

PERNAS 8 JBHKI & ABC17

Joint Conference on Bioethics and Humanity

The 8th National Meeting of Jaringan Bioetika dan Humaniora Kesehatan Indonesia
The 17th Asian Bioethics Conference



BOOK OF ABSTRACTS

Yogyakarta, 12th – 17th November 2016

Organized by:



Supported by:



BPJS Kesehatan
Badan Penyelenggara Jaminan Sosial



List of Contents

Abstracts of The 8th National Meeting of Indonesian Bioethics and Medical Humanity Network (Pernas 8 JBHKN)

Day 1 3

Day 2 6

Abstracts of The 17th Asian Bioethics Conference (ABC17)

Day 1 8

Day 2 11

Day 3 23

Day 4 32

Posters 36

ABSTRACTS

The 8th National Meeting of Indonesian Bioethics and Medical Humanity Network (Pernas 8 JBHKI)



Day 1 – Saturday, 12th November 2016

Keynote Speech

“The Trans-Disciplinarity of Bioethics”

Soenarto Sastrawijoto

Session 1: Bioethics Integrants in Health Care Culture, Medical Ethics, and Local Moral Worlds

Byron Good

Social Sciences Contribution for Health Care

Yayi Suryo Prabandari

Session 2: Bioethics

Religious Significance in Bioethics Discussion

Sagiran

Relationship Between Medical Doctor and Pharmaceutical Company: Ethical Point of View

Budiono Santoso

Session 3: Paper Presentation

Whose Child is This? The Ethics of Assisted Reproduction

EBEH, John Igbo (Kogi State University, Anyigba, Africa) johnebeh2@yahoo.com

This paper is anchored on the ethical issue involved in the practice of assisted reproduction as one of the major ways of assisting infertile couples to achieve pregnancy and successful birth of their offspring. The paper queries the interference of the biotechnologist in the process, the third party involvement in the provision of the germ cells and the surrogate mothers that accomplish the processes. It further asks for the family identity of the baby so conceived, developed and put to birth. African ontology holds that everyone is a member of a family and the coming into being of each person has some involvement of the Supreme Being and the ancestors who are part and parcel of the family. The question is: how do we identify a child conceived through the practices of artificial insemination and in vitro fertilization in the laboratory with the use of the third party gametes as members of a family? But how do we assist infertile couples that are common place in most societies in Nigerian who desire to have their own blood progeny and respected as such; children that are expected to carry on their family names to the future generation and also the ones through whom their living-dead are reborn into their family. The paper principally examines the ethics of artificial insemination and *in-vitro* fertilization in Nigeria with particular reference to the Igala people. In the process, the paper examines the various practices that encompass *in-vitro* fertilization, the morality of in vitro fertilization, impact and effects of *in-vitro* fertilization in Nigeria, evaluation and conclusion. The paper is expository in nature, critical in outlook and analytical in approach.

Keywords: African ontology, artificial insemination, in-vitro fertilization, ethics, morality, African thought.

Autonomy vs Obligation of Law Due to Forensic Autopsy (Review of Coffee with Cyanides Case)

Eriko Prawestiningtyas (Faculty of Medicine, Universitas Brawijaya, District Hospital, dr. Saiful Anwar Malang) ep_4n6@yahoo.co.id

Coffee with cyanide case became trending topic for several months in all newspapers and electronic latter in Indonesia, it because closely related with the investigation process and law maintenance. It became viral as the main topic because of the problem difficulties in stating the cause of death of the decedent which is convinced until now that the cause of death of the decedent can be found by performed an autopsy forensic. In this case, during the live reported from courts showed a difficulties of all the investigators, public prosecutors in stating the cause of death of the decedent. Why it could be happen? Forensic autopsy will always be suggested performed by police investigators when they need to find out the cause of death to who suspected died by unnaturally. It performed in order to give a complete

examination and result of a criminal activity and to give more clear investigation as a holistic investigation. But, it performed not only by requested of an investigators only, but also by a good coordination between relatives of the decedent as the legal person who have the corpse which change became an evidence due to criminal activity. The relatives had an autonomy to decide whether an autopsy forensic will perform or not, and it absolutely related with them as the legal guardian of the decedent. Due to the investigation process and according to the criminal law in Indonesia, mentioned that all the citizen had an obligation not to prohibited the law investigation include the autopsy forensic when it absolutely necessary as the main procedure to maintain the law. It also mentioned about the sanction when the relatives of the decedent had refused the performe of autopsy forensic, it because of the suspicion of prohibited the investigation. According to this situation, in particular, for investigation process and law maintenance, the autonomy of the relatives very related with the responsibility and had the specific consequences. There was no autonomy without responsibility.

Keywords: Autonomy, Autopsy, Police Investigation, KUHP (Criminal Law in Indonesia)

Public Health Services in Health Centers versus Serving Curative Case in Independent Private Practice: Ethical Problems of Dual Job Holding in Tuberculosis High Prevalence Area

*Mubasysyir Hasanbasri (School of Medicine and Health, Universitas Gadjah Mada)
mhasanbasri@ugm.ac.id*

Penduduk miskin mengalami disavantaged dalam mencari pertolongan kesehatan. Padahal mereka sangat menentukan status kesehatan dari masyarakat di sekitarnya. Jika mereka tidak mendapat pengobatan yang tuntas, maka penderita tuberkulosis akan mudah menulari penduduk yang sehat.

Puskesmas selama ini menerapkan pendekatan passive case finding dalam deteksi tuberkulosis. Taruhlah puskesmas bertanggung jawab melindungi masyarakat dari penularan penyakit infeksi, bagaimana jika dokter dan tenaga kesehatan justru bekerja untuk praktik swasta mereka. Ketika kondisi public health seperti itu membutuhkan dokter dan tenaga kesehatan pemerintah, apakah etis mereka justru menomorsatukan fungsi praktik pribadi mereka.

Paper ini berpendapat bahwa fungsi public health dan fungsi primary care di puskesmas menuntut waktu dan tenaga yang serius dari dokter. Fungsi melindungi public health memiliki prioritas yang tinggi. Dokter pemerintah tidak etis membuka praktik pribadi sementara kemampuan public health services di puskesmas sangat lemah. Paper ini juga mengusulkan perubahan yang berani dalam kontrak tenaga kesehatan untuk menjamin prioritas public health.

Keywords: public health protection, health care centers, low paid job, vulnerable population, tuberculosis, ethical problems of dual job holding.

Penguatan komunikasi interprofesional dalam peningkatan penerapan bioetik pada pendidikan dokter

Arina Widyamurni (Fakultas Kedokteran, Universitas Andalas, Padang)

Kajian bioetik dalam cosmetic surgery

Annisa Ullya Rasyida (Fakultas Kedokteran Universitas Hangtuah, Surabaya)

Enhancing professional competence in medical students with Islamic ethics module approach

*Nasrudin AM¹, Shulhana Mokhtar² (Univ Muslim Indonesia) ¹ernase@yahoo.co.id,
²shulmd@gmail.com*

Medical ethics is an important part of professionalism that needs to be managed by physicians. Medical ethics education should have been obtained during the academic stage of medical school. Medical ethics get a share after Competency Based Curriculum (CBC) is issued by the Indonesian Medical Council (KKI) in 2012. Medical Ethics (the first standards: Professionalism sublime) became one of the seven areas of competence that must be owned by a doctor. That is why bioethics, humanities, and the professionalism of medicine are expected to answer the challenge of enhancing professionalism of graduate medical education in Indonesia.

Learning about ethics, humanities, and professionalism of medicine for medical students in a pluralistic problem like in Indonesia is an urgent task; it can help students to be mature, raise awareness of ethics, capable of being in the area of morals, which will produce humanist and professional physicians in the health services.

The students are given some scenarios containing ethics and moral dilemmas in health care practice everyday. They discuss the scenario based on the seven-step problem-solving and analysis based on basic principles of Islamic ethics: 1) Principle of Intention (*qa'idat al qasd*), 2) The principle of Certainty (*qa'idat al yaqeen*) 3) The principle of Harm (*qa'idat al dharar*), 4) The principle difficulty (*qa'idat al mashaqqat*), and 5) the principle of Custom (*qa'idat al 'aadat*). The students also can sharpen their skills in accordance with the goal to train medical skills and as an introduction to the problems which they will face in the future, particularly in establishing trust, communication, and a good relationship between patients and doctors and skilled in making and implementing the basic principle of Bioethics and Islamic Ethics to the clinical ethics problems and decisions and health humanity problems, in a preparation to enter the society and to be responsible as a professional doctor.

Keywords: Professionalism, Islamic Ethics

Day 2 – Sunday, 13th November 2016

Session 4

Plenary:

Bioethics Educational Session: Towards National Standard on Bioethics Education

Moderator: *Soenarto Sastrowijoto*

Speaker 1: *Agus Purwadianto*

Speaker 2: *Paryani*

Workshop Group 1:

Teaching Subjects and Teaching Strategy

Chair: *Paryani, Gandes*

Workshop Group 2:

Assessment Strategy in Bioethics Education

Chair: *Agus Purwadianto, Tridjoko Hadiyanto*

Session 5

Initiating Comprehensive National Ethical Guidelines in Health Care Services

Workshop Group 1:

National Ethical Guidelines for Organ Transplant

Chair: *Sjamsu Hidajat*

Workshop Group 2:

National Ethical Guidelines for Withdrawal and Withholding Treatment

Chair: *Sudiharto*

Workshop Group 3:

National Ethical Guidelines for Surplus Embryo

Chair: *Mohamad Hakimi*

ABSTRACTS

The 17th Asian Bioethics Conference (ABC17)



Day 1 – Monday, 14th November 2016

Session 1: Opening Keynote

“Bioethics for Science and Peace”

Recorded Interview Session with Bacharuddin Jusuf Habibie (The 3rd President of Indonesia)

With introductory remarks by Sofian Effendi (Director of The Habibie Center)

Session 2: Bioethics for Global Conflict Resolution

Bioethics for Sectarian Conflict Resolution

Abdulaziz Sachedina (George Mason University) asachedi@gmu.edu

The present political turmoil all over the world makes us search for all and any resources that can be tapped for conflict resolution of all kinds. For obvious reasons in improving intercommunal relations bioethical resources would be the last resort for sectarian conflict resolution. After all, bioethics fundamentally deals with clinical and health related ethics and endeavors to regulate physician-patient relationship. In general, secular bioethics, with its four well-known principles, avoids any entanglement with religious issues, including seeking to offer solutions to the longstanding sectarian conflicts. This paper undertakes to demonstrate that ethics in any field utilizes universal values, principles, and rules that apply across all levels of interpersonal relations and interactions. My involvement in comparative ethics to discover the common moral grounds and ethical decision-making in other religious or secular traditions makes me confident in asserting that bioethical principles like beneficence and maleficence (in Islam “No harm, no harassment”), or public interest (in Islam *maslaha*) and avoiding causing harm to oneself and others can very well teach NGOs and other social workers to invoke these in resolving interfaith and intrafaith conflicts. Most of the time in interfaith and intrafaith relations the conflict arises when a member of one community denies to acknowledge human dignity of another person belonging to a different community, race, gender, or sect. The thesis of this paper is that ultimately we need to search for universal principles that can become the critical source of improving human-to-human relations in the world. In my research in Islamic biomedical ethics I have identified two such universal principles that I believe can establish peaceful coexistence between members of various communities, namely, the value that demands acknowledgment of other humans as sharing equality with one another on the basis of inherent human dignity; and, the value that teaches humans to relate to others in sincerity, sensitivity, and deep sense of sacrifice. All these values are operative in the healthcare institutions around the world, which has the goal of advancing physician-patient and patient’s family relations in medical practice and research. There are tense moments of disagreements in the clinical situation in which I have participated. But the Ethics Committee made up of physicians, nurses, lawyers, representing the healthcare institutions, social workers representing the patient and her/his family reveal the teamwork that goes toward resolving the conflict. The paper undertakes to demonstrate applicability of that paradigm in other forms of conflict resolution.

Lesson Learned from Indonesian Experience in De-radicalization Program: Navigating Among Ethical Dilemma

Tito Karnavian (Chief of the Indonesian National Police)

Session 3: Bioethics to preserve humanities across societies

Dialogue and Reconciliation for Prevention of Terrorism

Paul Komesaroff (Monash University)

Bioethics and Social Reconstruction in Post-Terror/Post-Conflict Societies

Mary Jo Good (Harvard University)

Alternative for Arab Israeli Conflict Resolution: Abrahamic ethical approach

Umar Anggara Jenie (UGM) umar.anggara.jenie@lipi.go.id

Goals in the Middle East are easy to enumerate (but extremely difficult to accomplish). Why then, is it so difficult, - seemingly impossible - to bring peace? Only by listening to the voices in each nation (Arab and Israelis) and by examining more closely the history of the people themselves (who shares common blood of Abraham), is it possible to approach the answers to these questions. (Jimmy Carter on The Blood of Abraham, 1985).

History has shown that conflicts among nations have been settled using various means such as military and/or diplomacy. More than a half century, conflict between Arab/Palestinian and Israel has been tried to resolve using military and diplomatic approaches. So far these approaches failed to reach a just and final solution among the conflicting nations (Palestinian/Arab and Israel). Mutual trust among these two nations has to be built up first, and the role of civil societies become very important. Establishment of Israel-Palestinian Science Organization (IPSO) by scientists from both nations, is one example of the role of civil society to build up mutual trust through scientific organization. Another example, recently Israeli bioethicists established what is called UNESCO Chair of Bioethics, the branch of it spread over to countries all over the world, including Islamic countries. Thus, IPSO and UNESCO Chair of Bioethics, could be used as a place where Israel and Palestinians/Arab representatives could discuss their scientific and ethical problems peacefully, and this in turn could build up mutual trust among these two nations. Since these two nations share common blood of Abraham, Abrahamic Ethics which is mainly focus on Believe on Oneness of God, could influence the mindset of these two nations, so the problems could be settled peacefully.

Keywords: Arab/Palestinian-Israeli Conflicts, Civil Society, Abrahamic Ethics

Conflict and the inherent nature of man

Ravichandran Moorthy (UKM, Malaysia) drravi@ukm.edu.my

The paper deals with the question whether conflict is an inherent trait of human nature? In the last 100 years, humans have brought about colossal destruction to their own species and to the environment through the scourge of wars, violent conflicts and unsustainable use of the habitat. Ironically, despite being social and religious, humans seem to have the capacity to inflict intense cruelty to his fellow brethren for differences in opinions and interests. By drawing from recent history of human endeavour, the paper asks whether the propensity for conflict is an innate makeup of human beings. It also examines why humans falter wretchedly in managing conflicts, crises and disputes at many spheres of existence.

Keywords: Conflict ethics, Human nature, Dispute settlement, Asian worldviews

Session 4: Bioethics to Save the World

Inviting persons from different countries to contribute ideas on:

“How to promote peace and create a better world through nations’ local wisdom/values respectively”

Human Dignity as The Foundation of Peaceful World

CB Kusmaryanto (Sanata Dharma University – UGM) kusmaryanto@gmail.com

Preamble Universal Declaration of Human Rights, “Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world”. It is rightly said that the foundation of peaceful world is human dignity (inherent dignity). There are many discussions and disagreements regarding the place of human dignity: What is it? What is the definition of human dignity? What is the basis of human dignity? What is the right place of human dignity.

Some people said that human dignity is only a vacuous concept—a mere placeholder for varying ethical commitments and biases. On one hand, for the liberal and secular human dignity is associated with personal autonomy and individual choice and at the other hand, for the conservative and religious it is only another form of sanctity of human life.

Although there are many discussion and disagreement among scientist, UN and UNESCO already published some monumental documents on Human dignity and human rights. Preamble The Universal Declaration of Human Rights (UN - 1947) and Universal Declaration on the Human Genome and Human Rights (UNESCO - 1998)

The word “dignity” comes to us, via the Latin dignus and dignitas, from Greek and Roman antiquity, in whose literature it means something like “worthiness for honor and esteem.” It came from old and non egalitarian society. One may have “dignitas” because of: Blue blood, aristocracy, monumental achievement etc. Briefly, “dignitas” can be obtained or inherited.

Human dignity is used in two different ways: respect due achievement or success and respect due to inherent value of human beings as human beings. There are 3 bases of human dignity: Imago Dei, intrinsic value, and autonomy Kantianism. The three of them underline that individuals have an inherent, immeasurable worth, and dignity, regardless of any achievement, any factors or reasons. Each human life is considered sacred so that there is reason to treat him/her merely as a mean.

In political and social life, the source of peaceful world is also human dignity. Respect of human dignity means the guarantee of equal dignity, guarantee of safety of human life, and guarantee of not treating other as means to achieve a goal. The root of violence in the world is the diminishing of the respect of human dignity. Somebody who want to kill others means that the killer regard other human being don't have equal dignity so that she or he can be eliminated or at least can be used as a mean to achieve certain goal.

The New Sense of Bioethics for Conflict Resolution

Soenarto Sastrowijoto (UGM)

Day 2 – Tuesday, 15th November 2016

Keynote Day 2

Environment and Biosphere

Endang Sukara (Indonesian Institute of Sciences – LIPI)

Session 5: Bioethics for Biodiversity: Conflict Between Over Exploitation and Preservation

Resolving Biodiversity Conflicts: Comparisons between India and Ecuador

M.Selvanayagam¹ (selvam.mariadoss@gmail.com), Francis P Xavier SJ.,² and Ignacy Arockyaa SJ.,¹

1. Loyola-ICAM College of Engineering and Technology (LICET), Loyola Campus, Chennai-600034, India

2. Dr Ambedkar Cultural Academy, Madurai-625 022, India

Biodiversity has become the deciding factor in the meaningful existence of human beings. In the past we have so much harmed the biodiversity, today we stand in conflict with biodiversity as it threatens our very continued existence of our life in the planet. Conflicts between the conservation of biodiversity and other human activities occur in all habitats and can impact severely upon socio-economic and biological parameters (Young et al., 2005b). In a changing environment with increasing pressure on biodiversity, these conflicts are likely to increase in importance and magnitude and negatively affect biodiversity and human well-being. It is therefore imperative to better understand the causes of these conflicts and at the same time ways forward to manage them effectively.

The conservation of biodiversity is closely linked to sustainable development. This is particularly evident in the so-called developing countries. Our biodiversity is threatened by various developmental activities which lead to environmental degradation and thus a significant loss of biodiversity. Efforts to conserve biological diversity are only as sustainable as the social and political context with in which they take place (Hanson et al., 2009).

Animal and plant species around the world are disappearing fast. Some scientists believe as many as 25 % of the world's total complement of species could be lost over the next few decades (McNeely, 1992). Our planet is clearly facing a wide and disconcerting array of environmental problems and biodiversity loss is only one of them. In a changing environment with increasing pressure on ecosystem goods and services and increasing urgency for biodiversity conservation, these conflicts are likely to increase in importance and magnitude and negatively affects biodiversity and human wellbeing. It is essential to understand the biodiversity conflicts in order to develop ways to manage these effectively.

Even though the problem of biodiversity conflicts are common in most of the developing countries but it depends upon the social, cultural context with other industrial, political conditions. In recent years both the Ecuadorian government and the civil society have developed new approaches for sustainable development which focus particularly on biodiversity conservation and environmental protection. Rights of nature and the concept of “Sumakkawsa” (Good Living) were incorporated in to the new Ecuadorian constitution adopted in 2008.

The rich biodiversity of India has always played an important role for the benefit of human, animals and the environment. India is a megadiverse nation, housing around 10% of world's species. It has a rich cultural heritage going back thousands of years. Much of India biodiversity is intricately related to socio-cultural practices of the land. But due to population explosion, climate change and lax implementation of environmental policies, several species are already facing threat of extinction. All these affects the food chain, and also the livelihood and the culture of millions of Indians who depend on local biodiversity.

In this paper we will discuss the various issues related to the biodiversity conflicts and strategy for resolving for better quality of life in this planet earth. Along with statistical evidence, practical norms, to be implemented, would be discussed.

Keywords: Biodiversity, Conservation, Sustainable development, Environmental degradation, livelihood

International Perspectives on Bridging the Socio-Economic Gap Between Poverty and Transgenerational Inequity

Irina Pollard (Macquarie University, Sydney, Australia) irina.pollard@mq.edu.au

Issues such as equity, peaceful conflict resolution within and between generations, environmental protection and sustainable development are matters of ethical concern and collective responsibility.

Increasingly insights gained from science are highlighting mechanisms whereby social trauma influences health parameters across the generations. Epigenetic influences (that is, all the external environmental variables which regulate gene activity) modulate normal developmental processes. A major concern has been to understand the unique long-term physiological configurations of stress responses as experienced by traumatized children and vulnerable adults. For example, it is a matter of pride that the neonatal mortality rate in affluent societies has dropped substantially since the late 1970s. However, the level of infant mortality rate (two-to-three times the national average) and low birthweight (13%) among the Indigenous Australians is the highest in the country. With hindsight we now know that's an inevitable legacy of Australia's colonial history. Since the European arrivals, Aboriginal Australians have been systematically dispossessed of their land, separated from their children and disconnected from their culture. Genetic susceptibility in combination with chronic physical and psychological distress is recognised as an important etiological factor in many lifestyle diseases of the cardiovascular, immune and reproductive systems. Such diseases of adaptation are further advanced by non-adaptive lifestyle choices, depression, alcoholism and other drug dependencies. This presentation describes the principles of bioscience ethics (<http://www.bioscience-bioethics.org>) and targets equity issues across nations with particular reference to Australia's Indigenous populations. Bioscience ethics facilitates free and accurate information transfer from applied science to applied bioethics which, in turn, provides unique educational opportunities for advancing biological understanding within the scaffolding of ethics. If we are to embrace fundamental social change and protect future children without threatening parents' basic freedoms, then new politics and priorities – based on a compassionate understanding of biological systems – must evolve from the general public. Belief in human rights arising from a sense of human dignity is a collective outcome originating from individual commitment. It is time that a critical mass of humans will demand reconciliation by creatively engaging in social change thus furthering our progress towards a peaceful world.

Keywords: World peace; Indigenous Australia; Bioscience ethics; Epigenetics

Bioethics as Ethics of Survival: Critical Reflections on the Crisis of Global Warming

Lee Shui Chuen (National Central University, Taiwan ROC) shuiclee@cc.ncu.edu.tw

In the conception of a discipline of bioethics study, it borrowed a term originally employed for the study of survival of the *Homo sapiens* in the wake of serious environmental crisis. It is then served the research in bioethical issues for the last 50 years and on. However, it is returned with the problem of human survival by the turn of the century when environmental problems again lead to a drastic changes in climate and species growth, especially the human population. It is believed that not only global warming has caused the crisis of the survival of a fairly large sector of human population, and that the total human population has already trespassed the limit of the carrying power of the Earth. How to reduce the population and avoid the tragedy of the war for survival in the near future is an urgent issue in bioethics which needs be addressed before it is too late. In this paper I try to set out a preliminary reflections on the related issues and some of the reasons and solutions for the problem.

Gm Crops: Is There A Solution To Avoid Conflict Between Food Security And Safeguarding People And Our Environment?

Latifah Amin (National University of Malaysia) nilam@ukm.edu.my

Powerful tools provided by modern biotechnology have had profound impact on the agricultural sector worldwide. In 2014, 181.5 million hectares of genetically modified (GM) crops have been grown globally with an annual growth rate of between 3 and 4%. GM crops raise many controversial ethical issues that must be addressed with caution and thorough ethical considerations. Advocates say there have been significant benefits of GM crops for the farmers as well as consumers but at the same time the critics question their socio-economic and environmental impacts. Acknowledging the potential benefits of GM crops to increase food security as well as their possible unintended and unpredictable risks to the environment: is there a solution to avoid conflict between the two?. This paper will provide some insights on the current status of debates surrounding these issues as well as recommending possible solutions to reap the benefits that GM crops can offer but at the same time not sacrificing the safety and welfare of people as well as our environment.

Session 6: Bioethics for Global Economic Revitalization

Economy of "Gotong Royong"

Sri Edi Swasono (University of Indonesia)

Bioethics, Civil Economy and Health Technology for Transcultural Justice: a plan for action
Duu Jian Tsai (Taipei Medical University) duujiantai@gmail.com

Faced with the challenges of the National Health Insurance system and the commercialization of health care, efforts to cultivate medical professionalism thus far leave much to be desired. While market economics assumes that human beings are fundamentally self-interested, we argue instead that humans are more relational 'gift-exchanging animals' who are naturally disposed to cooperate for mutual benefit. Our research team advocates bioethical reflection about professionalism aimed at achieving transcultural justice and use of smart health technology, with an eye to replacing the healthcare market economy in with a civil economy. To this end, we have adopted service-oriented participatory action research as a methodology for institutional based community empowerment personnel training that adapts technological innovations to developing countries as well as remote tribal areas. The research will start by comparing the experience of implementing new health technologies at Mazhu Hospital in Malawi and at a Jin-yue aboriginal village in Taiwan. Secondly, we will introduce and critically review the strategy for collaboration between Khonhwa Hospital in Vietnam and Pingtung Christian Hospital in Taiwan. Finally, we take lessons from these comparative findings and propose guiding principles for nurturing a civil economy characterized by transcultural justice. In conclusion, we argue that reflexive medical professionalism is essential for enacting bioethical guidelines and for applying new health technology in ways consistent with transcultural justice, for the ultimate purpose of developing a civil economy in the field of healthcare.

Keywords: self-interest, mutual benefit, professionalism, smart health technology, participatory action research

Session 7: Parallel

Session 7A: A transcultural bioethics governance framework for cloud computation –a new landscape for health service and participatory research

Social medicine has been an essential part of contemporary medical professionalism. It is not only the primary approach to reform in bioethics and medical humanities education, but also the foundation of the WHO's call for community health and healthy cities. A number of new global trends suggest community security and health are becoming an essential concern and mission for advancing technology development. These include the post-WWII birth cohort reaching retirement age creating an imperative, universal need for long-term care facilities, an increase in natural disasters resulting from climate change, and newly emerging infectious diseases that urgently demand global attention and monitoring. Serving the need for social care and maintaining the health environment present critical challenges for health professionals creating, using or further implementing health informatics. To address this, we aim to enrich a transcultural bioethics governance framework for cloud computing by that takes a practical approach to incorporating information technology competence into the professional heritage of community engagement.

This session will prospectively integrate participatory design of Information Technology with developing national LTC system policy, enriching professionalism education in clinical training and expanding perspectives on frameworks for bioethics in multicultural (and global) contexts. The first paper will show how we use cloud computing in designing service learning action research. Through a service learning training program, Living Labs have been established at the Jin-Yue Tribe in I-Lan county, the Zhong-Chin Li in Taipei city and the Kaohsiung Post-exploration Area for comparative study. In the second paper, the collaboration between the research team and the community association developed a user innovation platform that linked social/cultural activities with health promotion. An e-learning platform linked social networking, detailed oral history data archives, and health promotion/rehabilitation activities. Health data collection was organized through health-related activities coordinated mainly by the research team and the association leaders. We thus pursued a total solution for the innovation platform. The third paper will include further collaborative planning and comparative research for regional development. The scope of research will extend from community development to regional planning, by including experiences at international action research sites for comparative study purposes. Finally, we will propose a collaborative international plan for professional training aimed at nurturing the development of bioethics governance frameworks globally. This session will not only incorporate participatory information technology design for community health and long term care, but will also enrich the scope of training for medical professionals, expand a newly established bioethics teaching network in the Asia-

Pacific region, and, finally, will take concrete actions to challenge and enrich the theory and method for designing bioethics governance frameworks.

Proposing Taiwan As A Medical Cloud Computation Hub for Health Service Development in China and Southeast Asian Countries-- A Service-Learning Action Research Project

Yu-Chia Chen, Joseph Yu & Duujian Tsai (National Central University & Pingtung Christian Hospital) yuchia@sea2003.org.tw

Pingtung Christian Hospital (PTCH) followed in the footsteps of our preceding medical missionaries by actively participating in international cooperation and services. During the cross-cultural learning process, we found Taiwanese students were inadequate in their knowledge and ability to participate in international cooperation. Thereafter, PTCH worked closely with several universities in Taiwan, offering medical or health clerkships and internships in order to improve Taiwanese students through the delivery of humanities education and fostering interest in international cooperation. Supported by the cloud computing platform for service learning designed by our project team members and the international collaboration between the PTCH tele-care and mobile care projects with different SE Asian governments, we will further extend knowledge about how to integrate information technology with community medicine and regional health planning for the international sphere. This is an action plan based upon our design of integrated healthcare delivery systems to serve tribal communities, which have been showcased recently in the annual Southeast Asian Professional Collaboration Workshops and now are further serving professionalism training purposes through their use in international service-learning programs. Regarding regional hospitals as core hubs to facilitate the development of health promotion and health care delivery resources in communities, the action plan is arranged into three phases, including community care, aboriginal mental health services and international cooperation and education. Supported by the co-design framework for smart technology development of our service learning programs, we mainly focus on cross-cultural health issues in the international workplace, which can be employed as a training platform for turning humanistic priorities into collective action for designing health promotion activities, bioethics governance frameworks and sustainable business models suited to particular contexts. We will propose a management framework, sustainable business model, and strategic planning for further development to facilitate regional collaboration with Taiwan serving as a medical cloud computation hub for professional training and collaboration in Asia.

Keywords: service learning, community care, aboriginal mental health, international cooperation, smart technology

Putting in Place an IT Platform for Healthcare Management

Johnson C.S. Huang, T.R. Hsu, D.J. Tsai, Y.C. Chen, J.Y. Chen.

Purpose Living Labs are a well-established participatory approach to designing products and services that has been proven effective for promoting use of ICT devices in rural areas and among the elderly. It can also be used for innovating ICT device designs tailored to the needs of these populations. Our project uses the concept of Living Labs to create a systemic and participatory approach to providing health care and strengthening community in tribal areas. Methods We have recruited volunteers to experience the ICT project and provide valuable feedback for ongoing product design in users' labs. Moreover, we successfully established a Living Labs by working with community leaders to mobilize neighbourhood networks and bring prototype products to residents' real lives, gaining innovation partnerships in the process. Beginning with using tele-care technology to support health promotion and "aging in place," neighbourhood residents have been willing to take part in product design or feedback. Based upon the idea of group consent as a basis for ethical governance—a framework developed for the Taiwan Bio-bank—we implemented the concept of participatory governance by first establishing a mutual assistance health promotion database in the community. Next, we assembled a database for living activities and cultural affairs are to enrich daily life in the associated communal area. Finally, a large-scale ecological and environmental databank is established for sustainable regional planning. These databanks provide an infrastructure for developing a knowledge environment with community-based benefit-sharing as a key feature. Results & Discussion The collaboration between the research team and the community association developed a user innovation platform that linked social/cultural activities with health promotion. An e-learning platform linked social networking, detailed oral history data archives, and health promotion/rehabilitation activities. Health data collection was organized through health-related activities coordinated mainly by the research team and the association leaders. We thus pursued a total solution for the innovation platform. Separation between the cultural domain and the health domain seems inevitable in the long run, although the tribal association revealed interpersonal links between the

two types of activities. Overall, the tribe appeared to be more receptive to cultural preservation efforts than to health promotion, in part because cultural preservation reinforces their identity and independence from the ethnic majority in Taiwan.

Keywords: tele-care technology, rural area, database, total solution, innovation platform

Patient Privacy Protection and Authorization: A Case Study based on Patient-Centered Care on m-Health solution.

Johnson C.S. Huang, Andony Lai, Joseph Kwong-Leung Yu, Yau-Hwang Kuo

Session 7B: Bioethics, Environment, and Community

Environmental protection as an ethical requirement for community health

Gamil Abdul-Rahim Ali Saleh (University of Aden) Jameel5200@yahoo.com

Environmental ethics and sustainable development are inexorably bound together as the decline of environmental conditions affect the population health resulting in increase the morbidity and mortality rates. The objective of this paper is to analyze the different factors contributing to environmental protection identifying the roles and responsibility of government , community and individuals. The methodology used is a literature review and critical analysis showing the environmental factors affecting community health , the socioeconomic conditions and quality of life and the responsibilities for protection of the environment . The different strategies for environmental protection is outlined in this paper. The conclusions of the study is that the main threats to the world health, to stability and even to mankind's existence itself comes from the synergetic interaction of the following three factors : poverty , population and environment. The study recommended the application of some strategies for better environmental protection such as policy, changing organization behaviour , education protection , promoting community educator and strengthen individual knowledge and skills.

Keywords: Ethical environmental issues, governmental responsibility, community responsibility, individual responsibility, governmental strategy

The lack of environmental ethics in dealing with particulate matter in Korea

Manjae Kim (Gangneung-Wonju National University) mjkim@gwnu.ac.kr

Problems of particulate matter have recently become a sensational issue in Korea. According to the news search service, Kinds, almost a third of news articles have been produced in 2016 (as of July 19), since “particulate matter” appeared for the first time in 1993 as an article title of the Hankyoreh.

Particulate matter is well known to cause serious illness such as lung cancer, stroke, and heart and respiratory diseases. In spite of its toxic effects, however, it is still confusing in identifying what is causing these problems and what we ought to do for policy decisions. Is China responsible for harmful dust in Korea? Is grilling mackerel without proper ventilation accused for air pollution? Do we have to impose stricter regulations of diesel cars? Media have provided contradictory disputes for last several months and the Korean government has failed to answer these questions.

Therefore, this paper aims to present how Korean government and media have played an ambiguous role in dealing with particulate matter by applying a content analysis largely based on news articles. It finally claims that the lack of environmental ethics can be a crucial cause of all these disputes.

Keywords: Environmental ethics, particulate matter, Korean government, media, content analysis

Disaster and Newborn Power for Resilience

Frank Huang-Chih Chou (Municipal Kaohsiung Kai-Syuan Psychiatric Hospital) f50911.tw@yahoo.com.tw

Purpose: The plan takes practical experience in the face of post-disasters experience, which promote the sharing experience in the current reconstruction. Disaster experience is by social community or community the way to witness resilience. Thus social community / community identity become the dilemma of the important basis and foundation.

Methods: The author have several post disaster mental rehabilitation experiences including natural as Chi-Chi earthquake and Morakot typhoon and man-made disaster as 81 gas exploration in Taiwan. The author summarized psychological need under domestic cultural context, establishing and evaluating recovery resource model from these post-disaster mental rehabilitation from these post disaster mental rehabilitation experiences.

Conclusion: Reconstruction and training script library can organize effectively kinds of domestic and international response to the disaster.

Keywords: disaster, mental rehabilitation, resilience

Ethical perspective of health care in ASEAN Economic Community

dr. Leonardo Alfonsius Paulus Lalenoh¹, dr. Christian Apolinaris Lombogia, MARS²

¹ *Graduate School of Clinical Medical Science, Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta*

leonardo.a.p@mail.ugm.ac.id

² *Nursing School, Sekolah Tinggi Ilmu Kesehatan Halmahera, Maluku Utara*

christianlombogia4@gmail.com

Main problems: The ASEAN Economic Community has an enormous impact in many sectors. Given to the atmosphere of free trade and commerce, people could live in a foreign country for a long period of time. Indonesia, as the member of ASEAN claim himself ready to compete in the globalization era. As the government still optimist for its readiness, the health care would probably need some improvement in providing service to patients. The objective of this paper is to raise and describe some important issues concerning health care services in trans-cultural setting. This paper describes the importance to understand others culture and beliefs without neglecting the principles of excellent evidence-based medicine service in the hospital.

Methodology: This is a literature study. We develop several ideas and concepts with trans-cultural approaches in ASEAN Economic Community setting.

Findings: We have developed seven important pillars in advocating the related stake holder and governments for efficient health sector problem solving and policy making in ASEAN Economic Community setting.

Originality: Peltzer et al have described the universal health coverage in emerging economic countries in the world. Guadamuz et al have developed a concept focused on HIV screening in ASEAN countries. Lim et al have developed an innovation for non-communicable diseases among ASEAN countries. Kittrakulrat et al raised the issue on medical qualification in ASEAN economic setting.

Conclusion: The ASEAN Economic Community has many promising values in the future. It could rise the sector of health services as well as health tourism in Indonesia. But, without adequate surveillance and monitoring system, the ASEAN Economic Community is very potential in spreading the pandemic infectious disease in Indonesia. All we need to do is to be prepared and establish strategic mapping for Indonesian health service platform in the globalization era.

Keywords: ASEAN, Health, Ethical

Session 8: Parallel

Session 8A: Transcultural Bioethics

Multiculturalism and ethical values in India

V.Balambal (University of Madras) drbala50@gmail.com

Multiculturalism is an ideology that promotes the institutionalization of communities containing multiple cultures. India is noted for the existence of multiculturalism. It is the second biggest populated country in the world with different ideologies which may cause havoc too.

Starting from the landscape and physical features, India is multifaceted with regard to climate, races, tribes, clans, castes, religions, languages, food, dress, rituals, festivals, customs and manners, arts and crafts, sports, rural and urban factors, political parties etc.

This multiculturalism is a great challenge to India's unity. India boasts 'Unity in Diversity'. When there are different cultures in one soil, it is a challenge to its unity and ethics. The highly populated country like India with different castes, religions and languages faces clashes and struggles which results in bloodsheds.

When regionalism and 'sons of the soil theory' gets popularized in a bigger nation like India, that itself leads to the killing of Indian ethical values. India can be proud of multiculturalism on one side and ashamed of divisional approaches. The language, caste and religious divisions and fundamentalism in many spheres ruin the power and prestige of India.

There were great spiritual leaders like Adi Sankara, Ramakrishna, Vivekananda, Mother Teresa, Narayanaguru, Mahatma Gandhi who have preached non-violence, love, service to humanity in India. But groupism, fundamentalism, regionalism, casteism etc ruin the oneness of the people.

Children are to be taught at home the importance of unity. They should know about the greatness of multiculturalism of India. When they grow up, they should keep in mind and work for the unity, dignity, safety and security of the nation and people. The value of service, unity, patriotism, friendship, sacrifices etc. in the multicultural society are to be realized to have a peaceful society.

Keywords: Multiculturalism, Unity, Diversity, Peace, spiritualists, Training

Exploration the experience of javanese ethnic patient with history of having the involuntary treatment during hospitalization in psychiatric ward

Frilya Rachma Putri (Universitas Brawijaya) frilya.putri@gmail.com

Main Problem: Involuntary treatment is the commonest method used on psychiatric wards to contain mentally ill patients who are violent toward themselves or others. These measures are controversial, because while they are intended to protect patients and those around them, they restrict freedom and are usually applied against a patient's will. This causes serious ethical dilemmas for patients, their caregivers, clinicians and policymakers.

Moral deliberation theory, developed in the field of clinical bioethics, was used to assess ethical issues. Consideration of patient values in moral deliberation is important to manage ethical conflicts.

Methodology: Depth interview with Javanese ethnic patient in community of Schizophrenia in Java Island, who have experience with history of having the involuntary treatment during hospitalization in psychiatric ward. The goal of interview is exploring more about values, meanings, thoughts and opinions of the patients. So that, it will be applied in managing ethical conflict and can give more appropriate and better management of therapy in Psychiatric patient.

Result: will follow

Malay Riau local wisdom values to resolve medical dispute cases

Dedi Afandi (Universitas Riau) dediafandi4n6@gmail.com

Alternative Dispute Resolution is one of medical doctor competency to resolve conflict between doctor-patient. This research aims to analyze text of "Tunjuk Ajar Melayu" to use as approach to resolve conflict between doctor-patient. Through literature review found that many values can maintain and sustain "trust" between doctor-patient; before and after conflict. We suggest to teach about "Tunjuk Ajar Melayu" for undergraduate medical student in our faculty that can increase their ability to achieve and resolve in the face of conflict.

Keywords: Malay Riau; local wisdom; alternative dispute resolution; medical dispute

Experiences using traditional medicine in Banyumas

Ageng Bella Dinata, S.Ked, dr. Amalia Muhaimin, M.Sc, Rr. DiyahWoroDwi Lestari, S.Psi., M.A (Universitas Jenderal Soedirman) agengbelladinata@ymail.com

Background: Traditional medicine is still used by communities in Indonesia. Even though access to modern health care has increased, but it has not decreased the public interest to use traditional medicine and the practice of traditional healers. Public interest has increased due to the "back to nature" trend in society which is also supported by the development of traditional medicine facilities in various places and commercial advertisements of traditional healers on electronic media.

Purpose: To describe experiences in using traditional medicine.

Research Methodology: Qualitative phenomenological research using in-depth semi-structured interviews as data collection. Purposively selected, subjects of this research are people who have been using or have used traditional medicine and services of traditional healer in the region of Banyumas.

Results and Discussion: A number of themes were obtained from this research, including knowledge about traditional medicine, change of treatment behavior, reasons for using traditional medicine, attitudes of health care workers towards traditional medicine, experience in using traditional medicine, family and environmental support in the use of traditional medicine, perceptions towards traditional healers and traditional medicine, and expectations for traditional medicine in Indonesia.

Conclusion: Individuals in this study have chosen to use traditional treatments for various reasons after using modern medicine. The decision had been encouraged by the attitude and behavior of families and people around them, health workers, and traditional healers. Even though the community has a positive perception towards traditional medicine, some still prefer the use of modern medicine in certain conditions such as severe illness or emergency situations.

Keywords: traditional medicines, experiences, qualitative

Theravada Buddhism attitude towards reproductive cloning

BunRong Kouy (National Central University, Taiwan)

Human cloning is arguably the most exciting and at the same time foreboding technological-biological development of our times. The amazement and debates have sparked for nearly a decade over the moral permissibility of this technology after the announcement of the birth of Dolly, the sheep cloned from mammal cells of adult ewe from an already differentiated somatic cell. Although such hostility has led to what is effectively a worldwide ban on reproductive cloning, leading figures such as John Robertson, John Harris and Justine Burley have ethically explained why reproductive cloning is morally acceptable. Three principal types of argument against human reproductive cloning includes the concerns over the safety of the practice, appeals to the welfare of the cloned child (harms brought to the cloned child), and the case for human dignity. This paper does not intend to rehearse all the objections again. Instead, the paper aims to explore how Theravada Buddhism, as atheistic religion, responds to the advancement of human reproductive matter.

A religio-ethical approach in the management of newborns with disorders of sex development (DSD) in Malaysia

DR. Mohd Salim BinMohamed¹, DR Siti Nurani Mohd Nor²

¹ *University of Malaya, Malaysia; mohdsalim@um.edu.my*

² *Associate Professor, University of Malaya, Malaysia; sitinuraninor@um.edu.my*

Ethical issues related to Sex Assignment Surgery (SAS) in newborns with Disorders of Sex Development (DSD) range from concerns of the rights of newborns, the reliability of the consent of parents and the paternalistic disposition of physicians. In addition, the timing of surgery, ideally during the early hours after birth also requires prompt decision on the proper assignment of gender. In this paper, we argue that moral decisions regarding SAS ought to also include socio-cultural considerations. The role of ethics that unifies medicine, religion, and the humanities is examined. This research found that the panel of decision-makers must include not only the parents of the newborns, the attending specialist, and the usual assemble of experts but also religious scholars, priests or gurus. While the medical experts may provide advice on biomedical matters, the inclusion of a Muslim scholar is imperative when the newborn of a Muslim family is enlisted for SAS. Proper assignment of gender is demanded by the Islamic laws of which wrong gender choice has crucial implications for the intersexed in adulthood. A multi-disciplinary team (MDT) such as the one proposed in this paper will ensure that the sustainability of values within a religious and culturally-based society is preserved.

Keywords: Sex assignment surgery, Multidisciplinary, Disorder of Sex Development, Bioethics, Islamic laws

Cross Culture Bioethic Concern Austronesian Herb ,Public Health Issue And Safer Community Health Through Set Up Of Center for Austronesian Medical and Agriculture Research Community Health Promotion and Public Health

Neoh Choo Aun#, Neoh Karen#, Neoh Jessie#, Tzou-Chi Huang#, Joseph Kwong-Leung Yu#

#Pingtung Christian Hospital, corresponding: Neoh Choo Aun, e-mail: 01071@ptch.org.tw

Austronesian communities span a wide geographical area from Taiwan south to New Zealand, encompassing Indonesia, the Philippines, Malaysia, New Guinea and the Pacific islands, with most located in tropical and subtropical regions, there is a rich variety of medicinal herbs with a long history of use. Many population of the Austronesian are still using their traditional herb without knowledge of their safety and side effect. Morbidity and mortality already reported in different countries after consuming their traditional herbs. These Austronesian herbal remedies, for example, Indonesian Jamu, which have undergone relatively little scientific research on their efficacy as compared to their traditional Chinese counterparts, possess significant potential for development, and thus is where we need to help cross culture and cross countries for their community health promotion and public health. We concern not only cross culture bioethic issue, but also safety concern. We use Western modern medicine technique to research the East and Native Austronesian Medicine herb to ensure its safety for the public to consume.

Results : Our hospital work with NPUST to help researchers from Austronesian to make their own traditional herbs more healthy to consume. Create an Austronesian Culture of Health through innovation & cross culture and cross countries partnership. Researchers from Indonesia, Thailand, Malaysia already sent their researchers to the center to do research on their traditional herbs since 2012. We also success

held 4 international symposium in Taiwan on the related topic. Indonesia has suggested that they will held the next international symposium, outside of Taiwan! When promoting health in multiple cultures, races society or to different countries across the world we proposed using the model of East-West-Native Integrated Medicine that stress important of bioethics consideration as a global health promoting model. Our Center for Austronesian Medical and Agriculture Research has already achieved our purpose of helping to preserve and promote safe and healthy Austronesian traditional medicine and delivery of care through partnership between professionals from different countries and clients

Bioethics, Law, and Morality in The Islamic Perspective

Nasrudin AM¹, Shulhana Mokhtar² (Univ Muslim Indonesia) ¹ernase@yahoo.co.id,
²shulmd@gmail.com

Currently the medical problems that require moral solutions are more and more increasing, the medical profession and the community will not be ready to deal with it. This explains why bioethics became a discipline in its own in modern medical practice. Meanwhile Muslims encountered no similar dilemma because they already have their own law of Godhead (*shari'ati*) intact.

Islamic ethical theory (*Maqasid Al shari'at*) found in 5 law purposes, the fifth goal is the preservation of the religion, life, lineage, intellect, and wealth. All medical actions must meet the above objectives if it is considered unethical. While the basic ethical principles of Islam that are relevant to medical practice drawn from five principles of Islamic law are: 1) The Principle of Intention (*qa'idat al qasd*), 2) The Principle of Certainty (*qa'idat al yaqeen*), 3) The Principles of Harm (*qa'idat al dharar*), 4) The Principle of Difficulty (*qa'idat al mashaqqat*), and 5) The Principles of Custom (*qa'idat al 'aadat*). From these principles can be shown that all four of the ethical principles (Autonomy, non-maleficence, beneficence, Justice) can be inserted into the principles of Islam, namely the principle of harm (*qa'idat al dharar*).

Islam recommends to mankind to uphold ethics, law and morality as nature to bring peace, honesty, and fairness. Ethics, law and morality in Islam will give birth to the concept of *ihsan*, which is the perspective and human behavior in social relationships only and to serve the Lord and not for self-interest in it.

Keywords: Bioethics, Law, Moral, Islam

Session 8B: Principles of Bioethics: Discourse & Application

The Views of T.L. Beauchamp and J.F. Childress on Common Morality

Yanguang Wang (Institute of Philosophy, Chinese Academy of Social Sciences)
ameliaw2002@hotmail.com

T.L. Beauchamp and J.F. Childress are American bioethicists. They formulated four clusters of principles of biomedical ethics in their book, "The Principles of Biomedical Ethics." They are the Principle of Respect for Autonomy, the Principle of Non-Maleficence, the Principle of Beneficence, and the Principle of Justice. Beauchamp and Childress also developed their theory of common morality as the source of considered judgments for the principles and the method of bioethics. These principles and common morality are used internationally and successfully. This book has been revised to the seventh edition to allow for improvements. The principles are being used in China, but the understanding of common morality is not enough. This paper studies the implications of common morality. This work is useful for the development of Chinese bioethics.

Keywords: bioethics four principles; common morality; norms of morality

From the viewpoint of feminism and bioethics to inspect the implementation of Domestic Violence Prevention Act

Vincent Shieh (National Kaohsiung Normal University) vshieh@nknuc.nknu.edu.tw

Marriage is not only a kind of legal covenant and format, but also a maintenance of the intimate relation between husband and wife, as well as a selection of reciprocal lifestyle, nevertheless, marital relation and image is also reflecting cultural trait and value of the social pattern in different eras. Since has served as the mainstream in the social culture structure in Taiwan, the gender equality has never been set as a mutually beneficial and complementary foundation, which repeatedly manifests the diversity of gender and power, a treatment of females as inferior to males in the currently marital system.

As a feminist, Butler (2007) assumed, males' control onto females in a patriarchal society is far beyond females' economic ownership which has been closely linked with the controlling right in marital relation. Owing to the unselfish and gratuitous maternity, many females are obliged to rely on their husbands and turned into an under-privileged group in terms of economy, society, and power, evolving a kind of divergence in gender and power, further to enlarge the existed reality of gender-based violence. Taiwan is

the first country implementing the Domestic Violence Prevention Act. As the fact of marital violence has long been existed, many in-depth explorations on the said issue are confined by traditional conception, an expectancy of unequal gender pervasively existing in the viewpoint to maintain an integral family. Upon promulgation of the Domestic Violence Prevention Act in 1999, numerous cases of domestic violence were emerged with an astonishing speed; not until then, could the issue of domestic violence be authentically valued.

Marriage is one of the most complicated and contradictory relation in human society. Occurrence of marital violence is not only causing the human conflict in marital relation, but also creating possibilities to disintegrate marriage and family. Feminism's ideological trend impacts the social structure of Paternity in Taiwan. As Shieh (2004) said, the surging reverberation of the ideological trend summons up feminism's speech, strikes against the domain of gender and power, and reverses the mold of social resource distribution. The intimate relation between man and wife can no longer be fixed onto its original pattern, thus, this essay is taking the viewpoint of feminism and bioethics to introspect the development and practice of the Domestic Violence Prevention Act in Taiwan.

Guiding bioethical principles through issues of colonisation

Chuckie Fer Calsado (Philippine Science High School Main Campus) chuckiealsado@gmail.com

Current bioethical principles fall short on addressing the ethical and/or moral permissibility of bioethical practices such as biomedical procedures, clinical research, social science research and other practices of the same nature. Bioethical principles of autonomy, justice, informed consent, beneficence and non-maleficence and others are pseudo-justification of ethical codes that allow ethical permissibility of such practices through the limit-situation imposed by agents of power and knowledge. The vertical nature of power and knowledge predisposes other agents such as low socioeconomic status (SES) patients/subjects to other forms of ethically and morally impermissible practices that these current guideline fail to acknowledge and answer. The issue of colonisation, with implication on this power and knowledge hierarchy, gives light to the oppressive nature of the different bioethical practices. The understanding and acknowledgment of the existence of the oppressive nature of these practices may lead to more genuine relationship between the wielder of power and knowledge (doctor-researcher) and of the vulnerable agent (low SES patient/subject). This research shows the importance of the application of other philosophical theories such as postcolonial theory and critical theory in the development of a more socially aware agent, and how the current principles anchored on Western philosophies adhere to reactive formulation and implementation of these principles.

Keywords: Ethical Principles, Colonisation, Oppression, Critical Theory, Postcolonial Theory

African concept of the human person: a contribution to the contemporary bioethical discourse

Ebeh John Igbo (Kogi State University, Anyigba) johnebeh2@yahoo.com, ebeh4u@gmail.com

This research work examines the African concept of the human person and the contribution that this discourse will make to the contemporary discourse in philosophy. The paper is expository in nature, analytical and evaluative in approach. It aims at exposing the African concept of human person and its relationship to the African concept of human being. It hopes to delineate the issues between humanity and personhood of human beings from an African perspective. It goes further to examine the African concept of human person which sees the human person as being holistic in nature and as an embodiment of several components such as the soul, the body, the spirit, the shadow, the destiny spirit, and the reincarnated ancestral spirit. The paper admits other factors such as the names given to a person, religion and environment as contributory factors that propel the actualization of the personality of the human being, it goes further to examine the reality of African concept of human person in the light of the contemporary realities. And concentrates on African concept of human person as it affects researches and experimentations on the early development of the human being. It examines the possibility of using the African concept of the human person as the *modus operandi* of the contemporary bioethical discourse and hopes that with the use of such conception, the early development of the human being would be treated with humane attitude, respect, and dignity and with the thought that such beings are members of the human community. The paper is organized as follows: introduction, clarification of concepts, African concept of human person, issues in African concept of the human person, implications of the use African concept of human person for contemporary philosophical discourse, evaluation and conclusion.

Keywords: African, human person, bioethics, African Perspective

Reflection and Critique of the Disaster Service Workers in the Practice of Bioethics

Principles

Dr.H.W. Angela Lo¹; Dr. D.L.Victor Fang²; Dr.Joh-jong Huang³; Dr.Ming-Yii Huang⁴, Dr.Huei-Ming Lo⁵

¹*Associate Professor, School of Medicine, Kaohsiung Medical University, Kaohsiung.Taiwan, angela7270@gmail.com*

²*Dean / Professor, College of Education, National Kaohsiung Normal University.Kaohsiung.Taiwan.*

³*Director, Kaohsiung City Government Health Bureau, Kaohsiung. Taiwan.*

⁴*Associate Professor, School of Medicine, Kaohsiung Medical University, Kaohsiung. Taiwan*

⁵*Professor School of Medicine, Fu-Jen Catholic University, Taipei. Taiwan.*

With the increasing number of human disasters in recent years, disaster service workers are faced with an ever-growing challenge of criticism concerning their professional competence. The workers also realize the limitation inherent in their practice, as well as bioethics problems regarding autonomy and heteronomy. Therefore, professionals and researchers of human service devote to the issue of post-disaster rehabilitation of the people so as to identify an effective way and practice to aid the post-disaster individual, family and community.

This study explores the effectiveness of rehabilitative function of disaster service workers through the action research of Typhoon Morakot and the 2014 Gas Explosion in Kaohsiung City, Taiwan. The case studies serves as a platform for the discussion of principlism of bioethics and the analysis of the process of self-discipline of the workers of human services in hope of ultimately establishing bioethical principles for heteronomy during disasters and work indicators for post-disaster community restoration.

Discuss Issues:

1.How can self-discipline in bioethics be achieved for the human service workers during times of disaster?

2.In post-disaster reconstruction, how does the human service worker take into account bioethical principles to serve and partake in the restoration of the post-disaster life of community residents?

3.In post-disaster reconstruction, how does the human service worker provide service in the reconstruction of a community afflicted by a disaster? How can a post-disaster community of health and wellness be rebuilt?

4.In disaster studies, how can a researcher ensure self-discipline by meeting the principles of bioethics? How can community co-learning action research be applied to post-disaster reconstruction?

5.During the process of a disaster research, what are the bioethical considerations to be taken into for the test subjects?

6. Conclusion and suggestions: To formulate indicators for a post-disaster "community of health and wellness;" to establish bioethical principles of heteronomy for disaster service workers.

Keywords: Disaster, Reconstruction, Human services, Bio-ethics, Self-discipline, Heteronomy.

Application of human rights and social determinants of health frameworks in improving the living conditions of slum population: the Jakarta case

Mubasysyir Hasanbasri (Universitas Gadjah Mada) mhasanbasri@ugm.ac.id

The success of the eviction of people living in riverside slum areas in Jakarta raises important implications on actions to tackle the social determinants of health. The underlying arguments that support the eviction of people living in such area is twofold. First, city slum dwellers have experienced as victims of human rights abuse and illegal bribery by local thugs. Second, the government let the people there without legal status, which makes their rights as citizens lost.

The Jakarta success story is resulted from (1) a strong leadership of the governor that push civil society to bring human rights issue in the right direction and (2) civil society movement to press government's apparatus to fight back thugs, who have controlled slum areas in decades.

Learning from this case, the paper discusses important implications similar problems in the major cities throughout Indonesia. One of them is legal action against governors and district mayors who let illegal residents living in the area, and allows rights abuses against civilians.

Keywords: Human rights, social determinants of health, civil society movement, urban slum

Ethical issues in participant observation

Subir Biswas (West Bengal State University) gargisubir@gmail.com

Ethical or specifically bioethical issues in respect of participant observation is utmost important and unique in the sense that here researcher supposed to participate in some aspects of life around them and

record it accordingly. If we consider following three as key elements of Participants observation, each of them having specific bioethical issues, especially in field conditions. These are- (i) Getting into the location of whatever aspect of the human experience you wish to study, (ii) Building rapport with the participants, and (iii) Spending enough time interacting to get the needed data.

The uniqueness of Participants observation also lies on informed consent. The basic question is who will consent on behalf of a society or group? Is it sufficient to obtain consent from leaders or gatekeeper of the society?

And last but not the least, the issue of researcher's safety is also unique as he/she supposed to stay long time within the group to observe their behavior. There may be two types of risk- risks posed by the venue and risks posed by the group members.

The present paper, instead of its time limitation, will focus some of those issues to understand ethical issues and guide researcher's role in participant observation.

Keywords: Bioethics, Fieldwork, Participant observation, Informed consent

Ethics of Promotion of Nutraceuticals

Ananya Tritpthumrongchok (Eubios Ethics Institute, Thailand) ananya@eubios.info

"We are what we eat" is a popular expression. Having adequate food is a human right, but many people in the world either lack enough food, or lack nutritional food. In addition a quarter of people are obese in developed countries, eating the wrong types and amounts of food. In this paper I will explore the ethics of promoting nutraceuticals as a public health choice to make people happy, healthy and more informed.

The term "nutraceutical" combines two words – "nutrient" (a nourishing food component) and "pharmaceutical" (a medical drug). The philosophy behind nutraceuticals is to focus on prevention, according to the saying by a Greek physician Hippocrates (known as the father of medicine) who said "let food be your medicine". Their role in human nutrition is one of the most important areas of investigation, with wide-ranging implications for consumers, health-care providers, regulators, food producers and distributors.

Some of the ethical principles and questions that will be discussed include: How much responsibility should citizens take for their food choices? Should health problems that are induced by eating the wrong food be treated by public money? Should nutraceuticals be subsidized by the government as a public health and preventative medicine? How should we assess the risks of these products? How do we balance autonomy to choose what we eat with responsibility for improving our health? How can we integrate traditional knowledge into the systems that are often controlled by commercial interests?

Keywords: Bioethics, Nutraceutical, Food, Nutrition

Day 3 – Wednesday, 16th November 2016

Keynote Day 3

Ethical Issues in National Health Insurance

Ali Ghufon Mukti (Experts on National Health Insurance)

Session 9: Medical Ethics and Technology

Ethical issues in medical and health care innovation

Miyako Takagi (Nihon University) takagi.miyako@nihon-u.ac.jp

The expectation of innovation increases in the field of medicine and health care. With the technical development in this field, it is necessary to consider ethical problems. First, I consider gene editing as a medical innovation. Tools to precisely edit genes inside living cells, particularly a cheap and easy-to-use tool called CRISPR-Cas9, are transforming biology. The targeted genes are altered, resulting in changes in the germline intended to be bequeathed to the next generation; thus, the disease-causing genes are completely eradicated. Some ethicists warn that such experiments are a step toward “designer babies,” created by their parents to be smarter, stronger, or better-looking. Some critics also warn that tinkering could have unfortunate consequences on future generations. In the U.S., gene editing of embryos is not banned; however, the use of federal funds for such work is not allowed. On the other hand, in Britain, a group of scientists have been given the license to conduct gene editing experiments on human embryos. In April 2016, a life ethics panel of the Japanese government broadly compiled a report tolerating genome editing of human fertilized eggs for basic research only. The report stated that a study on the functions of genes in fertilized eggs could help obtain information that may contribute to the treatment of gene disorders and infertility, adding that basic research on gene editing could therefore be tolerated in some cases.

Second, I want to discuss original, unique, Japanese chemotherapy, which is drastically changed by miracle drugs i.e. immune checkpoint inhibitors that activate the patient’s immune system to treat cancer. Lung cancer is the leading cause of cancer-related deaths worldwide, with 36% of patients in Japan surviving for at least 5 years after diagnosis, a statistic that has shown little improvement over the past 40 years. However, a new form of immunotherapy, which is based on the inhibition of PD-1 receptors and PD-L1, is showing promise in some lung cancer patients and offers new hope to patients. This product, which is called Opdivo (nivolumab), is supplied by Ono Pharmaceutical Company and was approved for skin cancer (melanoma) in Japan in September 2014. Following this, it was also approved for treating lung cancer in December 2015. In Japan, drugs are covered by medical insurance, in principle, after their effectiveness and safety have been confirmed. The drug cost of Opdivo per lung cancer patient is 35 million yen (\$350,000) per year. It is well known that chemotherapy is associated with adverse effects such as hair loss, nausea, and vomiting. Financial toxicity is now considered to be another adverse effect associated with this treatment. Under the Japanese health system, a patient pays only 87,000 yen (\$870) and the rest of the cost is covered by National Health Insurance. In other words, most of the cost is paid using tax funds. Should a normal, healthy person bear the large amount of medical expenses while life is saved with epoch-making medicine? The Japanese health insurance system may be on the brink of total collapse.

Informed consent features for human genomic research – A Malaysian case study

Teguh Haryo Sasongko (Universiti Sains Malaysia) tghsasongko@gmail.com

As part of a broader context of quality and capacity building initiatives for research activities, Universiti Sains Malaysia Human Research Ethics Committee (USM-HREC) adopted in-house guidelines and informed consent form (ICF) template for human genomic research. USM-HREC ICF template for genomic research consists of three parts: the research information, the research subject information and consent form and the research subject material publication consent form. Throughout the drafting process, emphases were given on the sections that elaborate return of results, incidental findings and sample/data storage. USM-HREC put up a set of requirements if researchers can return the results, which is based on risk-benefit assessment. The ICF features options as a means of communication between researchers and participants with regards to their wish on return of results when it comes to potential future knowledge that may give rise to significance of findings and findings beyond the scope of the current study’s objectives (incidental findings). When the need for confirmatory testing arise, researchers are expected to

assist participants in seeking for such testing especially if it is not available in Malaysian healthcare system. It is also important to feature informed consent practices of two recent genomic researches; one is involving the Malaysian aborigines where individual consents were taken following community consultations and another one is involving family recruitment where family consent was employed.

Keywords: informed consent, human genomics, Malaysia

Multilingual and multicultural countries and the question of informed consent

Vera Lucia Carapeto Raposo (Macao University) vraposo@umac.mo

Informed consent becomes a particularly difficult challenge whenever the parties do not share the same idiom and/or the same cultural values

In this presentation I will expose the main problem faced in multilingual and multicultural countries, analyze the several solutions implemented around the world and expose their fragilities and their advantages.

This discussion will be held having in consideration a specific case study: the Special Administrative Region of Macao (SARM), which, even though it is a part of China, retains some western traces from the centuries in which the territory was subject to Portuguese administration.

In effect, by constitutional imposition SARM has two official languages, Chinese-Putonghua and Portuguese, and in addition two predominant languages *de facto*, Chinese-Cantonese and English. On the other hand, although the large majority of the population has Chinese routes, many Portuguese citizens still live in the territory and a part of the Macanese community actually shares Portuguese (i.e., western) values.

These disparities become evident in what regards informed consent in medical practice.

In what concerns the language issue several solutions are applied: the use of a language understood by all the involved parties, even if poorly; the disclosure of written information in the patient's language, though sometimes the translation is not accurate; the use of a relative as translator, disregarding patient's privacy and the specificities of technical medical language.

Regarding the cultural issue, it should be noted that although the majority of the medical community and the patient population have Chinese values, the existing law is still basically the one inherited from Portuguese administration. Thus, it is recurrent that day-to-day medical practice violates what is established by law regarding informed consent.

Keywords: Multilingual, multicultural, informed consent

An ethical view for prehospital emergency triage systems

Hasan Erbay (Afyon Kocatepe University, Turkey) hasanerbay@yahoo.com

Introduction: Emergency medicine has a unique position in general practice. The most important reason for the trouble of ethical issues in emergency medicine, is the restricted time to meet the patient before an intervention may be required. Furthermore prehospital emergency medicine is different from other medical professions in term of ethical issues and conflicts.

Main Problem: Triage decisions in prehospital settings are very important and there are too many systems which may conflict when health-care providers making decisions.

The issue of triage is one of the most important ethical conflicts in the emergency medicine. Although the basic approach in triage is to provide benefit more people, it is located a restricted ethical area like valuatization of human life. Triage should be considered when health resources are limited for mass of patient at the time in the scene.

Methodology: The issue is studied on the literature review on triage decisions. Many of the prehospital emergency care and triage systems are compared with others.

Findings: Many different triage systems are practiced in almost all countries in prehospital emergency aid systems. It should be seen that there won't be a global acceptance of any triage system. Therefore, it is usual for prehospital triage related issues to show changes according to each country, culture, health education system of the public perception of ambulance system.

Originality: There are a few papers on triage systems and the ethical perspective of the issue. This study may provide a different perspective on the subject.

Conclusion: In this study, it is analyzed prehospital triage systems and algorithms in the contexts of ethical view. It is highlighted that prehospital triage decisions contains many ethical challenges and the triage decisions needs to think on it much more and take into account many clinical and individual situation, as well.

Keywords: Triage Systems, prehospital emergency care, decision-making, challenges, ethics

Preimplantation Genetic Diagnosis (PGD) and our future: Could PGD lead to the selective breeding in humans?

Dr. Angelina Patrick Olesen¹, Dr. Siti Nurani bt Mohd Nor² (University of Malaya)

¹ olesen.angelina@ukm.edu.my ² sitinuraninor@um.edu.my

Modern biomedical science is capable of providing people with the ability to select how they want their future children to be – both physically and mentally. Pre-implantation Genetic Diagnosis (PGD) allows parents to genetically select the offsprings. Such a possibility raises important ethical issues including the morality of producing a designer baby, parental reproductive rights and implications for the future – how would this world be like in the next century. The objective of this study is to explore the experiences of participants with genetic disorders and their views on the morality of PGD in particular, on the subject of ‘selective breeding’. Responses are obtained via the use of thematic open-ended questions-related to societal influence and pressure, change in human values and human relationships, freedom of parental choice and selective breeding, parent-child relationship and ultimately, the imminent issue of eugenics. This study has found that freedom of choice is valued highly among the participants, followed by religious obligations. This finding indicates the importance of allowing parents the freedom to make final decision related to their reproductive choices without being influence by other parties. Thus, highlight the link between participant’s personal experience with genetic disorder and their belief about the appropriateness of individual decision making on PGD. At the same time, argues the need to obliged to religious teaching on the subject of human reproduction to avoid unforeseen negative outcomes that could possibly harm our society’s future. Conclusively, participants agreed that it is important to conduct and open and honest debate before determining the applications of new reproductive technologies such as PGD.

Keywords: Pre-implantation Genetic Diagnosis; selective breeding; Malaysia; designer baby

Session 10: Ethics and Technology

Bioethics issues in dual-use sciences

CB Kusmaryanto (Sanata Dharma University – UGM) kusmaryanto@gmail.com

Life sciences research is vital to improving public health, agriculture, and the environment, and to strengthening national security and economy but it cannot be neglected that sometimes – like any science and technologies – has double effects: good and bad. The good intention itself cannot justify the action. It may happen that the intention of the research is the good result but it can be used also for the bad action. This is the dual use of sciences.

The exact definition of dual uses of science is not yet unanimous but briefly, it can be said that dual-use of science is the possibility that the materials, technologies and information generated by life scientists in benignly-intended civil science may later be used by others for hostile purposes. It becomes bioethical issues since it poses an ethical dilemma for scientists involved in the ongoing biotechnology revolution. Scientists have moral responsibility in doing research, especially those who has possibility to be used for good and violence purpose. Unlike before, bioethical issues of dual-use of life science are not only between military vs. civil usage but more and more between beneficence vs. maleficence at large.

Scientists cannot ignore the bioethical responsibilities in doing life science research because of the consequences. It needs self regulation in the profession and the ethical principles of life science research in order not to arrive at the point of Frankenstein syndrome. It is possible that we use principle of double effects in justifying the research.

Who is to be blamed?

Tsuyoshi Awaya (Okayama Shoka University) t-awaya@nifty.ne.jp

In general, it is regarded as evil to undergo a transplant in China. This is because most of the sources of organs are not well-intentioned donors who died in traffic accidents and the like, but death row inmates, Falun Gong practitioners, etc. In Japan, it has become a kind of taboo for patients to undergo a transplant in China.

While Mrs. F, 38 years old at that time, suffered from a liver disease (primary biliary cirrhosis and autoimmune hepatitis), she had been treated at D Medical College Hospital in Japan. After that, however, her medical condition deteriorated, and she was sentenced to three months’ life expectancy by a gastroenterologist, who was her hospital attending physician. He said, “I have done my best as a physician. Now there is nothing I can do.” It meant coming home and waiting for death.

Mrs. F’s husband hurriedly found a private transplantation agent through the Internet. So, she could receive a liver transplant at a certain hospital in a certain city in China. I met her in the sickroom before

an operation, in the course of my research investigation. She was a person of well-appointed features, but at that time, the color of her skin, including her face, was dark green. I still retain my memory of being very much surprised. I heard from her husband that the color of her urine was dark brown and total bilirubin value was 23.6 (the standard value = 0.2 to 1.2). Although the surgery itself was successful, then, her condition deteriorated and she died afterwards.

I wonder why the attending physician in Japan did not part with the patient earlier. If she had undergone an operation earlier, when she had more stamina, she might not have died. The Chinese attending physician at the above mentioned hospital said to her husband, "why did you not bring her more quickly!" Who is to be blamed?

Eradicating mosquitoes? The promise and peril of gene drive technology

Bang-Ook Jun (Gangnung-Wonju National University) bojun@gwnu.ac.kr

Mosquitoes transmit malaria, yellow fever, dengue fever, Chikungunya virus, and West Nile virus. These mosquito-transmitted diseases pose major risks to half of the world's population and cause illness in 700 million individuals annually. Recently Zika has been added to the list of mosquito-borne diseases. Mosquitoes spread the Zika virus by feeding on people already infected with Zika, becoming infected themselves and then passing the virus on when feeding on another human. A major challenge of current Zika outbreak is that there is, at present, no available vaccine for the virus; the only measure is the control of mosquito populations. A systematic approach to developing safe and effective gene drive system should mitigate concerns about using genetically engineered mosquitoes for disease control. To control mosquito populations, the gene drive system inserted into a mosquito genome cause mutations reducing fitness phenotype such as female sterility or severe distortions in the sex ratio. Several researchers are enthusiastic about eradicating mosquitoes by gene drive technologies, but it can raise significant ethical concern. This kind of eradication is the "super killing" and cannot be acceptable like the killing of an individual organism. A more plausible concern is that it amounts to 'playing god' displaying the mastery over nature we do not know. It might be claimed, for example, that the eradication could potentially cause ecological imbalance. Spreading Wolbachia-infected, flavivirus-resistant mosquitoes can be a more sustainable approach than eradicating mosquitoes by gene-drive technologies.

Keywords: gene drive, mosquitoes, disease control, eradication

An ELSI study of the potential big data application of EMRs in Taiwan

Che-Ming Yang (Taipei Medical University) cyang@tmu.edu.tw

Taiwanese Ministry of Health and Welfare (MOHW) has started the Taiwan Health Cloud Project. Under the concept of medical cloud, MOHW established the Electronic Medical Record (EMR) Exchange Center (EEC) to facilitate EMR exchanges in 2011. The goal of this study under an integrated study is to study the ethical, social and legal implications (ELSI) of the establishment of a government owned EMR data bank for research and development purposes in Taiwan. The pilot integrated study includes three projects: Project one is a study of the ethical, legal and social impact of Taiwan EMR data bank for research and development; Project two is the development of the medical informatics structure of Taiwan EMR data bank for research and development; Project three is the application of Taiwan EMR data bank for research and development in translational medicine: The example of diabetes. Our research results indicated that the easiest control framework will be an amendment to the National Health Insurance Act that specifically authorizes the National Health Insurance Administration (NHIA) to establish an EMR data bank for research purposes. The amendment should impart NHIA the authority to collect such data from contracted health care providers. If the easiest way cannot be adopted, the second approach will be modeled after Taiwan Biobank. Based on the premise of patients' consent, Taiwan EMR data bank can be established in compliance with the Human Biobank Management Act. The process and management of Taiwan EMR data bank will be similar to that of Taiwan Biobank.

Keyword: health cloud, electronic medical record (EMR), ethical, legal and social impact (ELSI)

Podcasts:

All 3 podcasts may be accessed through: http://www.crd.s.org/research/faculty/Gregor_Wolbring.shtml

STI engagement in the social work profession: A disability studies approach

Mikaela Johnson¹, Gregor Wolbring²

¹Undergraduate Student, Community Rehabilitation and Disability Studies, University of Calgary, mikaela.johnson@ucalgary.ca

²Associate Professor, University of Calgary, gwolbrin@ucalgary.ca

Background: Social work, as defined by the International Federation of Social Workers (IFSW), is a “practice profession and an academic discipline” [1] which acknowledges various factors that produce opportunities and barriers for the wellbeing and development of people [1]. The IFSW identifies social work’s role as promoting social change, development, and cohesion, and encouraging the empowerment and freedom of people [1]. The IFSW states that the premise of social work is advocating for and upholding human rights and social justice [1]. An essential aspect of advocacy is to have knowledge surrounding marginalized groups, including disabled people [2]. We suggest that this knowledge encompasses the impact of emerging and existing science, technology and innovation products and processes on disabled people.

Purpose: The purpose of this study is to interrogate how social work engages with disabled people in conjunction with science, technology and innovation (STI).

Method: Three academic databases were searched (EBSCO ALL, Scopus, Web of Science) with combinations of the terms “social work”, “people with disabilities”/“disabled”/“disability”, and “science”/“technology”/ “innovation”/“eugenics”/“genetics” in the abstract, article title or keyword and in social work journals. N=120 articles were downloaded into ATLAS-ti7 ©, a qualitative data analysis software, for qualitative content analysis of the n=120 articles.

Findings: Our findings suggest that within the n=120 academic articles, social work does not actively engaged with STI through the lens of disabled people.

Conclusion: Knowledge, understanding and awareness of the impact of STI on disabled people are essential to being an advocate for disabled people in the social work profession. We posit that social work could engage much more on the topic of STI and disabled people and contribute to the governance of STI in ways that would ensure a peaceful life for disabled people.

Keywords: social work, disabled people, science, technology, innovation

Reference:

1. IFSW. Global Definition of Social Work. 2016; Available from: <http://ifsw.org/get-involved/global-definition-of-social-work/>.
2. IFSW. People with disabilities. 2012; Available from: <http://ifsw.org/policies/people-with-disabilities/>.

Link to podcast:

<http://www.crd.s.org/research/faculty/Mikaela%20Johnson%20Asian%20Bioethics%20Conference%20Audio%20Submission%202016.m4a>

Governance of Science, Technology, Innovation (STI): A Conflict Narrative

Gilary Guzman¹, Gregor Wolbring²

¹Undergraduate student of Community Rehabilitation and Disabilities Studies, University of Calgary, gilary.guzman@ucalgary.ca

² University of Calgary, gwolbrin@ucalgary.ca

Background: Conflict studies is a transdisciplinary academic field rooting back to the 20th century, shortly after the end of World War I [1]. Conflict studies evaluates the cause and prevention of wars, and also the cause of social oppression of social minority groups [1]. The prevalence of social oppression is one evidence of the lack of peace. Science, technology, and innovation (STI) governance has been regarded as an important goal both recently and in the past [2-6] in part due to its potential to generate conflict. Democratizing technology [7, 8], participatory technology assessment[9, 10], anticipatory governance [11-13] and responsible innovation [14, 15] are some STI governance concepts discussed. STI governance could contribute to conflict resolution related to conflicts linked to STI and to peace.

Aim: The purpose of this study was to analyze a) the narrative around the term ‘conflict’ within STI governance literature and b) whether and how the “conflict studies” field interacts with STI governance discourses.

Methodology: The terms ‘science’, ‘technology’, and ‘innovation’ were searched for in the databases EBSCO, Scopus and Web of Science in variation with the terms ‘conflict’ and ‘governance’. The abstracts of

the search results were downloaded into the qualitative data analysis software Atlas-TI for additional inquiry. The same search process was repeated with the terms “conflict studies”, ‘science’, ‘technology’, ‘innovation’, ‘governance’ and the STI governance concepts mentioned above within the same academic databases.

Findings: The narrative surrounding the term ‘conflict’ does not actively engage with minority social groups in the context of STI. Conflict studies as a field hardly engages with STI governance discourses.

Conclusion: We posit that that the fields of conflict studies and STI governance should engage more with each other to decrease conflicts caused by STI and authors thematizing conflict should engage more with conflict as it relates to social minority groups and STI developments to resolve possible conflicts among and within stakeholders.

Keywords: Conflict; conflict studies; science, technology and innovation; governance

References:

1. Barash, David., C.P.W., Peace and Conflict Studies. Third ed. 2014: SAGE Publications, Inc.
2. De la Mothe, J., The institutional governance of technology, society, and innovation. *Technology in Society*, 2004. **26**(2): p. 523-536.
3. Wolbring, G., Disability rights approach towards bioethics. *J of Disability Studies*, 2003. **14**(3): p. 154-180.
4. Wolbring, G., Ethical Theories and Discourses through an Ability Expectations and Ableism Lens: The Case of Enhancement and Global Regulation. *Asian Bioethics Review*, 2012. **4**(4): p. 293-309.
5. Ely, A., P. Van Zwanenberg, and A. Stirling, New models of technology assessment for development. 2011.
6. Mahajan, V., Models for innovation diffusion. Vol. 48. 1985: Sage Publications, Inc.
7. Schickler, E., Democratizing technology: Hierarchy and innovation in public life. *Polity*, 1994. **27**(2): p. 175-199.
8. Feenberg, A., Democratizing technology: interests, codes, rights. *The Journal of Ethics*, 2001. **5**(2): p. 177-195.
9. Durant, J., Participatory technology assessment and the democratic model of the public understanding of science. *Science and Public Policy*, 1999. **26**(5): p. 313-319.
10. Hennen, L., Participatory technology assessment: a response to technical modernity? *Science and Public Policy*, 1999. **26**(5): p. 303-312.
11. Guston, D., Understanding ‘anticipatory governance’. *Social Studies of Science*, 2014. **44**(2): p. 218-242.
12. Diep, L., J.-J. Cabibihan, and G. Wolbring, Social Robotics through an Anticipatory Governance Lens, in *Social Robotics*, M. Beetz, B. Johnston, and M.-A. Williams, Editors. 2014, Springer International Publishing. p. 115-124.
13. Guston, D., The Anticipatory Governance of Emerging Technologies. *Journal of Korean Vacuum Society*, 2010. **19**(6): p. 432-441.
14. Expert Group on Policy Indicators for Responsible Research and Innovation of the European Commission. Indicators for promoting and monitoring Responsible Research and Innovation. 2015; Available from: http://ec.europa.eu/research/swafs/pdf/pub_rri/rri_indicators_final_version.pdf.
15. Grunwald, A., The hermeneutic side of responsible research and innovation. *Journal of Responsible Innovation*, 2014. **1**(3): p. 274-291.

Link to podcast:

<http://www.crds.org/research/faculty/Narration%20Vocalnewformat.mp3>

Science and Technology Governance through the lens of Occupational Concepts

Manel Djebrouni¹, Gregor Wolbring²

¹University of Calgary, Community Rehabilitation and Disability Studies,

manel.djebrouni@ucalgary.ca

² University of Calgary, gwolbrin@ucalgary.ca

Background: Occupational science aims to understand humans as occupational beings and the relationship between occupation and health[1]. Occupational well-being is a central issue underpinning factors that constitute a good life[2]. A peaceful and healthy lifestyle is constantly threatened by a lack of occupation. Science and technology are increasingly impacting the landscape of occupation. Occupational science developed many occupational concepts that can be used to inform the governance of science and technology as it pertains to occupational well-being[3]. However, the governance of science and technology discourse has not yet employed occupational language to address the impact of science and technology on occupation.

Purpose: The purpose of this research is to employ occupational concepts to investigate the contemporary challenge for occupation posed by emerging science and technology products and processes. Our main goal is to stress the importance of occupational terminology in the governance discourse if we hope to achieve peaceful and healthy lifestyles.

Method: Step 1: We conducted a qualitative analysis to investigate which occupational concepts have been developed within the occupational science academic literature and how they are used. We read n=203 articles originating from the occupational science academic literature which included the *Journal of Occupational Science*. Step 2: We applied the occupational concepts found to explore the impact of science and technology products and processes on occupation focusing on two emerging products (robots, autonomous cars) and one aspect of emerging products (human enhancement).

Findings: Although science and technology have a continuous impact on occupation, there is a clear lack of occupational terminology in the governance of science and technology discourse which conveys a disregard to the consequences of this impact.

Conclusion: Our work will enrich the governance of science and technology discourses in general and especially as they pertain to occupation and humans as occupational beings.

Keywords: Science and Technology, Governance, Occupation, Occupational concepts/terminology

References:

1. Pereira, R.B., Using Critical Policy Analysis in Occupational Science Research: Exploring Bacchi's Methodology. *Journal of Occupational Science*, 2013. **21**(4): p. 389-402.
2. Pooremamali, P., et al., Facing Challenges during Occupation: Middle Eastern Immigrants' Paths to Occupational Well-Being in Sweden. *Journal of Occupational Science*, 2013. **22**(2): p. 228-241.
3. Chai, T.-Y. and G. Wolbring, The Portrayal of Occupational Therapy and Occupational Science in Canadian Newspapers: A Content Analysis. *Societies*, 2016. **6**(2): p. 18.

Link to podcast:

<http://www.crds.org/research/faculty/asiarecordingmanel.m4a>

Session 11 & 12: Parallel

Session 11: Panel on Patient Autonomous Decision Bill in Taiwan ROC

On Taiwan Patient Self-Determination Act: How Family stimulates Autonomy

BunRong Kouy (National Central University, Taiwan) bunrong.k@gmail.com

On December 18, 2015, the Legislative Yuan of Taiwan has passed the Patient Self-Determination Act (PSDA). Currently, the act is published in statutory form and will begin to take effect three year later. According to Ministry of Health and Welfare, Taiwan Patient Self-Determination Act is the first of its kind among Asian nations, signifying the milestone of patient autonomy of the country. Nonetheless, although the ethical value of PSDA is to offer patient rights to decide on medical decision, how PSDA is designed matters contextually and culturally. In the United States, the three main goals of PSDA are providing education regarding individual's rights to accept or refuse treatment, promoting greater formulation of advanced directives (ADs) if one becomes incapacitated, and reducing end-of life treatment cost. Unlike the States, Taiwan designed its PSDA for three main objectives: respecting patient autonomy in medical decision, ensuring the rights to good death and improving physician-patient relationship. While western bioethical principles tend to regard principle of autonomy as self-based or individualistic autonomy, the Asian perspective distinctly adopts a family-based approach. This paper thus aims to explore how autonomy stimulates within different social and cultural context, specifically how intimate relationship of the family might affect the behavior of individual autonomy through examining PSDA. An east-west comparison is sought.

Keywords: Patient Self-determination Act, Principle of autonomy, Taiwan, United States, Individual Autonomy, Family-based autonomy

Ethical analysis of long-term care

Meng-Chien Lin (National Central University, Taiwan)

After substantial advances in medical technology, the world is faced with the phenomenon of prolonged human life. The problems caused by aging populations, such as chronic diseases and the feasibility of long-term care will have to be dealt with by governments. According to a recent World Health Organization study, it is estimated that in the next generation in many developing countries the demand for healthcare will increase by 400%.

In Taiwan, in 2014 the elderly population ratio has risen to 11.99%, and in 2018 it will exceed 14% . In 2022 it is expected to reach 17.6%, and in 2025 our elderly population will be over 20%.

Taiwan seems to be about to enter the state of being a "super-aged society."

Another estimate by the Ministry of Health and Welfare is that when the number of people with disabilities is included in healthcare figures for 2018 the number of people with long-term healthcare needs will rise to 580,814 and by 2028 up to 811,971 people. The problem of long-term care must be addressed without delay!

This paper analyzes the ethics of fairness and justice in health care reform and fair implementation of policies. It makes suggestions for further reflection about Taiwan's long-term care system, in order to find out viable solutions.

In this paper, according Daniels' theory of healthcare to respond Callahan and Wallack's "the five main objectives of long-term care". Daniels made little exploration on the problem of wellbeing in theory of justice healthcare. Therefore, this study tries to make good of this part from the perspective of Confucianism.

Lastly, the problem of justice of Taiwan's long-term care system is examined in accordance with the benchmarks of fairness in Daniels' theory and Confucian ideas, and we arrive at some practical proposal for the reform of Taiwan's long term healthcare program for the aged. It is some combination of self-help, help-others, mutual help, so that every person's needs at each stage of life can be met, and one's wellbeing of life could be achieved throughout one's whole span of life.

Key words : long-term care , Daniels , fairness, Confucianism

On Individual and Family Autonomy: Reflections on Taiwan's Patient Self-Determination Act

Mei-Hua Chin (National Central University, Taiwan)

Taiwan has set up a Hospice Act in 2000 and in response to clinical and cultural responses, has been revised three times since then. It did serve the needs of those terminal patients who had made clear their living will in DNR and withdrawal of life sustaining treatment. However, there are still many cases that do not fit the requirement of a terminal patient and could not spare the suffering in the last stage of treatment. It leads to the establishment of the new Patient Self Determination Act of 2016. In this paper, I shall first give an analysis of the Act to make clear how it fare better than the previous Hospice Act in the promotion of patients' decision and a good death. Since this act also emphasis the important role of family involvement, it may encompass the same difficulty of the Hospice Act, so I shall focus my analysis upon the balance of family support and the overridden of patientanalysis-determination. Lastly, my paper will give a solution of the dilemma with the Confucian principle of ethical relational autonomy and the principle of *ching-chuan*, as a principle of balance and equilibrium.

Explore the ethical dilemma of PSDA practice: From HPCA and its clinical experiences

Tsui-Wen Hsu (National Central University, Taiwan)

Hospices Palliative Care Act (HPCA) was announced on 2000 in Taiwan, while it had been amended for three times. It provides terminally ill patients have right to refuse cardiac pulmonary resuscitation (CPR) and choice hospices palliative care. However, the result is not as expected as our expectation. Many ethic issues confused health care providers and patients' family members that resulted in the poor routinely execute it when face the end of life care.

The Patient Self-Determination Act (PSDA) was passed on January 2016 and will be executed 3 years later in 2019. The purpose of this act is to ensure that patients have right to choose their medical care when encounter the terminal medical conditions as the idea of patient-centered care. This study was reviewed and analyzed the hospices palliative care experiences in medical facilities and expected the possible scenarios when conducting the PSDA, whether it will cause more problems and result in burdens to influence people and health care providers.

This paper is attempted to explore the aforementioned ethical issues within the framework of the debate on PSDA, which may be encountered during clinical practice. First, investigate HPCA ethical issue and ethical dilemma in medical facilities. Second, in-depth explore the ethical dilemma when executes PSDA. The last, propose application guidelines and resolutions for the ethical dilemma in the future.

The Enactment of Advance Care Planning in Taiwan: promoting patient autonomy and supportive environment for good death

Yu-Chia Chen¹, Duujian Tsai²

Ph.D Student, Graduate Institute of Philosophy, National Central University, Taiwan R.O.C

Chair Professor & Director, Center for Bioethics and Social Medicine, Pingtung Christian Hospital

Advance Care Planning (ACP) enables patients to think thoroughly ahead about preferences in treatment processes, goals of medical care, and decisions about appropriate surrogate for themselves when needed. Such considerations are critical to ensure that their wishes could be fully supported even when they lose capacities to make further decisions in therapeutic processes, especially in making decisions regarding hospice care. Taiwan has earned good international reputations in establishing hospice initiatives as well as related infrastructure. To further ensure the patient autonomy in therapeutic contexts, the patient self-determination act has been pass in congress this year. Three-year phase-in period is initiated to grant patients rights to accept or deny medical treatment specifically in five incurable clinical situations. To this end, health care institutions have to provide patients with advance healthcare consultations. This

paper conducts a comparative research to similar initiatives in Taiwan and the US. Promoting advance directives (Ads) and ACP has been the main purposes of the Patient Self Determination Act (PSDA) in the United States. The PSDA was signed into law in 1990, especially along with clinical and social responses to the case of Nancy Cruzan. Since ACP is a key component to improve the experience of death and dying for patients and their families, this research aims to: 1) discuss related bioethics issues of ACP, especially focusing on good death, relational autonomy and professional moral responsibility; 2) compare the strengths and limitations of different Taiwanese and American models of ACP through literature review; 3) propose a critical and comprehensive approach to Taiwan and other countries in Asia while attempting to enact ACP in the near future.

Keywords: advance care directives, relational autonomy, hospice care, death with dignity, comparative research

Session 12: Panel on Comparative approaches to bioethics for community mental health in Asia

This panel will use community mental health as a field for developing a learning paradigm that employs a situational and relational approach to medical professionalism, and should contribute to regional professional exchanges as well as protection of human rights. Major mental hospitals in Taiwan have established models for therapeutic communities that incorporate pragmatically adopted patient-centered approaches, while successfully integrating biomedical knowledge with social support networking. These models developed in Taiwan not only convincingly address the issue of humanizing psychiatric treatment, but also create an opportunity for Taiwan to earn a good international reputation. Taiwan's experiences can serve as evidence for the patient-centered professional model and open new horizons by addressing gaps in contemporary theories about professionalism.

Mental Health Manpower Development Action Research for Southeast Asia: possible visions for Taiwan

Cheng-Chung Chen (Kaohsiung Kaisyang Psychiatry Center)

Drawing upon the network of psychiatry associations and institutions in Taiwan, this project is devoted to developing new visions of health and welfare policy, as well as leadership training for a new generation of mental health personnel. The mission further extends into the international sphere and promotes cooperative relations between Taiwan and other Southeast Asian countries. Integrating the Four Topic Approach to clinical ethics with the development model of Situational Judgment Tests (SJTs), this project will provide a community mental health personnel training program, using qualitative case identification to develop quantitative design of context-specific content for teaching mental health professionalism and humanism based on the experience that has accumulated at Kaohsiung Kai-Syuan Psychiatric Hospital, the Yu-li Branch of Taipei Veterans General Hospital, Cao-tung Psychiatric Hospital and the Psychiatry Department of Taichung Veterans General Hospital. The project establishes mental health personnel training workshops with partner institutions in Vietnam, Thailand and Indonesia. This project develop mechanisms for assessing professionalism, case-writing guidance and sharing, developing an SJT item bank with appropriate management guidelines, and fostering collaboration on manpower development with different nations. It will be a proposal for Taiwan to play a sustainable role in the Asia Pacific region.

Keywords: professional leadership, mental health training, learning environment, manpower development, international collaboration.

Comparative Approach to Recovery Model for SMI

Ronny T Wirasto (Universitas Gadjah Mada)

Recovery from severe mental illness (schizophrenia) should be recognized when patients no longer have symptoms, have personal independency and normal functioning in their families, social lives, work, school, illness self-management, independent living and also recreational activities. It follows usually through effective treatment and rehabilitation to form recovery of functioning. The goal of recovery in schizophrenia starting from care to form patient's ability functioning can be achieved by effective mental health care system. Many perspectives of recovery have argued of which primarily process driven between medical and rehabilitation model. Transformations from symptoms reduction to functioning in patient with schizophrenia are focusing on clinical improvement and functional normalization. All views of how recovery process is still remain comparable of the effectiveness among hospital based approach, non-hospital or community based model in recovery of patient with schizophrenia.

Building Community Mental Health in Indonesia and The Ethical Challenges.

Carla R. Marchira (Universitas Gadjah Mada)

Since the year 2000, The Indonesian Ministry of Health's orientation has changed from referral mental health to basic community mental health, so that professional mental health services which had before been provided in Mental and General Hospitals have now become community based through community health care. However, the most important question appears, whether the community health care could accommodate the imperatives of the regulation. From the beginning, the priority in the community health care has been physical health, this makes the implementation of mental health program in the community health care more difficult.

Other issues to provide community mental health services is ethical challenges, since providing mental health services in the community health care not only to give therapy or medication. How to avoid stigma from others, how to maintain confidentiality, how to involve caregivers and the wider community, and how to provide rehabilitation activities for the patients in the community are things to be considered. The policy to implement mental health program in the community health care should think about the local needs, culture, psychosocial environment and ethical issues.

Keywords: Community psychiatry-Ethics-Challenges

Session 13: End of life conflicts

South Korea's new legislation on 'death with dignity'

Young-mo Koo (ABA VP for Korea)

Indonesian physician perspective on end of life

Yati Soenarto (UGM)

Ethical issues in End of Life decision-making in children – A physician's perspective

Dr Sarosh Saleem¹, Dr Nosheela rafique²

¹Pediatric Bioethics Fellow , Children's Mercy Hospital, Kansas City, MO USA

ssaleem@cmh.edu

²Instructor. Anaesthesia Department, The Aga Khan University Hospital, Karachi. Pakistan.

Background & Rationale: End of Life decision-making, in Paediatric Intensive Care Units is critical, where the decision revolves around a minor, imparting great burden of responsibility. Physicians and nurses encounter many ethical concerns and it is therefore, important to know experiences of physicians and different ethical aspects of EOL decision-making in Pakistan, particularly in paediatrics.

Literature suggests that regional and cultural differences are present in case of End of Life decision-making. Since most of literature belongs to European and American nations, there is a dire need to look into influential factors in diverse cultures of Asian developing countries.

Purpose of Study: The purpose of this phenomenological study is to understand and describe the lived in experiences of paediatricians, taking part in end of life decision-making for their dying patients, in tertiary care hospitals of Karachi, and ethical issues faced during this process.

Design & Methods: Qualitative (Phenomenological) study. In-depth interviews are being conducted from purposeful sample of 15 Paediatricians of three tertiary care hospitals in Karachi, Pakistan. Each interview is about 45-60min long after an informed consent. Ethics committee approval sought from two hospitals and third is in process. Complete data collection and analysis will take another two months.

Conclusion: We hope to bring out philosophical, moral and ethical questions faced by healthcare providers that shape up culture of End of Life decisions in Pakistan. This may help healthcare providers and institutes to formulate guidelines and policies that are not only in sync with our cultural, social, religious and traditional beliefs but also ethically and morally justifiable

Keywords: End of Life; End of Life decisions; End of life ethical issues; critical care ethics

Day 4 – Thursday, 17th November 2016

Keynote Day 4

KBN Standpoints on Bioethical Issues in Indonesia

Lukman Hakim (National Bioethics Committee)

Session 14&15: Bioethics and Education

Bioethics and Decolonization of Universities

Darryl Macer (Eubios Institute, AUSN) darryl@eubios.info

There have been debates in almost every corner of the globe over the definitions of culture, identity, and what is ethics. These social constructs all originate in our mind, a product of an individuals' ontology, genes, environment and relationships. The underlying heritage of ethics can be seen in all cultures, religions, and in ancient writings from around the world. As countries have developed spaces to discuss their values, we have also seen the role of social science as a driver towards understanding of different social relations and patterns between and within cultures, and increased understanding of our views of nature. Creating a space is not so much a challenge from the use of technology, but rather a challenge from the growing knowledge of human nature and life itself.

Colonization has been a major force to articulate bioethical value systems that were previously implicit in the relationships of people and nature. Ethical values and principles have developed in the context of epistemological systems and are central to how knowledge is gained and organized, how knowledge is used, and who has access to it. The movement to establish decolonized universities, which offer the benefits of thousands of indigenous wisdom systems instead of simply the dominant ones is critical to the trend started with the Asian Bioethics Association when we established it in 1995. The bioethics curriculum of American University of Sovereign Nations (AUSN), which is the largest postgraduate bioethics degree program in the world today, is an example of a decolonized university curriculum that is seeding countries around the world with experts to establish their own degree programs and bioethics departments to create new synergies in the way bioethics can transform our decision making in the world. Through bioethics dialogue we will go beyond the European and Anglo-American norms, or doctrines of the United Nations, and stimulate these endeavors globally, not only among Asian Peoples, or Americans, or Africans, but all Peoples. Many of the lectures are open source, on the AUSN Youtube Channel: https://www.youtube.com/channel/UCf5OCcH1amxzqA30Tv_9XA

Keywords: Bioethics, Decolonization, Education, Bioethics Education, Indigenous

Medical Ethics Education in The Netherlands

Dick Willems (Amsterdam Medical Center, Visiting Professor in UGM)

A Three Medical-Education-Cohort Action Research into the Professional Leadership of Taiwan in Asia: Proposing career visions based upon bioethics

Duujian Tsai, Joseph Yu (Taiwan) duujiantasai@gmail.com

This project will build a three-generation learner-teacher cohort platform to develop an action-oriented learning partnership and environment. The platform will integrate interpersonal networking and information technology for the purpose of international leadership training, and will share Taiwan's experience developing health professionals in Taiwan with China and Southeast Asian countries. This project involves bioethics, community mental health, cloud-computing health applications, use of smart technology for regional development and a comparative approach to international professionalism. Through the partnerships we develop, we will establish an e-learning platform with cloud computation functions to support service learning activities and collaborative curriculum development. This project is specifically geared to fostering international collaboration on a comprehensive bioethics education consortium for medical education and post-graduate academic pursuits. In addition to curriculum certification and credit sharing among different institutions, the project will promote e-learning that integrates the four-topic approach to clinical ethics and the development of Situational Judgment Tests (SJT's) in order to enrich medical professionalism across different health professional training programs. We will propose a management framework, sustainable business model, and strategic planning for

further development that can facilitate regional collaboration on bioethics teaching/learning in Asia.
Keywords: learning partnership, e-learning platform, clinical ethics, SJT, international collaboration

Inter-professional learning (IPL) enhances the learning of Clinical ethics: Findings from a mixed methods study

Dena Hsin-Chen Hsin (China Medical University, Taiwan) hchsin@hotmail.com

Nurses and physicians often have different perspectives when they face issues of clinical ethics. Medical ethics education via Problem-Based Learning (PBL) is an effective strategy, and inter-professional learning (IPL) can further improve learner's attitude and diverse thinking. Understanding how inter-professional learning works in learning clinical ethics via problem-based learning (PBL) and how different professions' perspectives influence each other in this setting may inform future ethics learning in clinical team. Forty-five medical students and forty-four nurse students participated in a clinical ethics PBL and were assigned into three study groups, i.e., medical, nursing, and inter-professional groups. This study applied an explanatory sequential mixed methods design. The quantitative phase involved observation of the learning process in PBL tutorial with checklists to code students' performance of learning behavior, ethics discussion skills, learning content explored, and analysis through comparison of accumulative percentage of the coded performance between groups. Content analysis of post-PBL homework self-reflections from inter-professional group was conducted as the following explanatory qualitative phase. Quantitative results indicated that nursing students performed favorably on course engagement, caring, and communication while medical students performed positively on issue identification and life science aspects. Inter-professional group showed the strength of the both professions and performed best through the learning process. Content analysis revealed that students in the inter-professional group achieved inter-professional learning from recognizing the differences between to appreciating learning from each other and to sense the need of future collaboration. With early exposure to IPE, under-graduate students may learn to balance their socialized viewpoints by seeing ethical dilemmas from each other's standpoint. The results support the hypothesis that appreciation and learning of ethical issues is better in student groups of heterogeneous professionals than in those of homogeneous professionals. Upon early exposure to IPL, the students recognize the limitation of their own profession and the need for inter-professional understanding to improve future collaboration.

Curriculum Models of Research Ethics for Graduate Students in Taiwan

Victor Fang (National Kaohsiung Normal University) t1667@nknku.edu.tw

Graduate students are expected to be made aware of the subject of research ethics before they finished their theses. Traditionally the advisers of graduate students have to ensure proper ethical research conduct during their supervision. Graduate students overly rely on their advisers, rather than university resources, for guidance on thorny issues such as spotting self-plagiarism, identifying research misconduct, or understanding conflicts of interest. In recent years, the implementation of university's code of practice for research ethics is becoming popular. It is the responsibility of the university to make sure researchers receive ethics training. University administrators have struggled to improve training in research ethics as more and more cases of scholarly misconduct make headlines.

From 2014, Ministry of Education in Taiwan set up the project of academic ethics education and mechanism in order to collect related data, review and analyze misconducts of doing research, develop training courses and related digital data, and enrich teaching resources of research ethics. The project is a pilot program where every university can offer the online courses for graduate students as well as advisers.

Graduate students might follow the instructions of their advisers, take courses of methodology embedded with topics on research ethics, attend workshops/seminars on research ethics, or choose to take research ethics training curriculum hosted by the university. The curriculum models of research ethics range from the spectrum of adviser-based instructions, methodology courses, workshops/seminars and formal training curriculum. The effectiveness of various curriculum models of research ethics is appraised in terms of graduate students' responses from their learning experience.

Keywords: curriculum models, research ethics, graduate students

Discussion of medical ethics case analysis: oral examination as an alternative for assessing medical ethics

Miko Ferine, MD., Tisna Sendy Pratama, MD., Amalia Muhaimin, MD, M.Sc

Faculty of Medicine, Universitas Jenderal Soedirman, Indonesia

mikoferine@gmail.com , tisanasendy@gmail.com , amalia.muhamin@gmail.com

Medical ethics education has become established as declared curriculum in undergraduate program in the last decades, including in Indonesia. It has been included as parts of the core competencies according to the Standards of Competencies for Indonesian Physicians, or the so called "SKDI". Therefore, the need for appropriate assessment is recognized. But there is still significant debate on assessing medical ethics competencies. In 2014, a new program on biomedical ethic, had been developed at the Faculty of Medicine, Universitas Jenderal Soedirman. The general learning objective of this program are: 1) students should be able to identify ethical issues in medicine and health care; 2) students should be able to use moral and ethical consideration to deal with ethical issues in medicine and health care; and 3) students should be able to provide rational justification to make ethical decision. We used various methods to assess students achievement in learning biomedical ethics. One of new methods we tried to develop was discussion of medical ethics case analysis (Dimeca), some innovation from oral examination. Oral examination is considered less valid nor reliable than Multiple choice questions. Judges subjectivity become the prominent issue in the type of oral examination.

Therefore, we tried to evaluate the validity and reliability of Dimeca in assessing medical ethics competencies of the students from the questionnaire that already developed by the team of academic monitoring and evaluation. Students were also assigned to write reflection about their experience from the assessment. So we could see the "shape" of the assessment from student's perspective. The paper includes discussion on the results of the evaluation

Keywords: Oral examination, assessment methods, biomedical ethics, education

Core Curriculum for Publication ethics

Shamima Lasker (MH Samorita Medical College, Bangladesh) splasker04@yahoo.com

Researchers publish their work for sharing their discoveries and knowledge to gain prestige, recognition, promotion, fund, scholarship or degree. Publication process needs integrity. Misconduct may have a detrimental effect on the credibility of research and the reliability of the scientific literature as well as destructive consequences on people as a whole. Fraudulent data and plagiarized manuscript may affect the medicine and harm the patients. Due to internet access post-publication review process is possible now a day. PubMed in 2012, revealed that 67.4% retractions were attributable to misconduct, including fabrication of data, duplicate publication, and plagiarism irrespective of social, economic and geographic structure. PLoS marked that the retractions based on fraud have increased 10 fold since 1975. Availability of internet access young scientists are now publishing their research by copy-paste or preparation of a manuscript by some modifications. Most of the cases, researchers do not have basic knowledge of publication ethics. Therefore, they submit hurriedly prepared, poorly drafted and even illegitimate publications. Good publication practices do not develop by one day by chance and it needs education. But there is no short syllabus to understand the publication ethics. Therefore, a guidelines "core curriculum for publication ethics" is proposed to train students of graduate or master in ethical scientific writing. This 36 hours of 3 credit training module will provide a manual to help authors, reviewers and editorials colleagues and stuff new to their roll in publication and those who are already over-burdened workload to improve their understanding on publication ethics and to address the many issues they face in publication. This core curriculum may create awareness about the norms and principles of publication ethics, avoiding unintentional manipulations in writing and change of attitudes for good publication practice.

Ethics in Higher Education

Fr.A.Sebastian Mahimairaj (Karumathur, Madurai) asmrajaocd2002@gmail.com

Education is used as a powerful tool to build a knowledge -based society. Ethics are important in higher education because by using this powerful tool in a legitimate we can improve for the betterment of society and humanity as a whole. Higher education upholds values which are more comprehensive and more public than any other civic organization. Higher education is expected to resent norms of social interaction such as open debate and argumentative reasoning. To emphasize the autonomy and self reliance of individual and to reject discrimination based on gender, ethnicity, religious belief, or social class. Higher education in the humanities is home to the most careful reasoning about the ethical and moral values important to that society.

Higher education and society benefit when colleges and universities have standards of integrity that provide the foundation for a vibrant academic life, promote scientific progress and prepare students for responsible citizenship. Many institutions; however have neither defined academic integrity nor expressly committed to it. Others explain academic integrity merely by listing behaviors that are prohibited rather than by indentifying values and behaviors to be promoted.

Academic integrity implies using sound and ethical methods in the pursuit of knowledge as well as embracing honesty in the dissemination of knowledge. Individuals expectation of fair and respectful conduct by faculty and students applies not only to interaction with one another, but also to administrators, staff and others with whom they interact in their role as members of the academic community. Fair and respectful treatment also extends to the evaluation of students academic work and colleagues' scholarly work.

This article attempts to highlight the significance of ethics and its need in higher education, especially in social science research, moral values in business, values in higher education, ethical dilemma of the researcher and designing an ethics course.

Could empathy and compassion being nurtured in community engagement?

Lesson learned from social program on block Bioethics and Humanities of Faculty of Medicine Univ Jend Soedirman

Diyah Woro Dwi Lestari, Miko Ferine, Amalia Muhaimin (Universitas Jenderal Soedirman)

Empathy is one of the ability needed for medical students. In order to mastering empathy, many ways had been done in medical training. One of the way to do so is to put medical student in the community which they could learn to live together and give back to the community. Faculty of Medicine Universitas Jenderal Soedirman has been implementing this methods for two years in a row by embedding this program to Block Bioethics and Medical Humanities. Third Semester Medical Student were sent to several institution, namely School for Special Needs Children, House for the elder and Rehabilitation and Mental Health Institution. They were encourage to do anything to the community who live in that institution. The Study than conducted in order to gain understanding on how exposure to social program affect the empathy and compassion to the student. Twelve student were invited to do Focus Group Discussion and after that the result was analysis to find the theme. There are six themes that emerged. The themes were interest to upgrade the knowledge in medical science, the willingness to collaborate with other profession in the context of patient care in the future, empathy was develop through interaction with members of the community, the emergence of compassion in interaction with the community, the ethical issues associated with the treatment of individuals with mental disorders, stigma that interferes on the process of interaction between students and community members. The recommendation was the social program could arise the empathy and compassion to medical student, though futher reseach with broader participant was needed.

Keyword: empathy, compassion, social program, medical student

POSTERS



Nurse's awareness of biomedical ethics and their attitude toward withdrawal of life-sustaining treatment

Eunsuk Choi, Kyung Suk Sung¹, Gil Hee Seo, Geun Myun Kim (Gangneung-Wonju National University) ¹sungks@gwnu.ac.kr

Purpose: This study will attempt to establish a proper view of bioethics by measuring nurses' degree of awareness of biomedical ethics and the resulting attitude toward withdrawal of life-sustaining treatment.

Methods: This study is a descriptive research to assess nurses' degree of awareness of biomedical ethics, attitude toward withdrawal of life-sustaining treatment, and their correlation. Nurses working in Y hospital who signed a consent form were assessed between 5 September 2015 and 15 September 2015. Data analysis was conducted using SPSS 21.0 WIM Program.

Results: There is a significant difference in awareness of biomedical ethics based on general characteristics among age groups ($F=4.67$, $p=.010$), marital status ($t=-3.79$, $p<.001$), working career ($F=5.23$, $p=.006$), and religious participation ($F=3.16$, $p=.026$). There is also a negative correlation and significant difference in between nurses' awareness of biomedical ethics and attitude toward withdrawal of life-sustaining treatment ($r=-.200$, $p=.003$). Lastly, data supports that there is a significant correlation among awareness of biomedical ethics, induced abortion ($r=-.179$, $p=.007$), euthanasia ($r=-.418$, $p<.001$), and newborn right to life ($r=-.383$, $p<.001$). In other words, high scores of awareness of biomedical ethics reflect a negative stance toward the withdrawal of life-sustaining treatment.

Conclusion: Based on this result, it is necessary to supply nurses with easy access to continuous education to establish a proper view of bioethics. Because of lack of prevalent research related to awareness of biomedical ethics and withdrawal of life-sustaining treatment, increased efforts in replication studies and specific research regarding conflicts among subcategories of awareness of biomedical ethics are also necessary.

Keywords: Nurses, biomedical ethics, withdrawal of life-sustaining treatment

Perbandingan perilaku profesionalisme berdasarkan kedisiplinan mahasiswa FK UMI Makasar Angkatan 2012 dan 2015

Shulhana Mokhtar¹, Nasrudin AM², Nevi Sulvita Karsa³, Wahyuni Sapan⁴, Ayu Sarah Sofyan⁵
(Fakultas Kedokteran Universitas Muslim Indonesia) ¹shulmd@gmail.com, ²ernase@yahoo.co.id

Latar Belakang: Profesionalisme sangat erat kaitannya dengan kedisiplinan. Profesional dapat diartikan sebagai pandangan untuk selalu berfikir, berpendirian, bersikap dan bekerja sungguh-sungguh, kerja keras, bekerja sepenuh waktu, disiplin, jujur, loyalitas tinggi dan penuh dedikasi demi keberhasilan pekerjaannya. Pada zaman ini kita bisa melihat bahwa banyak mahasiswa yang kurang menerapkan kedisiplinan dalam kehidupan sehari-hari. Karena itu penulis merasa perlu melihat perilaku profesionalisme berdasarkan kedisiplinan pada mahasiswa Fakultas Kedokteran UMI Makassar khususnya angkatan 2012 dan 2015.

Metode Penelitian: Penelitian ini merupakan penelitian yang bersifat deskriptif dengan menggunakan pendekatan *cross sectional* yaitu suatu jenis penelitian yang pengukuran variabel-variabelnya dilakukan hanya satu kali pada suatu waktu.

Hasil Penelitian: Dari hasil penelitian didapatkan adanya perbedaan perilaku profesional berdasarkan kedisiplinan berdasarkan angkatan, jenis kelamin dan usia pada masing-masing angkatan 2012 dan 2015.

Kesimpulan:

1. Jenis kelamin laki-laki lebih banyak yang tidak disiplin dibandingkan jenis kelamin perempuan pada Mahasiswa Fakultas Kedokteran UMI Angkatan 2012.
2. Jenis kelamin laki-laki lebih banyak yang tidak disiplin dibandingkan jenis kelamin perempuan pada Mahasiswa Fakultas Kedokteran UMI Angkatan 2015.
3. Usia ≥ 18 tahun lebih banyak yang tidak disiplin dibandingkan yang disiplin, dan tidak terdapat usia < 18 tahun pada Mahasiswa Fakultas Kedokteran UMI Angkatan 2012.
4. Usia < 18 tahun lebih banyak yang tidak disiplin dibandingkan usia ≥ 18 tahun pada mahasiswa fakultas kedokteran UMI angkatan 2015.
5. Angkatan 2012, dalam hal ini angkatan tertua, lebih banyak yang tidak disiplin dibandingkan dengan angkatan 2015, dalam hal ini angkatan termuda.

Gambaran pemahaman dokter mengenai proxyconsent pasien incompetent di Rumah Sakit Salamun sebagai penghargaan terhadap prinsip autonomy pasien

Ali Taufan¹, K Agus Handrian², BP Suryosubianto³

¹ Bagian Forensik dan Medikolegal FK UNJANI Cimahi

² FK UNJANI Cimahi

³ Bagian Bedah FK UNJANI Cimahi



CBMH

CENTER FOR BIOETHICS & MEDICAL HUMANITIES

FACULTY OF MEDICINE UNIVERSITAS GADJAH MADA

Jl. Medika, Sekip Utara, Yogyakarta 55281 Indonesia

Phone / Fax. : +62 274 547489

E-mail : bioetika_2007@yahoo.com

bioethics@ugm.ac.id

Website : bioethics.fk.ugm.ac.id