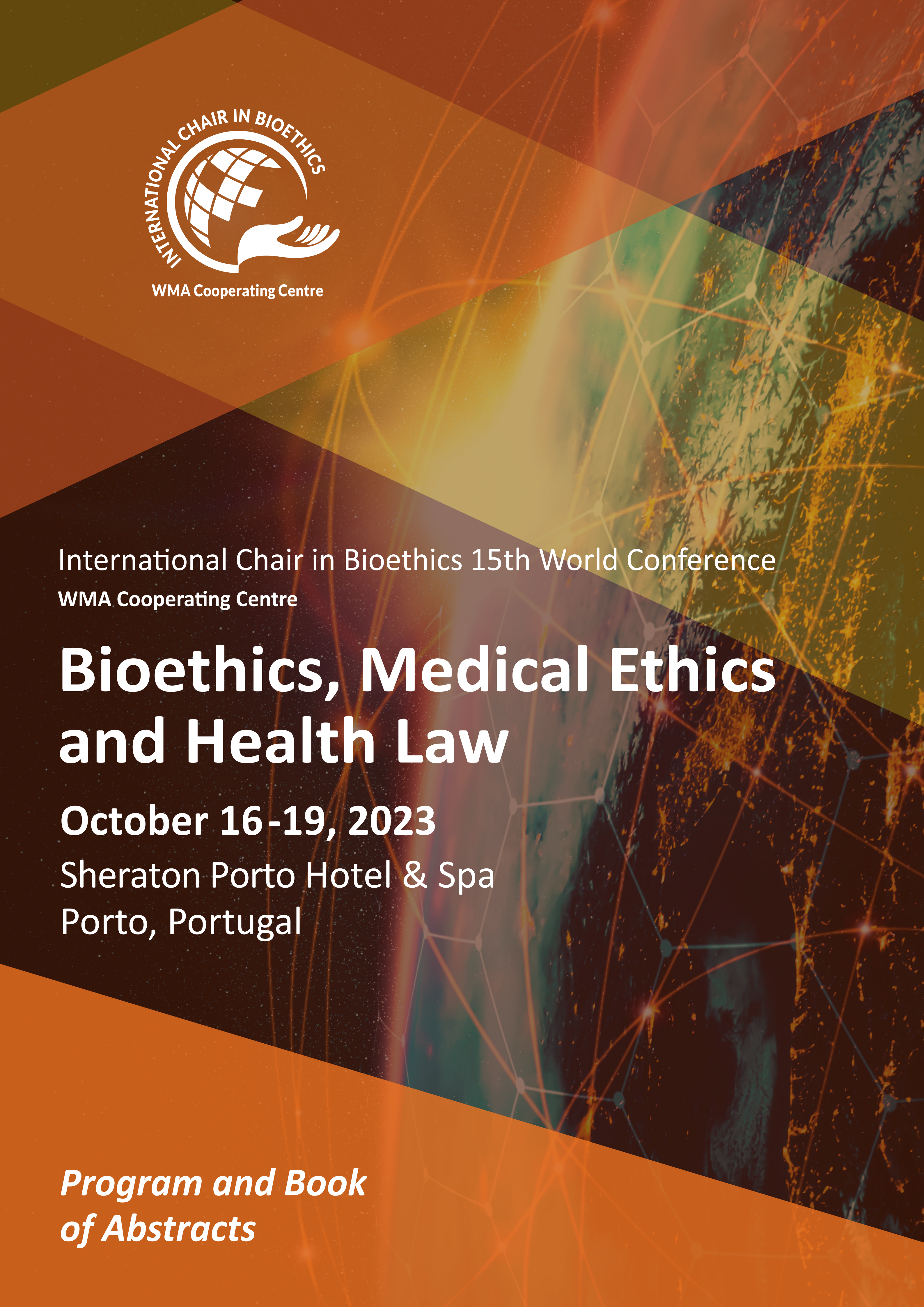

INTERNATIONAL CHAIR IN BIOETHICS
WMA Cooperating Centre

International Chair in Bioethics 15th World Conference
WMA Cooperating Centre

Bioethics, Medical Ethics and Health Law

October 16-19, 2023

Sheraton Porto Hotel & Spa
Porto, Portugal

Program and Book of Abstracts

PROGRAM AT A GLANCE

(Suject to onsite changes)

Monday, October 16, 2023

08:00 18:00	**Registration office open**					
	HALL ARIANE 1	**HALL ARIANE 2**	**HALL ARIANE 3**	**HALL GEMINI 1**	**HALL GEMINI 2**	
09:00-10:30	ICB Department Session: Bioethics and Film	ICB Department Session: World Bioethics Day	ICB Department Session: Bioethics: Book Review	ICB Department Session: Bioethics: in Surgery Research and Technology	Digital Care Platforms: Law and Ethics- I	
10:30-11:00	**COFFEE**					
11:00-13:00	**OPENING CEREMONY** (this session will be transmitted live) – **HALL APOLLO**					
13:00 14:00	**LUNCH – LOBBY 0**					
14:00-16:00	**WORLD MEDICAL ASSOCIATION SESSION** (this session will be transmitted live) – **HALL APOLLO**					
16:00-16:30	**COFFEE**					
	HALL DISCOVERY	**HALL ARIANE 1**	**HALL ARIANE 2**	**HALL ARIANE 3**	**HALL GEMINI 1**	**HALL GEMINI 2**
16:30-18:00	ICB Department Session: Global Diplomacy	Bioethics and Environment / Ecobioethics	Reproduction	Medical Ethics - I	Digital Care Platforms: Law and Ethics - II	Digital Care Platforms: Law and Ethics- III

Tuesday,October 17, 2023

	HALL DISCOVERY	**HALL ARIANE 1**	**HALL ARIANE 2**	**HALL ARIANE 3**	**HALL GEMINI 1**	**HALL GEMINI 2**
08:30-10:00	Bioethics Education I	Medical Ethics II	Covid-19 Pandemic I	Bioethics General I	Surrogacy	Research Ethics
10:00-11:00	Artificial Intelligence & Health Data I	Medical Negligence/ Medical Ethics	Nursing, Law and Ethics	Bioethics General II	Medical Law Ethics – I / Bioethics Education of the Young	End of Life Ethics I
11:00-11:30	**COFFEE AND POSTER VIEWING**					
11:30-13:00	End of Life Ethics II	Bioethics & the Holocaust I	Organ Donation & Transplantation	Medical Law Ethics II	Medical Ethics and Challenges in Medicine	Healthcare Ethics
13:00-14:00	**LUNCH (LOBBY 0) AND POSTER VIEWING**					
	HALL DISCOVERY	**HALL ARIANE 1**	**HALL ARIANE 2**	**HALL ARIANE 3**	**HALL GEMINI 1**	**HALL GEMINI 2**
14:00-15:30	ICB Department Session ICB Chair's Newsletter Child & Youth Bioethics Education	Bioethics & the Holocaust II	ICB Department Session Biolaw		ICB Department Session Philosophic Approach to Law	ICB Department Session European Division
15:30-16:00	**COFFEE AND POSTER VIEWING**					
16:00-17:30	ICB Department Session Palliative Care	ICB Department Session Professional Autonomy			ICB Department Session Bioethics and Art	

Wednesday, October 18, 2023

	HALL DISCOVERY	**HALL ARIANE 1**	**HALL ARIANE 2**	**HALL ARIANE 3**		
08:30-10:00	Bioethics Education II	Genetics: Ethical Aspects	Bioethics and Cinema	Bioethics General III		
	HALL APOLLO 1	**HALL ARIANE 1**	**HALL ARIANE 2**	**HALL ARIANE 3**	**HALL GEMINI 1**	**HALL GEMINI 2**
10:00-11:00	Book Presentation	Paliative Care	Informed Consent/Ethical Dilemmas	Bioethics General IV	Disruptive effects of the pandemic: a proposal for an approach from clinical psychology and bioethics	The Power of Networking: How to Build Relationships and Achieve your Goals
11:00-11:30	**COFFEE AND POSTER VIEWING**					
	HALL DISCOVERY	**HALL APOLLO 4**	**HALL ARIANE 1**	**HALL ARIANE 2**	**HALL ARIANE 3**	**HALL GEMINI 1**
11:30-13:00	University Students' Views on Bioethics	Public Health Ethics	Autonomy and Equality	Health Law	Bioethics General V	Bioethics and Diversity
13:00-14:00	**LUNCH (LOBBY 0) AND POSTER VIEWING**					
14:00-15:30	Human Dignity and Human Rights II	Artificial Intelligence & Health Data II	Covid-19 Pandemic II	Bioethics Education III	Bioetics General VI	Human Dignity and Human Rights I
15:30-16:00	**COFFEE AND POSTER COLLECTING**					
16:00-17:30	ICB Department Session Israel Medical Association	ICB Department Session PhD in Bioethics	ICB Department Session Bioethics and the Holocaust	ICB Department Session Education & The Internacional Journal: Global Bioethics Enquiry	ICB Department Session Monthly Case in Bioethics	

Thuesday, October 19, 2023

08:30-10:30	**Special Session: WORLD MEDICAL ASSOCIATION** (this session will be transmitted live) – **HALL APOLLO**
10:30-11:00	**COFFEE**
11:00-13:00	**CLOSING CEREMONY | WORLD BIOETHICS DAY** (this session will be transmitted live) – **HALL APOLLO**

INTERNATIONAL CHAIR IN BIOETHICS
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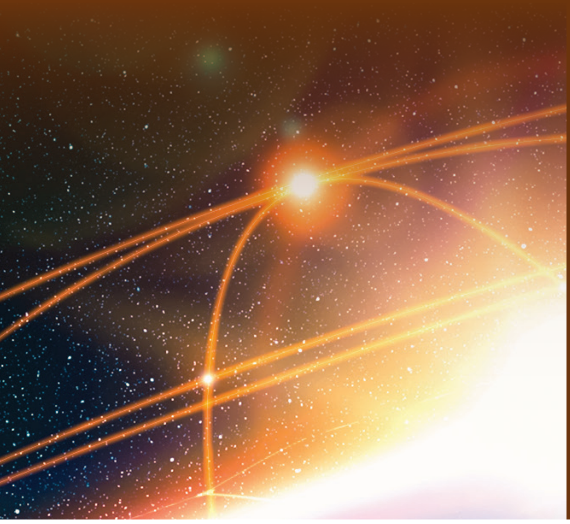

Bioethics, Medical Ethics and Health Law

15TH WORLD CONFERENCE

PORTO ▸ OCTOBER 2023 ▸ 16 → 19

Under the auspices of:

bioética
associação portuguesa de bioética

IFMSA
International Federation of Medical Students' Associations

WMA

amee
AN INTERNATIONAL ASSOCIATION FOR MEDICAL EDUCATION

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Sersilito-Empresa Gráfica, Lda.

MESSAGE FROM THE CONFERENCE CO-PRESIDENTS

We wish to welcome each and every participant and extend our gratitude for the support of the 15th World Conference on Bioethics, Medical Ethics and Health Law and for joining us in Porto, Portugal. The World Conference offers its participants an international platform for fruitful scientific discourse on more than 60 topics and subtopics in the fields of bioethics, medical ethics, health law and related areas such as scientific integrity or environmental protection. We are pleased to inform you that the number of units of the Chair has recently grown and now consists of 250 units located in universities, hospitals, and other institutions on five continents. The Chair currently operates about 3,000 volunteers in its units, and the International Forum of Teachers (IFT) has more than 1,200 educators in more than fifty countries. The Chair operates many departments which you can see on page 5, publishes educational materials for teachers and students, and holds local, national and international seminars and conferences, enjoys fruitful cooperation with the World Medical Association (WMA) and the International Federation of Medical Students Associations (IFMSA).

Personal Invitation:

You are welcome to send an email to the Chair in order to receive information about any of the following programs to the following address:

international.bioethics.chair@gmail.com

- Establish a New Unit at your University
- Join the Teachers Forum of the Chair
- Join the Project of Bioethics for Youth and Children
- Join the Project Education for Bioethics
- Join the Project of Bioethics in the Holocaust
- Join the Project of Bioethics in the Amazon Rain Forest
- Register for the International PhD on Bioethics

We wish you an interesting, fruitful and pleasant stay at the Conference. Keep Healthy and Go Safely!!

Amnon Carmi

Prof. Amnon Carmi
Co-President of the Conference

Prof. Rui Nunes
Co-President of the Conference

CONFERENCE CO-PRESIDENTS AND COMMITTEES

Co-Presidents of the World Conference
Prof. Amnon Carmi and Prof. Rui Nunes

International Honorary Committee
Prof. David Gordon
Dr. José Gallo
Dr. Lujain AlQodmani
Prof. Miguel Jorge
Dr. Osahon Enabulele
Dr. Otmar Kloiber

International Organizing Committee
Prof. Yoram Blachar, Chair
Ms Annabel Seebohm
Prof. Jasna Karačić Zanetti
Adv Leah Wafner
Prof. Moty Benyakar
Prof. Russell D'Souza
Prof. Sashka Popova
Mrs Shoshana Golinsky
Adv Tami Ullmann

Scientific Program Coordinator
Prof. Natália Oliva Teles

International Scientific Committee
Prof. Shai Linn, Chair
Prof. Daniel Fu Chang Tsai
Dr. Miroslava Vasinova
Dr. Tami Karni
Prof. Vojin Rakic
Prof. Yehuda Ullmann

National Organizing Committee
Prof. Guilhermina Rego, Chair
Dr. Ana Paula Cabral
Dr. Evelyn Oliveira
Dr. Fortunato Cardoso Silva
Prof. Francisca Rego
Prof. Helena Pereira de Melo
Prof. Ivone Duarte
Prof. João Proença Xavier
Prof. Luísa Neto
Prof. Miguel Ricou
Prof. Mónica Correia
Prof. Paulo Maia
Dr. Rita Pinho
Dr. Sofia Nunes
Dr. Sofia Pinto Oliveira
Prof. Stela Barbas

GOVERNING COUNCIL

The Governing Council of the Chair was established on 1 September 2021. It consists of the following Heads of the Chair's Departments and Divisions:

Prof. Rui Nunes	Head of the Chair Head of Department of Bioethics and Artificial Intelligence
Prof. Amnon Carmi	Honorary Head & Founder
Dr. Alessandra Pentone	Head of Department of Ethics & Disabilities as Different Abilities
Prof. Daniel Fu Chang Tsai	Head of Department of Website
Prof. Daniela Keidar	Head of Department of Behavioral Bioethics
Prof. Domenico Palombo	Head of Department of Bioethics in Surgery Research and Technology
Prof. Francisca Rego	Head of Department of Palliative Care
Mrs. Galit Gilvard	Head of Department of the Monthly Book
Prof. Guilhermina Rego	Head of Department of Healthcare Management
Dr. Jasna Karacic	Head of Department of Health Diplomacy and Patient Rights
Prof. Jon Borowicz	Head of Department of Professional Autonomy
Dr. Juan Fariña	Head of Department of Scientific Literature Review
Adv. Ilan Keidar	Head of Department of Law
Prof. Ivone Duarte	Head of Department of Ph.D. on Bioethics
Dr. Maria Tormo Dominguez	Head of Department of the Monthly Case
Prof. Mary Mathew	Head of Department of Bioethics and Art
Dr. Miroslava Vasinova	Head of Department of Bioethics for Youth and Children, Coordinator of the Chair's Journal
Prof. Monica Correia	Head of Department of Biolaw
Prof. Moty Benyakar	Co- Head of the Ibero-American Division
Prof. Natália Oliva Teles	Head of Department of Research
Prof. Patrizia Borsellino	Head of Department of Bioethics and Philosophical Approach to Law
Prof. Pierre Effa	Head of African Division
Prof. Praveen Arora	Deputy General Secretary, Head of Department of World Bioethics Day
Prof. Russell D'Souza	Head of Asia-Pacific Division, Department of Education, Editor of The International Journal of ICB

Prof. Sashka Popova	Head of Department of International Forum of Teachers (IFT)
Prof. Shai Linn	Head of Department of Scientific Literature Review
Mrs. Shoshana Golinsky	Administrative Manager of Department of International Network of Units
Dr. Stacy Galin	Co-Head of Department of Bioethics and Holocaust
Dr. Tessa Chelouche	Co-Head of Department of Bioethics and Holocaust
Prof. Vojin Rakic	Head of European Division
Prof. Yoram Blachar	Head of Department of World Medical Association

THE CHAIR'S DEPARTMENTS

The Chair currently has 28 departments and is hoping to establish many more for the advancement of all Ethics matters.

Department of World Medical Association
Head of Department: Prof. Yoram Blachar

The purpose of the department is to strengthen and promote the Chair's relationships with the management of the World Medical Association (WMA) and with its members around the world.

Department of Bioethics and Artificial Intelligence
Head of Department Prof. Rui Nunes

Artificial intelligence (AI) represents a huge evolution of science and technology, with undeniable benefits for humanity. There are, however, some ethical issues that must be weighed for AI to be trusted, transparent, and accountable. Namely, respect for the principles of individual autonomy, global justice, and equity, as well as the protection of the right to privacy. Therefore, it is important to ensure that the development and implementation of AI systems are carried out under strict human supervision, and technical robustness and that security standards are ensured by global governance institutions, which prevent their use contrary to fundamental human rights. Also, there is a general duty to protect the most vulnerable populations. For a trustworthy AI to be accomplished AI must be Findable, Accessible, Interoperable, and Reusable (FAIR). The goals of this department include studying and analyzing these issues as well as contributing to a global governance of AI.

Department of Behavioral Bioethics
Head of Department: Prof. Daniella Keidar

Innovative technology penetrates into every area of our lives and sets our social and personal agendas. It seems that the centre of gravity in social conduct is increasingly shifting to technology, to the point of sustaining its own 'life', pushing the individual, the human, to the margins. Man's basic and elementary needs for human contact and unmediated social connection are being harmed, and this has dramatic short-term, long-term and cumulative consequences. The department will deal with this important connection and the reciprocal implications between bioethics and human behavior. It intends to fill and increasing gap in the area, hoping to illuminate and improve insights on the other hand and suggest courses of action for improvement in the other.

Department of World Bioethics Day
Head of Department: Prof. Praveen Arora

The World Bioethics Day commit and considered by Prof. Amnon Carmi, after the 11th Conference of the UNESCO Chair in Bioethics, Haifa (Now International Chair in Bioethics: ICB, WMA Collaborating Centre) in Naples, Italy. In the conference during the general assembly of Heads of Units, on 19th October 2015, Prof. Amnon Carmi, head of the UNESCO Chair in Bioethics, Haifa, shared his dream project and proposed to celebrate one day in a year to foster the principles of Bioethics. It was suggested to celebrate the World Bioethics Day on the date which in 2005, UNESCO adopted the universal declaration on Bioethics and Human Rights that is, 19th October. It was unanimously agreed upon by the general assembly to celebrate the World Bioethics Day on 19th October every year starting from 2016. The Committee was constituted to coordinate the program among units worldwide.

Department of Professional Autonomy
Head of Department: Prof. Dr. Jon Borowicz

Responding to the World Medical Association's Declaration of Seoul on Professional Autonomy and Clinical Independence, the Department of Professional Autonomy understands autonomous judgment as not being determined in one's actions by authorities to which one does not consent. Consent to the institutions of one's professional life not being something which can be readily or realistically withdrawn, consent must be perpetually negotiated and publicly expressed. If consent is not to be withdrawn, autonomy requires opportunities for dissent. Occasions and fora for the thoughtful formulation, expression, and consideration of judgment, however, are rare. Accordingly, the department's principal activity will be the provision of a facilitated online asynchronous discourse for the cultivation and expression of otherwise repressed professional judgment. Sponsored by universities and professional associations, the discourse will be perpetual, and will have both intra- and inter-profession iterations.

Department of Ph.D. on Bioethics
Head of Department: Prof. Ivone Duarte

The PhD in Bioethics aims at advanced training in bioethics, environment and animal ethics, and biolaw. Students who complete this cycle of studies in bioethics should be able to develop scientific research in the field of bioethics and health law and guide the work of other students in this field. Indeed, it is important to train highly qualified professionals in the field of bioethics and health law in order to promote fundamental human rights and to reinvent the ethical education of health professionals in the context of universally shared values. The PhD in Bioethics student must gather the necessary skills for understanding any area in Bioethics, Environmental and Animal Ethics and Health Law. Moreover, the student must be adequately prepared to make a regular update in these areas. The existence of a large group of PhD students in Bioethics worldwide makes it important to create an international network in this scientific area, so that synergies are promoted between high level research projects and other initiatives involving researchers from different cultures. Also, new lines of research can be promoted namely in areas of interest to low-income countries.

Department of Healthcare Management
Head of the Department: Prof. Guilhermina Rego

Despite varying levels of global socio-economic development, governments around the world want to guarantee their citizens' fundamental right to basic healthcare. Grounded in the philosophical position that healthcare is an essential element of human dignity, it is important to move beyond this theoretical principle to offer policy-makers a basis for health policies based on public accountability and social responsiveness. It must also be emphasized the importance of global cooperation, particularly in the area of global health, health promotion, and communication. To accomplish these goals, the issue of financial sustainability must also be addressed as well as robust mechanisms of economic and social regulation. New opportunities created by e-health, evidence-based data, and artificial intelligence are also fundamental issues in modern healthcare management.

Department of Ethics & Disabilities as Different Abilities
Head of Department Dr. Alessandra Pentone

The Department of Ethics & Disabilities as Different Abilities clearly expresses the need to look at disability from another perspective, not as a simple impairment or handicap, taking into account the unique different ability that each person could develop in his/her own life, experiencing, directly or indirectly, a visible or invisible physical and/ or mental disease or difficulty. This kind of "revolution" is the result of several processes, working at multiple levels, to find feasible solutions for fulfilling a healthy life with dignity, deserving to be an active and living part of society, achieving the right to be happy. Starting from the testimony and the support of those who already experienced the different steps of living with a disability and their own way of reacting and building alternative "abilities"; collecting feelings and perceptions of their kins and people belonging and working in their environment as a source of inspiration and a reference to disability problems; considering new approaches and different keys to deal with the real world, not neglecting upcoming resources from advanced technologies, opening future wide horizons; creating a new cultural ground by educating to see disability not as a burden but as an opportunity for the individual and the society to express particular ways to overcome difficulties, stressing both the principles of autonomy and solidarity. An environment that allows all kinds of people letting them live their own life without material and mental barriers will enrich the human being and humanity as a whole, promoting physical and psychological health, enhancing the quality of life, and nurturing ethical values to be deeply rooted in our minds and souls.

Department of Palliative Care
Head of Department Prof. Francisca Rego

In contemporary societies, palliative care represents a different perspective toward facing both death and life. A different perspective of facing death due to the excessive technological character of modern medicine that has resulted in an increasing dehumanization of clinical practice and a progressive distancing of health professionals from patients and their families. Palliative care, as active and global care, requires a significant increase in the affective dimension of the patient-physician relationship to promote patient follow-up, rather than trying to overcome death. Palliative care is also a different way of looking at life. The concept includes a life with quality, life that anticipates death, and life over the long period prior to death. Hence, it is important to consider both the multi- and the transdisciplinary nature of palliative care and the consequent implications for professional training.

Department of Bioethics and Cinema
Head of Department: Prof. Juan Jorge Fariña

The aim of the department is to develop an interactive data base to share audio-visual resources for teaching bioethics. Since the beginning, cinema has promoted ethical problems. With the expansion of the film industry, these subjects have reached wider audiences, promoting interesting discussions inside and outside the academic filed. Ethical problems appear in films with a double perspective. On one side, when the films propose, in an explicit way, to take to the screen contemporary ethical discussions; on the other side, when the audiences and critics find in the work of art, the opportunity to discuss moral or ethical issues. In both cases, the result is an extraordinary experience of thought and action. The project aims to make an update on available resources both aesthetics and conceptual and to systemise them for the use in academic and social projects all over the world.

Department of Bioethics and Holocaust
Heads of Department: Dr. Tessa Chelouche & Dr. Stacy Gallin

The goal of the department is to bring together an international group of students and professionals to collaborate on the development of a variety of tools of educating undergraduates, graduates and professionals in the field of healthcare regarding the continuing relevance of bioethics and the Holocaust for current issues in society pertaining to medical practice, public policy and human rights. The learning about bioethics and the Holocaust can serve to connect the past, present and future; promote justice, equality, and human dignity, and foster ethical decision-making and practice.

Department of Research
Head of Department Prof. Natália Oliva Teles

Different modalities of collaborative research in the Research Department:

a) Research projects of specific centres or institutions, although with the general oversight of the Research Department.
b) Research projects of the Research Department that may be performed in partnership with different institutions worldwide.

Existing lines of research of the Research Department at a worldwide level:

a) The principle of beneficence and its implications and application in medical research.
b) Autonomy and dignity in medical research and practice.
c) Bioethics and human rights, forced displacement in conflict scenarios.
d) Wellness and distress in health care professionals dealing the bioethical issues in their everyday working life.
e) Gender equity.

Department of Biolaw
Head of Department: Prof. Mónica Correia

Biolaw is a new disciplinary area that can constitute itself as a comprehensive framework to face the biomedical challenges of modern societies. Biolaw can be defined as law mediated by ethics based on the biomedical phenomenon. Ethics represents the mediator between medicine and law, as it is not envisaged that it is possible to establish a direct bridge between "bios" and law. The emancipation of Biolaw from other fields of law finds echoes in recognition of part of the legal doctrine that understanding the complexity of modern societies' challenges requires an articulation with other branches of knowledge. This transversality is essential when we are dealing with biomedical phenomena. Large sets of bioethical issues cross, overlap, and call together specialists from different areas of knowledge: medicine, biology, genetics, economics, anthropology, philosophy, psychology etc. In this respect, these matters deserve a multidisciplinary analysis that does not stop at law or bioethics' boundaries. The current biomedical phenomena linked to technological advancements poses new dilemmas, to which a response could be found by breaking new ground: the Biolaw. The International Chair in Bioethics established a Biolaw Department with the overall goal of creating a global network of researchers in this field and to share experiences that might be fruitful to all countries. In accordance with the Universal Declaration of Bioethics and Human Rights (UNESCO) its specific mission would be to develop scientific and pedagogical projects in this area, proposing a set of lines of work.

Department of Bioethics and Philosophical approach to Law

Head of Department: Prof. Patrizia Borsellino

If we consider the developments that bioethics has undergone in different areas of the world, we must recognise that even in contexts such as those of European countries, where, unlike in the United States, bioethical issues were initially addressed primarily with regard to their moral implications, awareness of the legal implications of interventions on human and non-human life, made possible by the extraordinary progress of science, has been widespread and widely shared in recent years. Today, therefore, one cannot conceive a bioethics that is not enriched by consideration of the solutions that have already been provided by law or that can be envisaged in future legal regulation in relation to many sensitive issues. It cannot, however, be ignored that the legal regulation of bioethical issues has raised, and still raises, difficulties, which can only be addressed and resolved if, firstly, one has an apparatus of legal notions appropriate to the new scenarios that have emerged under the impetus of technological and scientific progress, and if, secondly, one is able to critically assess the regulatory interventions of law, highlighting their assumptions on the level of values, as well as their effects on the level of facts. The "Department of Bioethics and Philosophical Approach to Law" intends to contribute to reflection and debate on the various thematic areas at the heart of bioethics, with a particular focus on the end of life, the protection of health data and the application of new technologies and artificial intelligence for empowerment as well as therapeutic purposes, by examining legal solutions from the above-mentioned perspective of critical evaluation, and without ever breaking the interdisciplinary comparison.

Department of Bioethics in Surgery Research and Technology

Head of Department Prof. Prof. Domenico Palombo

Aims and Vision: Research, development and use of technology in surgery are in a peculiar phase in which rapid development and huge increase in innovation are totally changing the panorama of modern surgery: bioethical aspects are therefore a paramount challenge. The most critical aspects go from AI use (algorithms, robotics, digital therapeutics, etc.) to new devices and "the monkey business" driven by the market. Moreover, another crucial aspect remains to go towards the figure of the "Expert patient" in order to develop a critical consciousness of patients and, on the other hand, to prepare in this field the next generation of surgeons.

A correct involvement of scientific and popular media, based on open collaboration with universities, stakeholders and institutional bodies, using dedicated tools like university courses, conferences, position papers on specialized journals and information articles on popular press and many other possible initiatives will represent the main road of this new department.

Department of Health Diplomacy and Patient Rights
Head of the Department: Prof. Jasna Karacic Zanetti

The field of Health Diplomacy has gained increasing prominence in recent years, as countries recognize the importance of working together to address global health challenges. Health Diplomacy is a form of diplomacy that focuses on promoting and protecting the health of individuals, communities, and populations. The primary objective of Health Diplomacy is to build relationships and foster cooperation among countries and stakeholders to improve health outcomes globally. This includes addressing issues such as disease outbreaks, access to healthcare, and health security.

The department is focused on ensuring that patients receive the highest quality of care and have access to their rights as healthcare consumers. The main objective is to ensure that patients receive care that is safe, effective, and respectful of their needs and preferences. This includes providing information about patients' rights and responsibilities, as well as assisting patients in resolving any concerns or complaints they may have about health.

The department is responsible for research to develop strategic protocols and guidelines in healthcare policy that applies directly to clinical practice. The mission of the department is to investigate diplomatic responses to global health challenges in recognizing patient needs.

Department of Scientific Literature Review
Head of Department: Prof. Shai Linn

The department routinely explores and reports resources and data for corona research. The literature is searched and selected anthology is reported on 30+ categories. Among these are data from CDC, WHO, journals' resources and publications and leading institutions that deal with bioethics. Links to publications are given. A selected anthology offers an access to the main issues that are discussed in various publications. Periodical updating is distributed by the ICB.

Department of Bioethics for Youth and Children
Head of Department: Dr. Miroslava Vasinova

The goal of the department is to bring the message of bioethics to children and youth in various educational ways. The department focused in the early years on creating an appropriate teaching method for the younger generations. Socio-cultural tradition of ethics cannot be created in the classrooms of the medical schools. The students that arrive in these classrooms carry on their backs and in their hearts their own personal history. This history consists of values that they have adopted from their earliest years in their families, social environments, in their kindergartens and elementary schools. Education activities in the advanced stage of academic studies can be efficient if and to what extent they are brought forward by proper methodology to the younger populations.

Department of International Forum of Teachers (IFT)
Head of Department: Prof. Sashka Popova

The International Forum of Teachers is a department within the ICB that consists of teachers and institutions from around the world who have been accepted pursuant to the requirements of the ICB's statutes as members of the IFT. The main objective of the IFT is to form and activate, through global collaboration and dialogue, an organ that will function as a mechanism for the realization of the objectives and activities of the IFT as stated in statutes.

Department of the Monthly Case
Head of Department: Dra. Maria Tormo Dominguez

The department aims to disseminate the discipline of bioethics among physicians and healthcare professionals. The practice of medicine is and will continue to be increasingly complex, which is why health professionals must have sufficient knowledge of bioethics in order to approach and resolve ethical conflicts accordingly. The departments' case studies are intended to be a simple and useful training tool to help doctors and healthcare professionals itheir daily practice. They are provided with a better understanding of bioethics and how it can contribute to improved doctor-patient relationships.

Department of the Monthly Book
Head of Department Mrs. Galit Gilvard

The main goal of the Department of Monthly Book is to distribute free books in the field of bioethics to the various groups of the Chair, organizations, and individuals associated with the Chair, organizations, and individuals operating in the field of bioethics, populations of therapists, and populations of patients. The books are included in the Chair's Website/Library. A secondary purpose of the department is to encourage the writing of books in the field of bioethics.

The selection of the books for delivery:

a. The selection of books for delivery is made by the Head of the department with the approval of the Head of the Chair.
b. The delivery of the books will be subject to the authorization of the owner of the rights in the books.
c. The delivery of the books will be done free of charge and without conditions, or under the conditions set by the Head of the Chair.
d. The delivery of the books will be carried out by the secretariat of the Chair.
e. The books will be delivered once a month if possible.

Department of Bioethics and Art
Head of Department: Prof. Mary Mathew

The department had initiated the use of art in teaching bioethics successfully in faculty development programs and in teaching bioethics to medical and health science students and the department of education. Art and bioethics are sources of inspirations of each other. Not only does art expand its boundaries, transforming a scientific experiment into an artistic process, but also bioethics is entering a new level of research and discussion, reinforcing its creative potential through art. The use of art as a pedagogical tool can be an innovative approach to medical and health science education. It can facilitate reflection, reveal a meaningful story and explore experiences and/or compassion. Art – wether it is a collage, a paint or a picture, hand-drawn, crafted our of clay, expressed through dance, tableau, or music-can connect concepts in teaching and learning in ways that cannot otherwise be achieved. Using art as a teaching tool can create a head-heart-hands experience that engages students on many levels and connects them with complex concepts in meaningful ways.

Department of International Network of Units

Administrative Manager of the Network: Mrs. Shoshana Golinsky

The international network of units today comprises about 250 units. The units have been established and operate within academic institutions on the five continents. In each continent the units are organized within the framework of a continental division. The network is managed by a Governing Council member Mrs. Shoshana Golinsky. Each unit is managed by a Steering Committee of 5-15 members. The procedure of setting up a unit is simple and quick, the relevant information and documents are passed on to the applicants and joining the unit to the international network does not involve any membership fees or any financial outlay. The Chair regularly provides assistance with instruction and teaching materials, including: books, seminars, conferences and more.

Department of Education

Head of Department: Prof. Russell D’Souza

The department of Education aims to ensure the global spread of bioethics education. This is being achieved by the continuous support and facilitation of the various bioethics units to pursue enhanced and effective local and international collaboration with the intensified professional relations with academic institutions and other partners.

Department of Website

Head of Department: Prof. Daniel Fu Chang Tsai

The ICB website provides information about the establishment of the Chair’s network, the units, the departments, activities, publications which include the Case Book series, the Newsletter, the Global Bioethics Enquiry Journal, etc. It aims for facilitating the connection, collaboration and dissemination of the Chair’s extensive work in bioethics and law.

Department of Law

Head of Department: Adv. Ilan Keidar

The department is in the development stage. In the first phase, the department is supposed to support the Chair and guide it in legal aspects. At an advanced stage, the department is supposed to engage in research combining law and bioethics.

Department of International Journal: Global Bioethics Enquiry

Editor in Chief: Prof. Russel D’Souza

Global Bioethics Enquiry is a Journal of the International Chair in Bioethics (ICB) and publishes reviews, original research papers, commentaries and case studies related to all issues in the field of Bioethics. Original viewpoints and narratives as well as poems in the field of Bioethics are welcome. The journal also has a student section where articles in the field of Bioethics written by undergraduate and post-graduate students are considered. The Journal is indexed in: City factor; National Library of Australia, ResearchGate, DOAJ, Google Scholar and applied for Scopus indexation. Global Bioethics Enquiry provides the platform for well-augured, well-written and erudite articles on the ethical questions in medicine, in the developing and developed world, Bioethics as it concerns the human race, issues related to ethics and law, ethics and bioethics education, methods of teaching bioethics, bioethics in medical, nursing and allied professions education, international collaborative bioethical clinical research, mental health ethics, current bioethical debates and dilemmas, issues related to aging and current medical technologies like genomics, stem cell research and artificial intelligence. The Journal prefers articles that look at various bioethical issues considered in relation to concrete ethical, legal and policy perspectives and in terms of the fundamental concepts, principles and theories used in discussions such of problems and current issues.

Department of Newsletter

Head of Department: Dr. Miroslava Vasinova & Editor in Chief: Dr. Giacomo Sado

The department of the Chair’s Newsletter and Press Office were establishesh in 2013, after the first successful experience of a Chairs standing press office during the 9th World Conference of the Chair. From that time on, in each Chair’s Conference, the Press Office repeats a lively connection centre for its participants and an updated source of information, delivering daily press releases to the main National and International newspapers, and bioethics journalists. It also collects hundreds of short interviews of the speakers that become part of the special newsletter issues dedicated to the most relevant events and picks of the Conference. The first issue of the Chair’s Newsletter was born to gather only a part of the material, the ideas, the projects and, literally, the ‘flow of energy’ coming out of each Chair’s World Conference. The core and editorial board headed by Dr. Sado, includes Dr. Alessandra Pentone, international adviser and Dr. Klaudio Todesco, technical adviser in collaboration with several other experts.

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Greece / Thrace: Prof. Dimitrios Dimitriou
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India / AIIMS Jodhpur: Dr. Sanjeev Misra
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Vietnam / Hanoi: Prof. Nguyen Duc Hinh
Zambia / Lusaka: Dr. Bornwell Sikateyo

GENERAL INFORMATION

Conference Venue
Sheraton Porto Hotel and SPA

Press Office
Dr. Giacomo Sado (next to the conference Information desk)

Social Events
Monday, October 16
18:30-19:30: WELCOME RECEPTION - Conference venue, Sheraton Porto Hotel & Spa and Opening of the art exhibition "Black and White" (free for all participants)
20:00-22:00: GALA Dinner - Conference venue, Sheraton Porto Hotel & Spa with live music performance (paid participants and by invitation only)

Tuesday, October 17
18:00-22:30: CASA DA MÚSICA, Porto - Guided tour and Dinner with live music performance (paid participants and by invitation only)
Buses depart from venue at 18:00 and return to venue at 22:30

Wednesday, October 18
18:00-22:30: WORLD OF WINE – Vila Nova de Gaia, Cellars guided tour with wine tasting and live music performance (paid participants and by invitation only)
Buses depart from venue at 17:45 and return to venue at 22:30

Accompanying Persons
Accompanying persons may participate in social events for which they are registered.

Certificate of Participation
A certificate of participation will be supplied to all present and registered in the Conference.

Access to Lecture Halls
Seating is on a first come, first served basis and all rooms are air-conditioned. Please note: all Sessions will start punctually.

Name Badges
Please wear your name badge to all sessions.
The no badge, no entry rule will apply. Badge replacements will be 25 euros.

Important Notice
HDL - Business Building, the Chair and the Conference Co-Presidents will not be responsible for any loss, damage, injury, accident, delay or inconvenience to any person or luggage or any other property for any reason whatsoever. They will be exempt from any liability in respect of the above. Personal travel and health insurance is recommended.

Please Note:
The conference sessions and social events will be filmed and photographed, so that photographs and videos will be used for advertising or updates on the conference website. For any questions please contact the secretariat.

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secretariat@bioethicsporto2023.com I www.hdl-bb.com I www.bioethicsporto2023.com

INTERNATIONAL CHAIR IN BIOETHICS

WMA Cooperating Centre

THE CHAIR IN BIOETHICS PROMOTES

A CALL FOR THE ESTABLISHMENT OF NEW BIOETHICS UNITS

You are invited to establish a new Unit at your Institute!

The purpose of the Chair is to build, activate, co-ordinate and stimulate an International Network of Units in Academic Institutes for Ethics Education.

The Chair has established
11 units in 2001 and have grown to 249 units in 2023.

If you wish to establish a new unit in your own institute
and to receive more details and guidelines visit the Chair’s website at:
https://www.int-chair-bioethics.org/our-units

Scientific Program

Monday, October 16, 2023

08:00- 18:00: Registration
09:00-10:30: ICB Department Sessions and Parallel Sessions

HALL ARIANE 1	HALL ARIANE 2	HALL ARIANE 3
ICB Department Session: Bioethics and Film	**ICB Department Session: World Bioethics Day**	**ICB Department Session: Bioethics: Book Review**
Chair: *Juan Fariña*	**Chair**: *Praveen Arora*	**Chair**: *Shai Linn*
The bioethics and film department engages in activities in three distinct lines: – Selection and analysis of films with a bioethical focus, intended for use in research and training programs. A preview of this initiative is currently being published in the "Film of the Month" section. This website, a collaboration between the University of Buenos Aires and the University of Porto, receives an average of 5,000 daily visitors. – A more recent development which will be officially introduced during the Porto conference. This entails providing bioethics advisory services to the film industry, e.g., we will offer guidance on implementing informed consent protocols when producing documentaries that address sensitive subjects. During the Porto conference, we are fortunate to have a producer in attendance, who we hope will launch this initiative, operating as a subsection of our Department of Bioethics and Film. – Arranging an online conference focused on bioethics and film in 2024. The University of Buenos Aires has significant expertise in this area, having successfully organized 12 consecutive annual conferences conducted in Spanish, with the most recent one also in Portuguese. Our challenge for 2024 is to expand the conferences' reach by conducting them in English as well. Cinema, being a cross-cutting theme, will serve as a unifying topic, and we will invite participation from all departments within our ICB.	The International World Bioethics Day commit and considered by Prof. Amnon Carmi, after the 11th Conference of the UNESCO Chair in Bioethics, Haifa (Now International Chair in Bioethics: ICB, WMA Collaborating Centre in Naples, Italy. In the conference during the general assembly of Heads of Units, on 19th October 2015, Prof. Amnon Carmi, head of the UNESCO Chair in Bioethics, Haifa, shared his dream project and proposed to celebrate one day in a year to foster the principles of Bioethics. It was suggested to celebrate the World Bioethics Day on the date which in 2005, UNESCO adopted the universal declaration on Bioethics and Human Rights that is, 19th October. It was unanimously agreed upon by the general assembly to celebrate the World Bioethics Day on 19th October every year starting from 2016. The Committee was constituted to coordinate the program among units worldwide.	The department routinely explores and reports resources and data for corona research. The literature is searched and selected anthology is reported on 30+ categories. Among these are data from CDC, WHO, journals' resources and publications and leading institutions that deal with bioethics. Links to publications are given. A selected anthology offers an access to the main issues that are discussed in various publications. Periodical updating is distributed by the ICB.

HALL GEMINI 1	HALL GEMINI 2	
ICB Department Session: Bioethics in Surgery Research and Technology	**Digital Care Platforms: Law and Ethics I**	
Chair: *Domenico Palombo*	**Co-Chairs:** *Magnolia Pardo* *Débora Cavalcanti*	
Short presentation of the Department of Bioethics in Surgery Research and Technology. Presentation of the current activity of the Department Presentation of the ongoing Projects of the Department Open discussion with encouraged active participation of the audience.	024 Ethics of care training for caregivers Emilio Martínez Navarro, Spain 023 Digital care platforms: ethical, social and legal benefits and disadvantages of collaboration between the public and private Maria Magnolia Pardo-Lopez, Spain 030 Possibilities for extrapolating dinamics of the collaborative economy within public social care services Alfonso Sánchez García, Spain 097 The digital divide in spain as a distorting element of digital care platforms Juan Ignacio Cerdá Meseguer, Spain 026 Legal enforcement in the Pladiecuis project: a model for collaborative care platforms in the digital environment Julian Valero Torrijos, Spain 051 Compliance and digital care platforms Maria Del Mar Andreu Martí, Spain 214 Digital health services and vulnerable groups: an overview on European regulations and proposals Andrea Salud Casanova Asencio, Spain	

10:30-11:00: COFFEE

Monday, October 16, 2023

HALL APOLLO

11:00-13:00: OPENING CEREMONY (this session will be transmitted live)

Welcome Greetings

Prof. Rui Nunes, Co-President of the Conference
Prof. Amnon Carmi, Co-President of the Conference
Dr. Otmar Kloiber, Secretary General World Medical Association
Dr. AlQodmani, President of the World Medical Association
Prof. Duarte Nuno Vieira, President of the National Academy of Medicine
Prof. Altamiro Costa Pereira, Director of the Faculty of Medicine of the University of Porto Prof. António Sousa Pereira, Rector of the University of Porto

Delivery of the Amnon Carmi Honorary Medal

Prof. Natalia Oliva Teles, Organizing Committee of the Conference

13:00-14:00: LUNCH BREAK

HALL APOLLO

14:00-16:00: WMA SESSION (this session will be transmitted live)

The – WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects. A review and insight into the revision process

Chair: Dr. Lujain Alqodmani (WMA President)

Presenters: Prof. Parsa Parsi, Dr. Otmar Kloiber, Prof. Jack Resneck Jr

Debate: Prof. Moty Benyakar, Prof. Miguel Jorge

16:00-16:30: COFFEE – LOBBY 0

Monday, October 16, 2023

16:30-18:00: ICB Department Sessions and Parallel Sessions

HALL DISCOVERY	HALL ARIANE 1	HALL ARIANE 2
ICB Department Session: Global Diplomacy	**Bioethics and Environment / Ecobioethics**	**Reproduction**
Chair: *Jasna Karacic Zanetti*	**Co-Chairs:** *Moty Benyakar* *Ester Alfie*	**Co-Chairs:** *Drauzio Oppenheimer* *Mónica Correia*
407 Health Diplomacy and Its Impact on the Bioethics Jasna Karacic Zanetti, Belgium/Croatia Health diplomacy is increasingly recognized as a critical instrument in addressing complex global health issues. Amidst the challenges posed by cross-border health crises and the pursuit of universal healthcare accessibility, the tenets of bioethics assume a central and crucial role in molding the discussions and results of health diplomacy. In an era characterized by global health challenges, the intersection of health diplomacy and bioethics has emerged as a pivotal domain of study and practice. This abstract explores the multifaceted relationship between health diplomacy and bioethics, with a specific emphasis on its implications for the protection and promotion of patient rights. Health diplomacy, as a tool for international collaboration in healthcare, carries profound ethical implications that extend into the realm of bioethics including key aspects: Patient Rights in a Global Context; Ethical Frameworks in Healthcare Diplomacy; Cross-Border Healthcare Access and Humanitarian and Crisis Scenarios. By scrutinizing the dynamic interplay between health diplomacy and bioethics, this abstract contributes to a deeper understanding of the ethical considerations thatunderlie global healthcare decisions.	025 Environmental Equity and Evolutionary Engineering Paul Brandt-Rauf, USA 137 Novel food and EU law: facing ethical lines Ernestyna Niemiec, Poland 237 Ecobioethics in the face of disruptive impacts of our ethereal age Moty Benyakar, Argentina 183 The use of biomaterial and biodata in biohacking experiments Anna Bugajska, Polska 192 "VITABALANCE-MED" - A worldwide model for a new paradigm: Global Health! António Rui Leal, Portugal	001 It's important to foster open discussion about the topic": Development, Implementation, and Evaluation of an Ethics of Abortion Independent Learning Module for Second Year Medical Students Catherine A. McCarty, USA 050 Biotechnologies and "perfect children": how are the different interests balanced when parents want to choose the genetic characteristics of their children? Aurélie Cassiers, Belgium 148 Gamete donor anonymity and right t Health: A Meta-Analysis of the Relationship between Decision-Making in Birth and Postpartum Psychopathologies Michael Rost, Brazil 168 The search for the principle of justice for infertile couples: Characterization of the Brazilian population and bioethical discussion. Drauzio Oppenheimer, Brazil 272 Researchers' ethical challenges in conducting qualitative research on sexual and reproductive health and rights in sub-Saharan Africa Cynthia Khamala Wangamati, Norway 206 Moral Sensitivity in Speech Therapy undergraduate students in Cyprus Andrie G Panayiotou, Cyprus

HALL ARIANE 3	HALL GEMINI 1	HALL GEMINI 2
Medical Ethics - I	**Digital Care Platforms: Law and Ethics - II**	**Digital Care Platforms: Law and Ethics - III**
Chair: *Francisca Rego*	**Chair**: *Magnolia Pardo*	**Co-Chairs:** *Eva Dias Costa* *Juan Fariña*
061 Using videos for bioethics assessment in the medical student objective structured clinical examination Ali Al-Dabbagh, Iraq 070 Management of mental illness in medical doctors: Ethics and Culture, Portugal Diogo da Costa Oliveira, Portugal 071 Ethical challenges in the management of children with severe acquired brain injury Sarah Aylett, United Kingdom 057 Soft Regulation of e-Mental Health Applications: Possible Instruments and Considerations Elisabeth Steindl, Austria 084 Shifting virtues of a surgeon in time of war Robert Vardanyan, United Kingdom 055 Blood transfusions and covid vaccines: the spanish legal framework Silvia Vilar González, Spain	066 Legal regulation of foundations as owners of digital platforms providing care facilities Irene Escuin Ibáñez, Spain 027 Typology of digital platforms for care (or how business models shape care delivery conditions) Mercedes Farias Batlle, Spain 088 The use of new technologies in domestic service as evidence in dismissal proceeding. Francisca Maria Ferrando Garcia, Spain 087 Care work through digital platforms. Substantive and procedural aspects. Maria de Monserrate Rodríguez Egío, Spain 105 New technologies and limits to the control power of the employer. Analysis of Italianprocedural labour law on the validity of evidence Elena Signorini, Italy 347 Updating of ethical-legal issues derived from the implementation of the Euthanasia Law in Spain Joaquín Jiménez-González, Spain	040 Contracting care services with the elderly: a challenge for legal and economic fields in the twenty-first century Maria Ascensión Leciñena Ibarra, Spain 115 Personal data economy and vulnerable persons. towards a legislation to protect the individual Maria Carmen Plana Arnaldos, Spain 103 Legal protection of the vulnerable individual's personal data against its treatment by the AI. Margarita Orozco González, Spain 100 Conscientious objection of healthcare Prof.essionals to the practice of Euthanasia Angel Francisco Abellan-Aleman, Spain 101 Bioethics and biolaw: A specific hybrid language Ana Abellán-Pardo, Spain

18:30-19:30: WELCOME RECEPTION and Opening of the art exhibition "Black and White" – LOBBY 0

20:00-22:00: Gala Dinner - Conference venue, Sheraton Porto Hotel & Spa (with live music performance) – Registration required – HALL APOLLO

Tuesday, October 17, 2023

08:00-17:30: **Registration and Poster mounting**
08:30-10:00: **Parallel Sessions**

HALL DISCOVERY	HALL ARIANE 1	HALL ARIANE 2
Bioethics Education - I	**Medical Ethics - II**	**Covid-19 Pandemic - I**
Co-Chairs: *Stacy Galin* *Ivone Duarte*	**Co-Chairs:** *Marie-Jose Gijberts* *Francisca Rego*	**Chair:** *Paulo Maia*
064 AI based Chatbots: Educators' Friend or Foe Charles Samuel Tritt, USA 076 Bioethics as Justice: Theory and Pedagogy Kelsey Berry, USA 082 Radio as a way of disseminating bioethics Claudia Molina, Brazil 113 The Digitalisation of Socratic Teaching Sengul Celik, Germany 173 Bioethics Education in the age of the Metaverse Silvia Ceruti, Italy 165 Education in the XXI Century in the Context of the War in Ukraine Boris I. Ostapenko, Switzerland 115 - Personal Data Economy and Vulnerable Persons.Towards a Legislation to Protect the Individual Maria del Carmen Plana Arnaldos, Spain	016 Ethics in medical experiments Yuval Cherlow, Israel 242 Why Autonomous Surgical Robots Become the Research Object of Medical Ethics Liang Chen, China 256 Needs Assessment of Medical and Nursing Students Towards Artificial Intelligence in Medicine: Ethics versus Sensationalism. Arthana Jaikumar, India 268 A Comparative Analysis of Natural Language Processing Models and Ethical Decision-making in Healthcare Gerson Hiroshi Yoshinari Júnior, Brazil 299 Rights and responsibilities of patients in India Padmakumar Krishnankutty Nair, India 231 Palliative care in assisted dying permissive jurisdictions: person centred care, autonomy and Ethics Marie-José H.E. Gijsberts, Belgium	036 Medical ethics in times of crisis fragility of the person and medical ethics during the covid-19 emergency period Paola Vitale, Italy 080 Organ transplantation in bosnia and herzegovina during the covid-19 pandemic Igor Milinkovic, Bosnia and Herzegovina 085 Covid 19 different points of view of the same experience in a high complexity hospital in Brazil Maria do Carmo Lencastre, Brazil 106 A critic on the COVID-19 in-house-lockdown, in South Africa based on global bioethical principles Riaan Rheeder, South Africa 146 Ethical Challenges in Ventilator Allocation during COVID-19 Crisis Level Care in a Low-Resource Setting, Subtitle: Who gets the last ventilator? Lenora Fernandez, Philippines 211 Ethical Dilemmas Behind Vaccinations Christian Garcia, USA
HALL ARIANE 3	**HALL GEMINI 1**	**HALL GEMINI 2**
Bioethics: General - I	**Surrogacy**	**Research Ethics**
Co-Chairs: *Jasna Karacic Zanetti* *Jon Borowicz*	**Co-Chairs:** *Natacha Lima* *Juan Fariña*	**Chair:** *Natália Oliva-Teles*
048 A Qualitative Research on the National AI Strategic Plans, a Comperative Ethical Analysis P. Elif Ekmekci, Turkey 052 No place to age in dignity – the ageing prison population in England and Wales Angelika Reichstein, England 083 Consent and therapeutic misconception in trials for substance use disorder Susanne Uusitalo, Finland 108 Kant, Prof.essional Autonomy, and Moral Distress Jon Borowicz, USA 054 Is there a role for Philosophy in Bioethics? George L. Mendz, Australia 224 Decisional regret about dialysis options: a scoping review Ingrid Romero Bispo, Brazil	067 Surrogacy in Argentina. Advances and Tensions of your Practice Mariana Rodriguez Iturburu, Argentina 063 Surrogacy: bodies, substances, and desires on the move. Exploring (non) reproductive trajectories from a bioethical perspective Natacha Salomé Lima, Argentina 122 Work or vocation? Narratives of California women who have been surrogates. Ariadna Ayala Rubio, Spain 053 Is another surrogacy pregnancy possible? Recent scenarios in México Maria Eugenia Olavarria, México	379 Genomic information, health data and research using federated platforms: ethical, legal, and societal (ELSI) issues. Natália Oliva-Teles, Portugal 311 Ethical mindfulness in facing ethical challenges in research with human beings. Stella R. Taquette, Brazil 258 Genetic mistreatment of animals Annalisa Di Mauro, Italy 347 Updating of ethical-legal issues derived from the implementation of the Euthanasia. Law in Spain Joaquín Jiménez-González, Spain 320 Banking life: the new dynamics of Informed Consent Cíntia Águas, Portugal 399 The ethical issues of decentralized trials and how to do the ethics review for them Daniel Fu-Chang Tsai, Taiwan 185 What are the main attention point in an ethics review of innovative medical research? A Belgian Case Audrey Van Scharen,Belgium

Tuesday, October 17, 2023

10:00-11:00: Parallel Sessions

HALL DISCOVERY	HALL ARIANE 1	HALL ARIANE 2
Artificial Intelligence & Health Data I	**Medical Negligence/Medical Ethics**	**Nursing, Law and Ethics**
Co-Chairs: *Cíntia Águas* *Paulo Oliva-Teles*	**Co-Chairs:** *Muhammad Kalifa* *Igor Milinkovic*	**Co-Chairs:** *Liliana Teixeira* *Luísa Neto*
091 Health Data: analysis through three different perspectives Paulo S. Oliva Teles, Portugal 164 Opposing the Dominance of Telemedicine Mary Ann Cruz Salazar, Philippines 042 Assessment of e-Prof.essionalism of Croatian Doctor of Medicine on Facebook Tea Vukušić Rukavina, Croatia 302 A Scoping Review of Ethical Issues in Primary Care Rasheed Olanrewaju Taiwo, United Kingdom 171 Brain-hype: discriminating and managing overemphasized brain-based allegations Marta Vassallo, Italy	033 Applying Tort of Negligence to AI in Healthcare and the Role of Regulatory Guidelines Gary K Y Chan, Singapore 169 Medical Negligence: The Paradox of Patient Autonomy and Informed Consent Kumaralingam Amirthalingam, Singapore 244 The Promise in Consent: Implication of Isonomia in Biomedical Ethics and Practice Go Okui, Japan 290 The Doctor's Standing for Abortionists: A Dilemma between Conscience and Law Muhammad Rezqa Kalifa, Indonesia	018 Healthcare and Metaverse: Towards New Ethics In Nursing? Giuseppina Seppini, Italy 079 A Cross-Sectional Study to Assess the Perceptions of Medical and Nursing Students towards the Use of social media in Medicine: Infodemics and Ethics Jyotsna Needamangalam Balaji, India 276 Trust the doctor, trust the nurse: What is the difference? Juraj Čáp, Slovakia 277 Nurses' Prof.essionalism in Practice Michaela Miertová, Slovakia 059 - The right to access heritable human genome editing - A South African perspective Tamanda Kamwendo, South Africa 405 Integrity, privacy and neuroenhancement Luísa Neto, Portugal

HALL ARIANE 3	HALL GEMINI 1	HALL GEMINI 2
Bioethics: General – II	**Medical Law Ethics – I / Bioethics Education of the Young**	**End of Life Ethics – I**
Co-Chairs: *Sérgio Mendonça* *Yuxin Li*	**Chair:** *Alessandra Pentone*	**Co-Chairs:** *Ali Al Dabbagh* *Laiane Dias*
046 Factors Associated with the Utilization of Clinical Ethics Consultation: A View from Saudi Arabia Ruaim Muaygil, Saudi Arabia 031 The dialectical character of republican solidarity: The health care system as an example Dani Filc, Israel 182 The Future of Assisted Reproductive Technologies in China Yuxin Li, United Kingdom 217 The Tragically Unethical Plight of Farmworker Families in the United States Deborah Kala Perkins, USA 289 Teaching Bioethics, in any case: the World's Columbian Exposition (1893) and the Holocaust as case study Filotheos-Fotios Maroudas, Greece	153 Agri-food waste valorization as a green strategy of inestimable value for health, nutrition and the environment Patrizia Perego, Italy 196 The "peer to peer" education methodology as a strategy for prevention and a chance of learning "different abilities." Alessandra Pentone, Italy 197 The "peer to peer" education methodology: a new horizon for future generations Miroslava Vasinova, Italy 209 - Patients values regarding primary health care and their influence on utilization decisions in Indonesia Agnes Bhakti Pratiwi, Indonesia 423 - Sustainable education and ethical awareness to save the new generations and the planet Chantal Morosso, Italy	319 Trends in procedures of reported hastened death cases Sílvia Marina, Portugal 296 Development process of the will to hasten death evaluation scale: Considerations for clinical Practice Helena P. Pereira, Portugal 297 Ethical Challenges to Informed Consent in Aged Care Research Elspeth McInnes, Australia 185 What are the main attention point in an ethics review of innovative medical research? A Belgian Case. Audrey Van Scharen, Belgium

11:00-11:30: COFFEE + POSTER VIEWING

Tuesday, October 17, 2023

11:30-13:00: Parallel Sessions

HALL DISCOVERY	**HALL ARIANE 1**	**HALL ARIANE 2**
End of Life Ethics II	**Bioethics & the Holocaust - I**	**Organ Donation & Transplantation**
Co-Chairs: *Cíntia Águas* *Luís Fonseca*	**Chair:** *Stacy Galin*	**Chair:** *Paulo Maia*
012 Dead Again? Understanding the 2023 Revisions to the Definition of "Brain Death." Jim Damron, USA 081 The association between cognitive biases and moral characteristics of healthcare workers and their treatment approach for patients with advanced dementia in acute care settings Esther-Lee Marcus, Israel 135 Palliative patients autonomous decision-making at the end of life and conditioning factors. Elvira Huerta Andrés, Spain 189 The empathic genesis of the Right to Euthanasia Luís Fonseca, Portugal 225 I do not wish even my hater to end up in a nursing home": An autoethnography on the work of formal caregivers in wards for the mentally frail in Israel Felix Kaplan, Israel 270 Ethical Challenges at the Time of the Covid-19 Pandemic– A Systematic Review Pugazhenthan Thangaraju, India	065 The Ferencz Institute for Ethics, Human Rights and the Holocaust: Transcending Boundaries in Education" Stacy Gallin, 129 Music Under the Third Reich Susan M. Miller, USA 134 The "Good Death"? Contemporary Artists on Euthanasia from Nazi Times to the Present 144 Rassenhygiene and the Medicalization of Social Policies in Nazi Germany: Considerations for Public Health Ethics Amanda Caleb, USA	002 Can to-be-donors and relatives understand death in organ donationafter circulatory death (including euthanized donors)? Jadranka Buturović Ponikvar, USA 019 From altruism to solidarity: the moral economy of non specified living organ donations in Israel Hagai Boas, Israel 062 Mitigating Human Rights Risks When Interacting with Chinese Medical Institutions & Prof.essionals in Transplantation Medicine David Matas, Canada 074 The Ethics of Research on the Recently Deceased & Advancing Organ Transplantation Bruce Gelb, USA 110 Global Kidney Exchange: A Case Study Siegfredo Paloyo, Philippines
HALL ARIANE 3	**HALL GEMINI 1**	**HALL GEMINI 2**
Medical Law Ethics II	**Medical Ethics and Challenges in Medicine**	**Healthcare Ethics**
Co-Chairs: *Ana Cláudia Brandão* *Mirza Ramusovic*	**Chair:** *Patrizia Borsellino*	**Co-Chairs:** *Juan Fariña* *Miguel Ricou*
010 Ethical Dilemmas Encountered in the Clinic and Physicians' Choices for Action, a Qualitative Survey on Psychiatrists in Turkey Banu Buruk, Turkey 039 In the search for a model of legal protection of health against the spread of infectious diseases in the legal systems of selected European countries Sebastian Czechowicz, Poland 060 Ethics and jurisdiction. The Belgian case of the savior sibling Title Adelheid Rigo, Belgium 068 Liability for Failure of AI Driven Technology in Health Care Sector Attila Menyhárd, Hungary 123 Interprofessional collaboration and health policy: how to tackle the knowledge gap Marie-Andree Girard, Canada 089 Gamete donor anonymity and right to genetic origin Ana Claúdia Brandão, Portugal	369 Communication in the Care Relationship. A major challenge for medical ethics Patrizia Borsellino, Italy 157 Heart failure and Left Ventricular Assist Device as a "destination therapy": ethical issues Domenico Palombo, Italy 022 Fighting the pandemic and fighting during a pandemic: words and discourses on bioethics, between pandemic and war. Lorena Forni, Italy 422 Conscientious objection in health care: access to health care, abortion, euthanasia José-Antonio Seoane, Spain	243 Justice and Access to Health Care for Older Adults in Cianjur - West Java, Indonesia Puri Swastika Gusti Krisna Dewi, Indonesia 038 ABORTION:The unspoken imbalance between the woman and her fetus Pnina Lifshitz Aviram, Israel 344 Jewish Ethics Regarding Vaccination Tsuriel Rashi, Israel 350 Nursing Students' Perception and Practices Related to Academic Integrity Sheeba Rani P, India 227 When Love Hurts: Navigating the Medical and Ethical Terrain in Advanced Dementia Care Marcia Sokolowski, Canada 414 Bioethics Reflection : The end of donor`s anonymity in gamete donation in Portugal João Proença Xavier, Portugal 361 Ensuring Ethical AI Integration in the European Health Data Space: Upholding "First Do No Harm" and Protecting Patient Rights Margarida Mateus, Portugal

13:00-14:00: LUNCH + POSTER VIEWING

Tuesday, October 17, 2023

14:00-15:30: ICB Department Sessions and Parallel Sessions

HALL DISCOVERY	HALL ARIANE 1	HALL ARIANE 2 & ARIANE 3
ICB Department Session	**Bioethics and the Holocaust II**	**ICB Department Session: Biolaw**
Co-Chairs: *Miroslava Vasinova* *Alessandra Pentone* *Giacomo Sado*	**Co-Chairs**: *Stacy Galin* *Tessa Chelouche*	**Chair**: *Mónica Correia*
Children and youth Bioethics Chair: *Miroslava Vasinova* **Disabilities and Other Abilities** Chair: *Alessandra Pentone* **Communication and Newsletter** Chair: *Giacomo Sado*	162 Politics, Power and Bioethics: The case of Medical Ethics in Nazi Germany Tessa Chelouche, Stacy Galin, Israel 163 Law, Bioethics & the Holocaust: An Educational Agenda Don C. Smith, USA 145 The Silvers Fellowship Library: A Novel Resource for Teachers Matthew K. Wynia, USA 073 Teaching Medical Students about Research Ethics and Informed Consent by Considering the Nuremberg Doctor's Trial and the Nuremberg Code David K. Urion, USA	1) Presentation of the Report on ANONYMITY IN GAMETE DONATION AND THE RIGHT TO KNOW ONE'S GENETIC ORIGINS: Practices and Perspectives from Around the World Reproductive Ethics and Law Working Group - Barbara Pfeffer Billauer JD MA PhD, Chair (USA); Vivek Mady JD MD, Co-chair (INDIA); Prof. Alice Margaria (ITALY); Elena Levi (SWITZERLAND); Prof. Igor Milinkovic (BOSNIA AND HERZEGOVINA); Prof. Naomi Cahn, Sonia Suter (USA); Prof. Ruth Zafran, Ayelet Blecher-Prigat, LLB students Aviv Bar, Hilla Friedman (ISRAEL); Drs. Ana Cláudia Brandão, Giselle Gracindo (BRAZIL); Dr. Ana Sofia Carvalho, Prof. João Proença Xavier, Prof.Mónica Correia, Prof. Stela Barbas (PORTUGAL) 2) Round Table on HUMAN DIGNITY AND PHYSICAL INTEGRITY Clinical tests and experiments with human beings – Ana Cláudia Brandão Integrity, privacy and neuroenhancement – Luísa Neto Human Dignity and Refugee Resettlement – Mirza Ramusovic Ownership and reproduction with cells for IVG – Sonia Suter
HALL GEMINI 1	**HALL GEMINI 2**	
ICB Department Session: Philosophic Approach to Law	**ICB Department Session: European Division**	
Chair: *Patrizia Borsellino*	**Chair**: *Vojin Rakic*	
The "Department of Bioethics and Philosophical Approach to Law" intends to contribute to reflection and debate on the various thematic areas at the heart of bioethics, with a particular focus on the end of life, the protection of health data and the application of new technologies and artificial intelligence for empowerment as well as therapeutic purposes, by examining legal solutions from the above-mentioned perspective of critical evaluation, and without ever breaking the interdisciplinary comparison.	Today, cannot conceive a bioethics that is not enriched by consideration of the solutions that have already been provided by law or that can be envisaged in future legal regulation in relation to many sensitive issues. It cannot, however, be ignored that the legal regulation of bioethical issues has raised, and still raises, difficulties, which can only be addressed and resolved if, firstly, one has an apparatus of legal notions appropriate to the new scenarios that have emerged under the impetus of technological and scientific progress, and if, secondly, one is able to critically assess the regulatory interventions of law, highlighting their assumptions on the level of values, as well as their effects on the level of facts. The "Department of Bioethics and Philosophical Approach to Law" intends to contribute to reflection and debate on the various thematic areas at the heart of bioethics, with a particular focus on the end of life, the protection of health data and the application of new technologies and artificial intelligence for empowerment as well as therapeutic purposes, by examining legal solutions from the above-mentioned perspective of critical evaluation, and without ever breaking the interdisciplinary comparison.	

15:30-16:00: COFFEE BREAK + POSTER VIEWING

Tuesday, October 17, 2023

16:00-17:30: ICB Department Sessions and Parallel Sessions

HALL DISCOVERY	HALL ARIANE 1	HALL GEMINY 1
ICB Department Session: Palliative Care	**ICB Department Session: Professional Autonomy**	**ICB Department Session: Bioethics and Art**
Chair: *Francisca Rego*	**Chair**: *Jon Borowicz*	**Co-Chairs**: *Mary Mathew* *Daniella Keidar*
– Presentation of the department: Francisca Rego – Hot session – Development of euthanasia in Belgium vs. Netherlands: Marie-Jose Gijbserts – Guide on advance care planning: Laiane Dias – Home hospitalization in palliative care: Hugo Oliveira – Error Assessment in Prognostic Evaluation and Clinical Decision Making: João Ribas and Chin An Lin – Iberian Disorders of Consciousness Observatory: Liliana Teixeira – Presentation of the Encyclopaedia of Palliative Care: Rui Nunes, Francisca Rego and Guilhermina Rego	The Professional Autonomy Department's meeting will consist of a presentation of its program of Moral Friendship being introduced at the 15th World Conference. Following its description and motivation, participants will be invited to engage in the online asynchronous discourse Moral Friendship comprises. Participants are asked to bring their computer. Those without will be able to collaborate with those who do.	The Professional Autonomy Department's meeting will consist of a presentation of its program of Moral Friendship being introduced at the 15 th World Conference. Following its description and motivation, participants will be invited to engage in the online asynchronous discourse Moral Friendship comprises. Participants are asked to bring their computer. Those without will be able to collaborate with those who do.

18:30-22:30: Casa da Música, Porto – Guided tour and dinner (with live music performance) – Registration required

Wednesday, October 18, 2023

08:00- 17:30: Registration and Poster mounting
08:30-10:00: Parallel Sessions

HALL DISCOVERY	HALL ARIANE 1	HALL ARIANE 2
Bioethics Education II	**Genetics: Ethical Aspects**	**Bioethics & Cinema**
Co-Chairs: *Domenico Palombo* *You Zuo*	**Chair**: Cíntia Águas	**Chair**: *Juan Fariña*
184 Knowledge of research ethics among doctoral students at Faculty of Medicine University of Ljubljana Stefan Grosek, Slovenija 218 Poetic Reasoning and Character Development Kristian Guttesen, Iceland 240 Positioning of Professionalism in medical education system: as a discipline education You, Zuo, China 245 - Opinion of Medical and Nursing Students about Euthanasia: A Sample in Portugal. Vera Martins, Portugal 206 Moral Sensitivity in Speech Therapy undergraduate students in Cyprus Andrie G Panayiotou, Cyprus 418 "Ethics in the Portuguese Medical Curriculum" João Cortes Cardoso, Portugal	049 Born to succeed: CRISPR-Cas9 designed babies and the problem of free choice and authentic life Jelena Dimitrijevic, Serbia 152 When countries decide to link patient care with research - what are the issues? Mair Crouch, United Kingdom 257 Access and sharing of genomic and health data: initiatives and ethics issues Carlos Almeida Pereira, Portugal 194 Post Humous Reproduction in Indonesian Law Perspective Josephine Tobing, Indonesia 233 Can Confucian Bioethics Serve as a Foundation to Support Chinese Single Women's Request for Social Egg Freezing? Zhang Kun, China 151 It's a nightmare": Informed consent in paediatric genome-wide sequencing. A qualitative expert interview study from Germany and Switzerland. Johanna Eichinger, Switzerland	Developed presentation of Zafrir Kochanovsky's project on bioethical standards for film production
HALL ARIANE 3		
Bioethics: General III		
Co-Chairs: *Daniel Fu-Chang Tsai* *Chantal Patel*		
041 Institutional trust: some common issues for bioethics and cross-cultural organizational ethics Daniela Sotirova, Bulgaria 045 Our moral duty vis a vis climate change Chantal Patel, United Kingdom 056 A thin line between life and death: thinking about human condition Teresa Maria Leal de Assunção Martinho Toldy, Portugal 228 Speech-Language Therapy: the contribution to Dignity Therapy Cátia Sofia Oliveira Dias, Portugal 058 Corporate Stigma in Bioethics upon Business Sustainability and Resiliency Dimitrios Dimitriou, Greece 178 Mindfulness and the Human Condition Hugues Cormier, Canada		

Wednesday, October 18, 2023

10:00-11:00: Parallel Sessions

HALL APOLLO 1	HALL ARIANE 1	HALL ARIANE 2
Book Presentation	**Palliative Care**	**Informed Consent/Ethical Dilemmas**
Co-Chairs: *Rui Nunes* *Guilhermina Rego*	**Co-Chairs:** *Laiane Dias* *Raditya Wicaksono*	**Co-Chairs:** *Russell D'Souza* *Débora Cavalcanti*
Presentation of the book "Healthcare as a Universal Human Right. Sustainability in Global Health" Rui Nunes, Routledge, New York, 2022. Porto, October 2023 This book outlines how, despite varying levels of global socio-economic development, governments around the world can guarantee their citizens' fundamental right to essential healthcare. The book offers policy-makers a basis for health policies based on new public management, public accountability, and social responsiveness. Past presentations: Kuala Lumpur, November 2022 Future presentations: Delhi, December 2023; Shanghai, April 2024; Brasilia, July 2024	193 A Comparative Study of the Views regarding Palliative Sedation in Indian and Semitic Religions Bert Broeckaert, Belgium 230 Considerations on output versus outcome measurements in Palliative Care Manuel Barbosa, Portugal 093 Advance care planning and goals of care discussion: challenges in Brazilian oncology practice. Laiane Moraes Dias, Portugal 202 Understanding and analyzing religious values in Indonesian palliative care practice: An ethnographic study Raditya Bagas Wicaksono, The Netherlands	226 The Applicability the Doctrine of Informed Consent in Traditional Health Practice in South Africa Chazanne Grobler, South Africa 293 Implications of the COVID-19 Pandemic on Research Ethics Practices in West Africa. Farah Nabil, Spain 321 Military Humanitarian mission across hostile border Tarif Bader, Israel 324 A forum for big questions – the current work of the German Ethics Council Nora Schultz, Germany 214 Digital health services and vulnerable groups: an overview on European regulations and proposals Andrea Salud Casanova Asencio, Spain 384 The Practice of Defensive Medicine Among Jordanian Physicians Qosay Al-Balas, Jordan
HALL ARIANE 3	**HALL GEMINI 1**	**HALL GEMINI 2**
Bioethics: General IV	**Bioethics and Diversity**	**The Power of Networking: How to Build Relationships and Achieve Your Goals**
Co-Chairs: *João Proença-Xavier* *Ingrid Bispo*	**Co-Chairs**: *Elizabeth Ormart*	**Chair:** *Yael Fish*
222 Ethical Issues in Epigenetics Research – The Precarious Concept of "Maternal Care" in Behavioural Epigenetics Courtney McMahon, Australia 241 Human Nature and Genetic Enhancement Technology: A Philosophical Analysis Vineeta Jawla, India 278 Perfect and imperfect duties of the pharma industry to help rare disease patients. Anthony Raphael Gatt, Malta 305 Journalism Ethics in the Era of Fake News and Disinformation Alonit Berenson, Malta 005 Reprogramming the heritable genome: Ethical and Legal Issues Marisa Almeida Araújo, Portugal	008 Symposium: Bioethical debates around human diversity Elizabeth Beatriz Ormart, Argentina 264 Family diversity and assisted reproduction techniques: reformulating linkage Consuelo Alvarez Plaza, Spain 223 Bodily diversity and transhumanism Marc-Abraham Puig Hernández, Spain 006 Surrogacy: Diversities in attachment and care in women who gestate for others Mariano Beltrán, Spain	1. Why should I build a network of connections? 2. How to make effective connections and increase my network of contacts 3. The power of social media networks 4. Tips for networking at cross-cultural business events

11:00-11:30: COFFEE + Poster viewing

Wednesday, October 18, 2023

11:30-13:00: Parallel Sessions

HALL DISCOVERY	HALL APOLLO 4	HALL ARIANE 1
University Students' Views on Bioethics	**Public Health Ethics**	**Autonomy and Equality**
Co-Chairs: *Maria da Silva Gonçalves* *Paulo Oliva-Teles*	**Co-Chairs:** *Sara Pinto* *Aisuluu Kubatova*	**Co-Chairs:** *Rosylane Rocha* *Vojín Rakic*
078 Medical and Nursing student's attitudes towards the ethics of DO NOT RESUSCITATE orders: A Cross-sectional study Sreenidhi Prakash, India 117 Bioethics in medical education in the face of conscientious objection C.O and the legal right to abortion. Cristina Helena Ferreira Fonseca Guedes, Brazil 167 I'm not a guinea pig! Aida Iris Costa Vieira, Portugal 077 – Knowledge and attitudes of medical and nursing college students towards bioethics in India: a cross sectional study Sarikasri S, India 021 Student volunteering in a hospital in the shadow of the Covid-19: the motivations, the barriers and the experiences Racheli Silvern, Israel 417 Health Students' Status: a way forward students' access to clinical data? Vasco Cremon de Lemos, Portugal	141 Bioethics in Public Health Daniel Lucas, Switzerland 147 Homicultura: The Complicated History of Eugenics and Public Health in Cuba Davis Schultz, USA 220 Evaluation of Research Ethics Committees in the Kyrgyz Republic Aisuluu Kubatova, Kyrgyzstan 142 – Should smokers be given lower priority for treatments on NHS waiting-lists for smoking-related conditions? Gayatri Vijapurkar, United Kingdom 020 The Ectopolitics of Reproduction: Social, Ethical and Gender aspects of Future Revolutionary Reproductive Technologies- An Israeli Perspective Yael Hashiloni-Dolev, Israel 131 The Need for a Pragmatic Approach towards the Insight of Decalcifying as a Remedy for Sickle Cell Disease Omoruyi Godstime Benson, Nigeria 035 Adopting non-discriminatory measures in future pandemics – lessons learned from Covid-19 Danaja Fabcic Povse, Belgium	121 Relational Autonomy in Clinical Research Ian Pieper, Australia 124 Assessing the clinical ethical competence of postgraduate medical students Chandradant Bhaskar Mhaske, India 181 Equality and contemporary psychoanalysis José Toufic Thomé, Brazil 140 One Love, One Health: Let's Get Together and Consider the Ethical Implications of EquallyIntegrating Human and Nonhuman Health Emma Nance, Scotland 334 Neuroethics and psychiatry is the psychedelic psilocybin the most effective moral bio-enhancer? Vojin Rakić, Serbia 138 Philosophical Perspectives on Shared Decision-Making Ling-Lang Huang, Taiwan

HALL ARIANE 2	HALL ARIANE 3	HALL GEMINI 1
Health Law	**Bioethics – General V**	**Disruptive effects of the pandemic: a proposal for an approach from clinical psychology and bioethics**
Co-Chairs: *José-Alejandro Bullón* *Mónica Correia*	**Co-Chairs:** *Marta Vassallo* *Vera Martins*	**Chair:** *Elizabeth Ormart*
107 Bioethics, genome and human dignity Stela Barbas, Portugal 333 Medical Decision Making in a Post-Roe World in the US Lynette Martins, USA 345 The autonomy of pregnant women guaranted by law Andréa Paula de Azevedo, Portugal 357 Addressing privacy and equality in healthcare beyond the confines of binary gender divisions Mónica Correia, Portugal 403 Human Dignity and Refugee Resettlement Mirza Ramusovic, Serbia 358 Understanding the decision-making process of animal ethics committees: A scoping Review Aoife Milford, Germany	275 Bioethical issues of surrogacy and ectogenesis Costanza Vizzani, Italy 180 Prevention of alcohol problem and protection of life and health of victims of domestic violence - a comparative legal perspective Monika Wilanowska, Poland 346 Equity in the Access of Chinese Immigrants to Healthcare Services in Portugal Rui Nunes, Portugal 382 - Resilience and Endurance: On the Possibility of Confronting and Embracing Death. Işıl Çeşmeli. Jordan 372 The Moral Economy of Healthcare in Germany, New Zealand, and the U.S. Patrick Bartosch, New Zealand 400 Is there a doctor on the flight? Tamar Gidron, Israel 221 The Principles of Bioethics and their impact on debate surrounding the Right to Die Karen Joan Sutton, Ireland	281 Suicides and Self Harm in Post Pandemic: Addressing emergencies without neglecting invisible suffering Diana Altavilla, Argentina 279 Subjectivity, knowledge and legalities. Constructions. Silvina Vanesa Martínez, Argentina 235 Psychopathological consequences of the COVID-19 pandemic in pregnant women during their first trimester Carolina Narvaez-Mariño, Argentina 260 Disability and psychoanalysis: perspectives of a possible encounter Maria Gloria Fernandez, Argentina

13:00-14:00: LUNCH + POSTER VIEWING

Wednesday, October 18, 2023

14:00-15:30: Parallel Sessions

HALL DISCOVERY	HALL APOLLO 4	HALL ARIANE 1
Human Dignity and Human Rights II	**Artificial Intelligence & Health Data II**	**Covid-19 Pandemic II**
Co-Chairs: *Giselle Gracindo* *Natália Oliva-Teles*	**Co-Chairs:** *Vera Martins* *Rute Figueiredo*	**Co-Chairs:** *Chen Shiu-Jau* *Sérgio Rego*
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Co-Chairs: *Tara Shallal* *Barna Ganguly*	**Co-Chairs:** *Leonardo Cavadas* *Daniel Fu-Chang Tsai*	**Co-Chairs:** *Igor Milinkovic* *Ana Paula Cabral*
201 The inclusion of bioethics in educational institutions as a mandatory curricular subject Débora Eugênia Braga Nóbrega Cavalcanti, Portugal 207 Enhancing ethical awareness through philosopical dialogue Guro Hansen Helskog, Norway 175 Students' perception and feedback on Bioethics as a new subject in undergraduate Indian medical curriculum: How far can it help? Barna Ganguly, India 246 Medical Clinical Training: a national perspective Ana Rita da Silva Ribeiro, Portugal 377 Virtual Faculty Development Program in Bioethics Evaluated by Kirkpatrick Model: A Unique Opportunity Tara M.A.Shallal, Iraq 155 Essential Elements Required for the Clinical Informed Consent Education Programme Lydia Ariffin, United Kingdom	301 A Call for Paternalism in Online Porn Consumption Joona Räsänen, Finland 309 Health data risks in 2026 – The future european health data ecosystem Henrique Curado, Portugal 381 The Problem of Personal Identity and Alzheimer's Disease: A Lockean Perspective Özlem Ünlü, Turkey 371 Burnout and quality of life of health professionals in the hospital context of oncological palliative care José Manuel Barbosa Teixeira, Portugal 408 The Consultation and Execution of Advance Directives in Centro Hospitalar Universitário de São João – contribution to evaluate the current reality Tiago Sá, Portugal 421 Hans Jonas' Thoughts on Building a Global Bioethics Francisco Moreira de Azevedo, Portugal	323 Balancing Genetic Privacy Rights with the Right to Scientific Research Georgia Charalambidou, Cyprus 127 Torture vs. Rights to a Safe Planet, Rule of Law and Living Wage Barry H. Roth, USA 128 Race discrimination and medical regulation in the UK: Disproportionality and fitness to practise procedures. Cath Huang, United Kingdom 247 Access of the Chinese immigrant community to healthcare worldwide Sandra Lopes Aparício, Portugal 111 Biological sex, legal gender and gender identity in public-legal space. A few remarks on Polish interpretive moment. Agnieszka Bielska-Brodziak, Poland 139 Respecting ethical and legal norms of psychiatric patients in the mental health institutions of Kosovo during the period of the COVID-19 pandemic Miftar Zenelaj, Kosovo

15:30-16:00: COFFEE + POSTER COLLECTING

Wednesday, October 18, 2023

16:00-17:30: ICB Department Sessions

HALL DISCOVERY	HALL APOLLO 4	HALL ARIANE 1
ISRAEL MEDICAL ASSOCIATION (IMA)	**ICB Department Session: PhD in Bioethics**	**ICB Department Session: Bioethics and the Holocaust**
Chair: *Leah Wafner, JD*	**Chair**: *Ivone Duarte*	**Co Chairs**: *Stacy Galin* *Tessa Chelouche*
262 The Medical Association Ethics Bureau as a locus for ethical complaints against physicians *Malke Borow* 284 Ethical inquiry committees within the Ethics Bureau of the Israel Medical Association *Yossi Walfish* 292 How are position papers of the IMA Ethics Bureau written? *Tami Karni* 288 Medical Ethical Dilemmas in a multicultural society: philosophical, conceptual, and pragmatic underpinnings of the challenge – how should national medical associations decide? *Rael Strous*	In this session it will be presented the Book of Abstracts of the Ph.D. in Bioethics. It is important to train highly qualified professionals in the fields of bioethics, medical ethics, and health law in order to promote fundamental human rights and to reinvent the ethical education of health professions in the context of universally shared values. Participation: Natália Oliva-Teles Mónica Correia Vera Martins Cíntia Águas Barna Ganguly Laiane Dias	The Department of Bioethics and the Holocaust is dedicated to exploring the continued relevance of medicine and the Holocaust for current issues in society pertaining to medical practice, bioethics, health law, public policy and human rights. There are essential and significant lessons that can be learned from reflection on this part of our professions' history which should be taught to every healthcare student and professional worldwide. This special session is open to anyone who is interested in incorporating the lessons of the Holocaust into their educational programs and curricula. We will hold discussions, share methodologies, and build an international network of people and resources to help strengthen this important field.
HALL ARIANE 2	**HALL ARIANE 3**	
ICB Department Session: Education & The International Journal: Global Bioethics Enquiry	**ICB Department Session: Monthly Case in Bioethics**	
Chair: *Russell D´Souza*	**Chair**: *Maria Tormo Dominguez*	
The Meeting of the Editorial Board of the indexed International Journal Global Bioethics Enquiry will take place. Members who want to join the editorial board are invited to attend the meeting. Professor Russell D'Souza Editor in Chief Melbourne Australia The meeting of the International Department of Education Co-Chairs and members will discuss the International Courses and the Global Network for Medicine, Health Professions and Bioethics Education.	The ICB's "Bioethics Monthly Case" department will present a set of activities made by it each month. Basically they are two: – Elaboration of a bioethics case study that is distributed monthly to more than 12,000 physicians in Spain. This activity began in 2019. – Elaboration and dissemination of a bioethics case study for worldwide distribution, through the WMO. These activities are carried out by members of the Bioethics and Health Law Committee of ASISA/Lavinia, a Spanish healthcare organization owned by a cooperative of physicians. This committee was created in 2008 and since then has continued to carry out training activities, scientific conferences and publish protocols and books, such as the one to be presented at this conference. The presentation of this department will be in charge of: – Dr. María Tormo Domínguez, director of the department and president, since its creation, of the aforementioned committee. – Dr. Pilar Pinto, forensic doctor and member of the committee. – Dr. Benjamín Herreros, specialist in internal medicine, member of the committee and director of the master's degree in bioethics at the Fundación Ortega-Marañón (Madrid).	

18:00-22:30: World of Wine – Vila Nova de Gaia, Cellars guided tour and Wine tasting (with live music performance) – Registration required

Thursday, October 19, 2023

HALL APOLLO

08:00-13:30: Registration office open

08:30-10:30: WORLD MEDICAL ASSOCIATION Session (this session will be transmitted live)

New and recent policy projects of the World Medical Association

Chair: Prof. Rui Nunes (ICB Head)

Presenters:
Prof. Parsa Parsi, Dr. Otmar Kloiber, Prof. Jack Resneck Jr

Debate:
Prof. Praveen Arora, Dr. Tessa Chelouche

10:30-11:00: COFFEE

HALL APOLLO

11:00-13:00 WORLD BIOETHICS DAY - CLOSING CEREMONY Session: (this session will be transmitted live)

World Bioethics | Final greetings

Prof. Rui Nunes, Co-President of the Conference
Prof. Praveen Arora, Chair of the World Bioethics Day of ICB
Prof. Moty Benyakar, Chair of the Ibero-American Division ICB
Prof. Guilhermina Rego, President of the National Organizing Committee of the Conference

Delivery of Honorary Awards

Prof. Ivone Duarte, Organizing Committee of the Conference

Presentation of the 16th World Conference on Bioethics, Medical Ethics & Health Law

Dr. Jose Gallo, President of the Federal Council of Medicine (Brazil)

POSTER PRESENTATIONS

October 17th and 18th, 2023

1. Consent for Teaching – the experience of Pediatrics and Psychiatry.
   Bárbara Frade Moreira, Portugal (161)

2. Palliative care and end stage liver disease: attitudes of hepatology and palliative care specialists.
   Hugo M Oliveira, Portugal (172)

3. Practical research on raising awareness of ELSI among medical students in Japan: Focusing on collaboration between educators, medical doctors, and lawyers.
   Akinori Yamabe, Japan (174)

4. Bioethical issues in realities created by hardwares and softwares.
   Sandra Maria Becker Tavares, Brazil (179)

5. Capacity building for formal caregivers to provide care to elderly people with dependencies in their daily life activities, at home.
   Maria Clementina de Freitas Nóbrega Morna, Portugal (188)

6. Beliefs held by breast specialists that impact the treatment decision processes for advanced breast cancer patients: Quantitative research in Japan.
   Reina Hayashi, United Kingdom (198)

7. Barriers to Equitable Healthcare for Critically Ill Temporary Foreign Workers.
   Kanza Mirza, Canada (215)

8. Burnout determinants among portuguese medical doctors working directly with COVID-19 patients.
   Hugo Celso Pinheiro, Portugal (232)

9. Burnout in healthcare professionals working in palliative care.
   Sara Ferreira, Portugal (234)

10. Improving Medical Students’ Confidence in Ethics and Law.
    Annabel Ariyathurai, United Kingdom (236)

11. Knowledge, Attitude and Practice of Bioethics among Healthcare Professionals in Maharashtra.
    T. Poovishnu Devi, India (239)

12. Bioethics and psychiatry: the lack of recent literature in Brazil.
    Andre Luis Bezerra Tavares, Brazil (263)

13. Impact of COVID-19 on resilience and life satisfaction in allied health professionals.
    Luísa Castro, Portugal (265)

14. Ethical responsibility in medical auditing: Comparative analysis between the brazilian code of medical ethics and the portuguese code of ethics.
    Edmilson de Almeida Barros Júnior, Portugal (273)

15. Differences in the experience of trust in healthcare professionals of two men with chronic diseases: an interpretative phenomenological case study.
    Martina Tomagová, Slovakia (280)

16. Clinical bioethics X principal bioethics: the posture of medical students facing the choice between patient autonomy and risk to life.
    Alexandre Faraco de Oliveira, Brazil (282)

17. European Medical Ethics: Shared Principles and the Feasibility of a Unified Code. A Comparative Study.
    Sara Patuzzo, Verona (283)

18. Bioethical challenges of compassionate extubation in adults intensive care units.
    Klinger Ricardo Dantas Pinto, Brazil (285)

19. Ethic training for professionals and students in the health area focusing on violating professional confidentiality due the electronic media use.
    Ana Paula Corrêa Meira, Brazil (286)

20. Liquid Bioethics.
    José Israel Sanchez Robles, Brazil (287)

21. Use of artificial intelligence in health and the importance of regulatory bioethical aspects.
    Bianca Valéria Goncalves Nobre dos Santos, Brazil (291)

22. Empathy and Compassion: The impact of teaching in Palliative Care.
    Cristiana Alves, Portugal (294)

23. Social determinants and restrictions on access to health care – a bioethical dilema.
    Elizabeth Fernandes Reis, Brazil (295)

24. Perception and knowledge about pediatric palliative care among health professionals from a Brazilian teaching hospital.
    Janaina Aparecida de Sales Floriano, Brazil (306)

25. Communicating bad news in medicine: the perspective of clinicians and surgeons.
    Valdeci Hélio Floriano, Brazil (307)

26. Telemedicine and the protection of physician and patients in the norms of Brazil and Portugal.
    Rosamaria Rodrigues Gomes, Brazil (308)

27. Access to assisted human reproduction techniques in Colombia: Disparity between the recognition of reproductive rights and their effective implementation.
    Boris Julián Pinto-Bustamante, Colombia (312)

28. Norm on Social Co-responsibility in the University Environment, from a Bioethical Approach.
    Laura Rueda Castro, Chile (314)

29. Sexless marriage and prostate cancer: the partner's perspective.
    Bruno Vilalava Mestrinho, Brazil (326)

30. The influence of the mental health of doctors and nurses about diagnosing childhood cancer.
    Deli Grace de Barros Araújo, Brazil (330)

31. Bioethics and evidence-based medicine: intersections and challenges.
    José Nunes de Alencar Neto, Portugal (335)

32. Introductory concepts on health decision making in adolescence.
    Guilherme Henrique Martins, Brazil (336)

33. Off-label prescriptions in interventional psychiatry: bioethical limits and future perspectives.
    Humberto Müller Martins dos Santos, Portugal (337)

34. Bioethics and Pediatric Neurosurgery: What does the scientific evidence say?: An Integrative Review.
    Laila Zelkcovicz Ertler, Brazil (338)

35. Humanities in Medical Internship – An Experience from Brazil.
    Patrícia Junges Frantz, Brazil (339)

36. Palliative Care versus Usual Health Care in the Last 30 Days before Death in Patients with Advanced Cancer.
    Renata de Freitas, Brazil (340)

37. Moral harassment at work: Ethical-legal dilemma from the perspective of occupational doctors in Brazil.
    Ricardo Presotto, Portugal (341)

38. The challenges of integrating the care of patients in intensive care units according to bioethical principles.
    Giovanna Padoa de Menezes, Brazil (343)

39. Bioethics and medical radiology in gynecologic ultrasound imaging: the care of the patient.
    Raquel Coelho Assunção, Brazil (348)

40. Bioethics, the doctor and abortion in Brazil.
    Renan Fonseca Cardozo, Portugal (351)

41. Bioethics, public health and vulnerabilities in times of COVID-19.
    Aloísio Antônio Gomes de Matos Brasil, Brazil (352)

42. Insights from the Portuguese Legal Framework for Observational Studies: Are There Ethics in Conducting Research without Participants' Consent?
    Ana Afonso Teixeira, Portugal (353)

43. Realistic simulation allied to bioethics for the optimization of medical education: it is possible and necessary.
    Andrea Mora de Marco Novellino, Brazil (354)

44. Shared decision making in the health care of pregnant women.
    Maria José Guedes Gondim Almeida, Brazil (355)

45. Ethical considerations in surgery: a challenging balance.
    Carlos Miguel Alegre, Portugal (370)

46. Women's rights as a patient: A specificity imposed by the achievement of gender equality.
    Ana Paula Cabral, Portugal (176)

47. Well-being and ethical competence for the development of conscious human-dog adoptions.
    Luisa Bellissimo, Italy (395)

48. Decision-making process in end-of-life care.
    Carla Eliana de Araujo Pacheco da Rocha, Portugal (374)

49. Adolescent Pregnancy and the Role of the Nursing Professional.
    Romeu Oliveira, Portugal (375)

50. Minority in the Context of Advance Directives of Will – Living Will.
    Ana Dias Neto, Portugal (376)

51. Post-Mortem Medically Assisted Procreation – some legal and ethical issues to be considered.
    Ana Margarida Fernandes da Cunha Ferreira, Portugal (389)

52. Rethinking Legal Personhood for Nonhuman Animals: Moving Beyond Rights-Based Approaches.
    Eva Dias Costa, Portugal (229)

53. Duty to Rescue: A Healthcare Perspective.
    Richard I. Suarez, USA (303)

54. Causality assessment of Serious Adverse Events in Phase 3 clinical trial by Ethics Committee-Initial experiences.
    Madhurjya Gogoig, India (304)

55. Tripping on equity: Assessing the ethics of equity interventions to improve psychedelic therapy access.
    Ming Cheng Yap, Singapore (411)

56. Ethical considerations regarding ethnographic research carried out with children and young people with multiple disabilities (MD) and special educational needs (NSE) in highly vulnerable social and educational contexts.
    Jorge Miguel França Santos, Portugal (368)

57. Layout and Space Design in Palliative Care.
    Helder Morgado, Portugal (410)

58. Artificial nutrition and hydration on the terminal patient: An ethical approach
    Miguel Magalhães, Portugal (397)

59. Ethical Implications of Using Living Donor for Uterus Transplantation
    Marta Reguera Cabezas, Spain (166)

60. Ensuring Global Covid-19 Vaccine Distribution Equity
    Emily Fallows, Canada (266)

61. An empirical study about the informed consent for coronary intervention: The use of mixed research methodology
    Kim Min Ji, Republic of Korea (385)

62. Surrogate motherhood and best interests of the child in European countries.Perspectives about rights of the child and filiation after the Bill in Italy
    Maria del Rocio Franch Oviedo, Switzerland (365)

63. Air Pollution: The Silent Slayer of Health and Equity
    Tharika Thambidurai, USA (261)

64. Dynamic Consent: A Royal Road to Research Consent?
    Andreas Bruns, Germany (205)

65. Toward a culture of Respectful Maternity Care (RMC): The RESPECT project on enhancing Shared Decision Making and Informed Choice in Cyprus and Croatia
    Nicos Middleton, Cyprus (204)

66. Ethical Aspect of Non Medical Indication for Termination of Second Stage Pregnancy
    Adolf Lukanović, Slovenia (150)

67. Towards reproductive justice – Barriers to and facilitators of autonomy in birth as perceived by perinatal care providers: A qualitative study
    Louisa Arnold, Germany (149)

68. Assisted Dying in New Zealand: a Review of the First Year of Service Delivery
    Dana Wensley, New Zealand (136)

69. Emergency Care Provided to Women and Adolescent Girls Following Sexual Assault, According to the Victim's Age, in Brazil's Capital, Brasilia
    Evaldo Lima da Costa, Brazil (114)

70. Rethinking Conscience in a Global Context: Healthcare, Bioethics, and Professionalism
    Bryan Pilkington, USA (011)

71. Surrogacy
    Rita Araújo, Portugal (332)

72. Ethical considerations of natural compounds use in cancer treatment
    Oliwia Kowalczyk, Poland (316)

73. National Production of Embryos in Brazil – Analysis About Quality Indicators in Banks of Cells and Germinative Tissues
    Christiane Peres Caldas, Portugal (367)

74. Informed consent in retrospective studies: situations of exemption
    Amal Bouziane, Morocco (362)

75. Case Study: Opposing Decision of an Adult with Capacity
    Joanna Lau, Singapore (366)

NOTES

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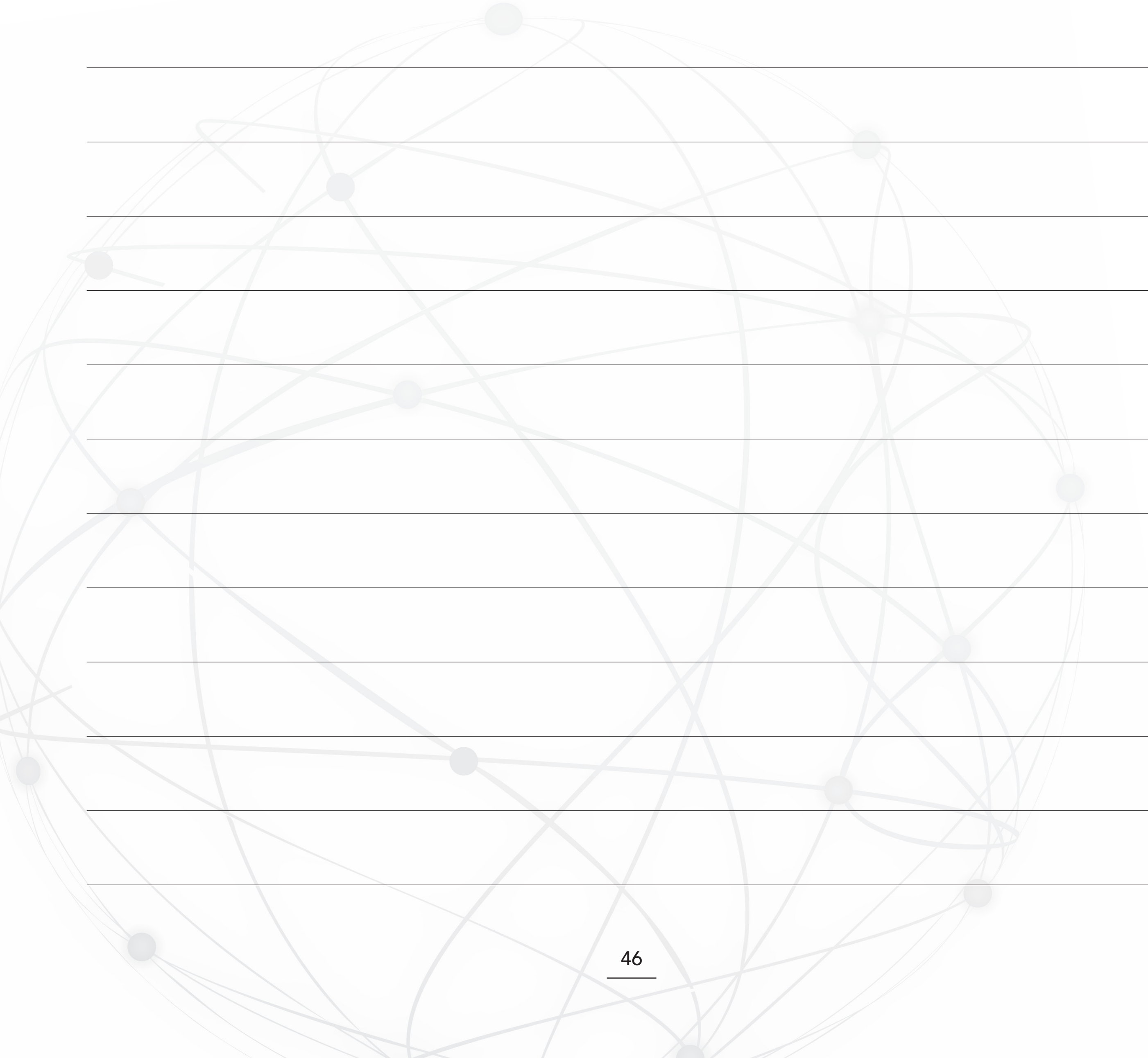

Abstracts
Oral Presentations

Ethics of care training for caregivers (024)

Emilio Martínez Navarro
Universidad de Murcia, Spain

What reasons do we have to be carers for others and for ourselves? Caregivers do extraordinary work from an ethical point of view, work that requires great patience and strength, as well as the material and moral support of those around them. As part of this support, it is necessary for caregivers to receive some ethical training based on the paradigm of the ethics of care (Noddings 1984 and 2022, Cortina 2001, etc.), so that they can face with joy and perseverance the daily tasks involved in the commitment to care for particularly vulnerable people. This paper presents an outline of a training plan in the ethics of care that is intended to be developed and implemented for professional caregivers.

Possibilities for extrapolating dinamics of the collaborative economy within public social care services (030)

Alfonso Sánchez García
Universidad de Murcia, Spain

Within the reality of the public procurement market in Spain, we find the existence of tenders whose subject matter falls under CPV: 85312000-9: "Social work services without accommodation", for sums of millions of euros –more than 14 million euros in the case of the Marbella, and more than 7.5 million euros in the case of Alicante–. These contracts generally follow a unified execution structure and are not divided into lots. However, technologies make it possible not only to go beyond this division into lots, but also to opt for a model in which a dynamics procurement system is implemented, whereby the units of intervention for which the service is intended are put out to tender as required. All the more so if this form of procurement is used in conjunction with the instrument of electronic catalogues in its punch out variant, where tender's bid are drawn up automatically on the basis of the previous information provided by them. This will make it possible to allow all professional providers in the market to participate, and not only large companies. It is true that this alternative model increases complexity ab initio. However, in our opinion, this is a stumbling block that can be overcome now, through the concept of "collaborative administration" and "collaborative public procurement", whereby "ordinary administrative management structures" are overcome, tending towards "the creation of collaborative management structures, through the exchange of experiences, knowledge and even technical personnel". The way in which this collaboration can be oriented in order to advance along the lines described above will be the subject of the lecture to be given at the congress.

Digital care platforms: ethical, social and legal benefits and disadvantages of collaboration between the public and private (023)

Maria Magnolia Pardo-Lopez
University of Murcia, Spain

The ILO has defined digital labor platforms as one of the most important transformations in the world of work in the last decade (Digital labor platforms and the future of work: Towards decent work in the online world. International Labor Organization, Geneva, 2018). More specifically and in what is now of interest, digital platforms are presented as an appropriate instrument to channel the provision of work and the obtaining of services in the sector of the care economy. This topic has been included by the Government of Spain in the program of the Ministry of Economic Affairs and Digital Transformation, through the Secretary of State for Digitization and Artificial Intelligence, reflected in the report "Home care and digital platforms in Spain" of February 2021. The importance of home care in increasingly aging societies and with vulnerable population groups (for example, the disabled) cannot be disputed. Any solution provided is, in principle, welcome, but some observations must be made to avoid discrimination. In the impoverished Social State of the 21st century, public-private collaboration cannot be dispensed with if we want to save a model that for many continental jurists is ethically superior. This communication is part of the research project TED2021-129367B-I00 "Digital platforms for the care economy", funded by the Ministry of Science and Innovation MCIN/AEI/10.13039/501100011033 and by "NextGenerationEU"/PRTR.

The digital divide in Spain as a distorting element of digital care platforms (097)

Juan Ignacio Cerdá Meseguer
Universidad de Murcia, Spain

Digital work platforms are reaching great relevance in the world of work as a means of providing services, transforming the labor market. This has led to the existence of regulatory initiatives for its regulation within the European Union. One of the ones that is gaining more importance are home care platforms. The fact that life expectancy is higher, as well as the full incorporation of women into the labor market, has been decisive for the growth in demand for these services. However, the digital divide is a distorting element in the development of these platforms, since those who demand care are usually elderly or disabled people who lack knowledge and skills for the use of ICTs; and the providers of these services are usually female, foreign labor, with economic precariousness, in many cases with a training deficit and little purchasing power, which implies that there is a digital gap to be able to access adequate training, and even the own labor market. The ethical and legal implications that this issue presents are of unquestionable importance.

Legal enforcement in the PLADIECUIs project: a model for collaborative care platforms in the digital environment (026)

Julian Valero Torrijos
Universidad de Murcia, Spain

The digital care platforms currently available are largely based on profit-driven economic models. This means that the platforms are shaped on the basis of economic exploitation models where they mainly perform a mere intermediate function between individuals and families in need of care and the professionals willing to provide their services. Consequently, there is a relationship of dependency that may imply less interest in the quality of the services provided. However, currently available technology can facilitate that specific professional groups in this field can get organised on the basis of alternative social structures, in particular Cooperatives and Professional Societies. The paper now presented aims to offer a model of regulatory compliance for this type of digital tool, taking into account the various applicable legal regulations and, in particular, the generation of automatic evidence, making it easier for its members to comply with their personal and corporate obligations. In short, the aim is to simplify the justification of compliance with administrative regulatory requirements so that, through these digital platforms, professionals can focus on the search for job opportunities, opening up new employment opportunities for their members.

Digital health services and vulnerable groups: an overview on European regulations and proposals (214)

Andrea Salud Casanova Asencio
University of Murcia, Spain

In regards to digital health services, there are certain population groups which can be considered to be particularly exposed to possible violations of their rights, such as, for instance, minors, people at risk of social exclusion, migrants, or the elderly. It can be argued that these groups are in need of particular regulations assessing the problems arising from the use of digital platforms and services, especially when personal data -and, even more so, health data- are involved. In the last few years, the European Union has issued several regulations and some proposals regarding digital services and markets, personal data, or health data, which are intended to produce a significant progress in the matters addressed by them. However, it is to be analysed whether they include specific provisions on these groups and can effectively guarantee their rights. With a particular focus on the elderly, this presentation aims to give a general approach on the impact of these regulations and proposals, examining relevant precepts, and suggesting, where necessary, alternative means to tackle the most relevant problems: among others, data confidentiality, telemedicine, or digital care platforms.

Compliance and digital care platforms (051)

Maria Del Mar Andreu Martí
Universidad Politécnica de Cartagena, Spain

The objectives of the Recovery, Transformation and Resilience Plan of the Government of Spain are to promote and reinforce the Care Economy, and equality and inclusion policies. These are certainly challenges that we already face together with the rest of the Western world. It is necessary to articulate the adequate legal recognition of the providers of such services and to address possible responses to their multiple and complex problems. For these purposes, we will focus on digital care platforms that only provide this type of service (care for dependent people, the sick, the elderly, children...). After analyzing the various social forms through which they can be established, special attention will be paid to those owned by social economy entities (mainly cooperatives and labor companies). Subsequently, the convenience for such platforms of establishing compliance systems will be addressed.

Environmental Equity and Evolutionary Engineering (025)

Paul Brandt-Rauf
Drexel University, USA

Climate change is a global crisis but it needs to be considered within the larger context of the overall unequal distribution of ecological footprints around the world now and into the future that threatens the survival of current and future generations in a way that is clearly unethical. Averting this eco-genocide will require an eco-enlightenment possibly through enhanced eco-consciousness and moral evolution. Advances in neuroengineering offer the possibiliy of such augmented neuro-cognition and enhanced moral reasoning through chemical, mechanical and genetic manipulation of brain circuitry. Although extreme, this may be the last best hope to align our ecological footprints with our moral footprints and avoid eco-catastrophe.

Novel food and EU law: facing ethical lines (137)

Ernestyna Niemiec
Law firm "Kubas Kos Gałkowski – Adwokaci sp.p." Sp.j, Poland

The main scientific goal of this proposed paper is to analyze the concept of novel food and its legal aspects (including those related to new technologies) in the context of ethical challenges facing humanity today. Although the EU regulations on novel food came into force in the 1990s, the threat of a famine and food crisis in Europe has appeared to such an extent only in recent years. The concept of novel food, which can address aforementioned challenges, is nevertheless associated with several ethical issues. In the individual aspect, it is the possibility of using widely innovative methods to produce food that successfully replaces meat or provides an alternative to sugar. On a broader scale, it is a replacement of products that are too expensive for the environment (i.e. greenhouse effect, deforestation) in order to provide an additional, entirely separate source of nutrition. By employing qualitative research methods (e.g. content analysis of legal documentation and literature on the subject, comparative method), this paper seeks to answer the research question regarding the role of law in the process of developing the concept of novel food. As a conclusion, future prospects are presented and discussed.

The use of biomaterial and biodata in biohacking experiments (183)

Anna Bugajska
Jesuit University Ignatianum, Poland

Biohacking can be defined as "biological experimentation (as by gene editing or the use of drugs or implants) done to improve the qualities or capabilities of living organisms especially by individuals and groups working outside a traditional medical or scientific research environment" (Merriam-Webster Dictionary). While such technologies as CRISPR-Cas9 are used only by the most determined biohackers (notably, Jo Zayner, 2017), biometrics with the use of wearables, and recreational of reference being codes of conduct specific for the European and American environments. Therefore, this paper's attempt is, first, to provide a classification of the various ways of biohacking and, second, to present the existing regulations and ethical questions that emerge from the rise of this type of exercising the self-ownership right. Of special interest will be the use of biomaterial and biodata in biohacking experiments, together with the assessment of the availability of this type of resources for an average consumer.

Ecobioethics in the face of disruptive impacts of our ethereal age (237)

Moty Benyakar
UNESCO, Argentina

Ecobioethics framed in complex thinking is postulated to address 10 disruptive impacts of our ethereal age: 1) Virtual networks of information and relationship; 2) Trial and error abolishing conflict; 3) The passage from decision to resolution; 4) Gender choice; 5) Artificial intelligence: mind and psyche; 6) Self-modelling of one's own body; 7) the aspiration to eternity, epidemics, pandemics and natural disasters; 8) from ideas to concepts; 9) populism and democracy; 10) the disappearance of currency. Aiming to establish the interaction and empowerment between them. The dissertation will present the relationship between these impacts, analysing their origin from a human perspective, their conditioning functioning, their social impact, and their possible future effects. From an ecobioethical point of view, it will seek to refrain from a repressive attitude or limitations based on moral nomenclatures, in order to stimulate the essence of the subjectively in the training and practices of intervention in the problems in question.

"Vitabalance-Med" – A worldwide model for a new paradigm: Global Health! (192)

António Rui Leal[1], Joao Amado[2]
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The authors present the history and development of a project for validation of a new conceptual model for health education based on a Poster with 5 educational pyramids. This presents in a simple way, a new balanced and visual approach to the scientific knowledge concerning 5 main domains: exercise + nutritionn + behavior + cardiovascular health + ecosystem. Based on our previous experiences in 2012 and the interesting results of this interventional project in Portugal, proving is capacity to involve schools and families, we propose a new and expanded interventional model, including the organization (digital or face-to-face) of a course for primary school teachers and several pedagogical materials. To re-validate the new cross-cultural results in a controlled research we intend to use two methods: a quantitative questionnaire (5x4 questions) (VBM) and to analyze the qualitative results (teachers descriptives). The next step will be to involve UNESCO/UN and other international organisations, in a World wide project for GLOBAL HEATH in a "balanced" way, in equilibrium with environmental and peace issues already in course.

It’s important to foster open discussion about the topic”: development, implementation, and evaluation of an ethics of abortion independent learning module for second year medical students (001)

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Background: One-third of medical schools in the US and Canada do not cover abortion, according to a survey conducted 2002-2005. Methods: In response to student request, an Ethics of Abortion module was designed as an Independent Learning Time (ILT) assignment. Three writing prompts, from which to choose one, were: 1) Where is the nearest provider of abortion services to your RMSP site? Does the local hospital at your RMSP site provide tubal ligations and vasectomies? How would this availability of reproductive services and your own personal beliefs influence your practice?, 2) Dr. Parker is a Christian and frames his argument to support reproductive choice as a moral one. Explore your own values in the context of your upbringing and how they influence your opinion of abortion services, and 3) What is your opinion of conscientious objection and referral for abortion services? Results: The writing prompts selected were: personal values in relation to abortion (56.5%), information about nearest provider of reproductive services to rural preceptor site (34.7%), followed by conscientious objection (23.3%). Conclusion: With the exception of the prompt specific to our regional campus mission, this module should be implementable at other medical schools in locations where abortion services are available.

Biotechnologies and “perfect children”: how are the different interests balanced when parents want to choose the genetic characteristics of their children? (050)

Aurélie Cassiers

Hasselt University, Belgium

The development of biotechnologies allows parents to make more and more choices in the procreation process. Nowadays, medicine not only helps people to conceive but also select which child they want with the help of e.g. preimplantation genetic diagnosis, prenatal tests, choice of the gametes’ donor, and even, as science advances, choose many of the child’s characteristics with the use of CRISPR-cas9. Parents may be happy to have more control over their reproductive possibilities, but is this development a good evolution for everyone? Other interests, like these of the (unborn) child and the society, may be in danger. Even if some authors pretend it is in the child’s best interest to be born with the best possible genetic background, others warn of negative consequences for the children’s and other people’s rights. In this presentation, we will analyse practical cases (abortion, medically assisted reproduction, PGD, etc.) from a (bio)ethical and legal perspective to determine which interests are involved and how there are balanced. We will conclude by pointing out some general problems as well as some lack and shortcomings in the current legislation.

Rights-based care translates into better mental health: a meta-analysis of the relationship between decision-making in birth and postpartum psychopathologies (148)

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Ineffective decision-making in birth between birthing people and providers occurs globally, qualifies as mistreatment, represents a human rights violation, and causes adverse psychological outcomes. Primary quantitative studies on the association between decision-making and postpartum psychopathologies have not been synthesized. We included 34 studies from 14 countries in the multi-level meta-analysis. Results revealed that intrapartum decision-making was negatively related to overall postpartum psychopathology (r=-0.25); depression (r=-0.19) posttraumatic stress disorder (r=-0.29). Further results on the relationship between the four dimensions of decision-making (information, involvement, respect, control) and psychopathologies are presented. Interestingly, our findings mark a convergence of ethico-legal and psychological aspects of birth, as rights-based care is a normative imperative and translates into better mental health. Implications for practice concern establishing antenatal care contacts as a standard to enhance birth preparedness. Also, the experience of decision-making should be routinely measured as an indicator of quality of care to monitor, analyze, and improve decision-making and to facilitate accountability systems.

The search for the principle of justice for infertile couples: Characterization of the brazilian population and bioethical discussion (168)

Drauzio Oppenheimer, Rui Nunes, Francisca Rego

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Introduction: Infertility is a public health problem. The most vulnerable populations, due to the high cost, are at risk of not accesing treatment, resulting in ethical issues of reproductive rights in a fair and equal way. The aim of this study was to discuss difficulties in accessing infertility treatments in Brazil. Methods: Multicenter cross-sectional observational study, applying an online questionnaire to couples seeking infertility treatment at two clinics: in São Paulo and Minas Gerais. Results: 201 questionnaires were analyzed, most self-declared white; 65% would receive treatment outside their city of residence; 37% had access to specialist only after referral, and most would not pursue treatment due to this; 42% sought more than one service to diminish financial burden and 39% where they felt a better response. The biggest difficulty with treatment was financial: 67.2% reported high cost and 54.2% had emotional problems. Conclusion: There is a need for education and public policies on reproductive health, and difficulties that couples face in infertility treatment in developing countries. Bioethics, through the principle of justice, must guide these dilemmas.

Researchers' ethical challenges in conducting qualitative research on sexual and reproductive health and rights in sub-Saharan Africa (272)

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Ethical challenges experienced by researchers conducting sexual and reproductive health and rights (SRHR) qualitative research are not often highlighted. When highlighted, they tend to focus on research participants' challenges rather than the researchers. This article highlights ethical challenges experienced by researchers conducting SRHR qualitative research in Kenya, Sudan, Malawi, Tanzania, and Burkina Faso. The researchers held several meetings to discuss their experiences while conducting research; a final 90-minutes virtual skype meeting was held to systematically group the researchers' ethical challenges. The recorded discussion was transcribed verbatim and analyzed thematically through inductive and deductive processes. Although procedural ethics are essential in protecting rights and safety of research participants, in practice, they may serve to discriminate against certain groups that are criminalized such as the Lesbian Gays Bisexual Transgender (LGBT) community. Procedural ethics are not sufficient in guiding ethical qualitative SRHR research.

Management of mental illness in medical doctors: Ethics and Culture (070)

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Medical doctors are more vulnerable to mental illness when compared to the general population. A broad spectrum of mental illnesses has been identified, and many manifest as behavioral alterations and cognitive dysfunction, affecting their performance. Several risk factors are linked to the profession, but individual features found among most doctors must also be taken into account. The COVID-19 pandemic aggravated these, with greater incidence of burnout syndrome and PTSD. Health systems are orientated to increase the efficiency of doctors in an economical and time-based approach, not considering the effects on well-being and contribution to moral distress. The stigma associated with mental health and other obstacles averts doctors from disclosing their condition, primarily when confidentiality is not guaranteed. Strategies implemented to manage the problem are limited; even so, there is little use of the available systems. Many prefer to self-treat or opt for no treatment at all. The respect for the professional's autonomy in self-referral may be jeopardized when impaired doctors deny recognizing their mental illness. In these cases, other health professionals have a moral obligation to act in the interest of guaranteeing patient safety. The ethical analysis of this dilemma is imperative, using predominant ethical theories of principiaism and ethics of care.

Using videos for bioethics assessment in the medical student objective structured clinical examination (061)

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College of Medicine/Hawler Medical University, Iraq

The assessment process is equally complicated as the teaching of bioethics and professionalism, and there is still no "gold standard" for assessment in bioethics. Assessment of medical students' medical ethics has long been done using objective structured clinical exams (OSCEs). Objective structured video examination (OSVE) is the term used when video is used in OSCE. The use of the OSVE assessment is examined in this study. The second-and third-year students from the College of Medicine at Hawler Medical University in Erbil/Iraq answered short-essay questions on video cases in the bioethics and professionalism stations in the final year OSCEs. Students were assessed in 3 circuits in 2 rounds each by using a similar video case. All the exams were scored by one rater using a standard rating manual. The performance of students and OSVE stations was evaluated. Due to several advantages, including but not limited to easing the burden on examiners, decreasing the logistical burden of coordinating multiple examiners to assess in person, and enabling greater quality control and objectivity, video has played a role in the OSCE process in the past and may play a larger role in the future. By asking questions about knowledge, comprehension, and performance, an OSVE is used to examine the "knows" and "knows how" in bioethics.

Ethical challenges in the management of children with severe acquired brain injury (071)

Sarah Aylett
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Disorders of consciousness comprise coma, the unresponsive wakefulness syndrome (UWS) and the minimally conscious state (MCS). Patients with UWS variably have a preserved sleep-wake cycles, respiration, digestion and thermoregulation and can be defined as being 'wakeful without being aware'. There is either complete/partial preservation of hypothalamic and brainstem autonomic functions. P K was a five year old child with a severe acquired brain injury (ABI) who was ventilated in intensive care for almost 2 years. The clinicians concluded that she had UWS. The court was asked declare that it was lawful and in PK's best interests not to proceed with a tracheostomy but to withdraw ventilation and to allow her to die. Her mother contested this, maintaining she should have a tracheostomy with the aim of her being transferred home for continued ventilation. The Court ruled that it was in her best interest to with draw ventilation for end of life care. T R had a severe ABI at the age of 5 years. She was ventilator dependent. The Hospital maintained that it was not in TR's best interest to continue life sustaining treatment (LST) and applied for approval from the Court to discontinue this. Her parents argued that TR's LST should continue and that she should be transferred to another hospital to continue this. The Court ruled that she could be transferred foe continued ventilation as parents requested. Both of these cases illustrate the complex decision making and ethical challenges in the management of children with severe ABI and DOC. This presentation will explore these issues.

Soft regulation of e-mental health applications: Possible instruments and considerations (057)

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The use of e-mental health applications offers great promise for improved mental health treatments, crisis and addiction support, suicide prevention, and building mental resilience. However, e-mental health applications pose significant ethical, privacy and data protection challenges, because they process personal mental health data, which may reveal highly sensitive information about the user's personality, privacy, behavior and attitude (Shen et al., 2019; Thome et al., 2020). It is of concern that e-mental health applications marketed on the consumer health market pose particularly high privacy and security risks (Mozilla, 2022). These risks are (partly) due to uncertainties in the application of sectoral regulation and the underregulation of the direct-to-patient domain (Gerke et al., 2022). The presentation argues that the adoption of flexible soft law instruments could facilitate good practices in the design and implementation of e-mental health applications. In turn, this could mitigate related privacy and data protection risks. This assumption is underpinned by fresh policy developments in Australia and Canada, where the respective bodies have drafted safety, privacy and security standards and accompanying assessment frameworks for e-mental health applications. As the EU lags behind in developing such instruments, the presentation highlights possible pathways and considerations relating to the soft regulation of e-mental health applications. These findings could help to govern the deployment of e-mental health applications in Europe and make their use a safer experience for patients.

Blood transfusions and Covid vaccines: the spanish legal framework (055)

Silvia Vilar González
Universitat Jaume I/Universidad de Murcia, Spain

In December 2022, a news item appeared in the press; it was concerning a four-month-old New Zealand baby, whose parents rejected to allow him to undergo urgent cardiac surgery, supporting their denial by refusing him to receive blood transfusions from people vaccinated against Covid-19. The child's intervention has been paralyzed until the corresponding judicial resolution is obtained to resolve the case. This situation makes us consider questions related to medical bioethics or biolaw, or what to do when a parental decision regarding the health of their minor children conflicts with the principle of their best interests. In this context, and after analyzing the New Zealand judicial resolution, we will try to determine if patients can choose their own donors, if blood collections take into account whether donors are vaccinated against Covid-19 or if there is any scientific evidence that blood from people who have been inoculated with the vaccine may pose an added risk to the recipient. The situation also leads us to study the Spanish legal framework that would be applicable in this situation, in order to try to determine what would be the ruling that the courts would dictate if this same scenario were to occur in Spain.

Shifting virtues of a surgeon in time of war (084)

Robert Vardanyan, Arian Arjomandi Rad
Imperial College London, United Kingdom

The marriage of war and surgery is an area that is rich for ethical study. When performing in such austere environments, one's virtues are greatly put to the test and in the process of such challenges, they become more apparent, overstressed, and reinforced. Within the framework of Aristotelian virtue theory, ethical considerations of the surgical team in a modern warfare setting will be analysed and explored. This will be done within the context of the moral virtues, and ethical ideas will be tested and discussed in the context of certain scenarios to assess changes in virtues from peacetime civilian practice to wartime practice. The clinical demands and physical pressures placed on surgical practice during wartime create an environment which make it difficult for a surgeon to continue morally flourishing without adaptation. The environment does not alter a surgeons end goal – to live a fulfilling life with continuous moral flourishing, and it does not alter what a surgeons proper functioning is. However, it becomes impossible to retain the same virtues at the midpoint between its vices of excess and deficiency due to the requirements of the environment. This is including the virtue of courage, which must shift towards what in a civilian peacetime setting would be considered recklessness, resulting from the change in environment placing different requirements and hurdles for the moral character. Due to the extreme change of environment, the virtuous qualities of a surgeon must change if there is to be strong and rigid foundations in their moral positioning. With an appropriate shift in certain virtues to meet the demands of the extreme environment that is war, a surgeon can function properly and continue on their journey to eudaimonia through moral flourishing.

Legal regulation of foundations as owners of digital platforms providing care facilities (066)

Irene Escuin Ibáñez
Universidad Politécnica de Cartagena, Spain

The proposed communication focuses on the analysis of the use of digital platforms as an instrument for providing care facilities. This analysis will be conducted from an innovative approach considering the enterprise which owns the digital platform and performs the activity of providing care facilities not merely as an intermediary, but as a social economy entity. This is the case of foundations, among others. Foundations are legal instruments which allow to canalize the provision of work and services inside the care facilities sector promoting the ideals and principles which the social economy is based on. From this point of view, the main goal will be analyzing the specialties of their legal regulation of this type of social economy entity to adapt it to the role of a digital platform owner which directly provides care facilities.

Typology of digital platforms for care (or how business models shape care delivery conditions) (027)

Mercedes Farias Batlle
University of Murcia, Spain

Across the planet, long-term care is a constantly growing segment of the economy. The number of private companies and investment funds that have entered this market has grown exponentially. This is an area characterized by the provision of care by women and, with the increase in immigration of poorer people from other cultures, care is also entrusted to them. The typology of care provision, public or private, is highly varied. Due to the momentum of digital renewal, digital care platforms have emerged as an alternative. Without specific legislation, they raise many problems that deserve special study and attention. In this context, it is worth to analyzed if (and, in case, how) different business models, that underlie the different types of platform, lead to unique differences both in the conditions in which caregivers work and in the way in which services are provided.

Care work through digital platforms. Substantive and procedural aspects (087)

Maria de Monserrate Rodríguez Egío, Francisca María Ferrando García
Universidad de Murcia, Spain

Digital platforms have burst into the field of care work as a business opportunity that offers its services to families and companies. At the same time, they facilitate the adjustment of the supply and demand of jobs in this area of employment. However, platform care work raises important legal, both substantive and procedural, issues which will be referred to in this communication: 1º) Identification of the employer. 2º) Legal nature of the relationship, such as self-employed or salaried work. 3) The scope and extent of social protection. For the analysis of these issues, national and international regulations will be taken into consideration, as well as the judicial doctrine on the matter. This work has been carried out within the Project PID2020-117554RB-I00: "Retos de la garantía jurisdiccional de los derechos laborales de las personas trabajadoras en un contexto socioeconómico cambiante", funded by the Spanish Ministry of Science and Innovation, AEI / 10.13039/501100011033, included in the Call 2020 of "Programa Estatal de I+D+i Orientada a los Retos de la Sociedad, del Plan Estatal de Investigación Científica y Técnica y de Innovación 2017-2020", as well as within the Project entitled "Plataformas digitales para la economía de cuidados (PLADECUIs)" (TED2021-129367B-I00), of the Call of Proyectos de Transición Ecológica y Digital 2021, of the Spanish Ministry of Science and Innovation, funded by Next Generation Funds".

The use of new technologies in domestic service as evidence in dismissal proceedings (088)

Francisca Maria Ferrando Garcia, Maria de Monserrate Rodríguez Egío
University of Murcia, Spain

The use of new technologies has made it easier for the company to control the employee's work activity. However, the monitoring and control power of the company must respect the privacy and data protection rights of employees. The proposed communication will analyze the possibility of controlling the activity in domestic service through the use of new technologies and the requirements that must be observed for their use as a lawful means of proof in labor proceedings in view of the doctrine of the European Court of Human Rights and the Constitutional Court in Spain. Special attention is given to the recent ruling of the Supreme Court on the evidence obtained through hidden cameras in the dismissal of a domestic employee. This work has been carried out within the Project PID2020-117554RB-I00: "Retos de la garantía jurisdiccional de los derechos laborales de las personas trabajadoras en un contexto socioeconómico cambiante", funded by the Spanish Ministry of Science and Innovation, AEI / 10.13039/501100011033, included in the Call 2020 of "Programa Estatal de I+D+i Orientada a los Retos de la Sociedad, del Plan Estatal de Investigación Científica y Técnica y de Innovación 2017-2020", as well as within the Project entitled "Plataformas digitales para la economía de cuidados (PLADECUIs)" (TED2021-129367B-I00), of the Call of Proyectos de Transición Ecológica y Digital 2021, of the Spanish Ministry of Science and Innovation, funded by Next Generation Funds".

New technologies and limits to the control power of the employer. Analysis of Italian procedural labour law on the validity of evidence (105)

Elena Signorini
Università degli Studi di Bergamo, Italy

The acceleration of digitization require a rethink of the protection of workers also those in the domestic sector and primary and secondary caregivers. The difficulty lies in finding a balance between the worker's right to confidentiality and the employer's right to protect the company's assets, and an answer will be sought in the case law. Special attention is given to the violation of the right of defense deriving from the use in the trial as an evidentiary tool of data secretly stolen: Italy led to the elaboration of the theory of the so-called defensive controls.

Contracting care services with the elderly: a challenge for legal and economic fields in the twenty-first century (040)

Maria Ascensión Leciñena Ibarra
Universidad de Murcia, Spain

It is an unquestionable fact, as a result of increased life expectancy, that developed societies age unstoppably. In a scenario of rupture of the periclitated stereotype of old age as a stage of loss of personal protagonism, the full legitimacy of older persons to act and make their own decisions within the framework of the exercise of their recognized decision-making autonomy includes, as it could not be otherwise, the business environments, open to their action. Either acting alone or, if preferred, using any of the planned support measures provided to facilitate their exercise of their legal capacity; tools that serve to promote the exercise of autonomy in a contractual care scenario where older people do not want to be relegated to mere spectators of the management of their interests. Legitimate expectations to which the legal system must respond by weighing the different interests at stake: protection of vulnerable older persons, decision-making autonomy of the elderly and traffic safety of the operators with whom they contract.

Personal data economy and vulnerable persons. Towards a legislation to protect the individual (115)

Maria Carmen Plana Arnaldos
University of Murcia, Spain

Personal data and data in general have, no doubt, an economic value in the digital economy. Economic reality and social debate make it clear that data, especially personal data, cannot be legally considered only from the perspective of privacy protection, or in a broader sense, from the perspective of the protection of fundamental rights. Taking into account these rules and the special nature of personal data, it is necessary to address legally the patrimonial aspect, the transfer, use and exploitation of data. In order to take advantage of the economic growth that data brings to the digital economy, the development of a legislation about patrimonial aspects of data is necessary. Such rules shall ensure consumer protection, as well as regulate the participation of individuals in the profits generated by the economic exploitation of data. Consumer protection rules should pay special attention to guaranteeing the consumer rights of people who may be considered vulnerable in the online environment due to their circumstances, mainly because not everyone has the capabilities, seemingly expected by the lawmakers, to make use of relevant legal provisions.

Legal protection of the vulnerable individual's personal data against its treatment by the AI (103)

Margarita Orozco González
University of Murcia, Spain

Artificial Intelligence is a reality already present in our society that has come to stay. Its operation and, more specifically, its algorithm's function, remains, at present, a dilemma for the law. In this sense, it is evident that personal data are a key element that nourishes AI, making possible the "machine learning" phase of these technologies. The problem arises, therefore, when articulating a protection for such data, which allows the difficult balance between the protection of its holder and the facilitation of a correct learning by them, in order to avoid discriminatory biases, possible violations of rights and, ultimately, unfair decisions. More problematic is the provision of data protectionist mechanisms for particularly vulnerable persons, including persons subject to support measures and minors. This paper addresses this complex issue, seeking to settle the concepts and legal goods at stake, as well as studying the current regulatory framework and that under development. The relevance of this analysis lies in the fact that the regulation of Artificial Intelligence is at a key point, existing a proposal for a European Regulation, the final version of which was approved in November 2022, and a document of general guidelines, which contain modifications which fully affect this matter (e.g. Recital 70). This shows the novelty and necessity of this research, by addressing a topic of rigorous relevance and interest, scarcely addressed by specific doctrine, and of great practical importance, due to the risks involved, especially because of the vulnerability of the group in question.

Conscientious objection of healthcare professionals to the practice of euthanasia (100)

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[2] University of Murcia, Spain

In accordance with article 16 of Act 3/2021, of March 24, regulating euthanasia, health professionals directly involved in providing aid in dying may exercise their right to conscientious objection. According to said Act, the refusal to perform the aforementioned service for reasons of conscience is an individual decision of the health professionals directly involved in its performance, which must be stated in advance and in writing. In order to facilitate conscientious objection in this area, as well as with the intention of safeguarding the rights of patients, the health administrations are ordered to create a registry of conscientious objector health professionals to assist in dying. The registration will be subject to the principle of strict confidentiality and the regulations for the protection of personal data. This poster intends to analyze the problems that this registry can represent for health professionals, as well as the proposals to avoid them.

Bioethics and biolaw: a specific hybrid language (101)

Ana Abellán-Pardo
University of Murcia, Spain

Specific or specialized language is understood to be that which is used for specific and differentiated uses of the standard language. Each of the so-called specific languages is, therefore, a variety of the common language in which different forms of lexicon and morphosyntactic structures are used. The legal and administrative languages are characteristic of the messages issued by the public powers and correspond to what has been called the languages of power. Legal language is the technical language of Law and legal texts. The administrative language is entrusted with the management of what is related to the public good. The linguistic features of legal-administrative texts are the monosemy of the lexicon, which avoids misleading terms and from which derives from the predominance of denotation in a cause-effect relationship; the specificity, precision and selection of terms; the conciseness and clarity in the exposition of the facts, arguments and resolutions; a fixed structure, which facilitates reading and provides speed; and a language riddled with linguistic conventions, the result of its essential and profound social purpose. It is worth asking if Bioethics and especially the language of Biolaw is itself a specialized language or in reality it is a hybrid specialized language, which takes aspects of others, such as legal, ethical and medical language, and combines them to give rise to a tertium genus. This issue is important when addressing the teaching of Biolaw in Law Schools.

Bioethics as Justice: Theory and Pedagogy (076)

Kelsey Berry
Harvard Medical School, USA

Conceptions of justice are ubiquitous in bioethics as both implicit and explicit considerations. Yet bioethical analysis often lacks a fulsome account of justice. Should the selection of principles of justice presuppose a particular conception of the good? The liberal tradition eschews this approach, instead employing a system of social rights and liberties that permits each individual a fair opportunity to pursue a life personally deemed good. However, while respect for value pluralism in the public sphere is essential, there is a risk of mistaking this pluralism for the absence of any shared societal ends, or a "valueless-ness" that leaves society regulated but devoid of a shared sense of purpose. Without a shared vision, we will struggle to confront some of the most critical bioethical threats of our time: climate change, pandemics, and the increasing globalization of health resources. In this paper, we explore bioethics as a lens through which to develop the dual aims of the right and good in society and describe both our theoretical commitments and classroom pedagogy in querying our intuitions about pluralistic notions of justice and shared ends, such as human flourishing, in ideal and non-ideal conceptions of justice.

Ai based chatbots: educators' friend or foe (064)

Charles Samuel Tritt
MSOE (Milwaukee School of Engineering), USA

The commercial development of large language model based interactive chatbots will have a pervasive impact on society. These chatbots can be used to provide students with personalized, interactive learning experiences. They can also be used to deliver healthcare information to patients and the public. An agile response by biomedical educators to this technology is necessary to best serve our constituents. Students must be made aware of its potential benefits, risks, and implications. Novel ethical considerations, with regard to both its use in teaching and learning and in biomedical applications, must be addressed. Our university's attempt to coordinate our response to across multiple departments and programs, including biomedical engineering, biomolecular engineering, nursing, computer science and the humanities will be described. Specific topics and approaches will be described. These include: • Describing the potential and limitations of this technology. • Making students and faculty aware of the need for its responsible use and the ethical considerations involved. • Discussing discipline appropriate guidelines and standards for the use of chatbots in education and healthcare. • Conducting research on the effectiveness of chatbots in education. Note: ChatGPT assisted in the preparation of this abstract.

Bioethics as justice: theory and pedagogy (076)

Kelsey Berry, Rebecca Brendel
Harvard Medical School, USA

Conceptions of justice are ubiquitous in bioethics as both implicit and explicit considerations. Yet bioethical analysis often lacks a fulsome account of justice. Should the selection of principles of justice presuppose a particular conception of the good? The liberal tradition eschews this approach, instead employing a system of social rights and liberties that permits each individual a fair opportunity to pursue a life personally deemed good. However, while respect for value pluralism in the public sphere is essential, there is a risk of mistaking this pluralism for the absence of any shared societal ends, or a "valueless-ness" that leaves society regulated but devoid of a shared sense of purpose. Without a shared vision, we will struggle to confront some of the most critical bioethical threats of our time: climate change, pandemics, and the increasing globalization of health resources. In this paper, we explore bioethics as a lens through which to develop the dual aims of the right and good in society and describe both our theoretical commitments and classroom pedagogy in querying our intuitions about pluralistic notions of justice and shared ends, such as human flourishing, in ideal and non-ideal conceptions of justice.

Radio as a way of disseminating bioethics (082)

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The Bioethics Unit of the Portuguese Royal Hospital developed a radio program on basic notions of Bioethics, to reach the population through the program "Be Light" of Radio Club 720 AM. The program allows the effective participation of the population with doubts or discussion of situations involving the topics on the agenda. The title proposed was "With bioethics you decide better" The content was divided into 5 topics: Introduction to bioethics and the four minimalist principles. The principles were presented through clinical cases of Automony, Beneficence, Non-maleficence and Justice. Each topic discussed by two members of the bioethics committee (health and law). AM RadioClub audience in the state of Pernambuco: Maximum reach 24,000 listeners per minute; average of 6,500 listeners per minute; with a predominance of women (63%) age group +60 years (63%) Social class C (31%) and D/E (57%). The population effectively participated in the theme, answered questions and reported cases experienced in the community. The audience referred to the importance of the topic being discussed on the radio in an accessible and clear way. We conclude that the radio can and should be used as an important medium in the dissemination and education of bioethics.

The digitalisation of socratic teaching (113)

Sengul Celik
University of Mannheim, Germany

The Digitalization of Socratic Teaching The Digitalization of Socratic Teaching is a project supported by Foundation for Innovation in University Teaching. The model focuses on enlarging learning beyond class by providing extra audio-visual materials in addition to classical reading texts. The first aim of this project is to provide more flexibillty and mobility to the learner of bioethics. The core of philosophical courses, is to read a good number of texts beside the main source. So, transferring the reading materials into listening materials will help students to reach these materials even without classical learning conditions of time and place. To read a material one should manage appropriate conditions whereas to listen or watch the same content provide flexibility and mobility. Learners can listen or watch the contents wherever and whenever they want flexibly. The second aim is to present examples of bio-ethical issues that we can encounter in many places in our daily lives with collecting visual and audio media. Socrates helped his students telling them stories, myths, real life experiences and especially by asking proper questions. Learning is easy when you have enough motivation and have supervision with appropriate methods and augmented materials to facilitate learning and encourage discussions.

Bioethics education in the age of the Metaverse (173)

Silvia Ceruti
University of Insubria, Italy

The Metaverse is usually described as a set of collaborative and immersive virtual spaces, where a potentially unlimited number of users are able to interact, regardless of the fact that they do not share the same physical space. Since the Metaverse is expected to be implemented in the near future, a critical reflection on its enormous potentials, as well as on the challenges it poses, cannot be postponed, and becomes even more urgent when considering ethically and socially relevant disciplines, such as bioethics education. The aim of this contribution is therefore to shed light on the implications that the use of the Metaverse might have in bioethics education. To this end, after presenting the origins, characteristics and functions of the Metaverse, and describing its possible applications, benefits and risks, it is argued that the most important argument in favour of its use in bioethics education is that the Metaverse has the potential to offer, through immersive virtual experiences, which are very similar to those of real life, access to knowledge and moral insights that can inform normative debate, without, however, introducing cognitive biases often generated in real life by personal interest in the outcome of the debate.

Education in the XXI century in the context of the war in Ukraine (165)

Boris I. Ostapenko
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Holocaust education continues to have social-political relevance in the XXI century. The war in Ukraine reveals how ideology, propaganda, political circumstances, media exaggerations, intrinsic human passions, and self-interests escalate discrimination and hate crimes. An exploration of existential processes can illustrate how we subconsciously prioritize love or hate, good will or aggression. Competent moral judgment is foundational in preventing recurrent challenges of hate-motivated conflicts and wars. The virtuous qualities of humanity are embodied through spiritual and moral teachings and require an awareness of the beguiling influences of indoctrination and disinformation. Developing one's competence in moral judgment remains an indispensable attribute of Holocaust education. The passion associated with hate typically targets and denigrates those defined as "other". Internalized victimhood may condemn and denounce subservient populations as the disenfranchised blame them as the source of their unhappiness, thus rationalizing the initiation of war. Lifelong human-rights education, which emphasis moral decisioning, can mitigate hate, defend from loathing propaganda, and prevent new incarnations of genocide and destruction of society.

Ethics in medical experiments (016)

Yuval Cherlow
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Medical experiments are an essential aspect of medical progress and are a necessary element for the advancement of patient care. Yet, experiments force us to confront basic ethical challenges. In general, clinical trials are not in the direct interest of the patient whom the test is being performed and there are greater interests at play in every test that far exceeds those of the individual patient. In addition, trials typically bring with them some level of risk, whether it is a clinical trial or even if it is some form of genetic testing. Medical ethical practice must therefore address these challenges by justifying why testers can legitimately approach a patient and ask him or her to participate in a specific test. Ethics must also guide how approval is presented to the patient to ensure they fully understand the nature of the study, the associated risks, and how the trial will be conducted and supervised. International conventions have been adopted on these issues, yet numerous deficiencies still need to be addressed. The presentation will address those areas where there is a specific need to introduce ethical consideration surrounding testing, and focus on the caregiver's responsibility to their patients in cases where medical professionals request the consent of a patient to participate in medical trials, or in genetic testing where individuals are asked to provide samples for analysis. The presenter has served for many years on prominent professional committees charged with reviewing and approving human-based clinical and genetic trials.

Why autonomous surgical robots become the research object of medical ethics (242)

Liang Chen, Yali Cong
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Autonomous surgical robots (ASR) have broken through the traditional surgical robot's man-machine cooperation mode, possessing the characteristics of increasing intelligence and autonomous functions, and have rekindled the traditional vision of replacing doctors with machines. The ethical issues that may arise from this technology have raised academic concerns. However, there is still no relevant research on why this technology can become the research object of medical ethics. Therefore, this paper first explains how ASR technology makes the machine problem return to the medical field through historical logic and points out that the new problems brought by this return include upgrading from the transformation of objects to the transformation of human beings. From replacing ordinary occupation to replacing "profession," the new power of machines will have a significant impact on patients' living conditions and moral relations in the medical field. Secondly, from the essence of technology, the paper highlights how technology threatens the survival interests of patients in essence from three aspects: the uncertainty of consequences, the concealment of crises, and the change of power. Finally, I identified ASR as the research object of medical ethics.

Needs assessment of medical and nursing students towards artificial intelligence in medicine: ethics versus sensationalism (256)

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Background: The introduction of Artificial Intelligence (AI) into healthcare has created sensationalism, potentially deviating the users from analyzing the practical challenges of using such sophisticated technologies to deliver healthcare. In this study, we aim to explore the needs and ethical concerns of medical and nursing students towards AI in medicine. Methods: This survey was conducted among medical and nursing students with a structured 17-item questionnaire using a 5-point Likert scale. Informed consent was obtained from all the respondents. Statistical analysis of the results was done. Results: 70.73% of the respondents were excited about using AI. Most of them were confident that they could list the benefits and pitfalls of AI while more than 60% were concerned about media sensationalism and ethical issues. Most of them were in favor of learning AI concepts and ethics in their curriculum while 52.07% perceived it to be a detraction. Highly optimistic attitudes towards potential topics of interest and importance of ethics were recorded. Conclusion: Use of AI in medicine brings both positive outcomes and challenges. Thus, it is pivotal that education on ethical issues is prioritized rather than creating sensationalism.

A comparative analysis of natural language processing models and ethical decision-making in healthcare (268)

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This study examines NLP models for ethical decision-making in healthcare. An exploratory study used a dataset of ethical decisions from the regional council of Medicine in São Paulo, Brazil (CREMESP), comprising 5,395 published decisions. Most decisions were conditional and unsuitable for our analysis. We selected thirty-nine "yes" or "no" decisions for evaluation by ChatGPT 3.5, a large NLP model chatbot, and Ask Delphi, based on the Universal Commonsense Reasoning Model (UNICORN). Results indicate that ChatGPT accurately predicted 53.8% of the decisions, while Ask Delphi achieved an accuracy of 61.5%. Modifying the ChatGPT prompt improved accuracy to match Ask Delphi's but decreased model agreement from 66% to 38%. Additionally, a non-deep learning model trained for this task achieved an 85% accuracy, suggesting that specialized data-trained models outperform generic NLP models in medical ethics judgment. Ethical decisions generated by ChatGPT exhibited greater alignment with the Brazilian Medical Ethics Code and legislation than those in the CREMESP dataset. Although council delegates possess ultimate authority, AI models provide valuable insights and foundations to support decision-making in the medical field.

Rights and responsibilities of patients in india (299)

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Until recently the laws governing the rights of patients who approach health care system are not specifically codified in Indian legal system. These laws are included in the constitution of India- 1950, Indian Medical council regulations 2002, Drugs and cosmetics act 1940, Clinical establishment act 2010, Indian Penal code and Criminal procedure code. But now, since there was deficiency of a uniform or specific legislation, Ministry of health and family welfare and National human rights commission released a charter of patient rights which draws upon all relevant provisions inspired by international charters and national level provisions. Aim of the document is to promote and protect rights of ordinary patients and citizens approaching health care system in India. To promote the rights, document enlists five responsibilities that patients and caretakers to follow so that health care workers can perform their work satisfactorily. The charter also insists implement charter of patient's rights and grievance redressal. This is to educate and make the public aware what they should expect from the government and health care providers.

Medical ethics in times of crisis fragility of the person and medical ethics during the Covid-19 emergency period (036)

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The pandemic has severely impacted the health system, relying on its main resource such as health professionals, researchers and volunteers, already overwhelmed by their duties and striving for their daily routine. The hospitalized patient has struggled to survive away from the affection of his loved ones while the health worker has dedicated himself to assistance, consciously living the fear of the high and concrete risk to contract the disease. The impact of the pandemic has highlighted the need to rethink community healthcare by reviewing and strengthening the organizational models of primary care and the coordination methods between primary care, hospital care and specialist care. In particular, it has brought out the need to bring health directly to citizens because only by carrying assistance closer to frail and chronically ill citizens the overall response to the various health needs can be improved. Health systems must provide for and build new ways of interacting and participating with citizens by strengthening the perception of transparency, efficiency and public health ethics because the level of development of a health system and accessibility to health care are indicators of the level of development of a country. An approach oriented towards technological progress, ethics and the protection of human dignity are essential conditions of healthcare.

Palliative care in assisted dying permissive jurisdictions: person centred care, autonomy and ethics (231)

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In the upcoming decades, as our life-expectancy increases, more and more people will require palliative care. Simultaneously, 250 million people worldwide live in assisted dying-permissive jurisdictions and in many others it is on the societal agenda. Palliative care organizations have expressed severe concerns regarding the practice of assisted dying in permissive jurisdictions. However, the arguments by the palliative care associations have not been confirmed in opinion papers as well as empirical studies. In the midst of the normative and ideological discussions described above, there is a risk to lose focus of who are most affected: the patients and their families. Person-centred care at the end of life in assisted dying permissive jurisdictions should comprise both palliative care and assisted dying. As far as we know, there are no specific studies that focus on how a request for assisted dying affects the concrete provision of palliative care to patients. I would like to promote future research that: 1- Explores complexities & challenges with Palliative Care & Assisted Dying in practice, and 2- Explores to what extent experiences in practice reflect arguments made in the academic debate.

Organ transplantation in Bosnia and Herzegovina during the Covid-19 pandemic (080)

Igor Milinkovic
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Organ transplantation raises complex legal and ethical issues, which will be briefly explored in the introductory part of the presentation. Particular attention will be paid to the use of the dignity argument in the discussions on the aforementioned issues. The legal framework of organ transplantation in Bosnia and Herzegovina will also be examined. In Bosnia and Herzegovina, the procedure of organ transplantation is regulated by entity laws. The legislation of both entities introduced the so-called presumed consent of organ donors (or opt-out system of organ donation), whereby organs can be used for transplantation after death unless the deceased has expressly objected during his/her lifetime. This model of organ donation was introduced in the Republic of Srpska in 2010 (when the new Organ Transplantation Act was adopted), while the Federation of Bosnia and Herzegovina amended its Organ Transplantation Act in 2017. The experiences in applying organ transplantation laws in BH entities will be analyzed in this part of the presentation. In the second part, the impact of the Covid-19 pandemic on organ transplantation in Bosnia and Herzegovina will be explored. The Covid-19 pandemic has placed a tremendous burden on healthcare systems worldwide, which have struggled during this period to maintain organ transplantation activities. Patients in need of organ transplantation are among the most vulnerable, which made adequate health care delivery for this category of patients even more difficult. The presentation will explore the problem of providing health care services to this category of patients and the functioning of the organ transplantation system in Bosnia and Herzegovina during the pandemic.

Covid 19 different points of view of the same experience in a high complexity hospital in Brazil (085)

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The covid 19 pandemic launched society into a new reality, changing the vital experience of the health/disease reality. In this study, we sought in the reality of a hospital stay to show and identify how each person involved experienced the same event. The patient who had covid 19 serious and was admitted to the ICU, a close family member and the members of the health team involved in the care (doctor, nurse, physiotherapist and psychologist) were interviewed. These experiences at a critical moment of the pandemic and their understanding are important to understand the impact on each individual involved, identify the most important facts, reframe the experience. Points addressed: 1. Perspective of the pandemic and serious illness due to covid 19 considering the principles of bioethics and social responsibility from the perspective of the patient and his partner. 2. Perspective of the pandemic and serious illness due to covid 19 considering the principles of bioethics and social responsibility from the point of view of the team: the doctor, the nurse, the physiotherapist and the psychologist of the pandemic, risk, care and post-pandemic. Pain experienced and lessons learned.

A citic on the Covid-19in-house-lockdown in South Africa based on global bioethical principles (106)

Riaan Rheeder
North-weste University, South Africa

The South African government announced the much-discussed stay-at-home order between 27 March and 30 April 2020 which meant that citizens were not allowed to leave their homes. This study indicated that, though the order was well-intentioned, it was not effective in preventing the spread of the Covid-19 virus. The conclusion is that the reasonable application of article 5 of the UDBHR would probably have been just as effective in preventing the spread of the Covid-19 virus, while the application of article 10 could have reduced unequal treatment or injustice. When autonomy is respected, it gives citizens the freedom to act responsibly. In the light of preliminary scientific information as well as the statements of experts, it is clear that, within the context of Covid-19, article 5 outweighs article 27 as well as the stay-at-home order. Despite the fact that the stay-at-home order was focused on the common good, practical implications meant that people were treated differently in a way that disproportionately affected the health or harmed the poorer community, as demonstrated. In light of this, it could be argued that article 10 of the UDBHR deserved stronger consideration than article 27 of the UDBHR.

Ethical Dilemmas Behind Vaccinations (211)

Christian Garcia
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Public health initiatives focus on the promotion of health and prevention of disease. Vaccines are an effective medical technology in the prevention of disease and have reduced mortality rates. In some cases, vaccines have eradicated diseases from entire populations. However, ethical dilemmas arise when the greater good of society conflicts with individual rights concerning vaccines. The collective good is often used by public health officials to protect the greater society, and this can be argued to supersede individual rights when there are public health issues of uncertainty. Health education enhances an individual's awareness and provides them with information about the risks and benefits of vaccines so they can make educated decisions. This presentation addresses ethical issues that arise from organizations that provide coercive education and medical misinformation that undermine medically informed decision making. Grave ethical implications result when organizations promote medical misinformation. More specifically, based on experiences in rural Honduras, religious organizations in this region often discourage vaccinations and misrepresent scientific information provided by the medical community.

Ethical challenges in ventilator allocation during COVID-19 crisis level care in a low-resource setting, subtitle: who gets the last ventilator? (146)

Lenora Fernandez
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Health crisis-level situations, such as the COVID-19 pandemic, has brought the challenge of ethical allocation of scarce life-saving resources. The problem is heightened in low-resource countries with limited number of ventilators. This article analyzes the ethical challenges in mechanical ventilator allocation during the COVID-19 pandemic in low to middle-income countries (LMIC), such as the Philippines. In low-resource settings, such as low to middle-income countries, the principle of maximizing benefit is tempered with proportionate need focused on the vulnerable population sectors that may have suffered from inequities even before the COVID-19 crisis. The procedural aspect of the allocation decision formulation and implementation should ensure community engagement with solidarity, openness, veracity, transparency and accountability as values to be consistently manifested. Painful decisions will still be made at the frontline on who will receive the life-saving ventilator or not, but, as long as there is transparency and community participation in these decisions, then the decision-makers will be able to live with these decisions without undue burden on their conscience.

A qualitative research on the national AI strategic plans, a comparative ethical analysis (048)

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TOBB ETU University Faculty of Medicine Department of History of Medicine and Ethics, Turkey

Today it is seen that the rapid development if AI technology will continue to accelerate. National AI strategies aim to describe both short and long-term strategies; review the needs, concerns, possibilities, and opportunities; and shape strategic AI priorities and objectives according to the reviewed facts. It is also observed that different countries have updated their strategy documents in the process due to similar needs. The aim of the study is to analyze how each country perceives AI's effect on their nation, to understand how these national AI strategies address the concerns and opportunities of AI, and to determine how each national AI plan draws a solution methodology for the possible AI governance challenges in the future. In this qualitative study, a comprehensive content analysis of ten national strategic plans has been performed by arranging the AI action plan insights, contexts, and ethical issues these strategies address. This arranged information has been used to create codes and categories, and themes. According to the codes and categories we created, we ended up with themes such as AI research, governance/regulation, vulnerability, autonomy, diversity, inclusiveness, transparency, data issues, fair distribution, AI approach, and promotion of national AI values problems.

No place to age in dignity – the ageing prison population in England and Wales (052)

Angelika Reichstein
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Care-homes and prisons are more similar than we might think. While one has been created to look after those that need extra support in the last period of their lives, the other has been created to detain those that have broken the law. And yet there are a surprising number of similarities. Both are staffed with underpaid and overworked individuals and as institutions are underfunded. Yet, in both institutions staff are doing their utmost to help those they look after have a dignified existence. Also, both are struggling with an increase in the ageing population. This paper addresses the issues posed by an ageing prison population by drawing on nine interviews with prison governors in England and Wales. It suggests that the solution is not to turn prison wings into care homes but to rethink the use of prisons for old prisoners altogether. The paper argues that old prisoners, who need a higher level of care and support than the average prison population should be taken out of the prison setting and should instead be housed in secure care homes specifically built for and restricted to prisoners.

Consent and therapeutic misconception in trials for substance use disorder (083)

Susanne Uusitalo
University of Turku, Finland

There is discussion whether people with substance use order are particularly vulnerable for therapeutic misconception in randomized controlled trials (RCT) for treatment of substance use disorder. Therapeutic misconception refers to situations where research participants mistake the research as primarily treating patients rather than testing interventions. Previous research on individuals with substance use disorder indicates lower research literacy with higher susceptibility to misinterpreting study information, misunderstanding what research is and how it is carried out, increased willingness to take risks in research and having external influences on enrolling in the research. In the presentation, I will consider therapeutic optimism, e.g., unrealistic expectations for the medication, as a form of therapeutic misconception and ask whether the research on the perceptions of individuals with substance use disorder of their expectations for the tested intervention (such as a new medication) should also be considered in a contextualized and bounded way. When they report "unrealistic expectations" for the RCTs, their understanding should not be considered merely in factual terms (based on probabilities and facts) but also include the individuals' psychological and social circumstances that may influence their view on uncertainty and risks involved.

Kant, professional autonomy, and moral distress (108)

Jon Borowicz
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Professional autonomy is commonly understood to involve the minimally encumbered institutional capacity to implement professional decisions. How is professional autonomy to be understood, however, in an era of increasing institutional constraints? Kant's discussion of the distinction between public and private reason in his essay "An Answer to the Question: What Is Enlightenment?" suggests an interpretation of professional autonomy for our time. Private reason is the reasoning exercised in a professional capacity governed by contract. As such it is constrained by the contract's terms, e.g., a military officer must obey orders; a clergyman must preach the doctrine of his church. Public reason, on the other hand, is that exercised by the professional in her capacity as a "scholar" in critique of her profession or the conditions of its practice communicated to the public at large. Discussions of professional autonomy have increasingly appealed to the concept of the social contract. Drawing on Stanley Cavell's account of the social contract the paper will argue for a concept of professional autonomy understood as a practice of making public judgments whose effect is to give our own laws to ourselves.

Is there a role for Philosophy in Bioethics? (054)

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In late 2022, a debate arose about the place of Philosophy in Bioethics. Supporting the view that general philosophy and philosophers continue to have an important and meaningful role in contemporary bioethics, proposals were made to maintain fruitful relationships between both disciplines. Opposing this opinion was the view that principles and theories are not applied directly to address specific moral problems, and many versions accessible to nonspecialists would not withstand scrutiny according to the standards of analytic philosophy. It is suggested that instead of using theoretical philosophy, more fruitful frameworks to solve bioethical questions will be provided by philosophy of science or philosophy of biology. In particular, it is proposed that application of theories of communication in the philosophy of language will help to address practical bioethical matters. It is correct that application of a better knowledge of the relations between language, persons using language and the world can serve to deal better with specific bioethical issues. Nonetheless, it is necessary to keep in mind that this approach requires clear and common perceptions of what are persons and the world, that is, it is based on anthropology and metaphysics.

Decisional regret about dialysis options: a scoping review (224)

Ingrid Romero Bispo, Guilhermina Rego
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Background: Some patients with end-stage renal disease may experience regret about which type of treatment to choose and this may lead to poor quality of life. This review aims to map the existing literature on decisional regret about renal replacement therapy and its triggering factors. Methods: The databases PubMed, Web of Science and Scopus were searched using the following terms: "end-stage renal disease" OR "dialysis" AND "regret". Articles published between 2002 – 2022, written in English or Portuguese, were considered. Results: Eleven articles met the inclusion criteria: studies of patients with end-stage renal disease on renal replacement therapy or conservative care that analyzed regret for the decision made. The proportion of regret ranged from 6 to 62%. The mainly factors related to it were the lack of information, a non-autonomous decision and the prognosis of the disease. Conclusions: Decisional regret about treatment in end-stage renal disease is a common feeling and has physical and psychosocial impact on patient life. Strategies such as health literacy, training of professionals in communication and stimulating shared decision-making can increase patient satisfaction with treatment and minimize the burden due to this disease.

Surrogacy in Argentina. Advances and tensions of your practice (067)

Mariana Rodriguez Iturburu
Universidad de Buenos Aires, Argentina

This work allows us to reflect on the current state of surrogate gestation in Argentina, advances and setbacks in terms of legislation. Surrogacy in Argentina is a reality that the law cannot and should ignore. The different judicial strategies and the existence of provision no. 93/DGRC/17 of the Autonomous City of Buenos Aires, which authorizes the registration of those born from surrogacy without judicial authorization and under certain conditions in the jurisdic-tion of the Autonomous City of Buenos Aires, reflects the current state of the practice of surrogacy in Argentina and highlights the problem of the lack of regulation. This situation will only become more complicated if surrogacy is not regulated. Only regulation can prevent clandestine practices, abuse, inequality and the appearance of for-profit intermediators. Registration of a birth that does not correspond with the duly ex-pressly procreational intent of those involved and that, therefore, must be submitted to a judicial process to determine the parental ties, with the implications and consequences this entails, provides little in way of legal certainty that a status like parenthood re-quires. Legislating surrogacy from a gendered perspective to safeguard the rights of the surrogate, will also eradicate any uncertainty with respect to the identity of the child and guarantee the full exercise of fundamental rights for all the persons involved, and, important-ly, ensure the best interests of the child born through surrogacy.

Surrogacy: bodies, substances, and desires on the move. Exploring (non)reproductive trajectories from a bioethical perspective (063)

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In the last few years, studies on reproductive technologies have examined cross-border reproductive care, with a focus on European countries. More recently, and particularly in the framework of the international research project Repro-flows in Europe, North Africa, and Latin America: people and gametes mobilities in the fragmented context of transnational regulation of assisted reproduction and adoption (PID2020-112692RB-C21 / AEI / 10.13039/501100011033) supported by the Spanish Ministry of Science and Innovation, some of us have begun to explore the reproductive mobilities that involve circuits, connections, and countries of the Global South. In many cases, these movements are motivated by access barriers, regulatory restrictions and economic advantages of some of these procedures. This presentation will focus on the narratives of people who become family through surrogacy in Argentina. We seek to understand how the experience of becoming a parent through a surrogate is narrated and what do these stories say about relationships, affection and kinship forged in the realm of new biomedical possibilities. It is expected that the presentation opens up the discussion and promotes situated disciplinary dialogues, recognizing the experiences, meanings and practices that configure new ways of making families and challenge the conventional notions of Western kinship.

Work or vocation? Narratives of California women who have been surrogates (122)

Ariadna Ayala Rubio
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Technological advances, difficulties in international adoption and legislative differences have transformed access to and practices related to transnational reproductive care, developing a market in which genetic material and people with reproductive desires that cannot be fulfilled in their countries of origin circulate (Rivas, Ayala Rubio and Álvarez Plaza, 2022). Transnational surrogacy involves the intensification of the commodification of women's reproductive services (Ginsburg and Rapp 1995) and this is why it raises many complex and controversial questions at the intersection of law, science, ethics and public policy (Willians-Jones 2002; Pande 2014; Finkelstein and Finkelstein 2016). In any case, as Olavarria (2019, in Oehmichen Bazán, 2019) indicates, the emergence of GS "marks a 'before' and an 'after' as far as the structures and forms of kinship are concerned, if one considers that never before in the history of humanity had there been the possibility that the genetic material of some, could be nurtured and developed in the body of others". This conference will analyze the point of view of 16 American surrogate mothers. This exhibition will present the points of view of 16 American women who have gestated for third parties, in order to deepen, from their testimonies, the debates on their own notions of work and autonomy, thus presenting how they themselves position their experience of surrogacy and how they defend themselves against some hostile discourses of society or of some feminist groups.

Is another surrogacy pregnancy possible? Recent scenarios in Mexico (053)

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This paper explores the context of the non regulation of gestational surrogacy in Mexico in the last three years. Through the legislative initiatives presented at the Congress of the Union and the rulings of the Supreme Court of Justice of the Nation during 2021, this work asks whether they contribute to the strengthening of state secularism and to what extent the recent visibility evangelical associations and confessional based parties contribute to this regard. Based on the review of the content of the proposals to modify the Federal Health Law the three main features of the religious perspective are discussed: 1) affirmation of the fertilized egg as a person; 2) rejection of "gender ideology" and 3) the notion of natural family. Given the fact that the twenty initiatives presented since 2011 before the chambers of deputies and senators are in 'pending' status, it is concluded together with medical specialists (Canales de la Fuente 2019) and feminist civil associations (GIRE A. C. 2021) that, despite the fact that medically assisted human reproduction techniques have been performed in Mexico for more than four decades in public and private clinics and hospitals, until now there is no regulatory framework that allows guaranteeing access to this technique, type of care, producing uncertainty, risks for those involved and opening the door to possible acts of discrimination.

Genomic information, health data and research using federated platforms: ethical, legal and societal (ELSI) issues (379)

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Many genomic advances were achieved after the Human Genome Project and very high expectation built for the impact of "genomic medicine". Health genomic data holds immense value and may be used in various ways to improve healthcare outcomes, advance medical research, and optimize healthcare delivery. However before thinking of obtaining "value" from health data it is necessary to responsibly take into account both ethical issues regarding the protection of information holders (users, patients) and the freedom of research of healthcare professionals (medical doctors, scientists, researchers). One of the best ways to achieve this is through the use of federated platforms for health data – a system or infrastructure that enables sharing and analysis of health-related information across multiple organizations or entities while maintaining privacy and security. In a federated platform, the data remains distributed across various sources, but a framework is established to facilitate controlled access, standardized protocols, and interoperability. Through adequate Informed consent and adherence to data protection regulations (e.g. GDPR-EU or HIPAA-US) more respect for fairness, autonomy, privacy and security for information holders may be achieved.

Ethical mindfulness in facing ethical challenges in research with human beings (311)

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The ethical integrity of scientific research with human beings is not restricted to project approval in committees and participant informed consent . It depends on respect to ethical principles throughout investigation process and extends to dissemination of results. This essay aims to assess ethical challenges of research with human beings and possible ways to be followed in order to protect its participants and to guarantee quality, methodological transparency and study ethical integrity. It is based on a critical reading of scientific texts and the author's experience in conducting health research, on sensitive topics with vulnerable populations. The most frequent ethically conflicting situations involve risks of: breach of confidentiality; disrespect for autonomy; losses or new needs to participants; researcher/therapist/friend role confusion; inadequate procedures in the evaluation of research protocols. Researchers must act with reflexivity, be attentive to identifying and resolving ethical conflicts that emerge and anticipate them when possible, to prevent and/or reduce their damage. It is concluded that in scientific research with human beings ethical mindfulness must prevail, to guarantee participants freedom/ dignity and study quality.

Genetic mistreatment of animals (258)

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Animal Law Italia ETS, Italy

Animal welfare is strictly associated with breeding, since in many ways we use animals to satisfy human demands for companionship, beauty, entertainment, research, utility, protection, food and income. Humans cannot ignore ethical considerations when defining breeding goals based on a balance between our demands and the needs of animals. In the specific case of animals categorised as 'companion animals', the selection or creation of breeds, in fact, generates numerous ethical implications. The consequences of genetic mistreatment are particularly serious because they are not limited to the suffering of the individuals and the damage to their owners (who have to deal, emotionally, managerially and economically, with an animal that is unwell or in any case particularly fragile) but are also transmitted from one generation to the next. What we are talking about is genetic mistreatment, i.e. the voluntary or involuntary deterioration of the genetic heritage of animals caused by selection towards traits that are irrelevant or even functionally detrimental to their health. It is a form of 'disease spreading' not of an infectious nature, but of a genetic nature, for which man is responsible.

Banking life: the new dynamics of Informed Consent (320)

Cíntia Águas
Independent researcher, Portugal

Biobanks have evolved over time to become large-scale, permanent infrastructures for biomedical research. Highly skilled professionals, supported by increasingly powerful analytical equipment, manage human biological materials, in increasingly large cohorts, oftentimes associated with sensitive personal information. Supersized datasets and repositories seem the way to go. This truly challenges the core tenets of Informed Consent, traditionally considered the gold standard for research involving human participants. However, is Consent as we know it fit for purpose regarding research on human biological samples and personal data? Does it really inform doners of their role as future research participants, allowing them to exercise autonomy regarding ownership of samples, secondary use, patents and commercial gains, communication of results and sharing of benefits, genetic discrimination or the protection of privacy? Weaim to reflect on how to build understanding and seek permission for the new reality of biobanks, promoting science as a global pursuit, while respecting individual dignity, integrity and fundamental rights: an ethical governance framework for innovative, responsible scientific research with banked samples and data.

Updating of ethical-legal issues derived from the implementation of the Euthanasia Law in Spain (347)

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In Spain, after the approval of Organic Law 3/2021, regulating euthanasia, 370 people made effective the provision of aid to die. Although no sociological study has been carried out to explain the significant difference in cases between autonomous communities, it is very likely that it is due to political and cultural factors. In the workshops organized by the Ministry of Health on April 26 and 27, 2023, the objective of this communication, the Manual of Good Practices in Euthanasia was reviewed, discussing ethical-legal aspects derived from the application of euthanasia, such as the inclusion of psychiatric disease, the acceptance of neurodegenerative disease when previously requested in a living will, the conditions in which the person can be considered capable of making the decision, the limitation of the conscientious objection, the role of nursing in the process, the difficulty in naming physicians in charge of the provision, the establishment of specialized teams, and the deadlines established in the process and its completion. The recent creation of the Euthanasia Information System (SIE) will be essential for the registration of requests, finalized cases and cataloging of the reasons for which the benefit is requested.

The ethical issues of decentralized trials and how to do the ethics review for them (399)

Daniel Fu-Chang Tsai
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Decentralized Clinical Trials (DCT) refer to trials that are conducted through telemedicine or mobile devices and community health workers without requiring the research participants to return to the hospital or the original trial site. Under the global COVID-19 pandemic, decentralized clinical trials have shown their practicality and also helped to improve the insufficient external validity and representativeness of the recruitment subjects of traditional clinical trials. This presentation will explore the ethical issues involved in decentralized clinical trials and propose a framework for IRB review processes. It is hoped that this will help researchers comply with ethical and regulatory standards and better protect the research participants in implementation.

Health Data: analysis through three different perspectives (091)

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Ethical: Since personal data belongs to individuals and these must have absolute control over what and when data is shared, which poses many issues in "health data". For example, to find out what sort of people go to a given hospital you would have to ask for the informed consent of every single person that went to that hospital. This, as we can imagine would be a logistical nightmare. Legal: The legal standpoint on Health Data is different depending on the country. This is due to lawmakers from different countries seeing different solutions depending on the culture, demography, religion, and other characteristics, making the decisions they make very much unique to the country they represent. In Portugal, the legal standpoint is as close as possible to the ethical standpoint but in other countries where the market value of this information is known to be quite high, health data can be bought and sold legally from different agents. Scientist: For a scientist, the solution for data is obvious. Free access to all data available whether it was collected or not for our purposes to be able to posit hypothesis, test those and prove correlations from different areas and contexts.

Opposing the dominance of telemedicine (164)

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As the world transitions due to emergence of new forms of technology and innovation, its application has been seen in various sectors such as education, industries, and even scientific development. Another field where technology has also started to grow is the health sector where telemedicine is being employed in order to cater to the needs of patients. This has been beneficial in some cases where geographical and financial constraints may be alleviated by digital consultations with physicians. However, on its own, it is questionable whether or not this is a sustainable practice that could transform the entire health sector. It is proposed that telemedicine should not be the dominant mode of providing treatment because of its limitations on both the patient and the physician, which can lead to misdiagnosis and delay of treatment. This is due to the issues that it brings in terms of confidentiality, accessibility, and responsibility of the physician. Its harms are even more evident in emergency situations. Thus, this paper attempts to discuss how telemedicine should only serve as an auxiliary mode of providing treatment, and not as the dominant method in the medical sector.

Assessment of e-professionalism of Croatian Doctors of Medicine on Facebook (042)

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The use of social media (SM) has greatly increased among health professionals, making it necessary to investigate it in order to maintain e-professionalism. The objective of this study was to assess the level of and to characterize e-professionalism on Facebook (FB) profiles of MDs in Croatia. Content analysis of FB profiles of MDs in Croatia was performed. Systematic sample was created using the publicly available Directory of physicians in Croatia. Each profile was subsequently assessed, with regard to e-professionalism based on previously published criteria and compared using the SMePROF coding scheme. Only publicly visible content was considered. The sample contained 357 names of practicing MDs. FB profile was identified for 32.5% of MDs (116/357). Among MDs with identifiable FB accounts, potentially unprofessional content was observed for 7.8% (9/116) and 7.8% (9/116) MDs had unprofessional content visible on their FB profile. Results of this research show that even though most of MDs maintain professional content on their FB, there are still those who do not, and it can result in potential negative consequences. This problem could be addressed through education and guidance for professional use of SM.

A scoping review of ethical issues in primary care (302)

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We conducted scoping review of literature to identify ethical issues in primary care and the recommendations for addressing them. The PRISMA-ScR was adopted. Four electronic databases (Web of Science, Scopus, Medline, and PUBMED) were selected/searched for "primary care" and "ethical issues" (including closely related terms) from January to March, 2023. Few additional articles were obtained through hand-searching. Eligible records included were 18. Ethical issues are commonly experienced in primary care and their complex nature could be analysed across key seven themes: (1) issues around comprehension/application of core ethical principles; (2) decision-making and its ethical complexity; (3) interpersonal conflicts; (4) research-related ethical concerns; (5) application of artificial intelligence (AI)/data science and other technology; (6) Covid-19 pandemic and its attendant ethical issues; and (7) availability of clinical ethics support system. Patient privacy, confidentiality, informed consent, clinical decisions, and few other topics recur often across those outlined themes. Ethical issues in primary care are interrelated and these have implications for the practice, primary care clinicians and patients who are at the centre of healthcare.

Brain-hype: discriminating and managing overemphasized brain-based allegations (171)

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Research about our brain's function is today essential for the assessment of the human species and for our self-comprehension. However, since the neuroscientific turn took place in several areas of research, the consequential interdisciplinarity this event created gave birth to a phenomenon that is still in place today: brain hype. We are increasingly overstimulated by brain-based observations, research, and discoveries. But how many of these discoveries are real? And how to discriminate fallacious allegations from valid ones? These are essential questions if we aim to assess and understand neuroscientific research today. Moreover, it seems that these catchy allegations are evident both in journalistic texts and academic ones. Research about our brains and minds is not something straightforward, it is often very specific and difficult to understand without direct involvement in the discipline, therefore it is essential to communicate it in a simple and truthful way, without creating false expectations for the public. Given these premises, this contribution aims to shed some much-needed light on this phenomenon and to give clarity about its boundaries and extension by discussing its repercussions and its origins.

Medical negligence: the paradox of patient autonomy and informed consent (169)

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Patient autonomy is a fundamental tenet of bioethics, along with beneficence, non-malfeasance, and justice. It has become a key factor in the development of the law of medical negligence in the common law jurisdictions, reshaping the doctrines on the duty to inform. This paper reviews recent judicial and legislative developments in the United Kingdom and Singapore that reveal tensions in the doctor-patient relationship. It argues that the concept of patient autonomy, while central to issues of consent in treatment and research, should have a more nuanced role in negligence. The rise of a rights-based approach to torts has elevated the importance of individual autonomy, which has consequences for the doctor-patient relationship. It is argued that a relational approach, respecting the interconnectedness of the doctor, the patient, and family members is necessary to maintain a proper equilibrium between medical beneficence and patient autonomy. Negligence is not about the allocation of rights but the allocation of risks. It rests on the notion of reasonable standards, based on the scope of the duty owed by the defendant and not on absolute standards based on the rights of the claimant.

Applying tort of negligence to AI in healthcare and the role of regulatory guidelines (033)

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Notwithstanding the actual and potential benefits, the use of AI in healthcare may result in harm to patients due to allegedly negligent acts or omissions. How should the principles in the tort of negligence (duty of care, breach, causation and remoteness of damage) accommodate AI innovations in healthcare in Singapore? Whilst the tort of negligence serves as an avenue for patients to recover damages based on ex post liability, the ex ante regulatory framework governs the registration requirements prior to the commercial use of AI medical devices and software. The recently issued Artificial Intelligence in Healthcare Guidelines (AIHGle) (October 2021), a set of non-binding guidelines, complement these regulatory requirements. In addition, the AIHGle cover the roles and responsibilities of AI developers in the design, building and testing of AI for healthcare, and those of doctors and hospitals as AI implementers, raising specific issues concerning the scope of duties and standards. Importantly, they can prompt further reflection and consideration as to how the tort of negligence should respond to patient harms arising from, amongst others, the development processes, the reliance on medical AI decision-making, and the disclosure of AI usage and risks.

The promise in consent: implication of isonomia in biomedical ethics and practice (244)

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Recent advances in genetic analysis technologies have reshaped the ways in which bodily materials are used in biological research, calling for novel perspectives on informed consent. Rapid research autopsies, in which tissues are used for research within hours of death, have acquired renewed scientific significance, and in this context, the concurrence of antemortem consent by the patient him- or herself and consent by the bereaved family is recognized as a basic condition. Such practices challenge the conventional bioethical viewpoint, which emphasizes the autonomy of an individual's choice as the primary measure of the legitimacy of informed consent. Through the lens of political philosophy, this presentation explores the element of promise in consent, suggesting the condition of isonomia as its ground, a principle denoting the equality of political actors. I will further suggest that recognizing the primacy of isonomia along with autonomy will enable us to reconsider the meaning of informed consent in a way that requires us to take not only a consenting individual into consideration but also the community in which such a promise is situated. It will also be suggestive of what such a process of consent entails in practice.

The doctor’s standing for abortionists: a dilemma between conscience and law (290)

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Background: Criminal abortion according to Indonesian law is the termination of pregnancy before 20 weeks of gestation or fetal weight less than 500 grams as a result of deliberation and conscious actions by the mother and the doctor. In Indonesia, criminal abortion is considered a criminal act which prompts anyone (including doctor) with the knowledge to report the conduct to the authorities. This act is contrary to the bioethical principle of autonomy, whether we as the healthcare provider should report those cases or respect the patient decision and not report it. Thus, doctors will always be faced with a dilemma of choosing conscience or law. A 24-weeks pregnant, 24-year-old lady was referred to a regional hospital during the active phase of labor. She purposedly took misoprostol 2 weeks prior to end the gestation. Progression of labor was evaluated according to standard procedure. During managing this patient, the doctor in charge was faced with a dilemma of conscience versus law Conclusion: Criminal abortion is a criminal act and punishable by law. The act of abortion still needs to be studied from various points of (law, religious law, and normative standard).

Healthcare and metaverse: Towards new ethics in nursing? (018)

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The Metaverse can certainly be an important transformative factor in the healthcare sector. It is an environment characterized by the interoperability of virtual worlds, capable of bringing together the physical and virtual dimensions. The Metaverse “is not a neutral environment, since it is operated by algorithmic subjectivities” that can influence situations, interactions, relationships. But the world of the Metaverse needs to be inhabited by values that guide the care action of healthcare professionals and in this case of nurses, to ensure that patients can really make decisions with awareness. In the Metaverse the relationship with the patient is another aspect that should not be underestimated. In a virtual reality, will contact with a virtual patient lead to virtual assistance? Will a “real” respect for the dignity, identity and self-determination of the person be guaranteed? It is therefore important to adopt ethical behaviors aimed at achieving the right balance between the virtual dimension, human dimension and allow the fundamental role of the nurse-patient relationship to be preserved, favoring the continuation of an individual and empathic approach, in accordance with the specificity of the concrete case and the clinical, human individualities of each individual which are the basis of the care relationship.

A cross-sectional study to assess the perceptions of medical and nursing students towards the use of social media in medicine: infodemics and ethics (079)

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Background: In the view of rapid digitalization and widespread misinformation regarding diseases through social media, ensuring the transfer of right information and restoring trust in healthcare systems are critical to protecting public health. Objective: This study aims to assess the perceptions of medical and nursing students towards the use of social media in medicine and explore the ethical issues of infodemics. Methods: We conducted a cross-sectional survey among medical and nursing students of a tertiary care hospital in Chennai, with a 14-item questionnaire to assess their perceptions towards the use of social media in medicine on a 5-point Likert scale. The results were analyzed using descriptive statistics and logistic regression models. Results: The study conducted among medical and nursing students revealed that 90.36% of participants use social media for professional purposes or health information. The survey responses indicated that participants considered social media as an effective platform to share health related information with 64.74% of them agreeing that ethical & legal issues play an important role in determining the usability and reliability of social media in medicine. Conclusion: It is evident from our study that knowledge about infodemics and related ethical concerns is required among healthcare professionals in order to effectively safeguard public health and prevent the escalation of false information.

Trust the doctor, trust the nurse: What is the difference? (276)

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Trust is a fundamental essence of the relationship between patients and healthcare professionals. Doctors and nurses are the most common healthcare providers. Most studies focus on trust only in one category of healthcare professionals. However, trust in doctors and nurses can take different forms. The study aimed to compare the trust of patients with chronic disease in doctors and nurses. The study has a qualitative design. There were 11 interviews with patients with chronic cardiovascular disease, which were analysed by interpretive phenomenological analysis. The study was approved by the local ethics committee and is part of research project VEGA 1/0276/2. Based on a comparison of the group experience themes, trust in doctors was more individualized and reference-based compared to trust in nurses, which was thematised as trust in the group. Common experiences of trust were dependence, interest, willingness to help, and close relationships. Differences in the experience of trust in doctors and nurses can offer a deeper understanding of this phenomenon; formulate specific requirements for establishing a relationship and supporting the patient from the position of these professions.

Nurses' professionalism in practice (277)

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Professionalism is an important feature of the nursing profession. Professionalism encompasses a number of different attributes and these define nursing as a profession. The aim of the study was present how nurses with advanced practice interpret professionalism in practice. The study has a qualitative design. Seven interviews with advanced nurse practitioners were analysed by reflexive thematic analysis. The study was approved by the local ethics committee and is a partial result of a larger research project. The results reflect the way situations are coped in practice. Inappropriate communication with the patient (shouting and the use of profanity, the content of the conversation with unconscious patients, familial addressing of patients), violation of intimacy, and disrespect of the patient's concerns were perceived as a violation of the professional approach. Coping with work in new teams during the Covid-19 pandemic, requiring prompt learning of new procedures and the necessity of mutual tolerance was seen as an expression of professionalism. Dedicated to the project of the KEGA 008UK-4/2021 Professionalism and Ethics in Nursing.

The dialectical character of republican solidarity: the health care system as an example (031)

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The literature on solidarity discusses the concept in oppositional terms: inclusive vs. exclusionary, normative vs. descriptive, confrontational vs. cohesive, communitarian vs. liberal. The present paper presents a popular republican conceptualization of solidarity in the field of health care, that aims to overcome these antinomies without suppressing them. This conception of solidarity is both normative – since it is posed as a good in itself, a reciprocal relation between common fellow citizens – and descriptive – since it stresses the institutional instruments needed to foster solidarity. It is cohesive – arguing that solidarity is an important element of any political community; and confrontational, as it is aware that conflict is inherent to society. It is inclusive, since solidarity aims to the full incorporation of the popular classes. However, it is also exclusionary since the political community inexorably divides between members and non-members. Finally, it overcomes the liberal-communitarian dichotomy. As against the former, considers solidarity as a good in itself, against the latter conceives solidarity as stemming from political struggles and political participation, from the practice of citizenship, not from a common culture. The paper discusses which institutions and policies may put in practice this conception of solidarity in the field of health care.

Factors associated with the utilization of clinical ethics consultation: a view from Saudi Arabia (046)

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Hospital-based clinical ethics consultation (CEC) services aim to improve patient care by identifying, analyzing, and resolving ethical problems. The processes and benefits of CEC have been greatly explored in the Western context. However, little is known about CEC In Saudi Arabia. This is unsurprising; Saudi bioethics remains largely underdeveloped with little training, education, or scholarship. This paper aims to understand the factors that influence practitioners' willingness to request formal CEC services. It is the first study of its kind in Saudi Arabia and addresses an important gap in Saudi bioethical knowledge. Through a survey approach, this study took place over several months at the only medical center where these services currently exist in Saudi Arabia. Responses show that individual religiosity, formal bioethics training, and significant clinical practice abroad were among the factors associated with CEC utilization. Notably, the measure of religiosity proved problematic from an administrative standpoint, something that this paper will also address. It is hoped findings from this study contribute not only to the growth of CEC at this same center, but to CEC in the country as well.

The future of assisted reproductive technologies in China (182)

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There are three pieces of legislation regulating the use of assisted reproductive technologies (ARTs) in China: the Technical Specifications for Assisted Human Reproduction Technology, the Ethical Principles for Assisted Human Reproduction Technologies and Human Sperm Banks, and the Basic Standards and Technical Specifications for Human Sperm Banks issued by the former Ministry of Health. They three form the fundamentals of the legal regime governing the ARTs in China. Under the current national legal framework, unmarried women are not allowed to access the ARTs. In this paper, I discern support for a reform of the current legal regime based on three reasons: 1) legislative conflicts; 2) societal needs; and 3) policy reasons. I ask whether these reasons would be defensible to reform the current legal framework to grant access for ARTs to unmarried women. If the current legal regime on the ARTs ought to be reformed, key concerns include not only why that is so but how can this be done. I will argue that the national legislator should step in and codify the current practice and the legislation made by the former Ministry of Health into national laws which address the problems caused by the current problematic legal framework.

The Tragically Unethical Plight of Farmworker Families in the United States (217)

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Often arriving as illegal aliens, working for wages below the legal limit, and living in substandard conditions, there are in the USA what has been referred to as the "age old open secrets around farmworkers" and their families; they supply the rest of us with the food we need, often going hungry themselves. Agriculture is a $50 billion p/yr industry in California, but a federal survey found that nearly a quarter of the state's farmworkers live below the federal poverty line. Farmworker food insecurity has been endemic. The federal government doesn't keep this data but the Union of Concerned Scientists estimates between 1.1 and 1.9 million farmworkers and their families don't know where their next meal is coming from. Now, extreme weather events–many of which are fueled by climate change–are making matters worse. Massive floods are preventing many from working at all. California needs to extend safety net programs like unemployment insurance to farmworkers, regardless of their immigration status. Last year child labor violations rose unforgivably by 37% in the US for which Human Rights Watch Int'l has petitioned US Congress. "Liberty and justice for all" is floundering.

Agri-food waste valorization as a green strategy of inestimable value for health, nutrition and the environment (153)

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FAO estimates that one-third of the annual food production is lost or wasted. The impact of food loss and waste is not only a socio-economic and environmental issue but also an ethical one since this amount could feed 1.26 billion hungry people every year. While the Green Deal and the 2030 Agenda aim to reduce waste, several research studies focusing on reuse show that lost and wasted food represents an invaluable source of high-value compounds, such as antioxidants, the recovery of which could contribute to achieving the goals of the circular economy approach. The FoodEngLab team of the University of Genoa has optimised the recovery of antioxidants from several vegetable biomasses using different green extraction technologies. The extracts produced are used for functional and fortified food formulation to contribute to the survival and correct development of malnourished children and to counteract human diseases. Furthermore, they are applied in biomedicine (biomaterials; drug delivery systems) and in agriculture (biostimulants). The present paper aims at creating an interdisciplinary discussion on applied solutions, as any of today's global scientific challenges need the joint involvement of researchers from different scientific backgrounds.

Teaching Bioethics, in any case: the World's Columbian Exposition (1893) and the Holocaust as case study for an Intercultural approach (289)

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The presentation explores the importance of diversity of opportunities and interfaith initiatives in bioethics education, showing the power of learning from the Holocaust. In the first section there is a brief mention of an event whose character was not medical, nor political, nor even religious: it was purely commercial. It preceded it historically and the paradox is that, along with commercial transactions, it brought a windfall and a global originality. It was an informal interfaith contact in a world and time that would understand the value of interfaith dialogue decades later and thanks to the Holocaust. The second section emphasizes contemporary actions that can be inspired by these two – unrelated incidents – and give impetus to the dissemination and teaching of the Intercultural principles of Bioethics in areas that even today seem inaccessible. The developing ideas aim to encourage, in any case, multicultural and interreligious initiatives that contribute to the transformation of closed societies into a Global place that gives birth to conscious and aware citizens of the world.

The "peer to peer" education methodology as a strategy for prevention and a chance of learning "different abilities." (196)

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The "peer to peer" education methodology has been implemented and nowadays represents an excellent tool, especially for teenagers that can benefit from it in many ways. In fact, it is quite impressive for this new generation to face in flesh and blood the vivid experiences of their kins, sharing their life and goals, gained through many difficulties. The witness of the victims, survivors in accident cars, caused by high speed, alcohol and other drugs abuse represents a constructive manner of warning about the risks and the consequences of reckless behaviours. Teens appreciate a face-to-face meeting with their kins who can better than any other understand their needs, fears, curiosity and desire for adventure. At the same time, going through pain, trauma, and often permanent injuries shows the incredible resources of human beings in trying not only to survive, finding new aims in order to build a different life, but also developing new abilities and strategy for a life worth living. Not neglecting that this methodology has been sprouting and spreading successfully in multiple, different clinical settings, too.

The "peer to peer" education methodology: a new horizon for future generations (197)

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Children and teen-agers are exposed to multiple solicitations coming from their environment. Adolescence, in particular, is a sensitive time during which teens are building their personality, facing physical and mental growth factors, trying to find their own place in the world. Society offers challenges and risks, playing an important role in this season of life. Each youth tries for the first-time new experiences that can literally change his/her life, in a positive or negative way, being exposed to sex, drugs, violence and bullying like a turtle without shell. The "peer to peer" methodology represents a successful way to prevent the dangerous effects of the aforementioned factors. Sharing the experience of youth of the same age that, for instance, realized themselves using food and alcohol professionally, as sommelier and chef do, showing how learning and working by the right tools, produces a win-win situation. In fact, teens are encouraged to follow these positive examples, enjoying life and the taste of the fruitful products of the Earth, picked in little and healthy portions. Avoiding the bad effects of food and alcohol misuse represents a fundamental part of education that enhances the essence for a happy and healthful living.

Development process of the will to hasten death evaluation scale: considerations for clinical practice (296)

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Evaluating what moves a patient to request for a hastened death (which includes euthanasia and/or physician assisted suicide) is complex, but necessary. The will to hasten death is also a complex and difficult concept to determine and may vary over time depending on the evolution of the disease and/or the capability of the person to adapt to its condition. Therefore, it is essential that a rigorous evaluation is ensured with the help of validated and scientifically based instruments. This evaluation needs to be made in the deep understanding of its will to hasten death and what can motivate a hastened death request. Hence, a new evaluation instrument was developed. This presentation aims to introduce the development process of the Will to Hasten Death Evaluation Scale (WHDES). It is an experimental version containing 29 items. A reflection will also be made on its applicability in clinical practice.

Trends in procedures of reported hastened death cases (319)

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Voluntary euthanasia and physician assisted suicide has been legally performed in several countries. However, little is known about how hastened death decisions are made. According to some authors shared decision-making (SDM) model is the best approach to deal with the complexities of end-of-life decisions. We conducted a study to profile the trends in officially reported cases of voluntary euthanasia (VE) or physician assisted suicide (PAS) and understand the decision-making procedures. An analysis of the official reports from several countries was performed. Patients profiles follow the trends in the literature (majority is aged between 70 and 89 years old, men die more often than women in most countries, most prevalent underlying disease is cancer, most people died at home). Despite the reports providing little information on the decision-making process, we identified that the decision was explored in most countries and states. Also, the supply of palliative care to patients who hastened death differ among countries. The importance of collecting data on this topic worldwide and establishing a firm evidence-base to support professionals' practice is highlighted.

Ethical challenges to informed consent in aged care research (297)

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Human Research Ethics Committees have a key role in ensuring that aged care residents are able to participate in research. Excluding vulnerable populations, such as those living with dementia, can constrain research seeking advances in their care needs. Possible contexts of vulnerability include aged care residents with impaired cognitive function arising from neurodegenerative conditions such as dementia, or psychotic illness, brain injury or other physical condition affecting cognitive function, medications negatively impacting cognitive function, high dependency on medical care and dependence on care providers. Aged care residents with degenerative conditions may experience declining cognition over time, such that they were able to give informed consent prior to data collection but may decline over the time of data collection. Key strategies supporting ethical research participation include ensuring researchers use appropriate processes to determine the participant's capacity to consent, consult with care providers and family members regarding potential participants' cognitive and language needs and regularly re-visiting consent over time to ensure the participant is willing and able to consent to the data collection activities.

What are the main attention points in an ethics review of innovative medical research? A belgian case (185)

Audrey Van Scharen
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Since the legal establishment in 1994 of medical ethics committees in Belgium, increasingly specific legislation regulates medical scientific research and the ethics review. The medical ethics committees in Belgian still have, approximately, the same composition and funding as they had in 1994. Are they still up for the job? What are the main points of attention of medical ethics committees in a review? Is there still room for ethics? What are the 'ethics' in the 'ethics review'? How is the ethics review process different from the regulatory compliance check? Is legal also ethical? To answer these questions, covering a timeframe from 2017 to 2022, 576 letters from ethics committees with requests for additional information to academic or commercial sponsors of CTR or MDR research were analysed. Every question on the clinical part or the patient related documents of the research, like the informed consent forms, by the reviewing ethics committee was categorised in different variables questions. The results of this analyses, approximatively 10.000 analysed questions of the 15 official Belgian ethics committees, have led to important lessons learned and demonstrate the necessity to rethink the role and composition of the ethics committees.

Dead Again? Understanding the 2023 Revisions to the Definition of "Brain Death." (012)

Jim Damron
Atrium Health, USA

Despite society's seeming acceptance of determining death by neurological criteria, "Brain Death" remains controversial. Advances in technology and legal challenges have forced the U.S. and the world to revise their definitions of death. In this dynamic presentation, we will examine the history of "brain death" internationally and identify the significant milestones that caused the revision.

The association between cognitive biases and moral characteristics of healthcare workers and their treatment approach for patients with advanced dementia in acute care settings (081)

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Delivery of palliative care (PC) for patients with advanced dementia (AD) remains low. Previous studies have shown that cognitive biases and moral characteristics may influence patient care through their effect on the thinking patterns of healthcare workers and may affect their decisions when caring for patients. We aimed to determine the association between cognitive biases and moral characteristics of healthcare workers and their treatment approach for patients with AD in acute-care settings. Five questionnaires were administered to 315 healthcare workers, physicians and nurses from medical and surgical wards in two hospitals in Israel: A sociodemographic questionnaire; Moral Sensitivity Questionnaire; Professional Moral Courage Scale; A scenario of a patient with AD presenting with pneumonia with possible six interventions, each given a score from -1 (palliative) to +3 (aggressive), the sum of which is the "Treatment Approach Score"; twelve items assessing perceptions regarding PC. The following aspects of cognitive biases were associated with the treatment approach: representativeness – the agreement that dementia is a terminal disease, appropriateness of PC for dementia; availability – organizational support for PC, apprehension of response to PC by seniors or family, apprehension of a lawsuit; anchoring – perceived PC appropriateness by colleagues, comfort with end-of-life conversations, guilt feelings following the death of a patient, and stress accompanying care. No association was found between moral characteristics and the treatment approach. These findings shed light on non-clinical effects on clinical decisions, which may explain the gap between guidelines and the deficiency in implementing palliation for patients with AD.

Palliative patients autonomous decision-making at the end of life and conditioning factors (135)

Elvira Huerta Andrés
Centre Socisanitari Bernat Jaume, Spain

Introduction: Patients with advanced incurable diseases must face the end of their lives, suffer from multiple symptoms and deal with huge emotional impact. Palliative Care units strive to mitigate suffering in a comprehensive way. Recognize needs and priorities and let the patients participate in their health process should be crucial. It is an ethical right (Principle of Autonomy) and in Spain also legal (LGB 41/2002). Objective: to analyze palliative patients decision-making and influential factors. Method: retrospective study by reviewing Clinical Histories of palliative patients assessed by our palliative care team between 2019-20. Statistic analysis. Results: 105 patients evaluated: 58% male, 42% female. Age: 49 to 99 years. 64% with oncological disease. Older age and cognitive impairment is more frequent in non-cancer patients ($p>.05$). Similar incidence of Delirium in both groups. 61% of the patients made some decision. Significantly higher involvement in patients: – without prior cognitive impairment ($p<.001$) – younger than 75 years ($p<.01$). Conclusions: – Neurocognitive problems directly cause decision-making by other people, usually main caregiver. – Ageism: elderly of 75 years and over hardly participate.

The empathic genesis of the Right to Euthanasia (189)

Luís Fonseca, Rui Nunes
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Euthanasia is an age-old theme that, especially since individual autonomy became the paradigm in health in contemporary societies, has aroused deep reflections and declared dissensions among various socio-ideological quarters. In turn, the relationship between empathy and morality has been addressed innumerable times over recent centuries. Studies and opinion articles present disparate conclusions regarding this topic, above all because a heterogeneous conceptual approach, nebulous and somewhat unsuited to human nature, has prevailed. In this presentation we will argue that, within the respect for diversity as the fundamental axiological axis of democratic States under on the rule of law, empathy is fundamental to respond adequately to the most diverse circumstances in which an ethical-legal decision is pending, as in euthanasia.

"I do not wish even my hater to end up in a nursing home": An autoethnography on the work of formal caregivers in wards for the mentally frail in Israel (225)

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My study aims to highlight the ethical dilemmas related to human dignity and autonomy in the daily nursing care of formal caregivers for older adults with dementia in wards for the mentally frail. This is an autoethnographic qualitative study. The study population consisted of 29 formal caregivers. My reflection is based on 58 non-participant observations (roughly 500 hours) and 20 semi-structured in-depth interviews. The study reveals the difficulties formal caregivers face in dealing with the daily care of older adults with dementia, alongside my first-hand reflexive experiences. Two main themes were identified via content analysis: the difficulties of routine nursing care in the unique climate in these wards and aspects of poor care and abuse. The main conclusion is that long-term care facilities for elderly individuals, and especially the wards for the mentally frail, often remain as sites of social marginalization and an ethical no man's land. The study thereby highlights the need to reexamine caregivers' professional training and the inspection of their work. Accordingly, a proposal is made to change how supervision is done in institutional care settings, with an accent on dealing with ethical dilemmas from a microethical lens.

The Principles of Bio-Ethics and their impact on debate surrounding the Right to Die (221)

Karen Joan Sutton
Griffith College, Ireland

While death and dying are a commonly avoided topic of conversation, the debate surrounding end of life decision-making has intensified in recent decades following the legalising of a right to die for both adults and minors in a number of jurisdictions. At its core, the debate surrounding end of life involves a clash of ethics and values, primarily: respect for the right to individual autonomy and self-determination and respect for life. However, these are only the tip of the ethical iceberg with other ethical implications including: the individual's competence, beliefs and values, the professional and ethical standards of physicians, the impact on society and allocation of resources. All of the foregoing raise further complex ethical questions, many with more than one answer available and often grounded on the moral, religious and personal beliefs of individuals and societies. As more jurisdictions legalise a right to die, the question arises as to extent to which the principles of bio-ethics are considered in the decision-making process and the reality of balancing the principles with the practicalities required in legalising a right to die.

Maimonides Institute for Medicine, Ethics and the Holocaust (065)

Stacy Gallin
Maimonides Institute for Medicine, Ethics and the Holocaust, USA

The Maimonides Institute for Medicine, Ethics and the Holocaust (MIMEH) and the USC Shoah Foundation have partnered to launch The Project on Bioethics and the Holocaust: Using Testimony in Medical and Health Professions Education. The goal of this project is to apply the Holocaust as the historical framework for not only teaching about the current bioethical considerations brought to light as a result of the alliance between medicine and the Nazis, but also to emphasize the importance of the individual voice in medical and health professions education. The Project utilizes the open access book, "Bioethics and the Holocaust: A Comprehensive Study in How the Holocaust Continues to Shape the Ethics of Health, Medicine and Human Rights" as part of the foundation for a multimedia curriculum. In addition, we are creating online modules that correspond to chapters in the book and incorporate survivor testimony and interactive activities from the USC Shoah Foundation's Visual History Archive. Together, these resources serve as part of a comprehensive educational toolkit to assist instructors and students throughout the world who are interested in teaching and learning about bioethics and the Holocaust. We are also working with international fellows to expand the reach of the program.

Music under the third reich (129)

Susan M. Miller
Houston Methodist Hospital, USA

The continued rise of divisive rhetoric reminds us how ignoring diverse voices can contribute to ethical deterioration within a culture. During the 19th century, German music was "considered a sacred realm…floating far above the ordinary world." Unfortunately, insidious echoes of antisemitism vis-à-vis Wagner's Das Judentum in der Musik attempted to link the "idea of Jewish perniciousness to the world of music," and called for the destruction and annihilation of Jews. A subsequent "Law for the Restoration of the Professional Civil Service (1933)" perverted justice by removing Jews from official musical posts. The Lexicon of Jews in Music (1940) and the Judentum in der Music (1935) further identified individuals subject to censorship and genocide. German reverence for music was embedded within daily life. "Classical music… brought out a certain tenderness in Adolf Hitler." Mengele "whistled favorite arias as he selected victims for the gas chambers.." Nevertheless, Hitler's reign created the destruction of opera houses and concert halls while simultaneously murdering musicians and composers in the concentration camps. Although music permitted the SS to maintain a deluded self-image of a refined German culture.

The "Good Death"? Contemporary artists on Euthanasia from Nazi Times to the present (134)

Andrew Weinstein
Fashion Institute of Technology, State University of New York, USA

My paper examines modern euthanasia, which began around 1900 in Germany as mercy killing for the terminally ill, and focuses in particular on its practice and ethical challenges under the horrific Nazi T4 program and then in later medical practice to the present day, as represented in contemporary art. Given the Nazi history, what are we to make of government-sanctioned euthanasia and physician-assisted suicide today? How should we respond to expansions of patient rights in Belgium, Holland, Canada and elsewhere, like those in Germany more than a century ago, that have allowed some people to choose death on account of disability or depression or even guilt that they are a burden on their families or society? How much more is at stake when others make that fateful choice for those people? Artists engaged with bioethics have been called "artist philosophers." On the topic of euthanasia, some memorialize. Some incorporate documentary material to steer clear of imposing totalizing interpretations the way the Nazis did. Some employ dark satire. All of their artworks possess rhetorical power to influence public opinion because, unlike verbal argumentation, artworks ordinarily affect viewers viscerally in ways that cannot be disputed.

Rassenhygiene and the medicalization of social policies in Nazi Germany: considerations for public bioethics (144)

Amanda Caleb
Geisinger Commonwealth School of Medicine, USA

This presentation examines the medicalization of social policies during the Nazi regime as foundational to discussions of contemporary public bioethics and human dignity. The Nazi's policy of rassenhygiene sought to divide individuals deemed to be fit (and therefore members of the Volkskörper) from those deemed unfit, described as Gemeinschaftsfremde (alien to the community). The ability to create such division rested on the medicalization of bodies, actualized in social policies which perpetuated so-called biological difference. Physicians and scientists were central to both the alleged evidence for, and implementation of, racial hygiene policies, making such medicalization manifest. Social policies were informed and strengthened by appeals to medical authority and medicalizations of social and physical bodies: such policies included those created to address so-called deviant behavior, to limit (or expand) access to government assistance, and to deny citizenship rights to individuals. This historical framework will be connected to contemporary public health and policy bioethics and the ways in which medicalization situates the individual as a social problem that needs curing or culling, thereby threatening the foundations of human dignity.

Can to-be-donors and relatives understand death in organ donationafter circulatory death (including euthanized donors)? (002)

Jadranka Buturović Ponikvar
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To-be-organ-donors, relatives and even professionals hardly understand what happens in organ donation after circulatory death (DCD), when normothermic regional perfusion (NRP) is introduced post-mortem. Euthanasia donors represent an increasing proportion of DCD donors in countries with legalized euthanasia. Euthanasia for psychiatric disease is itself controversial, though lung transplantations from euthanized psychiatric patients are reported. Recently, successful heart transplantation from the euthanized donor was performed in Belgium (Tchana-Sato, V, AJT 2022): a 46-year-old donor diagnosed with amyotrophic lateral sclerosis, euthanized by lethal injection. After absence of pulse was detected, the 5-minute »no-touch time« started. Circulatory death was then declared, NRP immediately started and circulation and heart beating restored. During NRP, surgeons blocked blood flow to the brain, ensuring brain death. The donor's heart was procured and transplanted into 65-year female. Such a sequence of death determination may cause confusion. It may seem the patient declared dead is resuscitated to be killed again. Pre-mortem interventions for such procedures may become increasingly complex. Can to-be-donor (including psychiatric patient), candidate for euthanasia, understand such a convoluted definition of death(s) to make informed decision? Understanding the procedure may be difficult even for medical professionals.

From altruism to solidarity: the moral economy of non specified living organ donations in Israel (019)

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Israel leads the worldwide record of living non-directed kidney donations: People who volunteer to donate one of their kidneys to people they do not know. This paper explores this phenomenon by localizing the theoretical question of the tension between altruism and solidarity in the actual structure of Israeli society. Specifically, the paper introduces the work of Matnat Chaim, a non-profit organization of matching donors with renal patients in need of a transplantation. This organization allows its volunteers to select their recipient's background and indeed almost all donations are directed to Jewish patients. The paper enters the ethical discussion regarding this practice, by presenting the stories of the donors themselves and their donation justifications. Drawing upon the Israeli case, of living non-directed organ donations, this paper portrays a nuanced understanding of the connections between altruism and solidarity which digresses from liberal interpretations of these concepts. I conclude by pointing to the dialectics of altruism and solidarity.

Mitigating Human Rights Risks when Interacting with Chinese Medical Institutions & Professionals in Transplantation Medicine (062)

David Matas

International Coalition to End Transplant Abuse in China, Canada

The NGO Global Rights Compliance in April 2022 released a Legal Advisory Report and a Policy Guidance, both under the title "Do No Harm" and the subtitle, "Mitigating Human Rights Risks When Interacting with International Medical Institutions & Professionals in Transplantation Medicine". This presentation would address the content and recommendations of the two publications as well as their implementation, with a particular focus on China. Independent researchers and an international people's tribunal have concluded that China has been and continues to be engaged in the mass, industrialized killing of practitioners of the spiritually based practice Falun Gong through organ extraction. Other victims are Uyghurs in large numbers, as well as Tibetans and House Christians, in particular, Eastern Lightning. The organs are sold to transplant tourists at high prices on demand and to wealthy as well as well-connected Chinese. The Chinese practice of forced organ harvesting is a crime against humanity. The question arises how medical institutions and professionals in transplantation medicine outside of China can avoid complicity in this crime when interacting with their Chinese counterparts. This presentation addresses that question and canvasses existing instances of avoidance as potential examples to follow.

The Ethics of Research on the Recently Deceased & Advancing Organ Transplantation (074)

Bruce Gelb

NYU Langone Health, USA

Ethical and sound research is critical to the advancement in organ transplantation, a field of medicine which must account not only to the patient but also to the organ donor and their families. The paucity of available organs and the number benefit is a key constraint in transplantation and is unachievable in the current era. Numerous patients die every day waiting for an organ. Xenotransplantation and bioengineered organs are the best opportunity to increase the organ supply, yet have unique challenges in clinical research. Current clinical advances necessitate a novel need for human research to assure safety – humans with functioning physiologic systems, yet who deceased, mitigating the risks deemed too high for testing on living individuals. This novel need for recently deceased, brain dead subjects has created a new demand for ethical framework and has posed a new set of ethical questions regarding research in humans. Our protocol takes into account the unique circumstance of death, and the inability of informed consent to be provided by the research subject. Specific screening criteria, engagement with next-of-kin regarding authorization and how communication occurs during the research experiment are critical. We have created a sound and ethical framework to assure appropriate research foundations are followed, with a critical focus on respect, justice, and field advancement in this new ethical arena. This framework has allowed ground breaking research to occur in pig to human preliminary trials in kidney and heart xenotransplantation and are ready for preliminary research in bioengineered organs.

Global Kidney Exchange: A Case Study (110)

Siegfredo Paloyo[1], Michael Rees[2]

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Organ shortage is the major limitation to kidney transplantation in the developed world. Conversely, millions of end-stage renal disease patients in the developing world die because they cannot afford renal replacement therapy–even when willing living kidney donors exist. This juxtaposition between countries with funds but no available kidneys and those with available kidneys but no funds, prompts us to propose an exchange program utilizing each nation's unique assets. Our proposal leverages the cost savings achieved through earlier transplantation over dialysis to fund the cost of kidney exchange between developed-world patient/donor pairs with immunological barriers and developing-world patient/donor pairs with financial barriers. By making developed-world healthcare available to impoverished patients in the developing world, we replace unethical transplant tourism with global kidney exchange–a modality equally benefitting rich and poor. We report the one-year experience of an initial Filipino pair, whose recipient was transplanted in the US with an American donor's kidney at no cost to him. The Filipino donor donated to an American in the US through a kidney exchange chain. Follow-up care and medications in the Philippines were supported by funds from the US. We show that the logistical obstacles in this approach, although considerable, are surmountable.

Ethical Dilemmas Encountered in the Clinic and Physicians' Choices for Action; a Qualitative Survey on Psychiatrists in Turkey (010)

Banu Buruk, Perihan Elif Ekmekci
History of Medicine and Ethics Department of TOBB ETU Medical School, Turkey

The aim of the study is to analyze the ethical dilemmas faced by psychiatrists in Turkey and their action preferences with different ethical analysis methods. In this descriptive-qualitative study, the ethical awareness levels and ethically appropriate action preferences of psychiatrists for ethical dilemmas will be analyzed within the context of different ethical approaches. It is planned to evaluate the responses of psychiatrists to ethical dilemmas they may encounter in clinical practice. For this evaluation, ten cases were created that pointed to different ethical problems. For each case, four possible action choices are defined. Participants will be asked to choose one(s) of these preferences. In addition, a fictional revision that changes the ethical problem universe will be made in each case and it will be asked whether a different attitude from the first chosen one is preferred. The expected result of the study is the necessity of clinical ethics education for psychiatrists.

In the search for a model of legal protection of health against the spread of infectious diseases in the legal systems of selected European countries (039)

Sebastian Czechowicz
University of Łódź, Poland

Infectious diseases have been a clear threat to human health and life for centuries. Nowadays, the experience of the COVID-19 pandemic has led to the development of a worldwide discussion on protecting public health from the spread of infectious diseases. Among the identified challenges, much attention is given to the regulation of national and international laws that should respond to potential threats. In addition to systemic solutions of an administrative nature, attention should also be paid to criminal law regulations, which, by design, are intended to preventively protect human health from disease agents that are transmitted through the fault of another person. We can talk about a number of situations: intentional infection, violation of bodily organ functions, or causing an epidemiological threat. However, national orders vary, and biological pathogens know no national borders, which poses a major challenge. Can criminal law effectively protect human health and life from the spread of infectious diseases? The paper will present the perspective of selected European countries and their legislative proposals. The author will make an attempt to create a model of legal regulation, which can be considered a proposal for the direction of legislative changes in the title problem.

Ethics and jurisdiction. The Belgian case of the savior sibling (060)

Adelheid Rigo, Johan Stuy
Free University Brussels, Belgium

We question whether there is an inconsistency between a recent legal ruling and ethical research regarding the instrumentalization of the savior baby? A savior baby is conceived to save a sick sibling through its suitable stem cells by using preimplantation genetic testing (PGT) with HLA typing. The Belgian law (2007) on IVF exceptionally permits PGT in the therapeutic interest of a born child. The fertility center consulted must assess whether the wish to have children is not solely at the service of that therapeutic interest. If the intended parents consider the savior baby only as a means to save their sick child, and not as an end in himself, an unconditional loved child, the fertility center may not admit them to the PGT/HLA procedure. In legal, professional, ethical regulations and in our own research the 'use' of the savior baby solely as a means to an end, is a central theme. In our research we also tried to detect the degree of the intention to which prospective parents would instrumentalize the savior baby. This quest to avoid the instrumentalization of the savior baby contrasts, in our opinion, with a recent judgment (2021) of the Court in Brussels claiming material damages from the University Hospital Brussels due to an incorrect transfer of embryos during a PGT/HLA procedure. Due to this error, the parents had a healthy twin, but not HLA compatible with their sick child. They finally conceived a 4th child who could save their sick child. The judgment recognized the initial family planning of the parents to have 2, max 3 children. The court therefore awarded a compensation for the material costs that a 4th child in the family entails. We conclude that in this view the 4th child was conceived solely as a means of healing its sick sibling.

Liability for Failure of AI Driven Technology in Health Care Sector (068)

Attila Menyhárd
ELTE Law Faculty / UPS Information Society Institute, Hungary

Expanding use of AI driven technology in diagnostic processes, medical treatment as well as in home care and prevention increases the quality and efficiency of medical services. New risks, however, also emerge that are to be addressed on different levels and in different segments of health care sector. The high level of complexity of the liability issues makes it rather difficult to establish or share liability among the participants. Preparing European AI legislation seems to focus on the producer which can only bring partial or fragmented solutions. Beyond the producer, the operator (e.g. the hospital), the user (e.g. the doctor) and the victim (via contributory negligence) are all players of this scene. Moreover, the legal relationship between the victim and the service provider (or producer or user) can either be contractual or non-contractual which makes assessment of liability even more difficult. In context of liability, there is a need of a new approach as to preconditions of liability, in risk assessment and in risk management as well because it is almost impossible to reveal and to prove compliance with the required standard of conduct or causation. The contribution analyses those issues and evaluates the brand new European AI legislation to be adopted in 2023 (Spring) in this context.

Interprofessional collaboration and health policy: how to tackle the knowledge gap (123)

Marie-Andree Girard
University of Montreal, Canada

Lack of knowledge of the legal framework influence physicians' behavior and can leads to misconceptions hindering efficient interprofessional education and collaborative practice (IPECP), especially regarding scope of practice and labor policy (Girard 2022; Ries 2016; Van McCrary et al., 1992; Hariharan et al., 2006). This presentation will focus on a proposed strategy to tackle the knowledge gap of the law and policy environment (LPE) in all health and social care workers (HSCW). The first step is ensuring that the HSCW education is linked to LPE. Production of health policy affecting HSCW behaviors should be done in collaboration between policymakers and academia to allow prelicensure HSCW education and creation of pedagogical tools. The second step is to include LPE learning in IPECP itself by fostering a teaching content focused on the "common playground". Legal scholars, regulators, policymakers, and HSCW educators should co-create a relevant and complete legal and policy content, covering all five aspects (production, HSCW regulation, structure of care system, liability, conflict management). This content is then implemented in an IPECP approach including all HSCW to foster discussion and learning of common concepts.

Communication in the Care Relationship. A major challenge for medical ethics (369)

Patrizia Borsellino
University of Milano-Bicocca, Italy

Starting from the definition of 'communication' and the clarification of its relationship with 'information', the paper pays attention to the therapeutic relationship model, in which communication is configured as a characterising and unavoidable element, that is, to the anti-paternalistic one. In particular, the thesis is put forward that communication 'not misunderstood and taken seriously' can play a key role in fostering the implementation of practices that conform to the aforementioned model of the caring relationship, and can have a positive impact on a wide range of critical issues that the caring relationship has to deal with. The paper invites us to see in the requalification of the care relationship, of which the communication process becomes a constitutive element, the challenge that medical ethics is facing, not as of today, and therefore, we could say, an 'old' challenge, but today, no less and even more than yesterday, to face and win, in order to face and win the 'new' challenges as well.

Gamete donor anonymity and right to genetic origin (089)

Ana Claúdia Brandão
ADFAS and Real Portuguese Hospital Recife, Brazil

The scientific advances in medicine and the dissemination of the human assisted reproduction techniques had made necessary the imposition of ethical and legal limits to their use, considering the dignity of the human being as the main reason for such limit. These techniques also had caused transformations in the Family Law, especially in the filiation's area. The biologic factor is not the absolute criterion any longer and the affective aspect had become equally important. This is more evident in heterolog assisted reproduction with gamete's donation since genetic origin is not a determinant factor of the filiation. In this context one ethical dilemma that is still fiercely debated in assisted reproduction is whether children born by gamete (egg or sperm) donation should be allowed to have information about the gamete donor. Discussion about a child's right to have identifying information about his or her gamete donor begins with the prior question of whether offspring should be told about the means of their conception. In most jurisdictions there is no legal expectation of disclosure-means of conception is not stated on the birth certificate, and no professional body has any duties or obligations to inform individuals that they were conceived with donor gametes . So the objective is to present the possible conflict between the right to anonimity of the gamete donor and the right to genetic origin of the child and how to conflict between the right to anonymity of the gamete donor and the right to genetic origin of the child and possible ways to solve this conflict.

Heart failure and Left Ventricular Assist Device as a "destination therapy": ethical issues (157)

Domenico Palombo[1], Rosagemma Ciliberti[2]
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The use of the left ventricular assist device (LVADs), traditionally designed as a bridge to transplantation and, today, as "destination therapy" for patients with advanced heart failure, raises complex questions about the clinical and ethical appropriateness of the use of these technologies as well as the timing of their initiation and discontinuation. In particular, the recent clinical trend of anticipating the implantation of LVADs in the absence of a picture of impending prognostic severity makes the cost-benefit balance particularly critical in relation to the impact of LVADs on the patient's quality of life and the severity of possible complications. The reference to the ethical principles of precaution, relational autonomy, proportionality and beneficence urges the need to establish, already in the start-up phase of these devices, a shared interdisciplinary pathway between patient, caregiver, specialist, GP, palliativist able to support patients, and eventually family, in making appropriate informed choices (including advance directives) long before the urgency dictated by the contingent reality. We advocate that University training programs should specifically address the ethical issues of these increasingly widespread interventions.

Fighting the pandemic and fighting during a pandemic: words and discourses on bioethics, between pandemic and war (022)

Lorena Forni
University of Milano – Bicocca; School of Law, Italy

Does the language of war have bioethical repercussions? The question is related both to the continuation of the Sars-CoV-2 pandemic and to the ongoing war between the Russian Federation and Ukraine. This paper will analyse the discourses about the pandemic, which have been marked using the metaphor of war, to highlight the repercussions on public health choices when using non-rational language, such as metaphorical and warlike language. In addition, the paper will analyse the languages used to talk about war itself, to understand how bioethical problems, which arise and increase during a conflict, are qualified and dealt with.

Justice and Access to Health Care for Older Adults in Cianjur – West Java, Indonesia (243)

Puri Swastika Gusti Krisna Dewi, Retna Siwi Padmawati
Universitas Gadjah Mada, Indonesia

With increasing number of older adults in Indonesia, promoting health and well-being of older adults are becoming the priority for many countries. The relation between physical and mental health are become more vital therefore access to health care covering both should be available to all. The aim of this study was to explore perceptions on aging well from the perspective of older adults and their families. This study used qualitative approach and part of a bigger project. Participants are older adults as primary subjects (11), families (9), health provider (2), Religious and leaders (3), as resource triangulation. Data were analysed using a qualitative interpretative thematic approach. Major themes were identified; "Perception of Aging Well", "Access to Health Care", "Important Factors of Religion and Culture", and "Preserving Human Dignity". Aging well means living with their children and focusing on the religion activities but when their children are poor and not registered with national insurance, they do not get access to health care. This study contributes to get a better insight into perceptions on aging well. Vital factors are to be considered in developing strategic health and rehabilitative plans for promoting aging well.

Conscientious objection in health care: access to health care, abortion, euthanasia (422)

José-Antonio Seoane
Universidade da Coruña, Spain

Our pluralistic societies have a duty to protect their citizen's and healthcare professionals´ conscience. The legal recognition and regulation of a right to conscientious objection is one of the answers to comply with this duty. Despite this answer, misunderstandings of its meaning and ethical foundations can lead, on the one side, to a lack of protection of healthcare professional's conscience as well as, on the other, to an ill-founded overprotection of false claims of objection. This paper aims to define the concept and scope of conscientious objection in health care, distinguishing two types: negative conscientious objection, which concerns orders to act and consists of abstaining from performing an action ordered by the rule that violates one's conscience; and positive conscientious objection, which concerns prohibitions or orders not to act and consists in the provision of healthcare treatments or products required by a patient but prohibited by the legal norm. From an ethical, legal and political framework of bilateral protection, the paper concludes that an accountable exercise of healthcare conscientious objection requires to balance professional conscience with other goods and values, assuming that the former will not always prevail.

ABORTION:The unspoken imbalance between the woman and her fetus (038)

Pnina Lifshitz Aviram
Zefat Academic College, Israel

The Unspoken Imbalance Between The Woman and Her Fetus: This article deals with this unexplored issue, the right of the fetus to be born, a right that should prevail, sometimes, over the woman's right to bodily autonomy. Thus its importance. The article does not accept a woman's right to such autonomy up through the stage where the fetus can live outside the womb. My view is that a woman has the right to perform an abortion until 12 weeks and that this argument is valid even if the fetus has a moral right to live and its life has a normative value Fifty years ago, in the case Roe v. Wade, the U.S. Supreme court ruled that women had a constitutional right to choose to have an abortion until the stage of the fetus' viability, invalidating laws in many states that forbade women to have abortions. A subsequent ruling in Planned Parenthood v. Casey provided more detailed protections. Opponents of abortion in the United States did not accept these ruling waged a legal and political struggle for nearly 50 years, culminating on June 24, 2022, when the court issued its new ruling in Dobbs v. Jackson. Dobbs overruled Roe v. Wade and held that the Constitution of the United States does not confer a right to abortion; it therefore returned the right to decide about abortions back to the states.

Jewish Ethics Regarding Vaccination (344)

Tsuriel Rashi
Ariel Universiry, Israel

In recent years, more and more religious communities have been refusing to vaccinate their children, and in so doing are allowing diseases to spread. These communities justify resistance to vaccination on various religious grounds and make common cause with nonreligious communities who oppose vaccination for their own reasons. Today this situation is reflected primarily in the spread of measles and COVID-19, and vaccine hesitancy was identified by the World Health Organization as 1 of the top 10 global health threats. The present article presents the religious and ethical arguments for the obligation within Jewish tradition to vaccinate. Apart from the obligation on parents to vaccinate their own children, it includes the ethical arguments based on Judaism that call for parents to become organized and force schools to refuse to accept children who have not been vaccinated and demand vaccination of those who have not been inoculated.

When Love Hurts: Navigating the Medical and Ethical Terrain in Advanced Dementia Care (227)

Marcia Sokolowski[1], Nada Abdel-Malek[2]
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This is a joint presentation bringing the medical and ethics lenses together to review a challenging long term care resident case. This presentation highlights the challenges we confronted when the substitute decision makers (SDMs) were making decisions that were seemingly not in the best medical and moral interests of the resident. Challenges were heightened when the SDMs did not agree between themselves on care and treatment approaches. Of main concern were issues related to dignity and quality of life. This presentation will highlight some of the processes undertaken to ensure the resident's dignity and quality of life were optimized in tandem with attempting to maintain a positive relationship with the SDMs. A narrative approach was used to explore how we, professionals, family members (SDMs), could collaboratively identify how to best serve the client's interests.

Nursing Students' Perception and Practices Related to Academic Integrity (350)

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Background: Academic Integrity is considered as a core value in any educational system. Nursing, a reputed profession, upholds high moral standards. Lack of integrity in the classroom can compromise acquisition of professional knowledge and skills. Research on academic integrity has identified that the essential knowledge not gained in the classroom can negatively reflect in patient care. Objectives: The purpose of the study was to explore the perceptions, practices and factors facilitating and inhibiting academic integrity among undergraduate nursing students. Method: A qualitative method was adopted to explore the perception and practices related to academic integrity using anonymous survey. Results: The students were knowledgeable about academic integrity and its impact on clinical practice. The students had disclosed various types of academic dishonesty they have witnessed and listed the possible factors which had contributed to it. Conclusion: Recommendations for nurse educators include creating a culture of academic integrity among students and providing an academic atmosphere to attenuate opportunities for academic dishonesty.

Bioethics Reflection: The end of donor anonymity in gamete donation in Portugal (414)

João Proença-Xavier
University of Coimbra, Portugal / University of Salamanca, Spain

The Portuguese Constitutional Court has recently ruled on this matter in the judgement 225/2018 from May 7, 2018, declaring the unconstitutionality, with general obligatory force, of several rules of Law no 32/2006, of July 26: and impose an obligation of absolute secrecy with regard to persons, who were born as a result of medically assisted procreation process, using the donation of gametes or embryos, including subrogated maternity, on the use of such procedures or subrogated maternity, and on the participants' identity in these procedures as donors or as replacement pregnant, also determining that the declaration of unconstitutionality effects should not be applied to the subrogated maternity contracts authorized by the running PMA National Council.

Politics, Power and Bioethics: The case of Medical Ethics in Nazi Germany (162)

Tessa Chelouche
Rapport Faculty of Medicine, Technion Institute, Israel

Medical ethics do not exist in a vacuum, but are dependent on political, social and cultural norms of society. In order to be ethical, medicine must realize its unavoidable political nature. The case of medical ethics in Nazi Germany demonstrates just how forcefully medical ethics, society and politics are intertwined and interdependent. It is mostly perceived that Nazi physicians abandoned or ignored all forms of ethics. But the historical truth is that the Nazi medical profession not only had a very detailed and stringent ethical code in place, but also were the first in the world to teach medical ethics at medical schools. It was precisely this symbiotic relationship between the Nazi medical ethic and the Nazi societal, political and cultural norms that was to lead eventually to the murderous medical programs and in some part to the Holocaust itself. This history should be a formal and integrative part of healthcare student education as it can aid in making health care professional students more aware of their roles not only as ethically aware clinicians but as politically-aware citizens in society. It will also make them vigilant of just how fragile and malleable our professions' ethical code is.

Law, Bioethics & the Holocaust: An Educational Agenda (163)

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No profession in Nazi Germany bore more responsibility for the underlying foundation of the Holocaust than the legal profession. Put simply, German legal professionals drafted, implemented, and 'normalized' numerous laws that degraded/debased human rights. What is less known is that German legal professionals drew inspiration from American race laws, leading one observer to ponder, 'Why the Nazis Loved America.' Yet very few American law students, to say nothing of American law professors, are ever made aware of this. Consequently, American legal professionals do not fully appreciate – nor feel much responsibility for – how American law played a key role in the crimes perpetrated by the Nazi state. US law faculties must confront a profound moral and ethical question: what kind of professionals do we want lawyers to be? It is critical for lawyers to have a moral compass, to have a keen sense of justice and fairness, to be able to ascertain what 'doing the right thing' means. They must learn how the German legal profession enthusiastically collaborated with the Nazis. If 'never again' is to be achieved, then law students worldwide, and especially in America, must come to know the tragic role of the profession in the Nazi state.

The Silvers Fellowship Library: A Novel Resource for Teachers (145)

Matthew K. Wynia
Center for Bioethics and Humanities University of Colorado,USA

By including education on the Holocaust in health science curricula, we better prepare future medical professionals to navigate the complex ethical challenges of modern health care research, practice and policy making. Our presentation incorporates the critical role of bioethics in context of the Holocaust, implications for contemporary medicine, and tools for teaching the legacy of health professionals in the Holocaust. Focusing on the intersection of bioethics and the Holocaust, our resources teach health professions students, residents, and fellows about the ethical implications of the Holocaust, based on the Silvers Fellowship at the University of Colorado Center for Bioethics and Humanities. The atrocities committed by health professionals during the Holocaust have implications for contemporary learners, helping them understand how ethics can change over time; the evolution of modern ethics; and key roles of health professionals in addressing racism, antisemitism, human rights and care for the socially marginalized. Our curriculum incorporates readings, lectures and case studies, reflective opportunities, poetry, art and music, a set of brief videos and a capstone project. All components of this curriculum are freely available.

Teaching Medical Students about Research Ethics and Informed Consent by Considering the Nuremberg Doctor's Trial and the Nuremberg Code (073)

David K. Urion
Boston Children's Hospital/Harvard Medical School, USA

US Medical Students often consider Informed Consent as a primarily legal activity. This attitude is supported through the overt and the "hidden" curricula in medical education. I describe an approach that uses the Nuremberg Doctor's Trial and the Nuremberg Code as means of offering medical students an alternative way of considering research ethics and informed consent. Using transcripts from the Doctor's Trial, students compare activities of National Socialist Medicine with episodes in the history of American Medicine. The US Eugenics movement with forced hospitalization and sterilization of persons purported to be "feeble-minded" are compared with various practices of German Hereditary Disorders Courts. The Tuskegee and Nicaragua STD trials are compared with infectious disease experiments performed at Auschwitz, Dachau and Ravensbruck. LSD administration and nuclear weapons exposure to enlisted personnel in the US Army are compared with cold and high altitude simulation experiments at Dachau. Students discuss the verdicts offered at the Nuremberg Doctor's Trial and consider what comparable verdicts might be rendered over the US trials and experiments considered. They reflect upon how this trial informed the salient position informed consent takes in the Nuremberg Code, and why subsequent codes of medical ethics have placed it in less prominent position.

Knowledge of research ethics among doctoral students at Faculty of Medicine University of Ljubljana (184)

Stefan Grosek, Dusica Pleterski Rigler
University Medical Centre Ljubljana, Ljubljana, Slovenia

Background: The knowledge of research ethics and attitudes towards it should be main concern of those who are conducting esearches in medicine.
Methods: A cross-sectional study about the knowledge of research ethics was conducted using a questionnaire among the first year doctoral students in the program Biomedicine at Faculty of Medicine, University of Ljubljana, during the academic year 2022/2023.
Results: There were 54 out of 57 doctoral students included in the study with mean age (SD) of 29.7 (4.7) years and female doctoral students 66.7%. The number of correct answers out of 39 considered to illustrate students' knowledge on medical research ethics was 31, that is having correct answers on 80% of all the questions. The mean number (SD) of correct answers was 18.9 (5.8) and significantly differs from 31 ($p < 0.001$). The previous experience of the doctoral students in research is significantly correlated with the medical research ethics knowledge even when controlling for age, gender and working place of respondents.
Conclusion: This study clearly shows that the insufficient knowledge about the main questions pertaining to research ethics in medicine exists . The overall knowledge is well below the expected positive answers.

Poetic Reasoning and Character Development (218)

Kristian Guttesen
Directorate of Education, Iceland

According to Rational Poetic Experimentalism (Snævarr 2023), it makes sense to look for poetic elements in human reality, outside of the realm of imaginative literature. This is presented as an alternative to 'searching for truths using conventional methods'. In this presentation, Rational Poetic Experimentalism is explored in an educational context, and its feasibility is measured against the conclusions of my recent PhD project (Guttesen 2022; Guttesen & Kristjánsson 2022, 2023). The findings suggest that there is great educational value to poetic inquiry and poetic reasoning, and that Rational Poetic Experimentalism is an apt tool for fostering creativity, curiosity, imagination, and character development.
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Positioning of professionalism in medical education system: as a discipline education (240)

You Zuo, Zhi Zeng
Peking University, China

Medical Professionalism as the essential disciplinary requirement of physicians serves as a significant component in modern medical ethics, but does not take its independent role in China's medical education system, while related researches often focused on detailed practices instead of a theoretical location of medical professionalism within the medical education system. This thesis argues that medical professionalism as the criteria of value of the healthcare industry shall should claim the same status as professional knowledge and techniques. Based on Durkheim's discussion on the spirit of discipline, this thesis notes that the essence of medical professionalism education is a kind of discipline education, which helps medical students form routine habits, and guides them to agree with the concept of authority, so as to ensure that they can sincerely recognize the value of the medical profession and strictly comply with the profession's norms at the action level. Thus a model is constructed to note special time nodes in cultivation of clinicians so as to integrate professionalism into school and continuing education of physicians.

Opinion of Medical and Nursing Students about Euthanasia: A Sample in Portugal (245)

Vera Martins, Cristina Santos, Ivone Duarte
Faculty of Medicine, University of Porto, Portugal

Euthanasia is the intentional act of providing someone with a quick and painless death to alleviate the suffering caused by an incurable disease that causes great pain. It is a topic that has been receiving increasing interest in Portugal, with public discussion and proposals for its decriminalization. This exploratory study was conducted to determine and compare the opinion of medical and nursing students regarding three ethical dilemmas, using the MCTxt questionnaire. We will focus this presentation on the doctors dilemma in which a patient with advanced cancer and uncontrollable pain asks the doctor to administer a lethal dose of morphine, to which the doctor consents. Students were asked to give their opinion on the doctor's actions on a scale of -3 (completely disagree) to 3 (completely agree). The results show that nursing and medical students have concurring opinions with the doctor's actions in the application of euthanasia (0.94 and 0.66 respectively), although these results are very discreet, which may be related to the fact that it is a divisive topic that raises numerous ethical and moral dilemmas.

Moral Sensitivity in Speech Therapy undergraduate students in Cyprus (206)

Andrie G Panayiotou, Maria Karanikola
Cyprus University of Technology, Cyprus

Moral sensitivity is the ability to recognize ethical challenges and dilemmas when raised, both in everyday and professional life. Within the healthcare setting, moral sensitivity is a core value and a necessary skill in order to both identify "vulnerable" patients and /or family members, and to reflect on professional actions. However, data on moral sensitivity in health professionals are scarce. To be able to quantify moral sensitivity, we translated and validated for use in the Greek language (after permission) the "Moral Sensitivity Questionnaire" (MSQ) developed by Lutzen et al. The MSQ-revised version was used; a short self-administered questionnaire of 9 items covering the three main components of moral sensitivity: sense of moral burden (4 items), moral strength (3 items) and moral responsibility (2 items). The ratings of the items (6 point Likert-scale) are added, with a higher score indicating higher ethical sensitivity. After translation and validation for use in Greek according to standard protocols, the MSQ was administered to fourth year undergraduate students attending the Speech Therapy program at the Cyprus University of Technology. Findings are presented and discussed.

Born to succeed: CRISPR-Cas9 designed babies and the problem of free choice and authentic life (049)

Jelena Dimitrijevic
Faculty of Philosophy, University of Belgrade, Serbia

While choosing their career or life path in general, most individuals tend to include estimation of their natural talents and predispositions, as an important part of their decision-making process. In order to analyze potential impacts of CRISPR-Cas9 on individual lives, I would propose a thought experiment. Imagine a scenario in which parents have told a child that its genes had been edited in such a manner that it has all the genetic predispositions to become a successful athlete? How would that impact freedom of choice and authenticity of child's life? Could one make free choice and live authentically from that point on? And what is it that makes us good at doing something at all: is it love or passion, hard work, or hard-wired talent? On what level and to what extent can genes impact our future career and happiness? I will analyze these questions and offer some answers.

"Ethics in the Portuguese Medical Curriculum" (418)

João Cortes Cardoso, Rita Ribeiro
Associação Nacional de Estudantes de Medicina (ANEM), Portugal

This study, conducted by Associação Nacional de Estudantes de Medicina, assesses ethics education in Portuguese medical schools to emphasize its vital role and address existing shortcomings. Ethics education in medical schools is indispensable for fostering trust, ensuring patient safety, and guiding ethical decision-making. Concerns about the adequacy and consistency of ethics training in Portuguese medical programs prompted this study. We collect and analyze data from all Portuguese medical schools to gauge the extent of ethics integration. Preliminary findings reveal a severe lack of dedicated time on the subject and significant disparities in ethics education, highlighting the need for standardization. The importance of ethics in healthcare cannot be overstated, given the complex ethical dilemmas healthcare professionals face. We plan to collect data in order to further advocate for a standardized, comprehensive ethics curriculum to equip future healthcare providers with the ethical competence vital to modern medicine. Bridging this gap is essential for maintaining patient trust and safety.

When countries decide to link patient care with research – what are the issues? (152)

Mair Crouch
Glasgow University, United Kingdom

"The UK NHS Genomic Medicine Service has been created to enable the NHS to harness the power of genomic technology and science to improve the health of our population. If you're a patient of the NHS Genomic Medicine Service, you may be offered whole genome sequencing as part of your clinical care. You will be asked if you want to donate genome sequence and health data, and/or your sample (blood/saliva/tissue, etc.), for research…."

There is undoubtfully a great deal of potential for good with this approach – there is anincreased ability to identify the genetic changes that have led to an in individual person's condition and the potential for the development of treatment. However, there are concerns around allowing researchers to use the genome data collected by the NHS, along with medical history, for research purposes. They include confidentiality, data protection, consent, privacy and anonymisation.

The presentation will address some of these ethical and legal issues.

Access and sharing of genomic and health data: initiatives and ethics issues (257)

Carlos Almeida Pereira
AICIB – Agency for Clinical Research and Biomedical Innovation, Portugal

Genomic medicine, namely new genomic techniques and their products, have been rapidly developing in the last 20 years all over the world, and it currently plays a central role in the contemporary therapeutic landscape of the European Union, namely in the context of the political decisions in the field of Health. In view of the fact that, both in European and in national terms, several programmes and projects are being designed and implemented bearing in mind the scientific, therapeutic and health care use that can be made of the genomic and health data obtained in this procedures, our proposal is to reflect on some of the most representative initiatives in this field, as well as on the best practices that should be adopted regarding the secure management of data and of its flow processes. Specifically, we propose to analyze the European Project «One Million Genomes», especially its national dimension – the strategy for the implementation of genomic medicine in Portugal («PT_MedGen») –, as well as the «European Partnership for Personalized Medicine». For any of the situations, we will bring forward the plans of approach to the associated ethical issues, in which AICIB – Agency for Clinical Research and Biomedical Innovation is directly involved.

Posthumous Reproduction in Indonesian Law Perspective (194)

Josephine Tobing, Anissa Nuruliza
PT Bundamedik Tbk (Bunda Hospital Group), Indonesia

Posthumous reproduction is human reproduction that involves the embryos of the deceased from husband and wife that are implanted in the wife's womb or another woman's womb in the case of the wife's death. This matter has been questioned recently, due to numerous IVF patients who are widowers wishing to implant the frozen embryo and hope the conceived children will be the consolation for the family, especially for people that have been longing for the baby for a long time. There are many different attitudes and approaches toward posthumous reproduction in the world, since it may collide with ethical, legal and religious issues. The issues involved around the posthumous are the ownership of the embryo, the inheritance, the surrogate and regarding the donation of the embryo. In Indonesia, posthumous reproduction is regulated under Government Regulation No. 61/2014, in Clause 43 (3) which stated excess embryos are prohibited from planting on: the mother's womb if the embryo's father dies or divorces or another woman's womb. To conclude, posthumous reproduction is prohibited in Indonesia. Indonesia protects and upholds the legal and ethics to balance medical technologies and ethics without harming the social and legal construction.

Can Confucian Bioethics Serve as a Foundation to Support Chinese Single Women's Request for Social Egg Freezing? (233)

Zhang Kun
Peking University, China

China currently doesn't recognize request for "social egg freezing" (SEF) by single women.
However, Confucian bioethics, which centers on the concept of "ren" (benevolence) and focuses on human "emotion" and "life," offers an approach to address this issue. Confucianism's emphasis on individual vulnerability, aging, elderly care, and the concept of "sheng sheng" (life begetting life) provides a value basis for individual request for SEF, based on the limited maintenance of individual life and the universality of individuals as human beings. In Confucian bioethics, the individual is viewed as a relational self. Thus, the formal and autonomous request for SEF by single women is seen as a logical deduction placed in a social vacuum, which may lead to the alienation of individual autonomy and requires adjustment of the autonomy of individuals in the context of relationships. The advancements in reproductive technology present additional challenges that require a nuanced approach. Confucianism's focus on the continuation of the family as a whole and the integrity of society prompts us to consider the ultimate goal rather than limit ourselves to the perspective of individual rights, thus providing new ideas for contemporary reproductive ethics issues.

"It's a nightmare": Informed consent in paediatric genome-wide sequencing. A qualitative expert interview study from Germany and Switzerland (151)

Johanna Eichinger, Insa Koné
Institute for Biomedical Ethics, University of Basel, Switzerland

Paediatric clinical care and research has been revolutionised by genome-wide sequencing (GWS, i.e. whole-genome sequencing, whole-exome sequencing). The idea of fully informed consent (IC) has been questioned because of GWS's immense complexity due to the vast number of potential findings, implications, and consequences. This study explores the experiences of geneticists (N=20) working with children in Germany and Switzerland regarding how valid IC in paediatric GWS can be obtained and what challenges exist to achieving it. It provides empirical data from continental Europe which was very limited until now, especially in the paediatric context. Data were analysed employing reflexive thematic analysis. Several interviewees perceived it as impossible to obtain ethically valid IC in the context of paediatric GWS. An adjustment of aspirations from fully to appropriate IC seems to be needed. Key barriers mentioned by geneticists included familial implications, administrative challenges and struggling with nondirectiveness. This concept needs to be put into perspective. Geneticists' suggestions for improvement are crucial as GWS becomes a diagnostic standard in the early care pathways of children.

Institutional trust: some common issues for bioethics and cross-cultural organizational ethics (041)

Daniela Sotirova
Technical University – Sofia, Bulgaria

Trust seems intuitively obvious but it has manifestations which requires knowing cultural norms of trusting. Social attention to bioethical issues can lead to a decrease in public trust in ethical regulation. Accountability and openness may increase distrust in experts. Such kind of "Cassandra problem" can cause unreasonable mistrusting. The question "whom do we trust" cannot have a consensually accepted answer. Trust is becoming an issue not for individuals but for institutions. This paper reveals trust as moral resource and ethical infrastructure. The global pandemic has provided an opportunity for assignments of the role of trust in institutions. By considering multiple perspectives, it is shown that institutional trust is a key factor in risk situations. The experience of remote work needs interpretation through the prism of trust. Studies show that managers cannot clearly distinguish the employees "struggle to trust" and they may be blamed for not working hard enough. Trust should be part of ethics education, presented in a way, explaining cultural nuances between faith, trust, doubt and conviction.

A thin line between life and death: thinking about human condition (056)

Teresa Toldy
Universidade Fernando Pessoa, Portugal

Kristen Dunphy's presentation of TV series "Wakefield" (2020) includes a sentence decisive for my presentation: "There's a fine line between sanity and madness". Every and each chapter of this series starts with a psych nurse standing at the edge of an abyss in the Australian Blue Mountains. Actually, the psych ward where he works is near to that abyss. Sanity and madness are presented as something that goes far beyond a simple clinic situation: they may be considered almost as a symbol of a vulnerability that is common to every and each human being: we are all at the edge of an abyss – the abyss of mortality. And yet, at the same time, the notion that, even when you have to take care of someone, you are also hit by your own fragility results in an interpretation of human existence as a complex web of caring and being cared. Our common vulnerability may lead human beings to be drawn into the abyss of despair or to acknowledge their fragility. My presentation will focus on the awareness of our common fragility as the ground to build an ethics of care.

Our moral duty vis a vis climate change (045)

Chantal Patel
Swansea University, United Kingdom

Globally numerous concerns have been aired around climate change, in particular the global warming effect. The Stern review commented on the overwhelming scientific evidence that the planet is being destroyed by our actions. The Inter-governmental panel on Climate change recently produced its sixth report in February 2022 which raised serious concerns about 'human-induced climate change' and in particular warns of the unavoidable and irreversible damage to the planet. There is consensus that the damage caused will have serious consequences not only to humans now but also to the environment. No discussion on climate change can avoid the moral question whilst balancing science and political considerations. This begs the question as to what should be done about climate change. The first question to address is who is 'we'? The 'we' can be explained as:

1. 'we' as a global humanitarian responsibility to tackle climate change
2. 'we' as a national State to tackle climate change
3. 'we' as individuals in society taking various measures to deal with climate change
4. 'we' as private & public bodies undertaking various measures

In order to answer the 'we' we need to clarify the nature of our moral duty.

Speech-Language Therapy: the contribution to Dignity Therapy (228)

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Dignity Therapy (DT) is a psychotherapeutic approach to address the psychosocial and existential distress of end-of-life patients. Communication has proven essential for its implementation. Participants in DT can be expected to have communication disorders due to the characteristics and progression of their own health conditions. In these situations, the involvement of a third person is essential. Even if this situation can be solved, communication will still be constrained. Like DT, in Speech-Language Therapy, communication is a fundamental component. Faced with a communication disorder, the speech-language therapist (SLT) will develop strategies that allow the person to interact with all communicative partners. Until now, there is no great knowledge about the contribution of SLT in DT. However, it is recognized that this professional works in the treatment of human communication disorders, so it is assumed that he may contribute significantly to this therapy. The patient's ability to communicate is one of the pillars of end-of-life care and autonomy one of the pillars of bioethics. The SLT can empower the patient with strategies to autonomously tell his story, helping to achieve this principle.

Corporate Stigma in Bioethics upon Business Sustainability and Resiliency (058)

Dimitrios Dimitriou, Maria Sartzetaki
Democritus University of Thrace, Greece

Corporate performance measurement has been approached from a variety of disciplinary perspectives within business. Corporate strategies can be developed as a direct function of strengths and weaknesses uncovered by corporate performance measurement. The critical subject of corporate values integration into resilient business strategies has been mainly approached in terms of four distinguished pillars related to clients, employees, business environment, including the compliance with regulatory frameworks, as well as innovation.

Corporate Social Responsibility (CSR) actions and plans aim to assess the interest of stakeholders in different company core values, improve business performance, but also to make decisions that positively affect society, the economy or the environment, trying to act as 'the best citizenship' company. Extensive and dedicated literature review has pointed that business strategies have been mainly focused on the integration of corporate values in bioethics related to clients and employees, with less emphasis given on business environment and innovation aspects of business development towards sustainability. This study deals with the assortment of corporate values in bioethical actions related to sustainable business development. By using a systemic approach, best cases are reviewed and the linkage between corporate values and bioethics is depicted, providing messages to managers and decision makers towards business sustainability and resiliency. Conventional wisdom is to provide a depiction of the integration of bioethics in corporate values and highlight areas of innovation and improvement towards a more sustainable society.

A Comparative Study of the Views regarding Palliative Sedation in Indian and Semitic religions (193)

Bert Broeckaert
KU Leuven, Belgium

Though palliative sedation has been the been the object of often heated societal and academic debates, so far little attention has been given to the specific views and attitudes of world religions regarding this topic. Given the fact that these religions can influence the attitudes of palliative patients and their families and those of caregivers regarding this practice in an important way, it is essential to know what these traditions are actually saying or teaching. The first part of the large study programme (4 PhD students, 4 years) we will present here, will be based on a comprehensive international database and literature review, in which we want to collect and review on a global scale the normative teachings of religious authorities and religious specialists on this topic, supplemented with interviews with leading international specialists. In the second part we will identify, on a local scale (Belgium), leading authorities and specialists in each tradition and interview them about their position regarding palliative sedation and the arguments they develop in this context. The resulting comprehensive comparative study will, on a more general level, provide deeper insight in the way religion and religions approach end of life decision.

Mindfulness and the Human Condition (178)

Hugues Cormier, Hélène Boisjoly
Faculté de Médecine, Université de Montréal, Canada

This presentation is focused on mindfulness as a way of living, as an art de vivre to cultivate gratitude, compassion, ethical way of being, resilience, wellbeing, psychological health, joie de vivre.

Specific simple, short mindfulness exercices will be presented and guided in the session; examples: Breathing Space and Movement in Presence. These mindfulness exercices are part of extensively validated mindfulness programs like Jon Kabat-Zinn', Brown University, MBSR – Mindfulness-Based Stress Reduction; Mark Williams', University of Oxford, Finding Peace in a Frantic World, and Mindfulness for Life; Christophe André', psychiatrist, Paris, 3 minutes à méditer; and Eckhart Tolle, Stillness Speaks. Like air and water, the human condition is inexorably linked to Mindful Presence to life's moment to moment to moment.

Considerations on output versus outcome measurements in Palliative Care (230)

Manuel Barbosa[1], Bethany Russell[2]
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Measuring quality in Palliative Care can be challenging, with significant implications in choosing between output or outcome measures. In healthcare, outputs are used to evaluate the success of a program, but they do not provide a full picture of effectiveness. They only describe the activities of an organization (eg prescription of opioids), while outcomes measure the actual impact of those activities on the target population (eg pain scores). Despite providing useful information, focusing solely on outputs can lead to misguided decision-making and ethical conflicts in healthcare, where output-based financial incentives may lead providers to prioritize certain activities, potentially neglecting other important but unincentivized tasks. In contrast, outcomes provide a more accurate representation of the success of a program. However, some organizations only measure outputs due to a perception that outcomes are difficult to measure.

In summary, not prioritizing outputs over outcomes can ensure that Palliative Care providers deliver the best possible care to their patients. Thus, developing robust outcome measurement methods in Palliative Care is crucial in the near future.

Advance care planning and goals of care discussion: challenges in Brazilian oncology practice (093)

Laiane Moraes Dias, Francisca Rego
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Introduction: Advance care planning(ACP) and goals of care discussions involve the exploration of a person's values, wishes, beliefs and what is most important to each person to ensure concordance between the clinical care received and the clinical care the person wished. Despite their well-established benefits, they are still not frequently performed in clinical oncology practice. This study aims to describe the barriers on performing ACP with patients with cancer from the perspective of Brazilian physicians. Methods. Two empirical studies were performed using The Decide-Oncology questionnaire – a validated instrument to assess barriers to goals of care discussion- and it was applied to medical residents (study 1) and to oncologists from all regions of Brazil (study 2). They were asked to rank the importance of various barriers to discuss goals of care (ranging from 1-extremely unimportant to 7-extremely important). Results: The main barriers on performing ACP and goals of care discussion described were lack of training, insufficient time to have a conversation, patients 'difficulty in accepting a poor prognosis, uncertainty about prognosis. To identify these barriers can help to prioritize the next steps toimprove shared decision-making based on patient's values.

The Applicability the Doctrine of Informed Consent in Traditional Health Practice in South Africa (226)

Chazanne Grobler
University of Witwatersrand, South Africa

Traditional health practitioners are recognised and regulated in South Africa by the Traditional Health Practitioners Act 22 of 2007 (the Act). The purpose of the Act is to serve and protect those who utilise traditional health care services. To fulfil the purpose the Interim Traditional Health Practitioners Council must ensure that the services 'complies with universally accepted health care norms and values' but no further guidance is provided for in the Act. The Act does, however, emphasise that the services are based on indigenous African ideologies and beliefs. The principle of patient autonomy is explicitly promoted and confirmed in national legislation in South Africa. Patient autonomy is central to the application of informed consent which serves to protect users of health care services. Given that informed consent is considered a Western concept aimed at protecting individual rights it begs the question of whether the doctrine is also applicable in traditional health practice to protect those users.Taking into consideration the legal landscape in South Africa, the paper will explore the applicability of the doctrine of informed consent in traditional health practice and the challenges with the implementation thereof.

Understanding and analyzing religious values in Indonesian palliative care practice: An ethnographic study (202)

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Indonesia's current situation of palliative care provision is limited. Patients with terminal illnesses face challenges in accessing palliative care. Islamic values are deeply rooted within Indonesian communities, but their influences in perception and behavior related to palliative care are not yet understood. We aimed to understand and analyze the religious values in Indonesian palliative care practice. We conducted eight months of ethnographic fieldwork. Data collection included observations and in-depth interviews with 49 participants including patients, families, doctors, and healthcare workers. Three important values were found inthis study: ikhtiar (effort), pasrah (reliance), and ikhlas (sincerity). Ikhtiar sometimes clashes with palliative approach, as the family wishes maximum effort in medical care that may lead to futile treatment. Therefore, healthcare workers can face ethical dilemma of whether to fulfil this wish or refrain from doing aggressive treatment. Palliative approach can be easily accepted by patients and families after they reach ikhlas and pasrah. Acknowledging the presence of religious values and their different perceptions can help healthcare workers to better understand and communicate with patients and families.

Implications of the COVID-19 Pandemic on Research Ethics Practices in West Africa (293)

Farah Nabil[1], Amélie Akinshola[2], Benin Assomption Hounsa[2], Benin Aurel Constant Allabi[2], Bénin Magloire Okry[2], Bénin Konaté Lasseni[3], Mali Oumy Ndiay[4]
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The COVID-19 pandemic has presented significant challenges to Health Research Ethics Committees (RECs) worldwide, with distinct impacts witnessed in West Africa. To assess these impacts, the BCA-WAETHICS II project, funded by the EDCTP, initiated a comprehensive cross-sectional study across 15 West African countries during 2021-22. Involving input from 40 REC members, the study scrutinized the pandemic's influence on REC operations, their strategic adaptations, and the resilience mechanisms they utilized. The study illuminates that, faced with the urgency of the pandemic, RECs demonstrated considerable adaptability and resilience by adopting accelerated research protocol evaluation methods and shifting predominantly to online ethical evaluation sessions. However, it also underscored continued neglect of gender and sex considerations in REC protocol evaluations, despite the pandemic exacerbating health inequalities. This neglect was primarily attributed to a lack of sufficient training and adequate tools to address these aspects effectively. The study highlights a critical need for adaptive, resilient, and genderaware strategies in RECs, accentuating their vital role in managing health crises and promoting equitable health outcomes in Africa.

Military Humanitarian mission across hostile border (321)

Tami Bader
Kaplan Medical Center & Herzfeld Hospital, Israel

Starting from February 2013, and for more than three years, the Israel Defense Forces- Medical Corp (IDF-MC) has provided medical care to injured victims of the ongoing civil war raging in neighboring Syria. Initial medical care to these casualties was provided by Role 1 medical teams stationed at the border. Further treatment was given at the beginning at the Israeli military field hospital built at the Israeli side of the borders and later on at the civilian hospitals at the north part of Israel, especially the Galilli hospital at Naharyia and Ziv hospital at Zefat. More than 6000 Syrians including men, women and children were treated by our teams and the lives of hundreds of them were saved. For the first time we had this unique opportunity of establishing a humanitarian mission across a hostile border for saving lives of people from a country considered as an enemy. Our teams both the military and the civilian ones treated these casualties in a very professional way without any hesitation exactly like they would treat any other case.

Ethical Issues in Epigenetics Research – The Precarious Concept of "Maternal Care" in Behavioural Epigenetics (222)

Courtney McMahon
Monash University, Australia

Recently, scholars in the social sciences have argued that a narrative of maternal responsibility is emerging from epigenetics and related fields studying "maternal effects," and that this narrative has worrisome ethical implications for women, mothers, and pregnant people. I explore this concern further with regard to the field of behavioural epigenetics. Behavioural epigenetics research is linking the degree of "maternal care" received by rat offspring to later-life stress sensitivity. Despite behavioural epigenetics studies mostly having been conducted in animals, this research is increasingly being accepted as a model for human development. Focusing on several highly cited studies, I examine how the concept of maternal care is discursively and experimentally constructed in behavioural epigenetics research. By obfuscating vital differences between rodent and human contexts of care, I argue that behavioural epigenetics researchers both assume and reinforce stereotypically gendered ideas about (human) mothers and their responsibilities. Insofar as these studies make "maternal care" a valid epistemic category, they exclusively responsibilise mothers, women, and pregnant people for the health of their offspring.

A forum for big questions – the current work of the German Ethics Council (324)

Nora Schultz
German Ethics Council, Germany

For the past 15 years, the German Ethics Council has been tasked by federal law „to address questions of ethics, society, science, medicine and law and the probable consequences for the individual and society that result in connection with research and development, in particular in the field of the life sciences and their application to humanity". Here, I present the Council's recent work, which has focussed on three topics: (1) the numerous ethical challenges raised by the Covid-19 pandemic, (2) assisted suicide and suicide prevention; and (3) artificial intelligence. I showcase key findings and recommendations from the Council's publications on these three issues and also offer a preview of the topics the Council is currently working on, including climate ethics and concepts of normality.

Human Nature and Genetic Enhancement Technology: A Philosophical Analysis (241)

Vineeta Jawla
University of Delhi, India

Human Nature and Genetic Enhancement Technology: A Philosophical Analysis Genetic Enhancement Technology is a kind of method to enhance an organism at the level of psychological, physical and cognitive. This technique is used to make modifications and recombination of DNA of an organism. For examples- Designer Babies and Gene Manipulations. The initial purpose of this technique is to eradicate genetic diseases i.e. inheritable diseases. However, in the present time, transhumanists believe that this technique should be used for enhancing human beings beyond the normal level. In this presentation, I want to explore and analyse the ethical dimension of the use of genetic enhancement technology. Some bioconservatives believe that we should not use this technology to enhance human beings beyond the normal level because it may alter the human nature. In this presentation, I want to analyze some important and significant ethical questions such as- What is human nature? Is it possible to change human nature via genetic enhancement technology? If it is possible to alter human nature then why is it morally wrong to alter it for betterment of human beings?

Perfect and imperfect duties of the pharma industry to help rare disease patients (278)

Anthony Raphael Gatt
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The pharmaceutical industry decides which rare disease is to be researched and developed as well as choosing the pricing strategy of the orphan drug. Hence, the pharma industry is the most powerful player since it has the keys both to the availability and to the accessibility of an orphan drug. In the Metaphysics of Morals, Immanuel Kant speaks of two duties, perfect and imperfect ones, and makes a clear distinction between them. Although universalisation is a canon for both duties, there are subtle differences between the two. The shareholders of a pharmaceutical company own the company through a legal contract. The managers of the pharma companies have the responsibility to utilise the company's resources to maximise the shareholders' wealth. While the duty to honour contracts corresponds to a Kantian perfect duty, pharma managers and companies have another duty, an imperfect one, towards the patient with a rare disease. This imperfect duty of beneficence arises from the concept of finitude. Finitude is a sort of connective tissue linking the four faces of human experience: fundamental needs, vulnerability, precariousness and dependency. Woven together these features of human experience capture the finitude of rare disease patients.

Reprogramming the heritable genome: Ethical and Legal Issues (005)

Marisa Almeida Araújo
Lusiada University, Faculty of Law, Portugal

DNA editing, and the massive solutions of CRISPR-Cas9 technology for example to reprogram the heritable genome are seductive, mainly in the new technological era were human beings and machines are being prepared to co-exist as two intelligent beings. The timeliness and importance of the subject requires us to focus our analysis considering the different queries raised by the topic. In this discussion, more than ever, human dignity is the ultima ratio criteria of legitimacy and control to the balanced composition of Human Rights , e.g, ientity and integrity, on one hand, and reproductive autonomy on the other. We focus our discussion in the queries raised by biotechnology, in particular gene editing for the purpose of human enhancement, and address the criticism that labels it as a new modern form of eugenics, with non-reversible impact on personal integrity, identity, and human nature itself of the edited, and assess, in this matter, the imperative of generational responsibility.

Journalism Ethics in the Era of Fake News and Disinformation (305)

Alonit Berenson
Zefat Academic College, Israel

The meanings of ethics and credibility in press are becoming more and more topical in an era where the share of online media is expanding. It is possible that from a conceptual point of view, existing ethical issues in the media creates conditions for the formation of new types of issues. It should be noted that the Internet is increasingly taking a central place as an arena for the transfer of information. Some believe that Internet motivated journalists to adhere to reliability and ethics since it freed the need to chase the latest headline. The source of the threat does not come from among the political, governmental or "capitalist" system as was customary in the past, but from the Internet users. Users have become active commenters who specialize in interpretation and obtaining alternative sources of information through the talkbacks and blogs against articles about violations of ethics, unreliability in information. In this way of delivering press-like information taken from various sources, and published through independent websites, it is easy to blur the lines between facts and rumors in relation to disinformation and fake news.

Symposium: Bioethical debates around human diversity (008)

Elizabeth Beatriz Ormart
Universidad de Buenos Aires, Argentina

From a human rights and bioethical approach, respect and recognition of diversity constitute the basis for equality and non-discrimination. By definition, subjectivity is linked in the historical modes of production of the subject. Following Ana Maria Fernandez (2008), it is inscribed in the historical modes of the subject, in their identifications, ideologies, values, desires that are established in relation to the world we inhabit and that needs the other as an inescapable reference. Subjectivity is therefore a result of linking and cultural. Graciela Morgade and Guillermo Romero propose sexuality as a constitutive dimension of subjectivities that is always present, so that education must guarantee that all interests, including pleasures and desires, are addressed transversally in the school environment (Romero and Morgade, 2019). That is why we emphasize that education has a key role in the process of building a pedagogical order.

Family diversity and assisted reproduction techniques: reformulating linkage (264)

Consuelo Alvarez Plaza
Universidad Complutense, Spain

Research question: How to name the connections between assisted reproduction techniques and the participation of third-party donors and/or surrogacy? Justification: Although genetics is not essential to build kinship, it constitutes an important basis for explaining, justifying and conceptualising family relationships, identities and belongings in Western societies, where the principle of exclusivity (genetics) has great value. When assisted reproduction techniques include the participation of third parties (surrogacy and/or donors), and when this exclusivity is lost, situations of multiparenthood are generated. These situations create confusion and there is no appropriate terminology to define some connections between fathers/mothers, pregnant women in surrogacy, gamete donors and offspring. Methodology: Interviews with families (124), adult children (3), surrogate mothers (25), sperm (39) and egg donors (69). Multi-sited ethnography, including Spain, Portugal, Denmark, Georgia, Ukraine, and California, during various periods from 2002 to 2022. Results & conclusions: The language of kinship is very useful to define linkage with donors and surrogate mothers. Otherwise, multiple parenthood and coexistence of genetic and/or biological fathers.

Surrogacy: Diversities in attachment and care in women who gestate for others (006)

Mariano Beltrán
Autonomous University of Barcelona (UAB), Spain

Surrogacy forces us to rethink questions of attachment, affection and instinct in the role of motherhood and challenges questions as diverse as whether the prenatal maternal-filial bond is universal or whether the gestating woman should be the mother of the baby (Teman and Berend, 2018). The separation of gestational and maternal roles inevitably places us in a different ontological place in terms of gender mandates and the diversity of bonds and affections that can be generated around a birth. Understanding gestation as a universal event (and therefore identical in any woman) makes women interchangeable and, therefore, denies the diversity of their subjectivities, realities and narratives. How does the pregnant woman bond with the baby? What bond does she establish with intentional parents? Some contributions are presented for what must necessarily be a complex debate in which the construction of affections, bonds, needs and desires of women who carry for others becomes central.

Bodily diversity and transhumanism (223)

Marc-Abraham Puig Hernández
Universidad Autónoma de Barcelona, Spain

Transhumanism puts us in front of the conjunction of the human being with technology until in a new way of living. Although the relationship between the human with technique and with technological knowledge is as old as history itself, transhumanism tries to propose a new scenario where the human is surpassed. Experiences, relationships or even life itself will go beyond what is purely human, those things will simply cease to be the same. In particular, the horizon that transhumanism attempts to establish is specified in the corporeal, namely, in the formation of a subject that combines organic and technological parts. As we have examples in which a human being has technological parts (e.g., a pacemaker), we must delve into that "something else" that represents the cybernetic subject advocated by transhumanists. Are there moral reasons in support of creating a new type of subject different from human beings? If so, do these reasons confront other foundations of subjectivity? In addition to these questions, we can imagine these new subjects were a reality, and in that case, what kind of treatment should we have with each other?

Disability and psychoanalysis: perspectives of a possible encounter (260)

Maria Gloria Fernandez
UDEMM, Argentina

Dated in 2001 and prepared by the World Health Organization, the International Classification of Functioning, health and disability, defines the latter as the result or the effect of the negative interaction between an adverse health condition of the person, in relation to their activity and participation, immersed in contextual factors. In other words, disability is no longer an exclusive attribute of the person, but rather takes into account the presence of the environment, the context and its elements. Within these components of the environment, which take into account the physical, social and attitudinal environment in which people live and develop their lives, the psychoanalyst, classified as a health professional, is immersed as a figure who from his actions can facilitate or hinder the subjective deployment of the person with disabilities. The attitude is defined from the dictionary as the way someone is willing to commit or act. In this project it will be defined as the thoughts, emotions and behaviors that may have a negative or positive influence on the performance or achievement of the person with disabilities in their environment. Being able to account for such psychic elements from the figure of the psychoanalyst bases its relevance.

Medical and Nursing students attitudes towards the ethics of DO NOT RESUSCITATE orders: A Cross-sectional study (078)

Sreenidhi Prakash, Krishna Mohan Surapaneni
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Background: The attitudes of medical and nursing students towards the ethics of Do Not Resuscitate order warrants empirical investigation because as tomorrow's healthcare professionals they will be confronting circumstances which requires them to discuss about Do Not Resuscitate orders with patients and their kin. OBJECTIVES: This study aims to determine the attitude of medical and nursing students regarding the ethical aspects of Do Not Resuscitate orders. METHODOLOGY: To this aim, we conducted a cross-sectional study among medical and nursing students. A five-point Likert scale was employed to evaluate the attitudes of the students towards the ethics of Do Not Resuscitate orders. RESULTS: The study findings revealed that 50.78% of the study participants find it difficult to talk to the patient or their family about DNR. 75.78% of the participants expressed their wish to get a better understanding of legal ramification.

I'm not a guinea pig! (167)

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Imagine being hospitalized. A group of 10-18 medical students examine you throughout the day. During the examination, they find a painful condition, and so, all students will provoke and exacerbate your pain. Where is your dignity as a patient in this scenario? According to the portuguese Code of Ethics for Medical Students and the Code of Medical Ethics, patients' consent should be obtained for any activity involving medical students. It is, however, common to assume consent in emergency, consultation, and ward settings, sometimes leading to biased consent requests and discomfort if denied. In this context, teachers and supervisors play a crucial role in ensuring respect for patient dignity and teaching medical ethics. It is their responsibility to raise awareness about ethical norms, provide examples, and ensure compliance, as students fear reprisals for pointing out incorrect attitudes. The lack of respect for patient dignity negatively impacts the patient-doctor relationship and erodes trust in the healthcare system. Therefore, medical ethics should be taught from the beginning of medical education, not just theoretically, but also in a practical transversal way. This approach ensures high-quality healthcare and respect for patient dignity.

Bioethics in medical education in the face of conscientious objection C.O and the legal right to abortion (117)

Cristina Helena Ferreira Fonseca Guedes
UNICID, Brazil

Introduction: Conscientious objection C.O in legally established acts is a fact in several countries and in Brazil, the Penal Code (1947) establishes that it is not a crime to perform abortion in cases of pregnancy resulting from rape and risk of maternal death. In the cases provided by law, the right to abortion is subject to the pregnant woman's autonomy and the principle of non-maleficence, and the pregnant woman must decide. The debate is valued in medical education, so that the student reflects on: conscientious objection of the physician and the rights of the pregnant woman. Objective: To discuss how students behave when faced with C.O in a medical school in São Paulo state. Casuistic and methods: we followed 210 fourth-semester students in the Bioethics Skill. The topic was discussed with all the students. In the test, students were asked to comment on what was expected of them in the case of legal abortion (whether they performed the abortion or used conscientious objection and refused the procedure, referred the pregnant woman). Next, everyone received a case that simulated C.O in a non-medical, but rather a student situation that sought to stimulate thinking. Results: in the majority, the students answered very well the question about abortion alleging autonomy of the pregnant woman or alleging medical refusal by C.O; the opposite occurred, where all the students believe that the teacher should be required to solve the case, thus avoiding failure and damage to the student's academic life. After the test it was possible to observe anguish in the speeches in which students perceived themselves as incoherent when the question was internalized in a personal way. Conclusion: the discussion about C.O and cases provided by law should be improved in the classroom.

Knowledge and Attitudes of Medical and Nursing College Students Towards Bioethics In India: a Cross Sectional Study (077)

Sarikasri.S, Krishna Mohan Surapanen
Panimalar Medical College Hospital& Research Institute, India

Bioethics is the study of ethical, social, legal and moral dimensions of health and biological sciences related context. Healthcare professionals must be highly knowledgeable about bioethics, but most Indian colleges do not include this subject in their curricula. A cross-sectional study was conducted among medical and nursing students in India to assess their knowledge and attitudes towards bioethics. A structured questionnaire focusing on the history of bioethics, knowledge about the principles, attitudes towards care of patients, and the importance of bioethics was distributed to 362 students.A 5-point Likert Scale was used to assess the responses. The results of 333 students were analyzed.47.75% students know the principles and 36.6% were aware about the history of bioethics.34.23% agree that it is not important to disclose all the information to the patients regarding their treatment.54.05% strongly agree that bioethics is extremely important in education and 50.45% agree that it helps in addressing contemporary ethical issues in healthcare practice. The results conclude that students have good knowledge and attitudes towards core values of human life and provision of treatment but not regarding the significance of patient autonomy, transparency, and legal responsibilities of healthcare professionals which show the need for bioethics teaching in undergraduate curricula.

Student volunteering in a hospital in the shadow of the Covid-19: the motivations, the barriers and the experiences (021)

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In recent years, governments encourage civil behavior among young people, and volunteering has emerged as one way for this process. In the fifth wave of Cofid-19 pandemic, the wide spread of the Omicron (B.1.1.529) coronavirus variant rapidly increased the number of healthcare personnel (HCP) absenteeism. In light of the staff shortages, some medical institutions have relied on a volunteer workforce of students. Aim: This study aimed to examine motivations and experiences of the nursing students in their volunteering at a general hospital in southern Israel under the Covid-19 pandemic. Methods: This qualitative study collected data using a personal semi-structured in-depth interview among 20 nursing students, who volunteered in a large hospital during the fifth wave of the Covid-19 pandemic. Results: Analyzing the contents of the interviews showed that personal and professional values influenced the students' decision to participate in the volunteering project. Conclusions: This study findings emphasize the importance of education for volunteering as a community and professional value. We believe that nursing student volunteering is a health-promoting activity that facilitates the relationship between therapist and patient.

Bioethics in Public Health (141)

Daniel Lucas
ETH Zürich, Switzerland

The COVID-19 pandemic has brought to light the need for expert guidance in times of great uncertainty. From the early onset , virologists and epidemiologists have been guests on talk shows, were asked to give interviews for newspapers or hosted podcasts. Besides their expertise in their fields, they were also asked how the public should behave or which policies should guide political decisions. While medical expertise is of undisputed importance in forming political decisions in times of a medical crisis, and experts in their particular fields are indispensable to come to informed decisions, virologists and epidemiologists are not necessarily good policymakers on a societal scale. Breaking down a medical state of emergency, just like the COVID-19 pandemic, to mere medical facts regarding the peculiar threat – e.g., the coronavirus – does not suffice to make widely acceptable and morally persuasive decisions. I argue that bioethicists joining the public debate more prominently will be helpful to in a) making the right policies and b) successfully communicating these policies in pandemics and events alike. Bioethicists, while they may not be medical experts per se, can give a transdisciplinary approach to health policies that mere medical cannot.

Health Students' Status: a way forward students' access to clinical data? (417)

Vasco Cremon de Lemos, Rita Ribeiro.
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Considering the specific challenges and characteristics inherent to clinical teaching, the Health Students' Statute aims to consolidate a set of rights and duties associated with the attendance of healthcare students clinical teaching (medical, nursing and dental medicine students). Firstly, it provides a framework for equity of rights between students and healthcare providers in practice, in the activities that justify it. For example, the access to personal protective equipment, the early access to best practices and safety standards from various services and the access to vaccination against seasonal diseases, when exposure justifies it. Secondly, it aims to materialize a set of rights and responsibilities to which students are bound, notably concerning professional confidentiality and the defense of patient dignity. This allows a legislative context that, recognizing the public interest of healthcare teaching in clinical settings, designs, amongst others, access to patients' clinical process itself (medical history, physical examination, and relevant complementary diagnostic methods, within the access standards followed by healthcare professionals and defined at a higher level).

Homicultura: The Complicated History of Eugenics and Public Health in Cuba (147)

Davis Schultz
Georgia State University, USA

This presentation provides insights from my thesis paper which builds on the existing scholarship regarding early Cuban eugenics, focusing on one of the earliest formal expressions of eugenic policy in Cuba, Homicultura by Eusebio Hernandez and Domingo Ramos. My thesis posits that the framework Hernandez and Ramos develop in Homicultura built directly on the public-health oriented pronatalist puericulture movement in France, and contributed to a less radical and less explicitly racist theoretical foundation for future eugenic policy advocates in Cuba. My research highlights the French influence on Cuban eugenics, exploring the conceptual persistence of French eugenic themes during the later period of American influence on Cuban eugenics. I explore the connection between Homicultura and the explosion of public health reforms in Cuba in the 1910s. In recognition of the explicit support of the Cuban Department of Public Health and Charities, this paper focuses on the Children's Hygiene Service and the legacy of its policies in Cuba through the middle of the 20th century.

Evaluation of Research Ethics Committees in the Kyrgyz Republic (220)

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Ethical review of research involving human subjects is gaining momentum in the Kyrgyz Republic, with the establishment of the first Research Ethics Committee (REC) at the National Center for Cardiology and Therapy in Bishkek in 1996. This study aimed to evaluate the practices of nine RECs in the country through qualitative and quantitative data collected from REC chairs (n=7), researchers (n=11), and REC members (n=33) format from March to June 2021. The findings revealed several challenges, including limited language proficiency among REC members, lack of local regulatory documents, and inadequate research ethics training. Only 18% of REC members reported participating in a research ethics training course. Researchers applying for ethics review reported lengthy review times and unclear submission document requirements as barriers posed by the RECs. This paper highlights the need for disseminating research ethics training in local languages, developing regulatory documents in Kyrgyz and Russian, and enhancing understanding of the roles and functions of RECs among prospective researchers to further promote ethical research practices in the Kyrgyz Republic.

The Ectopolitics of Reproduction: Social, Ethical and Gender Aspects of Future Revolutionary Reproductive Technologies-An Israeli Perspective (020)

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Recently, scientists have reported on increased capacity to grow (non-human) embryos outside the body throughout almost all stages of pregnancy. Simultaneously, laboratories have reported new developments in reprograming induced adult pluripotent stem cells to become sperm and egg cells and in creating embryo-like entities ('iBlastoids') from pluripotent stem cells (termed embryogenesis) rather than from sex gametes. These technologies could lead to a revolutionary type of reproduction that neither requires gametes for the creation of an embryo nor the womb of a woman for subsequent embryo growth. Such practices are not only revolutionary in the technoscientific sense, but also in the social sense, as they can potentially reshape ontological states such as "humanhood," "pregnancy," "fetus/embryo," "abortion," "birth," "newborn," "parent," "mother", and "family" while challenging the presumed link between biology, gender, family and subsequent division of labor. Studying the socio-political impact of biomedical practices, social scientists often draw on the classical Foucauldian concept of "biopolitics". Our project innovatively offers to update the theory on the biopolitics of reproduction by introducing a new term, "Ectopolitics", which conceptualizes the future of reproduction once it has become detached not simply from sex, but also from the woman's body and from the sexes.

Should smokers be given lower priority for treatments on NHS waiting-lists for smoking-related conditions? (142)

Gayatri Vijapurkar
University of Cambridge, United Kingdom

In an ideal world, healthcare resources would be available to all upon demand. However, this is not the case, and questions must be asked about distributive justice when allocating scarce healthcare resources. There are different ways these can be allocated, such as by a first-come-first-served basis, but in this presentation, I will focus on using personal responsibility (PR) as a distributive criterion. The specific healthcare distribution scenario I will explore is allocating lung cancer treatment resources to patients. The two ethical theories I will apply to the question of allocating lung cancer treatment are utilitarianism, and more extensively luck egalitarianism (LE). Utilitarianism because its concept of cost-effectiveness is largely how healthcare framework is organised, and indirectly links to PR. LE because it directly brings PR to the forefront, and my presentation is about incorporating PR into distributive decisions. In this presentation, I will argue that it is fair and cost-effective to give never-smokers priority for treatments over current-smokers.

The Need for a Pragmatic Approach towards the Insight of Decalcifying as a Remedy for Sickle Cell Disease (131)

Omoruyi Godstime Benson
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Researchers over the years have been able to evolve several means of addressing Sickle Cell Disease. As commendable as these mechanisms are, the downside is that most of them are beyond the reach of many patients. The ugly result is that life is snuffed out of most patients before their prime. This researcher, being a sickle cell patient in Nigeria has seen it all. Moved by the constant crisis he faced over the years he tried to search for a permanent solution. He soon discovered that a simple task of drastically minimizing the intake of calcium is a potent antidote. Curiously, the role played by calcium in the travails of sickle cell patients has not been given attention. This article therefore gives a succinct account of the pathogenesis of the disease and the role played by calcium in the process leading to the different kinds of crises. Practical examples of how the act of decalcifying has helped the author along with other patients he has advised to follow suit to have a crises free health are also supplied. It is submitted that this hypothesis should be seen pragmatically such that will engender further research and experimentation to determine the veracity or otherwise of the claim, which when established, will serve as a cheaper remedy.

Relational Autonomy in Clinical Research (121)

Ian Pieper
Queensland University of Technology, Australia

The predominant paradigm within clinical research is one in which autonomy is viewed as an informed rational transaction. This rational conception of autonomy portrays individuals as able to make decisions based purely, or predominantly, on self interest, regardless of external influences. By contrast, a relational conception of autonomy acknowledges that people are complex and influenced by external factors; they do not always make decisions that reflect their self-interest but that, nevertheless, reflect their own values and life goals. Clinical research participants are human beings. As human beings they have hopes, and dreams, and doubts, and strengths, and resilience peculiar to them. The need to obtain consent before involving people in clinical research is a way to respect individuals as research participants and as autonomous agents with inherent moral worth, rather than as research subjects to be used as the means by which research is completed. That is, participants in research are individuals, not mere resources. My research demonstrates that a relational approach to clinical research can lead to a greater understanding of participant self-governance and, therefore, create opportunities to promote greater respect for autonomy.

Equality and contemporary psychoanalysis (181)

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We agree with Albert Einstein: "A human being is part of a whole…" that we experience as if we were separate from the others, an optical illusion and a prison that limits us to what is personal and deprives us from expanding our circle to embrace all living beings. As psychoanalysts, we have been seeing a different kind of clinical work since the end of the past century up to the present, in a world that has changed conspicuously, whose new psychopathological distribution is no longer dominated by neurosis but instead by panic, depression, and psychosis. The capitalist, commercial system determines a way of life, of expressing ourselves, and of relating with others: consumption represents absolute values and has removed the profound meaning from life. And the principle of Equality is not practiced in line with its formulation. From this scenario the need emerges for Ethics that would reformulate behavior between human beings, including their relationship with the environment, emphasizing that the problem is neither technology nor science but rather the way we use them. This revision requires a change of paradigm, a long and difficult process (Morin, 2020), with collective exchanges and reflections that will be opposed by established structures.

Assessing the clinical ethical competence of postgraduate medical students (124)

Chandardant Bhaskar Mhaske, Christin Mhaske
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Background: – There has been rising public consciousness regarding the ethical conduct of medical practitioners, and complaints against physicians appear to be escalating. After completing their studies, healthcare professionals are expected to know ethical principles and apply them in their clinical practice. Hence, this study was conducted to assess clinical ethical competence of postgraduate medical students. Objective: Assessment of the clinical ethical competence among postgraduate medical students of a medical college Materials & Methods: Cross sectional study was conducted among post graduate Medical students in a Government medical college. After obtaining permission from Institutional ethics committee, the purpose of the study and nature of information which has to be furnished from the students was explained to them. Data was collected among 135 medical postgraduate students using pre tested self-administered questionnaire. Results: 103 (76%) have the ability to identify the moral aspects of medical practice. Very less awareness was found in ethical aspects of genetics i.e. 55 (41%) and ethical aspects of transplantation/organ donation (43%). 20 % study subjects were not having any information about ethics. Conclusions: The fact that many respondents had neutral opinion to some questions may indicate their lack of awareness or knowledge in that area and their inability to decide. Hence there should be sufficient training classes, workshops, conferences to stress the importance of ethical practice.

One Love, One Health: Let's Get Together and Consider The Ethical Implications of Equally Integrating Human and Nonhuman Health (140)

Emma Nance
University of Edinburgh, Scotland

We as a global community are facing many complex problems–climate change, antimicrobial resistance, collapsing biodiversity,–which have already had huge impacts on every life on the planet. If left unaddressed, these problems will drastically reduce future quality of life; however, often only the effects of these issues are investigated, not their wider causes. The One Health paradigm, which acknowledges the interconnectedness of human, animal, and environmental health, is one way of addressing these wider causes. However, this paradigm often falters between theory and practice. My research investigates this transition from concept to execution, looking into the bioethical implications of implementing a One Health paradigm. My research question asks: is nonhuman health important in itself and, if so, ought nonhuman health be considered equally and simultaneously to human health as a matter of justice? As part of my research, I will explore the benefits and limitations of the One Health paradigm with respect to nonhuman health justice. I will establish that nonhuman health should matter in a non-derivative way and that valuing nonhuman health protection and health promotion can improve overall global health justice.

Neuroethics And Psychiatry: Is The Psychedelic Psilocybin The Most Effectice Moral Bio-enhancer? (334)

Vojin Rakić
Center for the Study of Bioethics, Serbia

My presentation addresses the possible effects of psychedelic drugs, specifically psilocybin, on moral bioenhancement (MBE). I will argue that non-psychedelic substances, such as oxytocin, serotonin/SSRIs, or vasopressin, have indirect effects on M(B)E, whereas psilocybin has direct effects. Additionally, morality and happiness have been shown to operate in a circularly supportive relationship. It will be argued that psilocybin also has more direct effects on the augmentation of human happiness than non-psychedelic substances. Hence, psilocybin multiplies its effects on morality and on moral enhancement (as well as on happiness) if compared with non-psychedelic substances. Hence, it can make s major breakthrough in M(B)E and happiness theories. Nonetheless, psilocybin ought to be used with caution. The correct dosage should be prescribed by an appropriate physician. Furthermore, the use of psilocybin has additional effects on moral enhancement and happiness if combined with meditation, preferably under the guidance of an experienced meditation specialist.

Bioethics, genome and human dignity (107)

Stela Barbas
Faculty of Medicine, University of Porto, Portugal

The extraordinary scientific progress made in recent decades and those that are foreseeable in the near future open new horizons and pose new challenges. Bioethics and Biolaw consider imperative to decrease the natural tensions between the advances of Science and the inalienable rights of human beings. A reasonable compromise solution must be found between the fundamental principle of the freedom of researchers and the social, ethical and legal repercussions that these researches entail. In this regard, we highlight, among other topics: predictive medicine and gene therapy, the right to personal and genetic identity, human dignity and human rights, autonomy of will versus determinism, the principle of equality and non-discrimination. There is an increasing need for a critical review at a normative and principled level of the current Law with a humanist vision in order to safeguard the dignity of the human person, its value as well as its unique and unrepeatable identity that constitutes, in fact, the core of the right to difference.

Philosophical Perspectives on Shared Decision-Making (138)

Ling-Lang Huang
Mackay Medical College, Taiwan

What is the essence of medical treatment - curing diseases or healing suffering? Should doctors maintain a professional distance from patients and adhere to objective evidence, or should they strive to understand patients' subjective experiences? Should doctors suppress their own emotions and stick to evidence-based medicine? • Evidence-based medicine (EBM) helps ensure safe medical treatment, but if doctors rely solely on objective data, how can they account for individual differences? Even if patients have the same disease, their experiences and responses may differ. • When we discuss shared decision-making (SDM) to help patients make informed medical decisions, should we rely only on EBM, or should we consider other factors as well? A philosophical perspective based on Heidegger's concept of "Being-in-the-world" may offer a new way to integrate value-based medicine (VBM) and EBM, which would enable our SDM system to promote holistic healthcare.

Medical Decision Making in a Post-Roe World in the US (333)

Lynette Martins, Scott Schweikart
Yale Law School, USA

Laws regulating physicians' professional speech – i.e., what they can and cannot discuss in the exam room with patients – have made a resurgence in the post-Roe era. These so-called "gag laws" have primarily targeted physicians' speech around firearms, reproductive rights (predominantly abortion), and, less frequently, conversion therapy. In the abortion context, these restrictive laws impact patient access to critical medical services and the fundamental underpinnings of the physician-patient relationship. It is important to note that physicians in the U.S. do not have a specific right to free speech as a professional group. Yet, while there is no constitutionally articulated right, the contours of professional speech have been carved out – in often limiting ways – by the prevailing jurisprudence. The government prohibiting or compelling a physician from providing professionally and ethically obligated medical care is unreasonable and detrimental to the patient's health. Indeed, a tenet of medical care, and one echoed by medical ethicists, is providing care in the patient's best interest. This paper will discuss the impacts of the law on the patientphysician relationship in the US.

The autonomy of pregnant women guaranted by law (345)

Andréa Paula De Azevedo
Faculty of Medicine, University of Porto, Portugal

It is important to highlight the autonomy of the pregnant woman as a patient. The Law No. 15/2014, of March 21, and Law No. 110/2019, of September 9, in Portugal, grant specific rights to the parturient in the context of health care, which include: the right to the best health care based on the best scientific knowledge and on WHO recommendations; the right to breastfeeding; the right to pain relief; the right to be accompanied; the right to minimal interference and procedures; the right to privacy and confidentiality; the right to continuous assistance; the right to dignified and respectful treatment: free from coercion, violence, and discrimination; the right to a humane childbirth; the right to an interpreter if necessary; the right to information, refusal, and informed consent; the right to freedom/autonomy; and other rights as a user: the right to association, access to health care, to make complaints, among others. It encourages the pregnant woman to implement an institutional birth plan. The exercise of these rights, already guaranteed by law, in the practice of healthcare during prenatal care and childbirth, is what deserves to be further implemented and made more acessible.

Human Dignity and Refugee Resettlement (403)

Mirza Ramusovic
Biolaw Department, International Chair in Bioethics, Serbia

This lecture discusses how the intersection of human dignity and refugee rights is fundamental to international law and ethics. Human dignity recognises the intrinsic worth of every individual, while refugee rights aim to protect those forced to flee due to persecution or conflict. Key elements of this intersection include protecting individuals from harm, ensuring equal treatment, providing access to basic needs, prioritising personal freedom and security, maintaining family unity, granting the right to seek asylum and protection, supporting self-sufficiency, ensuring access to legal processes, and protecting vulnerable groups. This intersection highlights the moral and legal responsibilities of nations and the international community to provide refuge and protection while respecting the inherent worth and dignity of every human being, regardless of their circumstances.

Addressing privacy and equality in healthcare beyond the confines of binary gender divisions (357)

Mónica Correia
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Traditionally, gender equality has been limited to a binary perspective, leaving transgender issues often under the scope of sexual orientation. We argue that gender identity issues should be included in the framework of gender equality to provide comprehensive support for transgender individuals. Privacy is highlighted as a crucial aspect of healthcare for transgender people. Respecting privacy empowers autonomy, reduces discrimination, improves mental health, and grants access to gender-affirming services. Privacy safeguards sensitive medical information and fosters a safe environment for discussing healthcare needs. Equality is discussed as a fundamental principle requiring equal treatment for all, regardless of their characteristics. In healthcare, equality involves non-discrimination, comprehensive coverage, culturally competent care, reducing health disparities, and advocating for policy change. The combination of the principles of privacy and equality allows transgender individuals to address health issues both as a specific circumstance and as an issue affecting their dignity and personhood. Policies should uphold both principles to provide inclusive and respectful healthcare for all, regardless of gender identity.

Understanding the decision-making process of animal ethics committees: A scoping Review (358)

Aoife Milford[1], E. Louis-Maerten[2], E. De Clerq[2], B. S. Elger[2]
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Animal Ethics Committees endeavor to protect animal welfare by ensuring regulatory compliance for the care of animals whilst determining whether their use is necessary for a given project. This necessitates a robust decision-making process that ensures objective evaluation of each project in accordance with ethical guidelines. Despite this, variability in decision making by Animal Ethics committees (AECs) has been recorded, along with evidence that AECs can be influenced by internal factors such as their composition. A review of this process was conducted in 2012. Preceding this review was the introduction of the European directive 2010/63/EU which required integration of the 3Rs and welfare standards to all aspects of testing medicines. The aim of this scoping review is to understand the practicalities of decision-making for the evaluation of animal research proposals within animal research ethics committees and to appraise the literature emerging since the last review and the implementation of new animal legislation and guidance.

Suicides and Self-harm in the Post-pandemic: Addressing emergencies without neglecting invisible suffering (281)

Diana Altavilla
Buenos Aires University – Salvador University, Argentina

If something has characterized the multiple versions of psychotherapeutic treatments in acute, critical and/or extreme onset disorders during the COVID19 pandemic, it has been to be alert to the magnitude of the life risk presented by anxiety attacks or panic attacks in particular. in young people and adolescents given the pregnancy that the qualities of fragility of the psyche have in this age group. We professionals wondered which were the most effective and efficient approaches, especially because the disruptive and obstructive as well as the experience of uncertainty present due to the global crisis made the environment fragile, a crucial factor in the recovery of people's subjectivity. The personal metamorphoses of youth were lived in parallel to a global metamorphosis with new ways of bonding, care and life project. The psychotherapeutic devices had to maximize the ethics on which they were based, placing the professionals in dilemmas never seen before. The increase in consultations for suicidal ideation, suicide attempts, extreme anxiety attacks, etc. they were geometrically increased both in the population and in health and mental health professionals. Being elaborative disruptors – as opposed to obstructive disruptors of the prevailing.

Psychopathological consequences of the COVID-19 pandemic in pregnant women during their first trimester (235)

Carolina Mariño Narváez[1], Borja Romero-Gonzalez[2]
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COVID-19 pandemic affected much of the world's population psychologically, and pregnant women were particularly vulnerable due to the additional concerns associated with pregnancy. This study compared psychopathology and pregnancy stress in pregnant women in their first trimester before and during the pandemic and analyzed confinement variables that might influence these symptoms. A total of 141 pregnant women were assessed before and during the pandemic, using an online questionnaire that collected sociodemographic and pandemic data. The Symptom Checklist-90-R and the Prenatal Distress Questionnaire were used to assess psychopathological symptoms and pregnancy-specific stress respectively. The results showed higher scores in somatization, interpersonal sensitivity, depression and pregnancy-specific stress in the COVID group. The sense of loneliness and lack of routine in confinement negatively influenced the depressive symptoms of the pandemic group. It is essential to attend to the mental health of pregnant women during crises such as this one and provide them with the necessary tools to cope with the psychological effects of confinement and uncertainty.

Subjectivity, knowledge and legalities. Constructions (279)

Silvina Vanesa Martinez
AASM, APA, USAL, UCA, Argentina

After the highly disruptive nature of the pandemic, we are faced with the challenge of reviewing practices in different areas of intervention. The results show the consequences in both mental health and education. The established parameters were abruptly modified and implied the deepening of situations such as psychosocial vulnerability or access to the pedagogical and subjective function of the school. In addition to the postpandemic scenarios, we find ourselves with vulnerable children and adolescents, who are settled in an era where family configurations and legalities are in constant movement and change, and this generates and mobilises different subjective narratives. Within this framework, the need arises to favour aspects that generate subjective unfolding while being aware of the ethical dimension that runs through the health professional and the educator. The ethics that implies the recognition of the presence and existence of the other. (Lévinas, 2001; Bleichmar, 2011). New spaces and contexts invite us to question ourselves and to dialogue, especially in school, community and therapeutic environments, in order to construct new ways of listening and looking.

Bioethical issues of surrogacy and ectogenesis (275)

Constanza Vizzani
LUMSA University – Member of Pontificial Academy for Life, Italy

Female empowerment is intrinsically linked to the issue of gender equality and opens up new hermeneutical possibilities relating to the relationship between gender equality and the field of work. I mean to investigate the assumptions inherent in the arguments that support the possibility of combating the discrimination suffered by women in the world of work, by means of new reproductive technologies that allow to avoid pregnancy. In fact, the argumentative repertoire in favor of surrogacy and ectogenesis makes use of uncritical assumptions, which the bioethical investigation can bring to light, showing limits and contradictions. Surrogacy is based mostly on the exploitation of other women, vulnerable from a socio-economic point of view; ectogenesis would make it possible to realize that alleged equality between men and women, hoped for by libertarian feminism, radical and utilitarian, completely distorting the mother-son relationship.

Prevention of alcohol problem and protection of life and health of victims of domestic violence – a comparative legal perspective (180)

Monika Wilanowska
University of Lodz, Department of Administrative Law and Administrative Science, Poland

Alcoholism and domestic violence are often related phenomena. The suffering and fear faced by victims of violence must lead to the search for more effective tools to protect their lives and health. Improving regulations concerning the prevention and resolution of the alcohol problem in the country can contribute to eliminating or reducing the intensity of violence in families. The presentation will carry out the results of the research grant. The purpose of the conducted research is to analyse and evaluate the regulations on the tasks of local administration in the prevention of the alcohol problem in a family affected by violence. The author intends to evaluate not only the Polish regulations but also the legislation of other European countries such as Great Britain and Spain. The research comparative studies are intended to contribute to the identification of effective regulations and the development of new solutions that could be used in the legislations of the individual countries.

Resilience and Endurance: On the Possibility of Confronting and Embracing Death (382)

Işıl Çeşmeli
Selçuk University, Turkey

Death is a word that startles and even scares most of us when heard. Epicureanism and Stoicism are highly celebrated as philosophies of consolation for they advise people to take firm stance against death. Defining death as a thing outside of our control, Epictetus the Stoic provides a prescription for how to deal with the fear of death, remain tranquil and be wise enough to meet it. Margaret Edson's Pulitzer Prize winning play, Wit (1999) adapted into film in 2001, by Mike Nichols, makes us ponder the end of life, human dignity and virtues like wit (an Aristotelian virtue), resilience, compassion and kindness through the experience of Professor Vivian Bearing who has stage-4 metastatic ovarian cancer. Wit also makes us reconsider essential features of doctor-patient relationship and ethical aspects of experimental techniques in terminal stage cancer treatment. This presentation aims to manifest Bearing's resilience to suffering before and after an aggressive experimental treatment. It will also focus on intellectualization efforts of medical professionals by taking the risk of extreme pain and suffering of patients, dehumanization in medical practice and virtues that needed to be cultivated by patients and medical professionals.

Equity in the Access of Chinese Immigrants to Healthcare Services in Portugal (346)

Rui Nunes[1], Sandra Lopes Aparício[1], Luísa Castro[1 2], Ivone Duarte[1]
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The aim of this study was to identify the barriers that Chinese immigrants face when accessing the Portuguese National Health Service. An observational, cross-sectional and quantitative study was carried out via a bilingual Portuguese/Mandarin self-completed paper questionnaire was applied. The study population consisted of individuals with Chinese nationality who were residing in mainland Portugal for at least one year and aged 18 years or over. A total of 304 individuals answered the questionnaire. The results show that 284 (93.4%) of the participants had already sought healthcare in Portugal. The participants identified language difficulties and health professionals' lack of knowledge of Chinese cultural habits as the most significant barriers to accessing healthcare in Portugal. Of a total of 165 participants who sought healthcare in China, confidence in treatment outcomes and health professionals' knowledge of Chinese cultural habits were the reasons given by 151 (91.5%) individuals. This study reveals the existence of linguistic and cultural barriers that can condition the access of the Chinese immigrant population to healthcare systems.

The Moral Economy of Healthcare in Germany, New Zealand, and the U.S. (372)

Patrick Bartosch
University of Otago, New Zealand

This qualitative, comparative research project strives to analyze the attitudes, norms, and values ("moral capital") that circulate in the healthcare systems of New Zealand, Germany, and the United States, and to understand if and how the funding mechanism of the systems is reflected in the types of moral capital on the micro and macro levels of healthcare. The research is based on documentary data, traditional and social media analyses, and the results from 48 interviews with patients and healthcare providers in the three countries. The results have the potential to improve our understanding of health inequity and inform health policy. It might also lead to the establishment of "the moral economy of healthcare" as a new area of scholarship that can be studied further to improve equity in healthcare.

Is there a doctor on the flight? (400)

Tamar Gidron[1], Shai Linn[2]
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[2] *Haifa University, Israel*

A scenario in which a passenger aboard an airplane encounters a medical problem during a flight and needs medical help creates some complex medical and legal issues for both the airline company and its crew and for physicians who happen to be on the flight. This paper aims to highlight the most pressing ones and offer some thoughts about possible ways in which these problems should be regulated. The main legal-ethical issue is, of course, the issue of " The Good Samaritan". Many healthcare professionals feel a moral and ethical obligation to aid in emergency situations, including when they are traveling. Yet the "volunteer" physician and the airline company and crew on board should bear in mind that the situation might produce legal liability for damages caused by the medical aid to the sick passenger, to other passengers, and to the physician himself. The question is, then- who must bear these damages?

Patients' rights and ethical challenges of the health services of non-COVID patients during and after the pandemic (322)

Eva M. Kereszty
University of Szeged, Hungary

Referring to the pandemic, in March 2020 the Government first declared a "state of danger", which was repeated and extended several times. Governmental and ministerial decrees issued without debates with the professional organizations, and the management of the health care system was given into the hands of the Ministry of Internal Affairs and its hospital commanders. Parallel to this the Minister, governing health issues introduced measures to reorganize the health providers. 605 of the inpatient hospital capacity had to be on standby for COVID patients. The hospitals were obliged to send those patients waiting for rehabilitation or permanent nursing immediately home, while the relatives and the home care services were not prepared for this and financial support was neither available. The screening and vaccination centers were run in the former outpatient offices, consequently the original services were suspended. For a while the MDs over 65 years were forbidden from contacting patients, but the e-health solution were rather week. The lecture collects some typical patients' rights loss and some positive examples of compensation for those patients, who had a tough time with their non-COVID illness, but because of the state of danger period.

Biopolitics, biopower and the compulsory Covid-19 vaccine, lessons from Ecuador (028)

Claudia Patricia Orellana Robalino
LatinIuris, Ecuador-Mexico

The compulsory SARS-Cov2 vaccine and the requirement of its certificate in Ecuador constitute policies that depend on the governability and governance of Executive Power, which is dragging crises: political, socioeconomic, legal, environmental, health and sanitation, from previous and own administrations. Policies framed in a paternalistic health model forge autonomy into the social order, generating debate. 7.8% of the population dissents from the vaccine for epistemic reasons of lack of knowledge of how it functions, and ethical-political reasons such as individual freedom, religion, thought, and the scope of State power. Statistics show that most people hesitant to immunization are part of historically discriminated collective subjects such as Indigenous people, Afro-Ecuadorians, and Montubios. They belong to income quintiles 1-3 and live in places, before the pandemic, lacked health infrastructure. Showing vestiges of colonial segregation still exist in biopolitics. Besides, syndemic cofactors: socioeconomic, cultural, geographic, political, and biological, come together in a diverse biosocial complex, creating vulnerabilities and privileges. Plus, the pandemic's reality exposes the inequalities and problems of the paternalistic model of the National Health System. Therefore, using the dialectical method, the article analyzes the opposed visions to imperative immunization and proposes a third based on a syndemic model of health, which considers the biosocial complex, and includes bioethical principles of vulnerability, interdependence, pluralism, and social justice. Promoting health literacy and developing public policies focused on social justice and human rights are indispensable.

Ethical and legal issues of artificial intelligence technology for COVID-19 prevention (186)

Chen Shiu-Jau
MacKay Medical College, Taiwan

In the face of COVID-19 , using artificial intelligence for prevention is a strategy adopted by many governments. However, what kind of method will constitute a violation of human rights, there are different views in different societies. Forty-five medical students participated in this opinion survey. The question was what is artificial intelligence and which were used for pandemic control. The options provided include: mobile phone GPS footprint monitoring, social distance APP, scanning QR code for place and real name registration, health insurance card connection with going abroad and returning home. About ethical and legal issues, the answers include privacy violations, improper use of personal information, unfriendliness to vulnerable seniors, lacks human considerations and flexibility, the system may not be correct enough, and difficult to prevent hacking. GPS footprint monitoring (82%) is believed to be the biggest violation of human rights. Efficiency and collectivism are prevalent during the pandemic, and personal privacy is often greatly restricted. What constitutes a violation of the principle of proportionality and where the boundaries lie may vary from country to country.

Burnout In Healthcare Professionals In The Autonomous Region Of Madeira During The Covid-19 Pandemic (253)

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The overall impact of the COVID-19 pandemic on healthcare professionals was very significant. This quantitative cross-sectional study analysed Burnout in healthcare professionals of the Autonomous Region of Madeira during the COVID-19 pandemic. An online questionnaire was used to collect psychological data, including the Copenhagen Burnout Inventory (CBI), Resilience Scale, Depression, Anxiety and Stress Scales (DASS-21) and the Satisfaction with Life Scale (SWLS). Of the 124 participants, 49.2% showed high levels of personal Burnout, 49.2% work-related and 28.2% client-related. Resilience was moderate in 48.4% and high in 26.6%. Positive associations were found between Burnout, anxiety and depression ($p<0.05$), while negative correlations were verified between Burnout, resilience and life satisfaction ($p<0.05$). We thus verified high data of Burnout, arising the need for interventions to support the mental health of health professionals during the aftermath of the pandemic.

The Money or Your Life? The Ethical Dilemma of Pharmaceutical Patent Rights in Cases of Global Pandemics (034)

Nellie Munin
Zefat Academic College, Israel

Patent rights ensure exclusive rights for royalties on new medicines to their developers, to ensure reimbursement of their high R&D investments and considerable profit. Thus, the price of new medicines is high. An ethical dilemma arises when poor populations encounter pandemics such as COVID-19 or AIDS/HIV, to which there are expensive, patent protected medicines. While poor countries cannot afford these medicines to cure or vaccinate the poor masses, globalization reinforces the risk for quick spillover of such epidemies to the rest of the world. The ongoing burst of COVID-19, globally, since early 2020, illustrates the fact that no one is safe until all are properly vaccinated. The WTO TRIPs agreement suggests a commonly agreed waiver to patent rights in such cases. Interestingly, during the COVID-19 pandemic this procedure was not invoked. The presentation will address the possible reasons for this omission, and open ethical questions that this provision involves, e.g.: – Which circumstances justify waiving the patent rights? Is a definition of obligatory circumstances necessary? – Who should have the final say regarding this decision? – What are the legal and economic risks such decision involves? – Can medicine developers quantify the waiver's risk and include it in the medicine's price?

Injustice in the international Covid-19 response (373)

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The Covid-19 pandemic surprised even the most economically developed nations. In terms of response, although initiatives such as the COVAX Facility were encouraged by all, they were not enough to ensure minimally fair conditions for responses to the pandemic worldwide. We critically analyze the experience of the COVAX Facility project as an international solidarity project. The effects of colonial and neocolonial exploitation and coloniality, assuring health security to "developing countries", preserve injustices in political relations, and prevent a fairer distribution of resources to fight the pandemic. Covid-19 has exposed the exploitative character of globalization: the circulation of goods, people, and services around the world generates an accumulation vector directed towards central countries, and its effects, for example, the spread of infectious diseases with high infectivity, further penalize the poorest countries. An effective decolonial policy must be improved among Global South countries, improving science and technology, developing vaccine and medicine manufacturing, and strengthening solidarity among vulnerable people. Protecting inhabitants and communities must be recognized as an ethical imperative.

The Inclusion of Bioethics in Educational Institutions as a Mandatory Curricular Subject (201)

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Bioethics has become a contemporary globalized topic, with a constant dichotomy: humanization x excessive use of technology in medicine, which often leads to dehumanized and/or unethical care. It is important to highlight the intimate relationship between medicine and the plural society and, due to this, debates began to strengthen in research environments and educational institutions, in medical practice, as well as in the legal, social and environmental spheres. In view of the above, we believe in the need to strengthen the theme in teaching institutions and include bioethics as a mandatory curricular subject in undergraduate and graduate courses in medicine, with the justification that student/doctor training in teaching centers, provides better performance within the fundamental principles of bioethics, as they will be exposed and will have to face several ethical and bioethical conflicts on a daily basis in the exercise of the profession. In this way, we hope to better prepare physicians considering scientific reflections in academic life.

Enhancing ethical awareness through philosopical dialogue (207)

Guro Hansen Helskog
University of South Eastern Norway, Norway

In this paper I will discuss how the so Dialogos approach to philosophical dialogues and the facilitation compass inherent in the approach might be a fruitful way to promote ethical awareness. The Dialogos approach was developed from the mid 1990s on (see Helskog 2019: Philosophising the Dialogos Way towards Wisdom in Education., Between critical thinking and spiritual contemplation). While the approach can be used as a method within all professions working with human beings, whether in health, therapy or teaching, I will focus on exploring two examples respectively from a recent action learning- and research project with the full staff at an upper secondary school in Norway, and from a prosjekt with teacher educators from 12 colleges in India. The two examples will focus on ethical themes explored by the participants, discussing how the dialogical philosophising in general and the Dialogos approach in particular, might promote ethical awareness.

Medical Clinical Training: a national perspective (246)

Ana Rita Ribeiro, Cristina Santos, Ivone Duarte
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This paper investigates the significance of informed consent in medical training through the perspective of students attending Portuguese Public Medical Schools. Conducted through an online questionnaire, the study aimed to assess the students' understanding of informed consent, its importance, the challenges faced during its implementation in clinical practice. Only a minority of tutors always seek patient permission for the presence of students, and when they do, it is often in the presence of medical students themselv. In 68% of cases, patients experienced discomfort. Additionally, 59% of students considered medical training in clinical settings to be adequate, while 37% deemed it inadequate, indicating disparity. We propose that prioritizing informed consent education can foster patient-centered care, equipping future healthcare providers with the necessary knowledge and skills. This approach contributes to improved patient experiences but also ensures ethical practices in medical training. Overcoming obstacles such as communication barriers and the number of students is vital in achieving these objectives. Integrating informed consent into medical education will empower students to promote ethical standards in their future medical careers.

Students' perception and feedback on Bioethics as a new subject in undergraduate Indian medical curriculum: How far can it help? (175)

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The National Medical Commission of India introduced Competency Based Curriculum in Medical Education for undergraduate medical students in 2019 with a new module namely Attitude, Ethics and Communication (AETCOM) across the country. Students' feedback can serve as an important tool for evaluation of implementation process. This study was aimed to explore the perceptions and feedback of medical students, exposed to the new module and align the feedback in process of implementation. It was a questionnaire-based study on medical students of India who underwent the introduction of AETCOM module, followed by review of the results of feedback data through inductive reasoning. There were mixed responses on perception and feedbacks of students. Majority felt the necessity of teaching learning bioethics, but not classroom-based teaching. A few students did not like the teaching methodology. They preferred more of bedside teaching on ethical issues. Analysis of certain key areas, were identified from students' feedback through logical reasoning which supported the need of teaching Bioethics. This also pointed the need of more interactive sessions in small groups, encouraging active learning strategies and curriculum revision.

Virtual Faculty Development Program in Bioethics Evaluated by Kirkpatrick Model: A Unique Opportunity (377)

Tara M.A.Shallal, Ali AlDabbagh
College of Medicine/Hawler Medical University, Iraq

Background: With a shortage of teachers willing to deliver bioethics courses, particularly during the COVID-19 pandemic, faculty development (FD) in bioethics has become increasingly important for capacity building in medical education. This study aims to determine the impact of FD on teaching bioethics. Methods: This quasi-experimental study involved twenty-six multidisciplinary faculty members who participated in an online bioethics course from January 4th to 22nd, 2022. Kirkpatrick's evaluation model was used to assess the participants' reactions, knowledge, and behavior, using online questionnaires and direct observation by expert faculty. SPSS 25 was used for data analysis. Results: The Kirkpatrick evaluation model showed that the course was highly satisfactory in terms of content and delivery, with a significant improvement in clinical faculty's knowledge from pre-test to post-test (14.18 ± 1.601 to 16 ± 2.049, $p < 0.05$). Conclusion: The online course on bioethics successfully improved the clinical faculty's knowledge and overall approach to teaching bioethics. These findings highlight the importance of well-constructed faculty development programs, particularly during times of resource constraint such as the COVID-19 pandemic.

Essential Elements Required for the Clinical Informed Consent Education Programme (155)

Lydia Ariffin
University of Bristol, United Kingdom

Obtaining informed consent has been recognised as a critical process in clinical practice. Valid informed consent provides ethical and legal legitimacy to all medical interventions performed on patients. Every medical practitioner is presumably competent in obtaining consent from the moment they are certified to practice. The medical literature, however, generally revealed inadequate structured training or education programmes to ensure future doctors are proficient in obtaining informed consent. This paper proposed the requisite elements when planning an informed consent education programme. The proposed elements are: (1) communication skills involved in obtaining consent, (2) the ethical foundation of consent practice, (3) the legal standards of informed consent, (4) criteria for valid consent, (5) the process of obtaining informed consent, and, (6) informed consent documentation. These elements are vital in providing doctors with fundamental knowledge of informed consent practice and developing the required skills for obtaining informed consent in a clinical setting. Further studies are also necessary to find a suitable method to deliver an education programme that includes these elements.

Torture vs. Rights to a Safe Planet, Rule of Law and Living Wage (127)

Barry H. Roth
Program in Psychiatry and the Law, Harvard Medical School, USA

Working theory derives from eyewitness observation, forensic and clinical practice and collegial interactions; illustrated with global case reports. Formulation evolves from interdependent facts and findings of trans-& supra-national structural and physical violence and the inhuman mentality of perpetrators acting under false color of authority. It is uniquely fruitful to ask survivors: "How Did You Survive?" When survivors chose te hold together --- and do not get killed --- torture could not break them.Nonmaterial force of human ties, bonds and connections superseded torture tools. Torture and terror use systematic means to use fear to coerce and intimidate. There is state terror when there is torture – one band in the spectrum of war crimes, genocide and crimes against humanity. Our shared indestructible core of human ties, bonds and connections are the a priori categorical imperative foundation of the social contract of civil society. Civilization is the sum of each person's thoughts, words and acts- -a force of geologic magnitude in this Anthropocene Era. We either opt for civil society ar abdicate responsibility, opportunity and humanity.

Balancing Genetic Privacy Rights with the Right to Scientific Research (323)

Georgia Charalambidou
University of Cyprus, biobank.cy, Cyprus

The article focuses primarily on the concept of genetic privacy as it has evolved in light of scientific advancements in medical research. It commences by examining the concept of privacy, setting a foundation for understanding the concept of genetic privacy. Then, the article proceeds to consider the genetic rights held by patients, research participants, genetic relatives, and genetic groups. By examining the genetic rights held by these different parties, insights into the complex landscape of genetic privacy and how their genetic rights can be impacted are gained. The article also considers the complex issues that arise from the sharing of genetic data in diverse settings, exploring ethical dilemmas, legal considerations, and broader societal impacts. Lastly, the article examines the right to scientific research along the genetic rights held by these different parties and how these rights can co-exist.

Race discrimination and medical regulation in the UK: Disproportionality and fitness to practise procedures (128)

Cath Huang
University Hospitals Bristol and Weston NHS Trust, United Kingdom

The General Medical Council's relationship with its doctors has historically represented a tightrope between adversary and protector. Through its duty to safeguard patients it oversees the medical register and governs disciplinary investigations. However, there is growing discontent that it is dispensing of its statutory purpose in a disproportionate and punitive way that neglects to empathise with the systemic pressures UK doctors face today. Bawa-Garba represented a watershed moment that awakened the profession's consciousness to system failures and the pernicious discrimination that many ethnic minority doctors face through 'Fitness to Practise' (FTP) procedures. They are disproportionately represented in FTP and the growing realisation that the two – disproportionality and discrimination – are two sides of the same coin, saw the GMC challenged for answers. This presentation will explore the GMC's response to accusations disproportionality and discrimination and assess whether this goes far enough to ensure justice and fairness in medical regulation. I will then explore what more could be done to towards releasing the binds of inherently discriminatory processes that burden individuals.

Access of the Chinese immigrant community to healthcare worldwide (247)

Sandra Aparício, Ivone Duarte, Luisa Castro, Rui Nunes
CINTESIS/ Faculty of Medicine, University of Porto, Portugal

Access to healthcare is a fundamental human right; however, like other immigrant communities, Chinese immigrants may face some barriers when accessing health services, such as language and cultural barriers, discrimination and limited knowledge of the host country's healthcare system. These barriers can condition the Chinese immigrant community's access to healthcare, leading to poor health outcomes and health disparities. Understanding barriers to the Chinese immigrant populations' access to healthcare and overcoming them can lead to better health outcomes and quality of life for this community. Additionally, as Chinese immigrants represent a significant portion of the immigrant population in many countries, addressing their health needs and improving their access to healthcare can positively impact overall health outcomes and healthcare costs. Improving access to healthcare for Chinese immigrants can promote health equity and ensure that all individuals have access to the care they need to lead healthy lives. Therefore, it seemed essential to carry out a systematic review of the access of the Chinese immigrant community to healthcare worldwide. The results of this systematic review will be disclosed and discussed during this presentation.

A Call for Paternalism in Online Porn Consumption (301)

Joona Räsänen
University of Turku, Finland

The aim of paternalistic policies in public health is to improve people's well-being by limiting their available options. Examples of such policies include restrictions on who can purchase and consume harmful and addictive products. In this paper, I argue that public health paternalism should be applied to the consumption of online pornography. Based on neuroscientific evidence, I claim that online pornography is both harmful and addictive. Therefore, I call for paternalistic health interventions to be implemented. I consider two challenges to my claim. The first challenge is the well-being challenge, which asks whether people are truly better off for having their options reduced. The second challenge is the distribution challenge, which asks whether such a policy is justified since it produces both losers and winners. However, I believe these challenges can be overcome. I propose that access to online pornography should be more strictly regulated, and I offer practical proposals for policymakers on how to alleviate the harms of pornography through paternalistic interventions.

Biological sex, legal gender and gender identity in public-legal space. A few remarks on Polish interpretive moment (111)

Agnieszka Bielska-Brodziak
University of Silesia, Poland

The topic of the conflict between biological sex (gender identity) and legal sex is one of the pressing challenges at the interface of modern bioethics, medicine and law. The discoveries of post-war medicine (imaging, genetics, endocrinology) have made previous legal standards obsolete. However, the Polish situation to this day still differs significantly in this area from other European countries. This is because the Polish legislator closes his eyes to the importance of a person's gender identity as a factor that should have a determining effect on an individual's legal status. Despite attempts to do so (2015), legal standards have not been introduced to give trans and intersex people an appropriate level of medical care, as well as legal protection (especially in the context of the lack of standards for the procedure of legal gender reconciliation). Limitations in access to health services may be either connected with medical sex correction or separate from that process. They may concern both adult and underage patients. In Poland, although informal medical standards are being developed, there are no binding legal standards to ensure patient safety and well-being. In my speech, I want to present the risks and disadvantages faced by trans and intersex patients in Poland, as well as proposals for standards that could improve their situation.

Health Data Risks In 2026 – The Future European Health Data Ecosystem (309)

Henrique Curado
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There are two types of purposes for the European Health Data Ecosystem – EHDE (scheduled to come into force in 2026). The primary uses are for healthcare delivery, so it is important to have access to health information for citizens outside their country to prescribe and buy medicines. A novelty is the secondary use of data, i.e. sharing information for scientific research purposes, given its relevance for medical innovation as well for the development of health policies and regulations. The European Union believes that the EHDE will strengthen patients' rights. However, the protection of personal data is unclear. The information includes several categories of elements: patient summary, electronic prescription, electronic dispensation, medical image and image report, laboratory result and discharge report. The aim of this study is to analyze the vulnerabilities of the future EHDE for the protection of personal data. Indeed, being more universal, it creates greater vulnerability than if the data were contained in a Member State (MS). Moreover, the system does not create special rules for information security, referring to the General Data Protection Regulation (GDPR), which, paradoxically, states that it has not had uniform application in all MS.

The Problem of Personal Identity and Alzheimer's Disease: A Lockean Perspective (381)

Özlem Ünlü
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Death eventually finds human being either suddenly or gradually or in both ways just as the case with Alzheimer's disease. It is a problem of aging because patient must come to a certain age to be diagnosed with it. It can also reveal itself to the patient in a wink. As the disease catches patient off guard, it is surprising in the similar way that John tells Iris 'Surprise' when she could not write an ordinary word in Iris the movie (2001). Beginning with a surprise, Iris left the audience with a question of whether Iris is the same person or not when she does not recognize her final novel. The problem of personal identity occupies ethics with a main question of what exactly gives the self an identity so that we call I the same I despite physical or mental changes at various spatio-temporality. John Locke determines the self-consciousness as the one that gives the unity to person by participating all metal activities of the conscious self. In this presentation I argue that Lockean approach is still practical if we can place self-consciousness in other. Iris gives this opportunity by rendering John the lover, the husband, the carer as Iris' self-consciousness.

The Consultation and Execution of Advance Directives in Centro Hospitalar Universitário de São João – contribution to evaluate the current reality (408)

Tiago Sá
Faculty of Medicine, University of Porto, Portugal

Since the enactment of Portuguese Law No. 25 of 2012, Portuguese citizens can make Advance Directives (ADs), and healthcare professionals must act in accordance with their orders when applicable. To kick-start the evaluation of the impact of ADs on clinical practice in Portugal, we conducted an observational, cross-sectional study with the primary objective of estimating the prevalence of consultation and execution of ADs by physicians in Centro Hospitalar Universitário de São João, and the secondary objective of determining if the consultation of ADs by physicians is influenced by their sex, age, religion, and medical specialty. Electronic surveys were sent to physicians employed at Centro Hospitalar Universitário de São João in June 2023. Complementary literature research and face-to-face semi-structured interviews with a judgment sample of physicians were conducted. We found that, out of 161 respondents, 73 treated at least one adult patient without decision-making capacity between June 2022 and May 2023. Among these 73 participants, 47.9% checked whether their patients had made Advance Directives or not at least once, when applicable. All physicians who read the patients' ADs honored their content.

Burnout and Quality of Life of Health Professionals in the Hospital Context of Oncological Palliative Care (371)

José Manuel Barbosa Teixeira
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Introduction: Considering the scarcity of studies on burnout and QoL of health professionals on duty in Palliative Care, in oncological hospital context, the assessment of burnout and QoL of these professionals, as well as their sociodemographic and psychosocial and ethics determinants. Method: The methodology adopted in this cross-sectional study began by recruiting a sample of health professionals working in an oncology palliative care unit in the hospital setting. Results: The comparison of different groups of health professionals in the different scales of the assessment instrument for job satisfaction did not reveal a significant effect of group type. Conclusion: The results of this research show that Oncology Palliative Care professionals seem to show a tendency to express greater Emotional Exhaustion compared to individuals of the general population and health care professionals in the emergency services. Being emotional exhaustion a significant predictor of consequences in terms of health level, namely of exhaustion, chronic fatigue, anxiety, depression, and psychosomatic complaints, Oncology Palliative Care professionals may be tended to be more vulnerable to a setback in their QoL, in general and principles ethics.

Hans Jonas' Thoughts on Building a Global Bioethics (421)

Francisco Moreira de Azevedo
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Hans Jonas' contribution to the affirmation and consolidation of Bioethics, namely through his contribution to the development of the Principle of Responsibility, in the impact this had on the global empowerment of the responsibility that modern man has over the global future of future generations is something that Even today, it requires more in-depth investigation and analysis. In this sense, the objective of this work is to present the evolution of this philosopher's thought throughout his life, trying to highlight how his experience could influence the evolution of his investigations in the construction of a new ethical thought around responsibility and sustainability of today's man's actions in relation to the possibility of a sustainable existence in the world tomorrow. This work therefore seeks to understand how Jonasian thought evolved, trying whenever possible to contextualize it in its time in order to better understand the extent to which it was shaped and influenced as a response to the events experienced. Finally, we will also seek to highlight the contribution of Hans Jonas to the birth and evolution of Bioethics, as well as the influence he had on the paths taken towards current Bioethics and contemporary bioethicists.

When IQ Meets EQ (096)

Maxlene Markus Vider
International Chair in Bioethics, Israel

We know what it means when we do well in a subject or at a specific job. We know that what we know that our IQ reflects our doing well. But how does it affect us emotionally? Does that same person know and understand how that EQ is affecting our inner emotions and our interactions with others? When we know how to do something well, does it also benefit the people we are with? Do we understand this benefit? This idea is part of a special yearly course for high IQ children who were chosen for this IQ special program. We then also looked for the same type in adults. For this, I developed a special part at this program that added an EQ part to the program. Giving basic EQ tools to very high IQ students and adults. A group of high IQ individuals gets the tools to learn positive EQ behavior to cope and interact with others, and understand the how and the why of social and emotional behaviors. METHOD OF PRESENTATION: Lecture with slides TOPIC OF ABSTRACT: When IQ Meets EQs. CV / BIOGRAPHICAL NOTE Maxi is an individual and group trainer and lecturer in Emotional Intelligence. She has helped individual children and adults, families and groups develop emotional skills and resilience. In recent years she has developed and lead programs to enhance Emotional Intelligence (EQ) in high IQ youth, to improve their social acceptance and help them cope with social and interpersonal relationships. Her programs leverage the cognitive strength of children to also strengthen their confidence and add a broader emotional understanding and interaction. Maxi has worked as an educator for close to 30 years, developing innovative methods that use Emotional Intelligence to teach English as a Second Language (ESL) and other subjects for all ages. We must start at a young age, while stimulating their EQ and giving them tools to improve social and emotional understandings. There are tools and ways to support and give tools to improve the EQ ways throw the IQ understandings.

Building Responsible Medical AI: Overcoming Bias, Ensuring Privacy, and Promoting Equity (199)

Chih-hsing Ho
Academia Sinica, Taiwan

The rapid development of AI technologies in healthcare has the potential to revolutionize the way we diagnose, treat, and prevent diseases. However, the use of medical AI also raises significant ethical concerns, including data privacy, algorithmic bias and discrimination, accountability and transparency, and the potential impact on healthcare disparities. This presentation will address these ELSI concerns and explore potential solutions for responsible and equitable use of medical AI. Specifically, I will discuss the need for ethical guidelines for the development and deployment of AI technologies in healthcare, as well as the importance of involving diverse stakeholders in the decision-making process. I will also present case studies that highlight the challenges of implementing AI in medical practice, including issues related to patient consent and data sharing, as well as the potential for AI to exacerbate existing healthcare disparities. Overall, my presentation will provide an in-depth analysis of the ethical, legal, and social implications of medical AI and offer practical recommendations for promoting responsible and equitable use of AI technologies in healthcare.

Perceptions Towards Using Artificial Intelligence in Healthcare: Ethics of Personalized Medicine (255)

Shivani Babu
Panimalar Medical College Hospital & Research Institute, India

Background: The healthcare industry is all set to be revolutionized with the increasing use of Artificial Intelligence (AI). But there are also growing concerns about its ethical issues among healthcare professionals. This study aims to assess the perceptions of students from Health Professions Education (HPE) towards the ethics of AI in personalized medicine. Methods: This cross-sectional study was conducted among the students of HPE using a structured 12-item questionnaire on a 5-point Likert scale. We obtained informed consent from all the participants. All the responses were analyzed statistically. Results: 62.69% of the participants believed that AI reduces the humanistic approach of personalized medicine. Diversity in views was obtained with 51.03% agreeing that AI devaluing the medical profession, negatively affects the doctor-patient relationship (51.29%) and damages trust (51.30%). But optimistic opinions that AI can benefit personalized medicine through precise decisions, self-care, improved accessibility, and education were also recorded. Conclusion: A holistic approach towards solving these ethical challenges is crucial to leverage the potential advantages of AI in personalized medicine and minimize possible adversity.

AI Through Ethical Lenses: A discourse analysis of guidelines for AI in healthcare (158)

Laura Arbelaez Ossa, Stephen Milford
University of Basel - Institute of Biomedical Ethics, Switzerland

While the technologies that enable Artificial Intelligence (AI) continue to advance rapidly, there are increasing promises regarding AI and concerns about the challenges of human-computer interaction in healthcare. To address these concerns, institutions have increasingly resorted to publishing AI guidelines for healthcare, aiming to align AI with ethical practices. However, guidelines as a form of written language can be analyzed to recognize the reciprocal links between its textual communication and underlying societal ideas. From this perspective, we conducted a discourse analysis to understand how these guidelines construct, articulate, and frame ethics for AI in healthcare. We included eight guidelines and identified three prevalent, and interwoven discourses: (1) AI is unavoidable and desirable; (2) AI needs to be guided with (some forms of) principles (3) trust in AI is instrumental and primary. These discourses might reflect the underlying idea that AI is inevitable. It signals an over-spillage of technical ideals to AI ethics, such as over-optimism and resulting hyper-criticism. This research provides insights into the underlying ideas present in AI guidelines and how guidelines influence the practice and alignment of AI with ethics.

Photography-medicine-law- and Ethics (095)

Yehuda Ullmann
Rambam Health Care Campus, Israel

The digital era has invaded medicine just a little behind the social media In medicine we have been using photography of patients and procedures for many and different reasons: Pictures before and after procedure (Plastic Surgery, Cranio-pacial, orthopedics, and more), all endoscopic and robot procedures which are the main revolution in surgery during the last decades, are using the camera as their main tool for performing the "minimal invasive" procedures, some of the trauma centers are using real-time photography for investigating the performance and for teaching. Tele-medicine has also invaded and is now a basic tool for communication between patient and physicians' saving time for both of them' and also is a tool to communicate between physicians as for second opinion. But besides the obvious advantages of the digital photography, many ethical and law issues has been raised up: need for informed consent, privacy damage, using those in the court during medical malpractice trials, using pictures and movies from the procedures for education and also for self-advertising in the social media. Those and other issues will be more widely discussed.

A Bioethics Agenda for Climate Change Adaptation (364)

Kyle Ferguson
Hunter College, City University of New York, USA

Bioethicists are devoting more attention to climate change and the ways it threatens human health. However, they engage almost exclusively with climate change mitigation (i.e., how to prevent or lessen global warming by reducing greenhouse gas emissions or concentrations) and say almost nothing about climate change adaptation (i.e., how to alter behaviors, systems, and ways of life in response to actual or expected climate change and its effects). Although mitigation must remain a priority, urgent action is needed to develop and implement adaptation strategies since significant warming has already occurred and mitigation efforts may fail or fall short. We must adapt to climate change, and we must do so ethically. But what does ethical adaptation look like? In this presentation, I sketch an ethics agenda for climate change adaptation, identifying roles, challenges, and priority areas to which bioethicists ought to devote their attention and scholarship. I identify and motivate three of the most pressing problem sets: (1) How should we resolve mitigation–adaptation tradeoffs? (2) How should we resolve tradeoffs between adaptation and other moral commitments? and (3) How do we assign adaptation-related responsibilities?

Diagnostic Accuracy is Inaccurate! Why a focus on accuracy is misleading for chatbot AIs (342)

Stephen Milford
Institute of Biomedical Ethics, Basel, Switzerland

With over 100 million users in its first two months of launch, ChatGPT is the fastest-growing consumer applic¬ation of all time. Not officially approved for medical use, it is capable of providing differential diagnosis at the threshold required to pass all three United States Medical Licensing Exams – making it comparable in diagnostic accuracy to human doctors. It is already assisting clinicians in the AnsibleHealth network with clinical diagnoses. As Professor Mehrotra from Harvard eloquently states: "The idea that we would tell patients they shouldn't use these tools seems implausible. They're going to use these tools." What will the impact be if AI chatbots act as supplements to, or substitutes for, human doctors? However, diagnosis accuracy is only a part of good healthcare. Crucial is the doctor's diagnostic decision-making processes. This is the process by which doctors consider not only 'objective' diagnostic markers, but also patient preferences; the doctor's own personal experiences; and the informal medical curriculum. This paper will explore the ethical challenges of the misguided focus on accuracy in the debates about chatbot AIs for patient diagnostic assistance.

Predictive modelling applications for end-of-life care planning: ethical issues and regulatory safeguards (356)

Hui Yun Chan[1], Bernadette Richards[2]
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End-of-life care conversations are generally considered as valuable in guiding treatments that are aligned with patients' preferences. Despite their benefits, there are some practical and legal difficulties in their implementations. Recent developments in predictive modelling seemed to have the potential to improve implementations of end-of-life care planning. Predictive modelling is being used in some hospitals to predict patients' life expectancy, thus enabling clinicians to initiate timely advance care planning conversations. However, ethical concerns of these models in clinical settings are important considerations. In this presentation, we outline how predictive modelling applications benefit conventional end-of-life care conversation practices and ethical concerns affecting its use. We propose several safeguards to address relevant ethical considerations arising from its use to ensure that it is appropriately supportive of patient needs and interests.

The Ethics of Germline Genome Editing and Vaccination in Disease Prevention (391)

Yuzhou Wang
Peking University, China

Vaccinating a child and genetically editing an embryo can both give the child immunity to many illnesses. While currently, genetic editing is facing serious safety issues, it is predictable that in the near future, those technologies may be safe enough to be used on humans. Thus, it is worth exploring whether there are other significant ethical differences between vaccination and genetically edited immunization, and given that certain vaccine mandates are morally justified, whether mandatory germline-gene editing for disease prevention can be morally justified as well. I argue that some of the arguments for mandatory vaccination for children, including the prevention of harm to the voluntary population and the protection of children's rights and well-being, can also provide support for genetic editing for disease prevention. I then consider some of the possible objections based on the dissimilarities between germline genome editing and childhood vaccination, such as risk, moral status, numeric identity, reproductive autonomy, and genetic diversity. I argue that dispite of those dissimilarities, the potential benefits and parallels to mandatory vaccination suggest that mandatory genetically editing may be a viable option in the future.

Ethical, Legal, and Anthropological Aspects of New Biotechnologies in Human Reproduction: The Case of the Artificial Womb (126)

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Techno-scientific progress generates dilemmas regarding the application of new technologies to the realm of the living. The dramatic increase of human know-how over the inherent plasticity of living matter has indeed blurred the traditional natural/artefactual distinction and is expected to increasingly disrupt the "natural order" of human life, with an impact on several anthropological aspects as well – for example, on the relationship between "parent" and "offspring", between "nature" and "nurture" in conceptions of parenting and kinning. Genetic engineering, specifically the design and development of artificial wombs, is indeed opening the door to several dilemmas which have deep implications for humans. The aim of our contribution is to address how these new biotechnologies are shaping and might shape human reproduction. Based on a review of the scientific literature and debates, the paper examines some of the impacts of these new bioengineering technologies and their anthropological, ethical, and legal implications. These new breakthroughs are allowing us to interfere with processes that were once beyond our control, thus expanding our potentialities and, at the same time, our moral responsibility. We need a comprehensive framework of their risks and opportunities, to make sure that these developments respect human dignity and support human flourishing.

Bioethics in Mental Health (390)

Irene Onik Benyakar, Ester Alfie
Red Iberoamericana de Bioetica, Argentina

Our conception of Bioethics is the "Bioethics in Situation" that considers the subjectivity of the individual; without neglecting Deontological Bioethics". In the area of mental health, one of the central functions of bioethics is to preserve the health and well-being of the patient, avoiding its stigmatization. The health of the patient is not only to remove the symptom, but also to preserve its subjectivity in relation to its environment based on its culture and beliefs. The essence is to preserve self, individuality and encourage the insertion of the patient in his culture, respecting him as he is. For this, the psychiatry and the psychoanalyst must have common approaches.Bioethics should train professionals, not only to establish diagnoses and treat their patients, but to carry out an integrative labor between psyche and biology. We will present the way in which a psychiatrist and a psychoanalyst articulate both areas in action. We understand this articulating function as the central attitude of bioethics in Mental Health.

Is it ethical to limit long-term home mechanical ventilation based on age? (238)

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As life expectancy grows, the number of elder patients requiring home mechanical ventilation (HMV) has been steadily rising. Aging patients usually have more comorbidities and dependence, and age is often used as a surrogate for the decision of invasive (and noninvasive) support. The aim of the study was to ascertain differences in clinical outcomes and patient-reported experience measures (PREM) regarding HMV using a cut-off of 80 years of age. The authors describe a cross-sectional study using 2 questionnaires: a PREM and the S3NIV (symptoms, sleep, and side effects). Out of 234 patients included, 35 (15%) were aged 80 or older. We found no statistically significant differences in clinical and ventilation characteristics (ventilation parameters, efficacy and adherence), reported health-related gains and treatment side effects, perceived health status, and well-being. Also, there was no statistically significant difference in the S3NIV score between groups. Our study concludes that elder patients do not differ from younger patients regarding HMV efficacy and tolerance with patients perceiving the same benefits. Therefore, from both clinical and ethical perspectives, age should not be used as a sole criterion to limit the delivery of HMV.

The Medical Association Ethics Bureau as a locus for ethical complaints against physiciansn (262)

Malke Borow
Israeli Medical Association, Israel

Many medical associations have internal ethical bureaus, which formulate professional ethical guidelines and advise regarding ethical issues. Less prevalent is the designation of the Ethics Bureau as the address for the investigation of ethical complaints against physicians. The treatment of such complaints is more typically undertaken by separate bodies authorized by law. The reasons for this are diverse: the fear that allowing the medical association to deal with complaints against its members may lead to the "cat guarding the cream", the desire to have such complaints handled by a more legal forum or simply an historical precedent. On the other hand, there can be an argument made for having the profession, with its unique understanding of medical practice, judge its own, or for settling complaints with a more mediation oriented approach. Israel is a unique example of a country in which the Ethics Bureau of the Medical Association, in addition to its more familiar roles, also deliberates upon ethical complaints against doctors, including issuing sanctions when appropriate. This presentation will present global models for the investigation of ethical complaints against doctors and the advantages and disadvantages of different approaches.

Ethical inquiry committees within the Ethics Bureau of the Israel Medical Association (284)

Yossi Walfish
Israeli Medical Association, Israel

As in many countries with ethics bureaus in their official medical organizations, Israel too has a medical ethics bureau within the Israel Medical Association (IMA). The IMA Ethics Bureau produces and updates a code of ethics for doctors, and discusses and issues position papers on a variety of ethical issues. In addition, IMA regulations include a mechanism that allows anyone to file an ethical complaint about a doctor with the Ethics Bureau. Upon receiving a complaint, the Chair reviews it to see if there is a basis for deliberation. If so, s/he establishes an Inquiry Committee consisting of 3 members. The process of inquiry takes place in a mediation-oriented style. After hearing both sides, the Committee decides whether an "ethical offense" has been committed, and whether to impose a sanction upon the doctor and/or publicize his or her name. Inquiry Committees have been held in the Bureau since 1997. Between 2012-2022, there were about 32 such Committees. Of these, 28 percent ended in a compromise and 28% in the vindication of the complainant. In 15 cases, the doctor's name was publicized. The current mechanism is useful both for instilling ethical values among doctors and helping the public deal with cases where a doctor acts improperly.

Medical Ethical Dilemmas in a multicultural society: philosophical, conceptual, and pragmatic underpinnings of the challenge - how should national medical associations decide? (288)

Rael Strous
Maayenei Hayeshua Medical Center, Tel Aviv University, IMA National Ethics Committee, Israel

Modern-day medicine is characterized by major breakthroughs in clinical management and research technology. Never in the history of medicine has so much hope been offered to so many long suffering patients. However optimism is often tempered by ethical minefields accompanying innovation and human endeavor. There are frequently no clear solutions to such ethical dilemmas. How do we decide? What should be the criteria and gold standard process for ethical decision making? How should a national medical organization representing a melting pot of multiple cultural, ethnic, and religious subpopulations reach consensus on contemporary medical conundrums, predicaments and impasses which is agreeable to both the national medical body of physicians as well as meet the deontological and utilitarian needs of the general population at large. In this presentation we will explore the quasi-unique anthropological nature of the problem, discuss the philosophical underpinnings of obtaining a solution to these challenges and share the applied Israeli Medical Association approach to the encounter of rational and non-rational medical ethics, pragmatism, mutual respect, and realism in national medical ethical decision making.

How are position papers of the IMA Ethics Bureau written? (292)

Tami Karni
Israeli Medical Association, Israel

The Israeli Medical Association (IMA) Ethics Bureau deliberates on ethical dilemmas that arise in direct discussions with physicians, from the media and from social, health and political issues. The COVID pandemic contributed many such dilemmas. The Bureau meets in person once a month, and during the pandemic, meetings were held by zoom. Topics are sent to members 10 days before each meeting, along with relevant literature. During the last two terms, meetings had between 30-40 participants (out of a total of 72 members), and everyone had the opportunity to express an opinion. Deliberations were conducted respectfully, with intent to understand each speaker's viewpoint. At the meeting, members decide whether to merely publicize the discussion or issue a position paper. As Bureau Chair, it was my honor and pleasure to write the papers. The papers included a brief, practical introduction to the dilemma and guidelines on how we saw best to solve it. The paper was returned to the Ethics Bureau for further discussion, with the binding sections approved one at a time after fine tuning the wording. Only once the majority was convinced that the paper is correct, was the paper published. At the conference, I will present a sample of position papers.

Personal data economy and vulnerable persons. Towards a legislation to protect the individual (115)

Maria Carmen Plana Arnaldos
University of Murcia, Spain

Personal data and data in general have, no doubt, an economic value in the digital economy. Economic reality and social debate make it clear that data, especially personal data, cannot be legally considered only from the perspective of privacy protection, or in a broader sense, from the perspective of the protection of fundamental rights. Taking into account these rules and the special nature of personal data, it is necessary to address legally the patrimonial aspect, the transfer, use and exploitation of data. In order to take advantage of the economic growth that data brings to the digital economy, the development of a legislation about patrimonial aspects of data is necessary. Such rules shall ensure consumer protection, as well as regulate the participation of individuals in the profits generated by the economic exploitation of data. Consumer protection rules should pay special attention to guaranteeing the consumer rights of people who may be considered vulnerable in the online environment due to their circumstances, mainly because not everyone has the capabilities, seemingly expected by the lawmakers, to make use of relevant legal provisions.

Integrity, privacy and neuroenhancement (405)

Luísa Neto
Faculty of Law, University of Porto, Portugal

This lecture discusses how neuroenhancement triggers ethical and social dilemmas, offering cognitive benefits yet raising concerns about fairness, safety, and unintended outcomes. Accessibility disparities and unknown long-term risks amplify these worries. Ethical reflection, regulatory frameworks, and societal impacts are crucial in addressing these challenges. Achieving equilibrium among cognitive enhancement, dignity preservation, privacy respect, and ethics demands meticulous consideration. These principles should steer the development and use of neuroenhancement technologies to elevate human life while upholding rights and dignity.

The right to access heritable human genome editing - A South African perspective (059)

Tamanda Kamwendo
University of the Free State, South Africa

Tuberculosis (TB) is the leading cause of death from infectious diseases in South Africa and a major risk to global health security. Although notable progress has been made towards TB control, its effectiveness has been limited, partly due to acquired resistance during the first-line TB treatment or poor patient adherence to the treatment. Considering that genetic factors play an important role in one's susceptibility to TB, it is imperative that all aspects of vertices of the TB triad – a susceptible host gene, pathogen, and environment – be considered in formulating treatment. CRISPR-CasX is a revolutionary new approach to genetic modification that promises effective immunity against TB. This paper explores the right to heritable human genome editing in South Africa in the specific context of TB treatment. The paper serves as an appraisal for South Africans on how to demand access to gene-editing services as a legal right in the search for a suitable treatment for TB. Against this backdrop, the paper demonstrates how the right of access to healthcare should be interpreted as being inclusive of access to gene-editing technology.

Patients values regarding primary health care and their influence on utilization decisions in Indonesia (209)

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Patients' values are a crucial aspect of primary health care reform. It influences patients' medical and care-seeking decisions. Although difficult to measure, values are relevant to gain broader and more serious consideration for PHC service delivery improvements. We aim to identify values essential for patients regarding primary health care. In particular, the values that affect their decision-making about primary care utilization. We conducted in-depth interviews with 17 PHC users and five patients using other healthcare services. We also interviewed 16 doctors and five other PHC staff. We analyzed the data inductively and thematically. In the context of national health insurance in Indonesia, important patient values during their visit to PHC include patient involvement, autonomy regarding referral; being taken seriously during the consultation, physical examination, and medical treatment; and respectful, fair, and non-discriminatory treatment. Patients' unmet values during their visit to PHC likely affect their subsequent behavior and decision in their healthcare-seeking journey. Identifying these values is essential to understand patients' attitudes about PHC utilization.

Ethical Challenges at the Time of the Covid-19 Pandemic – A Systematic Review (270)

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Background: The worldwide COVID-19 pandemic has resulted in an unprecedented influx of patients in hospitals, raising ethical concerns not just about triage and life-support decisions, but also about family visits and the quality of end-of-life care. The value of ethics in the public healthcare system cannot be overstated. Objectives: To determine the prevalence and distribution of the ethical principles in COVID-19-related research publications Methods: First, we check the articles published in ethics at the time of COVID-19 pandemic published between January 1,2021 and August 31, 2022. Secondly, we aimed to identify the prevalence and distribution of these ethical principles in research publications related to COVID-19. Results: A total of 6152 publications were identified; after applying all exclusion criteria, 25 article were included and scrutinized extensively. There were 17 (68%) literature reviews, 5 (20%) systematic reviews, 1 (4%) integrative review, 1 (4%) cross-sectional study and 1 (4%) observational study. Conclusion: It is evident from the multitude of papers on the issue that the medical ethical challenges as well as ethical discussion debates, continue to develop virtually every day.

The Practice of Defensive Medicine Among Jordanian Physicians (384)

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Jordan University of Science & Technology, Jordan

Defensive medicine (DM) is a deviation from medical practice that is enhanced mainly by the possibility of legal liability. Developing countries (Jordan as an example) have very limited statistics and information on such practice. The objective this research is to evaluate the spread of DM practice in Jordan among physicians and to investigate the causes of such practice and proposed strategies to lessen it. Within this Cross-sectional study, self-administered questionnaire was distributed to a sample of physicians in Jordan. The prevalence of DM practice was estimated among the study sample. A total of 175 Jordanian physicians finished the survey. The prevalence of embracing DM behaviors among the study sample was 68% (n=119). Diagnostic laboratory exams followed by prescribed medications were the most practiced behaviors at an exorbitant rate during a typical working week. Troublesome regulations for the physician were reported as the fundamental reason for practicing DM, followed by strain from the public and mass media attitude. Regular update of knowledge, capabilities, and conduct while following specific protocols and/or appropriate clinical evidence were the most efficient strategies that can alleviate DM behaviors.

Ensuring Ethical AI Integration in the European Health Data Space: Upholding “First Do No Harm” and Protecting Patient Rights (361)

Margarida Mateus, Mónica Correia, Ana Luísa Neves
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The rapid integration of Artificial Intelligence (AI) in healthcare, particularly in the European Health Data Space (EHDS), demands a comprehensive exploration of its ethical implications and policy considerations. This research examines upholding the “First Do No Harm” principle while designing AI projects and safeguarding patient rights. Employing mixed-methods, including literature reviews, case studies, interviews, and policy analysis, the study research seeks to develop an ethical framework tailored to AI implementation within the EHDS. By evaluating regulations, identifying gaps, and proposing policy adjustments, the project aims to guide AI designers and data scientists to prioritize ethics. The research contributes to analyzing ethical considerations and policy implications in AI integration within the EHDS, while advancing responsible AI use in healthcare, and protecting patient welfare and individual rights in the digital era. The findings of this research will contribute to the ongoing discourse on ethics in AI and serve as a valuable resource for policymakers, healthcare professionals, and AI developers seeking to navigate the ethical complexities of AI integration in the healthcare landscape.

Adopting non-discriminatory measures in future pandemics – lessons learned from Covid-19 (035)

Danaja Fabcic Povse
Free University of Brussels / Health and Aging Law Lab (HALL), Belgium

Background: How can governments fight pandemics without adopting discriminatory measures? Learning from the relationship between discrimination and risk in measures against the covid-19 pandemic, the objective of this paper is to provide recommendations to legislators on adopting non-discriminatory, risk-based measures in future pandemics. The paper will answer the following research question: How does ECHR’s general prohibition of discrimination apply to public health measures against the spread of pandemics and how can the covid-19 experience inform future policy? Methodology: This paper understands discrimination as established by the ECHR’s general prohibition of discrimination and its case law on public health (i.a. Vavricka, Kiyutin, Novruk, Zambrano and other relevant public health cases) to draw up minimal criteria which risk-based measures must respect not to be discriminatory. Those conditions will be considered in epidemiological measures applied during pandemics – i.a., disease surveillance, travel restrictions, technological solutions, quarantine and testing, etc. Results & conclusions: Risk based measures can only avoid discrimination if the differentiation is proportionate and can be objectively justified, and allow individual assessment. The margin of appreciation is narrower when concerning a particularly vulnerable group. Objective justification can rely on evidence-based policies, established procedures and involving advisory groups from varied fields. When scientific evidence is unclear, precautionary principle is valid legal basis for adopting measures. Disproportionate impact of measures on marginalized groups and vaccine hesitancy are not resolved by the tech measures such as apps and certificates and require dedicated targeted measures.

Respecting ethical and legal norms of psychiatric patients in the mental health institutions of Kosovo during the period of the COVID-19 pandemic (139)

Miftar Zenelaj
University Clinical Hospital Service of Kosovo, Kosovo

The COVID-19 pandemic has caused many ethical and legal challenges for mental health professionals not only in Kosovo but across the globe, who were struggling to protect themselves from being infected with COVID-19, and at the same time, provide adequate health services and other services to psychiatric patients hospitalized in mental health institutions. At the beginning of the pandemic, one of the major challenges was the ethical dilemma of how to act with hospitalized psychiatric patients and residential psychiatric patients, taking into account the high risk of infection and possibilities of this category of patients to be infected easier than the general population. This study focuses precisely on the mental health sector and aims to prove the level of adherence to ethical principles and norms, as well as respect for the legitimate rights of persons with mental disorders during the COVID-19 pandemic, within hospital facilities and residential mental health institutions of Kosovo. The actions of mental health professionals at the beginning of the pandemic have often been irrational in terms of respecting the.

Sustainable education and ethical awareness to save the new generations and the planet (423)

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Università della Valle d'Aosta, Italy

The post-pandemic era has shown us the fragile relationship with reality that adolescents have, their confident attitude with digital devices and their comfort zone being online and no more in-life. Learning together, cooperating and sharing - for real - is the new challenge of school. Technology may still help, but it is outdoors in direct touch with nature, the environment - whether urban or rural - surrounding their lives that young people would grow happily and mature ethical values otherwise lost in the metaverse. School must restore its central role in society, too often the only opportunity to be with peers, assisted and guided by adults, in a safe and stimulating context. Peer education can boost equality and sympathy, and the ideal context to sustain a virtuous transmission of values and behaviours is the natural world, outside and outdoors. Outdoor education is the key to keep humanity alive and free, reestablishing the communion between people and planet. So, peer out: tackling the wrong social models will be easier and more natural and a contagious benefit on the whole society will eventually be triggered, guaranteeing mutual respect and protection.

Ownership and reproduction with cells for IVG (402)

Sonia Suter
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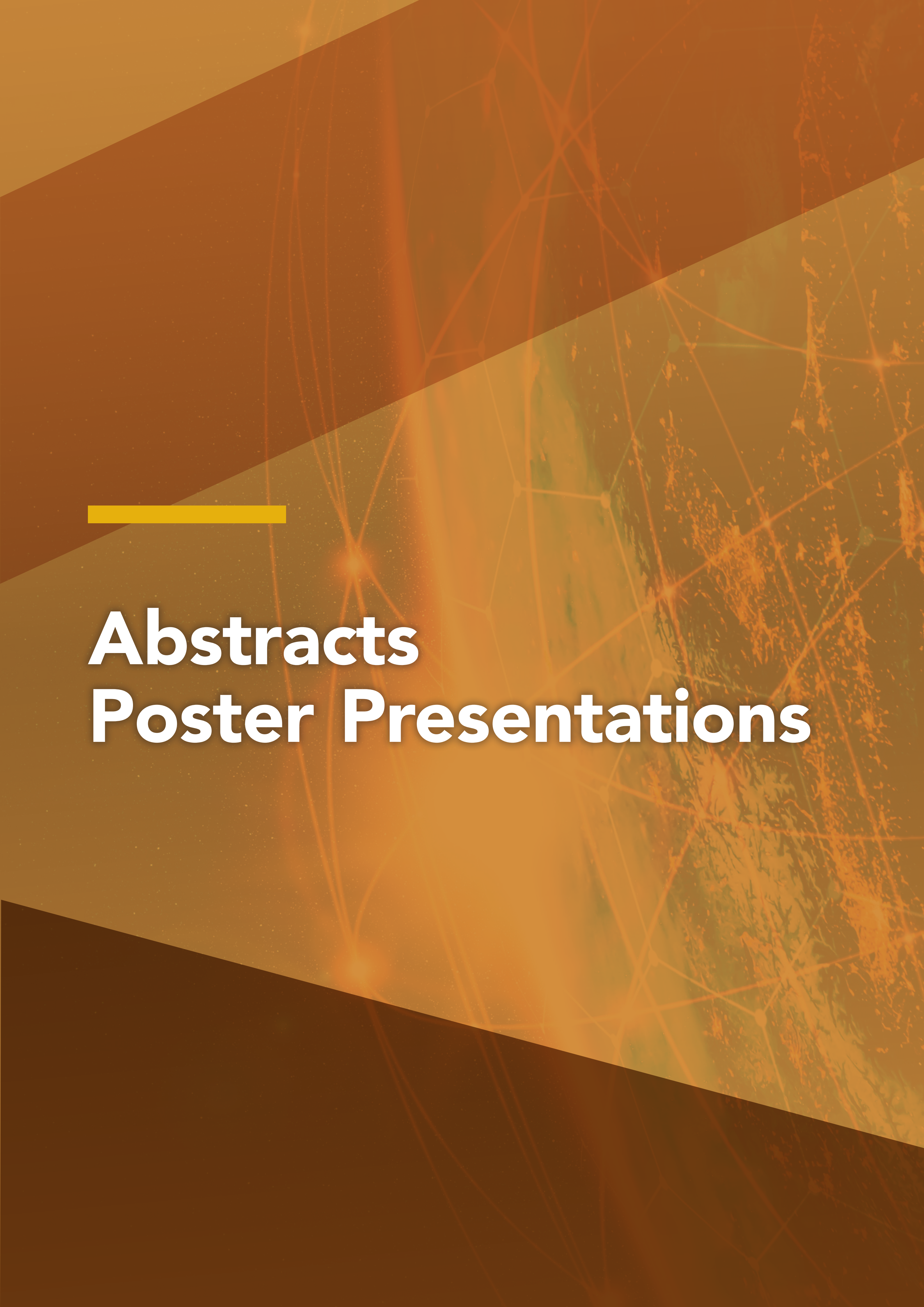
In the realm of reproductive technology and medical science, this lecture discusses how In Vitro Gametogenesis (IVG) poses significant ethical, legal, and social challenges. If the technology becomes viable for human reproduction, IVG would involve the creation of human gametes derived from somatic cells of individuals, potentially transforming assisted reproductive technologies. Because the gametes would be generated by manipulating individuals' cells, IVG raises issues regarding the ownership of IVG-created gametes. Those ownership questions implicate corollary concerns regarding informed consent and reproductive autonomy, as well as a host of other ethical considerations related to parenthood, the commodification of human life, access disparities, and children's long-term health. This talk will discuss the need to strike a delicate balance between technological progress and respecting individual rights, autonomy, and dignity. Societal discussions and establishing appropriate legal and ethical frameworks are vital for responsible development and use of IVG.



Abstracts
Poster Presentations

Consent for Teaching – the experience of Pediatrics and Psychiatry (161)

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The informed consent protects patients' right of autonomy, as they may refuse to participate in the clinical teaching. In Pediatrics, young people aged 16 or over, and with the necessary judgment, may consent, being that in Psychiatry, the consent is also essential due to the personal character of the subjects addressed. This study aimed mainly to assess the practical application of informed consent in the medical education. An observational cross-sectional study was developed, and an interview-like questionnaire was applied to participants waiting for a scheduled consultation for themselves or the person they represented, in Pediatrics and Psychiatry. Only 54% of Pediatrics' participants and 75% of Psychiatry's participants stated that the physician asked them if they minded the students' presence and even a smaller percentage from both departments affirmed that students introduced themselves as medical students and requested their consent to examine them. Patients feel satisfied to contribute to the students' formation, although a considerable percentage of them had experiences without being informed or asked for consent. There's a need to intervene and provide an adequate education of ethical values in clinical practice to students.

Palliative care and end stage liver disease: attitudes of hepatology and palliative care specialists (172)

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Background: End-stage liver disease (ESLD) is associated with high morbimortality. Despite reduced quality of life and life expectancy, referral to palliative care (PC) is suboptimal. There are barriers related to negative attitudes towards PC and lack of time for PC discussions. Our aim was assessing the attitudes of hepatologists (Hep) and PC clinicians towards the implementation of PC in ESLD.
Methods: Cross-sectional web-based survey of Hep and PC of Portuguese medical societies.
Using a five-point Likert scale their perspectives where rated towards the implementation of PC in ESLD.
Results: 123 clinicians completed the survey (52% PC and 48% Hep). The majority (97,6%) agreed that PC training should be provided to Hep, but 78,9% considered that involvement of PC in ESLD patients is occasional or rare. When asked about the feelings provoked in the clinicians when referring ESLD patients to PC, 64,8% described positive feelings; when questioned the feelings they thought would be produced in patients, 66,9% considered negative feelings.
Conclusions: Most clinicians believe that PC in ESLD patients is necessary but occurs occasionally. Strategies are needed to improve the care provided and overcome the feelings that can be produced.

Practical research on raising awareness of ELSI among medical students in Japan: Focusing on collaboration between educators, medical doctors, and lawyers (174)

Akinori Yamabe[1], Rio Otsuka[1]
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Introduction: Adherence to research integrity is essential for high-quality research. This study examines the effectiveness of education for understandings ethical, legal, and social issues (ELSI). Methods: The subjects were first-year medical students in Japan taking the "Science and Society" class. Results: Pre- and post-lesson changes are shown as percentages. (1) Degree of interest in ELSI: high 9%→36%, fair 36%→50%, slight 50%→14%, none 5%→0%. (2) Awareness of ELSI: high 5%→32%, considerable 27%→41%, slight 55%→23%, none 14%→5%. (3) Explanation of ELSI in science and technology: good 0%→18%, fair 32%→73%, average 55%→9%, poor 14%→0%. (4) Proposal to prevent research misconduct: good 0%→14%, fair 41%→77%, average 41%→9%, poor 18%→0%. (5) Ability to explain how scientific papers should be written: good 0%→9%, fair 14%→73%, average 68%→18%, poor 18%→0%. In the free description, some students considered learning ELSI very useful for in-depth understanding of research activities. Conclusion: The education to teach ELSI was found to be highly effective.

Bioethical issues in realities created by hardwares and softwares (179)

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In the media, research into equipment and software indicates progress in Artificial Intelligence integrated with Robotics. Remembering that scientific research in Humanities and Exact Sciences also involves the logic of games known as win-win or win-lose, formal contracts must be established between the researcher and the research subject. Until now it was an uncomplicated process as they were both human. However, the situation becomes complex when the researcher or the research subject, or even both, can be replaced by a machine that learns and there is a possibility of it becoming self-reproducing. This investigative interest emerged from discussions with internationalist students in two bioethical disciplines and this qualitative, descriptive, documental research study and the theoretical framework on Virtual and Augmented Realities permeating hyperreality and oblique reality, with the aim of identifying/highlighting points of bioethics in articles, documents and works by various authors referenced in the disciplines from 2018/2 to 2019/2. Terms such as neuromorphism, organoid, immersion, mindware, virtual dependence emerged and studies on immersion were found to be necessary; neglect of the environment; risk content; privacy.

Capacity building for formal caregivers to provide care to elderly people with dependencies in their daily life activities, at home (188)

Clementina Morna[1,2], Luísa Pereira[1], Judite Sá[2], Sérgio Mendonça[1,2]
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[2] *APB, Portugal*

It is the State's duty to ensure that people over 65 years of age, who are dependent in daily life activities, can live at home, ensuring that they receive essential care to promote their well-being and dignity. To ensure the widest possible support network, the State supports institutions that perform these functions, namely the Private Social Solidarity Institutions (PSSI). Considering the frailty of the elderly, the Home Support Services (HSS) should ensure the necessary support for self-care and management of the adequate treatment of dependent elderly people, taking care, in the quality of care, to guarantee human rights.

This study, developed in private institutions of the Autonomous Region of Madeira providing HSS, aims to identify specific training needs and propose programmes and strategies to empower formal caregivers to provide better quality home care, according to the needs identified through questionnaire.

We found that there are several gaps concerning the training of formal caregivers, such as the promotion of safety, the aging process, mental health, food and nutrition, which may lead to constraints in ensuring the well-being and dignity of the elderly person.

Beliefs held by breast specialists that impact the treatment decision processes for advanced breast cancer patients: Quantitative research in Japan (198)

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[2] *University of Tokyo, Japan*

Why do some breast specialists continue chemotherapy to terminal-stage breast cancer (BC) patients? A qualitative study conducted among Japanese breast specialists identified two beliefs that may influence the timing of cessation of chemotherapy. These are the "belief that the patient is an entity who cannot accept death (NA)" and the "belief that the patient is an entity who can accept death (A)." We performed a quantitative survey of 1,541 Japanese breast specialists. Quantitative findings supported the qualitative research results.

The logistic regression analysis revealed that doctors who were more likely to select options typical of the NA––preferring later cessation of treatment–– were those with a higher level of the following factors: "less concern about discussions of BC and death being crucial for patients within a long-term patient-physician relationship," and the belief that "discussing death and values is difficult." Also, NA doctors were those with a lower level of "positive experiences of end-of-life discussions (EOLd)" and "EOLd is important to establish patients' trust." The content analysis of questions about difficulties in end-of-life care revealed "high individuality of BC," "lack of care-services" and "difficulty of EOLd.

Barriers to Equitable Healthcare for Critically ill Temporary Foreign Workers (215)

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Temporary foreign workers (TFW) are a structural necessity in Canada's agricultural industry and in the North American food chain, with more than 50,000 agricultural TFW hired annually. Although employed in a relatively high-risk industry, many are hesitant to seek primary care due to fear of losing employment and treatment of TFW with critical illnesses is often interrupted due to the termination or completion of their contracts. This creates moral distress for providers when they are unable to provide continuity of care due to the lack of federal policies around the management of critically ill TFW. Despite their financial contributions to our healthcare system, they are denied equal access as they are repatriated to their home countries once they become ill. Our research aims to understand this injustice through case analysis and interviews with critically ill TFW and healthcare professionals.

The ultimate objective of this project is to reform Canada's policy to allow the continuity of care of critically ill TFW and fulfill the ethical obligation to support TFW who play a critical role in our society.

Burnout determinants among portuguese medical doctors working directly with COVID-19 patients (232)

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During the COVID-19 pandemic, physicians have been exposed to various psychosocial stressors. The aim of this study was to describe burnout among such professionals in Portugal.

A cross-sectional study was performed using an online questionnaire spread via social networks, using a snowball technique with the support of health care institutions and professional organizations. Psychological variables were collected using the Copenhagen Burnout Inventory, the Resilience Scale, the Depression, Anxiety and Stress Scales, and the Satisfaction with Life Scale.

A total of 454 doctors completed the survey. Socio-demographic, professional and psychological variables were inquired as potential burnout predictors according to a multiple linear regression model. Satisfaction with life was the only possible determinant in all burnout dimensions. Higher levels of satisfaction with life were found to be potential predictors of lower levels of personal, work-related and client-related burnout. In this study, satisfaction with life had a protective effect in burnout in medical doctors. Further research is warranted to allow risk stratification and timely referral of the highest-risk professionals and to help design strategies for burnout prevention.

Burnout in healthcare professionals working in palliative care (234)

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Burnout is a multidimensional syndrome characterized by emotional exhaustion, depersonalization and lack of personal ad professional fulfillment. It is particularly common in healthcare professionals, with a worldwide prevalence of about 50%. In Portugal, 21.6% of the healthcare force presented moderate levels burnout and 47.8% high levels of burnout. In Palliative Care there is a constant confrontation with suffering and death. Nevertheless, the research on this subject suggests that the prevalence of burnout is lower in Palliative Care when compared to other areas of Medicine, not only in Portugal but also internationally. There are important protective factors against burnout in this field, specifically the personal enrichment and spiritual growth that working in this area allows. Caring for patients is often seen as a significant and meaningful contribution by palliative care professionals. Burnout is an important subject from a medical ethics perspective because the well-being of healthcare professional ultimately has an impact in the quality of care delivered to patients.

Improving Medical Students' Confidence in Ethics and Law (236)

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Ethical scenarios are commonly encountered in clinical practice and regularly feature in undergraduate assessments. However, there is currently no formal bioethics teaching for medical students in our institution. A group of third year medical students were given two mock-OSCE roleplayed ethical scenarios as part of a broader revision session. Students were given a pre- and post-course questionnaire consisting of a Likehart scale; qualitative feedback was also sought. Based on these responses, a dedicated ethics session was subsequently delivered to different third year medical students, consisting of the same scenarios with one additional roleplay. Data was collected accordingly. In the first cycle, most students were not confident in assessing patient's capacity, or upholding a patient's autonomy. Post-course, most students (80%) felt confident in these areas. Qualitative themes included more in-depth discussions after each roleplay. In the second cycle, post-course feedback revealed all students were either 'confident' or 'very confident' in the principles of consent; capacity; confidentiality; best interests; autonomy; and whistleblowing. Roleplays and mock-OSCE style teaching is effective for improving students' confidence in bioethics.

Knowledge, Attitude and Practice of Bioethics among Healthcare Professionals in Maharashtra (239)

T. Poovishnu Devi[1], Rui Nunes[2], Russel D´Souza[2]
[1] *Krishna Vishwa Vidhyapeeth, India*
[2] *Faculty of Medicine, University of Porto, Portugal*

Objective: To asses the knowledge , attitude and practice (KAP) of Bioethics among health care professionals (HCP's) in Maharastra
Methods : A cross sectional study with a total of 1980 HCP's was selected by stratified sampling and questionnaire requesting demographic data and items related to KAP of Bioethics was forwarded online . A score was given for each response and total score was calculated.
Results: Age limit between 35 – 45 yrs and konkan region HCP's showed good KAP (75%) among all HCP s . Among them Nurses had good KAP (88%) on Bioethics , whereas the knowledge and practice on Biotheics was low (>60%) among Physiotherapist and Occupational therapists . HCP with 20 – 30 years of practice and participants who had previous training in bioethics had significantly higher KAP scores than others. A cogent positive correlation was found between the practice and attitude scores.
Conclusion: The study clearly signifies the need of addition of Bioethics in all HCP's curriculum and that will positively affect practitioners KAP.

Bioethics and psychiatry: the lack of recent literature in Brasil (263)

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In order to analyze the scientific production on bioethics and psychiatry in Brasil published in the last 10 years, an integrative literature review was carried out in PubMed, BVS and ScIELO databases, using key descriptors and search operators to relate terms, namely: (ethics) OR (bioethics) OR (medical ethics) AND (psychiatry). The selection process for thesearch and selection of studies was based on the PRISMA instrument, resulting in a total of thirteen articles, with only two articles eligible for the integrative review according to the inclusion and exclusion criteria. The research showed that only the themes of spirituality and pedophilia were addressed in the analyzed studies, both using a literature review methodology. Despite the theme of bioethics and psychiatry having a great relevance in contemporary times, the theme has a lack of scientific papers in Brasil, being still poorly explored and encouraged.

Impact of COVID-19 on resilience and life satisfaction in allied health professionals (265)

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Introduction: On the front line of the fight against COVID-19 there are other health professionals who have also been impacted by the pandemic. Objective: Describe the impact of COVID-19 on resilience and life satisfaction in portuguese allied health professionals. Methods: A cross-sectional and correlational study was performed using an online questionnaire spread via social networks, during may 2020. Psychological variables were measured by Copenhagen Burnout Inventory, the Resilience Scale, the Depression, Anxiety and Stress Scales and the Satisfaction with Life. Results: 642 subjects completed the survey. Marriage status, resilience, anxiety, depression and work-related burnout were found to be significant variables associated with life satisfaction in adjusted multiple models. Life satisfaction, depression and personal burnout were found to be significant variables associated with resilience. Higher levels of depression and personal burnout were significantly associated with decreased levels of resilience. Higher levels of life satisfaction were significantly associated with increased levels of resilience. Conclusions: It is important to develop resilience training strategies, constituting a protective factor for mental health.

Differences in the experience of trust in healthcare professionals of two men with chronic diseases: an interpretative phenomenological case study (280)

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[1] Comenius University in Bratislava, Jessenius Faculty of Medicine in Martin, Slovakia

Trust is a key aspect of the partnership between a healthcare professional and a patient. Trust is especially important in the context of chronic diseases, as a result of which patients are exposed to increased vulnerability, uncertainty, and dependence on their care. The aim of the study was to compare the understanding of trust in the patient-professional relationship of two participants with chronic gastrointestinal disease. The study has a qualitative design. The study was approved by the local ethics committee and is part of research project VEGA 1/0276/2. Qualitative analysis of individual lived experiences was performed using interpretative phenomenological analysis. Two adult men (Peter and John) were selected from a larger research sample. Based on a comparison of the personal experiential themes, Peter's trust has mainly interpersonal and John's has an institutional character influenced by the COVID-19 pandemic situation. Furthermore, John's experience of trust was influenced by ageism and the paternalistic approach of healthcare professionals to his parents-in-law. Understanding the differences in the patient's trust is essential for individualized care.

Ethical responsibility in medical auditing: Comparative analysis between the Brasilian code of medical ethics and the portuguese code of ethics (273)

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The massification of healthcare and globalization have posed challenges to society. The flood of information distorts concepts and leads doctors and patients to a false notion of their rights, resulting in a growing demand against auditors. The idea of holding doctors accountable involves, particularly, the professionals themselves and professional bodies in Brasil and Portugal, without forgetting that this interdisciplinary ensemble deals with the greatest human good: life. Medical auditing was previously marginalized due to its policing nature, but today conflicts among colleagues have become common. Due to a lack of knowledge, these conflicts reach the courts or professional bodies. A comparative analysis of the auditing provisions in the ethical codes of both countries is essential, addressing the peculiarities and suggesting adjustments to ensure respect for bioethical principles, according to the law of each country. Auditing is addressed in the Codes of Ethics of Brasil and Portugal, where several specific precepts can be found. There are various provisions that regulate the auditor's activity, but a lack of consolidation makes it difficult to adhere to the rules. In the field of medical auditing, both regulations require improvement.

Clinical bioethics X principal bioethics: the posture of medical students facing the choice between patient autonomy and risk to life (282)

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Principal bioethic search to use bioethic to resolve demands in which there are conflicts, however, in certain situations the simple application of these cannot easily point out the best option, especially when the principles are opposed to each other. In circumstances like these, the application of knowledge and concepts most used by clinical bioethics can help the health professionals at their job. In this work, a group of students from the medical curse 4th year, were submitted to a formal written evaluation, with a case: the possible need for blood transfusion associated with an emergency surgery in a patient whom, for religious reasons, chooses not to receive blood products. The students were asked how they would proceed if they were in charge of the patient. The responses revealed different approaches, some clearly based on bioethical principles such as:blindly following the patient's autonomy, without any clinical consideration, or on the other hand, considering only biological non-maleficence and performing the transfusion appropriately. Others showed concern for respecting the patient's autonomy, reconciling the best possible treatment, even using legal instruments such as a consent form in order to legally protect the professional.

European Medical Ethics: Shared Principles and the Feasibility of a Unified Code. A Comparative Study (283)

Sara Patuzzo
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European Countries have their own Codes of Medical Ethics that provide guidance to physicians in their medical practice. These Codes reflect, to some extent, the national cultural, moral and legal traditions, particularly concerning fundamental bioethical issues. However, the international medical scientific community has reached a consensus to converge certain principles of medical ethics, which are also included in various European charters and documents, notably those by the Council of Europe and the European Council of Medical Orders. Based on this "ethical common denominator", this research presents the findings of a comparative analysis of European Codes of Medical Ethics, with the aim to assess the practical feasibility of a unified European Code. Such a Code could serve the interests of European societies, especially considering the growing movement of patients and physicians across borders within Europe: it would help safeguard patients' wishes and needs, while guiding the medical profession throughout Europe.

Bioethical challenges of compassionate extubation in adults intensive care units (285)

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Longevity comes with increasing in the prevalence of chronic-degenerative diseases and together the technological advances, place the discussion on terminality and human dignity as central themes in intensive care. Invasive respiratory support is one of the advanced resources for the maintenance of life, therefore, the decision for compassionate extubation presents itself as an evident bioethical challenge for the assistant team, the patient and their family. It is possible to list some reasons for recognizing this challenge in the compassionate extubation approach, such as the brief mention of bioethical aspects in palliative extubation
protocols, the uncertain determination of the desired therapeutic proportionality and the heterogeneity of the assistant team that participates in decision-making process. Finally, some strategies are considered in solving these challenges for clinical management focused on bioethical principles, such as respect for the patient's wishes or their representatives, therapeutic non-obstinacy that promotes futility of treatment, sharing decisions with the team and fostering a culture of human dignity. In this way, intensive care will include compassionate extubation as a valuable tool for terminally ill patients.

Ethic training for professionals and students in the health area focusing on violating professional confidentiality due the electronic media use (286)

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The social media use has been increasingly used in society, however its inappropriate used in the health area such as exposing patients through their images and information, has generated numerous problems, including the breach of confidentiality between patient and healthcare provider. As a result, the aim of this study, is to conduct a training to healthcare providers applying fundamental basis in ethics and bioethics concepts, though clinical cases discussion focusing on electronic media and its hazardous. We believe that this training during the students/professional course will provide a better understanding and knowledge about the importance of patient privacy and confidential health information. Also, the knowledge acquired in this ethic training will be used in daily clinic practice. Additionally, the implementation of a continuous training will provide better insights about the electronic social media use by healthcare professionals, bring a careful reflection of roles and responsibilities related to preserving privacy and confidentiality within a health care system. Thus, this training will bring benefits for both patients and healthcare providers, offering a better-quality service by the community in general.

Liquid Bioethics (287)

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Bioethics is a part of human knowledge in which philosophical values are related to phenomena of life, health, biology and the environment, thus generating consensus for social interaction, assuming the realization of multidisciplinary choices and reflections in the humanist and technological fields. Thus, bioethics is not a finished structure, but an entity under construction, a bridge to live the future, a system of reflection, based on a transdisciplinary and pluralist dialogue, which emerges from the reception of the existence of the other and the need to relate to survival in society. Bioethics has several nuances that depend on social, technological, biological and cultural aspects, thus being often fragile, fleeting and malleable, like liquids. In this context, a bioethics is generated that also seeks pleasure, partiality, individualism and heteronomy in the fields of engineering for modified genetics, artificial wombs and assisted reproduction,personalized medicine, forensic genetics and biopolitics.

Use of artificial intelligence in health and the importance of regulatory bioethical aspects (291)

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Conselho Federal de Medicina, Brasil

The use of technologies is increasingly observed in all sectors of modern life. The world deals with the staggered creation of these tools and is constantly transformed by them. The so-called 4th Industrial Revolution is the apex of the digital age, with the development of technologies such as artificial intelligence (AI), classified as a branch of computer science whose goal is to make computers "think" or "behave" in a similar way. and intelligent to humans. The field of Medicine benefits greatly from these advances and is faced with the inevitable impact of using AI for diagnostic and therapeutic purposes. In view of the above, it is necessary to reflect not only on the possible benefits of using AI for health, but also on the challenges and risks it may represent in processes involving patient care, exposing possible bioethical problems arising of these indiscriminately and discussing the importance of creating and developing bioethical regulatory frameworks for the use of AI. Thus, it is urgent to answer questions such as: how will society, human beings, software development companies, doctor-patient relationships prepare for this revolutionary phase?

Social determinants and restrictions on access to health care – a bioethical dilemma (295)

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Technological and scientific advances make available equipment, surgical techniques, drugs, and effective therapies for diseases once considered incurable, with increased life expectancy in many countries. Equity to global health conditions is hampered by poverty and lack of access to services, where vulnerable people fall ill and die earlier than those in more privileged social positions. Improved health services should be a prerequisite for development, because investing in health brings the highest rates of return for a country, as leaders impact their future decisions and the decision of their peers through ethical dilemmas. Millions of people do not have access to adequate health care, either preventive or curative. The World Health Organization states that 27 million children have not been vaccinated; 30% of heart attack patients do not receive aspirin to prevent further events; 50% of patients with coronary heart disease do not receive beta blockers, only 37% receive statins, and less than 40% have LDL cholesterol less than 100, factors that prevent further coronary events; services such as mental health and prenatal care are underutilized. In this context, neglected bioethical issues will impact individuals, families, and communities.

Empathy and Compassion: The impact of teaching in Palliative Care (294)

Cristiana Alves[1], Rui Nunes[1], Andreia Teixeira[1], Ivone Duarte[1]
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Empathy and compassion are essential skills in health care, especially for professionals working in palliative care. Putting yourself in the other's shoes is the essence of this specialty, whose mission is to provide relief from suffering in those who are facing incurable diseases, a fundamental part of clinical practice.

Developing these skills in medical students can be a challenge. Medical education and teaching in palliative care and/or end-of-life care are a key tool in this process, taking on a fundamental role in the development of these skills.

In the research carried out, the teaching of palliative care takes students to think about this issue, considering the importance of empathy and compassion in several aspects: in clinical treatment, in compassionate care, in the relationship with patients and families, in the process of dealing with one's emotions, communication skills and professionalism.

Teaching palliative care can be an excellent strategy for developing empathy and compassion in medical students. These skills should be promoted during the academic learning and, mainly, professional path, considering their impact on changing attitudes in clinical practice.

Perception and knowledge about pediatric palliative care among health professionals from a Brasilian teaching hospital (306)

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The demand and supply for Pediatric Palliative Care (PPC) have increased in Brazil.

Objective: to identify the perception and knowledge of health professionals (non-physicians) about palliative care in a Brazilian pediatric teaching hospital.

Methods: health professionals from the a teaching hospital, except physicians, who did not work in PPC, answered an interview whose data were qualitatively evaluated.

Results: participants were mainly female and aged between 23 and 53 years. The following categories emerged from the qualitative analysis of the data: partial knowledge associated with terminality; lack of contact with the topic during training; little knowledge about eligibility criteria; recognition of the need for training; limited knowledge about the PPC team working at the institution; difficulties in dealing with their own emotions related to finitude. Conclusion: the data indicate that there is a need to train professionals and to include the theme in the curricular structure.

Communicating bad news in medicine: the perspective of clinicians and surgeons (307)

Valdeci Hélio Floriano[1], Isabela E. Fantini[1], Janaína Aparecida de Sales Floriano[1], M. Cristina Miyazaki[1]
[1] *FAMERP Medical School, Brasil*

Communicating bad news is a task inherent to medical practice, which is associated with a high level of stress for the professionals who perform it. The objective of this research was to characterize the experience of physicians in relation to communicating bad news. Method: participants were clinical physicians and surgeons from a high complexity hospital, who answered a multiple-choice questionnaire. Results: There was a prevalence of females, clinicians and recent graduates. Discomfort was reported when facing the expression of emotions by patients/relatives, and the professional's own ability to convey bad news was considered reasonable. The training received to convey bad news during training was the accompaniment of a health professional during this task. Most participants believe that training using a protocol would be useful to facilitate the competent performance of breaking bad news to patients and families.

Telemedicine and the protection of physician and patients in the norms of Brasil and Portugal (308)

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Introduction: The implementation of telemedicine (TM) is accompanied by ethical and legal concerns, which aim to protect physicians and patients. International organizations point to widespread uncertainty about how existing legal frameworks apply to health information and communication technology systems. Since 2006 in Portugal and 2022 in Brazil, TM was regulated and authorized. Literature states that one of the ways to assess the progress of TM is to verify the adopted legal structures.
Objective: To analyze the norms related to TM in Brazil and Portugal, concerning the protection of physicians and patients.
Discussion: In both countries, the goal of the dissemination of TM is to promote equity. It'snecessary to consider sociocultural challenges to reduce the possibility of excluding populations. Patient's consent and autonomy must also be discussed, since the absence of the concrete option of face-to-face consultation can be seen as a limitation of freedom.
Privacy and data protection, professional liability and vulnerability of patients and physicians, as well as the supervision of TM practice must be better considered in the norms.
Conclusion: There are ethical issues that should be better explored in the norms of both countries.

Access to assisted human reproduction techniques in Colombia: Disparity between the recognition of reproductive rights and their effective implementation (312)

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Public funding of assisted reproduction technologies (ARTs) is a controversial issue. It defends sexual and reproductive rights in the context of a health system with limited resources to meet the health needs of the population. Some health systems have proposed public funding of ARTs. In recent years, there has been evidence of a change in the line of jurisprudence and legislation in Colombia about this topic, leading to the enactment of normative documents (Law 1953 of 2019 and sentence SU074 of 2020) that guarantee partial financing of highly complex ARTs. This article analyzes, based on jurisprudence in Colombia, regulations, and experiences in other countries, the tension between the recognition of individual sexual and reproductive rights and the common good, in terms of the sustainability of the health system and the reasonable use of limited resources. The data suggests a significant impact on the financial sustainability of the health system from full financing of highly complex ARTs. For this reason, ARTs in Colombia have recently been excluded once again from public funding. The right to infertility treatment and access to ARTs are second-generation rights. The State must consider several issues regarding its current position.

Norm on Social Co-responsibility in the University Environment, from a Bioethical Approach (314)

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The responsibilities regarding the care of dependent persons has perpetuated a unequal and equitable distribution in terms of the role of those who exercise the role, and for this reason the University of Chile has made an update in its social correspondence policies.
The committed actions that carry a bioethical reading are:
For people in the university community, from the bioethical approach, these measures highlight the following perceived values:
- Solidarity: the institution, by providing facilities to the caregiver, helps in the sharing of responsibility
- Cooperation: Reduces the inequity raised in the ethics of care, a correct cooperation is carried out in the institutional – family / social core.
- Accompaniment: The security, tranquility and, therefore; mental health of a person who cares, really receives cooperation and help from the institution.

Along with its important bioethical principles:
- Nonmaleficence: Significantly decreases the stress associated with care and incompatibility with family, work and academic responsibilities can bring problems to mental and physical health.
- Charity: The person is favored by having a shared and protected burden of care.
- Protection of autonomy. The preservation of autonomy is favored.

Sexless marriage and prostate cancer: the partner's perspective (326)

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Introduction: Sexless marriage refers to a couple's union in which there is little or no sexual activity or intimacy between the partners for 1 year or more. This situation can cause distress, both due to physical and psychological changes and the disruption of future plans and lifestyle. Radical prostatectomy is a common treatment for prostate cancer in the early and intermediate stages. Partners actively participate in the treatment process, assisting with pain management and personal hygiene. Objective: To investigate the sexless marriage phenomenon after robotic surgical treatment for prostate cancer from the perspective of the partner in Brasília, Brazil. Method: A semi-structured interview will be conducted, collecting epidemiological data and utilizing the Female Sexual Function Index instrument with 30 wives or partners whose companions have undergone Robotic Radical Prostatectomy. Conclusion: Beneficence, linked to Non-Maleficence, aligns with the objective of this study as it seeks the cure of an unpredictable neoplasm. Justice by building egalitarian relationships despite inequalities. Partners affected by the treatment should prioritize their well-being and happiness, fostering a pleasurable dyadic relationship with shared benefits.

Bioethics and evidence-based medicine: intersections and challenges (335)

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Introduction: Bioethics emerged from the need for a broad and interdisciplinary approach to ethical issues related to life, especially in the medical, ecological, and social areas, due to recent advances in these fields. Evidence-Based Medicine (EBM), on the other hand, is a method of seeking knowledge that uses the best available scientific evidence for medical practice and the patient's health-disease process. Both sciences have intersections that directly impact the work of health professionals and, consequently, the lives of patients.

Review: Both sciences advocate for improvements in the teaching and practice environment in health and fight against medical paternalism. Therefore, their intersections are interesting for the good professional's performance, respecting and positively influencing the ethical precepts of bioethics: beneficence and non-maleficence, autonomy, and justice. On the other hand, both sciences still have conflicts, such as the potential for the principle of beneficence to infringe on the principle of autonomy when a piece of scientific evidence is sufficiently strong in the doctor's judgment. Open, mature discussion, and teaching of both sciences could be the path to harmonious joint action.

The influence of the mental health of doctors and nurses about diagnosing childhood cancer (330)

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Objectives: Researching the influence of the health professional's mental health influences the perception of cancer patients Method: Qualitative research, based on the descriptors: knowledge; cancer patients; Stigmatization and health professional. Results: Between 2009 and 2013, cancer was responsible for about 12% of deaths between 01 and 14 years of age, and 8% of young people up to 19 years of age. Diagnosed early, 80% could be cured. There is a risk of physical and psychological health problems with aging. Lack of knowledge or empathy in the face of a cancer diagnosis is observed, even with an 80% cure rate.

Discussion: Humanization in cancer treatment encompasses the impact that occurs in the family, related to long periods of hospitalization, frequent readmissions and aggressive therapy, limitations in understanding the diagnosis, anguish, pain and suffering. It is a reflective process about the values and principles that guide professional practice, in addition to treatment and care that is dignified, supportive and welcoming to its main objective, the patient/being weakened.

Conclusions: Self-knowledge and health education are directly related to paradigm shifts with cancer patients.

Introductory concepts on health decision making in adolescence (336)

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Physicians are faced with ethical issues involving adolescent health on a daily basis. A primordial bioethical issue in this scenario means valuing and respecting autonomy, based on the identification of the adolescent's gradual decision-making capacity. Aiming to discuss the concepts of decision-making capacity in adolescent care, this narrative review was carried out. Decisional capacity is the ability to make decisions and has two determinants: the biopsychosocial characteristics of the adolescent and the sample itself. The biopsychosocial determinant cannot be partitioned, after all it is a single structure summarized in the adolescent. Casuistry would be more likely to be appreciated by adolescents, the greater their autonomy. The specialized literature, regardless of the individual's age, exemplifies the patient's skills so that he is considered capable of deciding: ability to understand information, ability to appreciate the situation and its consequences, ability to rationally manipulate information and ability to communicate a choice. In the light of the above, it is up to the physician to approach the object of the question in a way that favors the autonom of the adolescent patient, guaranteeing him the knowledge about your decision.

Off-label prescriptions in interventional psychiatry: bioethical limits and future perspectives (337)

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Psychiatry established, mainly after the second half of the 20th century, pharmacological treatments as its primary tools in combating severe mental illnesses. The 1950s were marked by the discovery of antidepressants and antipsychotics; however, over the past few decades, some limitations have been observed in the field of pharmacotherapy, including side effects and significant rates of non-clinical response. The term "Interventional Psychiatry" encompasses a set of medical procedures performed in clinical-hospital settings, aimed at treating severe mental illnesses that are refractory to conventional treatments. Transcranial magnetic stimulation, electroconvulsive therapy, transcranial direct current stimulation, and alternative routes of ketamine infusion are the main representatives of this new and promising area of medical practice. The use of more modern therapeutic techniques, with some limitations in the broad understanding of their possible interventions, opens up space for off-label applications, meaning seeking to optimize the clinical responses of patients without extensive support from the scientific community regarding the technique used, taking into account studies still under development, expert opinions, or experiences observed.

Bioethics and Pediatric Neurosurgery: What does the scientific evidence say? An Integrative Review (338)

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Bioethics related to the practice of pediatric neurosurgery is still an unknown field. A search was performed on the research sites Pubmed, Cochrane and Scielo with the terms "bioethics", "neurosurgery", "pediatrics", "children". Of the 33 resulting articles, 11 were included in the review, which were related to the research topic. Discussions of the articles were: lack of informed consent as a common factor for malpractice litigation; social and structural determinants of health (SSDOH) in neurosurgery with 5 specific studies in pediatrics; failure of current human rights principles to deal with advances in neurotechnology and identification of 4 new guiding principles by bioethicists; need for international harmonization of legal and ethical regulations for performing neurosurgery for psychiatric disorders; examining the implications of neurotechnological advancement through the lens of professional communication; provide a basic bioethical framework for performing epilepsy surgery on children; address ethical issues in brain death and palliative surgery. The few references found address various points of bioethics, demonstrating that it is still a field of discussion that is very little explored, divergent and with little scientific basis.

Humanities in Medical Internship – An Experience from Brasil (339)

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"The most humane of the sciences and the most scientific of the humanities", said the great bioethicist Edmund Pellegrino about Medicine. Seeking the good of the patient in health involves more than knowing, for example, the biology of microbes and the pharmacology of antimicrobials. Treating a person involves knowing specifically their disease, but also their experience of being ill. What it means to be a doctor? Medicine achieved unprecedented technological evolution during the 20th century. The need to train medical students with new scientific discoveries motivated the Flexner report and reform of medical curriculum worldwide. After 100 years and undoubted positive results in the scientific perspective, debates are held though on how to improve humanistic training. To this end, "Medicine and Art" was introduced within the discipline of Primary Health Care at UNISUL's Medical Internship. Based on Aristotle's idea of discourse, art was used as poetic language to address the students' imagination about medicine. The present purpose is to expose the content of this activity, in which, through the presentation of works of art, it is sought to rescue Hippocratic tradition, broaden the understanding of philosophies that influenced western medicine.

Palliative Care versus Usual Health Care in the Last 30 Days before Death in Patients with Advanced Cancer (340)

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This study aimed to compare resource utilization in palliative care (PC) versus usual health care for patients with advanced cancer in the last 30 days of life. A hybrid retrospective cohort study design was employed, utilizing data from medical records of patients receiving treatment at the National Cancer Institute (INCA) and a survey conducted with oncologists from the institution. The study included 75 patients from usual health care units (HCI), 28 from HCII, 28 from HCIII, and 108 from the PC unit (HCIV). Results showed that patients in the PC unit had fewer tests, procedures, and nutritional therapy during the 30 days preceding death. Furthermore, essential medications for quality end-of-life care were used at a higher percentage in the PC unit. Nineteen oncologists were interviewed, and they identified symptoms of distress as determinants for transferring patients to a PC unit. The findings highlight the challenges faced by oncologists in referring patients to palliative care and demonstrate that resource utilization was more appropriate in the PC unit.

Moral harassment at work: Ethical-legal dilemma from the perspective of occupational doctors in Brasil (341)

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Introduction: Occupational Medicine practices are permeated in everyday life by conflicts of interest between capital and work, imposing embarrassing situations and bioethical dilemmas on physicians.
Objectives: To estimate qualitatively and quantitatively the understanding of ethical-legal aspects of workplace bullying by occupational physicians in Brazil in the year 2023.
Methods: Quantitative and quantitative study, through a structured questionnaire model that will be sent online to all doctors specialized in Occupational Medicine in Brazil according to the database of the Federal Council of Medicine in the year 2023.
Results: In Brazil there are 523,528 physicians, of which 19,797 are Occupational Physicians, which corresponds to 4.6% of the total number of specialist physicians. Occupational Medicine is the sixth specialty in number of registrations in the country.
Conclusions: Bullying at work is a complex phenomenon that occurs in the workplace and is directly associated with organizational culture, conditions and work organization, in addition to professional social relationships. Society has an interest in preventing bullying from spreading to professional life.

Bioethics and medical radiology in gynecologic ultrasound imaging: the care of the patient (348)

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Introduction: Bioethics is the study of ethical, social, and legal issues that arise inmedical ethics, which focuses on issues in health care; insofar as this conduct is examined in the light of moral values and principles. Discussion: The intimate examination is an important component of the assessment of a patient presenting with gynaecological concerns. During the examination, the sonographers engage in a very close and personal interaction with an individual whom they have likely never met. It is an extremely sensitive area of practice which places a great deal of responsibility on the clinician to ensure that they not only protect their patient from psychological distress, but also themselves, from the threat of litigation arising from such distress. The sonographer must be astute to signs of distress and act in accordance with the intimate examination guidelines, for the dual purpose of protecting their patients against harm and also themselves from the threat of litigation. Conclusion: The radiologist-patient-relatioship, specific technical knowledge, the human relatioship, and care for women are essential for the valuation of human life and bioethical principles.

The challenges of integrating the care of patients in intensive care units according to bioethical principles (343)

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Death remains a mystery to humankind. The technical and scientific development of health care with the advancement of intensive care has changed the view of human finitude. This integrative review aims to present a reflection on the challenges of integrating the care of patients in intensive care units according to bioethical principles. Approximately 30% of ICU patients are terminally ill and require physical, psychological, social, and spiritual care. However, only 14% of these receive this support. In the face of the finitude of ICU patients, the maintenance of therapeutic obstinacy is a problem for family members and the healthcare teams involved. In this context, there is a need for a paradigm shift in the identification of critically ill patients beyond the possibility of cure, so as not to incur dysthanasia. This methodology emphasizes a clear confidence and understanding that not indicating measures or life support does not mean suspending or withdrawing care. Therefore, knowledge of bioethical issues is essential in the hospital setting and requires the care team to reflect on and understand values related to dignity, humanization, and especially the meaning of the assistance provided when it comes to life, death, and dying.

Bioethics, the doctor and abortion in Brasil (351)

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As an obstetrician working in a healthcare service that provides assistance to sexual violence victim and performs legally permitted abortions, I note that many doctors invoke their right to conscientious objection to avoid performing abortion procedures. In Brazil, abortions are legally provided within the Sistema Único de Saúde (SUS) guidelines, what is crucial for ensuring sexual and reproductive health rights. However, doctors' conscientious objection can create barriers to accessing healthcare within the public system for those seeking assistance with their health needs.
The International Federation of Gynecology and Obstetrics (FIGO) recommends sensitizing healthcare professionals about their ethical and legal responsibilities to reduce the widespread use of conscientious objection, ensuring individuals' right to make their own reproductive choices. Furthermore, international agreements such as the International Covenant on Civil and Political Rights, acknowledge the right to freedom of conscience, they also allow for limitations when necessary to protect public health and rights of others.
In this sense, conscience is a central element for the bioethical discussion regarding conflicts of values and duties that permeate medical practice.

Bioethics, public health and vulnerabilities in times of COVID-19 (352)

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Covid-19 presents itself as a syndemic, which further emphasizes the need to expand the principles of universality, equity and comprehensiveness of the Unified Health System (SUS). In the current scenario, it is necessary not only to integrate care, but also to provide social protection to those already socially excluded. Vulnerability is more than a fundamental principle of bioethics, being considered essential to the production of laws and policies of a welfare state, being today, a fundamental principle of bioethics on the occasion of the edition of the Universal Declaration on Bioethics and Human Rights – DUBDH by UNESCO, ceasing to be applied only in the field of research to consider its relevance in the context of health care. It is extremely important to protect the vulnerable population and to make a collective effort to mitigate health inequalities, guaranteeing the human right to health for these populations, with the Universal Declaration on Bioethics and Human Rights – UDBDH being a valuable tool to assess and monitor violated rights in the context pandemic of people in social vulnerability.

Insights from the Portuguese Legal Framework for Observational Studies: Are There Ethics in Conducting Research without Participants' Consent? (353)

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In Portugal, clinical research can be conducted without the consent of participants, if approved by the competent Ethical Committee, specifically in non-interventional clinical studies – observational studies. According to Law no. 21/2014, dated April 16th, a non-interventional clinical study is defined by the following mandatory conditions: (i) Medicinal products are prescribed or medical devices are used following the conditions laid down in the marketing authorisation applications (MAA) or the conformity assessment procedure; (ii) The inclusion of a participant in a particular therapeutic strategy depends solely on current medical practice, and cannot be determined by a study protocol; (iii) The decision to prescribe a particular medicine or recommend the use of a medical device is entirely separated from the decision to include the participant in the study; (iv) No additional diagnostic or monitoring procedures are applied to the participants, and epidemiological methods are used for the analysis of collected data. Despite the legality of conducting clinical studies without participants' consent, under those circumstances, the ethics of such studies remains a crucial consideration.

Realistic simulation allied to bioethics for the optimization of medical education: it is possible and necessary (354)

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Introduction: Ethics and Bioethics need to be taught! And the formation of a competent doctor, whose objective is to take care of life, cannot be separated from the formation of an ethical professional. In this context, Bioethics can bridge the gap between biological science and ethics, just as realistic simulation in medical education makes it possible to experience situations for ethical learning. Objectives: Demonstrate how realistic simulation based on the principles of Bioethics can optimize and help Medical Education for the formation of a competent professional; and propose to professors and researchers in medical education to integrate Bioethics with the use of realistic simulation as a way of training and developing students in solving dilemmas to prevent the patient from being used as an experiment. Bioethics constitutes everything that determines or contributes for the individual to think and take a position in relation to professional situations in a certain way or with a certain pattern of attitudes, and this also needs to be taught! It is impossible to think about medical practice without considering the direct relationship between individuals.

Shared decision making in the health care of pregnant women (355)

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This study examines shared decision making (SDM) applied to the care of pregnant women.It is a theoretical research, based on the framework formulated by Elwyn G. et al. (2009, 2017) for SDM and on theoretical-normative literature on the human rights of patients. SDM proposes an open and multiprofessional dialogue with pregnant women so that they understand the risks and benefits of existing options, as well as the impacts of each option on their life and on that of the conceptus. Research shows that when pregnant women are involved in SDM, requests for cesarean sections tend to decrease, as the patients are better informed about the risks and benefits of all procedures. In the context of obstetrics, SDM is essential from prenatal care, as the conversations allow pregnant women to develop informed preferences with regard to childbirth and postnatal care, in addition to promoting a relationship of trust with healthcare professionals. It is primarily in prenatal care that pregnant women share information, expressing their opinions and preferences about their health care. This is essential for childbirth, a moment when, due to pain, emotions and the increased vulnerability of the patients, it becomes difficult to make an informed decision.

Ethical considerations in surgery: a challenging balance (370)

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Medical ethics is an essential component of surgical practice. Surgical medical ethics focuses on the relationship and trust between the surgeon and the patient. There is the responsibility to improve and protect the patient's well-being, while respecting individual autonomy. Surgical decisions are based on appropriation and standardized procedures. The patient's perspective and care suitability should be considered. Some surgical ethical dilemmas are raised, such as overtreatment and decisions in emergent situations. It is important to respect the patient's expectations.

Most ethical problems are related to technical developments and consequent challenges. Innovative approaches are not always a guarantee of success and raise problems of learning curves, training, and technical improvement. Some ethical issues of innovative surgical approaches and relative dilemmas are due to how informed consent can be efficiently obtained. Challenges related to the surgeon's ethical behavior are mentioned, such as respect for autonomy, informed consent, beneficence, non-maleficence, and justice.

Achieving the right balance between patient autonomy and beneficence requires an understanding of ethical principles with the goal of a responsible care delivery.

Well-being and ethical competence for the development of conscious human-dog adoptions (395)

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Adoption is not a single action, but takes the form of a journey of mutual acquaintance, where adopters need to be conscious that both human and dog will be co-constructors of the environment. In this process the dog's shelter-kennel has a predominant role as a place of passage and meeting between the two species.

Starting from these considerations, the research project "Well-being and ethical competence for the development of conscious human-dog adoptions" aims to: develope a conscious and responsible ethical approach to animal adoption, develop adoptions as a generating source of interspecific well-being and reduce the return of adopted animals and elimination, at least in perspective, of abandonments.

To relate the empirical analysis of needs with the implementation of ethical competence, the research programme planned: distribution of questionnaires to analyse needs relating ethical competence, identification of operational and ethical emergencies in dog-kennels, development of a training programme aimed at schools and shelters' stakeholders, construction of an online platform to connect shelters' stakeholders.

Women's rights as a patient: A specificity imposed by the achievement of gender equality (176)

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The object of this study is female patients' rights and their possible specificity, arguing that these rights should be formulated in such a way as to contribute to gender equality. We propose, therefore, to consider the rights of patients in genere, as well as the issue of gender equality, crossing these two subject areas. We intend, therefore, to assess whether a possible discrimination against women, contrary to gender equality, is reflected in terms of patients' rights entitlements.

Using as a methodology the identification and collection of diplomas where patients' rights are foreseen, normative instruments of a national and international nature and the refinement of the existing literature on this matter, we intend to verify if women, as holders of patients' rights with some specificities, are, eventually, for this reason, in health systems, object of discrimination, which results in a contradiction to the principle of gender equality.

We proceeded to a comprehensive analysis on patients' rights, having the identification of women´s specific rights and, consequently, the assessment of the eventual existence of discrimination of these, as a motive.

This reflection determine the authors' proposal of some health policy measures

Ensuring Global Covid-19 Vaccine Distribution Equity (266)

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When effective Covid-19 vaccines became available to the public, wealthy countries stockpiled vaccines, leaving poorer countries unable to procure enough for themselves at the same rate. My research is dedicated to understanding the motivations behind this vaccine nationalism and explaining why, despite good intentions, this was not the best option for helping save the most lives from Covid-19. I argue that ensuring global vaccine distribution equity is the best option for securing global public health during a pandemic.

The motivation behind a wealthy country stockpiling vaccines was both a commitment as a local government to help their own citizens first and a belief that ensuring their citizens were vaccinated would be the best option for their citizens' health. I argue that the commitment a government has to care for its own citizens first over non-citizens is not a commitment that is as strong during a pandemic. Secondly, I argue that it is within a country's self-interest to help ensure global vaccine distribution equity over domestic vaccine distribution. This self-interested approach is justified by how vaccines achieve herd immunity, the fact that we live in a globalized world, and the nature of a pandemic crossing borders.

Decision-making process in end-of-life care (374)

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The process of making decisions during end-of-life care entails open and transparent communication involving patients, their relatives, and the medical team. Patient selfdetermination is pivotal, enabling well-informed decisions about medical interventions and preestablished guidelines. Choices can be collaboratively reached, factoring in the balance between life quality and duration, as well as ethical considerations. Palliative care, prioritizing pain alleviation and overall well-being, is deliberated alongside potential curative measures. Flexibility in decision-making is maintained to adapt to evolving patient conditions. Emotional and psychological support, counseling and legal guidance are of utmost importance. The strategy employed should honor individual preferences while considering legal, religious and cultural aspects. The overarching goal is to uphold the patient's preferences, ensuring emotional and physical ease, and fostering a dignified and empathetic approach to the end-of-life phase.

Adolescent Pregnancy and the Role of the Nursing Professional (375)

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Introduction: Adolescence corresponds to a life stage between 12 and 18 years old. It is during this phase that there is greater curiosity regarding sexual identity. As for healthcare professionals, nurses have a crucial role in building trust with adolescents to engage in prevention, education, and health promotion. Methods: Books, monographs, magazines, and articles available through online platforms. Results: It is observed that in underdeveloped countries, birth rates are higher compared to developed countries. WHO/PAHO reports show that in Brazil, out of every thousand births, 68.4 are from teenage mothers. In Mexico, there are 66, in Argentina 64, and in Chile 49.3 teenage births. When compared to some developed countries, Canada has 11.3, and the USA has 22.3. Conclusion: Due to these reasons, it is essential and urgent for society to adopt preventive measures. Initiating prevention through obtaining the couple's consent for sexual relations, access to effective contraceptive methods, and prohibiting child marriage are some preventive actions that, if implemented, will reduce early pregnancy and consequently improve public health worldwide.

Minority in the Context of Advance Directives of Will – Living Will (376)

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The child undergoes intellectual development through various stages until reaching cognitive maturity. And from a certain point onwards they are granted the capacity to decide understandably on specific matters. Our civil and criminal laws provide that from the age of 16 minors are recognized to have autonomy for the exercise of certain personal acts and to be criminally responsible. The Law on Palliative Care Framework -V emphasizes the minor's will in decision-making and the Convention on Human Rights and Biomedicine has stipulated that progressively emphasis should be given to the opinion expressed by the minor taking into account their age and level of maturity. For the sake of legislative harmonization but especially due to ethical considerations regarding respect for the freedom and autonomy of the putative patient the legal framework of Advance Directives in the form of a Living Will should follow this progression. Considering the possibility that from the age of 16 minors could prospectively make decisions about their health – what they want or don't want in a free, conscious informed and clear manner provided in a clinical context of irreversibility and putative terminality, when they are incapable of autonomously expressing their will.

Post-Mortem Medically Assisted Procreation – some legal and ethical issues to be considered (389)

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Medically assisted procreation (MAP), despite being considered for centuries, became a reality in the 70s of the last century with the birth of the first test-tube baby in England. This technique started out as a solution to infertility, a medical condition that is thought to affect around 10-15% of couples (70-80 million couples worldwide). In recent times, Portugal has witnessed major demographic changes with the inversion of the population pyramid, with a decrease in the young population and, on the contrary, an increase in the elderly population so infertility should concern the Portuguese society. In Portugal, MAP is regulated by Law No 32/2006, of July 26th, which has been amended numerous times since then. One of these amendments allowed, by Law No 72/2021, of November 12, the use of medically assisted insemination techniques after the death of a donor in cases of expressly consented parental projects. The scientific development brought about by these techniques has caused much discussion, mainly at an ethical level. We cannot forget that scientific development and research only serve Humanity, always protected by respect for the person, human dignity and the right to self-determination.

Artificial nutrition and hydration on the terminal patient: An ethical approach (397)

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Given the lack of scientific evidence, decisions regarding the administration of artificial nutrition and hydration in terminally ill patients constitute an important ethical dilemma, existing a conflict between "treat" and "care" perspectives, varying also its usage depending on the legal and cultural background in the various countries. This study aims to clarify whether this practice is a basic care intervention or a futile medical treatment. Therefore, we review the national guidelines and codes of ethics of different European countries. In countries such as Portugal, Italy and Poland, it is viewed as a basic care intervention, while in countries namely France, England, Norway, Ireland, Germany, Finland, Netherlands, Belgium and Switzerland it is viewed as a medical treatment. Moreover, in countries such as Romania, Croatia and Hungary there is a lacking legal framework. The different approaches of the terminally ill patient's care can reflect differences on cultural perspectives.

Layout and Space Design in Palliative Care (410)

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Architecture has a profound influence on palliative care, shaping the physical environments where patients receive care. A well-designed space can contribute to the emotional, psychological and physical comfort of patients and their families, ultimately increasing the effectiveness of palliative care and improving the overall experience for everyone involved. Reflecting on how architectural atmospheres generate quality of life and relieve suffering is a goal that architects should have. This quality is achieved not only through the type of services provided but also through the surrounding architectural atmosphere. It is therefore desirable to have an architectural practice that influences and enhances the well-being of all those who live with it. Adjusting architecture to the specific cultural environment of patients involves creating architectural designs and spaces that are in harmony with the traditions, values and needs of the local community. In this work, our objective is to understand, investigate and reflect on how architectural environments generate quality of life and, in this specific case, relief from suffering.

Ethical Implications of Using Living Donor for Uterus Transplantation (166)

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Advances in reproductive biotechnologies since the end of the last century have reached milestones that were unimaginable. These techniques have made it possible to overcome the infertility barrier of various etiologies, providing solutions in an area of incalculable value for humanity, such as reproductive capacity and, consequently, the transcendence of its loss. Despite all this, there is still a pathology that poses a special challenge, not only medical, but also bioethics, as the existing alternatives are scarce and leave no one indifferent. It is the uterine pathology, as cause of sterility. Absolute uterine factor infertility remains the last major type of untreatable female infertility. Uterine transplantation, is a future alternative, currently presents challenges and conflicts in various fields: medical-surgical, bioethical, and social. The aim of this research is to analyze and present, from an essentially bioethical perspective, the uterus transplantation from a living donor. Emphasizing the importance of the ethical values in conflict in uterine transplantation of using living donor.

An empirical study about the informed consent for coronary intervention: The use of mixed research methodology (385)

Kim Min Ji[1], Lee Won[2], Kim So Yoon[1], Lee Ilhak[1], Park Jiyong[1], Lee Chan Joo[1]
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Informed consent (IC) is essential, which means that competent patients understand treatments and decide whether to get them voluntarily. This study was conducted to identify the difference in the views between patients and physicians regarding IC, especially related to coronary intervention, and explore the experience of physicians for it. This was designed as a mixed methods study. 1) A cross-sectional survey and statistical analysis, and 2) in-depth interviews and content analysis were conducted. A significant difference in views between the patient and physician groups was found. The level of agreement was higher in the physician group for the item 'most patients do not usually understand or remember all the given information.' And with 281 codes, five subcategories were generated and classified into three categories – obstacles to IC and two others. The patient's lack of understanding was one of the major obstacles to the IC. At the physicians' level, they need to focus on improving health communication. At the institutional level, measures can be prepared, such as providing audiovisual materials. At the national level, it is necessary to make up culture and awareness that the IC is important.

Surrogate motherhood and best interests of the child in European countries.Perspectives about rights of the child and filiation after the Bill in Italy (365)

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University of Zurich, Switzerland

The practice of surrogacy to fulfil the desire of a child is prohibited in most countries in Europe. However, some countries allow filiation of the genetic parents after a surrogacy agreement through minor legislation. Italy has now also ban the filiation of children born after a surrogacy agreement done abroad. Using the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption as a model to follow on these cases, the study analyses the situation on European countries and which legislation model should prevail to attend the principle of the best interests of the child and its associated rights.

Air Pollution: The Silent Slayer of Health and Equity (261)

Tharika Thambidurai
Case Western Reserve University, USA

The last seven years were the warmest humankind has experienced due to humanity's fossil fuel addiction promoting the rapid rise in wildfires. When calculating damages due to wildfires, we typically only consider the loss of lives and infrastructure, often overseeing an equally important consequence: air pollution. Wildfires can cause increases in gaseous air pollutants such as carbon monoxide which can lodge deep within the lungs, triggering asthma attacks, heart attacks, and strokes that can kill. In this presentation, I will address how wildfires fuel the cycle of racism and reverse previous equity gains: low-income communities cannot afford to pay the hefty hospital bills for complications associated with air pollution. One way to reduce this socioeconomic gap is to construct self-cleaning surfaces using photocatalysts. Drawing from my research on the photocatalytic activity of different metal oxides, I will be suggesting a low-cost intervention of composite solutions that can be mixed with paints that coat walls to reduce air pollution and ultimately improve our environment, health, and racial equity. Fighting climate change is an important, yet long process, but utilizing metal oxides is an effective step we can take right now.

Dynamic Consent: A Royal Road to Research Consent?(205)

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National Center for Tumor Diseases, Germany

Since its conception in 2008, dynamic consent has been discussed as an alternative approach to broad consent for data-driven medical research. While broad consent only allows participants to give or withhold consent for the broad use of their data for medical research, dynamic consent enables them to consent to each new research project. This way, participants exercise a kind of fine-grained control over which individual projects they wish to contribute to. Dynamic consent has widely been welcomed as a morally praiseworthy approach. Negative voices are few and focus mainly on concerns around its implementation, while little has been said about the main moral argument in favour of dynamic consent, namely that it would better promote participant autonomy. This paper aims to close this gap. The paper identifies two versions of the autonomy argument (an information-focused and a control-focused version) and, by rejecting the argument in both versions, denies that dynamic consent is morally superior to broad consent. In doing so, the paper also rejects a widely shared view according to which contributions to medical research are entirely voluntary and shows that there are certain moral obligations to support research.

Toward a culture of Respectful Maternity Care (RMC): The RESPECT project on enhancing Shared Decision Making and Informed Choice in Cyprus and Croatia (204)

Nicos Middleton, Eleni Hadjigeorgiou
Cyprus University of Technology, Department of Nursing, School of Health Sciences, Cyprus

At the core of the WHO's Respectful Maternity Care framework (RMC) is the fundamental Right of information. International and national organisations call for actions for the highest professional ethical standards in maternity care. RESPECT, funded by EU CERV, aims to advance RMC in Cyprus and Croatia, focusing in Shared Decision Making (SDM). Project activities (April 2023-March 2025) start with formative research to generate knowledge about prevailing attitudes towards SDM processes and informed consent among healthcare providers and users. An academia-led platform will be provided for stakeholders in maternity care to come together in a collaborative process towards drafting a national strategy on RMC and related guidelines. Clinical practice training protocols will also be developed and pilot tested in simulated role-play workshops with health professionals and women to enhance clinical communication skills and agency respectively. Finally, a multimedia campaign is planned to raise public awareness about informed choice and consent as a fundamental right for Respectful Maternity Care. The proposed project is ambitious in potential impact and seeks to produce paradigm shift in Maternity Care, while producing sustainable tools for future use.

Ethical Aspect of Non Medical Indication for Termination of Second Stage Pregnancy (150)

Adolf Lukanović,
Universtity Medical Centre Ljubljana, Slovenia

In Slovenia in early sixties of the last century the General Act on Pregnancy Termination was adopted, regulating the general conditions under which an artificial termination of a pregnancy could be undertaken. According to this Act abortion was permited when there were grounds to believe that a child could be born with severe physical and mental defect due to parent's illness. Advanced provision was established in one article whereby termination of a pregnancy, at the request of the pregnant woman, would be permited if, during pregnancy or after childbirth, the woman could find herself in a difficult personal, family, financial or other so called social situation. Freedom of choice in childbearing became a constitutional right in 1977, amended by the new Slovenian Constitution in 1991. Artificial pregnancy termination is now recognised as an individual right of the woman, and not as a right of the couple. The medical circumstances, criminal legislation and social factors in respect of the termination of a pregnancy are all considered. Everyone is free to decide whether to bear children, while the state guarantees the opportunities for exercising this freedom and creating such conditions as to enable parents in their decision on bearing child.

Assisted Dying in New Zealand: a Review of the First Year of Service Delivery (136)

Dana Wensley
Ministry of Health, New Zealand

The presentation examines the introduction of assisted dying legislation in New Zealand. It will explain the process, the overarching legislation, and the checks and balances embedded in the system under the End of Life Choice Act 2019. As the only medical ethicist appointed by the Minister of Health on the End of Life Review Committee, Dr Wensley gives her views on the process, the gaps in the ethical oversight, and lessons learned. An update on the data will be provided and a summary of next steps recommended to the Ministry to encourage a more robust process and oversight of assisted dying in New Zealand.

Towards reproductive justice – Barriers to and facilitators of autonomy in birth as perceived by perinatal care providers: A qualitative study (149)

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Negative birth experiences are often related to birthing people's autonomy. A lack of autonomy qualifies as mistreatment in birth, represents a human rights violation, and causes adverse psychological outcomes. We interviewed 15 providers and employed reflexive thematic analysis. We developed two descriptive themes: advancing and limiting factors of autonomy, with subthemes at the levels of companion, birthing person, providers, relationship, and structural determinants. Most salient advancing factors were providers' decision-making approaches, antenatal contacts, and structural determinants. Most salient limiting factors were various limitations attributed to birthing people (e.g. expertise, capacity, preparation), providers' attitudes, and structural determinants. Autonomy is multifactorially determined and has to be understood against the background of power structures both underlying and inherent to birth. Providers attributed a significant proportion of responsibility for limited autonomy to birthing people. This reinforces a "mother-blame" narrative that absolves obstetrics of primary responsibility. Providers' recognition of their contributions to limiting autonomy can be leveraged to implement training on rights-based care.

Emergency Care Provided to Women and Adolescent Girls Following Sexual Assault, According to the Victim's Age, in Brazil's Capital, Brasilia(114)

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Sexual violence affects women all ages but is more common among younger girls. This study investigated differences care received adult adolescent female victims sexual violence, comparing the treatment provided girls <15 years age with that provided older women. This was retrospective, cross-sectional, observational study. Data were extracted from compulsory notification forms completed all public hospitals affiliated State Department Health, Brasilia, Brazil. Study included all women seeking care one these hospitals following sexual assault between January 1, 2012 December 31, 2016. Data on total 3,505 women were collected. Girls <15 years, age were much less likely receive prophylactic treatment against human immunodeficiency virus infection, sexually transmitted infections, hepatitis B, corresponding one-third quarter number older women treated prophylactically. Likewise, only 10 per cent the younger age group received emergency contraception. Present study showed that girls <15 years age are discriminated against that they are not given prophylactic treatment established as standard by the Ministry Health. The fact that girls <15 years age were much less likely than older women receive standard care established by the Ministry Health.

Rethinking Conscience in a Global Context: Healthcare, Bioethics, and Professionalism (011)

Bryan Pilkington
Seton Hall University & the Hackensack Meridian School of Medicine, USA

The role that conscience plays in healthcare practices globally and whether space can be allowed for conscientious practice ethically, while ensuring respect for the dignity of all persons and supporting global health aims is an essential global bioethics issue and one highlighted by the World Medical Association recently (at the conference of the International Chair in Bioethics, March 2022). Discussions of conscientious objection in healthcare are often framed as involving situations where practitioners object to legally available services and there is social allowance of some subset of such objections due to a respect for a practitioner's deeply held beliefs. Attempts to resolve this tension between practicing according to one's beliefs, when others do not share those beliefs, range from significant restrictions on a practitioner's sphere of liberty to (almost) complete free reign from practitioners, with a plethora of compromise positions in between. This presentation frames the relevant issues and questions differently, in terms of conscientious practice, which allows for a rethinking of the place of disagreement within professions, the status of philosophical and religious claims within healthcare, and ultimately, addresses the question – which is decisive in this conversation – what is a medical act?

Well-being and ethical competence for the development of conscious human-dog adoptions (395)

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[2] *University of Padova, Italy*

Adoption is not a single action, but takes the form of a journey of mutual acquaintance, where adopters need to be conscious that both human and dog will be co-constructors of the environment. In this process the dog's shelter-kennel has a predominant role as a place of passage and meeting between the two species. Starting from these considerations, the research project "Well-being and ethical competence for the development of conscious human-dog adoptions" aims to: develope a conscious and responsible ethical approach to animal adoption, develope adoptions as a generating source of interspecific well-being and reduce the return of adopted animals and elimination, at least in perspective, of abandonments. To relate the empirical analysis of needs with the implementation of ethical competence, the research programme planned: distribution of questionnaires to analyse needs relating ethical competence, identification of operational and ethical emergencies in dog-kennels, development of a training programme aimed at schools and shelters' stakeholders, construction of an online platform to connect shelters' stakeholders.

Tripping on equity: Assessing the ethics of equity interventions to improve psychedelic therapy access (411)

Ming Cheng Yap
Yale-NUS College, Singapore

Government legislation and clinical trials have begun to explore the viability of psychedelic-assisted psychotherapy as treatment. Despite its potential, the high costs associated with psychedelic therapy pose significant barriers to access and give rise to issues of equity. This paper explores the ethical implications of two interventions in equity: making firsthand experience of psychedelic treatments a soft requirement in training programs and considering the administration of psychedelics in group therapy settings. Drawing upon secondary literature on ethics and clinical trials of psychedelic-assisted group psychotherapy (PAGP), the paper identifies the ethical tensions of each intervention, and identifies areas that subsequent clinical trials can explore to reconcile those tensions. The paper finds the former intervention ethically sound, in view of the available alternatives to psychedelic consumption by trainees and potentially unknown side effects of psychedelics on trainees with existing medical contraindications. For the latter intervention, a review of existing clinical data suggests that PAGP is viable and possibly beneficial to treatment outcomes, though further clinical data on larger group settings is lacking and required.

Causality assessment of Serious Adverse Events in Phase 3 clinical trial by Ethics Committee-Initial experiences (304)

Madhurjya Gogoig
Apollo-Excelcare Hospital, Guwahati, India

Background: a study of the initial experiences in causality assessment of SAE by EC. Methods: Retrospective review of EC's 'minutes of SAE meetings', 2022-23. Results: A 1 year old EC reported 7 SAEs in 4 Phase-3 regulatory clinical trials. These included two deaths. EC members were GCP certified, but with no prior experience of, or formal training in causality assessment of SAE. Its SAE review sub committee used WHO-UMC, CDSCO Sugam portal (India), and ISCR online training; and solicited a) global breakup of SAE data from the sponsor, b) opinion of an independent specialist, c) sponsor's DMC report The global SAE data, provided assurance that the SAE deaths did not exceed those at other centres. The EC decided to permit the study to continue. The regulatory authorities subsequently awarded compensation, based in part on the EC's SAE death reports. The EC SOP was updated. Conclusions: training of EC members, adherence to procedures, and online resources were helpful for correct causality assessment of SAE.

Duty to Rescue: A Healthcare Perspective (303)

Richard I. Suarez
Florida International University Herbert Wertheim College of Medicine, USA

The service and care of patients are engrained in the training and practice of the doctors that care for them. But what happens when a provider witnesses an emergency outside of their clinical setting? The question subsequently becomes, to what extent is the healthcare provider required by law to render assistance when removed from the context of their service location? Therefore, the "duty to rescue" doctrine - or the lack thereof - plays an important role in this conversation. At its core, the American tort "duty to rescue" principle implies that there is no legal obligation to rescue a stranger in need. When considering the oaths and societal contracts providers enter into, it is important to examine the influence of this doctrine. Though specialists have analyzed its significance both inside and outside the clinical context, this article demonstrates a comprehensive integration of medicine and law surrounding the idea of rescue. With an understanding of this doctrine, of the legal circumventions of liability, and of the ethical foundations of medicine, we aim to illustrate the importance of this analytic exercise in more thoroughly understanding the overlapping nature of these two distinct yet intertwined academic spheres.

Ethical considerations regarding ethnographic research carried out with children and young people with multiple disabilities (MD) and special educational needs (NSE) in highly vulnerable social and educational contexts (368)

Jorge Miguel França Santos[1], Sofia Marques da Silva[2]
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The contexts and politics of ethnographic inquiry have become more complex, raising new dilemmas regarding voice, representation and responsibilities towards participants and organizations. Using the case of an ethnography developed in an educational context with young people with multiple disabilities, we propose to discuss ethical precautions and decisions that permeated fieldwork. This investigation was carried out at the time of entry into force a Decreet-Law that established the new "Legal Regime for School Inclusion" and determined the reconfiguration of Specialized Services Support Units for Students with Multiple Disabilities and Congenital Deafblindness - UAEM in Learning Support Centers (CAA). Besides participant observation and fieldnotes, ethnographic data was complemented with document analysis and semi-structured interviews with family members and professionals. Results indicate that ethnographic research with minor and vulnerable citizens, raises additional ethical questions, namely: power relations and intrusion of the daily lives of others; the need for assent renegotiation, out of respect for their right to intimacy and privacy, and the ethical responsibility of care through ought the research process, including final narrative.

Rethinking Legal Personhood for Nonhuman Animals: Moving Beyond Rights-Based Approaches (229)

Eva Dias Costa,
Universidade Portucalense,Portugal

This poster presentation explores the concept of legal personality and its potential application to nonhuman animals. While granting legal personality to animals may provide some legal protections, it has several limitations and challenges, such as determining eligibility and enforcing rights and protections. We argue that seeing animals as legal persons ignores their inherent differences from humans and that a new concept is needed to address their legal status. We propose a non-dualistic view that acknowledges animals' intrinsic value and moral weight and calls for recognizing their interests and respect, even if it does not serve a human function. Our argument is based on the idea that human beings have ethical responsibilities towards other animals, and that the law must protect those interests, even if the interest holder has no rights. We conclude by advocating for a multiplicity approach based on responsibilities rather than rights, recognizing the limitations of legal mechanisms and the need for education and public awareness. This approach acknowledges the complexity of the relationship between humans and animals and calls for a shift in legal and ethical frameworks towards a more inclusive and compassionate understanding of nonhuman.

Surrogacy (332)

Rita Araújo, Eva Dias Costa
Universidade Portucalense , Portugal

Surrogacy is a form of medically assisted procreation that dates back to antiquity, but which the advancement of biomedical sciences has enhanced and brought to the forefront. There are very few legal systems that allow surrogacy, which has generated bioethical and legal controversies worldwide. Surrogacy is a highly complex issue from many angles. This medically assisted practice consists of an agreement, which binds three people, in which the pregnant woman undertakes to generate and deliver the child, after its birth, to the beneficiaries, who may or may not be the biological parents, but who are the social parents and legal rights of the child. There are, in fact, two types of surrogate motherhood: one, in which the pregnant woman has no genetic connection with the child, as gametes from both parents are used or both gametes come from donors; and another, in which the pregnant woman has a genetic bond with the child by also providing the oocyte. Scientific development facilitates surrogacy and raises ethical, moral and legal problems that have not been – and possibly cannot be – resolved at the same speed as the biomedical sciences. Surrogacy is not a mere technical possibility.

Ethical considerations of natural compounds use in cancer treatment (316)

Oliwia Kowalczyk
Nicolaus Copernicus University Collegium Medicum, Poland

Natural compounds have made a major contribution to pharmacotherapy and their use has increased steadily, especially in cancer treatments. The toxicity and efficacy of these agents still are underresearched and require more consideration as far as patient safety is concerned. Moreover, the existing discrepancies in the regulations of these agents, plant variation in their concentration, absence of consistency in the safety and toxicity study findings, and their use in human consumption regulations raise challenges for protection frameworks and ethical principles. It is therefore evident that more studies on bioethical issues are needed to bridge the gap between ethics, research and practice for natural bio-based active ingredients and their health-benefiting properties. We propose considering guidelines, similar to conventional medicine, to direct and make informed decisions on the use of natural compounds in cancer treatment plans. These include the principles to benefit patients: nonmaleficence and beneficence, right to autonomy and justice, public accountability dilemmas. These social value concepts combined with scientific validity and risk-benefit ratio could contribute to ethically sound natural compounds research and global health.

Informed consent in retrospective studies: situations of exemption (362)

Amal Bouziane
Mohammed V University in Rabat, Morocco

Written informed consent is an important issue for ethical approval before initiating clinical studies. For investigators, the requirement of informed consent is not always clear in retrospective observational studies. Although these studies did not involve interventions, they are subject to ethical standards that promote respect and autonomy for human subjects. The Council for International Organizations of Medical Sciences (CIOMS) guidelines allow for a waiver of written informed consent if the research has important social value, poses no more than minimal risk to participants, and would not be practicable without the waiver of informed consent (e.g. large sample size or difficulty to trace patients). In some cases, the exemption of informed consent could be discussed in the research ethics committee. For patients at "low risk" who did not object to conducting research on their data, the study could be performed if personal data would remain not identifiable. Also, the exemption could be allowed when obtaining informed consent becomes too demanding on researchers or harms the participants (Laurijssen et al 2022). In the present work, we will present some retrospective research situations that could be eligible for informed consent exemption.

National Production of Embryos in Brazil – Analysis About Quality Indicators in Banks of Cells and Germinative Tissues (367)

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Created by National Agency of Sanitary Vigilance in 2008, SisEmbrio is an sistem that saves data about national production of human embryos produced by fertilization in vitro techniques that are cryopreserved in banks of cells and germinative tissues - BCTGs (more knowen by Human Reproduction Assisted Clinics). Moreover, this system saves data by embryo donation to embryonic stem cell research, data about cell production and germinative tissues (oocytes and embryo) in Brazil, as amount of fertilization in vitro cycles accomplished, number of oocytes produced, inseminated and transfered by female uterus as embryos descarted because of absence of viability. SisEmbrio is responsible by the divulgation of quality indicators of the banks, as a form to promove the improvement of continuous control f quality of these banks, assisting sanitary inspectors to access the BCTGs and allowing the population access of the quality indicators services. The aim of this work is to analyses the indicators of quality of the bank ou ceel and germinative tissues in Brazil during the period of 2017 until 2022.

Case Study: Opposing Decision of an Adult with Capacity (366)

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Tan Tock Seng Hospital - Singapore

Background: Mr. B was a 55-year-old gentleman with locally advanced nasopharyngeal cancer, which progressed despite chemoradiation therapy. He lived alone and had a history of substance abuse. There were multiple hospital admissions for recurrent infections, opioid overdose and clear evidence of self-neglect. He became chair-bound and required daily dressings for a large sacral sore. Mr. B repeatedly requested for discharge against medical advice and was deemed to have capacity. A multidisciplinary team tried to devise a viable discharge plan but there were no resources that could support the level of care Mr. B required at home. Ethical & legal considerations: While retaining the functional capacity to make decisions, Mr. B did not have the executive capacity to carry out his wishes. The principle of respect for autonomy contravenes that of beneficence and non-maleficence, wherein acceding his request certainly results in poor outcomes. This is a situation where the decision of an adult with capacity should be opposed. In Singapore, the Mental Capacity Act 2008 upholds individual autonomy and it was only until the Vulnerable Adults Act 2018 when professional intervention in situations of high risk was more clearly defined in capacitous adults.

NOTES

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