. Further Italian law (MD 6/12/06) regarding Ethics Committee supports ethics teaching programmes for care providers.

The aim of this formation is clinical ethics, intended as a bridge among theoretical and bedside ethics as it applies to moral dilemmas in patient care. Therefore, the CE contributes also to the ethical teaching in Faculty, participating in making health policies and interventions legitimate.

This article aims to present experience of teaching ethics of this Ethics Committee and to discuss the content, skills, teaching approach and tools of its members.

In particular, the article analyses the enthusiastic results the teaching experience of first year Medicine School students organized by Ethics Committee President with cooperation of other members. This course, "Applied Bioethics and medical progress" was designed by Faculty to teach ethics to students.

The course gives a suitable vision of the fundamental elements of the bioethics; with the intervention also of external teachers to the Faculty of Medicine (philosophers, jurists); it proposes to stimulate in students of Medicine moral competence and introduces ethical reasoning while teaching issues of public health and introduces the primacy of humans in technoscience.

The activity of ethical formation also extends to the physicians through the organization of national Congresses, collaboration to the realization of Conferences in clinical disciplines on matters of bioethics interest, the elaboration of scientific documents as in theme of legitimizing the employment of the placebo, wash out and run in research, problematic knots of the clinical experimentation in pediatrics, criteria of evaluation of the consistence of the risks in the clinical research.

Recently EC is used for an action of link among all the of Italy's EC to harmonize the operation and to subsequently promote the aspects of consultation in the clinical practice and of growth of the ethical sensibility in the public and private sanitary structure.

EC is active in different international collaboration and national (like Federalwide Assurance, UNESCO's database, EACME, CIRB)

HARMONIZATION OR STANDARDISATION OF THE BIOETHICAL EDUCATION IN THE RESEARCH FIELD? A PERSONAL EXPERIENCE

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Ethics is an integral part of research, from conception to publication. It permeates every area of research, and it is only by getting the ethics right that research excellence can be achieved.

Researchers often misunderstand ethics as a field that hinders scientific progress. Though we are living in a society where ideas and cultures are constantly interchanged even within the field of Bioethics, the great contradiction is that we are struggling more than ever for the harmonization of these results. Thus the global validity of Bioethics, under the impact of new technologies, has become visible as an issue widely discussed within engineering, philosophy and society.

Almost all articles on education in medical ethics present proposals for or describe experiences of teaching students in different health professions.

The purpose of this paper is to discuss educational approaches that may be used after graduation.

As an example I describe my experiences with five international course on ethics (Facing the Future Together on Brussels, 2005; Copenhagen Summer School, 2005; Vienna School of Clinical Research, 2006; Genomics & Public Health, 4th International DNA Sampling Conference on Montreal, 2006; Enhancing Conference on Clinical Trial Processes in Turkey, 2006; UNESCO Ethics Teacher Training Course on Kenya, 2007).

Because the approach to the problem of how intercultural dialogue on ethics can be effectively conducted among people who embrace different cultural beliefs and values will be examined.

The main purpose of this international and multidisciplinary “trip” is to describe and discuss educational approaches that may be used in teaching medical ethics after graduation: who should be taught, who should teach, and with what methods.

“WHAT IS SCIENCE FOR?” INTEGRATING ETHICS EDUCATION INTO BIOSCIENCE

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The importance of integrating ethics into the educational curriculum is increasingly recognised across a range of disciplines such as medicine and law. Recently this trend has begun to extend to the sciences, particularly biological science, from which field have emerged many new sources of social controversy. Educators and science researchers alike are beginning to acknowledge the need for an ethics component in tertiary science education.

This is a welcome and appropriate development: not only the issues posed by contemporary science research but the problems that are faced by humanity at large and that science is placed to address, the challenges of globalisation, the need for sustainability and the ever-developing notion of social responsibility: all argue in favour of the cultivation of a new generation of scientists with greater ethical awareness.

The need and the demand for ethics education in the science curriculum together generate a requirement for suitable educational materials and tools to achieve this aim. These must not only encompass relevant content, but be capable of delivery in a manner suited to the nature of the material and the learning environment provided to science students.

In this paper I describe the development and implementation of a novel ethics course for bioscience undergraduates, aimed at incorporating a compulsory element of science ethics education into the curriculum in a relevant and achievable format. The course includes elements of online and enquiry-based learning and incorporates an innovative method of double-peer marking and assessment that, I suggest, is particularly suited to ethics education in the undergraduate bioscience context.

TEACHING BIOETHICS & THE LAW TO THE NEW MILLENNIALS: MULTIPLE METHODS FOR MULTITASKERS

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The Pew Research Center in the U.S. released its most recent report, “Millennial: Portrait of a Generation Next” in February 2010. The “millennials,” defined as 18- to 29- year-olds (or those adults who were born after 1981) and who number some 50 million, are now filling the classrooms of law schools, medical schools, and other professional schools. This paper will examine the challenges of teaching “Bioethics and the Law” to this new generation of law students. A pedagogical approach that employs multiple methods of introducing the new millennial generation of multitaskers to bioethical theories, principles, cases, and statutory materials has proven successful. Specific examples of multiple approaches, drawing particularly from coverage of bioethical issues involving life and death decisions, will be reviewed. The presenter is a tenured law professor who has taught bioethics and the law to American law students for over two decades. One of her law review articles was cited by the Supreme Court of the United States in the landmark “right to die” decision, *Cruzan v. Director, Missouri Dept of Health* (1990).

**TO JUSTIFY THE AUTHORITARIAN APPROACH OF
ETHICS CONSULTATION IN EAST ASIA:
THE TAKE-HOME MESSAGE FOR BIOETHICS EDUCATORS**

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Clinical ethics consultation has been introduced to clinical medicine to help healthcare professionals and patients/family members resolve ethical conflicts in North America for several decades. Due to the increasing number of ethical dilemmas and their complexity, more and more hospital authorities, healthcare professionals, and bioethicists in Taiwan start to set up ethics consultation to help resolve ethical conflicts. As proposed by Aulisio et al, the ethics facilitation approach of doing ethics consultation is highly suggested in the U.S. because the U.S. is a pluralistic society. In this presentation, I will argue that the authoritarian approach is preferred in East Asia due to the following reasons: first, each individual country in East Asia, such as Japan, Korea, and Taiwan, is not so pluralistic as compared to the U.S.; second, clinical ethics in the U.S. has been discussed, studied, and researched for several decades, however, clinical ethics in East Asia is still in its infancy; third, clinical decision-making in the U.S. always demands self-determination, whereas clinical decision-making in East Asia usually requires family-determination. Then, I will present some suggestions about the take-home message for bioethics educators based on the above arguments.

**DEALING WITH ETHICS AND MORAL VALUES
IN TRAINING PROGRAMS
THROUGH THE DIGNITY OF HOLOCAUST SURVIVORS**

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It is celebrated the approval of the Universal Declaration on Bioethics and Human Rights of October of 2005 as the first international recognition to the close relationship between Bioethics and Human Rights.

In the history of the humanity, the Shoá is considered as a break point, where Nazism almost managed to demonstrate that the ethical values are not part of the human nature.

For that reason, it is necessary to transmit those values to the new generations, which are always in risk of losing themselves if they are not cultivated - not only to be better, but also not to make worse our precarious and unstable human condition. In this work I will present the central values that we have learnt of the Holocaust and the ways to transmit them, to include them in different Bioethics formation programs.

The efforts are taken as a model in more than 40 countries that from 1998 are working in the education, study and investigation of the Shoah in the "International Working Group and Partnership for Education, Remembrance and Research of the Holocaust."

An approach between Chair UNESCO of Bioethics and the Task Force is proposed, taking into account its great identity of objectives.

The central concepts of Tzedaká (Social justice) and the 8 degrees established by Maimónides for their accomplishment are exposed. It finishes with the concept of Tikun Olam (improvement of the world).

**“YOU CAN LEARN A LOT JUST BY WATCHING”:
THE USE OF TV SHOWS AND CLINICAL SITUATIONS IN
TEACHING ETHICS TO HEALTH SCIENCE STUDENTS AND
CLINICAL INSTRUCTORS**

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In Haifa University, the students in the Physical Therapy Program study ethical professional behavior in a number of courses throughout the four year program. Part of the program includes clinical studies in the field (hospitals, clinics etc.). One of the objectives of the clinical studies is to learn the ethical behaviors and dilemmas of the profession.

Because it is also critical that the clinical instructors, who teach and oversee the students in the clinical settings, have the necessary ethical skills, Haifa University now includes the study of ethical behavior and how to deal with ethical dilemmas, as part of the certification program to become clinical instructors.

Some of the different teaching methodologies that we have found to be extremely effective in teaching both the students and the clinical instructors are the use of TV show video clips that present an ethical healthcare dilemma, and the use of a self reported ethical situation that they experienced in a clinical setting.

In both cases, the participants are asked to describe and discuss the ethical dilemma in groups, and analyze it according to the Physical Therapy code of ethics, attempting to find a preferred solution.

These methodologies generate increased interest in the participants and actively engage them in the different aspects of the dilemma, enabling them to recognize many different value systems, while attempting to reach their preferred solutions.

USING LITERATURE AND THEATRE FOR ELUCIDATION OF ISSUES OF INVOLUNTARY ABORTION, STERILIZATION AND HOSPITALIZATION

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This article first analyzes different definitions of involuntary hospitalization, sterilization and abortion. It presents a brief excursion to the history of the issue and reveals various comprehensions of involuntary hospitalization, sterilization and abortion of mentally ill people as well as the phenomenon of mentally ill people itself.

The article further investigates the current level of Armenian public education on involuntary medical treatment of mentally ill people, discovers main sources and forms of communication of Bioethical knowledge.

Next this article presents the positive educational impact of a few successful plays staged in Yerevan. These stages include “The Sexual Neurosis of our Parents” of Luckas Berfus, “Tramway of Wish” of Tennessee Williams, “Alba and her Daughters” of Federico Garcia Lorca etc. These plays are used as real time cases for assessing the productivity, effectiveness and usefulness of literature and theatre as means for elucidating ethical issues of involuntary abortion, hospitalization and sterilization of mentally ill people.

Based on observations, in-depth interviews and focus group discussions, this article further claims that using literature and theatre as education tools ensures broader social discussion of issues, better understanding of social and ethical aspects of involuntary mental intervention. In addition to understanding of problems under consideration, literature and theatre also enrich esthetic life, provides esthetical ideals and equips students with skills of esthetical analysis of a social situation. This is more so, if the current context of avoiding literature and art in general is taken under consideration.

OCCUPATIONAL HEALTH ETHICS – A VALUABLE TOOL FOR PROFESSIONAL EDUCATION

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The practice of Occupational health is an example of multiple conflicting loyalties, few of which are peculiar to this field. Conflicting interests of patient, physician and HMO are “embedded” in the professional, legal and ethical literature and practice. Adding to those the interests of the employer and the insurer makes professional and moral decision making far more complex.

Occupational health personnel has to cope with worker’s health conditions which might influence his workability or safety, keeping in mind the consequences of unemployment which could be as harmful. Employer’s demands cannot be overlooked, although potentially ignoring the worker’s wishes or health needs. Insurance conditions might further limit the physician’s judgment and further deviate from the “pure” medical reasoning.

These extremely complex conditions are commonly further complicated by the loyalty of the physician to the employer or insurer, himself being an employee.

Future offers only more dilemmas emerging from trends such as: globalization of core economic activities, greater power for management in relation to labor, retrenchment of “welfare state” societal functions, feminization and ageing of active workforce, expansion of labor in precarious employment, migrants and refugees in labor market and enhanced ecological awareness among the public.

Presentation will describe a current Israeli effort to construct an ethical code serving as a professional educational tool. Ethical guidelines, followed by case reports enlightening principles, conflicts and potential moral hazards, will be presented to the occupational health community as an educational tool for moral and logic decision making.

THE ROLE OF ETHICS IN BUDDHIST RELIGIOUS EDUCATION

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The Ethics takes up one of the key positions in classic Buddhist religious education. The first two years of education, which actually lasts for 14 years, are devoted to Ethics. The Ethic component of Buddhist education basically includes "Vinaya" - the general principles of monks discipline, and the package of Paramitas - the special qualities of bodhisattva. Other classroom disciplines that are studied later such as Logics, Madkhyamika (Dialectics), Tsannid (The Skill of Philosophical Dispute), Abhidharmakosha (Buddistic Ontology) also are impenetrated with ethic allusions. The ethic trend of Buddhist education and mentality gave a handle to European scientists to insist that Buddhism is not a philosophical and religious, but an ethic system.

The concept of tolerance is one of the basic ethical categories of Buddhism. Dalai Lama XIV pays much attention to its explanation and substantiation. For example, he says: "the Tolerance and patience should not be interpreted as attributes of weakness. They are attributes of power. Showing conscious tolerance, you control a situation and do not allow feelings, such as anger or arrogance to take top above reason. Besides, the tolerance to other people and different situation shows your wide scope and common emancipation. The concept of tolerance is one of the basic ethical categories of Buddhism. Dalai Lama XIV pays much attention to its explanation and substantiation. For example, he says: "the Tolerance and patience should not be interpreted as attributes of weakness. They are attributes of force. Showing conscious tolerance, you control a situation and do not allow feelings, such as anger or arrogance to take top above reason. Besides, the tolerance to other people and different situation shows your wide scope and common emancipation. The tolerance is one of qualities inherent to bodhisattvas - sacred Buddhists. These qualities are called paramita, and paramita of tolerance - kshanti-paramita. Kshanti-paramita is triple: tolerance to other alive beings, tolerance to vital circumstances and tolerance coming with wisdom and penetration into essence of things and the phenomena.

THE INABILITY OF ESTABLISHING A UNIVERSAL CODE OF ETHICS IN THE FIELD OF INFORMATION TECHNOLOGY IN EDUCATION

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The behavior of all those working in the field of information technology, must relate to the relevant code of ethics. This code certainly is no different from those used in other areas, but through it, we can define more accurately the standards of responsible behavior of professionals, as well as of all those whose work relates to the use of information technology. Thanks to the use of internet, computer communication extends worldwide and the need of conducting a universal ethical code is imposed categorically. But, having in mind the levels of social development in different geographical areas, as well as the lack of appropriate legal infrastructure, or the degree of current law implementation, the use of a universal code of ethics is impossible. In the paper, in order to prove such an appraisal, examples of practical conduct of different users of information technology are being analyzed, focusing especially on ethical code which applies to university education, students as well as professors. To overcome the ethical problems related to the use of information technology, we think that except teaching in specialized subjects, students should be given permanent guidelines in daily contact with learning, or through the publication of special booklets, as well as by announcing parts of this code on the websites in which students have access.

THE TWO-EDGED SWORD OF REHABILITATION

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My aim is to encourage professionals in the area of rehabilitation to question some of the profession's underlying values and goals. The medical-rehabilitation model perceives disability in general and congenital disability in particular as deficiencies that should be corrected to the greatest possible extent, with the objective of minimizing the individual's deviation from society. In education of professionals the element of mental well-being should also be taken into account, to the extent that it may be interfered with, in as much as it is promoted, by the same rehabilitation practices.

By focusing on rehabilitation of children with partial or invisible disabilities such as hearing-impairments, and by using the psychoanalytic concept of "False Self Defense", it can be demonstrated how an exclusive focus on the child's overcoming the impairment may result in lack of recognition and acceptance of the child's inner experiences related to the disability and its invisible yet remaining implications. A defensive splitting may result – one that separates the child's external functioning from inner subjective parts of the self, yielding long term implications for the child's mental and interpersonal well-being.

During their own education, followed by their work with families, professionals should challenge the exclusiveness given to perfect functioning and non-deviation, so as to include attendance to socio-emotional dimensions such as: The child's perception of his/her impairment as an inner defect; The ability to attend to inner feelings and needs and express them in face of a demanding environmental context; The ability for inner and outer regulation of effort and stress; And the importance of relationships with other children with disabilities.

HOMELESSNESS AND PSYCHIATRIC DEINSTITUTIONALIZATION: A SOCIAL JUSTICE PERSPECTIVE

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People with mental health problems have been consistently over represented among the homeless population. Is this due to the personal affect of mental illness or the societal response to mental illness? Discrimination and stigma play a role in relation to public policy and the priority given (or not given) to people diagnosed with a mental illness. Social justice is based on the ideal of fair distribution. Essential questions to be addressed include “which inequalities matter most” (Powers & Faden, 2006) and “Is our society just?” (Davison, Edwards, & Robinson, 2008). When people with mental illness are in a community without adequate food and shelter their basic human rights are arguably not being addressed (Forchuk, Ward-Griffin et al, 2006) In Canada, the lack of connection between policy changes within the mental health field, housing and income support created a situation which dramatically increased the number of people with mental illnesses who have become homeless (Forchuk, et al, 2007). In contrast, using a strategy to explicitly reconnect and partner mental health services with providers of housing and of income support dramatically reduced the number of people discharged from psychiatric wards to homelessness (Forchuk, et al, 2008). Health care providers can contribute to the denial of basic human rights by not looking at the societal context of services. Concluding that the underlying problem is either the patient or the community will lead to very different responses and proposed interventions.

END-OF-LIFE FACING MEDICAL TECHNOLOGY: FAILURE OF LEGISLATION AND NEED FOR EDUCATION

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The care of dying patients in Israel is regulated in recent years by a law based on a balance between autonomy and sanctity of life. We review here multiple failures of this legislation to improve care at the end of life. While the law requires physicians to discuss with dying patients optional modalities to prolong life, opportunity for such discussions arises mostly in emergency when rational decision making is difficult because of impaired patient's cognition and strong emotions and ambivalence expressed by relatives and caregivers. The legislation does not require primary care physicians to help patients make choices that may prevent sending them to hospitals in critical condition and allow peaceful dying at home. While the law encourages advanced directives, they are filled in by only a few and unfamiliar to emergency physicians. The law defines a dying patient as one who will die within 6 months, but information on prognosis is statistical with even less precision for patients with multiple conditions. The law orders physicians to respect requests "to do everything" (without recognition of its frequent ambiguous meaning) but states *unless it will harm the patient itself or others*. The law does not provide however tools to balance against harm from overuse of limited resources (nursing time, blood products) or from antibiotic resistance. Facing unknown preferences, the law is often misused to request relatives to make decisions or to justify artificial means. Ethical committees requested by the law have not been set up and palliative care is underused. A preferred model over legislation would be Centers for Bioethics and Palliative care as platforms to discuss ethical dilemmas, to educate staff and students, as well as to research and monitor the quality of end-of-life care.

A ROLE FOR VIRTUE EPISTEMOLOGY IN BIOETHICS EDUCATION: RE-CONSIDERING THE PROBLEM OF THE (IM)POSSIBILITY OF MORAL EXPERTISE

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This paper presents some of the challenges in teaching bioethics to skeptical, science students regarding the merit of ethical theories and the value of engaging in developing moral expertise, while considering the assistance of virtue epistemology.

It is a truism that many students in scientific tracks and with little or no experience in the humanities often have some initial skeptical response to the learning of ethical theories. Many point out the fragile epistemic status these theories display, which they contrast with the firmer grounds of the statements in the life and natural sciences in general. The impossibility of operating a strategic theoretical reduction of ethics by the student leads to, in a number of cases, to the dismissal of the discussion in the field as unreliable, since no solid grounds can be stated up to their usual comfort level. From a critical perspective, many students prefer simply to refer to guidelines, and not to engage in technically discussing how to improve them. Particularly, the problem of the (im) possibility attaining moral expertise expresses such sentiment: theories, it seems, cannot make someone wise (in the practical sense) or moral. I suggest that the reconstruction of the problem of naïve versus expert approaches to moral dilemmas in terms of the problems of virtue epistemology might bring a different perspective to this educational challenge, so that some consideration of our epistemic duties might dispel some of their main concerns regarding their attitudinal response to the learning of ethical theories.

ACADEMIC ON-LINE COURSE IN JEWISH MEDICAL ETHICS

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In recent years medical ethics has been added to the curriculum taught in most medical schools throughout the world. The Jewish sources (from the Bible down to contemporary responsa literature) are especially rich and interesting in this regard, presenting a tradition that is over three thousand years old. These sources can serve as an excellent basis for the teaching of medical ethics to the Israeli public and to Jewish students across the world. Moreover, in order to provide quality treatment to religiously observant Jewish patients, it is advisable that the health care provider be familiar with Jewish values so that he be able to serve this population in the best possible manner.

Jewish Medical Ethics has not yet attained the place that it deserves in the framework of medical training. There are several reasons for this: (1) The classical Jewish sources are not readily accessible to the community at large that was not educated on this tradition; (2) The contribution of the Jewish sources to the discussion of issues of medical ethics is not known to the wider public, because we are dealing with two separate worlds; while there is extensive literature on the topic, modern educational tools suitable for the teaching of Jewish issues on the university level are lacking; (3) The Jewish sources have not yet been appropriately prepared and adapted for modern, attractive teaching; (4) Most medical schools are not in the position to allocate significant resources to the development of this field.

At the www.jewishmedicalethics.org website (no password required), an initial attempt has been made to present an on-line course on *Jewish Medical Ethics*; the author researches and teaches the topic in various different frameworks, including medical schools, the Department of Jewish Thought at the Hebrew University of Jerusalem, and in seminars abroad. The material and the course are divided into three sections: (1) The foundations and history of general and Jewish medical ethics; (2) The standing of the patient, the physician and the health system in the Jewish sources across the ages; (3) Issues in medical ethics arranged in accordance with the life cycle. With the help of Power Point presentations and articles on assorted topics, the student can become acquainted with these issues in a most pleasant manner. Voice-overs and other modern technologies will eventually be integrated into the presentations in order to teach the material to the students in an interesting and attractive manner (with films, references to web-sites and articles, and the like). The student will be able to sit for an examination or write a paper in order to receive a grade and credit for the on-line course. In this way, he will receive practical training in dealing with these issues in his medical future, and in combining the material studied with his clinical work. The material will be regularly updated on the website, and it will be possible to download material from it in order to present selected topics in the framework of medical seminars. The website will also offer an appropriate framework for teaching the topic to all those interested in it, assembling material for lectures and seminars in different frameworks, and providing an opportunity for feedback and discussion (forums).

The study of *Jewish Medical Ethics* can contribute to the values of medical training. Furthermore, it can build interesting bridges and connections between doctors and scientists, on the one hand, and religious and spiritual figures, on the other.

PHILOSOPHICAL ETHICS AND BIOETHICS EDUCATION

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According to Daniel Callahan, the authority of bioethics lies in a clear definition of the problem and the convincing argumentation of those who reflect a moral problem. The primary task of bioethics is to clearly formulate a problem which requires a solution, regardless of the level of the solution, be it in clinical practice or at the political or legal level, etc. What will follow is searching and giving reasons for theories and principles. He points out that a good individual decision includes three conditions: self-cognition, knowledge of moral theories and traditions, and cultural perception. Originally, bioethics was primarily understood as a matter of sciences dealing with life with reference to issues of morality and values. This opinion has, however, gradually changed; sciences focusing on life are still understood as its core, but it is rather scientific than moral. Philosophical ethics plays the key role, as facts and values cannot be separated. Issues of moral value and the purpose of sciences studying life can no longer be separated from the issues of moral value and purpose of society and culture.

According to Callahan, even though bioethics is of multidisciplinary character, it still answers three fundamental questions: what kind of person to be in order to live a moral life and to make the right ethical decisions, what one's obligations and engagements are towards other people whose lives may be influenced by my actions, and how to contribute, as a member of society, to the common welfare or public interest. All three of the questions are primarily philosophical, and that they find their specific manifestation in searching for answers to new challenges of medicine and biology. All disciplines which deal with issues of bioethics can contribute to their being answered. In any case, philosophical ethics, regardless of the particular ethical theory it relates to, should be the core, where all this reasoning should start, should it concern a solution to real and not imaginary forms of ethical and moral problems related to the development of biology and medicine, biomedical research and biotechnology. For the reason, philosophical ethics has to be a core of bioethics education.

ETHICAL CODES WRITTEN BY MEDICAL STUDENTS COMPARED WITH OTHER CODES OF MEDICAL ETHICS

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Introduction: Swearing to a medical oath is a common practice in medical schools today. Students at the Medical School for International Health (MSIH) participate in an elaborate physician's oath ceremony held in the first year of studies. At this ceremony, students read a code of ethics written by their class, the content of which includes the ethical principles the class as a whole deems significant.

Methods: 9 codes of ethics, written by students at the MSIH as well as the oaths of Hippocrates and Maimonides, were collected and the principles contained within them were analyzed and compared. The oaths were broken up into preamble, covenant, code, and peroration sections, each encompassing various content domains.

Results: Principles discussed in both the oaths of Hippocrates and Maimonides, as well in two-thirds or more of the student-written codes, included loyalty to one's colleagues, the profession, and one's teachers, as well as acting with beneficence. Attributes including compassion, integrity, and honesty, were mentioned in two-thirds or more of the student-written codes but neither the oath of Hippocrates nor Maimonides. Controversial issues, such as abortion and discussing God were not included in codes written by students.

Conclusions: Ethical codes written by students at the MSIH contained some similar principles to those contained within the traditional oaths; however, there was more emphasis on attributes that establish a good physician-patient relationship in the codes written by students. Future studies need to examine the content of other student-written codes.

BIOETHICS AND NURSING: A CORE CURRICULUM FOR UNDERGRADUATE STUDENTS

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Introduction: Nursing professionals face in daily practice a lot of very complex situations related to patients' care, relationship with other members of the health team and family's patients, and the construction of profession identity. It is important to offer during the academic training a broad vision of the moral conflicts capable to exceed the normative dimensions of the codes and regulations.

Objective: To present the proposal of a core curriculum of bioethics for undergraduate nursing students linking bioethics theory and daily practice of nursing.

Method: The core curriculum is organized in two parts: the first part addresses the fundamentals and principal bioethics theories with the objective to talk about the beginnings and consolidation of the discipline. The second part covers the methodological aspects of using bioethics as useful tools in the clinical practice through discussing key-situations for the profession. The proposal has applied and validated through bioethics training courses directed to under and graduate students, and professionals of the field.

Results: Based on its value, interest and efficiency proved over a 4-year piloting period the final proposal was introduced in the new curriculum of the nursing course of University of Brasilia. The diversity of teaching-learning strategies – analysis and discussion of movies and documentaries, journalistic issues, case studies, field research, moral games, between others – makes attractive the educational process for the students.

Conclusion: The link between bioethical reasoning and nursing practice, based in the discussion of real daily situations will contribute to develop a moral sensitivity and strengthen the good conduct in the professional practice

TEACHING BIOETHICS AND RESEARCH ETHICS THROUGH MOVIES AND DOCUMENTARIES

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Introduction: Different educational methods have been used in bioethics training. The use of movies and documentaries picturing real-life facts or fictitious stories has proved to be an effective tool for engaging the audience and facilitating the discussion of sensitive moral issues.

Objective: To present a bioethics tutorial material developed through guided discussion of stories and facts shown in movies and documentaries from the commercial circuit which addresses critical issues related to medical care and health research.

Method: The tutorial material is organized in two parts: the first part addresses the potential of movies and images as narrative instruments of the social phenomena. The second part covers the methodological aspects of using movies as teaching tools. The package has applied and validated through ethics training courses to under and graduate students, to ethics committee members, scientists and also through open courses to the community at large.

Results: Based on its value, interest and efficiency proved over a 3–year piloting period the final product will be made available in a printed and electronic formats in Portuguese, English and Spanish. The educational material was developed by the University of Brasília, with the support of the Special Programme for Research and Training in Tropical Diseases – TDR/WHO, and Latin American Forum of Research Ethics Committees Members – FLACEIS.

Conclusion: Based on our experience in Brazil, we believe that the use of movies and documentaries in teaching programmes can be used as a powerful resource to address sensitive issues as those related to health research involving human subjects.

DISTANCE LEARNING COURSE IN BIOETHICS AND RESEARCH ETHICS

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Introduction: Continuous education in bioethics and research ethics is a resource to develop moral sensitivity capable to strengthen the capacity to promote the social control of scientific practice and clinical care offered to the society.

Objective: To present a proposal of continuous education in bioethics and research ethics developed totally by a distance course.

Method: The proposal is organized in three steps: during the first moment was defined the requirement of attendance, methodologies and evaluation process, selection of the group of authors to produce the educational material and the references to be used during the course. The second step was dedicated to training the tutors to accompany the trainees during the course. The third moment was the development of the course using the Moodle platform system. The course is directed to research ethics committee's members, investigators, scientists and community members.

Results: A 100 hours course was planned and offered to 300 trainees from different regions of Brazil, and educational material was made available: 3 books were produced and printed, a CD Rom with Brazilian bibliographies about the subject and 12 TV interviews programs about bioethics and research ethics.

Conclusion: Based on our experience in Brazil, we believe that the use of distance learning courses can be useful and an important resource to promote continuous education to distinct audiences, especially in large countries or for trainees with less mobility and reduced time to dedicate to training programmes.

Support: The initiative was sponsored by the Department of Science and Technology (Decit) from Ministry of Health, Brazil, Ministry (MS), by the Ministry of Science and Technology (MCT), and by The Brazilian Innovation Agency (Finep). It received support from the University of Brasilia Distance Education Center (Cead/UnB), University of Brasilia Television (UnBTV), the University of Brasilia Center for Studies in Education and Health Promotion (Nesprom/UnB), and the Ford Foundation. Was led by University of Brasilia and Anis: Institute of Bioethics, Human Rights, and Gender.

EVALUATING THE ETHICAL AND MORAL COMPETENCIES OF NURSING STUDENTS

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The nurse of the 21st century is faced with complex and challenging ethical dilemmas involving choices with no clearly correct solutions. Nursing Educators are always grappling with the question of whether they have prepared their students with knowledge and skills to make appropriate ethical decisions in their practice.

The purpose of this presentation is to discuss the assessment of ethical and moral judgment behavior and competencies of undergraduate and graduate students through a pilot project using the Ethical and Moral Competency Instrument. The Instrument was developed through review of the Literature describing ethical and moral behaviors required by all professional nurses. In addition, behaviors were identified and leveled. The instrument was developed in response to a growing realization on the part of faculty that didactic presentation of ethical principles was not enough to develop ethical clinical judgment in our students.

Undergraduates in their final Medical Surgical course and graduate students in their final primary care course were given a case study of a nursing situation that required the students to demonstrate competencies in the ethical decision making process. After reading the case study, students were required to answer a set of questions. Their responses were scored by the four point rubric of the Ethical and Moral Competency Instrument. Scores ranged from 16 – 0.

Results have been used to compare teaching strategies for developing lasting ethical decision making skills in the nurse.

TEACHING BIOETHICS IN MEDICAL SCHOOL – SHOULD THE EMPHASIS BE ON ROLE MODELING?

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Modern medicine brings to our doorstep many ethical dilemmas of the most intricate order. Medical Schools around the world teach the principles of bioethics and usually hold discussions with the students on various ethical problems prevalent in modern clinical medicine. Prominent examples include: the proper approach to the very-low-birth-weight baby, triaging patients to be admitted to Intensive Care Units when the number of beds is limited, the approach to the dying patient, etc.

The message to be delivered in the lecture is that the optimal way to teach bioethics in Medical School is to give one or two lectures about the basic principles of medical ethics and then to demonstrate the implementation of these principles at the bedside in the various clinical departments. This calls for training of teachers to serve as role models to the students in this respect. A uniform approach by all teachers is not a necessity; teachers can reveal their own personal beliefs, as long as they explain how they abide by the basic principles.

**A HISTORY OF CONCERN:
THE ETHICAL DILEMMA OF USING
NAZI MEDICAL RESEARCH DATA
IN CONTEMPORARY MEDICAL RESEARCH**

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In our present age in which human experimentation is and will continue to be integral to the significant advances achieved in medical science, the question of ethics is ever relevant. Arthur Caplan states that ‘you can’t think about contemporary issues of medical ethics outside the shadow of the Holocaust’, and, indeed, though there can be no question about the immorality of the Nazi ‘medical experiments’ themselves, more than sixty years after the Holocaust there is still heated debate as to whether the recorded data should be used or not.

Based on my MA (Research) thesis submitted to the University of Sydney (Department of Hebrew, Biblical and Jewish Studies) entitled ‘A History of Concern: The ethical dilemma of using Nazi medical research data in modern scientific research’, the proposed paper will explore the link between the Nazi era and the role of ethics in contemporary medicine. A High Distinction (HD) was awarded for the research paper.

Following a brief overview of the arguments given by physicians, historians, philosophers and ethicists in the relevant literature, I would like to present the results of my oral history program conducted among 32 renowned contemporary physicians, scientists and ethicists from Israel, the UK, the USA, Australia, South Africa, Germany and Canada. Their responses to a series of questions on the use of the ‘data’ reveal a diversity of arguments and opinions representative of contemporary society and medical ethics today.

This applies particularly to the present period in which we have witnessed significant advances in medicine and science of which human experimentation is and will form an integral part. I will explore the link to the Nazi era and question the role of medical ethics in contemporary society.

MULTI-CULTURAL ETHICAL THINKING IN PSYCHOTHERAPY THE PERSPECTIVE OF EXPRESSIVE THERAPY

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Awareness of the importance of cultural differences and of their consequences for the therapeutic process is growing. Nevertheless, so far no ethical guidelines have been formulated that provide an appropriate ethical treatment of this important topic.

Likewise, programs in the area of psychotherapy do not put adequate emphasis on the importance of these ethical issues for professional training.

Most therapists acquire their therapeutic-professional and cultural-artistic know-how within the "western" tradition, and they mostly lack the ability to appropriately diagnose and treat patients of a different cultural background.

Cultural differences affect the entire therapeutic process as well as the different ways in which patients perceive the therapy. In some cultures open and sincere expressions of feelings is received with suspicion and caution.

Psychotherapists, including expressive-therapists, must be able to take into consideration factors such as: social structures, cultural values, traditional attitudes toward mental illness, healing and the expression of feelings, as well as traditional customs and ways of life and traditional attitudes toward authority figures. All these factors affect the behavior and creativity of patients. Therapists must acquaint themselves with the special interpretation their patients give to symbols in their creative work and the way they relate to the unconscious in the way they are expressed.

There is a great need for training therapists in multi-cultural and inter-cultural areas so as to develop the knowledge and awareness needed in work with patients of different cultural background.

**THE BEST INTEREST OF A SURROGACY-BORN CHILD
VERSUS THE BEST INTEREST OF THE
SURROGATE MOTHER'S CHILDREN:
FINDING A COMPROMISE FOR CONTRADICTING INTERESTS
OF CHILDREN OF ONE MOTHER**

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A basic challenge in bioethics is the identification and the resolution of issues, which consist of people with contradicting needs and interests. This challenge is highlighted in the case of a surrogate mother, her own children and the needs of the child she will give birth to and will transfer for adoption.

The law in Israel explicitly refers to the best interest of three persons in this situation: the child to be born, the adopting parents and the surrogate mother. The law does not address the surrogate mother's children. This omission is acute considering the clauses in the law prohibiting married women and women without children from becoming surrogates. Thus, surrogate mothers are by definition single mothers to children, and commonly of young age.

The surrogate mother's own children, which are at the basis quite vulnerable as being in a single parent family, may be further exposed to hardship associated with their mother's direct and indirect difficulties of the pregnancy. They may be hit by social stigmatization and from the need to assimilate in their world the role of the genetic parents and the disappearance of the baby sibling. Medical complications, prolonged hospitalizations and post-partum depression (which prevalence is up to one third of parturient women) are all risks a woman may accept for herself, but not necessarily be allowed to impose on her children.

The presentation focuses on these psychological and ethical challenges. Moreover, these challenges are addressed both at diagnosis phase as well as in the attempts to find a solution and compromise for the conflicting interests

EMOTIONAL INTELLIGENCE AS A DIDACTIC TOOL IN TEACHING BIO-ETHICS AT MEDICAL SCHOOLS: PRACTICAL STEPS

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Human ethics deals with human values and human values are based on emotions and emotional processes which are required by mutual relations. Medical ethics has to do with the veritable existence of mankind, physically, mentally and emotionally. Therefore, the process of bio-ethics teaching should evolve the students not only through their cognition, but also through their emotions.

This lecture concerns the way of teaching bio-ethic, or "how" to teach it. Bio-ethics teaching is not just "another" subject at medical schools. It lies in the soul and core of the medical profession. Its teaching is not only the mere transference of the lecturer's professional knowledge and skills.

Human values, determined by ethics, are based on emotions and emotional processes which are required by mutual relations. Medical ethics has to do with the veritable existence of mankind, physically, mentally and emotionally. The sensitive alliance between body and soul generates dynamic processes either of motivation, desire, challenge, determination, activity and achievement or of despair and abandonment during periods of sickness which transport a person into a world of different realities.

The cultivation of didactic skills by means of effectual communication should do much to link the students' emotions, mentality and behavior with the learning process, converting their periods of study into joyous, thought-provoking experiences, provided that their integration in the learning process has been consummated.

My lecture brings my experience in teaching lecturers of bio-ethics at medical schools how to teach bio-ethics. My approach in my teaching is to teach the lecturers to create in their students an emotional involvement in the process of learning the subject. In order to reach such an end I teach the lecturers to use didactic skills which will help guiding them to teach their students to connect and combine the learning material to emotional involvement. Such a combination will help assimilating bio-ethics to the future to be doctors' professional lives.

THE PLACE OF EMOTION IN PROFESSIONAL CARERS' THINKING REFLECTIONS ON THREE CASES

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How do carers know what's right for their patient? What can they do more than rely on two things — knowledge and ethics?

- Knowledge foregrounds rational decision-making based on scientific evidence; allows cost-benefit rationalizations and the choice of the best feasible objective. The steady advance of medical science drives responsible carers to keep their knowledge and skills up-to-date.
- Bioethics foregrounds the principles of not causing harm, of pursuing patients' subjective wellbeing, their autonomy, of giving them justice.

There are cases when these values collide and every care decision violates one principle or another. What does the carer do then?

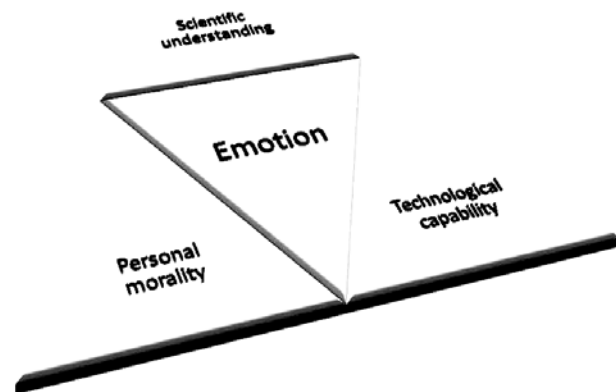
This lecture presents reflections on choices made by carers in three cases. In each one an ethical dilemma results from the clash of two principles:

- Parenthood and fertility;
- Observing religious ceremonial and social affiliation;
- The quality of a couple-relationship and the quality of life.

All carers tried to justify their choices by expert knowledge and ethical values, but reflection revealed that the predominant element in 'solving' these dilemmas was emotion.

Professionals are told: Set aside feelings in order to keep your thinking 'straight'. Reality proves this simply infeasible. The more complex the medical-ethical situation the more emotion takes over. Clearly, then, relying on the triangle of scientific understanding, technological capability and personal morality as the basis for professional performance is inadequate. We have no choice as responsible carers but to allow our emotions the status of a field of consideration in their own right.

The lecture will discuss a place of emotion in the decision making process and in education of caregivers future generation.



BIOETHICS ON THE ISRAELI MEDIA: A CASE STUDY OF PUBLIC ENGAGEMENT IN SCIENCE

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Medical education should raise students' awareness to the cultural background of patients, their knowledge and views. Studying public discourse in bioethics sheds light on the public understandings of medical issues in an authentic context, which may prove valuable for planning medical education. In order to characterize the Israeli public discourse in bioethics, news items and public comments (talkbacks) on leading Israeli news sites were analyzed on four levels: (1) The scientific level, which presents pure scientific knowledge, functioning as background for the issue; (2) The socio-scientific level, which includes a multi discipline understanding of the issue, as well as identifying the different interests involved; (3) The ethical level, which includes values and moral sensitivity, and (4) The media level, which includes awareness of the mediation of science and facts. The concept of literacy will be used as conceptual framework. To be literate in a domain is to have the capacity to recognize and perform at some specified level of competency (Herman, 1997). Bioethics discourse in the public sphere requires science literacy, ethical literacy and media literacy, each encapsulates knowledge, unique reasoning skills, understanding the nature of the area, and setting informed positions. 141 bioethics related items with 4,928 comments were collected from seven leading news sites during the course of two weeks in September 2009. It was found that 70% of the biologic concepts included in the news items were at least in high school curriculum level. Items which present values led to more comments ($p < 0.001$). Correlation ($r = 0.84$) was found between number of values presented in the items compared to their comments. An example of the bioethical discussion about swine flu immunization will be presented.

THE SIGNIFICANCE AND THE TASK OF STUDYING BIOETHICS IN FORENSIC MEDICINE FIELD IN CHINA

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The Han-zhong Euthanasia case, which happened in 1986 in Shan-xi Province in China, played a significant role in the development of bioethics in China. Other contributory factors include the publication of Qiu Ren-zong's academic work of "Bioethics", the publication of the Journal of Chinese Medical Ethics, the establishment of the Chinese Society of Medical Ethics – Chinese Medical Association (CMA), and the teaching and education of bioethics in China.

At the same time, some of the scholars in China begin to establish international units in order to take part in some international research activities. The Chinese Unit of UNESCO Chair in Bioethics is one of them. As the result, some papers and books are published and some research programs are carried out, nationally or internationally. The most significant thing among them is, many relevant papers and ideas are exchanged in different international conferences. The fact is, these bioethical activities not only involve in clinical medical field but also in forensic medical field. The researchers are not only bioethical researchers but also teachers and students from different medical universities.

In forensic medical field, more and more cases involving in bioethics happened in China, especially in recent 10 years. Therefore, some Chinese scholars on forensic medicine field, such as those working in Beijing and Kunming of China, begin to study Bioethics. They hope that the bioethical education can be carried out not only in clinical medical students but also in forensic medical students. Then, as the facts, some relevant papers and books are published.

In the recent ten years, some scholars even begin to establish a new subject as "Forensic Bioethics", or "Forensic Law-Science", on the field of forensic medicine, as one of the important medical courses in medical universities in China. As the result, the Department of Medical Law Science was established in the School of Forensic Medicine, Kunming Medical University, five years ago; and a text-book named "Forensic Medical Law" for forensic medical students, in which some very important bioethics issues are involved, was published 7 months ago. Recently, one of the series encyclopedia or reference book in forensic field, "Forensic Medical Law", in which some important bioethics issues are also involved, is on the way of being written and published.

Establishing a new subject as "Forensic Bioethics" or "Forensic Law Science", on forensic medical field in medical university in China, is a great challenge. Before the establishment, the relevant scholars who are asking for establishing this subject in forensic field should understand very well about the significance and the task of studying Bioethics in forensic medical field in China. Then, what is the significance of studying bioethics for forensic medical students in medical university in China?

In author's opinion, Forensic Bioethics is the study of the ethical issues raised by bioethical and medical sciences. This subject answers the questions involving human's life and death. It seeks to solve the questions such as: Is there a difference between killing and "letting die"? Do fetuses have a right to life? Is there anything wrong with human cloning? What is the deceased's right? What is the true meaning of informed consent before performing an autopsy?

What is the task of studying bioethics for forensic medical students in medical university in China? In author's opinion, Forensic Bioethics is a fascinating and challenging field of study. It is a fact of modern life that most individuals will, at some stage of their lives, face decisions which involve fundamental questions in bioethics. As the medical practitioners in the future, today's medical students do have their responsibility to help others to choose whether or not to have a child, to decide to become an organ donor, to consider being tested for a genetic condition, or to make a decision about the care of elderly parents. The fact is that most of the medical students will not be able to avoid confronting bioethical issues today and in their future.

When a medical student is working in forensic field in his future, he will absolutely get more chance to meet the different bioethics issues. Therefore, the medical students studying in universities today, especially those who are studying in Forensic Medicine today, should know and even learn more about Bioethics. This is the core significance and task about Forensic Bioethics as a medical course in medical university.

Why establishing Forensic Bioethics in forensic medical students? In author's opinion, Forensic Bioethics should be more fascinating, and more challenging in the field of study, which draws on philosophy, science, sociology, and other disciplines, in the attempt to answer those questions in forensic field. As a medical student studying in forensic medicine field, he should know more than other medical students about Bioethics, and he should know well what the specialty in forensic field is. This is the main reason why Forensic Bioethics should be established in medical university.

The studying of Forensic Bioethics put all of the subjects like philosophy, develops skill in critical reasoning, argument, comprehension, communication, research, and logical analysis into one subject at a highest level. These are the skills that employers look for in today's world, where flexibility and the ability to adapt to rapid change in the society for a successful career. Graduates with knowledge of bioethics may be especially attractive to employers in the areas of genetics, health science, medical practice, research, government, law, and social policy.

More importantly, the critical reasoning skills developed in forensic bioethics are skills that you can apply elsewhere in forensic studies and in everyone's life. As a forensic student, Forensic Bioethics helps you to develop your ideas and then present them effectively. It assists you in thinking about your values, and the choices you face in your forensic work. It also helps you to understand and to analyze arguments about the way the world is, and to consider how the world should be. Furthermore, Forensic Bioethics is also some of the skills necessary to change the world.

ORGAN TRANSPLANTATION AND THE PROTESTANTISM ON BAPTIST DOCTRINE: BIOETHICS EDUCATION THROUGH CULTURAL SENSITIVITY

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The Brazilian situation of poverty, illiteracy and socio-economic disparities, in addition to cultural and religious diversity, is a challenge for bioethics education, specially understanding conflict topics involved in organ transplantation. Christianity is the most prevalent religion in Brazil, including Catholicism (73.6%) and Protestantism (15.4%). Catholicism encourages organ donation as an act of charity and solidarity manifestation. Not only the conception of brain death, but also the understanding of heart-beating organ donation had been accepted by Catholic Church for many years. However, Brazilian Protestantism, including Baptist, has no official statement about the act of donation, the meaning of death on transplantation and the aspects of faith involved in the dying process. The objective of the present work is to discuss bioethical issues inside of a transcultural dimension in the Baptist denomination. Those understandings and analysis are a necessary prerequisite in bioethics education of transplantation team for the delivery of care with cultural sensitivity. The Baptist doctrinal point of view on conflicting issues such as conception of death; cardiac activity in organ donors; aspects of healing through faith, and brain death are discussed.

BIOETHICAL EDUCATION ON DELIBERATION

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Since the focus of Bioethics is the bridge between Humanities and the Life Sciences and bearing in mind that this bridge is often difficult to build, those who believe that this dialogue is important in our days should promote it through Education. By educating in Bioethics it is possible to improve the participation of the citizens in debates on the ethical issues raised by new technologies and scientific research. Moreover, Bioethics education provides the opportunity to improve deliberation skills, which play an important role in the analysis of ethical issues by weighing up the principles and values involved as well as the context.

It is our purpose to present a framework for ethical deliberation through the use of literature, because we consider that literary texts are *laboratories of ethical judgment*, where the ethical questions concerning specific scientific/technological issues are addressed in an imaginary world. This fictional context allows us to “practise” ethical decision making, by focusing on the particular cases of the characters in the story and by checking how the principles and theories working at the background of our discussion apply to the narrated cases. As readers of a fictional story we are responsible for the meaning of the text that we build together with the author. As researchers in Bioethics we are given the opportunity to reflect upon the responsibility underlying ethical deliberation and to improve this procedure the best we can.

CONTENT OF BIOETHICS EDUCATION IN MEDICAL SCHOOLS OF AZERBAIJAN

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Ethic rules and norms are important components of global humanistic approaches existing in medicine, in everyday practical life of doctors and medical workers because all their activities are devoted to people' health protection. This is why bioethics education in medical schools in Azerbaijan seems to be essential but analysis shown that it is included only in curriculum of primary medical education of doctors. Neither medical schools for nurses or institutions for postgraduate trainings of doctors envisage training hours for bioethics.

Bioethics for doctors is taught at Philosophy Department and Forensic Medicine Department of Azerbaijan Medical University, main institution for primary medical education of doctors of the country. As in many other countries it is taught by teachers who never been trained for bioethics education. The subject of Bioethics is given as "Medical Ethics" and related with moral values and features of doctors' profession towards 3 objects: patients & their relatives, colleagues and society.

Training course at Philosophy Department consists of 16 lecturing and 18 seminars hours of Medical Ethics at the 2nd year of education and was incorporated up to now in Philosophy training curriculum. It is based on below-mentioned main topics:

- "Morals subject, functions and norms"
- "Subject and objectives of Esthetics"
- "Ethical knowledge and Medicine"
- "History of Medical Ethics"
- "Principles of Medical Ethics"
- "Ethical behavior in relationships of doctors and other medical workers with patients"
- "Moral and ethical problems of abortions"
- "New reproductive technologies in ethical and legal view"
- "Moral problems of transplantology"
- "Medical Genetics and Ethics"
- "Death and agony. Euthanasia"
- "AIDS: moral and ethical problems".

Training course at Forensic Medicine Department consists of 2 lecturing and 4 seminars hours at the 5th year of education, incorporated in Forensic Medicine training curriculum. The course is named "Medical Deontology and Ethics" and based on following main topics:

- "Main principles of medical deontology & ethics of the doctor"
 - in "doctor – patient" system
 - in "doctor – patient relatives" system
 - in "doctor-doctor" and "doctor – medical workers" systems
- "Deontology and scientific progress"
- "Doctors ' mistakes/faults"
- "Medical Deontology questions in practice of forensic-medical expert"
- "Medical workers responsibility for violations of law related with professional activities"
 - crimes
 - offences/misconducts

- medical cases
- articles of Criminal Code, Code of Criminal Procedure, Code of Civil Procedure, Constitution and Health Legislation

“Corpus Hippocraticum” is accepted as basic principle in Azerbaijan Medical Ethics but unfortunately none of acting medical doctors may pronounce it properly despite Hippocratic Oath is given by each of them before graduation of Azerbaijan Medical University. This is just example showing that most of mentioned above lessons are given not in way that are needed and have formalist approaches.

WHITHER AND THITHER IS BIOETHICS EDUCATION IN KENYA? STRATEGIES AND APPROACHES

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Bioethics has a long history, stretching from the time of Hippocrates and has been used consciously or unconsciously over the centuries. Africa is facing bioethical challenges in education, research and technology as they relate to medicine, life sciences and related technologies. In-depth understanding of the impacts of scientific activities on human beings, biodiversity and the environment is imperative, thus the need for Bioethics Education. Bioethics Education in Africa is in its infancy and its development is very slow in relation to the global advances in science and technology. This is hampered by, *inter alia*, low access to information on bioethics, low level of conceptualization of bioethics by teachers, inadequate trained teachers, and insufficient teaching materials. Coupled with this is the failure of curriculum developers to use the bottom up strategy when developing the teaching syllabi. With the current economic global crisis and the continuously dwindling Gross Domestic Product of African countries, and the demand for capacity building, the future of Bioethics Education is bleak. This paper will address the status of Bioethics Education, propose strategies and approaches for accelerating its development, and to provide the way forward.

TEACHING ETHICS AND MORALITY AT THE MULTI-DISCIPLINARY COLLEGE OF HOLISTIC MEDICINE

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Reidman College trains therapists in a wide spectrum of Holistic Medicine fields (also known as Complementary or Alternative Medicine). The most prominent disciplines taught at the College are: Traditional Chinese Medicine (TCM), Indian Medicine (Ayurveda), Natural Nutrition, Naturopathy, Body-Centered Psychotherapy, Spiritual Psychotherapy, Manual Therapies such as Massage, Shiatsu and Reflexology, Tuina and others, Energy Healing, Holistic Coaching, Yoga Therapy, etc.

This wide spectrum of therapeutic approaches offers a wide diversity of treatment tools. Some are verbal, others are non-verbal and some are energetic.

Because the way of interaction between the therapist and client is not always the same in all the fields, ethical codes had to be set for the different disciplines of Holistic Medicine. These codes are incorporated in all the teaching frameworks of the Holistic Medicine studies.

The management of Reidman College considers the education of medical ethics and morality as an extremely important part of its training of therapists.

Although the ethical codes taught in the different frameworks are not identical, there are quite a large number of areas that must be included in any ethical code.

Following are the most important areas:

The treatment contract, confidentiality, professionalism, integrity, honesty, respect, modesty and humility. The ability to listen, absorb and contain, to understand the limitations of professional competence, the relationship with the client, sexual relations, boundaries and limitations of touch, along with thorough coverage of boundaries and the limitations of emotional exposure. Also discussed is the treatment environment which includes creating a safe and pleasant atmosphere. Guidelines are given regarding the therapist's appearance and hygiene, along with how to make proper documentation of treatment and follow-up procedures, and more.

All of these elements constitute the educational framework for each and every student of medical ethics and morality.

Afterwards, during clinical internship, much attention is given to the extent of assimilation of ethical and moral values by the students in their professional activities.

In order to teach such a broad and important array of ethics and morality, a battery of professional teachers is required; teachers who have knowledge and experience in imparting holistic health advice and in teaching medical ethics. These teachings are based on comprehensive syllabuses, written for instructional purposes.

ETHICS AND MORALITY OF JUDAISM IN MEDICINE – A SELECT COMPILATION OF VALUES AND PRINCIPLES

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According to the Jewish vision, the world was created out of a proclamation of health to all creatures of the world: in Hebrew, the first two words of Genesis "Bereshit Bara" have the same root as the word for health, "Beriut".

The sages of Judaism are of the opinion that the foundations of medicine preceded the creation of the world. When after six days God completed the creation of the world, the Bible says: "God completed His work which He had made" (Genesis 2, 3). "To make" means to repair. That is because the world was not created perfect, causing the necessity to repair it.

Repair to the world included the diseases of people, who started falling ill from the moment the first human being, Adam, ate the apple of wisdom. Some say that from that moment onward, people fall ill and need healing.

The Jewish vision of medicine, doctors - therapists and their medical work methods, which is scattered all over Jewish literature, is based on high moral values. These values constitute the Pillar of Fire, the enlightening principle by which, according to the Jewish vision, each physician should act.

Ethics and morality of medicine, as reflected in Judaism, have a multitude of aspects. Following is a selection of these values:

- Taking care of one's health is among the laws of the Torah: "Take ye therefore good heed unto yourselves" (Deuteronomy 4, 15).
- God is the therapist of men: "...for I am Yahweh, Ropheka, thy Healer." (Exodus 15, 26). "God is the "healer of every creature" (Talmud, Brachot 60, 2) – "God is the therapist of all therapists" who never errs. These declarations point to a divine providence that takes under its wings the health of men and their healing. The therapist – who is of flesh and blood and may err – is the mediator between the sick person and God.
- A good therapist believes that he is the envoy of God. He feels that God appointed him to bring aid to the sick. The divine appointment to cure was given to the doctor in the passage "...he shall cause [the sick person] to be thoroughly healed" (Exodus 21, 19). A good doctor is then a person whom God designated to be a doctor, and his successes in healing are not due to his knowledge but by inspiration from God.
- A good doctor has high spiritual abilities and is connected to the Jewish precepts with all the strings of his soul.
- A good doctor will even descend to hell in order to treat his patient: "The best doctors will even descend to hell"(Talmud, Kidushin 82, 1).
- A good doctor has to instill in his patient hope and belief in his recovery. He also has to pray for the patient's wellbeing, in addition to the medical treatment.
- The doctor should feel compassion for the patient and do everything to bring about his recovery. In Hebrew the words sickness (Machala), compassion (Chemla) and recovery (Hachlama) are derived from each other.
- A good doctor must have exceptional qualities, the most prominent of which are: deep and comprehensive knowledge of medical theory and the patient's symptoms; readiness to give

medical advice to anyone who needs it. He must be a person of modesty and love for people; have a great deal of patience and tolerance; be attentive to his patients and be able to listen to whatever the latter wishes to say about his problems and sufferings. Such attention is helpful both for understanding the roots of the disease and to help the patient recover. About this, it is said in the book of Job (32, 20) "I will speak, that I may be refreshed".

- Jewish sources mention the various duties, rights, tasks and intentions of the doctor and his medical tasks.

Here are some selected examples:

- The rabbinical school says one has to make sure that the doctor in the community has the proper human and professional qualifications so that he can give helpful medical advice.
- A doctor is responsible for his actions. If he was arrogant, reckless in his diagnosis and not exercising sufficient consideration, thus causing the death of a patient, he shall be considered as having killed a person with evil intent. If he did so by mistake, he shall be exiled to a City of Refugees. If he harmed a slave "he shall let him go free for [the injuries] sake" (Exodus 21, 26/27).
- Every doctor needs to behave with modesty, even to the extreme, when he is with a patient – during interrogation and in particular during the treatment itself; and even more so when the patient exposes his body and the doctor touches it. God forbid that he ever pursue his sexual lust, which could arise if the treatment requires exposure.
- The fee of a doctor: the sages say that a doctor should ask payment only "for the loss of his time" and his fee for his work. In the payment, the doctor should not include an element of reward for his medical education.
- To poor people, family members, friends and relatives, the treatment must be given free of charge.
- The price of medications may not be improperly high, also if a medication exist in small quantities and the patient needs it urgently. Medications for the poor should be given free of charge.
- The testimony in court of a doctor in a criminal or civil case, or before rabbinical judges – in case of a judgment according to the Jewish religious laws – must be given by a doctor who combines medical knowledge with moral principles. This combination of medical facts with Jewish moral values is the ideal situation for a doctor who gives a testimony.
- During the generations, the most prominent Jewish sages contributed their views and understanding of the Jewish and medical moral values to build a moral and ethical basis in the field of health and medicine.

The most famous sages were: The Rambam (The Maimonidas), The Ramban, The Rabad, Asaf Harofe (The doctor), Yitzhak Israeli, Tuvya Harofe (The doctor), Rabbi Yakov Tzahalon, Shabtai Donolo and many others.

The understanding and care for the sick and their recovery and the wish for success of the doctor's treatment resulted in several prayers with the intent to achieve such success. Some prayers are said by the doctor for himself, that God help him to achieve good results, and there are prayers said by the doctor for the recovery of the patient.

The first prayer in the Bible for the recovery of the sick appears in the book of Jeremiah (17, 14): "Heal me. O LORD, and I shall be healed; save me and I shall be saved; for thou art my praise." This prayer is incorporated in the prayer "Shmona Esrey" which is said three times a day.

TEACHING LEGAL ASPECTS OF BIOETHICAL NORMS IN HIGH EDUCATION SYSTEM OF AZERBAIJAN

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Ethics and human rights are tightly connected, although ethics in a way determine human rights and make a base for the possibility of emergence of human rights. Formation of bioethics is conditioned upon massive changes that take place in the technical re-equipment of the modern medicine and fundamental shifts in the medico-clinical practice. These changes found their expression in the success of genetic engineering, organ transplantation and biotechnologies. The main areas of bioethics are surrogate motherhood, cloning, organ transplantation, artificial prolongation of life, euthanasia, genetic engineering, use of advanced biotechnologies and gene modifications without harm to humans, etc.

Philosophy of the respect of life and human dignity and the person's rights to protection of health, in one way or another, is determining the legal system of Azerbaijan Republic. Article 41 of the Constitution of the Azerbaijan Republic protects "The Right for Protection of Health". In the article stated that:

1. Everyone has the right for protection of his/her health and for medical care.
2. The state takes all necessary measures for development of all forms of health services based on various forms of property, guarantees sanitary-epidemiological safety, creates possibilities for various forms of medical insurance.
3. Officials concealing facts and cases dangerous for life and health of people will bear legal responsibility.

The philosophy of above mentioned principles is applicable and in a way reflected in other articles of the Constitution: Article 16 – The social development and state; Article 27 - The right for life; Article 37 – The right for rest; Article 38 - The right for social protection; Article 39 - The right to live in healthy environment, etc.

It should be noticed, that some of mentioned above ethical norms are already exist in the modern national legal system. These norms mainly are: "Law on Donation of Blood and Its Components" (26.09.1996); "Law on Introduction of Amendments and Additions into some Legislative Acts of Azerbaijan Republic due to Appliance of the Law of Azerbaijan Republic on "Transplantation of Human Organs and (or) Tissue" (20.02.2001); "Law on Introduction of Amendments and Additions into the Law of Azerbaijan Republic on "Health Protection of the Population" due to Appliance of the Law of Azerbaijan Republic on "Medical Insurance" (12.10.2001); "Law on Introduction of Amendments and Additions into some Legislative acts of Azerbaijan Republic due to Appliance of the Law of Azerbaijan Republic on "Psychiatric Help" (19.04.2004); etc.

Despite reflection of certain ethical norms in above mentioned laws and in whole national legal system the Institute of Human Rights of the National Academy of Sciences of Azerbaijan is concerned by the level of their teaching in national education system. We consider it is very important to promote their insertion in the educational programs of the medical and nursing schools, law and social work faculties and faculties of philosophy and ethics. Having excellent knowledge about present situation in this regard in mentioned

faculties and schools in Azerbaijan we are going to share it with Conference participants together with proposals. Department of Bioethics that is under creation in the Institute nowadays may take an active role in preparation of such educational programs together with UNESCO Chair in Bioethics.

ETHICS AND EDUCATION OF PSYCHIATRISTS DEALING WITH MENTALLY DISORDERED YOUNG PATIENTS OFFENDERS IN A DETENTION SETTING

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The relationship between psychiatrists and young offender with mental disorder rises a lot of particular ethical, sociological and human questions. Young with psychiatric disorders pose a challenge for the juvenile justice system and, after their release, for the whole mental health system. When the detention is for a criminal offence the distinction between custody and care needs must be clearly identified and maintained. Prison is a place where many psychiatric disorders such as, anxiety, depression, psychosis, attention-deficit/hyperactivity disorder, and substance abuse disorders (alcohol and other drugs) are often present. Nevertheless, some symptoms could be a reaction to detention and this may wrongly suggest an abuse of psychotropic drugs treatment. Taking up the Italian experience on such situations, this paper will focus on ethical dilemmas about the management of the young patients inmates such as “use” and “abuse” of psychotropic drugs, psychotherapeutic interventions in a particular context as that of a prison. In particular, the question about the continuous alternating of health operators may damage the treatment itself because of the lack of the personal relation typical and necessary for an effective psychotherapeutic treatment. Working with mentally disturbed offenders and other dangerous patients can prove to be difficult, and claiming for long time, ability and energy. A high degree of specialist training is required in order to provide an effective care, together with a high level of security and the respect of the patients’ civil rights. Thus, a special training and education for psychiatrists dealing with young offenders should be considered compulsory.

A PREPARATORY WORKSHOP TO INTRODUCE THE UNESCO BIOETHICS CORE CURRICULUM FOR NURSE TEACHERS FROM NURSING SCHOOLS IN ISRAEL

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Background: In Israel there are 19 Nursing schools, some affiliated to the major universities and others to hospitals. Every year approximately 2000 new graduate starts they journey toward professional nursing practice. Although during their training they are taught a course named Ethics and Law, every nursing school is doing it in a different way for a different length of time with various focuses and diverse methods.

As part of the developing collaboration between schools at Zefat Academic College, The School of Law headed by Prof Carmi who serves as the head of UNESCO Chair in Bioethics in Israel and The Nursing Department have developed a workshop designated for Nurse Teachers from nursing schools all over Israel.

Aim: To expose the nursing teachers who teaches the subject, to the UNESCO Bioethics Core Curriculum and engaging them as advocates for the importance of methodical teaching of fundamentals and major issues of present-day bioethics. Furthermore, our hope is that this group of teacher will serve as the founder for continuing teaching and researchers on the subject.

Method: A 3 days workshop was developed and held in Zefat. The workshop included introduction to the UNESCO Bioethics Core Curriculum, exposure to effective teaching methods, Analysis of situation involving ethical dilemmas in Nursing as presented by the participants and introduction of universal and Israeli Models of decision making.

The proposed presentation will depict the process of structure the workshop, the engagement of the participants, the practice of the workshop and the conclusions from the workshop based on the participants comments.

THE MOTHER – BABY RIGHTS THE FREEDOM TO CHOOSE THE WAY OF LABOR

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30 years ago, most women that I delivered conceived and delivered naturally. Midwife and the check-up did the most pregnancy follow-up was simple and not invasive. Women believed in their ability to conceive healthy babies and they were happy to love also not perfect child. Women had powerful, intuitive birth and comprehend instinctively ‘that their body is capable to labor as their grandmother, of her grandmother, of her grandmother had labored them.

It is important for us to understand that we are link of evolution chain of mammals.

Despite of having in our hand the technology that gives us the opportunity to learn and research the pregnancy, the prevention or ease pain and to induce labor or finish it as we wish, every interfering has emotional affect, psychology, and sociology implication. The medical technology interference in the natural course of loving couple that decide to bring to the world a child, combined with internalization of weakness and in confidence in their capability.

I believe in the right of the future mother to choose her way and place to have her baby. On the base of evidences and facts which were gathered by the IMBCI-International mother – baby care initiative and WHO, the best results on safety and efficiency of monitoring, and care for the mother and baby were by care giver who encourage the women to practice their rights to chose also conservative approach, based on care of privet, holistic, familiar midwife who will care continually during pregnancy, birth and breastfeeding, in friendly, familiar comfortable environments conditions like those she had when she conceived and became pregnant – her privet bad room.

FINNISH NURSE EDUCATORS' TEACHING OF CODES OF ETHICS

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Background: Although regarded as a core element of nurses' professional ethics knowledge base and nursing education, research dealing with nurses' codes of ethics has been scarce and particularly negligible in the area of education.

Purpose: The purpose of this study was to explore the Finnish nurse educators' teaching of codes in terms of its content, extent and teaching methods aiming at identifying strengths and possible problem areas for the development of nursing ethics curricula.

Research questions: What contents of the codes were taught and to what extent?

1. What teaching and evaluation methods were used and to what extent?
2. What was nurse educators' assessment of their own and nursing students' adequacy of knowledge of the codes?
3. Which demographic variables were associated with the extent of teaching?

Setting and sampling: All 25 polytechnics providing basic nursing education in Finland were targeted. Thirty nine (95%) education units from 24 (96%) polytechnics participated.

A total of 183 nurse educators who taught ethics to nursing students in the autumn term 2006 returned the questionnaire. Educators' response rate was 29%.

Method: Descriptive and cross-sectional study design was applied. Data was collected with a questionnaire based on literature and developed for this study. It contained questions on the content of the codes and related ethical concepts and laws and agreements, functions of the codes, codes of other health care professions, and teaching and evaluation methods. The data was analysed using SPSS for Windows (14.0). Descriptive and inferential statistics were applied in the analysis. Permission to carry out the study complied with national standards.

Findings: Nurse educators' teaching of the codes was rather extensive. Teaching centred on nurse-patient relationship. The codes in a wider social context were less emphasised. Integrated teaching was the prevalent teaching format. Educators' use of teaching and evaluation methods was narrow and conventional. Educators' knowledge of the codes was mainly based on informal learning. The majority assessed their knowledge as adequate for teaching the codes. Educators motivated to learn ethics taught the codes more. Educators assessed their students' knowledge and application of the codes as mediocre.

Further research: The organization of ethics education in the integrated teaching format

1. Effectiveness of teaching and evaluation methods
2. Educators' competence to teach ethics

KNOWLEDGE, SENSITIVITY AND BEHAVIOR KNOTTED IN THE ETHICS LEARNING

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The purpose of this paper is to make some considerations regarding ethics learning process in adults of higher education. There are two main courses of actions when promoting ethics at university classrooms. One of them, is to approach it as a separate subject (ethics and deontology); and the other one is to approach it as a cross-curricular content. This article focuses on the first type of approach to ethics teaching (as a separate subject on ethics and deontology). Three main questions guided the writing of this paper, they are as follows: What is the specificity of Ethics? What is the specificity of adult learning? What is the specificity of teaching and learning Ethics in adults? This paper sets forth that the process of teaching and learning ethics are not guaranteed by the development of cognitive skills. The concern about whether is possible or not to promote an attitude change in adult learners at university classrooms, demands to set as a teachers objective the development moral sensitivity in adults students. An ethics meaningful learning takes place when there is cognition, emotion, morality and action; when the students recognize the facts, feel them, feel that they are responsible and behave accordingly with what they think and feel. Knowledge, sensitivity and action are knotted in ethics learning and teaching process. As stated previously, knowledge, sensitivity and action are the core of ethics teaching and learning.

CONTINUING ETHICS EDUCATION FOR PHYSICIANS

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About 350 new physicians graduate each year from Israel's four medical schools. An addition of approximately 300 medical students return each year to Israel holding a foreign diploma, from schools in Italy, Hungary, Romania and more.

Medical ethics studies differ dramatically between the four Israeli Faculties, ranging from only a one semester class, taught during the pre-clinical years, to a fully embedded continues program, extending well into the clinical years. Ethical studies overseas tend to vary even further, but are generally inclined towards the more minimal end of the spectrum of ethical studies.

Consequently, new physicians vary in their ethical knowledge, and in the degree in which they are equipped to handle real life clinical ethical dilemmas.

I here by point to the importance of continuing ethical education, for all practicing physicians.

A voluntary bioethics pilot course taught this past year to practicing physicians (from 4 years tenure to ward chiefs) in Bnei-Zion Hospital proved to be highly satisfying, rewarding and of great use to its students, thus indicating the benefits of such a program.

Amongst other things, the pilot course proved the great need for an in-depth ethical-philosophical training that would serve as a tool for dilemma solving, as well as for the interpretation of the medical law governing medical practice.

PEDAGOGY AND PUPPETS: CREATING ETHICS DIALOGUE

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A puppetry enhanced story format is a creative means of illustrating patient stories and their ethical issues when teaching bioethics. Puppet theatre functions as a means of helping students engage in critical thinking and encourages dialogue on controversial topics. Through the presentation of believable situations, students are encouraged to enter into the world of the puppet characters, identify with their experiences, and offer suggestions as to how ethical frameworks may help resolve the particular ethical difficulties which arise. I have successfully used this format in teaching religious education for approximately nine years. The level to which adult learners enjoyed the colourful personalities of the puppet characters inspired me to introduce puppets as a teaching tool when giving bioethics seminars to nursing students and other healthcare professionals. I deliberately use the medium of animal puppets to present ethical concerns as an effective way of introducing sensitive subjects in an innocuous manner. In fact, the use of animal puppets helps audiences who are apprehensive of attending ethics education events to relax and promote more efficient reflection and discussion. An advantage of this format is that audiences feel enough distance from the puppet characters that they are disinclined to present rationales for unethical behaviour, and are able to have more robust dialogue concerning the situation at hand. The careful use of humour where appropriate augments realism, as opposed to detracting from the seriousness of ethical predicaments. Certainly, puppet plays can be adapted to varying cultural and religious traditions, age groups, and professions and are a useful tool to enhance any bioethics curriculum.

**SUSTAINABLE PEACE FOR A SUSTAINABLE FUTURE:
WE MUST PUT AN END TO ARMED CONFLICT
AND ENVIRONMENTAL DEGRADATION**

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New insights gained from the Human Genome Projects have highlighted long-term mechanisms whereby social trauma may influence health parameters across the generations. Epigenetic influences (that is, all the external environmental variables which regulate gene activity) modulate normal developmental processes. Normal development maybe disrupted by harmful epigenetic variables that (1) disrupt DNA forming deleterious mutations; (2) change gene imprinting processes and their consequent expressions; and (3) activate ‘fetal programming’ strategies that trigger changed endocrine indices that modulate normal growth and personal development. Any of the above challenges the future identity of the conceptus, neonate, infant and adult. In this regard, a major concern has been to understand the unique long-term configurations of stress responses as experienced by traumatized children in nations caught up in institutionalized violence – whether declared or undeclared war-zones. This presentation develops from a bioscience ethical standpoint and focuses on how exposure to traumatic events; such as experienced at times of conflict, impact upon the health of future generations and future societies which, in turn, have bearings upon economic status, political activities and cultural conditions as created by circumstance and choice. Bioscience ethics (<http://www.bioscience-bioethics.org>) facilitates free and accurate information transfer from applied science to applied bioethics. Integrating ethics and the life sciences emphasizes that the human condition is to a considerable extent the product of past and present circumstance which, in turn, challenges prevailing social policy and the ethics that neglect of new emerging genetic insights may involve.

THE INFLUENCE OF PHILOSOPHY ON ETHICAL DECISION MAKING

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There is a widespread opinion concerning the role of philosophical arguments within bioethics (mainly among philosophers). According to this view, philosophical arguments have a direct impact on ethical decisions. Therefore, medical workers should seek the help of philosophers when they encounter an ethical problem.

In my paper I will demonstrate that this view overestimates the influence of philosophical arguments within bioethics. I take as an example the current debate on the legitimacy of embryonic stem cell-research. A closer analysis of this debate reveals that philosophical arguments alone are not sufficient to justify any decision in favour or against embryonic stem cell-research.

An alternative view of the role of philosophical arguments within bioethics is proposed. According to this view, philosophical arguments do not have the function to provide a solution for ethical dilemmas. They have a more limited use. Philosophical arguments can be used, for example, to reveal the logical structure of ethical problems, uncover hidden premises and contradictions in practical reasoning. Moreover, philosophical considerations can help to analyse and identify the specific preferences, implicit assumptions and belief-systems of the parties involved in ethical decisions. Philosophical thinking applied on bioethical problems with such a limited purpose can be a useful tool in bioethics education. An interdisciplinary course in bioethics is given as an example for this more moderate application of philosophy within the teaching of bioethics.

ETHICS AT THE UNIVERSITY: LESSONS TO BE LEARNED FROM PROFESSIONAL ETHICS

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Good intentions, while necessary, are by themselves insufficient to promote ethical behavior in the modern university setting. The establishment of codes, rules, and procedures for disciplinary actions serve important functions, but they too play only a limited role in establishing a culture of ethical behavior for a university community. Over the last 4 decades, the evolution of professional ethics for healthcare in general, and in the practice of psychology in particular, has been dramatic. Today, attention to ethics in those areas is acknowledged as central to both professional training and practice (Rubin, 2004, 2008, in press). In this presentation, I shall focus on how to further ethics for a university culture by building on trends in ethics education and the practice of healthcare ethics with particular attention to psychology. Developing learning modules promoting the theoretical and practical understanding of academic integrity, respect for others and oneself, and accountability have implications for a wide range of issues. These include: teaching responsibilities, research ethics, plagiarism and other forms of academic dishonesty, and boundary issues of many kinds. In Israel and elsewhere, the words of the sage Hillel are appropriate to a university ethics initiative: "And if not now, when?"

CASE FINDING: A METHOD FOR ASSESSING THE ABILITY OF MEDICAL STUDENTS TO IDENTIFY AND ANALYZE ETHICAL AND PROFESSIONAL PROBLEMS AT THE BEDSIDE

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Background: Teaching clinical ethics and professionalism to medical students and evaluating whether the relevant concepts can be learned and applied in the clinical setting is a major challenge in medical education. Many medical schools offer students compulsory lecture courses in bioethics, communication and ethical conduct prior to their initial encounter with patients. Often this exposure is too early in the curriculum, remote from the clinical arena and its relevance to individual professional development not appreciated.

Objective: To determine whether medical students, on their first internal medicine clerkship, can detect, analyze and apply basic bioethical concepts at the bedside. Methods: Following a 28-35-hour lecture based course in clinical ethics, fourth-year students began their first 12-week clinical rotation on a general medical ward. At the end of the eighth week every student was required to prepare a written report describing a patient he/she had encountered where an ethical/professional problem was identified, discuss the conflicting ethical principles and suggest way(s) to resolve the dilemma. Each student presented his/her patient to a group of peers (20 students) and received written personalized feedback from the course facilitator. The primary issue raised in each report was categorized as ethical, professionalism related or specific to the clinical training process of medical students.

Results: From 2001-2009, 450 students have participated in the program. 415 students submitted relevant case studies and twenty-five could not find a suitable patient. Ten students did not submit an assignment. One hundred and seventy-six students (43%) presented an ethical dilemma; autonomy, beneficence and non-maleficence, acceptance and refusal of an intervention or treatment, ageism, withdrawing or withholding support at the end of life, resource allocation, determination of decision-making capacity, surrogate/caregiver/family interaction etc. One hundred and forty-four students (35%) selected a problem in professionalism; confidentiality, truth telling, keeping promises, arrogance, disrespect for patients, whistle blowing etc. Ninety-five students (22%) emphasized ethical and professionalism issues specific to the status of medical students; terms of introduction, disclosure of information, practicing skills (blood drawing), presumed consent, intimate physical examination etc. Most of the cases were complex, represented a wide array of conflicting issues and allowed the students to demonstrate remarkable insight, reflection and observational skills.

Conclusions: Case-finding is a useful approach to assess the ability of students to apply bioethical concepts as well as identify and reflect on problematic issues at the bedside. The very act of seeking a suitable patient for presentation creates an awareness of ethical issues on an ongoing basis throughout the clerkship. In addition, it promotes empathy, awareness and maturity at a crucial stage in their professional development.

THE UNESCO BIOETHICS CORE CURRICULUM APPLICATION FOR ISRAELI NURSING STUDENTS

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Background –The UNESCO Bioethics Core Curriculum and its bioethical principles was designed on the basis of the universal declaration on bioethics and human rights, agreed upon 191 member states of UNESCO with the vision to introduce it to health profession students.

The Core Curriculum components are based on 17 universal principles and were built upon learning objective for each unit, not imposing a particular model or specific view of bioethics, but articulate ethical principles that are shared by scientific experts, policy-makers and health professionals from various countries with different cultural, historical and religious backgrounds. Each country should develop its own interpretation of the methods to teach these subjects.

This year the council of worldwide UNESCO, with the support of Prof Carmi the head of UNESCO Israeli extension, provided an approval to activate the Bioethics Core Curriculum course in Israel. The President of the Zefat Academic College agreed to engage the School of Nursing in testing the UNESCO Bioethics Core Curriculum within its academic programme, including all preparatory and follow-up activities.

Objectives – Exposing the Israeli nursing students to UNESCO Bioethics Core Curriculum. To simplify and clarifies all learning material with situations from the Israeli reality.

Population – Third Year Nursing students in the BA degree program from Zefat Academic College.

Method – Application of 17 learning units based on bioethical principles. Learning material include news, case report or data of governmental policy. The objects concerning the Israeli reality will permit a flexible application, creativity and growing awareness to the debates in bioethics issues.

In this presentation we would like to invite the audience to travel with us through few examples from the core curriculum units as it built and organized to nursing students in Israel.

CINEMATOGRAPHY AS TEACHING MATERIALS IN HEALTH LAW AND ETHICS CLASSES

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Teaching health law and ethics classes to health care professionals may prove challenging. Students view law as a barrier to the practice of their profession. They often view negatively the process of legislative and regulatory intervention with the medical and para-medical professions. Integrating relevant cinematography may be an efficient way of demonstrating the importance of awareness to legal and ethical issues in everyday hospital and clinic settings. Appropriate choice of cinematography may demonstrate multi-cultural issues or help students understand problems in venues and systems other than the location where the course is taught.

Using the Canadian film *Barbarian Invasions* by director Denys Arcand I have been successful in past several years teaching health law with an emphasis on ethical issues achieving better understanding by students. I have used this film in order to clarify legal concepts of criminal behavior, the way ethics and law interact and the influence cultural notions have on the state perception and definition of right and wrong in the context of terminal illness and end of life issues. The similarities between Canadian and Israeli settings help transport situations demonstrated in the film into local context of Israeli law and culture. I show the film in class over two sessions. At the end of the second sessions we have class discussions conforming to questions I post on the Course site in advance. The screening takes place after we cover the basics of the main branches of law and their relevance to the working routine of health care professionals.

ENVIRONMENTAL ETHICS EDUCATION AND QUALITY OF THE ENVIRONMENT

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The quality of the environment in modern society has large importance. The quality of the environment is essential element of human health and total quality of human life. Environmental ethics gradually but permanently contributes for changes of dominant human opinion about own surroundings. Those produce stronger activities toward protection and improvement the environment and new ways in the environmental management. All these activities are based on the moral values have deep ethics roots.

Modern environmental policies and environmental legal regulations are based on ethics values. Environmental ethics studies the moral values and the links among the human beings and the nature and the whole environment. Ethical elements are very important in contemporary environmental thought and practice. The practical objective of the environmental ethics and bioethics as a very important part of the environmental ethics is to provide environmental policies and environmental regulation with the moral pillars. The contemporary environmental ethics is facing various dilemmas, such as in case of the relationships among production bio diesel and the necessity of the agriculture space for production of food; in case of genetic modify food etc. For successful solution of huge global environmental problems we need stronger promotion of environmental ethical and bioethical values throw the effective environmental ethical education and in frame of this biotechnical education. Environmental ethics and bioethics education of education will be strong pillars for more effective activities for the protection the nature and the environment, producing the social changes in the relations between the human beings, society and the nature and the whole environment.

In The Republic of Macedonia environmental elements have become a part of environmental policies since beginning the twenty first century, but there is no any progress in the developing the thought about relationship among ethics and environment. Also the debate about these issues is just on the beginning. That's why we need to promote and involve environmental education.

**RIGHT AND/OR GOOD?
CREATIVE METHODS TO ENLARGE AND DEEPEN ETHIC
AWARENESS BEYOND PROFESSIONALS IN THE MENTAL HEALTH**

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“A wise person is like a jazz musician using the notes on the page, but dancing around them, inventing combinations that are appropriate for the situation and the people at hand.”

Barry Schwartz on our loss of wisdom
TED talks, February 2009

If an ethical issue can be solved by reading the ethical standards, or by knowing the law, then we know what is right and go on with our work.

How do we deal wisely with the “grey zone”?

How do we get used to think ethically, (rules spare us from thinking) if things go wrong, as of course they do sometimes?

The methods I’d like to show you were developed to sharpen the consciousness of ethical questions and to be aware of many different ways to solve problems.

Objectives:

- Passion – compassion – intuition. (Right or Wrong?)
- Creative methods of expanding ethical consciousness (right or good ways?)
- How to use moral skills in the service of the right aims, to serve other people and not to manipulate them.
- Debate

Length of time:

Interactive Lecture, 45 minutes to 90 minutes.

Number of participants:

Unlimited.

Audio visual equipment:

Beamer

Art supplies:

If there is more time available, I will add later what will be needed

THE THEME "MORAL PROBLEMS OF ASSISTED REPRODUCTIVE (AR)" IN TEACHING BIOETHICS

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In a course of bioethics theme AR takes the important place. This theme should be considered as the sample of a teaching material. On an example of this theme it is not difficult to show distinction between bioethics and professional medical ethics. First, AR develop on an edge of modern biomedical knowledge. Secondly, application AR considerably reconsiders fundamental anthropological and social qualities, such as borders of the beginning of a life, sexuality, naturalness of conception, accident of our inclinations, a floor, and brings an attention to the question on specific identity of the person. In the third, application of new technologies in the reproduction often overtakes a moral reflection. In a society there are rough discussions which speak about ambiguous acceptance of new methods. In teaching theme AR is structured on the mainstreams causing a moral reflection. These directions also have certain chronological sequence, in process of their distribution to biomedicine. So the moral problems which have arisen in connection with development of methods of contraception, discussion of the status of an embryo, IVF, development preimplantation genetic diagnostics of embryos, possibility of reproductive cloning of the person. Each of directions is studied from three positions: the description of the actual party, revealing of the moral conflict in various estimations, reflection in public debate, in mass media and in the legislation. For example, assisted reproduction is studied through history of development of methods AR, come to light ambiguous from the moral point of view of a problem, such as *split parenthood* (M.Kettner), genealogy replacement *reprogenetic tree*, surrogacy motherhood, eugenics consequences etc. It is investigated, what requirement for the child, way of reproduction, family type, the concept of one's "own" child, the sex roles of a man and a woman during reproductive process are presented as a norm and what is regarded as a deviation from it. In an estimation of these problems the positions opinions of scientists, doctors, lawyers, philosophers, religious figures, journalists are established. Thus students form system representation about AR as the bioethical fact, ability to understand a mosaic of various positions and the personal moral competence.

CATHARSIS AND MORAL THERAPY

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The use of so-called authentic, medical case stories is abundant in today's ethics teaching. Although acknowledging the didactic potentials of employing such stories, the present paper aims at enhancing their potential by employing narrative techniques deduced from ancient Greek philosophy and poetry to reshape these stories so as to comply better with the learning needs of medical students. Keeping in mind that medical case stories only represent condensed versions of events that actually happened – and often crafted by the stake holder in power, i.e. the medical helper - the present paper makes use of the ancient Greek notions of catharsis (clearing up, cleaning) and therapeia (therapy, treatment, healing) to first assess whether they may be of help in addressing a set of questions concerning the didactics of medical ethics:

- What do medical students actually experience and learn when they attend classes of
 - medical ethics?
- How should teachers of medical ethics proceed didactically to make students benefit
 - morally from their teaching?
- How can ways of storytelling employed in Plato's moral dialogues, in Aristoteles' *Poetics* and in ancient Greek tragedies and comedies help to enrich the normative potential of medical case stories.

Secondly, the paper aims at showing in practice how the use of ancient narrative techniques may be used to reshape two 'authentic' case stories of sickness into moral narratives of a greater didactic potential than their condensed relatives. Finally, the paper aims at investigating the possibilities of developing a therapeutic conception of medical ethics and ethics teaching.

PROFESSIONALISM IN THE WARDS: AN INNOVATIVE WORKSHOP INITIATIVE FOR MEDICAL TUTORS AND LECTURERS

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Although concepts of ethics and professionalism are often bundled together, they are different notions each requiring different teaching approaches. As part of a new educational initiative in Faculty Development at the Sackler Faculty of Medicine, we recently introduced an innovative workshop geared toward teaching professionalism, which is a mandated part of USA curriculum. While professionalism is often taught via lectures, it is best to learn the concept by means of small group discussion of case scenarios and dilemmas and ideally by modeling. The goal of the session is to train teachers in using ward incidents as vehicles for teaching about professionalism and review a range of teaching techniques and their application. There is a need to explicitly demonstrate the principles of professionalism in practice; and to understand and process violations of professionalism as learning opportunities. Following a brief introduction, ward tutors and clinical lecturers are divided into small groups for intensive guided discussion of professionalism issues they have encountered and how to use violations as teaching opportunities. Non-professional behaviors of students come in for special attention. Carefully selected scenarios are presented for discussion in a structured format. Prior to the workshop and again at the end, participants are requested to voluntarily complete a questionnaire consisting of several case scenarios. Responses to the cases before and after the workshop are compared for evaluational purposes. In addition to critical awareness, it is hoped that such sessions will contribute to the increasing application of professionalism values into the clinical teaching and role modeling of medical students during their clinical rotations.

USING AUDIOVISUAL EQUIPMENT AS A WAY OF ASSISTING TEACHING ETHICAL DILEMMA

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Many practitioners of the health profession, especially doctors & nurses, always face ethical problems in their daily work.

The unexpected appearance of complicated situations which they meet in their clinical practice demands significant decision making along with an awareness concerning ethical dilemma. These complicated conditions have a strong influence on the function of the medical and nursing team and their ability to cope.

Using simulation games, case study and case discussion via projection of film segments helps to analyze models of decision making. These resources sharpen the dilemma component and teach the professional staff to examine it deeply. As a consequence of this process the solution is developed. The cognitive progression steps in analyzing the data will help them to build up an alternative way of solving the dilemma and to justify it by a series of arguments and explanations. In this way the reasons for decision and choice of options could be highlighted. In this presentation we would like to show a method of using audiovisual equipment as a way of assisting teaching to absorb and debate Ethical Dilemmas.

A LONGITUDINAL APPROACH IN TEACHING MEDICAL ETHICS THEORIES, METHODS, APPLICATION, AND INTEGRATION

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Medical ethics education has become a prominent theme in medical education and physician's CME in Taiwan in the last 10 years due to the country's educational and medical policy reform in responding to the rapid changing health care delivery system and societal expectation. How to achieve effective and fruitful teaching both as individual bioethics teachers and as school education plans is more and more questioned and becoming a scholarship of great importance theoretically and practically.

In this presentation, I will reflect upon the methods of bioethics, and a variety of teaching strategies including case study, OSCE, drama making, and workshop, which have been adopted in my teaching and the country's public educational programs. I will also reflect upon personal experiences of developing a longitudinal approach in teaching bioethics and the strategies of realizing it.

DO BIOETHICISTS HAVE THE DUTY TO DISCLOSE THEIR WORLDVIEW?

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The main tool in mainstream bioethical debate is secular reason. Despite perennial disagreements there are proclamations of moral consensus. The Declaration on Bioethics and Human Rights of UNESCO (2005) can be seen as such a proclamation of a universal/global bioethics. But can it ever function as the foundation of a truly global bioethics?

In my opinion the critiques on secular reason are not seriously dealt with.

For several scholars it is clear that by reason alone secular morality cannot establish a content-full morality. Critics of this vision may point out that secular bioethics have secured a common moral vision to bind all. Principlism for example can reach common decisions when they approach diverse clinical cases, despite divergent theoretical commitments and backgrounds. This bioethics is neutral but still content-full. For some this whole enterprise of principlism is a complete fraud because it can only work if the participants in the debate are ideologically close enough to each other. Once the diversity among the participants is too big there is no content-full consensus possible. The time has come that we can value the true but limited powers of reason. There is no other instrument for humanity than reason to help us live together. But reason alone is not enough. It would be a step forward if bioethicists – while teaching or writing - would disclose the major elements of their worldview which will be based on theological and philosophical presuppositions. It is their worldview which gives them their orientation/content, not only secular reason. Until now most bioethicists do not say anything about or reflect upon their own worldview. But that doesn't mean that these theological and philosophical presuppositions aren't there. It is time that 'the duty to disclose one's worldview' is debated by bioethicists.

NEVER THE TWAIN SHALL MEET? INTERSPECIALTY BIOETHICS EDUCATION AND PRACTICE IN RELATION TO INFORMED CONSENT FOR ANESTHESIA FOR SURGICAL PROCEDURES

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Background: A bioethics issue that has not been resolved is whether anesthesiologists should use anesthesia-specific informed consent forms and processes separate from surgical informed consent forms and processes that address anesthesia. This issue addresses interspecialty teamwork in bioethics education and practice.

Objective: This presentation aims to review existing approaches to this interspecialty issue and to argue for and outline a proposal for interspecialty bioethics education and practice in relation to informed consent for anesthesia for surgical procedures.

Method: A literature search of Google Scholar, Pubmed, Philosopher's Index, Scholar's Portal, and LegalTrac was conducted by using the keywords: anesthesia (or anaesthesia), bioethics informed consent, interspecialty (or inter-specialty or interdisciplinary), medical ethics, postgraduate (or residency) education, surgery, teamwork. Contemporary and 20th century textbooks of anesthesia and surgery practice and relevant bioethics books were also reviewed. Informants from anesthesia and surgery departments and from the postgraduate education office at a conveniently sampled Canadian school of medicine were approached for guidance on the study content, and relevant policies of that school of medicine and of its regulators were reviewed.

Results and discussion: We found no published scholarly writings or formal local guidelines on teamwork of anesthesiologists and surgeons in training or in practice regarding informed consent for anesthesia for surgical procedures. This lack may involve risk to patients, anesthesiologists and surgeons (in training and in practice) due to unguided teamwork, and also due to possible resulting lack of any such teamwork. Such interspecialty bioethics education and practice could involve various alternatives of informed consent forms and processes of teamwork, ranging from structured information sharing between the anesthesiologist and the surgeon to jointly exploring and documenting such informed consent. Such options should be made available for consideration and possible training and use.

Conclusion: Further bioethics education research is required to address this interspecialty issue.

CAN WE BRING BACK ETHICAL CONSIDERATION TO THE HEALTH ORGANIZATIONS VIA AN ETHICAL DECISION MAKING SIMULATION GAME?

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Nursing practice brings the nurse in close and intimate contact with patients in a variety of settings. This makes her particularly vulnerable to ethical dilemmas that arise in her daily work. Moreover, new developments in science and technology, coupled with the budgetary constraints which takes precedent and effect nursing practice and lead professional & ethical conflicts in her daily practice.

The Israeli Ethics Bureau was launched six years ago. The main Bureau objectives are:

1. Promotion of nurses ethical decision making based on the nursing Ethics code (using a simulation game in workshops across Israel), _
2. Publishing in Israeli Nursing Journals
3. Distribute response letters on ethical issues to government and others.
4. Encourage nursing ethics research and ensure ethical behavior in research,
5. Deal with complaints of unethical behavior
6. Establish local Nursing Ethics Committees In health organizations,
7. Bring back the ethical consideration to the health organizations

After upgrading the Israeli nurse's code, the N.E. Bureau ran 20 workshops across Israel teaching ethical decision making based on the new code and using an ethics simulation game.

In the last two years the bureau promoted the establishment of local ethics committees in hospitals, public health and community settings.

N.E. Bureau's teaching programs using a simulation game for the practicing ethical decision making in real ethical situations - We shall try to answer the question if we were able to bring back the ethical considerations to our health institutions' decisions making processes?

WHAT IS IT THAT WE ARE TEACHING? ETHICS OF MORALS OR MORALS OF ETHICS

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Standing on top of the hill before the occasion, viewing the stars at midnight; contemplating the occasion's waves simultaneously; thinking of the good and just, of the nice and kind, and of the right and true; negating the evil and unjust, the bad and unkind, and the wrong and false; a person may think of himself as living in Utopia. In Utopia there is a code of morals; there is also a code of ethics. However, in Utopia we do not live; although we may aspire to live there.

In the longstanding discussion on the need for a code of ethics that is attached to our personal behavior as part of a professional community, it seems that a confusion is made between the need to determine that which is moral and that which is ethical. Many times we speak of morality as a synonym of ethics, or vice versa. This is obvious once reading what pretends to display codes of ethics. In such codes, the legislature refers to the idea of morality in order to elaborate on that which is perceived ethical in the eyes of the legislature (hereinafter: the outmoded dogma).

In my presentation I seek to challenge the above-mentioned outmoded dogma, thus arguing that which morality questions are determined based on a clear choice between a spectrum of schools of philosophy, addressing queries of ethics is a matter of national standard of conduct. As for the latter, we may aspire to draft an ideal code ethics that mirrors a particular school of philosophy word by word, yet this does not mean that such code is the best – all it means, a decision was made.

To this extent, I criticize legislative proposals and/or enactments that refer to that which is moral in fixing up codes of ethics. If legislatures seek to do so, they must, first and before all, clarify the school of philosophy on which is seeks to rely. Otherwise, such legislation has no practical meaning, and no single forum can truly apply and/or enforce such code of ethics.

Unfortunately, this has been the case in most legal system. However, this must be change. Otherwise, we solely fantasize of Utopia. But Utopia does not exist.

**THE CHALLENGE OF MORAL SENSITIVITY
UNDER STRESSFUL CONDITIONS:
A UBIQUITOUS CHALLENGE OF MEDICAL EDUCATION**

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Ordinary doctoring involves significant levels of physical, social, psychological and even spiritual stress. Research in psychology has shown that stress has protean impacts on cognitive function of lay people as well as on experienced individuals. Under stressful conditions, both lay and experienced people rely more heavily on pre-analytical strategies such as heuristics and direct perception that are less effortful than analytical, reflective ones; they also become less likely to notice minute or unusual details. Scardamalia has characterized experts as experienced individuals, who maintain the ability to recognize extraordinary circumstances and react accordingly. For example, a non-expert, especially under stress, would see all febrile patients with cough as falling under one category, whereas the expert may be able to tell out the one with a rare or grave condition.

Since moral judgment and action depend much on the perception of a given situation and its symbolic construction and emotional processing, this project aims at a theoretical exploration of the possible interactions between stress and moral behavior in clinical education and practice. The research applies moral theory, especially bioethics and virtue ethics, to the extent body of knowledge on experts' performance.

Medical education entails the cultivation of moral understanding in such a manner that would facilitate the identification of morally loaded situations even under stress and even when the moral issues are subtle.

BIOETHICS IN MEDICAL EDUCATION – TEACH THE STUDENTS AND THE TEACHERS

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Modern medical education should not only teach the science of medicine or technical skills but also instill the virtues and values of the “good” physician. Therefore, courses for training communication skills and courses of medical ethics, humanities, social and legal issues became part of medical curricula. However, it is now well established that the impact of such courses, particularly of ethics courses is limited. Usually, students and young doctors experience a large gap between what they learn in those courses and what they observe and have to adopt during their clinical training. In other words, the difference between theory and practice may be overwhelming. Role-model physicians, nursing staff and several practical constraints of clinical routine have a stronger impact than any course could possibly ever have. The so-called “hidden curriculum”, i.e. the socialization process in a certain hospital culture, is very effective. Against this background, simply intensifying the offer of ethics courses or introducing a bioethics module to an already crowded curriculum, seems to be an inadequate measure for tightly integrating bioethics into a modern medical curriculum. At Innsbruck Medical University, we therefore decided to pursue another strategy. First, the current offer of courses dealing either entirely or to a certain degree with bioethics issues was assessed. The aim is to make this offer more explicit, better connected and to include bioethical reflection wherever appropriate throughout the whole curriculum. Secondly, we are developing a new programme for training those who are teaching medical students. How to raise awareness for bioethical issues in the context of modern medicine will become part of the compulsory general didactics course for university teachers.

TRAINING ETHICS COMMITTEE MEMBERS AS A NECESSARY STEP FOR A JOB WELL DONE

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Ethics committees are frequently asked to discuss complicated scenarios which involve contradicting moral values, and complex circumstances. The care givers ask for the committee's advice or decision, and expect a professional and effective discussion.

The derived conclusion is that to be a member of the ethics committee is a serious task, which entails great responsibility. Despite this fact, most of the members don't get any preparation for this important mission. This situation is problematic, since the discussions often turn into vague conversations, based particularly on personal opinions and emotionally tendencies, instead of structured discussions that include reasonable consideration, according to the issues on the agenda.

Since 2008, the Department of Ethics Committees, in the International center for Health, Law and Ethics, has developed a unique program in order to help prepare the members of the committees to deal with ethical dilemmas. Several meetings are held every year. The purposes of the meetings are four:

First, to obtain professional knowledge both on the ethics ground and on the statutory situations, regarding ethical dilemmas in medicine. Second, to practice methods of discussions on various dilemmas. Third, to enable the members of the committees to present cases from their own experience, and get assistance in dealing with them. And finely, to make a professional network for members of the committees, to discuss cases brought by colleagues from other hospitals, and learn from their experience.

This paper will examine the importance of adequate training, reveal the program that was held so far, and discuss the fundamental parts that are vital for ensuring the reasonable training of members of such committees.

DIFFERENCES IN PERCEPTION OF THE TERM "ETHICS" AND THE DOMAIN OF ETHICS AMONG PHYSICAL THERAPISTS THE NEED FOR EDUCATION

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The objective of this presentation is to discuss the differences in perception of the term "ethics" and the domain of ethics among Israeli Physical Therapists. This is part of an empirical research that demonstrated the ethical aspects of physical therapy. The participants in this research are different in many criteria including years of professional experience, institute of education and training and participation in course of ethics.

The results demonstrated difference among Physical Therapists in their perception of the term "ethics" and the domain of ethics. There were interviewees that told ethical issues fluently and described situations from which ethical questions aroused. Some admitted they didn't understand the meaning of the term "ethical issue". They were not sure whether their stories involved ethical issues and needed confirmation. There were those who could not differentiate between clinical and ethical issues. Some claimed to never have faced any ethical problems at all. Even when they described ethical issues, they did not identify any difficulties since they deemed their behavior appropriate.

The Physical Therapists expressed their attitudes toward the profession from an ethical point of view: Some described their work as a mission and giving (care). Others protested against the tendency towards making the profession too academic and less care oriented, opposed to those who praised this tendency claiming that physical therapists are more professional and competent.

Cumulatively, to integrate ethical considerations, take moral decisions and behave accordingly – the physical therapist requires, in addition to professional education, acquisition of ethical knowledge and understanding and an "ethical tool box".

**EXPANDED NEWBORN SCREENING IN ISRAEL:
EDUCATION FOR PARENTS OF NEWBORNS
AND HEALTH PROFESSIONALS**

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Since the early days of newborn screening in the 1960s, the main justification for mandatory newborn screening has been the existence of an acceptable and effective treatment and evidence for direct benefit for the baby from screening. Current shifts in the process of newborn screening are starting to challenge this justification. With the expansion of the panel to include conditions for which treatment alternatives and benefits from screening are uncertain, as well as cases in which there is a risk for inadvertent disclosure of carrier status, addressing the issue of education for health professionals and parents of newborns regarding the screening procedure, and the related issue of informed consent for screening become imperative. I will start my presentation with a brief discussion of the current state of education about newborn screening among parents of newborns and health professionals who are involved in the screening process and the current consent process following the massive expansion of the screening panel in 2008. In interviews conducted with newborn screening program officials in Israel, the state of education about the screening process as well as the existing and desirable form of informed consent emerged as major topics of concern. I will then move on to analyze the ethical, social, cultural, and international dimensions contributing to the current state of education for parents and health professionals about expanded newborn screening and the existing consent process as it was portrayed in the Israeli interviews.

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