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Medical Ethics in Iran: A Two-Decade Review
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Recent decades have been an occasion of considerable development for bioethics worldwide. It was agreed that the growing developments in sciences have been raised ethical questions that should practically be addressed. There are a large number of topics in biomedical sciences and innovative technologies with which contemporary medical ethics deals. This report summarizes the bioethical activities and achievements in different fields of policy-making, organizing, teaching, and putting ethic into practice in our country during two recent decades.

At first, it is worth mentioning the ongoing initiative to arrange the national strategic plan for medical ethics. In order to accomplish the goals and objectives, substantial activities have been undertaken. The subject of ethics in different fields of science, which was followed in a traditional approach previously, is an important object of discussion currently. Much research is no being undertaken in various areas of bioethics.
countrywide. During the period under review, considerable articles and books have been published in the emerging subjects of bioethics.

Over recent years, several educational workshop and courses have been frequently taking place in the universities and research centers. Along with this overall increase in researchers and scientist' knowledge, there has been a great attention to establishing ethics committees at different levels.

On the other hand, considering several areas of bioethics that need legislation or reconsideration of previous regulations, the authorities, policy - makers and scientists have carried out some endeavors to prepare appropriate law, codes, and guidelines. One important point that should have been examined in Iran includes variations between international regulations and cultural and religious beliefs. On account of this fact, the culturally - adapted ethical guidelines in biomedical research was compiled by means of fast force activities in which the experts of religion, law, ethics, medicine, and related fields of science have been invited. We will present the main points of the regulation in current article.

Key words: bioethics, medical ethics, strategic plan, ethics committee, Iran
"The Challenge: Indigenizing Medical Ethics"
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Traditional codes of ethics for medical professionals can be found in all major civilizations dating back to Hammurabi (2000 BCE). Most of these rest on a fiduciary relationship between healer and patient and emphasize the duties of the former in a profession perceived as sacred. In contrast, contemporary biomedical ethics relies on a secular contractual model that focuses on the legal rights of the parties involved in medical interactions. It is this model, evolved first in the United States in mid-20th century in response to advances in science and biomedical technology, which is being globalized to developing countries, including Pakistan.

Contemporary biomedical ethics has much to offer but it suffers from a form of cultural myopia that disregards the shared histories, indigenous values, religious belief systems, and socioeconomic realities that shape moral lives of societies that are not products of Anglo-European, philosophical schools of thought. In many developing countries, the philosophical “Georgetown Mantra” of autonomy, beneficence, non-maleficence, and justice still forms the basis for imparting ethics education to healthcare professionals. This principlistic approach
can result in a disconnect between “bioethics” as an abstract academic exercise undertaken in classrooms, and professional medical ethics in real life situations that must take indigenous values into account.

My presentation will elaborate on these observations based on my experience as a physician in Pakistan. I will also discuss my belief that in order to maximize benefit to those we serve we need to work towards finding a suitable meld between what we learn from contemporary biomedical ethics and the values inherent in our own culture and traditions. In order to do so however, it is important for us to begin by casting a constructively critical eye on both sources of ethical knowledge.
“Population-Level Bioethics: A Research Agenda”
Daniel Wikler
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Ethical issues in health and medicine – “bioethics” – have been debated for millennia, but new questions frequently appear. In part this is due to changes in techniques and in sciences, as has happened with the advent of human organ transplantation and in-vitro fertilization. But bioethics evolves also when we learn to ask new questions about familiar phenomena. One development now in progress is a shift in focus from the work of the individual physician, and on the relationship between doctors and patients, to a “bird’s-eye” perspective that addresses ethical issues arising in population and international health. These issues look quite different from a population-level perspective, and in many cases arise only there. The study of inequalities in health across the socio-economic spectrum is a case in point. Though individual physicians may note that higher-status patients often seem to be doing better, the doctor’s goal remains the restoration of health in each patient. From a bird’s eye perspective,
however, a society’s lack of progress in narrowing health disparities among population groups appears to constitute a systemic ethical lapse, one that imposes responsibilities on physicians, government agencies, and individuals alike. This lecture surveys the growing research agenda of “population-level bioethics” and notes some of its distinctive features.
Implementation of UNesco Bioethics Declaration in Different Culture
Darryl Macer

UNESCO established a bioethics program in 1993 and on behalf of the United Nations has taken up some of the challenges that led to global concerns over the ethics of science and technology through awareness raising, capacity building, dialogue fora and standard setting. The underlying heritage of ethics can be seen in all cultures, religions, and in ancient traditions from around the world. While all 194 member countries of UNESCO have adopted the International Declarations on Bioethics (Universal Declaration on the Human Genome and Human Rights, 1997; International Declaration on Human Genetic Data, 2001; Universal Declaration on Bioethics and Human Rights, 2005), the appropriate discussion and implementation of these international standards with each community is central to the spirit in which the ethics programme of UNESCO works. The presentation will look at the relevance of the principles included in the Universal Declaration on Bioethics and Human Rights to communities and nations in Asia based upon feedback so far received through dialogues that have been held, and experience from Asia and the Pacific in particular. The Declaration calls for engagement of all stakeholders in decisions about bioethics, which can build upon the community structures for consensus building and decision making that

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exist in many nations. The Declaration calls for the establishment of ethics committees.

It also demands the engagement of professionals with all citizens in professional health care ethics promoting both autonomy and responsibility, as well as education for the empowerment of all so that each person can clarify their own values relating to bioethics. The articles on social responsibility take a broad view of bioethics, and benefit sharing clauses are particularly relevant to the debates on knowledge production and sharing. Partnership building in the region is developing through the Asia-Pacific School of Ethics, involving many individuals and a range of organizations, and this and other avenues towards implementation of the recommendations of this conference will be discussed. UNESCO aims to facilitate networking between different countries to share experiences and knowledge. This work in Asia started with the 1997 Asian Bioethics Conference that was held jointly with the Asian Bioethics Association (ABA). Since then dialogue and scholarship between persons in different disciplines and countries has been enhanced by both ABA and UNESCO, and this has enhanced the development of mutual understanding and linkages between research and policy making. The declaration is thus not a beginning or an end point but a point along the journey for each society to travel to rediscover its values and apply them to the emerging issues raised by biomedical sciences and the environmental crisis that we share.
Historical Approach in Teaching Contemporary Islamic Medicine

Eich Thomas
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Statements concerning issues in Islamic Medical ethics are often approached in a normative way, merely asking what “Islam says” about abortion, cloning, euthanasia etc. In this context majority opinions of Muslims religious scholars are usually identified, which are usually expressed in fatwas or recommendations of national or international committees of religious scholarship. However, these texts give only little insight into the reasoning and discussions behind a certain legal statement. An analysis of documented discussions and larger studies published in the field of Sunni Islamic Medical ethics shows that classical texts of Islamic legal scholarship (fiqh) are approached in an almost exclusively normative and rather unhistorical way. This means that concepts and legal rulings which have been developed by legal scholars several hundred years ago are taken to present an Islamic ethical essence without taking into account the historical circumstances which might have impacted on these concepts and rulings. I will illustrate this problematic with three examples, all linked to issues of the
beginnings of human life.

The first example is the development of an Islamic embryology, which is based on Quranic suras and prophetic sayings. From these texts, texts from Greek antiquity and based on observation Islamic scholars developed concepts of how the human embryo develops inside the womb, which became more or less canonized in the 14th century C.E. These concepts have been adapted to contemporary contexts, apparently leaving the conclusiveness of the historical concept untouched. However, in the course of adaptation, the historical embryological concept has been altered significantly and thus is not in logical accordance anymore with the textual basis of Qur’an and Hadith, from which it has been derived initially.

The second example is legal rulings about abortion in general. They have been influenced by historical concepts of embryology as well as the state of the art in the field of medicine in a respective period of time. Therefore, many historical rulings of Muslim jurists were intended as statements about necessary standards of evidence in juridical practice rather than ethical declarations. However, in contemporary discussions these rulings have been understood almost exclusively on a normative level.

The third example is the question of abortion after rape, which has not been covered in the historical fiqh handbooks analyzed
for this paper so far. The contemporary debate has never asked the question, why this is so. Instead it has tried to derive normative statements from these sources by way of deduction from rulings about abortion in general. However, it seems reasonable to argue that historically the issue of abortion after rape was never discussed because according to prevailing concepts of conception it was unthinkable that pregnancy after abortion ever occurred.

Therefore I would strongly argue for the necessity of introducing historical approaches into the process of ethical decision-making.
Approaches of World Religions to
Cloning and Transgenic Animals

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**Introduction:** Regarding animal biotechnology, we have ethics theologians from the various religions who study the question of use of animals to provide for human needs. The ethics scholars we have involved from the various religions find that questions such as cloning or transgenics are new to their tradition.

The Hindu approach to animals is based on the presence of the divine in all beings. For Hinduism, Animals, like humans, are viewed as manifestations of the divine – leading to a deep sense of unity and respect for all life forms. Some Hindu philosophers reject all research on laboratory animals, while others allow some. From a practical point of view, Hinduism does permit cloning if the benefits to humans outweigh the pain the animals experience, and if there’s no other way to get the

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benefits, then experimentation such as cloning animals may be seen as acceptable.

In Buddhism Animals are highly respected. With regard to the use of animals in science, Buddhists say you must consider the intentions of the act, the means used and its consequences. With animal biotechnology, if the intentions are good and the consequences are needed and beneficial, then maybe it’s justifiable.

In Jewish Law, Genetic modification does not constitute a violation of the prohibition against crossbreeding. This is in part because the process does not involve sexual acts across species. Also, the physical appearance of the resulting animal is of key importance. Cloned animals look like the originals. The overall thinking is that anything (cloned or transgenic) that benefits people and is not prohibited is encouraged, as long as there are no associated dangers and it doesn’t cause suffering to the animal.

Christians believe that animals have no immortal soul and no intrinsic worth. Cloning raises questions and big problems for Christian theologians. It could be argued that creating animals on demand goes against God’s plan for biodiversity. So the cloning of animals is seen to be the greatest wrong. But some small-scale cloning work has been approved by some Churches. If the reason

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for cloning is rooted in economics, convenience or the demands of human preference, then it is clearly unacceptable.

Islam teaches that animals possess a psyche; they have a lower-level consciousness than humans, but it’s higher than just instinct. The thought is that science shouldn’t create things, but it should make understandable the facts of Allah’s creation. These scholars thus see cloning as a miracle made possible by Allah, and genetic modification as knowledge made possible by Allah. Islamic scholars accept cloning for animals, but not for humans. They say that research in the field of cloning should be restricted so that it becomes a means of betterment for the world, not a cause of chaos and disturbance, and it should not result in suffering for animals.

Results: All the religions believe that research in the field of cloning and transgenic animals should be restricted so that it becomes a means of betterment for the world, not a cause of chaos and disturbance, and it should not result in suffering for animals.

Conclusion: This paper presents a review of religion’s approaches of world to which the application of modern biotechnology in breeding of domestic animals gives rise.

Keywords: religion, transgenic animals, Cloning, Biotechnology.
Comparative Health Care Ethics
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This paper posits that the degree to and ways in which countries distribute public and private sector resources to healthcare and the ways that they ensure adherence to global standards of ethics in the conduct of research is a reflection the countries’ values. The paper describes historical developments in healthcare and medical ethics and compares two countries in terms of ethical principles that pertain across religions and spiritual beliefs. The countries are Egypt and the United States. The principles against which they are compared are: distributive justice, autonomy and protection of human subjects, benevolence and non-malevolence. The paper addresses issues such as health resource allocation, disparities in health care access and quality within the countries’ population, practical application of clinical bioethics, and processes in place to ensure the protection of individual autonomy in the conduct of research. The paper also addresses the ways in which sociocultural factors are taken into account in healthcare and medical ethics in the two countries and

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the ways that the countries ensure that research conducted by their citizens (scientists, healthcare researchers) and their policies with respect to distribution of medical technology in other countries adheres to their own nation’s ethical regulations and standards and those that pertain in international accords. The paper describes the twin conundrum of global medical research and rapid advances in medical technology and the role that these two countries have played to address this conundrum in their own country and in collaboration with others. A summary of the way in these two countries’ values are reflected in these actions is presented. Finally, the paper describes the attempts to devise a universal set of healthcare and medical ethical principles that cross religions and cultural boundaries.
Islamic Medical Ethics: Looking at the Roots
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Contemporary medical practice and research raised several challenging ethical questions that need to be answered and clarified. Islamic medical ethics has contributed to the answer of these questions in several ethical issues, although there are still some issues which were not discussed or the dilemma around them was not resolved.

To understand how could Islam further contribute to contemporary ethics and how does it look to ethics in general and medical ethics in particular, one need to understand the bases and principles on which Islamic medical ethics are based.

It is important to notice that the sharia law, the base for ethics and morality in Islam, puts a great emphasis and value on five distinct necessities that should be carefully considered and preserved. These are: the religion, the human life, the sound human mind, reproduction, and property. Any act that may endanger any of these will be regarded as non-ethical except in certain specific situations.
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It is also noteworthy that the sources of Islamic ethics are many. It starts with the holly Quran (the words of ALLAH) and the Hadith (sayings, acts and approvals of the prophet Mohammad (PBUH)), both are considered as devine revelaions and are highly ranked. The second source is the opinion of the religious scholars (Ulama), known as Ijtihad which include; the consensus opinion (Ijmaa), analogy (Qias), general interests and benefits, customs, and unspecified public interests. These opinions should be always based on evidence either from the devine revelations and/ or the sound and reasonable use of general rules and principles of Figh (jurisprudence). Als,in relation to human behavior ,the Sharia virtues such as compassion ,mercy, altruism and the like are highly valued. There are further details to this that need to be clarified.

The aim of this paper is to give a detailed account of these principal sources of Islamic medical ethics usning examples from current medical practices and research.
Islamic Bioethics: A General Scheme
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No doubt life in its all forms enjoys a very high status in Islam. God Himself is characterised as "the Living". Among the creatures, human life is one of the most sacred ones and has the potentiality of become the most sacred one. As a result, great attention has been attached to human life to the extent that the respect for human life starts much earlier than actual birth and this continues to the period after death. Though the main aspect of human reality is the spirit, this respect extends to the body as well. Human life must be regulated according to divine instructions, that is, to its best and towards a fully human one. Therefore, it must be appreciated, respected and protected.

In this paper, we will see how this protection is regulated in Islamic law and bioethics and what the difference between the legal and the ethical approaches is. Maintenance of physical health and treatment of the sick are two important aspects of Islamic teachings in this regard. In respect to the beginning of human life, first we will see that reproduction must occur in the context of a legitimate and stable family. Second we will see how abortion is viewed in Islamic law and bioethics. In respect to the end of life, issues such as death, suicide and euthanasia will be studied.
The Key Role of Human Dignity in Global Bioethics

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Switzerland

The principle of respect for human dignity, which refers to the intrinsic value of every human being, holds a prominent position in the international instruments dealing with biomedicine that have been adopted during the last decade. The strong recourse to this notion has been sometimes criticized as being a purely rhetorical or political strategy, without any real impact on biomedical practice.

This presentation aims to argue that there are substantive reasons for appealing to human dignity in global bioethics: First, this notion is firmly established in international law as the foundation of human rights, and the rights approach is widely employed to ensure the implementation of most bioethical requirements (informed consent; confidentiality; physical integrity; non-discrimination; access to health care, etc.).

Second, the idea of dignity constitutes an invaluable tool for intercultural dialogue because, despite the different conceptual

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explications of this notion, the very special value attached to every human being seems to be present in the most diverse cultures and religions.

Third, this notion, in its extended meaning, plays a decisive role in preventing some biotechnological developments that may affect the identity and integrity of humankind as a whole, including future generations (like human reproductive cloning and germline interventions); this can be explained by the circumstance that the human rights approach is insufficient to cope with these new challenges, because human rights only apply to existing individuals, not to humanity as such. Fourth, the idea of human dignity, far from being purely speculative, has a strong impact on every day medical practice by stressing the uniqueness of every patient and of his or her particular needs.
Post human challenges to medical ethics: the need for
metaphysical decisions prior to ethical reasoning

Byron Kaldis

This paper discusses some issues in medical ethics from the
point of view of modern advances in human-machine
interconnectedness known as transhumanism. The latter – as
both its critics and its supporters acknowledge – is the most
controversial area of technoscientific radical advances with
unprecedented consequences. Two points must be first made
here: first, we are envisaging a new form of total fusion of
technology and science in the form of technoscience being the
sole vehicle of acquiring knowledge and tracking the physical
world; second, the worry about unprecedented future outcomes
is related to the fact that we can not now predict the exact form
future developments in advance technoscience may assume and
thus, consequently, we are unable to predict the kind of moral
issues that may emerge within a context of unforeseen
eventualities. Hence the double problem: we do not know how
the technological enhancement of human beings may actually
turn out to be while the ethical questioning that would correspond to this unprecedented future is equally shrouded in darkness.

What is more it is claimed by critics that the posthuman subjects of moral worth – if any – thus created may have unpredictable ways of rationally approaching ethical questions. That is, they may be completely different from what we can envisage as far as the kind of principles or hierarchies thereof or moral maxims and the like are involved.

In more specific terms applied to medical ethics, the same worry applies with respect to by now classic questions and issues defining the field of medical ethics as we now know it. If transhumanism posits a challenge to the concept of human personhood, then it also must challenge traditional medical ethics. Issues of human dignity or equal moral worthiness as background to medical ethics must now be seen as altered both in respect to the unpredictability of the actual future post-human creatures and their particular characteristics as well as in terms of the meta-ethical issue of whether we are now permitted to decide the future development of the course of humanity in terms of its biological make-up.

We are then arrive at the point where it is clear that we must
first solve metaphysical puzzles about personhood – and confront essentialism of species – and then worry about the ethical issues that will be raised subsequent to our own radical technological changes.

Medical Ethics appears to be the field where the question of whether ethics can survive without metaphysics or not is being tested in the face of post-humanism.
The Autonomy of an Individual Its Meaning and Moral status in Islamic Bioethics
Mohsen Javadi
The University of Qom

One of the controversial issues of bioethics is individual autonomy.

Can this autonomy be a permissible reason for refusing treatment, undergoing harmful or risky medical surgery, or being a subject for the experiment of a newly invented drug? On the other hand, does the autonomy of the patient and the patient’s demand justify a physician’s compliance so that he withholds treatment or to begin a treatment which he thinks is harmful?

After defining individual autonomy, this paper will study its moral status and answer to the above questions.

From an Islamic point of view individual autonomy as a moral property has a first order value like other moral goods, but it also has a second order value because of being the condition of moral action. The confusion of these values creates ambiguity and mistakes in moral decisions.
Principlism and Particularism in Medical Ethics

Soroush Dabbagh

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Principlism, in general and Four Principles Approach in particular is largely discussed in current medical ethics. According to principlism, the ethical relationship between physician and patient has to be categorized based on some principles, the principles which are general, action-guiding and could help both the patient and the physician to arrange their ethical behaviour. Four Principles Approach which is a principlistic view has formulated the principles which has to be considered in medical ethics in the light of Russian ethical framework as follows: respect for autonomy, nonmaleficience, beneficence and justice.

Ethical Particularism, on the other hand, strongly criticizes principlism and repudiates the very idea of generalizability in the realm of ethics. According to particularists, the way in which a morally relevant feature like fidelity and justice behave in different ethical occasions is fully context-dependent so that they cannot be patternable in advance. It follows from this that fidelity, for instance, is not a good-making feature, generally speaking.
In this paper, firstly, the Russian ethics is discussed in order to make Four Principles Approach intelligible. Secondly, the main particularists' argument against principlism is formulated. Finally, Particularists' argument is evaluated and its plausibility is discussed.

**Key words:** Particularism, Principlism, morally relevant feature.
Social Constructionism as an APT Method in Medical Ethics Training
Hossein Godazgar
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John Arras (2007) begins his most recent and valuable article with ‘[i]n the world of bioethics, the air is abuzz with reflective equilibrium. Not too long ago this same air echoed the din of clashing moral methodologies’ such as casuists, feminists, narrativists, and pragmatists against principlism. Investigating the various aspects of reflective equilibrium, he concludes that although reflective equilibrium ‘may be a necessary condition of moral justification’, its main concern and association with ‘consistency’ and ‘coherence’ seems to be problematic. In his final thoughts on methods, he sounds very disappointed with the struggle to find a specific method that could contribute to moral judgments from various angles as if there is no way out from the attribution of ‘coherence’ and ‘generalization’ to theory, particularly when he remarks: ‘[a]nyone who has seriously studied the methodological reflections of principlists, casuists, feminists, narrativists, and pragmatists realizes that each of these

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disparate approaches to thinking about morality points us in helpful directions.’ Yet, this article proposes that there is a way out of this situation. Without wishing to deny the significance and usefulness of aspects of the dominant methodologies, particularly principlism, reflective equilibrium, and casuistical methods (Beauchamp and Childress 1979-2001; Jonsen and Toulmin 1988; Rawls 1971; 1975), this article will introduce a new framework for bioethics with the intension of improving our capacity for making sensitive and discriminating moral judgments: social constructionism. Disappointed with the struggle to find a homogeneous and coherent approach, social constructionism takes difference and diversity, rather than consistency and coherence, as the core of its approach, and intends to discover the ways in which individuals and groups create and institutionalise their perceived reality (Berger and Luckmann 1966; Beckford 2003).
Some of Muslim Physician's Achievements in Medical Ethics
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The concept that medicine is exclusively the products of western minds remains unquestioned by most individuals. A review of any of the standard texts or encyclopedias regarding the history of medicine would support this view. Most texts give little or no mention of the advancements made by ancient Indian, Chinese or, particularly, medieval physicians. Muslim physicians, during the Middle Ages, have played a considerable role in the field of medicine development as a whole and medical ethics in particular.

Al-Razi (Rhazes) was a famous physician and writer, whose medical writings greatly influenced the Muslim world as well as Western Europe. al-Razi in his al-Hawi book advices the physicians the necessity of continuing reading medical books during their medical practice and at the same time he stresses on the importance of the rational cogitation and the personal experience in treating the patients for getting the best beneficial outcome. Ali ibn Radhwan composed what may be considered as

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the most important book in the field of medical ethics during the
medieval ages. This book dealing with different aspects of
medical ethics. It is Sharaf al-Tibb book (honor of medicine
book), in which he divided diseases into four types, then he
explained the ethical physician's attitude toward every type. For
fatal diseases, for example, ibn Radhwan advices the physician
to reach the correct diagnosis and prognosisas he may be able to
apply the proper way of treatment to elongate the patient's life.
al-Zahrawi (Albucasis) who lived in al-Andalus (Spain), and
died there in 1013, is considered one of the most celebrated
surgeons during the Middle Ages. In his introduction to the
surgical treatise of his book al-Tasrif, al-Zahrawi cautioned in
treating fatal diseases saying do not treat mischievous maladies
lest you get the name of mischievous doctors. ibn-Hindu in his
book Miftah al-Tibb wa-Minhaj al-Tullab (the key of medicine
and the curriculum of the students) has embodied the outlines of
what is now known the medical education ethics.

The aim of this paper is to shed light on some of medical
ethics writings of the most prominent Muslim physicians during
the medieval ages, to reveal their accomplishment and
contribution in this field of medicine.
Islamic Jurisprudence & Contemporary Medicine (The Relations between Fiqh and Medicine)
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Moslem society keeps itself inside the boundaries of the Shariah, which is (the system of worshiping ALLAH) in spites any global cultural changes.. The Fiqh system have a free range of movement within a frame of 5 pillars of islam (Unity of ALLAH; Salah, Zakat, Ramadan fasting and Hajj)

Characteristics of FIQEH
- Has a definitive, permanent, simple, clear reason for its existence.
- Thinking process based on well-known constitution.
- Applicable in life, not a theoretical model/s
- Expandable to no limits, but around a center

Aims & goals of the FIQEH
- Give Moslems a continuous quality of life improvement system.
- Have mutual respect and understanding of other societies;
- Contribute to the development of the human civilization by offering practically applied models.

Advantages

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The constitution (QURAN) is; Non changeable or editable; 
The practical guidelines (SUNNAH) has been practiced by human; 
Not restricted to ethnic or social groups 
Embarking on it’s practice depends on fulfilling criteria’s 
Thinking process in the boundaries of SHARIAH, the Fiqh 
process is: 
Describe the situation, current or possible 
Find a similar case in the database or a category that may 
include the situation 
Discuss all possible answers 
Collect accurate information from the expert in the field. Particularly from Moslems Known with their integrity (ODOOL) 
Concider the current situation and the possible future implications 
Take a decision (consensus is better) those who abstain declare their reasons. &declare the decision 
Examples of applications of Fiqh in medicine 
Artificial ventilation, Abortion, Patient rights &privacy, 
Human genome and cloning, DNA finger printing; Human 
products banks, AIDS, Medical research.
Neurosurgical Concepts in Brain Death
Sayyed Mahmoud Tabatabaei
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The question of what is life and when it is lost must be considered in both philosophical and physiological terms. Thus it follows that the determination of the ending of a life has tremendous importance. The problem is that there is no consensus about exactly what constitutes consciousness and how to determine whether it is lost. The concept that brain death is equivalent to death as diagnosed by the criteria of loss of respiratory and cardiac function is generally accepted by medicine. To apply this concept to stopping patient care would require agreement on the goals of treatment, the family or society. The focus is on how the concept of brain death evolved, also the reasons o declare brain death, its definition and criteria for diagnosis are presented.
In Defense of Compensating Organ Donors
Alireza Bagheri
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In the current situation of organ transplantation worldwide, people are being asked to donate organs for transplantation altruistically. While those involved in organizing and carrying out transplantation are not expected to give their time and expertise without compensation, living organ donors are expected not only to donate their organs but also to bear, in addition, the financial hardships associated with the act of organ donation. However, organ donors’ right to legitimate compensation has been ignored out of fear of exploitation and organ sales.

This paper argues that ignoring organ donors of a legitimate compensation is morally unjustifiable and is a form of exploitation in its own right as well. It advocates for the right of donors to be compensated for their time taken from work, travel, and loss of earnings incurred, and even perhaps to be incurred in future due to organ donation. It is the moral responsibility of the procurement system to take the necessary steps to ensure that donors suffer no economic detriment from their act of donation.
By acknowledging the difficulty of drawing the line between “legitimate compensation” and “persuasive incentives” that may pressure people into donating their organs; it suggests that the ethics committees who supervise organ procurement systems should establish a rightful reimbursement policy based on local socio-cultural situation.

The paper concludes that the legitimate concerns about organ trade and commodification should be addressed through the establishment of appropriate control mechanisms, not the imposition of unnecessary burdens on donors guised as a moral demand for pure altruistic donation.
Bioethics from Below:
Vulnerable Publication Prospective on Bioethics
Leonardo De Castro
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Philosophers have offered various accounts of principles that they consider important to provide guidance in the settlement of bioethical issues and controversies. Most of these accounts attempt a framework that is broadly acceptable and transcends cultural, social and economic differences. The pursuit of a globally acceptable and transcendent bioethics framework is laudable. However, it takes the risk of neglecting perspectives “from below.”

The pursuit of global bioethics tends to suppress outlooks or approaches that have limited advocacy even when they are not lacking in consistency or ideological coherence. A minority view could have a strong foundation in the practical values that are capable of inspiring those with vulnerabilities arising from their cultural, social or economic situation. In this respect, attempts at a global consensus face what appears to be an inherent risk of self-contradiction, overlooking individual or minority narratives
situated on the fringes of global consensus. This presentation argues for a “bioethics from below” that recognizes the value of global consensus while respecting minority perspectives. It supports a human rights account of global bioethics that gives special attention to the needs of the weak and vulnerable. The particular example of organ donation for transplantation is used to illustrate the values rendered prominent by those with a view of bioethics from below.
Kidney Transplantation: Is There Any Place for Refugees?
Saeed Baharlou, Babak Kordvani, Shervin Asari, Behzad Eynollahi

There are more than 8 million refugees worldwide with the Middle East bearing the brunt. Socioeconomic factors are the major obstacles that refugees encounter when seeking health care in the host country. It, therefore, comes as no surprise that refugees are denied equal opportunities for one of the most sophisticated and expensive medical procedures in the world, kidney transplantation. With respect to transplantation, refugees are caught between a rock and a hard place: as recipients they have to single-handedly clear many hurdles on the arduous road to renal transplantation and as donors they are left unprotected against human organ trafficking. It should be the moral responsibility of the host country to provide this population with a support network. The ways and means of establishing this network should be defined locally; nevertheless, enabling refugees to receive a transplant is the most basic step, which should be followed by the provision of financial support and follow-up facilities in a concerted effort to ensure the continued function of the invaluable graft. It is also necessary that refugees be protected from being an organ reservoir on the black market.
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There are no precise regional or international data available on kidney transplantation in refugees; among the Middle East Society for Organ Transplantation countries, only Iran, Saudi Arabia, Pakistan, and Turkey have thus far provided data on their respective kidney transplantation regulations and models. Other countries in the region should follow suit and design models tailored to the local needs and conditions. What could, indubitably, be of enormous benefit in the long term is the Establishment of an international committee on transplantation in refugees.
Transplantation; Islamic view
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Introduction: Organ transplants are performed to replace non-functional or diseased organs in order to cure patients. This medical procedure, like many other medical procedures, are permissible in Islam, because it is a form of treatment for a medical condition. Thus, in the opinion of Islamic scholars, organ transplants are permissible. This paper deals with organ transplant, which is one of the remarkable achievements of modern medical science in the treatment of disease. Our society face many new issues that need to be studied in-depth, in order to offer the appropriate Islamic response and solution, so the aim of this article was to mention the Islamic view on transplation.

Materials & methods: Related articles and books with the keywords of transplantation, islam reviewed and this paper presented.

Results: Organ transplant is a means whereby doctors overcome illness, pain and mutilation and is therefore a form of treatment. It is an invaluable gift to those in pain and suffering from organ failure. Pledging organs is a practice that is imbued with the spirit of rahmah and compassion. One who has a disease and needs an organ to continue living is definitely

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amongst those in needs, and has to be assisted by any means possible.

Allah s.w.t. says: which means: “[H]elp one another in
goodness and piety, and do not help one another in sin and
aggression; and be careful of (your duty to) Allah; surely Allah
is severe in requiting (evil).” (Sura Al-Ma’idah, verse 2)

Allah s.w.t has said which means: “Unless it be for murder or
for spreading mischief in the land - it would be as if he slew the
whole people: and if any one saved a life, it would be as if he
saved the life of the whole people.” (Sura Al-Ma'idah, verse 32).

There is no doubt that organ transplant is in the same category
as saving a life. Organs can be used to save human life,
especially when no longer used, such as upon death. In fact, by
donating organs to those in need, the organs continue to function,
although in someone else’s body.

Conclusions: In general, organ donation is allowed in Islam.
As such, an operation on the body of the deceased for the
purpose of saving a human life is allowed in Islam. It is
permitted to transplant or graft an organ from one place of a
person’s body to another, so long as one is careful to ascertain
that the benefits of this operation outweigh any harm that may
result from it, and on the condition that this is done to replace
something that has been lost, or to restore its appearance or
regular function, or to correct some fault or disfigurement which
is causing physical or psychological distress.
Brain death: History and Controversies
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The retrieval of organs for transplantation in recent years is based on the acceptance of brain death as irreversible death. In fact it has been accepted that irreversible cessation of all functions of the entire brain, including the brainstem (neurological determination of death) is equal to irreversible cessation of circulatory and respiratory function.

Prior to the introduction of mechanical ventilators in the mid 20th century and the evolution of resuscitative measures, a circulatory-respiratory formulation was used to determine death. Since then ability has been improved to artificially maintain patients with severe brain injury long after complete cessation of all functions of the entire brain. In 1959, the term "coma dépassé" meaning "a state beyond coma", has been described which meant loss of consciousness, brain stem reflexes, and spontaneous respiration, associated with absent encephalographic activity. It was initially considered to describe the futility of care in such cases, but the subsequent introduction of organ transplantation later led to a serious linking of the issues of brain
death and organ transplantation which has continued into current medical practice.

Nowadays despite general worldwide acceptance of the concept of brain death, inconsistencies in clinical criteria and ancillary testing requirements remain. A number of clinical guidelines for brain death which share many common features have been published in the literature and is advised in clinical practice by a variety of medical societies. However, variability and inconsistency within these guidelines does exist, particularly in regard to the thresholds applied to diagnostic tests and requirements for ancillary testing. These discrepancies seem to be a reflection of the lack of acceptable scientific rationale for specific guideline recommendations.
Ethical Consideration for Kidney Transplant
From Deceased Patients
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"Surviving the life of one person is equal to surviving the whole society".

(Koran verses)

Organ transplant has developed remarkably within the recent decades; thousands of people owe their live, health or longevity to this branch of medicine.

Asking about the permissibility of performing organ transplants (including kidney transplant) from deceases patients does not seem logical because of organ shortage; yet, it should be born in mind that the ethical issues of organ transplant are significant and require deliberations due to various considerations such as religion, culture, social customs, the definition of the deceases and removing the organs from the body of a deceased patient.

Generally, receiving or donating organs is based on the three ethical principles of justice, usefulness and patients' willingness and self-decisiveness.
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Justice refers to the equal accessibility of organ transplant candidates for being informed of the possibility performing the relevant transplant, having equal access to organs as well as their fair and proper distribution for the purpose of performing the transplant.

Usefulness means, the result of the transplant would be more appropriate than any other kind of replacement therapy.

The willingness and self-decisiveness of the patient means, individuals should decide themselves and the ideas of others should not be imposed on them.

Although the divine religions like Islam, Christianity and Judaism have various ideas on organ transplant, most branches of the said religions have accepted the issue with particular conditions.

In Islam, the willingness of the donor and respecting the deceased are the essential conditions for performing the organ transplant.

The bases for the ethicalness of organ transplant is providing further health and welfare for a patient and improving the quality of life or saving the life of an individual.

Organ transplant form a deceased patient is one of the main sources of organ donations. The preference of the mentioned method over performing the transplant from a live person is in the former, needs of the patients (organ transplant candidates)
are met by using the organs which are going to finally die out. Therefore, using such organs for providing health for other people is a kind of source recycling. Moreover, many organs like the heart cannot be transplant while the patient is still alive.

Generally, in the absence of the said principles (the need for saving the life of a patient or improving his health status, deceases diagnoses and trainings medical students), any kind of intervention and manipulation on the corpse and removing the organs lacks logical and ethical justification.

In most Islamic countries including Iran, removing organs is permissible if previous consent is obtained from the patient or his / her immediate family members; however, due to some religious and cultural considerations, this kind of organ transplant has not yet progressed significantly in Iran. The considerations include insulting the body of the deceased, manipulating God's creation, the guilty nature of the act, the family psychological disturbances due to the unwillingness of the individuals and their family members towards manipulating or injuring the corps.

There usually are three ways for obtaining the consent for organ transplant in deceased conditions:

1. informed consent: the consent was obtained when the patient was alive or the patient possesses and organ donation card;
2. Assume consent: the agreement of the patient is taken by law unless he had expressed his disagreement when he was alive;

3. Essential questioning: physicians are legally responsible for asking the legal guardians of the patient about their willingness for donating the organs of the deceased; the organs are removed if they agree.

Currently, the best method is essential questioning.

Generally, if there is no document stating the disagreement of the patient with organ transplant, the agreement is assumed to be implicitly obtained and in case the immediate family members agree, organ transplant will be carried out.

Another significant issue in the area of organ transplant from a deceased patient is the definition of deceased.

"Deceased condition" is defined as the complete dysfunction of the brain and the discontinuation of all brain activities (including the brain stem). The verification of deceased condition is the responsibility of a group of specialists who are not involved in the process of transplanting organs. In 2000, performing organ transplant from deceased patients, in cases where removing the organ was permitted by previous consent of the deceased or the family members, was approved by the Iranian Islamic Parliament considering all ethical, religious and legal aspects. People do not usually agree while the support organ transplant. Therefore,
despite the lawfulness of organ transplant from the deceased in Iran. Kidney transplant from the deceased still include a small proportion of the transplant; most of the kidney transplant are performed from unrelated live donors; thus, patients in need of liver, lungs and heart are still lingering in the waiting lists.
Ethics of Organ Transplants
Rubina Naqvi¹, Anwar Naqvi, Adib Rizvi
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Transplantation of human organs and tissues, which saves many lives and restores essential functions for many otherwise un treatable patients, both in developing and developed countries, has been a topic for ethical scrutiny and health care policy-making during last few decades. In 1991, the World Health Assembly approved a set of Guidelines which emphasize voluntary donation, non-commercialization and a preference for cadavers over living donors and for genetically related over non-related donors. While they have had a great influence on professional codes and legislation, these Principles do not directly address safety concerns and they face challenges from leaders in the field who urge that policies be changed to allow the use of "incentives" to increase the numbers of organs for transplantation, from the involvement of organ donation programs in commercialized tissue operations, and from "organ trafficking" (such as that described in the 10 May 2003 Lancet)

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which apparently occurs in a number of countries where payment for organs is supposedly outlawed.

What are the sources of organs used in transplantation? How can we make the procurement system more efficient? Should we pay for organs?

There are always fewer donors than there are potential recipients, and that's why thousands people die every year while waiting for new organs.

Issues will be discussed in presentation.
Unethical Marketing Practices of Pharmaceutical Companies in Pakistan

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**Background:** Evidence-based medicine has become a common practice in the present world. This has affected pharmaceutical advertising in the way that several drug advertisements now cite different kinds of references to authenticate their claims. We critically assessed the references that accompany such claims on drug advertisements.

**Methods:** Drug advertising brochures were collected from a number of privately practicing General Practitioners in Karachi. Three blinded reviewers then categorized each reference into one of 8 types viz: journals (both Medline indexed and non-indexed), medical reference books, web addresses, personal communications or testimonials, abstracts presented at symposia/conferences, WHO and National Health Guidelines and ‘others’ (which included a diverse set of references). Each reviewer then assessed and analyzed the references further into 2

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broad categories of traceable and non-traceable. The traceable references were appraised and depending upon the claim with which the reference was attached, these were classified into accurate, inaccurate/false, exaggerated and ambiguous.

**Results:** We collected a total of 175 brochures. 39 (22.3%) brochures did not cite any references and hence were not subjected to further analysis. The remaining 136 (77.7%) brochures were found to contain a total of 559 references. 305 of these references were from Medline-indexed journals; 67 were from non-indexed journals; 55 references quoted medical reference books; 27 references cited web addresses; 12 references were personal communications/testimonials; 11 references referred to abstracts presented at symposia/conferences; 12 references were from WHO and National Health Guidelines; 8 references were referred to as ‘data on file’, while the rest were classified as ‘others’. Out of the total of 559 references, 249 (44.5%) could not be traced. After looking, studying and analyzing the cited references, the 310 traceable references were adjudged as accurate (197), inaccurate / false (30), exaggerated (79), or ambiguous (15).

**Interpretation:** The marketing practices adapted by the Pharmaceutical companies are not ethical and need to be closely monitored. Furthermore, laws governing drug marketing that are in place should be properly enforced. Doctors should also
critically analyze the references that accompany drug claims on brochures before considering them as reliable proof of the claims’ truthfulness. This is necessary because references often influence physicians’ prescribing behaviour and hence a potential cause of irrational prescription.
Informed Consent Project at a Public Sector Hospital in Pakistan

Yasmin Wajahat¹

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Informed consent indicates respect for a person, which is a basic ethical principle. It is the right of an individual. In our culture, being a male dominant society, informed consent is usually lacking when dealing with the vulnerable group; women patients coming from the poor community, having low literacy rate and are powerless. In this vulnerable group, decision is either taken by their family, including mother in law, brother, uncle or their husband. This is the usual norm of the culture in Pakistan. Females are unaware of their right of being informed about the procedure to be conducted on them. In addition, physicians are also not in practice of involving female patients in decision making.

When teaching of biomedical ethics was introduced in OB-GYN in September 2006, at Sobhraj Maternity Hospital, it was decided to practice ethically by fostering the ethical conduct towards the female patients.

This practice of involving the females in decision making was initiated on 25th September, 2006 in the obstetrical patients

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initially, aimed to educate women about their Rights. In January 2007, this practice was initiated with the gynecological patient’s as well.

The objectives were to initiate the practice of taking informed consent amongst the trainees by involving female patients in decision making during surgery and to create awareness in females of the basic rights of informed consent thereby, promoting women empowerment.

The methodology was to educate the junior doctors and trainees about the importance of informed consent in relation to the legal rights of Pakistani women. The physicians attending the women undergoing surgery (obstetrics and gynecology) were responsible for the informed consent. Data was collected retrospectively from the case files. Periodically the trainees were re-educated in informed consent when the missed out numbers appeared to increase.

During the study period, a rise from 44. 59% to 100% participation of female patients was seen in decision making in obstetrics and from 59. 10% to 100% participation was seen in gynecological patients till the month of July 2007. During this time 37 doctors (22 Postgraduate trainees & 15 House Officers) were trained and educated in informed consent.

19 (14 Postgraduate trainees & 5 House Officers) of them practiced the knowledge for at least six months and an obvious
change noted in the practices of the trainees in the institution from not involving the patient in decision making to trying to involve each and every patient. A gap present in public health care system has been tried to be fulfilled.
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The Most Important Patients' Expectations of their Physicians
Taraneh Door-Mohammadi Tousi¹,
Fariba Asghari, Arash Rashidian

Background: Knowing the patient's needs and expectations and applying them for the patient's care can cause patient satisfaction and create confidence. This causes to increase patient cooperation and get a positive response to treatment.

This research tries to evaluate the patients' expectations of their physicians.

Method: Patients who are hospitalized or attend the clinic at Imam Khomeini Hospital were chosen for this research.

To study the patients' priorities and expectations of their physicians, 18 questions in the form of 5 domains (physician's availability, giving information and patient's autonomy, humanistic behavior, doctor-patient relationship, physician proficiency and support) were designed.

Trained interviewers requested the patients to rate each question on the Visual Analog Scale ruler (from 1 to 9). In the

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end, the interviewers asked patients to rank the 5 domains based on their priorities and importance.

**Result:** A total number of 400 (199 inpatients, 201 outpatients) were selected randomly. Among the 18 questions, the most important outpatient and inpatient expectation was "physician's knowledge and expertise" (mean scores 8.95 out of 9 and 8.47 out of 9 for outpatients and inpatients respectively).

In the domain of availability of physician for outpatients, "short waiting time" was the most important expectation; For inpatients, "providing quick service in case of emergencies".

In the domain of giving information and autonomy, the most important issue for outpatients was "giving a clear explanation of disease" and for admitted patients, it was "telling all the things about diagnosis, treatment and side effects". In the humanistic behavior domain for outpatients "physician's patience and attention to the patient and being responsive to patient's questions" and for inpatients "following up the patient's disease constantly" were the main concerns.

In the domain of doctor-patient relationship, "courtesy and friendliness" were the main matter for both inpatients and outpatients.

In the domain of physician proficiency and support, the most important expectation of both outpatients and inpatients was "physician's knowledge and expertise".
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As a whole, the most important domain from the view point of both inpatients and outpatients was "physician proficiency and support". The second priority on the part of ambulatory patients was "giving information and patient's autonomy" and of admitted patients was "Physician's availability".

Conclusion: It seems that priority should be given to planning and more investment on "physician proficiency and support". After that "giving information and patient's autonomy" and "physician's availability" would have an important role in improvement of patient care.
Necessary Conditions of Patients' Bill of Right in Iran: A Phenomenological Study
Alireza Nikbakht Nasr-Abadi¹, Zohre Parsa - Yekta

**Background:** Patients are one of the most vulnerable social groups which their particular situation makes their rights more sensitive in health care system. They fully relegate themselves to the health system and trust to the health professionals but unfortunately they encounter problems from the time entering hospital. This makes them more vulnerable and increases the risk of their rights being neglected. In such a context the existence of tools and strategies for assuring patients rights advocacy, seems to be necessary. To designing and establishing these tools participation of all stakeholders is important and vital according to WHO’s recommendations. The first step in this direction is entering to the world of the particular groups involving in patients’ rights practice in their daily activities and hearing their voices. The aim of this study is to explore patients’ rights practice in patients’, patients’ companions’,

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nurses’ and physicians lived experiences with patients’ rights practice.

Methods: This is a phenomenological study based on Van Mannen’s approach to investigate a shared experience from different perspectives. Data was gathered via semi-structured interviews with 9 patients, 3 patient’s companions, 8 nurses and 5 physicians in a central teaching hospital in Tehran. The transcribed interviews were analyzed through the process of Van Mannen’s thematic analysis.

Findings: Five themes and eleven sub-themes were captured from analyzing the participants’ lived experiences. Holistic care was the main theme as the meaning of patients’ rights practice. This was presented by the sub themes including: patient focused care, compassion, effective communication, informed participation, advocacy, and meeting patients’ basic needs. The theme awareness of rights included sub themes like public awareness of rights and health professional awareness of rights. Adequacy of resources was the other theme presented with human resources, basic facilities as well as vital supplies. Accountability and integrate rights of patients and health care providers were two other main themes emerging in this study.

Conclusion: patients’ rights monitoring tools can be realistic and usable when be based on all stakeholders’ expectations and
needs. The findings of this study can reflect the meaning of patients’ rights from the patients’, patients companions’, nurses and physicians’ perspectives and through their lived experiences. This can be in use for the policy makers who are interested in considering their main partners perspectives in revising patients’ rights monitoring tools.

Key words: lived experience, patients’ rights, phenomenology
The View of Specialists and General Practitioners about the Patient-Physician Relation
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The main part of moral in medicine is the communication between physician and patient since the physician is not only related with disease but also with the patient. It seems that the service system needs fundamental changes together with the worldwide revolution in medical education. The relation of physician - patient is the main part in medicine; so much so that physician, himself, is the basic part in treatment. Communication skills cause expense reduction and optimal use of facilities in medical and health cares. As medicine goes toward advanced technology, this kind of communication will be faded. Unfortunately, it seems that medical education, does not care about the emotion of the patient and it may cause adverse effect on the capability of the physician in making communication with the patient.

Method: 260 specialists and general practitioners were

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considered in hospitals and clinics by quatta method. Questionnaires were prepared based on relevant literature about the patient- physician relation. Content validity was used to confirm it and stability was confirmed by $\alpha =0.71$.

**Results:** The age average of the subjects was $36.17 \pm 9.56$ and their work experience average was $8.17 \pm 8.81$. Physicians’ views were not different according to their specialties, gender, marital status and the place of work. Surgical specialists were more agreed with involving patients in decision processes than internal specialists. Physicians working in clinics and public sectors believed that to establish communications with patients would waste the time and about $1.3$ thought that it was better not to tell the patient anything about her/his disease. $80$ of physicians suggested that only pathological process of the patient should be controlled and $70$ of them believed in the commitment of physician in the recovery of the patient. On the other hand, $2.3$ of physicians believed that no physician would blemish his/ her job because of not establishing good communication with patients. About $30$ agreed with the idea of wasting time in communication and less than $80$ believed in the role of proper communication in patient’s compliance and the reduction of treatment expenses.

**Discussion:** In this study, emphasizing on training methods of communication and identifying the reasons for negative views about it is recommended.
Prevalence of Orthodontic Medical Practice in Propounded
Recorded in Medical Council Based on Votes from Primary and
Advanced Commeties
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Shaghayegh Rahmatyan
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Background and aim: The great rise in the number of medical school graduates in recent years has led to an overpopulation of doctors, in specific, General Practitioners in our country. In view of the newly proposed and approved curriculum by the Ministry of Health, Treatment and Medical Sciences, no specialty degree is offered in the area of fixed orthodontics. This decision has led to a wide open opportunity for such practices to be carried out by the general practitioners in the field of dentistry who have received no special training in the field of fixed orthodontics, which in turn has led to an increasing number of improper treatments and malpractices. Consequently, we have witnessed an increase in the number of complaints filed by patients in recent years.

Decision to study was to find the existence of a correlation between the number of malpractice complaints filed and the

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number of general practitioners in the field of dentistry carrying out such practices.

**Materials and Methods:** The selected study design was that of a descriptive type, in which all the filed complaints in the area of dentistry, since 1372, which received rulings and were documented by the Iranian Medical Council were thoroughly examined.

**Results:** of the 54 orthodontics cases, 31 were filed against general practitioners, 16 against orthodontists, 3 against pediatricians and 4 against the so-called practical dentists 25 cases of total were acquitted and 3 cases were verbal punish, 33 cases were written punish and 4 cases of practical dentist refer to the court, 27 cases were against malpractices in the area of removable and 26 involving fixed orthodontics. The individuals sentenced have also been charged with lack of professional care, 12 cases, lack of expertise, 14 cases, and for negligence, 2 cases. Regarding aforementioned points and the remarkable number of files most of which (88%) related to the dentists in the organization in the recent years,

**Conclusion:** more supervision on the dentist’s performance and more accountability is recommended.

**Keywords:** malpractice – orthodontic treatments – complains
Study of Ethical Responsibility of Nurses for Medical Errors Report in Educational Hospitals in Urmia

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**Introduction:** Medical errors are usually considered to be "preventable adverse medical events". It is one of the most common causes of mortality with complications and expenses. The causes of it are fatigue, bad handwriting of medical orders, and personnel's carelessness in patient teaching. Patients are harmed as a consequence of either what is done to them or what is not done but should have been done to prevent an adverse outcome. Studies show that by recognizing of medical errors and correct decision making, 60-80% of them will be decreased.

**Goals:** This research was done for recognition of ethical responsibility of nurses for medical errors report in educational hospitals in Urmia.

**Methods and Materials:** 75 nurses were took part in research. Data gathering was done by a questionnaire.

**Results:** Samples of research believed that the reference for medical error report must be nursing organization (43. 1%), matron or head nurse (20. 6%), a responsible committee for
medical error reporting in treatment vice chancellery of university (12.3%), hospital manager (7.6%), court (7.6%) and legal medicine (5.3%). No body didn't believe that cases of error must be report to patients. 53.3% confirm its compulsory and the rest believed that it is a voluntary case. 86.9% believed that penalty is a necessity for any error, but it must be done in privacy. 51.7% knows errors that are for tiredness, overwork, lack of experience, negligence should not be considered intentional. 64.8% knew the control of medical errors strong, 32.9% rational and 2.3% weak.

Conclusion: It appears that the importance of medical errors reports is neglected. Teaching in service and helping to its acceptance for nurses is very necessary.

Key Words: Urmia Nurses, Ethical Responsibility, Medical Errors Report
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Ethical Codes in Work with Laboratory Animals
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Although Allah has put the Man as the lord of all creatures, he has the right to use other creatures under specified conditions. Ethic and its role in scientific activities are still being ignored. One of the domains of scientific activities is working on animals. Performing experiments on animals is permissible only with purpose of obtaining necessary information for saving and improving the life of human beings or animals. Nobody is allowed to use animals in experiments in any way he wants. Based on Islamic rules everybody is allowed to use things based on their real statue. Because of the widespread use of experimental animals in our country, special codes have been defined for living conditions of experimental animals based on the present regulations in Iran and also other countries. Therefore, all our researchers should have enough information

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about ethical codes of treating experimental animals as well as Islamic principles in this regard.

In the present study, all Islamic sources related to treating animals and also the related international sources and valid ethical guidelines from other countries were collected and classified in order to extract the aimed points. Then all extracted points were reviewed by experts familiar with Islamic and ethical rules of treating animals and finally the strategies for appropriate and complete application of these guidelines were prepared. In this study, the principles of ethics committees in research centers/universities about working on experimental animals, request form for research projects, check list for evaluating the research projects’ request form, request form for animals transfer, check list for control of working on animals and check list for supervision of keeping experimental animals were prepared. Moreover, training courses about ethical principles of working on experimental animals for researchers and also personnel of animals’ house were designed and suggested. It is obvious that the suggested principles are applicable only with appropriate planning of training courses based on the facilities and needs of our country and using experienced experts and in the framework of university course units, workshops, seminars and educational pamphlets.
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In this line, there is a need for establishing educational centers for training individuals and issuing licenses of working on experimental animals based on international standards. Local and central supervisory organization ensures the adequacy of the mentioned measures.

Key words: experimental animal, license, animal ethics guideline
Ethics in Clinical Trials: A True Example of a WHO Vaccine Trial in Ethiopia

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Adherence to ethical principles are of paramount importance in the design and conduction of clinical trials. The World Health Organization (WHO) is one of the major sponsors for many drug and vaccine trials throughout the world and is a body that strictly follows the principles of Good Clinical Practices (GCP) in this endeavor.

In this presentation, I as a trained WHO Clinical Monitor will outline the various steps that are usually taken in the design and conduction of a WHO-sponsored trial and will especially concentrate on the ethical principles and procedures that are to be followed. As the Clinical Monitor of an ongoing WHO-sponsored meningitis vaccine trial in Ethiopia, I will focus on the various ethical issues in this trial such as: obtainment of ethical approval of the protocol, informed consent forms and other related documents from various ethical review committees and

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regulatory bodies both inside and outside Ethiopia, the drafting and finalization of the informed consent forms and its implementation in the field, the issue of insurance coverage for the participants and GCP training of the investigating team prior to initiation of the trial.

This presentation will be supplemented with actual slides from the field (a rural area outside Addis Ababa) which will depict the various steps that were taken to ensure GCP and adherence to ethical principles in the conduction of the trial.
The ICN Code of Ethics: Challenges of Application and Transferring to Iranian Nursing System
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Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering. Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Differing responsibilities, capabilities and ways of working of nursing also increase ethical situation for nurses. So, an international code of ethics for nurses was first adopted by the International Council of Nurses (ICN) in 1953, has four principal elements Nurses and people, Nurses and practice, Nurses and the profession, Nurses and co-workers, announced to all constitutions countries and associations.

The code of ethics set out the ethical behavior expected for nurses, guidance for decision making concerning ethical matters, serves as a means for self-evaluation and provides a basis for feedback and peer review. In other word, the code delineates

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what nurses must know about their ethical responsibilities, inform other health care professional about ethical commitments of nurses.

Because I. R. Iran is not a regular member of the ICN, we do not have clear framework in operationalizing the international code of ethics announced by them. Whether it is efficient for providing ethical care in our special culture? Whether the whole or some parts of them should be revised or modified? And finally how can use them in our nursing system? This article discussed these challenges with the hope of providing ethical and comprehensive nursing care, based on our special culture and religious believes.

**Key words:** Nursing ethic, ICN, Culturally oriented nursing care.
Medical Ethics and Infectious Diseases
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Bioethics apparently suffers from a misdistribution of research resources analogous to the ‘10/90’ divide in medical research. The ‘10/90 divide’ is a phenomenon whereby ‘less than 10 percent of [medical] research funds are spent on the diseases that account for 90% of the global burden of disease. Diseases affecting large proportions of humanity are given comparatively little attention. Because medical research so often aims at the promotion of profits rather than solutions to the world’s most urgent medical problems, a majority of funds focus on the wants of a minority of the world’s population – those who are relatively wealthy. As a result, health care is often unavailable to those who need it most.

Though infectious disease should be recognized as a topic of primary importance for bioethics, the general topic of infectious disease has received relatively little attention from the discipline of bioethics in comparison with things like abortion, euthanasia, genetics, cloning, stem cell research, and so on. The fact that the historical and potential future consequences of infectious diseases are almost unrivalled is one reason that the topic of infectious disease warrants more attention from bioethics. The
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‘Black Death’ eliminated one third of the European population during the 14th Century; the 1918 flu killed between 20 and 100 million people; and, in the 20th Century smallpox killed perhaps three times more people than all the wars of that period. In the contemporary world, epidemics (of AIDS, multi-drug resistant tuberculosis, and newly emerging infectious diseases such as SARS) continue to have dramatic consequences.

Second reason why the topic of infectious disease deserves further attention is that it raises difficult ethical questions of its own. While infected individuals can threaten the health of other individuals and society as a whole, for example, public healthcare measures such as surveillance, isolation, and quarantine can require the infringement of widely accepted basic human rights and liberties. An important and difficult ethical question asks how to strike a balance between the utilitarian aim of promoting public health, on the one hand, and libertarian aims of protecting privacy and freedom of movement, on the other, in contexts involving diseases that are – to varying degrees – Contagious, deadly, or otherwise dangerous.

Third, since their burden is most heavily shouldered by the poor (in developing countries), infectious diseases deeply involve issues of justice – which should be a central concern of ethics. I conclude by providing sociological and historical explanations of why the topic of infectious disease has not already received more attention from bioethicists.
Necessity for Review in Hospital Provision Relative to Establishing Hospital Ethics Committee
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After the Second World War and disclosing of inhuman and nonethical works from some of doctors in Germania caused that regarding of ethical principles in scientific research become a universal worry.

This worry at first is reflected in Nuremberg Code in 1947 and echoed in the United Nations General Assembly’s Universal Declaration of Human Rights in 1948.

It is important to notice without practical and actual efforts all of Codes and Declarations become merely some words on paper. Thus for doing actual and practical work and in order to reflect on the moral dimension of advances in science and technology there is need to establishment of various forms of bioethics committees. one of these bioethics committees in the medical background is hospital / health care ethics committee.

In our country "IRAN" based on a law passed by ministry of health and medical education in 1988 all hospitals must have a hospital ethics committee. At that law is said that aim is; give the way for better use from empirical sciences' founds and diagnostic-therapical possibilities. – regard of Islamic high values in medicine _ to prepare the way for bilateral confidence
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between medical societies and people and hospital's seeks.

Based on law this committee is composed from universities
president proxy, hospital president proxy, a doctor from hospital,
a superannuated doctor, two

Civil and friendly to people doctors that all of whom is
selected by hospital’s president. These committees is effected
with other committee in the name of religious adjustment. At
practice formation or unformation of ethics committee meeting
don’t make any difference. At this article will try to deliberate
connected law in Iran adjustment with review of texts and try to
answer to below questions:

1- Why hospital ethics committee is necessary?
2- Whether would have every hospital one ethics committee?
3- Who is selecting the member of committee?
4- What resources are necessary for establishing and
developing of committee?
5- What issues are suitable for saying to committee?
6- What function are the typically function for committee?
7- Can president or manager of hospital affect on committee
decision making?
8- What is interaction between committee and doctors or
surgeons?

Key words: medical ethics, bioethics committee, hospital
ethics committee
Ethic Issues on Public Health

Hossein Malekafzali

Ethics and matters regarding public health can be discussed from a general perspective; ethics on policy – making and ethics in the performance of health services.

A. Ethics in the domain of policy – making in public health. Topic of discussion on this area includes:
   1. policy – making based on scientific evidences
   2. giving attention to the priorities on public health
   3. allocation of resources based on the priorities and social equity
   4. Comprehensive views on policy – making and program planning with special observance of the social determinants of health.
   5. Observance of the 3 basic principles of PHC i.e. appropriate technology intersectional collaboration and community participation

B. Ethics in the domain of performing public health services. Topics of discussion on this area are as follows.
   1. rendering of good quality services
2. preservation of confidentiality on rendering services to the clients
3. preservation of privacy
4. Counseling, that includes: listening intently to the words spoken by the clients, giving assurance to the clients on their freedom of choice regarding health services and assurance of receiving the best advices from the services rendered to them.
5. Complete description on the different services available regarding a particular matter, with an explanation of their advantages and disadvantages
6. give consideration to the clients' cultural beliefs
7. encourage the participation of the client's spouse or parents if necessary
8. referral of the client to special centers for further evaluation when necessary
Global Health Ethics
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There are huge disparities in health between different parts of the world, and even between sub-populations within countries. Starting with some definitions I will go one to address a number of questions, including the following: Who is responsible for doing something about these disparities? Do we have a moral obligation to reduce them? Is there a shared humanitarian instinct? What is the extent of our concern? Who is doing what now? What are the underlying principles and what are the available methods of implementing them? Are religious perspectives important and useful?
Ethical Issues in Environmental and Occupational Health
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Background: Environmental and occupational ethics encompasses a wide range of topics concerning the understanding of health effects of the many environments in which humans live and work. Humans are designed by eons of evolution to live on the earth: To breathe the earth’s air, to drink the earth’s water, to eat the plants and animals that grow on the earth’s surface. The field is intimately connected with social concerns about environmental quality and disparities of power and privilege that place differential burdens upon members of underserved communities.

Morality moves people beyond self-interest by requiring that they take the rights and interests of others into account when acting on behalf of others or an organization. When self-interest violates the rights and interests of others, any resulting actions become selfish and wrong.

Despite long-lasting history of environmental and occupational issues’ consideration in religious teachings, it’s just
since few years ago that these subjects are highlighted as ethical topics of academic research. These issues relate to the choice of ethical topics to study, the methods employed to examine these topics, the communication of research findings to the public, and the involvement of scientific experts in the shaping of environmental policy and governmental regulation.

The ethical issues in environmental and occupational practice are as wide-ranging as the concepts of environment and occupational diversities, and can be reviewed as the same, but some of them are more problematic nowadays.

Environmental threats like cancer, equality and inequalities, environmental health of minorities, occupational exposures of workers or involuntary exposure to pollution of the public generally, and difficult and expensive to prove nature of these threats are among the most important issues in these health domains.

**Material and Methods:** In this article, the authors have tried to describe the main ethical issues considered in the environmental and occupational health domains depending on the type of the societies through a deep search.

**Conclusion:** Although linking scrotal cancer to coal tar has two centuries of age, ethical consideration of environmental and occupational threats and its related issues has elapsed academic research until few years ago. Highlighted ethical issues in this
significant health domain are the subject of discussion of this presentation.

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**Key words:** Ethics, Environment, Occupation
Ethical issues in Substance Abuse

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Protection of research subjects in biomedical and behavioral research and in health services research related to drug abuse has been an issue since at least the early 1970’s. In fact, confidentiality of treatment records of patients in drug abuse treatment programs served as a forerunner of protection of human subjects recordkeeping procedures devised as part of is embodied in Title 45 Public Welfare, Part 46, Protection of Human Subjects and its antecedent laws and regulations. Nonetheless, ethical issues regarding drug abuse research have not only continued, but have become even more complex. These include: protecting the most vulnerable populations (e.g., those with multiple co-occurring disorders, poor pregnant adolescents, prisoners with HIV/AIDS who are drug abusers), while ensuring that they have equal access to experimental treatment; dissemination of invalid or not adequately justified treatment research findings; inclusion of increasingly diverse populations in research studies (e.g., South Asian immigrants, Arab Americans, recent African immigrants) while taking into

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account cultural factors that impact on their ability to participate in research; and effective approaches to engaging adolescents in research studies. These and other ethical issues that pertain in the U.S. and other high income countries are exacerbated in developing countries, including Egypt. Factors that contribute to this exacerbation include lower literacy and health literacy (affecting validity of informed consent procedures); and difficulty in accessing particularly vulnerable populations for inclusion in research studies. Recent developments in strengthening institutional review board (IRB) processes has improved the ability of Egyptian researchers – and those in other countries in the region, including Iran – to address these ethical issues generally. However, increasing attention must be paid to them to ensure that research related to drug abuse – a public health problem of increasing concern in Egypt and the MENA region generally – is conducted ethically.
Development of Fetus, Beginning of Life
Mohsen Moini, Mohammad-mehdi Akhondi

After a female egg or oocyte is fertilized by spermatozoa, it becomes known as a Zygote. Development of fetus from a little zygote to child birth takes 266 days (about 38 weeks) and is a continuous process. This process has been divided into 4 stages: Pre implantation, Embryonic, fetal.

1. **Pre implantation:** During menstrual cycle in women, a mature ovarian follicle ruptures and discharges an ovum. The spermatozoa reaches oocyte and fertilization can be achieved. Fertilization constitutes the penetration of the oocyte which the sperm performs; fusion of the sperm and oocyte, succeeded by fusion of their genetic material. Fertilization occurs in the tubes and generates zygote. 28-36 hours after fertilization Zygote begins to divide and produces a cell mass called morolla. After 5 days, a cavity forms in morolla and produces blastocyst. As the blactocyst develops within the uterine environment, it sheds its protective coat and undergoes further differentiation before developing an intimate association with the endometrium, which represents the commencement of implantation. At this stage, the embryo is ready for implantation.

2. **Implantation:** Implantation of an embryo into the lining of the uterus occurs 7-14 days after fertilization and the embryo
implants completely in the uterine wall. During this stage, cells are specified for developing different embryonic layers. This process will ultimately develop different organs and structures in the fetus.

The outermost embryonic layer, trophoblast, by forming the placenta, develops fetal maternal blood circulation. The inner embryonic layer, forms 3 layers called ectoderm, mesoderm and endoderm.

3. **Embryonic Stage:** The embryonic stage occurs once the zygote has formed and implanted itself into the uterine wall. This stage is from third to eight weeks after fertilization. At the third week, 3 layers will develop from inner embryonic layer including ectoderm, mesoderm, and endoderm. Each layer then differentiates to special organs and tissues in the fetus.

4. **Fetal Stage:** This stage will begin at ninth week and continues with birth of child. Differentiations of all organ, tissues and structures in the fetus will be completed during this stage. At 12th week the appearance of fetus is similar to human being. External genitalia can be seen at 12th week by ultrasound. Ossification of different parts begins at 12th week. Fetus can do local movements like opening the month and movement of fingers at 10th week. At 18 week by ultrasound; several parts of fetus are recognizable in details, ventricles in brain, lips,
chambers in heart, kidneys, stomach, liver and limbs but fetus is not viable outside the uterus.

Viability of the fetus out of uterine cavity is probable after 24 weeks. 23-24 weeks Fetuses can seldom survive after birth, and are exposing at high risk for severe complications such as blindness, deafness, cerebral palsy, and so on.
Report of the Expert Meeting on Legal and Ethical Issues of Human Embryo Research Feb. 12 – 14, 2008, Cairo, Egypt
Co-organized by UNESCO Cairo Office (UCO), EMRO/WHO and ISESCO (Islamic Education, Scientific and Cultural Organization)

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**Background:** Human embryo has special status different from other cells of human body. It has potentiality to develop into a human being once implanted into a uterus. However, whether an embryo should be regarded as a human being or not is a controversial issue which raises many ethical and Shari’a’s challenges. Some religions believe that a life begins at the moment of conception while others argue that human embryo has only potentiality to become a human being thus does not deserve the same rights and protection as a born baby until certain period of its development.

Until 1990s, human embryo researches were mainly limited to development and amelioration of infertility treatments as they didn’t make any problem regarding the approved ethical codes.
In 1998 a group of American researchers succeeded in separating human embryonic stem cells that have potentiality to develop into any kind of organ or tissues. This achievement opened a new horizon in the field of human embryo research.

On one hand, Embryonic Stem Cells research yield an opportunity for treatment of spinal cord injuries and serious degenerative diseases such as Alzheimer and Parkinson but on the other, moral issues concerning human embryos, persist. Furthermore, therapeutic cloning prepares the possibility of cell therapy by stem cells technique.

Genetics developments have provided the opportunity for diagnosis of healthy embryo resulting from IVF. Pre-implantation Genetic Diagnosis has made it possible to detect inherited genetic diseases such as Duchenne muscular dystrophy, cystic fibrosis, and thalassemia. This technique also allows sex selection for non-medical reasons or HLA compatibility with previous children upon the parents’ request.

This evolution has contributed to raise many ethical questions concerning the beginning of human life.

In this regard, UNESCO, WHO/EMRO, IOMS and ISESCO have decided to join their efforts to organize an expert meeting on “Legal and Ethical Issues of Human Embryo Research” in

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order to address the contemporary ethical challenges from the Islamic view point between Arab and Non-Arab countries.

This meeting has been organized with the following aims.

**Objectives of the meeting:**

- To initiate a regional dialogue on the scientific, medical, philosophical and religious aspects of human embryo research with possibility of networking;
- To identify a regulatory system and current regulations on human embryo research in each country of the region;
- To identify the areas of needs for further promotion of bioethical discussion and establishment of regulations concerning human embryo research;
- To explore the possibility to harmonize regulations at the regional level;
- To prepare for a larger conference on the issue where the participants will come from governments, parliaments, religious experts and other related fields, with the aim to increase awareness among decision makers and facilitate establishment of a harmonized regulation on human embryo research;
At the end of the meeting, recommendations on legal and ethical aspects of embryo research presented in 12 articles.

Three days meeting was organized by the effort of UNESCO, WHO/EMRO, IOMS, and ISESCO with participation of 17 experts from Islamic regional countries and 5 lecturers from Belgium, France, U.S and Canada on Feb 12-14, 2008.
Ethical Consideration on Recent Stem Cell Research for Regenerative Medicine
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Regenerative medical care is expected as new and hopeful medical technology, because it will give efficient treatment for those diseases so far difficult of impossible to cure. However, besides such tremendous benefit, there lie important ethical issues, which we will examine in this paper, referring to relevant Japanese ethical consideration and regulation.

Current main stream of the research for regenerative medicine is embryonic stem cell research in which and embryo is to be destroyed in order to derive the ES cells. The question arises whether a human embryo which is the first stage of human life is ethically permitted. And if yes, in which condition? The most difficult here is the status of human embryo. Different values and status are given in each country or society to this important living entity. In Japanese society, a human embryo is a "germ of human life", the value of which derives from the dignity of human being. Accordingly, an embryo and ES cells should be treated in a way worthy of their status moreover, since ES cells
are toti-potent, there may be a possibility of generating a human being by using sperm and ovum differentiated from ES cells.

Then, expected clinical use of ES cells and differentiated cells thereof requires avoiding immunological effect to the patient, so that therapeutic cloning should be envisaged so as to derive ES cells of same genetic profile as that of the patient. Here arises also the question of ethical permissibility of the patient. Here arises also the question of ethical permissibility of therapeutic cloning. And if yes, different ethical issues of practical importance come up, such as donation of ova and prohibition of reproductive cloning.

Such heavy ethical obstacle leads researchers to another direction which is the utilization of adult stem cell. Here we face also ethical issues, although the question of destruction of embryo does not arise. However, safety and effectiveness as well ad consent procedure both for the donor and the recipient are of central ethical elements. Recent appearance of iPS cell induced pluri - potential stem cell) does not escape from ethical issues, despite the destruction of embryo is avoided. Possible ethical questions will be pointed out on this seemingly promising stem cell.
Medical Ethics Reflecting on the Issues Involving The Newborn
Fatemeh Sadat Nayyeri

Many questions in medical ethics, challenge health care providers, pediatricians and obstetricians. Views and lows differ from one country to another and from hospital to the other. The most important challenge involving extrauterine life that parents, physicians and health care providers face are as follows:

- Where are the limits of viability?
- For which groups of neonates, resuscitation is unnecessary. At what stage should resuscitation be terminated?
- Which types of congenital malformations and metabolic disorders should be exempted from surgery or other treatments as “untreatable”?
- When are we supposed to limit or prevent aggressive treatments for those neonates who are very sick with high incidence of permanent handicap?
- What role are the parents supposed to play in decision making? Who should make the decisions in case they are not morally dependable?

Despite being fragile, neonates are quite capable of repair and regeneration and this adds to the difficulties of making decisions.
in the above mentioned cases rendring the detec af prognosis. More over keeping permanently disabled neonates deeply affects the rest of his/her family. The other point is that the required treatment for neonates are usually very expensive and in cost – benefit terms this is an import issue for parents and health services. In view of the preceding observations decision procedures should take into account the following factors:

1. Religious and shariah lows.
2. Taking note of the views, insight of the rules of other countries.
3. Obtaining reliable information and statistics regarding the outcome and prognosis of neonates with special conditions from our own country.
4. The economic state of our country.
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The Endless of Medical Ethics, the Laws and Orders for Rape, or Incest Fatally Wounded Pregnant Minor Youth and a Dilemma of a Surgeon
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In one late Friday afternoon on October 1993, police department dispatcher in City of Simi Valley, California informed me that a young pregnant patient of mine has been stabbed several times during a fight and an argument with another young girl at the high school football stadium. She is in the police ambulance with paramedics on their way to the hospital emergency (see picture 1 and 2).

Within ten minutes I met the victim a 14 years old teenager with bloodstains all over her clothes frighten almost in shock lying down on the ER table. I suddenly realized that she was the patient whom I had seen at my office several times with her 70 years old diabetic father. Her mother was 44 years old separated from her father and was living with a younger man.

This young girl had been involved in a statutory rape situation wit a 19 years old boy. There was a rumor that her old father has also sexually molested her. On a day of his incidence, she was apparently admiring one of the football players, over and above
usual way and this was the cause of the fight between her hand
the ball player's Hispanic girlfriend. Therefore she was stabbed
fatally, fourteen times with a pair of small scissors.

Some of her wounds were around her abdomen, chest, neck,
arms and, legs. After a quick consultation with anesthesiologist
and general surgeon colleagues we decide to give her blood
transfusion prior to start her surgery. I realized that she and her
family were the members of a special sector of the Christianity
religion called Johova Witness and they did not believe in blood
transfusion. I denied and declined this religious belief of the
parents and their intense request of bloodless surgery, since I
remembered the special law of the Supreme Court protection
minor children from interference of parents for their religious
belief. I asked for immediate court action and response from
hospital legal counsel.

At the time of exploring her injured abdomen we realized that
one of her wound lacerated the liver and the second one fatally
penetrated to her pregnant uterus, causing progress amount of
blood loss and partially ejection of the placement. We first
repaired the liver quickly and then I received my returned call
from the hospital counsel who had consulted with the County
Court House Judge. Their advised was supporting my judgment
and decision to perform whatever surgical procedure necessary
to save the life of the mother and possibly her unborn premature
baby. Therefore, I decided to perform Hysterectomy and removing the dead fetus, repair the uterus and all other wounds (see picture 3, 4, 5, 6).

During the course of post op hospitalization I asked for psychiatrist as well as Social Worker's consultation. Their confidential report to me was that; her father had sexually molested her, but the child was not his. It was her boy friend.

Her unfortunate and horrified history was endless. Her 19 years old boyfriend was arrested by Police for different legal violation two days after this incidence. The frighten and emotionally disturbed young man suicide inside the police station jail by way of hanging himself with his own belt to the window of the jail house.

Later on the parents of the boy brought a legal action and lawsuit against the city police department and the parents of this 14 years old teenager demanding millions of dollars. The attacker student was a 16 years old Hispanic girl who later on was convicted and sentenced to six years in Juvenile Hall.

Our patient was kept in Child protection Custody program for a year. Then she decided to live with her mother, also supervised by state authorities.

**Discussion for the audience:** to discuss this case with several child and adult psychiatrists as well as reviewing many family
counselor reports, reveal that: original source of 95% of all criminals acts start from the children of the broken homes.

Divorce and separation of parents causes insecurity, fear and despair. Children understand well the cause of these unfortunate events. They look for shelter and protection from the person who seemed to be the victim on the battle. They seek love, attention and they do anything to help or please. In this case, a young girl was trying to replace her mother who left home and abusing environment for a younger man. She falls in love with a young boy outside of her house also unknowingly crashed and involved in her father's sexual advance trap, just in order to please him.

The consequence of all these unfortunate events caused her unwanted pregnancy and the dilemma for the healthcare personals, commanded by her doctor! Who had to decide: what should be done first? How to start and keep her secret confidential? Who to blame? Where to report and discuss? When and whom to ask for punishment?
Teaching Bioethics in Medical Programs in Iran
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With growing interest in biomedical ethics internationally, the time has come to design courses in Islamic biomedical ethics that are responsive to the social and cultural as well as political contexts of Muslim societies. Until recently, the tendency has been to adopt the Western, secular model of bioethics as a universal paradigm. However, since bioethics program has social and religious implications for the entire society, the teaching of Islamic bioethics needs to be founded on carefully constructed Islamic and secular disciplines so that the Muslim bioethics specialist is well grounded in Islamic moral reasoning as well as Islamic social ethics with its roots in theological-philosophical ethics. Today people everywhere search for answers by using the religious and moral resources of their traditions. They wish to do so in a legitimate way, and so they consult official religious institutions that can provide expert decisions on all matters that affect people’s sense of physical and spiritual well being. In my teaching of Islamic biomedical ethics in the Western context for a number of years, I have concluded
that Muslim biomedical ethics needs to go beyond the purview of legal deliberations. In Muslim bioethics at this time Muslim scholars tend to overemphasize the role of legal and practical responses to bioethical challenges, ignoring larger dynamics of moral reasoning and justifications that are prevalent in ethical deliberations. Biomedical ethics curriculum cannot ignore moral philosophy, ethics, and religious world view in preparing bioethics specialists who are going to serve as clinical ethics specialists in healthcare institutions as well as teachers of the program in Islamic biomedical ethics curriculum.
Medical Ethics Education and Social Determinants of Health
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Health is not merely a matter of medical care. Social and political circumstances affect life and well-being of the people to a significant degree and indeed have great influence on health.

Studies point to the fact that social determinants play a major role in health amounting to 50% of all determining factors. The share of other important factors including biologic, physical environment and health care system are 15%, 10% and 25% respectively.

Therefore all policies should be framed with regard to their effect on health and their impact on removing health inequity.

Social determinants of health includes social class, income, job security, accessibility to health care services, social environment, physical environment, individual skills and behavior adjustment, early life development, race, religion, sex, food security, literacy, social support mechanisms, housing, employment and stress.
All these factors should be taken care in order to establish an equitable system enriched with medical ethics values. This issue is so important that health can be considered as an important measure of social development. In this context the emphasis is on equitable right to health as an ethical and moral concept.

Considering the above, the important role of social determinants of health can not be ignored by medical / health workers to deliver the equitable health care services. Therefore courses in social determinants of health in the context of health equity in medical ethics should be added to the academic curricula.

The result will reflect itself application of the attained knowledge in every day medical practices which enables the health workers in individual or collective capacity to recognize the real and main causes of medical problems and how to properly address them at low or high level managerial position.
Reform in Medical Ethics Curriculum of Undergraduate Medical Education in TUMS School of Medicine
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**Background:** One of the essential core competencies for a physician is categorized as professional values, attitudes, behaviors and ethics. A needs assessment study survey in Tehran University of Medical Sciences showed defect of the current ethics course in comprising students' needs in this domain. According to this demand in our university we made a reform in medical ethics curriculum for undergraduate medical students.

**Method:** A team of 16 volunteer faculty members who most of them were from clinical department took part in this project as member of reform committee. A central committee consist of 5 members had weekly sessions in which they were developing different part of the new curriculum according to Harden’s 10 questions. Every month the draft of a part of curriculum was presented in the reform committee meetings and got finalized.

**Curriculum Development:** In the new curriculum, educational objectives have defined for students’ knowledge, skills and
attitudes and about half of the content was changed. Also the new curriculum has gotten closer to student centered, problem based and integrated strategies in teaching medical ethics, by using educational logbook, clinical ethics round, practical case-based teaching and small group case discussions.

**Curriculum implementation:** We implemented the new curriculum for the first time in the second semester 2006. One hundred and forty students attended this course in their 5th year of medical education. 17 sessions has been conducted of which 7 was in small group discussion form. In each session at least two reform committee members were participated for peer review. Students filled a form for evaluating faculty members teaching in every session. The last session was the ethics round, in which students discussed around ethical topics they had encountered in their clinical rotations.

**Curriculum evaluation:** We evaluated the course by questionnaire for evaluating students' view regarding attaining the educational goals and its strength and weak points. 71.7% of students agreed with this statement that this course could enable them to recognize and appreciate their professional commitments. 87.6% said this course enhanced their ethical
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awareness. The most effective educational method they mentioned was small group discussion (80.8%).

Although the reform was done based on the available facilities and its feasibility, it was successful in improving efficacy of this course.

Key words: Education, Medical ethics, Curriculum
Teaching and Learning

Pharmaceutical Code of Ethics as a Syllabus

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Pharmacy, being a profession which its activities are directly related to the health and wellbeing of the people and society has been described and ethical profession from earliest time. In the recent decades there has been a shift in the pharmacist role from dispensing to relationship with patients and health care providers and interfere the therapeutic process. Other branches of pharmacy such as producers, distributors and etc. will certainly have the same responsibilities. In this respect, students of pharmacy, besides his professional education needs learning social, behavioral, communicational sciences as well as the principles code of pharmaceutical ethics. Therefore, teaching and learning principles code of ethics seems as an obligation. These principles are a guide to the standards of conduct. Furthermore, rapid progress of biotechnology, nanotechnology and increase cost of new drugs are factors presented the importance of the
study of ethics in pharmacy. Therefore, setting syllabus in pharmacy law and ethics is a need for undergraduate and even postgraduate students. The code, therefore attempts to define principles to be bone in mid. It is the pharmacist who must interpret them in the light of pharmacy practice.
Training Health Care Professionals in Biomedical Ethics in Pakistan: An Innovative Program
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Pakistan has 45 medical colleges training physicians for a population of more than one hundred and fifty million people. The Pakistan Medical and Dental Council which is the regulating body for all medical institutions across the country stipulates that ethics should be a part of the medical curriculum, yet with the exception of one or two medical colleges in the private sector, bioethics education has not found its way into the formal medical curriculum. We believe that an important reason for this is a lack of capacity to teach bioethics because only a handful of people have had any kind of formal training in bioethics in the country. Although the last decade has seen an increase in bioethics conferences mainly through personal efforts of a few individuals, there has been no concrete effort to promote bioethics in the country at an institutional level.

Establishment of the Centre of Biomedical Ethics and Culture (CBEC) at the Sindh Institute of Urology and Transplantation, Karachi, a public sector institute was the first initiative in the
country to correct this deficiency. Inaugurated in October 2004, CBEC has been working towards promoting bioethics education through regular, organized activities. These include regular seminars, workshops and conferences and short courses. The objective of these varied educational programs is to introduce health care professional and others to this rapidly developing field. However, the “flagship” program of CBEC is the one year duration Postgraduate Diploma in Biomedical Ethics, established in January 2006. This is a composite, part time, on-campus and distance-learning program for mid career individuals in the health care profession who have a desire to acquire knowledge in the field of biomedical ethics who cannot afford to take leave from their professional commitments for an extended period of time to join a full time academic program. This is the only degree program in bioethics to be offered in the country and we have our second class due to graduate in December 2008. The graduates of the Class of 07 have already gone on to establish Ethical Review Committees at their institutions, initiated bioethics education programs for undergraduate medical students, residents and paramedics, establish health care and hospital management related policies for their hospitals and have thus started to make an impact. It is hoped that successive generations of graduates of this program will continue to
spearhead bioethics initiatives at their institutions across the country.

This paper will focus on the Postgraduate Diploma Program in Biomedical Ethics and describe its various features included in the contact sessions and the distance learning components. We will share our experience in setting up and running this innovative program because we feel that our experience can be of benefit to others in the region who wants to set up training programs in ethics for health care professionals.
Ethical Considerations in Organ Allocation for Transplantation
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Organ transplantation is a standard treatment for end stage organ failure which has several ethical and social considerations. Deceased donor organ allocation in the era of organ shortage and rapidly increasing number of recipient is a major ethical problem.

Resource allocation theories are mainly established on the ethical principle of justice and the cost effectiveness issue. There are different definitions for justice in resource allocation including Fairness, Equality and Equity which are mainstay of any decision planning format.

Medical need is the major criterion for receiving an organ but non-medical indications such as age or registration priority are intervening factors that is discussed more. Other problematic cases are retransplantation and allocating an organ to a person with behavioral diseases. Explanation of these viewpoints is coming in details.
Achieving justice in organ allocation not only reinforces the public trust to medical community but also increases the overall organ donation which is the rate limiting factor for transplantation. The lack of a universally accepted protocol forces us to have a clear decision making process to clarify the problems and resolve pitfalls of organ allocation. This decision is sometimes of non medical type and help of others could be effective.
Preparing Medical Students for the World: Service Learning and Global Health Justice

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Service learning in medical education has arrived. Although service learning has made significant inroads in other areas of health care education¹, there exists a need for a wider discussion on how service learning functions in medical education, social analysis, and addressing social injustices.

In this article, we define service learning, distinguish it from volunteerism and service in general, and then explore the benefits and potential pitfalls of service learning. We pay particular attention to how service learning may impact medical students’ understanding of global health justice. Our view is that such service learning has a profound effect upon many medical students. We hear repeatedly the transformative effect it has upon our students at the Loyola University Chicago Stritch

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School of Medicine. One of the challenges we face is how to make such transformative experiences more lasting and also create more sustainability for the places that students visit. Our goal then is to create greater sustainability in these places, while also contributing to the formation of our students. The potential for service learning as a means for refining the necessary skill set for this type of social justice vocational work has yet to be unleashed in its full capacity.
Policies on Medical End-of-Life Decisions
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Objectives: The responsibility of healthcare administrators for handling ethically sensitive medical practices, such as medical end-of-life decisions is very important. This responsibility was deal with too many challenges.

The overall aim of this paper is to thoroughly examine the prevalence, content, communication, and implementation of written institutional ethics policies on MELDs by means of a systematic review.

Methods: Major databases (Pubmed, Cinahl, PsycINFO, FRANCIS, and et.al) and reference lists were systematically searched for all relevant papers. Inclusion criteria for relevance were that the study was empirically based and that it focused on the prevalence, content, communication, or implementation of written institutional ethics policies concerning MELDs.

Results: Our search yielded 19 studies of American, Canadian, Dutch and Belgian origin. The majority of studies dealt with do-not-resuscitate (DNR) policies (prevalence: 10–89%). Only Dutch and Belgian studies dealt with policies on pain and
symptom control (prevalence: 15–19%) and policies on euthanasia (prevalence: 30–79%). Procedural and technical aspects were a prime focus, while the defining of the specific roles of involved parties was unclear. Little attention was given to exploring ethical principles that question the ethical function of policies. In ethics policies on euthanasia, significant consideration was given to procedures that dealt with conscientious objections of physicians and nurses. Empirical studies about the implementation of ethics policies are scarce.

**Conclusions:** With regard to providing support for physicians and nurses, DNR and euthanasia policies expressed support by primarily providing technical and procedural guidelines. Further research is needed whether and in which way written institutional ethics policies on MELDs could contribute to better end-of-life care.

**Keywords:** Ethics; Organizational policy; Medical end of life decisions; Resuscitation Policy; Euthanasia
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A Survey of Cancer Patients and Their Families
Attitude toward Informing Patients about Their Real Disease
Mahdi Aghili, Yalda Adili, Ali Kazemiyan

Objective: Most physicians and patients now accept as ethical the proposition that patients are entitled to know their diagnosis. The aim of this study was to determine what proportion of cancer patients and their families know the diagnosis and investigate different attitudes of patients and families toward informing patients about their real disease.

Methods: This is a cross-sectional survey in cancer institute of Imam hospital on cancer patients under follow up and their families. We constructed a questionnaire that included demographic and clinical characteristic and information on attitude toward the disclosure of cancer. The questionnaires answered with face to face interview between, patients, participants from patient’s family members, and physician, separately.

Results: In the direction of study, 250 cancer outpatients and 250 participants from patients’ family members have been interviewed. The patients group consisted of 94(37.6%) male and
153 (61.2%) female, with 47.88±15.13 mean age. 227 patients (90.8%) want to be informed of their disease diagnosis while just 98 patients (38.8%) said that physicians informed them completely. 153 family members (61.2%) believe that patients should know the truth but 71 of them (28.4%) did not have the same regard. 115 patients (46%), were satisfied of physician’s information. Maximum satisfaction has seen among uneducated patients (54.3%) and minimum satisfaction has seen among high educated patients (40%), there were not statistically significant differences. Satisfaction among patients with high income, was significantly more than others (p=0.01).

21 patients (8.4%) tried to get more information from another ways except physicians in charge. Data analysis show that all of the high educated patients used at least one of another ways to get more information about diagnosis (p=0.00), and they significantly were the most patients that used internet (p=0.00). 205 family members (82%) wanted to know the truth if they affect by cancer in the future. 221 family members (88.4%) think that physicians should inform the patients with all of details. 116 family members (46.4%) said that the physicians should get the family permit to inform patients.
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146 family members believe that telling the truth to the patients improve the treatment results.

Conclusion: Our findings indicated that most patients and family members want to be informed about diagnosis, while some of them achieved this aim. The present study suggests that physicians should respect the patients and their family standpoint because patients have the right to know about their own condition and the physicians should first provide the diagnosis of the disease to their patients.
Ethical Issues in Medicine & Biology
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Hippocrates, known as the father of medicine, with arranging an oath, added a great deal of moral values to this field.

Regulations and guidelines in ancient Iran, before Hippocrates, were carried out with high resemblance. In the 4th century Hegira (10th century AD), the "Ahvazi Exhortation" was inspired by the Iranian exhortations before Islam, and written by Ali ben Abbas Magusi (Magian) Ahvazi.

In 1803 AD, Thomas Percival published his book on "Medical Ethics" and in 1847 AD, during the first session of American Medical Association in Philadelphia, the laws of medical ethics was passed.

Wester Mark published his books concerning the formation of ethical visions in 1906 and 1907.

The World Health Organization has provided medical genetic guidelines in 1995, 1998; and finally in 2001 four principles of Autonomy, Beneficence, Non-malfeasance and Justice have been extensively discussed in providing medical services.

Keywords: Medical Ethic, Genetical Ethics, Iranian Medical Ethics
Ethics of Nano-Biotechnology
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Are the “self-replicating molecular assemblers” possible? I think we don’t necessarily have to answer this Drexler-Smalley debate, to develop the ethics of nanobiotechnologies. Because, even without these nanoassemblers, it would be more efficient for nanotechnologies to develop molecular manufacturing of various products.

However, the societal dimension to nanobiotechnologies reminds us that the values and goals of the inventor should be close to those within the society for a technology to be welcomed. So we ask: Is nanobiotechnology a product of widely shared values of society as a whole, or only of the elite? And what world views will nanotechnology come to express, and driven by what notions of human being and progress? And how will you tackle the human responsibility, identity issues raised by the human-machine interface? Can the technologies devised for therapeutic interventions be used for enhancement purposes?
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What is it that makes life worth living? Should we continue to seek to extend our lives? How will we justify the privacy issues or use of this technology by military/terrorists? How will we deal with the Intellectual Property Rights issues?

Since abandoning the idea of progress on behalf of the apocalyptic and nightmarish presentation of the risks associated with this technology is to abandon also the ideals of justice and equality’ (Apel & J. Habermas), we ‘don’t want science to slow down, but ethics to catch up.’(Peter Singer). However, technology should consider the larger society’s needs and values, and make itself more humanized.
Therapeutic Potential of Stem Cells in the Treatment of DM:

Ethical consideration

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Recent reports suggest that one of the most promising potential treatment may come from the use of stem cells, undifferentiated islet-like cells that reduce diabetes symptom in mice. There is one ethical catch, however: stem cell can be derived from a number of sources, including adult tissue, but the purest source of stem cells with greatest therapeutic potential is early-stage embryo. The process of deriving stem cells destroys the embryo. Dose the human embryo have moral status that would proscribe its destruction, regardless of the potential good that might be achieved? If so, are there still avenues of stem cell research that are both scientifically viable as well as morally permissible? An embryo is a unique human entity whose biological identify is determined from the moment of fertilization. All human persons possess certain basic rights including the right to life and physical integrity, flow from each human person's intrinsic dignity as sharers in a common human
nature, all living human beings must be regarded as persons and treated in a morally equivalent manner. No projected therapeutic good that may come from the use of embryonic stem cells can outweigh the immediate harm (death) to the human embryo when its stem cells are extracted. Therefore research that involves the derivation of stem cells from living human embryo is morally unacceptable, even if the projected benefits can be gotten in no other way. Other ethically viable avenues of stem cell research do exist that appear to hold great premise for the eventual treatment of DM, including the use of adult stem cells.
"GenEthics": Ethical Issues in Medical Genetics

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Since "Medical Genetics" is inevitably dealing with extraction and manipulation of "genetic information" in daily practice, it has given rise to a large debate and caused controversies about its ethical and legal concerns.

"Prediction" of development of a particular trait or disease (regardless of its probability), along with its "diagnostic" and "Prognostic" potentials reveal that the application of genetic data in clinical practice is quite extensive. The significance and importance of genetic data is also attributable to its "unchangeable" nature and its permanence and validity throughout the human life. This is contrary to typical "medical data" which may lose their value noticeably after treatment and / or removal of the disease. "generalization ability" of the genetic data from pro-band to other members of the family and even to genealogical relatives reflects how comprehensive and
infiltrative are the genetic data affecting different levels from individual to social.

Management, preservation and classification of this data whether acquired through therapeutic or research analysis has also led to a series of challenges as much as they can be misused for insurance, employment, marriage and other purposes.
Defining E-Topia: Emerging Internet Privacy Issues and the Challenge Posed to Protecting Genetic (Health) Information

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Protecting medical health information is a growing challenge given the emergence of new genetic and internet technologies. Telecommunications has since its inception been the technological tool used to revolutionize and facilitate communication and transfer of knowledge and information, transcending all geopolitical boundaries and overcoming barriers in time and space. The use of such communication has been eclipsed by privacy concerns over unauthorized access to its content. New technologies raise significant challenges to the idea of privacy even though conceptually laws governing privacy, at least in Canada, are not committed to any singular coherent articulation of what is meant by the idea of privacy. Genetic information is considered to be the most personal type of biographical and health information. Mapping and recording genetic information raises issues of potential intrusion, exploitation, discrimination, and social sorting from the

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collection, storage, and access to this type of data. The architecture of the internet, its capacity and speed for recall, aggregation, and cross-reference with other personal data, in tandem with the uniquely personal and highly sensitive information contained in our DNA raises unique privacy challenges that interrogate our commitment to its protection. The new technology provides the most detailed data not only on our individual being but also on our familial and community membership. Moreover, it is increasingly stored electronically in data banks creating new regulatory challenges for legislators, lawyers, judges, scientists, ethicists, technocrats, and the public in general based on the synergistic threat to privacy. This threat is exacerbated by direct-to-consumer genetic test marketing and the internet facilitated creation of identity profiles, effectively permanent and remotely accessible. In such a context, does the protection of privacy in genetic information merit special treatment distinct from traditional ethical pursuits for protecting privacy and confidentiality in medical health information and does it mandate a public regulatory response? What lessons can Iran learn from the Canadian experience in grappling with these issues?
Embryonic Stem Cell Research in Iran: Status and Ethics
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The great successes in regenerative medicine by therapeutic cloning give rise to high expectation for treatment of incurable diseases. But using embryonic stem (ES) cells for reaching this purpose raise new questions about protection of human life and as a result, the beginning of human existence which go beyond traditional concepts of human nature and also responsibility to alleviate suffering of humankinds. Definitely, different arguments concerning therapeutic cloning as well as stem cell research in different countries are influenced both by religion and bioethical attitudes which dominate in specific cultures. This article aims to show how the traditions shape stem cell research in Iran. To do so I give a detailed account of the earlier developments of regulations on embryo research and the specific scientific advances made in Iran.

Keywords: Embryonic Stem Cells, Ethics, Science, Religion, Islam, Culture, Iran

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