

2. International Conference on Ethics Education



Ankara University, School of Medicine, ANKARA - TURKEY

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POSTER JURY

Kerim MÜNİR
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Muharrem UÇAR



Welcome to Ankara University

I would like to welcome you -the esteemed delegates of the International Association for Education in Ethics and dear participants- to Ankara University for the Second International Conference on Ethics Education.

I am delighted to express my honor and pleasure in Ankara University's hosting this significant event.

Ankara University has committed itself to enlighten the path of humanity always considering what the founder of our republic, the great Atatürk, had stated: "The truest guide in life is science." To achieve this goal, our university puts all its effort into building an appropriate environment for original and qualified studies and raising individuals who are self-reliant, free thinking, unprejudiced, and respectful to social and universal values.

Ankara University has set values like participation, transparency, justice, equality of opportunity, and competence as its principles and regards supporting initiatives in ethics and offering original contributions to the issue as a priority. Studies are being conducted and educational programs are being offered by many departments contributing to the field of bioethics through a multidisciplinary perspective at our university. The most striking examples account for the master's and doctorate courses on ethics offered by our Graduate School of Health Sciences, Graduate School of Biotechnology, and Graduate School of Social Sciences within the last decade. As a physician and a scientist who considers the guidance of ethics both as a need and an anchor, I do acknowledge the necessity to enhance these efforts.

Professor Arda (MD, PhD, MSpec), who led many international and national institutions and activities, has been working for the Department of Medical History and Ethics which was founded in 1946 and was one of the first departments of our Medical School. A pioneer in bioethics, Professor Arda is now organizing the second international conference following the "3rd International Conference on Islam and Bioethics" organized in 2010 by Ankara University in collaboration with Haifa University. I would like to congratulate her for this remarkable efforts.

I hope that this intensive three-day academic program reveals the current situation in bioethics education and provides a medium for the sharing of experiences. I wish the conference proves to be a successful and efficient one for all participants.

Yours sincerely

Prof. Dr. Erkan İbiş

Rector



Dear all Colleague,

Welcome to Ankara and Turkey

On behalf of the International Association for Education in Ethics (IAEE), it is really great honour to see you as distinguished participants of the 2nd International Conference on Ethics Education in Ankara, the capital city at the heart of Turkey. I have worked actively in the IAEE as one of the founding members and chair of the Board. After the inaugural conference in Duquesne University Pittsburgh- USA in May 2012, your valuable participation to the Ankara Conference would contribute to development of the IAEE. I would like to see you also as members of Association.

My country attributes great importance to this unique and rapidly evolving academic disciplines of humanity, medicine and law intersect. There are medical ethics and medical law courses in all medical schools, as an indispensable part of undergraduate medical education in Turkey. This fact is based on the traditional approach in medical education since 19th century, and this huge potential background offered us a great opportunity to study, explore and shape modern ethics curriculum in medicine. This dynamic nature, necessitates depth and through assessments of medical practice from an ethico-legal standing point.

Your participation has broader impact on the development of ethics education in all over the world. More than 150 abstracts from 32 different countries has been submitted. I am grateful to all colleagues who flight for hours to reach Ankara to share their academic experiences with us.

I am proud of to be an academic staff of Ankara University and Ankara University School of Medicine, both of them always supported and encouraged me. I would also say cordially thanks to Turkish Cooperation and Coordination Agency (TIKA), The Scientific and Technological Research Council of Turkiye (TUBİTAK), Turkish National Commission for Unesco and Gurkale Group for their support to the Conference.

There will be 4 Key Note Speaker sessions and eight conferences in plenary, one panel with participation of our PhD students, 16 parallel sessions and two sessions for poster discussions. IAEE General Assembly will be held on the second day of conference and a short Ankara trip is waiting for us at the end of closing session, then an official group visit to Mosoleum and Anatolian Civilizations Museum.

“The Journal of Medicine and Law”, official journal of World Association for Medical Law, has a call for paper for the accepted and presented studies here. The Journal has been aimed to publish a theme issue devoted to this conference; I am cordially propose you to submit your full text manuscripts till the end of June 2014.

Wishing a fruitful conference in Ankara, “capital of ethics for three days”

Sincerely

Prof. Berna Arda (MD, Med Spec, PhD)

IAEE Chair of the Board,

Ankara University School of Medicine

CONFERENCE PROGRAMME

MAY 21, 2014

Hours	MAIN HALL	BLUE HALL
7:30	Registration	
09:00-10:00	Opening Ceremony	
10:00-10:30	Congress Photograph and Coffee Break	
10:30-12:10	<p>Keynote Speakers Session Chair : BERNA ARDA</p> <p>HENK ten HAVE The Principle of Vulnerability in Present-day Global Bio-ethics</p> <p>DAFNA FEINHOLZ Ethics Education From Unesco's Point of View</p> <p>Questions and Discussions</p>	
12:10-13:00	Poster Discussion & Lunch P 1-P 10	
13:00-14:15	<p>Keynote Speakers Session Chair : VOLNEI GARRAFA</p> <p>BERT GORDIJN Tackling 21st Century Ethical Challenges: The Role of Education, Legislation and Moral Enhancement</p> <p>ALIREZA BAGHERI Medical Futility: The Importance of Public and Professional Education</p> <p>Questions and Discussion</p>	
14:15-14:30	Coffee Break	
14:30-17:30	<p>Paralel Sessions 1 Chair : DAFNA FEINHOLZ</p> <p>HAFIZE OZTÜRK TÜRKMEN Can The Ethics Education Suggestion of Haynes Be Valid in Medicine?</p> <p>LUCAS BLOUNT , LEA BRANDT, DAVID FLEMING, JULIA HALSEY Survey to Discover Medical Student Level of Understanding as it Pertains to Ethical Concepts that are Key to Undergraduate Medical Education</p> <p>GAMZE NESİPOĞLU, TUĞBA GENCER On The Possibility of A New Andragogical Technique Synthesized with Ancient Greek Philosophers' Education Theories</p> <p>MOSTAFA ABOLFOTOUH, ABDALLAH ADLAN Quality of Informed Consent for Invasive Medical Procedures in Central Saudi Arabia</p> <p>MENNO DE BREE On What Professionalism Really is About</p> <p>ALEX DUBOV Decision Ownership and Education of Medical Residents</p>	<p>Paralel Sessions 2 Chair : CANAN ÖZGEN</p> <p>JAMAL JARALLAH Teaching Medical Ethics: From Tradition to Innovation</p> <p>PIERRE MALLIA Models for bioethical reasoning and dialogue</p> <p>RICHARD ROBESON Discovering the Question Challenges of Bioethics Pedagogy with Students from the "Hard" Sciences</p> <p>PETER OSUJI Tortoise and Alia: Beyond A Nostalgia for Traditional Moral Education Method of The Igbo People of Nigeria</p> <p>NORA AL-NOMAY Knowledge, Attitudes, and Practices of Principle Investigators in Saudi Arabia Toward Compliance with ICH-GCP Standards</p> <p>WILLEM HOFFMANN Accidental Ethicists?! – The Role of Ethics Education in Mental Health Professional Development</p> <p>HATUN HANZADE DOGAN A Comparative Evaluation of Medical Ethics Education in Cerrahpasa Medical School in Istanbul in Turkey with Different Centers in the World</p>
18:00	Opening Cocktail- Group Astorias	

YELLOW HALL	PINK HALL
<p>Paralel Sessions 3 Chair : İNAYET AYDIN</p> <p>KELLY STUART, DAVID BELDE, JENNIFER BARTLETT Survey Method for Assessment of Informed Consent Practices, Competencies and Educational Opportunities in Clinical Practice</p> <p>SILVIYA ALEKSANDROVA-YANKULOVSKA, TONI VEKOV Traditional Versus Innovative Approaches of Teaching Bioethics in Medical University of Pleven</p> <p>AIYUB M. F. ALWEHAIBI A-daily-dose-of-ethics Teaching Method in Hospitals</p> <p>EMİNE TOPCU, ŞERİFE YILMAZ GÖREN, TAMAY BAŞAĞAÇ GÜL, ESİN KAHYA, BERNA ARDA A Compulsory Doctoral Course at Ankara University: “Ethics of Science and History of Science”</p> <p>JOHN MARY MOOKA KAMWERI Development Ethics: Talking to Recipients of Development Funds about Vulnerability and Human Dignity</p> <p>FLÁVIA RAMOS, MARA AMBROSINA VARGAS, EDISON LUIZ BARLEM, MARIA JOSÉ MENEZES BRITO, LAURA BREHMER, DULCINEIA SCHNEIDER Analytical Framework to The Process of Moral Distress/Anguish in Different Contexts of The Health Work</p> <p>ÇINAR KAYA, AHMET AKIN, ÜMRAN AKIN, FATMA FIRDEVŞ ADAM KARDUZ, DENİZ DEMİR, AHMET ÖZBAY, BANU YILDIZ, MUSTAFA ERCENGİZ The Validity and Reliability of The Turkish Version of The Religious Activities Scale</p>	<p>Paralel Sessions 4 Chair : ŞENGÜL HABLEMİTOĞLU</p> <p>RENZO PEGORARO, LUCIANA CAENAZZO First Experience of The Italian Master in Healthcare Ethics Consultation</p> <p>ANA PAULA FRANÇA, TERESA TOMÉ RIBEIRO Including The Unesco Bioethics Core Curriculum In Nursing Training: A Running Project in Portugal</p> <p>ULANKUL TILEKEEVA Innovative Approach in Teaching Bioethics for Undergraduate Medical and Pharmaceutical Students</p> <p>JEFFREY FARRONI, JESSICA MOORE, COLLEEN GALLAGHER Enriching Ethics Education Through Technology</p> <p>HILHORST MEDARD, VAN DE VATHORST SUZANNE Cultivating Integrity: Some Experiences and Obstacles in Ethics Teaching</p> <p>MERVE ÇAKIRBAY Education Ethics</p> <p>EFRAIN MENDEZ The Inclusion of the Clinical Bioethics Subject in the Syllabuses of Colombian Medical Faculties</p> <p>ARIF HOSSAIN, SHAMIMA LASKER Good Death</p>

MAY 22, 2014

Hours	MAIN HALL	BLUE HALL
09:00-10:15	<p>Keynote Speakers Session Chair : TUNCAY ERGENE</p> <p>ANNE MARIE DUGUET Education In Medical Ethics And Medical Law : The French Model</p> <p>KERİM MÜNİR Making Bioethics Everyone's Business: Origins of Respect for Human Vulnerability and Responsible Conduct of Research</p> <p>Questions and Discussions</p>	
10:15-10:30	Coffee Break	
10:30-12:10	<p>Paralel Sessions 5 Chair: VUGAR MAMMADOV</p> <p>VARDIT RISPLER-CHAIM Teaching Islamic Medical Ethics to Muslims and Others in A Non-Islamic State</p> <p>MICHAEL F. ANDREWS An Ethics of Reconciliation: Religious Ethics Education in The Twenty-first Century</p> <p>ÇINAR KAYA, AHMET AKIN, ÜMRAN AKIN, ÜMIT SAHRANÇ, FATMA FIRDEVŞ ADAM KARDUZ, DENİZ DEMİR, İHSAN BAYKUT, FATİH USTA The Validity and Reliability of The Turkish Version of The Affections of God Scale</p> <p>ÇINAR KAYA, AHMET AKIN, ÜMRAN AKIN, FATMA FIRDEVŞ ADAM KARDUZ, DENİZ DEMİR, EROL UĞUR, MERVE KAYA, AZMI BAYRAM İLBAY The validity and Reliability of The Turkish Version of The Perceptions of God Scale</p>	<p>Paralel Sessions 6 Chair : GÜLBİN ÖZÇELİKAY</p> <p>ANA LETICIA MULERO PORTELA, CARMEN L. COLÓN SANTAELLA, IVETTE BONET RIVERA Research Misconduct Policies at Higher Education Institutions in Puerto Rico</p> <p>MARA AMBROSINA DE OLIVEIRA VARGAS , ANA MARIA FERNANDES BORGES, SORAIA DORNELLES SCHOELLER ÉRIKA YURIKO KINOSHITA, FLÁVIA REGINA SOUZA RAMOS Bioethics Of Protection And Intervention As A Way To Discuss The Assistance To The Person With Amputation</p> <p>KÜBRA YILMAZ, SEMA KOÇAŞLI, VOLKAN USLU Ethical Problems Encountered in The Emergency Departments</p> <p>OYA ÖGENLER, GULCİN YAPICI Patient-Physician Relationship in Medical Ethics Education Through A Violence Subject in Health Field: A Short Review</p>
12:10-13:00	Poster Discussion & Lunch P 11-P 19	
13:00-14:15	<p>Bioethics Post-Graduate Programs: Students Feedback</p> <p>Panel Discussion Moderator: ALIREZA BAGHERI</p> <p>ERAY SERDAR YURDAKUL Self- Evaluation of Bioethic Educational Program of Ankara University</p> <p>ELIF BOR EKMEKÇİ An Evaluation On Phd Program From A Students Perspective</p> <p>MURAT ORAL Evaluation of "Ethics In Health Sciences" Educational Programme</p> <p>Comments: HENK TEN HAVE</p>	
14:15-14:30	Coffee Break	

YELLOW HALL	PINK HALL
<p>Paralel Sessions 7 Chair : NURGÜN PLATİN</p> <p>TOSHITAKA ADACHI Narrative Approach Of Ethics Education To Nursing Students: One Trial In Japan</p> <p>MURAT AKSU, ILHAN CETIN Turkish Nursing Students' Attitudes Towards Abortion</p> <p>ZEHRA GÖÇMEN BAYKARA, SEVİL GÜLER DEMİR, ŞENGÜL YAMAN The Effect of Moral Sensitivity Training on Students Noticing Ethical Violations Experienced at Hospitals</p> <p>FUNDA KADIOĞLU, SIBEL YALÇIN ÖNER, SELİM KADIOĞLU Turkish Dental and Nursing Students Attitudes Towards Conscience</p> <p>MUHARREM UÇAR, ENGIN KURT, ERAY SERDAR YURDAKUL, MESUT ERSOY, FATİH NAMALGAMZE ÖZBEK Which Topics Should Included in Nurses Clinical Ethics Education and How It Should Be Educated; Results of An Application in Gulhane Military Medical Faculty Education and Research Hospital</p>	<p>Paralel Sessions 8 Chair : HAYRİYE ERBAŞ</p> <p>CANAN ÖZGEN Ethics Education in Undergraduate Engineering Curricula</p> <p>TOM BORSEN Preparing for Ethical Judgment at The School of Engineering and Science at Aalborg University: The Case of Techno-Anthropology</p> <p>M. MURAT CIVANER An Educational Intervention for Preventing Problems Related Physician-Healthcare Industry Relationships</p> <p>AYTAN MUSTAFAYEVA, VUGAR MAMMADOV Right to Mental Health as Natural Human Right</p> <p>SIBEL PEKSOY Ethical Assessment of Personality Development</p>

MAY 22, 2014

14:30-17:00	<p>Paralel Sessions 9 Chair : ANNE-MARIE DUGUET</p> <p>AIDA BANDALIYEVA Bioethics and Pharmacy</p> <p>TIMUR ARIPOV, DAMIN ASADOV Conflict of Interest in Performing Clinical Trials</p> <p>ABDUL HALIM SAWAS Bioethical Demand for Therapeutic Drug Monitoring</p> <p>NİL SARI, GAMZE NESİPOĞLU Are Medical Ethics Exam Questions Instructive?</p> <p>ERALIEVA BIBIKHAN ABDELIEVNA Ethical Aspects of Clinical Trials of Drugs with Children in Kazakhstan</p> <p>MUKHAMEDOVA ZAMIRA Historical and Mental Foundation of Global Bioethics</p> <p>GİZEM AYKAÇ , MEHMET BARLAS UZUN , GULBİN ÖZÇELİKAY The Opinion Of The Academic Members In Ankara University Faculty Of Pharmacy About Pharmacy Ethics Education</p>	<p>Paralel Sessions 10 Chair : TAMAY BAŞAĞAÇ GÜL</p> <p>TANYA COETZEE, BRAAM HOFFMANN, MALCOLM DE ROUBAIX An Evaluation Of Ethics Education Curricula Offered To Undergraduate Health Science Students At A South African University</p> <p>FATİH NAMAL, ERAY SERDAR YURDAKUL The Importance of Historical Figures in Medical Education</p> <p>NADA ELTAIBA Ethical Challenges Encountered by Social Work Students in Mental Health Settings</p> <p>VAN DEN HOVEN Professional Ethics Education 2.0</p> <p>AIMEE ZELLERS Rethinking The Integration of Ethics Across The Undergraduate Curriculum</p> <p>ERAY SERDAR YURDAKUL, FATİH NAMAL A Critique of Medical Education; `Doctor Who Is Successful</p>
17:00-18:00		
19:00-22:00	COCKTAIL PROLONGE ÇENGELHAN	

<p>Paralel Sessions 11 Chair : MUHARREM UÇAR</p> <p>BRYN ESPLIN, FATMA E. MAROUF Pushing the Ethical Envelope through Clinical Legal Education: Challenging the Treatment of Mentally Incompetent Individuals Facing Deportation</p> <p>FATIMA ALIYEVA Bioetics and Law</p> <p>VAFİ MAMMADOVA, VUGAR MAMMADOV Corruption Crimes in The Health System: Principal Concepts and Types</p> <p>ÜLKÜCAN KAPLAN, AYŞE KURTOĞLU, BERNA ARDA, HAYRIYE ERBAŞ Biotechnology Area and Postgraduate Ethics Course: Sharing of Limited Experience</p> <p>ELİF VATANOĞLU-LUTZ, GAZİ YILDIRIM Evaluating The Awareness of Medical Students About Medical Law and Ethics Through The New Caesarean Law in Turkey: A Brief Research Report</p> <p>ÇINAR KAYA, AHMET AKIN, ÜMRAN AKIN, ÜMIT SAHRANÇ, HAKAN SARIÇAM, SEMA CİVAN The Validity and Reliability of the Turkish Version of the Honor Scale</p> <p>ÇAĞNUR KAYTMAZ BALSARI, SERDAR ÖZKAN, SEÇİL VARAN TURMOB Ethics Training Program for Certified Public Accountants</p>	<p>Paralel Sessions 12 Chair : ADNAN ATAÇ</p> <p>JUMAGULOVA JYLDYZ OSMONALIEVNA Training of The Members of The Committee on Bioethics of The Ministry of Health of The Kyrgyz Republic</p> <p>LALA JAFAROVA, VUGAR MAMMADOV, KERİM MUNİR Implementation of Research Ethics Reviews as The Part of Bioethical Educational Goals and Development of Public Health Systems</p> <p>ULANKUL TILEKEEVA, ZURDINOV A.Z. State and Prospects of Bioethical Education in The Kyrgyz Republic</p> <p>BİLGE SÖZEN ŞAHNE, MIRAY ARSLAN, SEVGİ ŞAR The Concept of Leadership in Healthcare Services and Ethical Leadership</p> <p>MUKADDER GUN, HASAN ERBAY Ethical Issues in Paramedic Education</p> <p>BAKYTBEK ALISHEROV, JAILOOBAEVAA.T. Medical Law of Education in Kyrgyz State Medical Academy</p> <p>NİGAR KALANDARLI, VUGAR MAMMADOV Legal Protection of The Rights of Patients in The Azerbaijan Republic</p>
<p>IAEE General Assembly BERNA ARDA, HENK TEN HAVE</p>	

MAY 23, 2014

Hours	MAIN HALL	BLUE HALL
09:00-10:15	<p>Keynote Speakers Session Chair : BERT GORDIJN</p> <p>VOLNEI GARRAFA Ethics, Non-Discrimination and Non-Stigmatization in the light of Article 11 of the Universal Declaration on Bioethics and Human Rights of UNESCO</p> <p>VUGAR MAMMADOV Patients Rights Legislation in Azerbaijan: Current Situation and New Proposals</p> <p>Questions and Discussions</p>	
10:15-10:30	Coffee Break	
10:30-12:10	<p>Paralel Sessions 13 Chair : PINAR AYDIN O'DWYER</p> <p>INAYET AYDIN The Effect of Professional Ethics Course on Undergraduate Students' Ethical Knowledge , Skills and Attitudes (Ankara University Faculty of Educational Sciences Case)</p> <p>LEA BRANDT O Collaborative Education: Shifting From A College to A Cause</p> <p>HAYRIYE ERBAS Teknosociety and Its Dilemmas: Call for A Sociological Perspective</p> <p>Ahmet AKIN, Ümran AKIN, Çınar KAYA, Azmi Bayram İLBAY Development and Validation Superstitious Beliefs Scale</p>	<p>Paralel Sessions 14 Chair: KUMRU ARAPGİRLİOĞLU</p> <p>ZEYNEP ÇALGAN, BILGE SÖZEN ŞAHNE, SELEN YEĞENOĞLU Ethics Education in The Faculties of Pharmacy in Turkey within Bologna Process: A Web Based Study</p> <p>WILMA GÖTTGENS, EELKE TUINSTRAN, EVERT VAN LEEUWEN Training in Moral Dilemmas of Young Pharmacists: A Dutch Initiative in Pharmacy Ethics Education</p> <p>OKAN ÜRKER, NESRİN ÇOBANOĞLU What Happened to Sweetgum Forests?</p> <p>MURAT YILDIZ, OKAN ÜRKER, NESRİN ÇOBANOĞLU The Environmental Ethics School as An Applied Ethics Platform</p>
12:10-13:00	Lunch	
13:00-14:00	<p>Closing Ceremony</p> <p>Congress Chair, IAEE Board Members Organizing Committee Members</p>	
14:00-14:15	Coffee Break	
14:15	Historical Tour of Ankara (Mosoleum & Anatolian Civilizations Museum)	

YELLOW HALL	PINK HALL

<p>Paralel Sessions 15 Chair: RENZO PEGORARO</p> <p>FIDAN RUSTAMOVA Informed Consent as one of Main Principles of Bioethics</p> <p>AHMADOV ISMAT The Ethics Issues of Nanotechnology</p> <p>BAGHER LARIJANI, FARZANEH ZAHEDI Medical Ethics Advancements in Iran with a Focus on Ethics Education</p> <p>ARIF SOMANI, ZEHRAA CHEAIB Iman & Ihsan, Application in Physician Training and The Therapeutic Relationship</p>	<p>Paralel Sessions 16 Chair : VINA VASWANI</p> <p>VINA VASWANI, RAVI VASWANI, Impact of Training Program in Research Ethics</p> <p>BRYN ESPLIN Ethics Versus Economics: Assisted Outpatient Treatment Laws in the United States</p> <p>FATIH ARTVINLI, NADI BAKIRCI, PINAR TOPSEVER, YESIM ISIL ULMAN Istanbul History of Medicine Field Study</p> <p>YESIM ISIL ULMAN , ON BEHALF OF THE GROUP Cambridge Bioethics Education Turkey Working Group</p>
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KEYNOTE SPEAKERS and PANEL



Alireza Bagheri, MD., PhD

Alireza Bagheri, MD., PhD, is Assistant Professor of Medicine and Medical Ethics in Tehran University of Medical Sciences. He serves as the Vice-chairman of the UNESCO International Bioethics Committee (IBC), and a member of the board of International Bioethics Association (IAB). Dr. Bagheri has studied and taught bioethics in Asia, Europe and North America. His recent book entitled; *Medical Futility: A Cross-National Study* (ed), has been recently published by the Imperial College Press.

Bioethics Post Graduate Programs: Students Feedback

Panel Presentation and Discussion

Medical Futility: The Importance of Public and Professional Education

Anne-Marie DUGUET MD PhD

Education in medical ethics and medical law : the French model

In France we do not have “Bio ethicists” or “specialists of bioethics” as North American countries have, where ethicists can be consultants in hospitals. So philosophers and specialists trained in bioethics are considered as experts and give opinions. In our country, when ethical issues arise, health professionals or scientists prefer to submit the questions for discussion to a committee, than to an individual. if we do not have “ethicists” as such, we have ethics committees.

Health professionals and researchers organised ethics committees in scientific societies, universities or research institutions to discuss issues raised in their practices by the new technologies. These ethics committees were the expression of the concern over the demand of the public and the choices to be taken. As an example, the ethics committee for assisted reproduction centres defined guidelines for the profession many years before the organisation of a frame by the Law in 1994. All the members agreed with the rule of anonymity of gamete donation and avoid any recognition on the right to have a child, by limiting assisted reproduction to a couple of parents. As ethical issues cannot be dissociated of the political debate, France set up a National Ethics Committee In 1983 and was followed by several European countries.

The public health code regulates many medical practices, and some medical concerns with ethical questions in some countries, but are regulated by the law (for example IRB have been set up by the 1988 law on protection of subjects involved in medical research) .

Another difference with foreign countries is that the French Courts are not the place where families can be authorized to withdraw treatment. French judges do not want to interfere in the medical decisions. For that reason, the French position has been considered by many authors as a paternalistic attitude, when physicians take the last decision in their conscience for the benefit of the patient. Why? There are two very different positions: on the one hand the respect of autonomy that prevails in North America, and in some European countries (UK and NL) and on the other hand the protection of the person set up as a fundamental duty of the society and the professionals in Latin countries. The deontology and the legislation governing medical practices have been considered as limiting the expression of the autonomy. However, since the 2002 Law on patient rights, the respect of autonomy has advanced significantly to day in the French society.

As medical decisions making does not involve only the scientific understanding but also ethical values and legal analysis, I'll explain in a first part the place taken by bioethics issues in the medical practices since thirty years and how, in France, the legislator and the ethics committees' opinions contributed to create safeguards. And, in a second part, I'll present how teaching and training in bioethics and medical law are organised for students and physicians.



Professor Bert Gordijn

Bert Gordijn is Professor and Director of the Institute of Ethics at Dublin City University in Ireland. He has studied Philosophy and History in Utrecht, Strasbourg and Freiburg in Breisgau. In 1995 he was awarded a doctorate in Philosophy from the Albert-Ludwigs-Universität Freiburg, followed by a doctorate in Bioethics from the Radboud University Nijmegen in 2003. Bert has been a Visiting Professor at Lancaster University (UK), Georgetown University (USA), the National University of Singapore and the Fondation Brocher (Switzerland). He has served on Advisory Panels and Expert Committees of the European Chemical Industry Council, the European Patent Organisation, the Irish Department of Health and UNESCO. Bert is Editor-in-Chief of two book series: "The International Library of Ethics, Law and Technology" and "Advances in Global Bioethics" as well as a peer reviewed journal: "Medicine, Health Care and Philosophy", all published by Springer. He is Secretary of the European Society for Philosophy of Medicine and Healthcare and President-Elect of the International Association of Education in Ethics.

Tackling 21st century ethical challenges: the role of education, legislation and moral enhancement

This presentation reviews and assesses Ingmar Persson's and Julian Savulescu's view on education, legislation and moral bioenhancement as presented in their book *Unfit for the Future: The Need for Moral Enhancement* (2012). They argue that education and legislation have not sufficed to improve human moral behavior to the extent that it can tackle the main ethical challenges of the 21st century. Over the last few millennia there has hardly been any significant improvement of our moral dispositions and capabilities whilst the ethical challenges, especially those triggered by massive technological developments, have only grown larger. Therefore, we are morally deficient and unfit for the future, or so the authors argue.

Against this backdrop they claim it makes sense to explore biological ways of enhancing our moral qualities (for example through drug treatment of genetic engineering), to be applied alongside more traditional vehicles of moral improvement, such as education and legislation.

For the assessment of their position it is important to distinguish between their diagnosis of the problem and their proposal for a solution. On both fronts there are critical problems that demand further analysis. Prominent amongst these are the problem of dual use and moral hazard, the bootstrapping problem as well as the authors' denial of any significant progress in our moral capabilities and traits. Against the backdrop of these problems Persson and Savulescu turn out to be on shaky ground with their proposals about the role of moral bioenhancement in dealing with the ethical challenges of the 21st century.



Dafna Feinholz Klip

Dafna Feinholz has a PhD in Research Psychology and a Master in Bioethics (Universidad Complutense, Madrid, Spain). She has taken intensive courses on Bioethics at the Kennedy Institute and International Ethics of Research at Harvard Medical School.

ShewastheHeadoftheReproductiveEpidemiologyDepartmentattheNationalInstituteofPerinatology(INPer)from1995to2000;aswell astheResearchandPlanningDirectoroftheWomenandHealthProgram,attheOfficeoftheMinistryofHealth(Mexico),from2000to2001.

She successively occupied the posts of Academic Coordinator of the National Commission of Human Genome at the Ministry of Health (Mexico) from 2001 to 2004; and the Executive Director of the National Commission of Bioethics, Mexico, from 2004 to 2009.

She is the founder of FLACEIS (Latin American Forum of Ethics Committees in Health Research) and Chairperson 2000-2006. Invited member of the international expert group, TDR-WHO: Drafting and translating Operational Guidelines for Ethics Committees, 1999.

Since September 2009, Dafna Feinholz is the Chief of the Bioethics Section, within UNESCO Social and Human Science Sector. In this capacity, she leads different activities aiming at reinforcing capacities of Member States to manage bioethical challenges and to identify the ethical, legal and social implications of cutting-edge science, emerging technologies and their application for sustainable development.

She has been a FAB Country representative since 2003 and was Mexico's representative at the IGBC meetings to discuss the UNESCO Universal Declaration on Bioethics and Human Rights. Her later distinction is from the University of Central Lancashire Honorary Fellow 2011: For the contribution to the study and research of bioethics.

Ethics Education From Unesco's Point of View

UNESCO played a pioneering role in global bioethics by setting up the Bioethics Programme in 1993, establishing a unique independent expert body ? International Bioethics Committee, adopting several international standard-setting instruments in the field, and focusing on building capacity of its Members States to address the pertinent bioethical dilemmas. Capacity building activities aim at establishing and/or reinforcing national bioethical infrastructure. One of the main components of this endeavor is education, since according to UNESCO, bioethics education should become an integral part of society. The rapidly expanding knowledge in science is continuously pushing the limits of what we can do, and its important to reflect what we should do. Based on its mandate in Human/Natural Sciences and Education, UNESCO has taken the responsibility to maintain a robust global ethical framework that channels science and its application towards ?social progress and better standards of life in larger freedom,? (UN Charter).



Henk A. M. J. ten Have, MD, PhD

Henk ten Have is Director of the Center for Healthcare Ethics at Duquesne University in Pittsburgh, USA. He studied medicine and philosophy in the Netherlands, and worked as professor in the Faculty of Medicine of the Universities of Maastricht and Nijmegen. From 2003 until 2010 he has joined UNESCO in Paris as Director of the Division of Ethics of Science and Technology. His recent publications include *Contemporary Catholic Healthcare Ethics* (2013, Georgetown UP, with David Kelly and Gerard Magill) and *Handbook of Global Bioethics* (2013, Springer, with co-editor Bert Gordijn). He is Editor-in-Chief of the journal *Medicine, Philosophy and Healthcare*. He is currently working on a new project, *Encyclopedia of Global Bioethics*.

The principle of vulnerability in present-day global bioethics

The concept of vulnerability has been introduced in the bioethical debate rather recently. In philosophy, vulnerability has been a core notion particularly in Continental schools. In a sense every human being is vulnerable (although different expressions have been used to qualify the human predicament). In bioethics the concept has been introduced initially in the context of clinical research to demarcate groups of individuals or populations as 'vulnerable' and therefore entitled to special protections. With the globalization of bioethics, suffering and risk in the face of medical research, technologies and care have become global realities, so that the concept of vulnerability has emerged as one of the principles of global bioethics, for example in the UNESCO Declaration on Bioethics and Human Rights. The principle of respect for human vulnerability as a general statement will be endorsed by many but is it far less clear how it can be applied in various practices.

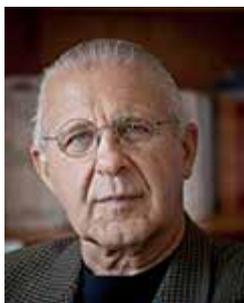


Kerim Munir, M.D., MPH, D.Sc.

Dr. Kerim Munir is Director of Psychiatry in the University Center of Excellence in Developmental Disabilities (UCEDD) in the Division of Developmental Medicine at the Children’s Hospital and Harvard Medical School in Boston, Massachusetts, USA. He is the Principal Investigator of the Fogarty International Center Non-Communicative Diseases (NCD) Across the LIFESPAN Global Mental Health and Developmental Disorders; and the Fogarty International Center International Research Bioethics National Institute of Health (NIH) initiatives promoting interdisciplinary research and education for postdoctoral/doctoral trainees at the intersection of developmental medicine, mental health, public health as well as bioethics. He is the recipient of various national and international awards.

Making Bioethics Everyone’s Business: Origins of Respect for Human Vulnerability and Responsible Conduct of Research

In response to the increasing need for research ethics expertise in Low and Middle Income Countries (LMIC), the National Institute of Health’s Fogarty International Research Ethics Education and Curriculum Development Program has provided grants for the development of training programs in international research ethics for LMIC professionals since 2000. In this session I will briefly sketch the evolution of research ethics as applied to LMIC research, the underpinning of the Fogarty bioethics program, and summarize key conclusions and directions for the future. An underlying emphasis in this presentation will be on the principle of respect for human vulnerability and personal integrity (article 8) as a value of the Universal Declaration on Bioethics and Human Rights. The emergence of research bioethics violations from its unfortunate human rights origins rooted in the treatment of the defenseless and the disabled, burdened with the social, political and environmental injustice, will be integrated within the moral, philosophical, and historical contexts. The presentation will make recommendations for more definitive regulatory and administrative guidance for better protection for research participants and requisite education in the responsible conduct of research (RCR) within the LMIC framework.



Volnei Garrafa

PhD, Titular Professor and Coordinator of the UNESCO Chair and the Postgraduate Bioethics Program (Master's and Doctoral levels) of the University of Brasilia, Brazil; Editor Brazilian Journal of Bioethics; Executive Secretary of the Board of Directors of UNESCO's Latin American and Caribbean Bioethics Network (REDBIOÉTICA); Member of UNESCO's International Bioethics Committee (IBC); Member of the Board of Directors of the International Association of Education in Ethics (IAEE); Vice-President for Latin America of the International Society of Bioethics (SIBI – Gijón, España). This paper aims at an analytical reading of Article II of the Universal Declaration on Bioethics and Human Rights (UDBHR), from UNESCO, which states: "No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms". Taking universal human rights as a reference, the following key concepts are discussed to better understand the processes of producing stigma and discrimination: identity, otherness, difference and tolerance. The text seeks to demonstrate the centrality of the principle of non discrimination and non stigmatization in the contemporary bioethics agenda, extending the discussion beyond questions related only to the bio-techno-science and health fields. In this sense, this paper reflects on social aspects, indispensable to providing a better understanding of moral conflicts in this field in the current international context, besides issues in the biomedical field itself.

Ethics, Non-Discrimination and Non-Stigmatization in the light of Article 11 of the Universal Declaration on Bioethics and Human Rights of UNESCO

This paper aims at an analytical reading of Article 11 of the Universal Declaration on Bioethics and Human Rights (UDBHR), from UNESCO, which states: "No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms." Taking the universal human rights as a reference, the following key concepts are discussed for understanding the processes of production of stigma and discrimination: identity, otherness, difference and tolerance. The text seeks to demonstrate the centrality of the principle of non discrimination and non stigmatization in contemporary bioethics agenda, extending the discussion beyond questions related only to the bio-techno-science and health fields. In this sense, this paper brings to reflection, besides issues of biomedical field itself, social aspects, indispensable in the current international context to provide a better understanding of moral conflicts in this field.



Vugar Mammadov, MD, JD, PhD

Dr Mammadov is professor of Legal Medicine at the Criminalistics & Forensic Sciences Department of Baku State University and Legal Medicine Department of Azerbaijan Medical University. He also holds administrative positions of Director, Humanitarian & Social Projects, Heydar Aliyev Center under President of Azerbaijan Republic and Head, Bioethics&Medical Law Department of Human Rights Institute of the National Academy of Sciences of Azerbaijan. He is Head of Azerbaijan unit, UNESCO Chair in Bioethics and Head of Azerbaijan Medical Law and Bioethics Association. In 2005-2011 he was an author and host of Bioethics&Health TV program on Azerbaijan Television. He is member of the Executive Board, European Association of Health Law (EAHL), member of the Board of Governors, World Association of Medical Law (WAML) and honorary member of the American College of Legal Medicine. He is author of more than 230 scientific publications in the field of forensic medicine, medical law and bioethics.

Patients Rights Legislation in Azerbaijan: Current Situation and New Proposals

This abstract reflects results of the first complex comparative research of national, foreign and international legislation on patients rights. This research is the first comparative legal analysis made under specialty of Bioethics and Medical Law in Azerbaijan. Main international documents in the field of patients rights protection like European Charter on Patients Rights, Oviedo Convention on Human Rights in Biomedicine, UNESCO Declaration on Bioethics and Human Rights, etc. were analyzed to identify main bioethical principles and patients rights. Authors also reviewed legislative documents of foreign countries like USA, Turkey, Spain, Russia, Ukraine, Israel with purpose to elaborate recommendations in which ways to improve national legislation in this field.

Results showed that main legislation of Azerbaijan on patients rights adopted in 1997 is non-sufficient today and not adequate to present requirements. Formulations used by legislator in few articles of the main Law of Azerbaijan on Health Protection of Population are not definite, clear, have double interpretations. Some rights declared in this law has no further legal mechanisms how they can be provided. There is also quite important group of patients rights which are not mentioned in national legislation but they should be implemented from the scope of our country's vision to own way of development towards to legal state. So authors of this paper will suggest own recommendations to improve national legislation in 2 ways: 1/ to include new patients rights which are not reflected now and 2/ to develop and complete formulations and meanings of those rights which are mentioned but not clear.

PANEL

Alireza Bagheri, MD., PhD

Bioethics Post Graduate Programs: Students Feedback

Panel Presentation and Discussion

Bioethics education programs are diverse in terms of the curriculum, content, educational module and methods. It is important to see how students as the target group of these educational programs evaluate these programs, what are their challenges and expectations.

In this panel discussion, with an introduction by Prof. Bagheri, students will present their bioethics educational programs, and reflect on the program, its challenges, and their expectations.

Then two respondents, will respond to the students' discussion.

YURDAKUL Eray S.,MD.,Postgraduate

Self- Evaluation of Bioethic Educational Program of Ankara University

In Turkey duties and responsibilities of the physician have always been a part of medical school curriculum since early of the 19th century. As time goes on, increasing importance of ethical issues in the world and in Turkey, education of medical ethic becomes an indispensable part of medical education. Hence, scholars qualified in this area has become an important need. For this purpose many bioethics departments were established within the medical schools.

In this study as I am in the target group, I evaluate the educational program of Ankara University Department of Bioethics from perspective of student.

Perihan Elif EKMEKCI, MD*

An Evaluation On Phd Program From A Students Perspective

The main challenges in ethics education are considered to be, the difference in the way of thinking of a medical doctor who is coming from the clinics with patients made of flesh and blood and a social scientist's perspective whose mind is well trained to think about transcendental/ abstract concepts and the unified nature of the curriculum which covers medical ethics and history of medicine together in one curriculum. The personal expectations from the training program has been stated as; to understand and internalize some key concepts such as privacy and confidentiality, equality, justice, equity, non-discrimination, non-stigmatization, respect for cultural diversity and pluralism etc., to identify and reason about the ethical issues and dilemmas in a particular situation, and to be able to reflect the theory of ethics to practice. The discussion on the points prone to further improvement focused on; reconsidering the unified nature of the program, advancing the plurality of teaching methodology, improving the practical aspect of the curriculum, enhancing the assessment tools, establishing a feed- back mechanism to further evolve the curriculum and collaborating with international institutions and Universities of other countries to provide short/long term training for trainees. As an overall evaluation of the program, it is stated that, the ethics education both in Ankara University and Harvard University are well established to configure the trainee's capacity to learn ethics as a way of built skills for diagnosing and solving ethical dilemmas in everyday practice which may be uttered as a limited and pragmatic goal. Besides, another goal is mentioned which is broader and may be defined as 'being ethical agents not only in professional life but in all aspects of life'. In this respect this more comprehensive goal which aims to develop an introspective paradigmatic change in the existing personal values and divert them to ethical ones if needed is considered to be a goal of life time.

Murat ORAL, Pharm. M.Sc., PhD Student

Evaluation Of "Ethics In Health Sciences" Educational Programme

We can define ethics as a set of concepts and principles that guide us in determining what behavior helps or harms sentient creatures. These principles are very important for deciding how to behave when we encounter with various conditions in our lives. Health sciences encompasses a variety of sub-disciplines, all of which relate to the application of science to health. There are mainly four ethical principles related with health sciences:

- Respect for autonomy - the patient has the right to refuse or choose their treatment.
- Beneficence - a practitioner should act in the best interest of the patient.
- Non-maleficence - first, do no harm.
- Justice - concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality).

Pharmacy is the science and technique of preparing as well as dispensing drugs and medicines. It is a health profession that links health sciences with chemical sciences and aims to ensure the safe and effective use of pharmaceutical drugs.

Pharmacy Ethics is defined as a systematic activity producing solutions to value problems that pharmacists confront in their daily lives. The aims of pharmacy ethics education are distinguishing the value problems born of daily practices of pharmacists, developing the ability to solve these problems by using ethical principles and increasing the reputation and service qualities.

In this study I will present a brief explanation of my medical ethics educational programme with method of education. I will state my own evaluations of the programme and my challenges in the programme. Also I will specify my expectations from the programme and the degree of satisfaction. At the end I will express point of improvements for the programme.

ORAL PRESENTATIONS

OP – 1 CAN THE ETHICS EDUCATION SUGGESTION OF HAYNES BE VALID IN MEDICINE?

HAFIZE OZTÜRK TÜRKMEN

AKDENİZ UNIVERSITY FACULTY OF MEDICINE

Background&Aims:

The aim of ethics education in medicine is to train doctors who are aware of the moral values that lay in the basis of their profession, have professional identity consciousness and ethical sensitivity, pursue universal ethical values in clinical applications, can distinguish the ethical dimension of the problems they face in professional applications and can develop solution suggestions. Ethical evaluation and decision process constitutes one of the indispensable elements of the education programs prepared in this direction. The questions such that the criteria that will be consulted in ethical evaluation of an activity, the determination of limits of subjectivity and objectivity in grounding the decision, determination of the foundations in selection of activity preserving most value or spending least value are answered with different theoretical approaches. In this context, we can primarily mention doctrinaire, normative, existentialist, socialist and feminist approaches. In this study, the aim is to discuss the components of clinical ethical decision process depending on consistency, results and caring in terms of ethics education methodology.

Methods:

Theoretical analysis

Results:

Felicity Haynes which is well known with her studies about art education, education philosophy and ethics, in her work named "The Ethical School" which was published in 1998, suggests that an ethical evaluation which includes consistency, results and caring directions which lay in the basis of an activity, can be an approach answering the afore mentioned questions. "Consistency", which is the first of the suggested directions, constitutes the subjective dimension which allows someone to internalize an application and see it as an aimed activity. "Results", which is the second suggested direction is the examination of activity with its measurable aspects in terms of its reasons and results and constitutes the objective dimension. "Caring", which is the final suggested direction, sounds the importance given by someone who is focused on the perception of the situations within a network of responsibility and refers to ethical sensitivity. Haynes emphasizes that all three elements are connected to each other and any of them cannot fulfill the basis necessary for ethical decision.

Conclusion:

Considering that medicine which is a utilitarian applied science activity, is basically focused on results however its dimension which includes human relations, namely subjectivity, empathy and ethical sensitivity which constitute the value based character of the profession, we can say that the triple ethical evaluation suggestion of Haynes is valid in medicine.

OP – 2 SURVEY TO DISCOVER MEDICAL STUDENT LEVEL OF UNDERSTANDING AS IT PERTAINS TO ETHICAL CONCEPTS THAT ARE KEY TO UNDERGRADUATE MEDICAL EDUCATION

LUCAS BLOUNT, LEA BRANDT, DAVID FLEMING, JULIA HALSEY

UNIVERSITY OF MISSOURI - SCHOOL OF MEDICINE

Background&Aims:

Background: In 2009, the American Society for Bioethics and Humanities Task Force released a, "summary report intended to guide medical school faculty and curriculum deans in evaluating and implementing effective education in bioethics and humanities." (American Society for Bioethics and Humanities, 2009). Their summary report categorized bioethics and humanities curriculum topics by relevant LCME standards. We used this report as a guideline to develop a qualitative method for assessing our medical students' perceived understanding of these key concepts in ethics and humanities. Aims: 1. Assess our medical students' perceived level of understanding of ASBH Task Force identified bioethics and humanities topic. 2. Compare students perceived level of understanding at their different stages of training, helping us to identify areas of strength and opportunities to improve the ethics curriculum at the UOM-SOM 3. Two open-ended questions were designed to help us identify how students address ethical issues as they mature in their medical training.

Methods:

An anonymous online survey was developed using Survey Monkey. The survey was distributed via e-mail to the UOM-SOM medical classes of 2014 through 2017. The survey took on average 10 – 15 minutes, and evaluated the student's perceived level of understanding on the following scale: No Knowledge of Concept/Term, (1) Very Little Knowledge of Concept/Term through (5) Understand Nuances and Complexity of Concept/Term.

Results:

a. Upon evaluation of the data, we have identified areas of strength in our medical ethics curriculum: i. Privacy and confidentiality, DNR/DNAR, autonomy, beneficence, nonmaleficence, justice, balance of benefit vs burden, double effect, informed consent, paternalism vs shared decision-making, and plans for comfort and palliative care, b. Areas for improvement in our medical ethics curriculum: i. Fiduciary responsibility, formulary issues, maternal-fetal conflict, stem cell ethics, institutional practice/organization ethics, rationing within health care, alternative medicine and complementary health practices, different considerations for making QOL decisions in cases for children vs adults, restricted vs minimal vs below minimal QOL designations, and the best interest model, c. And, areas where our medical ethics curriculum has had a significant impact on students' perceived level of understanding from M1 year to M4 year: i. Medically ineffective care ("futility"), double effect, coercion vs persuasion, surrogate decision makers, and plans for comfort and palliative care

Conclusion:

Our survey method successfully identified areas of strength, areas for improvement, and areas where our medical ethics curriculum has a significant impact on students' perceived understanding of bioethical and humanities concepts that are key to undergraduate medical education.

OP – 3 ON THE POSSIBILITY OF A NEW ANDRAGOGICAL TECHNIQUE SYNTHESIZED WITH ANCIENT GREEK PHILOSOPHERS' EDUCATION THEORIES

GAMZE NESİPOĞLU¹, TUĞBA GENCER¹

¹CERRAHPAŞA MEDICAL FACULTY, DEPARTMENT OF MEDICAL HISTORY AND ETHICS

²CERRAHPASA MEDICAL FACULTY, DEPARTMENT OF MEDICAL HISTORY AND ETHICS

Background&Aims:

When the essence of ethical issues in the field of healthcare is thoroughly examined, it's understood that ethical awareness is not sufficient for professional responsibilities; theoretical knowledge cannot be interiorized as needed and the act is not identical with acquired knowledge. The aforementioned problems necessitate considering on medical ethics education given to physician candidates; identifying the deficient sides of medical ethics education in Turkey and endeavouring to overcome the problems. In this study, it's aimed to research on the possibility of a new andragogical technique which can minimize the deficiencies for medical ethics education in consideration of Socratic dialogues for Socratic model; Plato's works for idealistic approach to education and Aristotle's works for realistic education view.

Methods:

Modern and postmodern teaching techniques will be queried with relevant papers; Socratic dialogues (Symposium, Meno, Defense, Theaetetus), Plato's works (Republic, Nomoi, Seventh Letter) and Aristotle's works (Nicomachean Ethics, Politics) will be analysed in the context of medical ethics education; applied ethics programs in our country will be examined; contents of medical ethics lectures in Turkey will be compared with foreign countries'.

Results:

Modern technique including an objective and behavioural approach or postmodern technique comprising a subjective and constructive approach cannot minimize the present deficiencies of medical ethics education without interaction and regulation. Student becomes passive in modern technique because lecturer is an authority figure thus practical importance of education be ignored, on the other hand postmodern technique can make difficult to reach common values and absolute knowledge because of its subjective nature. Socratic questioning technique due to development of student's judgement and reasoning ability, Plato's theory providing students to obtain moral behaviour with samples and Aristotle's theory, in which excellence is an art won by training and habituation, can be synthesized with advantages of modern and postmodern techniques.

Conclusion:

It's possible to constitute a new andragogical technique that can raise ethical awareness, can provide student to interiorize knowledge and can be identical with the nature of medical ethics education in the light of education theories of Socrates, Plato and Aristotle. Key words: Socratic method, medical ethics education, Plato, Aristotle, andragogical technique.

OP – 4 QUALITY OF INFORMED CONSENT FOR INVASIVE MEDICAL PROCEDURES IN CENTRAL SAUDI ARABIA

MOSTAFA ABOLFOTOUH, ABDALLAH ADLAN

KING ABDULLAH INTERNATIONAL MEDICAL RESEARCH CENTER - KING SAUD BIN-ABDULAZIZ UNIVERSITY FOR HEALTH SCIENCES

Background&Aims:

Informed consent is considered the most important step in clinical interventions Aims of this study were; i) To assess the quality of informed consent for invasive procedures with regard to consent process and given information about risk and alternative treatments, and ii) to determine patients' attitude towards informed consent, at King Abdulaziz Medical City, Riyadh, Saudi Arabia

Methods:

A cross-sectional study of 162 adult patients (undergoing surgery or invasive procedures) in different wards, after undergoing the procedure, within a day or two of signing the informed consent, was conducted using a previously validated interview questionnaire. Data on patient's characteristics, type of invasive procedure and some informed consent– related issues were collected. Multiple linear regression analysis was used to identify the predictors of the percentage mean score of quality of informed consent, and significance was considered at $p \leq 0.05$.

Results:

The quality of informed consent was generally poor (% mean score= 50.98 ± 17.49). Significantly higher quality was predicted when the physicians were the ones who explained the informed consent ($t= 4.15$, $p < 0.001$), and when informed consent was explained to younger patients ($t=2.754$, $p=0.007$). The overall attitude of the patients towards the process of informed consent was satisfactory (% mean score = 76.31 ± 7.63).

Conclusion:

Results suggest either patients are not aware of their rights or physician paternalism is practiced in Saudi Arabia. Cultural barriers should not be an argument to diminish the role of informed consent. Further studies should focus on how the value of autonomy can be appreciated in the Saudi culture.

OP – 5 ON WHAT PROFESSIONALISM REALLY IS ABOUT

MENNO DE BREE

UNIVERSITY MEDICAL CENTER GRONINGEN

Background&Aims:

Competency-models like CanMEDS and ACGME have become the formal backbone of medical curricula world wide. In these models, 'ethics' is usually subsumed under the header of 'medical professionalism' (MP). As a consequence, (parts of) ethics teaching will very likely to be incorporated in or replaced by MP-teaching. Medical ethics teachers should therefore (pro-)actively be involved in both practical and theoretical discussions about MP. The outcomes of these debates are vital for the way in which ethics education can be implemented in medical curricula. However, there is not even remote consensus on what MP is, and how it should be taught and assessed. In this papers, I want to defend the following claims: 1. the lack of consensus on MP is a sign of conceptual misunderstanding; 2. this misunderstanding leads to unsolvable practical problems (aims, methods, assessment); 3. proper analysis on how we use the concept of MP will help us to reach consensus on its meaning (and thus consensus on teaching methods etc) 4. this analysis will also reveal a fundamental problem in the competency models we use to structure our medical curricula.

Methods:

We seem to use concepts like 'professional' and 'professionalism' as words that refer to objects or qualities of objects. 'Professionalism' for example, is a 'competence'; we also use sentences like 'Jones acts in a professional way'. It seems, however, that our use of language misleads us here, and that we are trapped by category mistakes.

Results:

Instead of seeing MP as a competence, that could be measured, developed, trained et cetera, we could better see MP as the most general normative judgement about the quality of what a doctor thinks and does. Inspired by Aristotle, my proposal is to qualify a doctor as a 'professional' when he acts in a particular situation 'as a professional would do in that situation'. Professionals can meet this level of quality by means of their training, their commitment, and because they work in a supportive environment.

Conclusion:

Professionalism in itself is not a thing ('competence') that you can teach, develop and measure. The aim of MP-education is not the 'development of professionalism', but simply the development of that extra set of competencies (both technical and normative) that are needed to reach certain quality standards. As I will show, this way of seeing MP solves some important theoretical issues, and paves the way for a fruitful integration of ethics teaching in MP-education programs.

OP – 6 DECISION OWNERSHIP AND EDUCATION OF MEDICAL RESIDENTS

ALEX DUBOV

DUQUESNE UNIVERSITY

Background&Aims:

There is a need to consider the impact of the new resident-hours regulations on the variety of aspects of medical education and patient care. Most of the existing literature on this subject has focused on the role of fatigue in resident performance, education and healthcare delivery. However, there is a lack of scholarship on the concept of decision ownership as it relates to issues in patient care and resident-hours limitation. The main assumption of this presentation is that increased shiftwork in medicine has resulted in decreased ownership of treatment decisions and poor quality of care. Residents are expected to take increasing ownership of patient care as they progress through their training. The shiftwork mentality and lack of decision ownership disrupts the narrative of a patient's illness, leaving no opportunities for a resident to understand disease processes and make responsible decisions foreseeing some long-term consequences.

Methods:

The presentation begins with a historical overview of changes in resident duty hours, especially focusing on the Accreditation Council for Graduate Medical Education (ACGME) and Institute of Medicine (IOM) recommendations of 2003, 2009, and 2011. It also engages the empirical evidence on the effect of these recommendations on important aspects of residents' patient care, education and professionalism. Next part discusses decision-ownership in medical care from the perspective of "diffusion of responsibility" or the "problem of many hands" in medical care. If an unidentified provider with whom the resident has no relationship will take over the patient being cared for now, the resident may not invest in his treatment decisions as much as he would otherwise. Lack of decision-ownership is connected to the notion of conscientious action in the part of presentation. It is assumed that to act conscientiously means to act out of a responsibility and commitment that develop over time. Therefore a conscientious action cannot be done ad hoc and under conditions of discontinuity. Some researchers go even further, claiming that that short-term thinking is one of the main determinants of unethical behavior. They question quality of choices made within short horizons and stress the importance of future component or "connection to future version of self" as philosopher Parfit calls it. In the following part of this presentation it is assumed that residents during their shifts make more ad hoc decisions and have less chance of making sequential choices. The problematic aspect of ad hoc decisions is that their consequences can rarely be fully appreciated. Some other aspects of sequential versus ad hoc decisions are discussed while the concluding part of presentation sums up the consequences of lack of decision-ownership for physicians, patients and healthcare systems.

Results:

A lack of residents' decision-ownership affects three key stakeholders of healthcare delivery: physicians, patients and healthcare systems. The literature points out the negative effect of limited work hours on resident education as related to the decrease in the number of cases residents attend to during their shifts. A decrease in case volume comes with a decrease in time available for both didactic and targeted bedside teaching. Furthermore, the increased feeling of responsibility and decision-ownership is usually associated with better learning outcomes. The presence of decision-ownership and continuity in care for an individual patient will benefit this patient in multiple ways. Continuity of medical care has been associated with fewer hospital and intensive care days, lower percentages of emergent hospitalizations, and improvement in the receipt of preventive services. Lack of decision-ownership and continuity will have a negative impact on the healthcare system as a whole due to unnecessary testing and empirical treatment.

Conclusion:

This presentation reviews some potential components of decision-ownership in treatment context and suggests possible ways in which absence of decision-ownership may lead to deficient decisions about one's care.

OP – 7 TEACHING MEDICAL ETHICS:FROM TRADITION TO INNOVATION

JAMAL JARALLAH,

KING SAUD UNIVERSITY

Background&Aims:

Background: At the College of Medicine, King Saud University a course of ethic is taught at the beginning of the clinical year (3rd year). Three groups of students are taught, two males and one female groups. The course was traditionally taught in the form of lectures and assessed by short answer questions Aim: To present the changes in methods of teaching and assessment of the course that are seen to be innovative.

Methods:

Philosophical Perspectives:-Teaching bioethics in ever-challenging for medical teachers, ethicists, and medical school. The main point is how to teach and assess ethics. Our course used to be taught in an interactive lecture format and assessed using short answer questions. There were a lot of problems with that,including less involvement of students, and subjectivity of assesment. Recently we adopted an innovative method of teaching and assessment. As regards to methods of teaching, lectures were kept to the minimum, and we concentrated more on case presentations and group discussions within the lecture hall, and student were involved actively in the discussion. The material of the course were post on an interactive website in the form of blackboard, were the students can download all the materials and interact with each others, and with the teachers. Assessment was mainly based on the following: Group discussion on the blackboard as a forum(this carries 10% of the marks), the student will also individually select one of three cases posted to them on the blackboard, analyze it, and then upload their answers (this carries 20% of the marks). The students will also discuss one ethical case that they face, or learned about form different sources, and then present the case for the group (carries 30% of the marks). Finally assessment includes a written case-based multiple choice questions (this carries 40% of the marks).

Results:

Implications: We are still in the process of evaluating this experience by surveying the students and the teachers. Overall, the student felts that they are more involved in the learning process, they learn better this way and they can link it to the practice.

Conclusion:

From our experience with a course of ethics using a case-based format for teaching and assessment, we found that it is more attractive to students, but we will wait for the results of the survey to put this into better perspectives.

OP – 8 MODELS FOR BIOETHICAL REASONING AND DIALOGUE

PIERRE MALLIA

UNIVERSITY OF MALTA

Background&Aims:

There are various models for education in ethics, especially when it comes to globalisation of bioethics. In this presentation I use two models which have been used in the past which help to separate the moral argument at hand from the consequential arguments of the issue at hand. Often we need to distinguish between conflicts and disputes; but we also must focus on what we are actually talking about. Consequential arguments, such as freezing of embryo in the debate on IVF can deviate the argument at hand, in this case, whether IVF is morally licit, for example, because it bypasses the conjugal act. Using the PUME matrix one can separate these arguments and when necessary make the consequential argument the subject of discussion. The model also allows that if the consequential (called Pragmatic, in the matrix) are significant, they can alter the course of the decision. The model also uses a method of dialogue which will be elaborated: a model of empathic listening, understanding, evaluation and non-judgemental

Methods:

n/a

Results:

n/a

Conclusion:

n/a

OP – 9 DISCOVERING THE QUESTION — CHALLENGES OF BIOETHICS PEDAGOGY WITH STUDENTS FROM THE “HARD” SCIENCES

RICHARD ROBESON

WAKE FOREST UNIVERSITY

Background&Aims:

One of the enduring challenges of bioethics pedagogy is promulgating a respect for the absence of moral certainty that does not descend into mere relativism. This is especially true with students whose previous academic experiences are limited to or concentrated upon the so-called “hard” sciences. As bioethics degree programs proliferate — and as training for physicians and other healthcare professionals shows increased emphasis on ethical analysis — student populations in such programs often contain many students whose ultimate ambition is the practice of medicine. And even though medical education (and therefore premedical education) curricula are beginning to acknowledge the importance of the humanities (e.g., New York City’s Mt. Sinai Medical School dedicates a number of admissions to undergraduates who majored in the humanities), the primary emphasis remains on disciplines that rely upon quantification, and quantitative analysis.

Methods:

A bioethics student with a background in the hard-science prerequisites for admission into an American medical school often faces unfamiliar imperatives in confronting and analyzing problems in which identifying the appropriate question(s) is much more meaningful and efficacious than a search for the right answer (to whatever extent the right answer might even be possible). This can create an interesting dynamic not only between pedagogue and student, but also within a class as a whole. The typical class in the Master of Arts in Bioethics Program at Wake Forest University will contain persons with pending applications to medical school, but also students who aspire to careers in law, or the humanities, as well as fully-fledged legal and medical professionals. And it seems reasonable to posit that the inherent flaws of moral absolutism are generally much easier to establish with a student of philosophy or history than with a student who for years has been accustomed to binary (right vs. wrong) or statistical (evidenced-based) reasoning.

Results:

The Tuskegee Syphilis Experiment, for example, offers ready lines of disapprobation regarding racism, extreme violations of the Hippocratic Oath, and even the validity of the original research question. With these as givens, however, identifying a prior question not only illuminates the givens but also broadens the discussion: What do the Tuskegee victims have in common with research subjects in general?

Conclusion:

This paper discusses via canonic bioethics case examples (e.g., Baby Fae, Ferguson v. City of Charleston, Kevorkian) strategies that have been successful when engaging a disciplinarily heterogeneous group, particularly one involving science students, in the study of bioethics.

OP – 10 TORTOISE AND ALIA: BEYOND A NOSTAGIA FOR TRADITIONAL MORAL EDUCATION METHOD OF THE IGBO PEOPLE OF NIGERIA

PETER OSUJI

DUQUESNE UNIVERSITY PITTSBURGH

Background&Aims:

Just as there is an African Traditional Medicine and African Traditional Religions, there is a traditional method of education among the various ethnic groups of Africa and specifically among the Igbo people of Nigeria. The Igbo traditional moral education is a system of education that occurs in the context of the family and community, and taught to the child, at a very early age, through taboos, riddles and jokes, proverbs, dance, songs, dramas, and through stories that often feature animals, birds, and plants. The Igbo traditional moral education emphasizes character formation, communal values such as solidarity, relationships, and relational autonomy, and places stress on moral education over moral training. Since the advent of the Western system of education, there has been a rush to adopt the Western method of moral education, thus, abandoning the Igbo traditional method.

Methods:

By analysis of some of the following components of the Igbo traditional education: stories, taboos, riddles and jokes, proverbs, songs, and dramas/ role plays, the author illustrates how morality is taught through them.

Results:

The repudiation of the traditional method of education has, to some extent, resulted in the growing apathy to moral education. Consequently, we are experiencing moral laxity in Igbo-land and, in Nigeria in general (Ogwu, 2011 and Iyidobi, 1994). Although there may be other factors contributing to the moral crisis, I believe that recovering some aspects of our traditional method of moral education will go a long way towards ameliorating the current situation of moral decadence. In this paper, I argue that there is need to adopt and incorporate elements of Igbo traditional education into the modern system of education in Igbo-land and in Nigeria. This integration, I believe, will enrich the current quality of moral education making it attractive to more people and children in particular. The above situation is comparable to what is happening within the context of traditional or alternative medicine. The Igbo traditional medicine was thought to be archaic and obsolete. But now many people recognize that Igbo traditional medicine is portent and better suited for treating certain illnesses.

Conclusion:

Because the Igbo traditional moral education transpires in the context of the family and community, it integrates the students into their community, and thus, fosters relationships and solidarity. Having explored how these Igbo patterns bring the current methods of moral education into a more desirable condition, the paper concludes by stressing the contribution of the Igbo system to moral education.

OP – 11 KNOWLEDGE, ATTITUDES, AND PRACTICES OF PRINCIPLE INVESTIGATORS IN SAUDI ARABIA TOWARD COMPLIANCE WITH ICH-GCP STANDARDS

NORA AL-NOMAY¹

¹ KING ABDULAZIZ MEDICAL RESEARCH CENTER

² KING SAUDI BIN ABDUALZIZ UNIVERSITY FOR HEALTH SCIENCES

Background&Aims:

Background of the topic:-The ethical Guidelines governing the relationship between industry and medical institutions are clear in Saudi Arabia but there are GCP violations and deficiencies in clinical research practices by the clinical investigators. Until now, no research has been conducted on investigator's knowledge levels and attitudes toward ICH-GCP guideline in Saudi Arabia. Aim: To investigate how attitude , knowledge and practice can affect Principle investigator(PI) in Riyadh compliance with ethical regulatory requirement

Methods:

Materials and Methods: The study will be conducted in medical research centers of Saudi hospitals in Riyadh . Clinical investigators (Principle & sub-investigator) and clinical coordinators will be interviewed. It is expected that the study will include approximately 100 subjects . A cross-sectional study design will be conducted . Clinical investigators will be randomly selected to receive the assessment questionnaires .The questionnaire consists of three sections and 50 questions. Seven demographic characteristics will be registered for each participant. 23 questions will be to explore attitudes and knowledge level. 20 questions will be to determine practice levels toward GCP guideline, willingness to comply with ethical regulatory requirements. Data will be collected by different research coordinators and researcher assistants who are familiar with surveys . Its validity will be documented by a pilot study using a random sample (n = 5) drawn from the subgroups to be surveyed before. All records will be kept confidential. Signing an informed written consent will be requested from participants interviewed , observed, and for the review of documents. The informed consent sheet will be prepared according to the GCP guidelines (Bachner,2008).The original copy of the signed consent form will be filed in the study's main record file in a secure location. Meanwhile, this study will be cleared from the IRB and the institution's ethics committee of National Guard Health Affairs, in Riyadh, Saudi Arabia

Results:

The study is ongoing there is no data available yet for analysis but by the time of the conference, data collection will have been completed and full data analysis will be presented.

Conclusion:

The study is expected to reach conclusions on the knowledge, attitudes, and practices of clinical investigators and how they may relate to ethical violations.

OP – 12 ACCIDENTAL ETHICISTS?! – THE ROLE OF ETHICS EDUCATION IN MENTAL HEALTH PROFESSIONAL DEVELOPMENT

WILLEM HOFFMANN

TSHWANE UNIVERSITY OF TECHNOLOGY, SOUTH AFRICA

Background&Aims:

Continuing Professional Development (CPD) for health professionals in South Africa is based on the notion that "... ethical practice of the health professions requires consistent and ongoing commitment from all concerned to update and develop the knowledge, skills and ethical attitudes that underpin competent practice". Ideally, the various CPD activities should ensure "... that the public interest will always be promoted and protected or ensuring the best possible service to the community". Since 2006 the formalized CPD requirements of the Health Professions Council of South Africa state that all registered health professionals must annually accumulate 30 Continuing Education Units (CEUs) by attending accredited continuing education activities; five CEUs must specifically be for activities that focus on ethics, human rights and/or medical law. This presentation addresses two fundamental questions regarding CPD ethics activities, namely: 1) What benefit should mental health professionals gain from attending ethics education activities? 2) What benefit should clients, patients and communities gain from mental health professionals' ethics-related knowledge?

Methods:

This is a theoretical thought paper based on critical self-reflection by the author who has for the past 5 years been an ethics educator involved in various CPD ethics activities for mental health professionals in South Africa.

Results:

Ethics is much more than mere compliance to any set of regulations and rules, or even adherence to norms of conduct to distinguish between "good" and "bad" behavior. Rather, it involves a moment of reasoning and practical philosophy. As such, effective CPD ethics activities should guide and empower health professionals to deeply think about and apply the basic bioethics and human rights principles in UNESCO's "Universal Declaration on Bioethics and Human Rights". Ethics education activities should aim to establish and facilitate professional development of the following "spaces": 1) Accidental ethicist? – a space that explores the potential benefits of ethics education for each health professional; and 2) Accidental ethicist! – a space that explores the consequences and moral obligations towards others in health professional contexts following attendance of ethics education activities.

Conclusion:

South African ethics educators who participate in the various CPD ethics activities should critically evaluate and adapt its content and outcomes in terms of relevance and professional empowerment. Ultimately, such activities must meet the primary goal of CPD ethics education, namely the acquisition of relevant professional skills and ethical professional attitudes with an end to benefit patients, clients and communities.

OP – 13 A COMPARATIVE EVALUATION OF MEDICAL ETHICS EDUCATION IN CERRAH PASA MEDICAL SCHOOL IN ISTANBUL IN TURKEY WITH DIFFERENT CENTERS IN THE WORLD

HATUN HANZADE DOGAN

ISTANBUL UNIVERSITY, CERRAHPASA MEDICAL SCHOOL

Background&Aims:

World Medical Association, World Health Organization, NIH of USA and other relevant Organizations have established and proposed some standards and references for Medical Ethics Education. This information was basically surveyed on the ethics program, the objectives, content, and topics (including opinions on the most difficult ethical issues faced by residents), teaching methods and evaluations of both the course and the residents' performance in different medical training programs in different countries. A special survey was carried out by the Accreditation Committee of the Royal College of Physicians and Surgeons of Canada on the residents currently in training at Pediatric Postgraduate University training centers to understand what ethical dilemmas were encountered most often and which caused the residents most difficulty. Besides World Health Organization also proposes the "Joint Center for Bioethics" as one of the pilot centers for ethics education. Cerrahpaşa Medical School, Istanbul University is one of the biggest medical centers in Turkey that is located in Istanbul University which is the oldest and biggest University in Turkey. Cerrahpaşa Medical School have already been accredited by the Accreditation Commission of the "Higher Education Council" (YOK) in Turkey. Besides, one of accreditation advantages of the Medical School was the ethics education. Aim/Purpose: In this presentation, with the aim of exchanging and analyzing experiences with the teaching of ethics in various educational settings and international levels, medical ethics education in Cerrahpaşa Medical School has been evaluated comparatively with various selected centers at the international level and at various educational settings.

Methods:

All considered centers have been visited, documentation has been obtained, education has been actively observed and in Cerrahpasa Medical School education has been planned and applied and documented. All those original data has been compared.

Results:

Istanbul University Cerrahpasa Medical School has definely a considerable background and standard in medical ethics education comparable with mentioned and considered centers.

Conclusion:

Medical ethics education is currently reaching a condiserable level in medical schools in the world. The need fort his Standard is increasing everyday and more is demanded. A careful approach and a nice calculation of the demands in terms of ethics education will definately contribute to the high level of information of medical school graduates when handling patients and evaluating ethical problems all around the world and in Cerrahpasa medical school as well.

OP – 14 SURVEY METHOD FOR ASSESSMENT OF INFORMED CONSENT PRACTICES, COMPETENCIES AND EDUCATIONAL OPPORTUNITIES IN CLINICAL PRACTICE

KELLY STUART, DAVID BELDE , JENNIFER BARTLETT

BON SECOURS VIRGINIA

Background&Aims:

Informed consent is one area of clinical practice that frequently prompts ethics consultation. Ethics education at a clinical team level as a follow up to consultation requires assessing fund of knowledge and current clinical practices, determining opportunities for improvement, and devising educational interventions. Descriptive ethics is the study of people's moral beliefs. It uses empirical methods to describe these moral beliefs. Functionally, it contrasts with normative ethics, which examines how ethical theories are used to justify specific decisions. Descriptive ethical methods, such as surveys, can provide necessary facts and normative ethical methods can provide a moral basis for actions.

Methods:

After IRB review, a survey comprised of twenty-one questions related to informed consent was made available to the Bon Secours Virginia clinical staff. 51 physicians, 196 registered nurses, and 21 other medical professionals voluntarily participated in the survey, which posed a clinical case scenario then followed with questions related to the case. The questions were designed to assess general fund of knowledge, actual clinical practices and differing perceptions of the informed consent process by members of the medical team.

Results:

The survey results indicate that there is a need for improved general ethical literacy and education in ethical processes and requirements among the medical team members. In addition, the survey indicated that doctors and nurses have different perceptions about what comprises the informed consent process. Two specific issues raised by the survey results relate to doctors' and nurses' perceptions of their own and each other's roles in the informed consent process. Nurses generally consider themselves as witnesses to a signature, while doctors generally consider the nurse's role to be patient advocate. The second role issue involves what a doctor's order to obtain a signature on an informed consent form implies to the nurse. Nurses often believe that they are being asked to lead the informed consent process, rather than to participate as advocate and witness.

Conclusion:

As clinical practices change and many procedures requiring informed consent also require less hospitalization time, informed consent processes have changed, as well. Many members of the medical team have misperceptions about their and their colleagues' roles in the informed consent process. The survey method for assessing knowledge and practices in informed consent is a useful tool to reveal educational opportunities at the clinical level.

OP – 15 TRADITIONAL VERSUS INNOVATIVE APPROACHES OF TEACHING BIOETHICS IN MEDICAL UNIVERSITY OF PLEVEN

SILVIYA ALEKSANDROVA-YANKULOVSKA, TONI VEKOV

MEDICAL UNIVERSITY OF PLEVEN

Background&Aims:

Bioethical courses were introduced in medical curricula of different specialties in Medical University of Plevan in 90s. Due to the small number of teaching hours and lack of training of teachers, at the beginning the courses were mainly theoretical and focused on the so called general part of bioethics. Special issues related to human reproduction, end of life, research, transplantation and resource allocation were barely discussed or not introduced at all. Teaching approaches included mainly lectures and short case discussions in normative style. The aim of this report is to compare the opinion of students about traditional and innovative approaches in teaching bioethics. By traditional approaches we mean lectures and case discussions. The innovative approach, discussed in the paper, is film presentation and discussion.

Methods:

Self-administered questionnaire was distributed to medical students to investigate their opinion on different aspects of bioethics education provided in traditional ways. The programme of this group included 15 lecture hours and 15 seminars focused on ethical documents and case analysis. Separately, 25 bachelor degree and 14 master degree students in healthcare management were introduced a film presentation and were asked to fill in special questionnaire (protocol), designed for bioethical film discussion. The rest of the programme for this group coincided with the other group. The statistical analysis was done by Microsoft Office Excel 2003 and SPSS v.13.

Results:

The first students' group found learning the methodology of case analysis to be more difficult than the study of theoretical concepts (23,8% and 13,8% of responses respectively). Most problematic in their opinion was the work with ethical and legal documents (62,5% of responses). At the exam, however, students had more difficulties in answering the theoretical test than in analysing the clinical case (52,5% and 47,5% respectively). The majority of students thought that the test covered well the studied subjects (87,6%) and provided objective assessment (88,8%). The students, who were involved in film discussion, assessed that innovative educational approach generally positive. They perceived the experience as stimulating for reflection and contributing for better understanding of bioethical issues.

Conclusion:

Innovative approaches are well accepted by the students. They have the potential not only to attract students' attention and to provide vivid illustrations of bioethical issues but also to contribute to the exploration of specific theses and arguments. However, the application of innovative approaches should be preceded of accumulation of appropriate background knowledge. The future of the effective bioethics education lays in the interactive involvement of students.

OP – 16 A-DAILY-DOSE-OF-ETHICS TEACHING METHOD IN HOSPITALS

AIYUB M. F. ALWEHAIBI

DUQUESNE UNIVERSITY

Background&Aims:

Background: In hospital settings, ethical issues are sometimes the consequential factors in quality of patient care; if they are not approached and resolved in appropriate path, they could cause negative impacts on hospitals' cultures, operations, reputations, and economics, as well as hospital staff. In the United States, many teaching methods are adopted in hospitals in the form of conferences, case-based courses, or discussion sessions about recent difficult or uncertain situations. In general, most of the methods work efficiently; nevertheless, there are a number of hindering factors that prevent those programs from optimizing their effectiveness, such as the pressure of time for physicians and healthcare personnel, insufficient foundation of ethics knowledge, lack of a systematic discussion derived from moral reasoning and ethical theories for ethics situations, and low awareness of culture, race, and ethnicity. Aims: In attempt to provide a supplementary tool to optimize the effectiveness of other ethical teaching methods while saving time, reducing cost and educating persistently, a-daily-dose-of-ethics method is an appropriate method that presents many benefits to ethics teaching in hospitals.

Methods:

The method aims to all audiences who directly interact with patients, patient's families, or other patients' caregivers. In this method, the teaching is implemented in the form of pop-up multiple-choice questions, which appear only once and at the first time logging in computer in the day/shift. After the answer is chosen, brief rationales for every choice will appear on the screen. If necessary, a hyperlink that redirects to reference link, documents, and contact information of ethics committee members should be included. Multiple levels of certificates may be designated, after completing all the levels, the person will receive a certificate of completion the ethics teaching course in the hospital, which may benefit for his or her professional practice reference.

Results:

N/A

Conclusion:

The method is suggested as a universal model, the hospital may adjust the content and method according to its own philosophy and policy. Adopting this method will help the hospital raise and promote awareness of ethics among hospital staff, improve ethical practice throughout hospital, as well as to prevent the recurrence of the ethics conflicts. The method may also benefit hospitals in rural areas where often face shortage of trained ethicists.

OP – 17 A COMPULSORY DOCTORAL COURSE AT ANKARA UNIVERSITY: "ETHICS OF SCIENCE AND HISTORY OF SCIENCE"

EMİNE TOPCU⁴, ŞERİFE YILMAZ GÖREN⁴, TAMAY BAŞAĞAÇ GÜL³, ESİN KAHYA², BERNA ARDA¹

¹ ANKARA UNIVERSITY FACULTY OF MEDICINE

² ANKARA UNIVERSITY FACULTY OF HUMANITIES (RETIRED FACULTY MEMBER)

³ ANKARA UNIVERSITY FACULTY OF VETERINARY

⁴ ANKARA UNIVERSITY INSTITUTE OF HEALTH SCIENCES (PHD STUDENT)

Background&Aims:

This course is given as a compulsory integrated course at the Graduate School of Health Sciences of Ankara University every semester since 2003, a total of 20 semesters. 375 PhD students have taken this course from many different academic disciplines which as veterinary, medicine, pharmacy, dentistry, biology, social services, interdisciplinary neuroscience and child development. The syllabus is based on weekly modules, which are as follows: "To Know: On the Look and See Processes", "How Did We Release the Obscurity of the Medieval Approach?", "Introduction to Ethics", "Science Policies and Ethical Preferences", "Human Rights and Scientific Research", "The Reflections from Old Civilizations To-Day", "Basic Approaches and Trends in the History of Science", "The Methodology Need in the Scientific World", "The Evaluation of the Scientific Approaches of the Nineteenth and Twentieth Centuries", "From an Ego-centric Approach to an Ecocentric One", "Scientific Research and Animal Experimentations", "Research Ethics in the Health Sciences", "Publication Ethics in the Health Sciences", and "The Responsibilities to the Society in the Context of Research".The educational objectives of the course are as follows: Raising awareness of normative dimensions, creating moral sensitivity, identification of moral issues, providing knowledge, and raising awareness of ethical conducts in research.

Methods:

As it is a compulsory course, it has a teaching team of three members: One with an academic background of medicine, one with the discipline of the history of science and the other from the department of veterinary medicine. This course is offered 2 h a week, totally 28 h per semester. The training material, which contains all the topics mentioned above, was written by its teaching team and it is periodically updated. At the end of each semester, students evaluate the feedback form and these evaluations are taken into consideration for the next course.

Results:

Present to the student contribute about different methods of knowledge production in human thought, historical development of ethical approaches, main approaches to the history of science, main contribution of different civilizations to science, conflicts between concepts that "scientific curiosity" and social and environmental responsibility.

Conclusion:

Such courses are of great importance for providing "ethical thinking process" and "retrospective perspective on science". Bringing together future scientist and concepts of "Ethics of Science and History of Science" contribute to scientific production and scientific thought process.

OP – 18 DEVELOPMENT ETHICS: TALKING TO RECIPIENTS OF DEVELOPMENT FUNDS ABOUT VULNERABILITY AND HUMAN DIGNITY

JOHN MARY MOOKA KAMWERI

INSTITUTE OF ETHICS AND DEVELOPMENT STUDIES, UGANDA MARTYRS UNIVERSITY, NKOZI, UGANDA

Background&Aims:

The often deplorable stories of corruption, lack of transparency and accountability, raises concern that the ethical foundation for the global development initiative is yet to resonate with some recipients of development funds in Uganda and elsewhere. Ethicists consider the notion of social justice as the appropriate category for articulating the moral demands of promoting development in resource-poor countries. The social justice approach entails acknowledgement of the inviolable dignity and inherent value of a human person. The language of vulnerability is often used in reference to the need to provide those in less developed countries with adequate support for socio-economic development, so as to enhance individual freedoms and dignity. This endeavor draws support from the Universal Declaration of Human Rights that regards the principle of human dignity as foundational for freedom, peace, and justice in the human family.

Methods:

However there is no clear mechanism for relaying this moral discourse to recipients of development funds in rural communities in Uganda. Too often this gap is filled in by human rights activist who are at times prone to human rights reductionism. To maintain high ethical standards a new approach necessitates the articulation of a set of UNESCO's bioethics principles that include human dignity, respect for human vulnerability and personal integrity, solidarity and cooperation, autonomy and individual responsibility.

Results:

This presentation demonstrates a strategy of using workshops in rural communities to specify and analyze the substantive and procedure issues involved in the ethical principles that are relevant to socio-economic development.

Conclusion:

OP – 19 ANALYTICAL FRAMEWORK TO THE PROCESS OF MORAL DISTRESS/ANGUISH IN DIFFERENT CONTEXTS OF THE HEALTH WORK

FLÁVIA RAMOS¹, MARA AMBROSINA VARGAS¹, EDISON LUIZ BARLEM², MARIA JOSÉ MENEZES BRITO³, LAURA BREHMER¹, DULCINEIA SCHNEIDER⁴

¹ *FEDERAL UNIVERSITY OF SANTA CATARINA - BRAZIL*

² *FEDERAL UNIVERSITY OF RIO GRANDE - BRAZIL*

³ *FEDERAL UNIVERSITY OF MINAS GERAIS - BRAZIL*

⁴ *UNIVERSITY OF SOUTH OF SANTA CATARINA - BRAZIL*

Background&Aims:

Background: The process of moral distress/anguish can be understood as the process of pain or distress that may affect the mind, body and interpersonal relationships in the workplace. In response to situations in which a person recognizes his moral responsibility before the conflicts, he makes a moral judgment about the right conduct; however, he feels helpless to execute it due to constraints or oppositional forces. Aim: This study aims to propose an analytical framework for application in studies about the process of moral distress/anguish, in different contexts of the health work.

Methods:

Proposition of a conceptual and analytical framework

Results:

The concept of moral distress is considered on a procedural connotation, called process of anguish/moral distress that is linked to the development dynamic of moral- ethical responsibilities throughout the existence process. Therefore, it has a close relationship with the moral uncertainty as inherent to the human condition and social life (ontological). It is part of the social construction of subjects to face challenges that require ethical and moral positions; thus, uncertainty is an element that may trigger and mobilize these confrontations. In this dynamic, the subjects develop a moral sensitivity or conditions to realize the moral content of actions, facts and everyday thoughts. Then, such perception might be more or less accompanied by feelings of estrangement, concern or moral discomfort. Such feelings are not necessarily linked to negative or unpleasant effects about the person. Nevertheless, they are considered in their productivity as conditions for moral deliberation, reflection, and above all, giving visibility to the moral problems that could otherwise remain hidden or strange to the personal experience.

The finding of moral problems derives, at least, in three possible trajectories: the uncertainty stagnation, when the deliberation process does not develop, and there is no ethical-moral posturing or confrontation with the problem. The process of moral deliberation, in its completeness, that includes moments or actions to gather meaningful information, outline alternatives, criteria review and take the resolution, stating the position and act, evaluate the decision made. When there is an obstacle or impediment to the process of moral deliberation, the process of moral distress/anguish comes up.

Conclusion:

The different concepts associated with the proposed framework are implicated in the construction of moral competences as a continuous development throughout life and work, when it comes to think about the necessary skills and good professional practice.

OP – 20 THE VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF THE RELIGIOUS ACTIVITIES SCALE

AHMET AKIN , ÜMRAN AKIN , FATMA FIRDEVS ADAM KARDUZ , ÇINAR KAYA , DENİZ DEMİR , AHMET ÖZBAY , BANU YILDIZ , MUSTAFA ERCENGİZ

SAKARYA UNIVERSITY

Background&Aims:

The aim of curriculum studies in schools about religion and ethics is to enable students to develop a sensitive understanding of the influence and actuality of religion in life and society and of the variety of beliefs by which people live: Religious, non-religious and traditional. For instance, religious activities in curriculum are composed from theoretical knowledge in Turkey, despite the fact that religious activities in curriculum include practical experiences in European countries. The aim of this research is to examine the validity and reliability of the Turkish version of the Religious Activities Scale (Alstead & Hautus, 2013).

Methods:

Participants were 365 university students. Firstly, the Religious Activities Scale was translated into Turkish by four academicians. Secondly, the Turkish form was back-translated into English and examined the consistency between the Turkish and English forms. Thirdly, Turkish form has been reviewed by two academicians. Finally they discussed the Turkish form and along with some corrections this scale was prepared for validity and reliability analyses. In this study confirmatory factor analysis was executed to confirm the original scale's structure in Turkish culture. As reliability analysis internal consistency coefficients and the item-total correlations were examined. Data were analyzed by LISREL 8.54 and SPSS 13.0.

Results:

The results of confirmatory factor analysis indicated that the 16 items loaded on two factors (internal activities and external activities) and two-dimensional Religious Activities model was well fit ($\chi^2=249.46$, $df=99$, $RMSEA=.064$, $CFI=.93$, $GFI=.92$, $IFI=.93$, $SRMR=.054$). The Cronbach Alfa internal consistency reliability coefficients were .80 for internal activities subscale, .74 for external activities subscale, and .88 for overall scale. The corrected item-total correlations ranged from .37 to .73.

Conclusion:

Overall findings demonstrated that this scale had high validity and reliability scores and that it may be used as a valid and reliable instrument in order to measure the superstitious belief level of individuals. Nevertheless, further studies that will use Religious Activities Scale are important for its measurement force.

OP – 21 FIRST EXPERIENCE OF THE ITALIAN MASTER IN HEALTHCARE ETHICS CONSULTATION

RENZO PEGORARO , LUCIANA CAENAZZO

FONDAZIONE LANZA / PONTIFICAL ACADEMY FOR LIFE

Background&Aims:

This work aims to present an assessment of the strengths and weaknesses of the Master in Healthcare Ethics Consultation whose first edition was completed in 2013, organized in collaboration between Catholic University in Rome, University of Varese, University of Napoli, Fondazione Lanza, ULSS 7 of Veneto.

Methods:

The Master intends to prepare for ethics consultation, using the individual consultant model or performing consultation as part of an Ethics Committee. The goal of this 2 years program of education and training in healthcare ethics consultation is to offer knowledge and practical skills to manage ethics consultation in hospitals and other healthcare facilities, for moral doubts or conflicts at the bedside, for organizational and HTA issues, to collaborate in preparing ethical guidelines.

The course program is structured according to the standards of the American Society for Bioethics and Humanities (ASBH) contained in the report “Core Competences for Health Care Ethics Consultation” an organized in:- Area of core knowledge (moral reasoning, ethical theory, common bioethical issues and concepts);- Area of ethical assessment and analysis skills;- Area of process, evaluative and interpersonal skills (vocational). This Master is addressed to those who have a Masters Degree, Degree, Bachelor’s Degree, in the area of healthcare, psychology, law, philosophy and theology, and the science of education. The Programme is scheduled in 6 intensive weeks and 8 week-end, distributed in the places of the Institutions partners, with lectures and training in each place.

Results:

The first edition of the Course was attended by 18 people: 9 doctors, 4 philosophers, 2 lawyers, 1 nurse, 1 biologist, 1 pharmacist coming from various parts of Italy. Very positive were the quality of the lessons, the opportunity to learn different methodologies of ethics analyzes and different organizational experiences of consulting. Critical points: the different backgrounds of the participants, the need for greater interaction between the participants, the practical training experiences at the bedside to participate in counseling.

Conclusion:

Further investigation, particularly after the 2 edition of Master, will help to analyze the results and improvements to the program and its practical implications. Pegoraro Renzo Fondazione Lanza – Padova - Italy Pontifical Academy for Life – Rome - Italy Caenazzo Luciana University of Padova – Italy Mario Picozzi University of Varese – Italy Antonio Spagnolo Catholic University – Rome – Italy.

OP – 22 INCLUDING THE UNESCO BIOETHICS CORE CURRICULUM IN NURSING TRAINING: A RUNNING PROJECT IN PORTUGAL

ANA PAULA FRANÇA, TERESA TOMÉ RIBEIRO

ESCOLA SUPERIOR DE ENFERMAGEM DO PORTO (PORTO NURSING SCHOOL)

Background&Aims:

The nursing training in the Porto Nursing School (ESEP) has always included the ethics and deontology teaching and most recently bioethics. For several years it was our concern to improve the curriculum in order to add a contribution to the ethics and bioethics education from our students. The participation in the Ethics Teacher Training Course from the Inter University Centre in Dubrovnik, Republic of Croatia, in July 2012, helped us to understand the importance to point out the vision of global bioethics through the inclusion of the Bioethics Core Curriculum proposed by UNESCO in the graduation, post graduation and master’s curricula units. Aim/purpose: This project aims to incorporate the Bioethics Core Curriculum proposed by UNESCO in the “Nursing Ethics and Bioethics” nursing graduation course.

Methods:

It was developed an intervention project with the following steps: The first step was to analyze the similarities and differences between the two curricula. In the second step it was planned a curriculum development in which was included the necessary changes considered in the first step, namely what concerns contents, strategy and evaluation rates. The third step was the implementation and evaluation of the new curricula development. This project is being carried by students and teachers of the 2nd year graduation nursing course from ESEP, beginning in the 2012/2013 academic year.

Results:

From the curricula comparison we have identified the necessity to introduce some specific contents such as the Universal Declaration on Bioethics and Human Rights being a structural axis of the ethic analysis, and the inclusion of motivating pedagogical strategies based in supporting documents from UNESCO. In the 1st semester final evaluation the students pointed, among other aspects, the personal and professional contents relevance, valuing the pedagogical strategies. The teachers refer as positive aspects the interested and relaxed posture of the students during classes and the application of ethical principles in the grounding reasoning during the work developed.

Conclusion:

The intended inclusion was easily implemented having great similarities between the two curricula in contents and workload. The new strategies were primarily included in practical and theory-practical classes and were considered adequate by teachers and students. Keywords: Nursing Ethics; Bioethics Core Curriculum.

OP – 23 INNOVATIVE APPROACH IN TEACHING BIOETHICS FOR UNDERGRADUATE MEDICAL AND PHARMACEUTICAL STUDENTS

ULANKUL TILEKEEVA

I.K. AKHUNBAEV KYRGYZ STATE MEDICAL ACADEMY

Background&Aims:

Methods:

Questionnaires have been used for obtaining feedback from students. To assess the content of curricula, during all four years of teaching it was conducted an anonymous surveys of students. There were four questions: 1. Whether the subject 'Bioethics' is needed? 2. For which year students the course 'Bioethics'? 3. Are there enough hours of lectures? 4. Are there enough hours of skill building sessions? 5. How do you think, whether should be used an interdisciplinary approach in teaching bioethics?

Results:

There were obtained following answers to above listed questions (results are averages for four years): 1. 'Yes' – 95.4 %, 'No' – 2.0 %, 'Do not know' – 2.6 %; 2. Most of students would like to study the subject 'Bioethics' on 1-2 and then on 5-6 years of education. 3. 'Yes' – 66.4, 'No (an amount of hours of lectures should be increased) – 33.4 %; 4. Yes' – 32.8, 'No (an amount of hours of skill building sessions should be increased) – 33.4 %; 5. 'Yes' – 84.0 %, 'No' (the reason: it is difficult to go to different clinics in the city) – 16.0.

Conclusion:

As the subject 'Bioethics' is new one, the curricula are still being improved and updated. After four years of teaching it may be summarized that the decision of introducing this subject into curricula was done in time. We are proposing to introduce this subject on postgraduate level too.

OP – 24 ENRICHING ETHICS EDUCATION THROUGH TECHNOLOGY

JEFFREY FARRONI, JESSICA MOORE , COLLEEN GALLAGHER

UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

Background&Aims:

We have adopted emerging technologies to broaden the modalities by which ethical issues are illuminated in the practice of medicine and/or in the conduct of research. Our Ethics Education Program offers a variety of academic opportunities for healthcare professionals interested in enhancing their skills and knowledge. Our goal is to provide educational programs of the highest quality that fully address the needs of all learners, focusing on both professional and formative education. Opportunities are specifically tailored to meet the clinical and/or research needs of individual or institutional departments and we are continually striving to improve and enhance program quality and learner experience and development participation.

Methods:

We employ methods such as digital story-telling, video resources, self-directed on-line courses, Voice Over Internet Protocol services and podcasts to substantively enrich course curriculum and enhance the learner experience. The example presented is a bioethics podcast series composed of episodes that highlight current clinical and research ethical issues. Episodes are 10-15 minutes and comprised of directed interviews with researchers, clinicians, research participants, caregivers, and the public.

Results:

Each podcast episode is a rich account of stakeholder perspectives on difficult ethical dilemmas encountered in the clinical or research context such as data management and peer review. The podcasts provide an amalgam of the theoretical/philosophical underpinnings of these issues alongside the practical experience and perceptions that manifest in the real world. Listeners are more engaged in the material than they would be during a case presentation, class or seminar. Content was piloted during invited presentations and incorporated into several didactic courses to positive participant reaction. Learners indicated they were more engaged in the material than they would be during a standard case presentation, class or seminar.

Conclusion:

These technologies offer resources that compliment current ethics training and education. Topics can be experienced in a way that deepens one's understanding of the complex and challenging issues facing clinicians and researchers across institutions, disciplines, and professional stages.

OP – 25 CULTIVATING INTEGRITY: SOME EXPERIENCES AND OBSTACLES IN ETHICS TEACHING

HILHORST MEDARD, VAN DE VATHORST SUZANNE

ERASMUS UNIVERSITY MEDICAL CENTER ROTTERDAM

Background&Aims:

Integrity in medical research is a growing concern in many countries. Reports of unethical conduct point to a great variety of misbehavior and bad practices, ranging from fraud and plagiarism, to misleading authorships, improper interests, data massage and biased research outcomes. In many institutions like ours there is a tendency to respond to new cases of misconduct by new regulations, stricter codes of conduct, training requirements and assessments. The message is: 'be decent, be honest'. The notion that someone can be honest to a certain degree, or relative to particular circumstances is out of the question: no one can be sort of pregnant. Our aim is to find a proper response, that fits both empirical findings and philosophical insights.

Methods:

We combine findings from the literature with empirical studies and teaching experiences of our own, i.e. PhD students in a medical department.

Results:

We will argue and show, how findings from psychology and the behavioral sciences offer a more firm and realistic basis for integrity debates and teaching activities. Only by understanding the causes, motives and circumstances of misconduct, the challenges for policies, regulation and teaching become clear.

Conclusion:

We conclude that from an ethical perspective integrity can best be seen as an ideal that can be realized to a certain extend, but is never fully achieved. This challenges all involved in research to improve practices piecemeal and on a day by day basis.

OP – 26 EDUCATION ETHICS

MERVE ÇAKIRBAY

GAZI UNIVERSITY

Ethics is a branch of philosophy that involves systematizing, defending and recommending concepts of right and wrong conduct. It refers to a number of principles related to certain attitudes and moral values which are recognized by a group of people or the society itself. Morality is the differentiation of intentions, decisions, and actions between those that are "good" (or right) and those that are "bad" (or wrong). Ethics is the philosophy of morality and morality is the practice of ethics. Morality changes according to ages and societies. With the social change moral rules change. The basis of individuals moral mentality is based on religious beliefs and motives. For this reason morality is relative. However ethics is universal.

Education in its general sense is a form of learning in which the knowledge, skills, and habits of a group of people are transferred from one generation to the next through teaching, training, or research. According to Socrates education is a learning process based on ethics. As a concept, education includes the meaning of procreation of intellectual, moral and physical excellence.

Man is a social being. Foundation of socialization is subsisting in the community. Subsisting in the community means identifying and questioning the values of the society, developing individual's own values and making the right choice when conflict with the society. Knowledge of values of the society and the individual's value creation is possible by education. Values, right and wrong, good and bad are subjects of ethics. For this reason, we can talk about a relationship between education and ethics.

Education ethics is a set of principles and values which shows the desired right way in education. Education ethics must be designed should be designed on helping the educators and students to reflect on the ethical aspects of their understanding and practice and to give them the opportunity to discuss the suitability their actions when setting up a dialogue with people. Purpose of this study is to reveal the meaning and importance of ethics during education process.

OP – 27 THE INCLUSION OF THE CLINICAL BIOETHICS SUBJECT IN THE SYLLABUSES OF COLOMBIAN MEDICAL FACULTIES

EFRAIN MENDEZ

PONTIFICIA UNIVERSIDAD JAVERIANA

Background&Aims:

Background: Through the last decade most American universities have included the subject of Clinical Bioethics in the syllabus of sanitary professions, Colombia hasn't been the exception to this pedagogic tendency. Purpose: To analyze through a critical approach the inclusion of Clinical Bioethics in medicine faculties in Colombia, and the way in which this subject has been conceptually and methodically appropriated.

Methods:

An observational qualitative analysis was conducted from a cross sectional perspective, using as primary source the institutional study plans from ten of the most prestigious Colombian universities. This analysis was complemented with surveys and focus groups applied to faculty deans and students, about ways of teaching bioethics such as: a) Contents: Philosophical perspectives, preferred trends, particular emphasis and ethical problems treated. b) Pedagogical and Didactic Strategies: Audiovisual sources, workshops, methods of integration with other clinical and science-related subjects (chemistry, physics and biochemistry) and evaluation strategies. c) Understanding and personal assessment given by professors and students to this new discipline.

Results:

1. The vast majority of universities have introduced the Clinical Bioethics subject as a replacement to the traditional medical ethics assignment. Nevertheless there is no conceptual clarity amongst deans and professors about its epistemology and significance, neither about how to conduct an outcome assessment. 2. The Clinical Bioethics perspective is primarily based on the Principlism of Beauchamp and Childress, however its philosophical perspective is not reduced to the philosophical Utilitarianism School. 3. The pedagogic methodology preferred is still based on lecture classes with few workshops and out-of-the-classroom activities. 4. Both groups (professors and students) still mistakenly view Clinical Bioethics as a course on medical law or just some methodology used to resolve moral dilemmas.

Conclusion:

1. There is still no significant progress in the integration of the ethics formation with the clinical and administrative areas, and it is still being seen as additional knowledge not part of the medical science. 2. Professors give bioethics more importance than students, who according to the surveys still view it as "soft medicine". 3. Students still witness a discrepancy between this normative discourse and medicine practiced by their professors and other physicians.

OP – 28 GOOD DEATH

ARIF HOSSAIN¹, SHAMIMA LASKER¹

¹ BANGLADESH BIOETHICS SOCIETY

² CITY DENTAL COLLEGE

Background&Aims:

Background: Death is the inextricably link with human existence. The last period of life is much different from the rest of life, irreversible decay of bodily and mental capacities, pain and suffering, narrowing the consciousness and awareness, lack of time. If we see death as an invisible but friendly companion of your life 's journey, then we can learn to live rather than simply passing through it. In 60s of last century UK starts the hospice movement and regard death as a normal process, neither hasten nor postpones death. Since 1985, modern palliative care includes palliative sedation, euthanasia as good model of death. Aim: This literature review was done to answer the research question "what is a good option of death for terminally ill patients"?

Methods:

Methods: Pubmed, Google scholar, Embase and Web of science were used as the possible search engine for the literature.

Results:

Result: Euthanasia is considered prohibited in Judaism, Christianity, and Islam. But all religion at all times strongly stated that the necessity of other self protection is mandatory. Philosophy of suffering, good death and roll of palliative care are discussed. Outcome: In post modern era the professionals tries to relief of suffering in accordance with the patient's own good through palliative care. The main purpose of this type of care is not repair of body or mind, but provides support.

Conclusion:

Conclusion: Palliative care can be considered as an exemplary model for the good death arrangement for the terminally ill patients in medical care. Most of the people are not aware about this mode of treatment. Awareness among health care professionals and general population about palliative treatment for the peaceful death is necessary.

OP – 29 TEACHING ISLAMIC MEDICAL ETHICS TO MUSLIMS AND OTHERS IN A NON-ISLAMIC STATE

VARDIT RISPLER-CHAIM

UNIVERSITY OF HAIFA

Background&Aims:

Students in my department approach Islamic medical ethics as a branch of Islamic law, through an elective course at the MA level. The class combines a Muslim majority with a minority of others of various religious denominations. Most of them, regardless of religious background, have hardly ever been exposed to any kind of medical ethics before. The class introduces them to the topic often for the first time.

Methods:

The method followed in class starts with reading a variety of ethical opinions of leading contemporary Muslim scholars, mainly as printed matter in Arabic, and then analyzing them against the principles of Islamic law in general, and against Islamic medieval literature (philosophical, legal or/and medical) on related subjects. Next the Islamic literature is compared with Western medical and ethical literature on a similar topic. The goal is to reach some conclusions as to what the majority's ethical opinions among Muslim scholars are, and whether they agree with the prevailing Western outlook on the same topic. Following the depiction of the Islamic legal principles through the Islamic ethico-legal literature, the four principles of bioethics as formulated by Beauchamp, Childress and colleagues in the 1980s are examined in respect of the same topic.

Results:

Often, the two sets of principles show more points of agreement than difference. . This is one of the recurrent signs of pragmatism in Islamic medical ethics, as I have described in several publications in the past. This pragmatism is supported by overall positive attitudes among Muslim ethicists to the sciences in general, and to biomedical sciences in particular, and it also attests to their being well acquainted with the latest advances in the medical and health sciences.

Conclusion:

The non-Muslim students often share with the rest of class their own respective religious heritage and experiences. This fosters both the enrichment of all concerned and an atmosphere of tolerance for the other.

OP – 30 AN ETHICS OF RECONCILIATION: RELIGIOUS ETHICS EDUCATION IN THE TWENTY--FIRST CENTURY

MICHAEL F. ANDREWS

AN ETHICS OF RECONCILIATION: RELIGIOUS ETHICS EDUCATION IN THE TWENTY--FIRST CENTURY

Background&Aims:

The question of "religious ethics education" points to a particular problem in the ethical formation of undergraduate and professional students. Is it possible to speak of God apart from ethics? Or, does religious ethics education necessitate a particular view of morality that involves theological and doctrinal justification? The question is important for secular and religious educators alike, especially in the field of Islamic and Christian ethics.

Methods:

In this paper, I will explore how religious ethics education can be learned and taught within a broad and dynamic conversation between Muslim and Catholic scholars. My starting point is an examination of how the teaching of religious ethics opens--up important ethical and legal issues of human personhood, including issues of privacy, expression, and self determination.

Results:

I will use a phenomenological methodology to explore the question of human community and the limitations of personal subjectivity and social responsibility. In particular, I will explore the phenomenology of an "ethics of community," prevalent in the social constitution theories of Edmund Husserl, Max Scheler, and Edith Stein. Most importantly, I will explore several important ethical insights in light of an academic / study abroad immersion course I co--taught on "Peace and Reconciliation" two years ago in Bosnia--Herzegovina. In particular, I will explore concrete ways by which religious ethics education can make possible an ethics of forgiveness and reconciliation in a world / culture torn apart by civil war, ethnic cleansing, and religious intolerance.

Conclusion:

What are the possibilities and implications of religious ethics education in terms of exploring questions of genocide and betrayal between ethnically and religiously diverse communities? How might music and art help establish an ethics of reconciliation between religious traditions that have a long and bloody history of antipathy and distrust? What might a genuine ethics of reconciliation look like, based on a religious ethics education that embraces difference and respects an inter-connected world of reciprocity and solidarity? How might religious ethics education raise awareness of the dignity of human personhood, especially in terms of women, vulnerable populations, and the poor?

OP – 31 THE VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF THE AFFECTIONS OF GOD SCALE

AHMET AKIN , ÜMRAN AKIN , ÜMIT SAHRANÇ , FATMA FIRDEVS ADAM KARDUZ , CINAR KAYA , DENİZ DEMİR , İHSAN BAYKUT , FATİH USTA

SAKARYA UNIVERSITY

Background&Aims:

Perception of God has very important effect on human life. Although some people regulate to their attitudes according to social expectations, the others behave in respect to God's rules. The aim of this research is to examine the validity and reliability of the Turkish version of the Affections of God Scale (Alstead & Hautus, 2013).

Methods:

Participants were 368 university students. Firstly, the Affections of God Scale was translated into Turkish by three academicians. Secondly, the Turkish form was back-translated into English and examined the consistency between the Turkish and English forms. Thirdly, Turkish form has been reviewed by five academicians from educational sciences department. Finally they discussed the Turkish form and along with some corrections this scale was prepared for validity and reliability analyses. In this study confirmatory factor analysis was executed to confirm the original scale's structure in Turkish culture. As reliability analysis internal consistency coefficients and the item-total correlations were examined. Data were analyzed by LISREL 8.54 and SPSS 13.0.

Results:

The results of confirmatory factor analysis indicated that the 16 items loaded on two factors (present god and fickle god) and two-dimensional Affections of God model was well fit ($\chi^2=223.98$, $df=98$, $RMSEA= .059$, $CFI= .92$, $GFI= .93$, $IFI= .92$, $SRMR= .057$). The Cronbach Alfa internal consistency reliability coefficients were .84 for present god subscale, .53 for fickle god subscale, and .81 for overall scale.

Conclusion:

Overall findings demonstrated that this scale had high validity and reliability scores and that it may be used as a valid and reliable instrument in order to measure the superstitious belief level of individuals. Nevertheless, further studies that will use Affections of God Scale are important for its measurement force.

OP – 32 THE VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF THE PERCEPTIONS OF GOD SCALE

AHMET AKIN , ÜMRAN AKIN , FATMA FIRDEVS ADAM KARDUZ , CINAR KAYA , DENİZ DEMİR , EROL UĞUR , MERVE KAYA , AZMİ BAYRAM İLBAY

SAKARYA UNIVERSITY

Background&Aims:

Perceptions of God change from religious to religious. Erickson (2001) emphasized that Christians believe God to be both transcendent (wholly independent of, and removed from, the material universe) and immanent (involved in the world). In Islam, belief in one God (monotheism), is the most important and foundational concept. Muslims believe in one God who created the universe and has power over everything within it. The aim of this research is to examine the validity and reliability of the Turkish version of the Perceptions of God Scale (Alstead & Hautus, 2013).

Methods:

Participants were 360 university students. Firstly, the Perceptions of God Scale was translated into Turkish by four academicians. Secondly, the Turkish form was back-translated into English and examined the consistency between the Turkish and English forms. Thirdly, Turkish form has been reviewed by five academicians from educational sciences department. Finally they discussed the Turkish form and along with some corrections this scale was prepared for validity and reliability analyses. In this study confirmatory factor analysis was executed to confirm the original scale's structure in Turkish culture. As reliability analysis internal consistency coefficients and the item-total correlations were examined. Data were analyzed by LISREL 8.54 and SPSS 13.0.

Results:

The results of confirmatory factor analysis indicated that the 16 items loaded on two factors (loving god and conditional god) and two-dimensional Perceptions of God model was well fit ($\chi^2=264.43$, $df=97$, $RMSEA=.069$, $CFI=.91$, $GFI=.92$, $IFI=.91$, $SRMR=.069$). The Cronbach Alfa internal consistency reliability coefficients were .83 for loving god subscale and .56 for conditional god subscale.

Conclusion:

Overall findings demonstrated that this scale had high validity and reliability scores and that it may be used as a valid and reliable instrument in order to measure the perceptions of god level of individuals. Nevertheless, further studies that will use Perceptions of God Scale are important for its measurement force.

OP – 33 RESEARCH MISCONDUCT POLICIES AT HIGHER EDUCATION INSTITUTIONS IN PUERTO RICO

ANA LETICIA MULERO PORTELA , CARMEN L. COLÓN SANTAELLA , IVETTE BONET RIVERA

UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES CAMPUS

Background&Aims:

The enhancement of knowledge and skills in conducting research is an important goal of graduate education. Research is of utmost importance in the development of lifelong learning skills, and it is on the forefront of the higher education agenda. Institutional policies on research serve to guide graduate students in conducting research. The purpose of this study was to explore the policies of universities in Puerto Rico for conducting graduate research. The following research questions guided this study: 1. Do written policies on research misconduct include relevant information as to procedures and details needed to address issues that arise in the course of an inquiry or an allegation? 2. What are the areas of need in university policies on research misconduct in graduate research in higher education institutions in Puerto Rico?

Methods:

The population of interest was private and state funded universities in Puerto Rico, licensed by the Council of Higher Education of Puerto Rico, that granted masters or doctoral degrees and that required for graduation a formal research project, thesis, or dissertation. Seventeen institutions of higher education were found to comply with inclusion criteria. From these 17 institutions, eight had institutional policies on research misconduct. Written policies on research integrity that address the areas of research misconduct were accessed through the official institutional website and through personal contacts with research coordinators, mentors/advisors, or program directors. To conduct content analysis of institutional policies on research misconduct and determine areas of need in university policy, the Policy Review Form, as developed by CHPS Consulting (2000) and revised by Lind (2005), was used. The instrument consists of 21 topic areas organized into five dimensions: (1) Setting the stage which includes background information, (2) Ensuring fairness, (3) Respondent and whistleblower rights, (4) Inquiry and investigation, and (5) Outcomes. An evaluative index of research misconduct policies, as a quantitative measure of usefulness, was calculated, following the procedure for data analysis as established by Lind (2005). Scores ranged from 1.0 (at least some information was presented; it does not mean that all information was presented), to a score of 0 (no information was present). A mean of each topic area was calculated based upon the number of items marked as present divided by the total number of items that compose the topic.

Results:

When comparing the eight policies, five policies obtained a high score in all five dimensions. Based upon mean ratio scores, the two most complete dimensions were: dimension four, inquiry and investigation process (mean of 0.86) and dimension three, whistleblower and respondent (mean of 0.79). The dimensions that obtained the lowest average score were dimension five, outcomes (mean of 0.54) and dimension one, setting the stage (mean of 0.59). In seven topic areas, institutions obtained a score of zero at least once. Topic areas, in descending order according to frequency of obtained zero score among institutions, were: mentoring (6), appeal process (3), restoring respondent's reputation (2), pursuing the allegation (1), appointing the inquiry committee (1), appointing the investigation committee (1), and decision makers/process/rules (1).

Conclusion:

Research misconduct policies presented topic areas that lacked enough detail, particularly on mentorship in collaborative graduate student-faculty research. Institutions need to revise their research misconduct policies to add more precise information and for more institutions to create these policies. The areas of need in university policy development on research misconduct in graduate research, and recommendations to address the needs are: • Written policies on whistleblower protection • Definition on specific criteria for sanctioning • Mentoring standards and rules.

OP – 34 BIOETHICS OF PROTECTION AND INTERVENTION AS A WAY TO DISCUSS THE ASSISTANCE TO THE PERSON WITH AMPUTATION

MARA AMBROSINA DE OLIVEIRA VARGAS, ANA MARIA FERNANDES BORGES , SORAIA DORNELLES SCHOELLER , ÉRIKA YURIKO KINOSHITA , FLÁVIA REGINA SOUZA RAMOS

FEDERAL UNIVERSITY OF SANTA CATARINA

Background&Aims:

The Federal Constitution along with the Principles and Guidelines of the Unique Health System, in Brazil, allowed the creation of decrees and laws in order to support handicapped people. The bioethics allows reflecting on the responsibility of the State about the population health. The aim is analyzing the care provided by health professionals throughout the amputation process from the amputee's view, in the period between 2008 and 2010, under the bioethics perspective of protection and intervention.

Methods:

Descriptive, exploratory and qualitative research that was approved by the Research and Ethics Committee on Humans, with the number 95.521. From the data presented by each statistical sector from the public hospitals of reference, in Florianópolis, to the participants' selection, it was performed a raffle through the number of surgeries records from residents in the Great Florianópolis. It was possible to pre-select 24 attendees, and the study's participants totaled 18 people from the saturation of collected data. The analysis of the interviews was based on the analysis of thematic content, and for data organization it was possible to use the ATLAS-Ti software.

Results:

There were 18 participants, 12 male and most of them over 50 years, at the time of amputation. The causes were related to vascular disease, gangrene, diabetic complications and infections. External causes were also the reasons related to amputation, and this was represented by the younger population. It is known that every action triggered by the assistance provided through the professionals directly influences the people who need care. Bioethics leads to reflect on socio-political issues, from which it is possible to mention health responsibilities, training of skilled professionals and socioeconomic conditions of the society.

Conclusion:

The bioethics of protection and intervention is a productive opportunity to the reflection process of care provided to the amputee. After all, each professional involved in the process of care provided to the person with amputation is responsible for that person.

OP – 35 ETHICAL PROBLEMS ENCOUNTERED IN THE EMERGENCY DEPARTMENTS

KÜBRA YILMAZ¹, SEMA KOÇAŞLI¹, VOLKAN USLU²

¹ YILDIRIM BEYAZIT UNIVERSITY

² GENERAL DIRECTORATE OF SECURITY

Background&Aims:

Emergency departments provide medical services which start with people need emergency services until ensure the stabilization without interruption. These departments are often faced with ethical problems, because generally the people who have acute illnesses and injuries apply here, mortality and morbidity rates high, number, property and application time of patients are unknown. Therefore, concept of ethical in the health care services which involves principles such as beneficence, autonomy, patient privacy, nonmaleficence, appear as an essential element in the emergency departments. This article is compiled for attract attention to ethical problems experienced in the emergency departments.

Methods:

This article is prepared as review.

Results:

Nurses who work in emergency department are often faced ethical problems because of authority and responsibilities of their work and conditions of their unit. These problems can be addressed in the following manner. Some situations such as patients refuse vital treatment, continue futile treatment in patients with poor prognosis, evaluation the ability to make their own decisions, and also some patients can not accept triage classification, equal utility, special requests of supervisors for their relatives, insensitivity for death, declaration of AIDS and others infections, apply/don't apply the doctor orders, usage of humans as test object, presence of observers without permission of patient, to report suspected drug use, not to practice the revive directive, doubts about the concent purchases, not to give information and be suffered of patients because of bureaucracy and regulations.

Conclusion:

Nurses in the health care services can fall into ethical dilemmas when faced with these situations in clinical decision making. Nurses in this case should be service in light of codes of ethics, respect the patients, their individual requirements, voicing rights and their privacy, consider the dignity of patients, apply the appropriate health care services and provide information about these issues, be careful against harmful practices, accepting all patients to emergency departments regardless of their conditions, get written and verbal permission from the patients before application, also all applications should register, even at the smallest sign of life resuscitation efforts should be continued. Statutory notifiable conditions such as suspicious suicides, accidental deaths, child abuse, firearm injuries must report to public prosecutor, nurse should make decisions according to the profession of nursing ethics codes and investigate to describe the ethical problems and solutions.

OP – 36 PATIENT-PHYSICIAN RELATIONSHIP IN MEDICAL ETHICS EDUCATION THROUGH A VIOLENCE SUBJECT IN HEALTH FIELD: A SHORT REVIEW

OYA ÖGENLER¹, GULCIN YAPICI²

¹MERSIN UNIVERSITY FACULTY OF MEDICINE DEPARTMENT OF HISTORY OF MEDICINE AND ETHICS

²MERSIN UNIVERSITY FACULTY OF MEDICINE DEPARTMENT OF PUBLIC HEALTH

Background&Aims:

When “violence against health worker” is mentioned, we understand vulgar display of power, verbal or physical violence by patient and/or patient relative while being in any location for receiving medical service. In the course after the violence event, the patient-physician relationship of healthcare givers (who are in status of giving healthcare service and who were exposed to violence) with the patients becomes disputable. The aim of the study is to provide a series of information notes and evaluations related with basic concepts about violence within the scale of patient-physician relationship and create a different point of view towards the adopted understanding about violence in health field through a fact and in context of medical ethics education.

Methods:

In our study an event related with the violence of the relative of a patient who admitted to emergency service. Emergency service workers on duty, their communication with security personnel, their phone communications and court communications were comparatively evaluated by chronological sequence.

Results:

In emergency service, treatment to the patient later than expected due to limited availability caused patient relative to apply violence and insult to the health care giver. The assistant doctors on duty took over the responsibility of the process so they did not bring a complaint. Legal process was initiated by the hospital director on duty and court decision was taken for this complaint. The patient relative brought a complaint as he was battered by the security personnel but afterwards a decision was taken that there is no need for investigation. The technological capabilities of medical science today allow examination, treatment and even restructure the components of human biological systems. The approach which places the doctor at the center of medical science increases the responsibility given to the doctor. The patient, compliant to his cultural structure, may consider the doctor responsible for the insufficiency (although the doctor does not deserve) when his expectations are not fulfilled. The insufficiencies in fulfillment of the patient expectations vary according to location, time and place. It is observed mostly in emergency service just like our example event.

Conclusion:

Violence to the healthcare providers due to limited availability in working environment unfortunately is the most important problem faced by the doctors. In context of medical ethics education, the solution is considered to be possible by examination of doctor-patient relation, cultural structure of community and legal courses with a different point of view and raising awareness.

OP – 37 NARRATIVE APPROACH OF ETHICS EDUCATION TO NURSING STUDENTS: ONE TRIAL IN JAPAN

TOSHITAKA ADACHI

KAMEDA COLLEGE OF HEALTH SCIENCES

Background&Aims:

Narrative-based approach has been developed as one of established teaching methods in bioethics education. Professor Ann Hudson Jones says that ‘narrative’ has come to be seen as significant to bioethics in the following three ways: first, as case examples for the teaching of principle-based approach to bioethics; second, as moral guides to living a good life, not just in the practice of medicine but also all aspects of life; and third, as witness that medical practices and ethical precepts must be reexamined (1999).

Literature, such as novels, composed of 'narratives,' has always been an important part of ethical discourse, and the discourse of bioethics has no exception. The study of literature for healthcare professionals and students means reading carefully each figure of the work, especially those who have been in difficult conditions, from ethical viewpoints. In addition, the study of literature requires healthcare professionals and students to reflect and reexamine one's everyday practices, and recognize one's moral values on particular matters, such as a matter of death. In this sense, studying literature could be considered as the second and third ways of bioethics education. The aim of this study is to present a narrative or literature based approach to teaching bioethics for nursing students at a Japanese College and based on that teaching experience to make suggestions for this approach.

Methods:

At the Department of Nursing, Kameda College of Health Sciences, a course named "medical humanities or literature and medicine" has been provided for the first-year nursing students since 2012. This course has 8 lessons and is divided in two parts. The first one is to discuss moral and/or social issues regarding professional behaviors to patients on the basis of reading assignments of fictional or non-fictional novels. The second is to reflect their views of life and death through watching movies. Before and after the course, the author has conducted a survey to nursing students.

Results:

Descriptions by students in the survey show that students come to recognize how patients are in difficult situations, and how students behave toward patients in a humanistic and professional ways. In the survey of evaluation on one's views on life and death, their views have been weaved and changed.

Conclusion:

This narrative or literature approach to teaching ethics was an effective method for nursing students to enhance their ethical sensitivity to the sick and to think a matter of death in deeper sense.

OP – 38 TURKISH NURSING STUDENTS' ATTITUDES TOWARDS ABORTION

MURAT AKSU¹, ILHAN CETIN²

¹ *IZMIR UNIVERSITY SCHOOL OF MEDICINE, DEPARTMENT OF THE HISTORY OF MEDICINE AND MEDICAL ETHICS*

² *CUMHURİYET UNIVERSITY SCHOOL OF MEDICINE, DEPARTMENT OF PUBLIC HEALTH*

Background&Aims:

Abortion is one of the most common procedures performed among women, as well as one of the oldest and controversial bioethical issues. In 1983, The Turkish abortion legislation gave the right to make a decision about abortion until at the end of the 10th week of pregnancy. Nowadays in Turkey, abortion legislation is under political and ethical debate because of governmental thesis. Debates have focused on same term as Islamic perception about abortion, "abortion right" and "women's body" without any knowledge related to abortion attitudes of population. In this study, we aim to evaluate university nursing students' attitudes on abortion and would like to present the data for debates from discipline of medical ethics.

Methods:

The study was a descriptive cross-sectional survey. The first- and final-year students in nursing program at the Cumhuriyet University were enrolled the study. Two questionnaires were used in survey. The first questionnaire was used to define the basic demographic characteristics of the participants, such as age, gender, and etcetera. The second questionnaire containing 30 items related to abortion and ethical arguments gave priority to ethical reasoning.

Results:

Of the 159 students who completed the survey, 56% supported the availability of legal abortion. Approximately half of respondents believed that abortion should not be considered as a method of birth control. 20% participants answered correctly a question related to Turkish Abortion Legislation. 68% of participants pointed out that the answer the question is related to abortion time relays on the "life" starting point in uterus. 67% of participants considered the abortion as killing of a live. About 28% participants stated that fetal anomalies are not recognized as justification for performing an abortion. With regard to maternal health and abortion, 84% of students pointed out that abortion was a feasible intervention if mothers' life was at risk. 61% of participants, "Quality of Life" for the members of the family, mainly the other children was not considered to be grounds for abortion. In approximately 50% of participant, unmarried pregnancy was not accepted as a reason for abortion. 93% of participants stated that women mental health was affected negatively after the intervention. Having many children was not accepted as an argument for abortion in 55% ratio by students. 75% of participants thought that chancing in traditional family affects the attitudes towards abortion. Regarding religious reasons are addressed "Religious grounds are a legitimate reason to oppose abortion" and this question answered by "yes" at a rate of 51%. In respect to abortion making process, 74% of participants stated that father's decision to have voice abortion should be indicated. Nearly all participants "Could abortion applicable without the permission of pregnant women" to the question at a rate of 96% "no" answer was given.

Conclusion:

Nursing students were neutral position like unmarried pregnancy, religious grounds. We think these findings indicated traditional approaches to abortion. On the other hand our results showed that vast majority of nursing students evaluated abortion from pro life arguments point of view.

OP – 39 THE EFFECT OF MORAL SENSITIVITY TRAINING ON STUDENTS NOTICING ETHICAL VIOLATIONS EXPERIENCED AT HOSPITALS

ZEHRA GÖÇMEN BAYKARA, SEVİL GÜLER DEMİR , ŞENGÜL YAMAN

GAZİ ÜNİVERSİTESİ

Background&Aims:

Rapid changes and developments experienced in the field of health and the increase of information load due to these requires nurses to make rapid and correct decisions regarding the lives and life quality of persons they serve. Thus, nurses encounter many ethical problems. Extensive ethical training is required in the professional nursing education process for students to be able to notice ethical problems, act with the awareness of professional ethical principles, and acquire moral sensitivity. This study was conducted as an intervention study for the purpose of evaluating the effect of moral sensitivity training on students of the 4th year of the department of nursing noticing ethical violations experienced in hospitals.

Methods:

Methods The universe of the study consisted of 87 students studying at the Gazi University Faculty of Health Sciences Department of Nursing and enrolled in the Nursing Professional Practices-II course in the spring semester of the 2012-2013 academic year. The study was conducted with a total of 50 students with 25 in each of the test and control groups. Data was collected through the data collection form developed by the researchers. The first section of the form consisted of 11 questions concerned with the sociodemographic characteristics of students and moral sensitivity, the second section consisted of the Moral Sensitivity Questionnaire (MSQ), and the third section consisted of the observation form on violation/protection of ethical principles in the clinical environment. The data was quantified on the computer with the SPSS for Windows 13.0 program and were evaluated utilizing figure, percentile calculation, Paired samples T test, Wilcoxon test, and McNemar tests.

Results:

In the study, the MSQ pretest total score averages of students in the test group were determined as 93.88 ± 13.57 and their post-test total score average was determined as 89.24 ± 15.90 . The MSQ pretest total score averages of students in the control group were determined as 91.48 ± 17.59 and their post-test total score average was determined as 97.72 ± 19.91 . In the evaluation conducted, it was determined that the post training moral sensitivity of test group students increased but, this was not statistically significant. Furthermore, it was determined that the observation on the violation/protection of ethical principles and correct exemplification amounts of students in the test group was higher than the control group and the difference was statistically significant.

Conclusion:

In conclusion, it is considered that continuing nursing ethics training in the clinic environment is relatively important in terms of nursing students acquiring moral sensitivity and noticing ethical violations.

OP – 40 TURKISH DENTAL AND NURSING STUDENTS ATTITUDES TOWARDS CONSCIENCE

FUNDA KADIOĞLU¹, SİBEL YALÇIN ÖNER², SELİM KADIOĞLU¹

¹ CUKUROVA UNIVERSITY FACULTY OF MEDICINE DEPARTMENT OF HISTORY OF MEDICINE AND MEDICAL ETHICS

² CUKUROVA UNIVERSITY ADANA HEALTH SCHOOL

Background&Aims:

Conscience can be defined as one's subjective ethical guidance system and difficult ethical situations may give rise to burdensome feelings of a troubled conscience. During clinical practice, health care students can be actively involved in challenging situations and they may experience conscientious feelings. Based on their research, some authors found that health care providers reported moral distress when they had to make difficult choices between following rules and following their conscience. Ethics education can provide a place to address and strengthen the response to moral distress. Based on these grounds, it is important to study and understand students' views on conscience, and therefore to add some courses to our ethics curriculum. Aim: The purpose of this study was to examine dental and nursing students' attitudes towards conscience.

Methods:

This descriptive study was carried out between April and May 2013 at Cukurova University Dental and Nursing Schools. A sample of 564 students completed a self reported questionnaire consisted of Likert-6 type 16 items concerning conscience, adapted from an original tool devised by Vera Dahlqvist et al (2007). Descriptive statistics were used for data analysis.

Results:

Of all 564 participants, 264 were dental and 300 were nursing students, and 61% were female and 39% were male. The students' mean age was 21.1 ± 1.9 with ranging between 17 and 32. Dental students were more likely to agree with the items of "our conscience can give us the wrong signals" and "our conscience expresses our social values". Nursing students were more likely to agree with the strong items "we cannot avoid the voice of conscience" and "when I follow my conscience, I develop as a human being", and there were statistically significant differences between the groups ($P < 0.001$). Both groups tended to disagree with the statement "I have to deaden my conscience in order to keep working in healthcare".

Conclusion:

According to the results of this study, although there are statistically significant differences between the dental and nursing students' views, it can be concluded that conscience is important for both professional groups.. Therefore, it can be suggest that restructuring of ethics education concerning conscience would be beneficial. Key words: Conscience, Troubled conscience, Ethics education, Nurses, Dentists.

Conclusion:

The paper showed that while nurses can exercise some professional latitude, the context of home care limits what may be competently achieved. It also highlights the lacuna in their ethics education. Hence, it articulates the need for continuous nursing education (CNE) programs with specific emphasis on improving nurses' knowledge of healthcare ethics.

OP – 41 WHICH TOPICS SHOULD INCLUDED IN NURSES CLINICAL ETHICS EDUCATION AND HOW IT SHOULD BE EDUCATED; RESULTS OF AN APPLICATION IN GULHANE MILITARY MEDICAL FACULTY EDUCATION AND RESEARCH HOSPITAL

MUHARREM UÇAR , ENGIN KURT , ERAY SERDAR YURDAKUL , MESUT ERSOY , FATİH NAMAL , GAMZE ÖZBEK

GULHANE MILITARY MEDICAL ACADEMY

Background&Aims:

Postgraduate education is important to sensitize and create awareness of ethical issues, faced by nurses in clinical practise.This education, must include the development of their talent to notice the ethical issues they encounter in their daily practice, explain conceptually and appropriate solutions to ethical principles can be applied successfully.Clinical practise as a result of the complexity of medical practice, development of technology and medical information, has also necessitates continuous supervision and control to be useful to patients, not to harm, so as not to undermine the autonomy of patient.Beyond this supervision and control of institutional arrangements, healthcare providers to be aware of each individuals responsibility to have an ethical consciousness can be possible with.Therefore, to impact basic ethical knowledge and ethical values to health care personnel, systematically and according to a certain methodology to develop a model of education is a necessity.

Methods:

We have developed an education model for Ethical dilemmas faced by nurses in clinical practice to provide detection of these conflicts, to improve the information about these ethical issues and to develop the skills to solve these problems. For this purpose, we determine the images in different films and television series, to be appropriate to the curriculum and compiled a 10-15 minute films.

Results:

Under the five-hour course in four different nursing groups consisting of 20 people were included in pilot training. At the beginning of each course participants were shown a short film and have initiated a debate on the subject. During this discussion has the relevant information attempted to introduce to the participants. In order to measure the effectiveness and efficiency of the application at the end of the course a questionnaire was administered to participants so education assessment has been carried.

Conclusion:

Clinical ethics education for nurses is considered to be significant, in terms of, adapting to the practice of ethical knowledge and gaining ethical skills. If an education that eliminate the gap between Ethical knowledge and use of that knowledge in clinical processes it would be possible for health personnel to realize the ethical problems, they encounter analyze and take action to resolve them.

OP – 42 ETHICS EDUCATION IN UNDERGRADUATE ENGINEERING CURRICULA

ÖZGEN, C

RESEARCH CENTER FOR APPLIED ETHICS/METU, ANKARA, TURKEY

In the 21st century the fast advancements in science and technology necessitates an awareness build-up for a standard ethical conduct in the society especially for professional engineers. This can only be achieved by education which must be given as early as possible in engineering curricula. Although, ethics education at university stage is somewhat late, it is still necessary to teach the procedures to be followed in different ethical problems. University students' ability to understand, to deal and to find solutions to different and complex ethical problems and dilemmas must be developed and improved. Thus, an awareness of ethical responsibilities associated with the engineering profession and an understanding of the impact of engineering applications and probable solutions of ethical problems must be established by ethics education. Through education, ethical sensitivity, knowledge of relevant standards of conduct must be increased and ethical judgment and ethical will-power (that is, a greater ability to act ethically when one wants to) must be improved.

Different models for engineering ethics education are: Education Across-the-Curriculum Model; Education Via Moral Development; Education by including codes of ethics and moral theories; Education through a design course where the problem-solving approach used in engineering design can be a useful paradigm for solving ethical problems. Also, a methodology which focuses on ethical issues in ordinary engineering problems without relying on formal moral theory and without sacrificing coverage of technical engineering material can be utilized. One of the most popular methods for teaching ethics is the case method. Lastly, education through a course named as, "Science, Technology and Society" where engineering ethics is integrated in, is used in some universities.

The Middle East Technical University-Ethics Education Committee's study on ethics education is a combination of many models. The ethics awareness education that covers all the staff is primarily recommended. In order to create awareness for the students, the topics that must be covered in different courses or in similar activities are evaluated to be; ethics in the life style of university, business ethics, work ethics, environmental ethics, research ethics, publication ethics, business ethics, political ethics, media ethics, society life's' ethics and internet ethics. The procedures and tools that can be utilized in order to cover these topics are:

- "An University Honor Code" must be established,
- Considering many possible methods for ethics education, one that starts from freshman and which is integrated in different courses through the curriculum, and which lasts with case studies in a capstone senior level course, is the one which is recommended.
- In the undergraduate English courses, at least two essays per course must be allocated for subjects concerning ethics.
- Academic Writing Center must prepare essays to inform faculty and students about publication ethics and especially about plagiarism.

Education can be done best, with integration throughout the curriculum in 4 years, starting from freshman. Subjects can be delivered either in a special course designed with case studies or, in different courses like; English language courses, introduction courses in freshman level, in social science elective courses in the junior and sophomore levels, project or product design courses and in independent seminar series in the senior class. Ethics education can be included also in other activities such as: orientation programs for beginners Internet and University TV platforms with cases and discussions programs, advisory systems for students, Students Clubs, Academic Writing Centers, Conversation Clubs and 'Reading Books' of Modern Languages, seminars organized by the Ethics Center.

Whatever procedure or mechanism is chosen, total allocated time is recommended to be either minimum 14 course hours (1 credit course equivalent) or maximum 28 course hours (2 credit course equivalent) in engineering curricula designed with ABET 2000.

OP – 43 PREPARING FOR ETHICAL JUDGMENT AT THE SCHOOL OF ENGINEERING AND SCIENCE AT AALBORG UNIVERSITY: THE CASE OF TECHNO-ANTHROPOLOGY

TOM BØRSEN

AALBORG UNIVERSITY

Background&Aims:

In September 2011 the first students enrolled at Aalborg University's new bachelor program in Techno-Anthropology (TAN), and a Master's program in TAN began in September 2012.

Methods:

The TAN programs are interdisciplinary as they couple technological understanding with anthropological and ethical analysis. Hence, photos of a bridge are often used to illustrate TAN's central idea: bridging humans and technologies. The title, Techno-Anthropology, reflects this idea: "Techno" refers to technology, and "anthropology" can be defined as the science of humankind, i.e. an intellectual activity that "tries to achieve an understanding of culture, society and humanity through detailed studies of local life, supplemented by comparison. The words "techno" and "anthropology" are combined in techno-anthropology by a hyphen to underscore the bridge-building metaphor. Ethics enters techno-anthropology from both sides. Values, normative orientations and power-relations entangle technology. Humans develop, design, and use technology, and in doing so they are explicitly guided by or tacitly influenced by values and normative positions. Ethical reflections and judgments critically discuss and justify or reject those normative aspects of technological development, design and use. Anthropology extracts general insight regarding humankind from a number of particular studies of human practices. Anthropology illuminates how technology influences humans as well humankind, and such studies qualify ethical assessments of technology. Hence, techno-anthropological ethics identifies, reflects on and evaluates normative aspects of the human–technology interface and use technological and anthropological research results as input, as it draws in to analyses both human influences on technology and technological impacts on humans and humankind in its ethical assessments.

Results:

This paper portrays the design of the ethics teaching at the TAN BSc study-program (University of Aalborg, Denmark). It first presents the overall idea behind the ethics teaching at TAN by showing and exemplifying how ethical judgment transfers into social responsibility competences. In the second part of the paper the introductory course in techno-anthropological ethics is presented, and an ethical analytical model to support the development social responsibility competences is set up. In the third part of the paper the analytical model is applied on two cases (yet to be decided).

Conclusion:

The paper proposes that the undertaken approach to techno-science and engineering ethics education can be transferred to other educational programs in science, engineering and technology.

OP – 44 AN EDUCATIONAL INTERVENTION FOR PREVENTING PROBLEMS RELATED PHYSICIAN-HEALTHCARE INDUSTRY RELATIONSHIPS

M. MURAT CIVANER

ULUDAG UNIVERSITY SCHOOL OF MEDICINE

Background&Aims:

Healthcare industry covers a variety of companies which produce goods and services including pharmaceuticals, devices for medical imaging and biological analysis. The market of the medicinal products and services is already one of the largest in the world, and its size increases every year. As they face with worldwide competition and economic volatility, marketing becomes particularly important for the companies operating in healthcare industry, and they spend more on promotional expenses than research&development. On the other hand, the sale strategies of the companies, especially pharmaceutical industry's, are problematic in many ways: it is shown that it may erode professional values and demean the profession, lead to irrational prescribing, and unnecessarily increase the costs. In addition, marketing may negatively influence the public trust in medical institutions and healthcare professions. Additionally, lack of resources for continuous medical education and knowledge besides promotional material, physicians' belief that they are invulnerable to marketing methods, and infrastructural problems that create opportunities to establish gift-relations make the problem harder to deal with. According to a review investigated the effectiveness of interventions for preventing/decreasing the problems related marketing activities, industry's own regulations, supervision of journal editors, guidelines for advertising and sales representatives, and post-marketing regulations are ineffective. The only effective methods are official regulations implemented by governments, researching and disclosing deceptive marketing methods, and educating healthcare workers about marketing methods. Considering the importance of the problem and the scientific knowledge mentioned above, a special course was developed in 2011 and implemented in Uludag University School of Medicine, Bursa, Turkey. The aim of the course is helping students to acquire knowledge and skills necessary for coping with the biased and influential effects of marketing methods.

Methods:

The course is a 14-hours elective, and it was located in the curriculum as a half term for the second year medical students. Lectures are focused on the types of relationships, the nature of a company as an entity, marketing, marketing methods and their effects on clinical decisions, coping with those effects, rational prescribing, validity of the arguments for and against regarding physician-healthcare industry relationships, and related regulations. Classical lectures and also interactive educational techniques, such as small group sessions, critical appraisal of related news and promotional materials, trying to realise the marketing techniques in the movies are the methods used. The lectures on marketing techniques and their effects are given by a professional from a company specialized on the issue.

Results:

According to the results of pretest-posttest measurement done in the first two years of the education, students significantly change their opinions on the justifiability of the arguments and disapprove many types of relationships.

Conclusion:

Developing educational interventions might be effective in order to guide future physicians to cope with the biased effects of marketing methods and to lead them for rational prescribing.

OP – 45 RIGHT TO MENTAL HEALTH AS NATURAL HUMAN RIGHT

VUGAR MAMMADOV, AYTAN MUSTAFAYEVA

INSTITUTE ON HUMAN RIGHTS OF AZERBAIJAN NATIONAL ACADEMY OF SCIENCES, BAKU, AZERBAIJAN

In order to define right to mental health, above all, a person, who is a subject of legal relations linked to the definition of mental health, should be seen as non-property well-being. By the mental health concept the psychical condition of a human body, which is being characterized as a sum of aims, quality and functional abilities allowing a person to get adapted to the surrounding environment, is to be understood.

There is no provision in the legal documents of the Republic of Azerbaijan granting a person right to mental health. The national legislative just mentions right to receive psychiatric assistance, which is totally different from right to mental health. Therefore, the question shouldn't be reduced to narrower right considering just psychiatric assistance. Instead of it, right to mental health, which is wider subjective right including both negative and positive competences, has to be brought to the center of the discussions.

The increasing numbers during the last decades in registered psychiatric disorders, personality disorders and applications submitted by the citizens for rendering psychiatric assistance shows, that the state policy of protecting people's mental health is not directed to preserving and strengthening mental health of its population, but indeed to the medical assistance rendered throughout the illness.

The activities carried out by the Republic of Azerbaijan are in whole accordance with the primary aims and tasks of the Health Action Plan for Europe. Nevertheless, its functioning scale is restricted by the isolative attempts and lack of the sufficient budget. The state theoretically is unable to cope with the mental health problems without the efforts of the society. The way that leads to mental health, indisputably, is through the rule of law, and civil society.

OP – 46 ETHICAL ASSESSMENT OF PERSONALITY DEVELOPMENT

SIBEL PEKSOY

YILDIRIM BEYAZIT ÜNİVERSİTESİ

Background&Aims:

Philosophy, beliefs and assumptions are taken as critical. Philosophy is divided into two sections as required: Knowledge philosophy and practice philosophy. Ethics is a field of practice philosophy, which examines health care applications. Ethic includes in studies associated with social norms and practices as philosophical perception. In this context, humankind who lives a social environment and has got values and beliefs of a particular style can experience ethical dilemmas with decision-making process in health practices. One of the dilemmas also constitute of questions when human life begins and when a human is considered to be the person.

Methods:

This article is prepared as review

Results:

Discussed situations for personality and beginning of life is to be grouped as fertilization, implantation, heart rate, the ability to earn a living outside the uterus, birth and postnatal period. There are different perspectives and approaches on the beginning of personality. These approaches are generally divided into two sections; 1) Embryo is admitted as an individual from fertilization, 2) Fetus is not to admitted as an individual until birth. Besides this approach even further newborns are not treated as fully autonomous individuals are a different approach. Another issue discussed at the point of as an individual to accept or reject the fetus conflicts in the rights of the fetus and the mother. In this context fetus is faced with a violation of the right to life, the mother's own body on the free and autonomous decision-making as an individual can come to the fore. When the woman's body interventions in the context of women's reproductive and sexual rights are human rights violation suffered, personality rights may be damaged.

Conclusion:

As a result, discussions on which the formation of personality can leave ethical dilemmas people living in the word of values. Different perspectives and approaches to ethical decision-making can not be merged at a single point. Key words: Beginning of life, personality, human rights.

OP – 47 BIOETHICS AND PHARMACY

A. A. BANDALIYEVA

INSTITUTE ON HUMAN RIGHTS NATIONAL ACADEMY OF SCIENCES OF AZERBAIJAN DEPARTMENT OF BIOETHICS AND MEDICAL LAW

Healthcare system in Azerbaijan has been going thru a lot of changes for last decades. Pharmaceutical part of healthcare system was reformed as well. The Department of Pharmacy and Medical Equipment of the Ministry of Health of the Republic of Azerbaijan is responsible for working out policy and strategy concerning the abovementioned sector and, correspondingly, for its implementation. The State Scientific Centre of Pharmaceutical Expertise and Certification of Pharmaceutical Products, Medical and Healthcare Facilities, Diet Therapy Foodstuffs and Cosmetics attached to the Ministry of Health of the Republic of Azerbaijan deals with issues of accreditation and licensing pharmaceutical activities, quality control and licensing of medical products.

Practicing pharmacists (community and hospital) are continuously exposed to bioethical concerns in their day to day practice. Therefore, the application of ethics to the field of pharmacy is the need of time.

If not the assistance of pharmacist, customer (visitor of a drugstore) medicates himself, will certainly bypass the safety net performed by licensed health professionals and thus, sacrificing safeguards of direct professional supervision. It loses an opportunity for a correct diagnosis or the identification of a contraindication to the drug. Hence force, the problem is that all acceptable drugs, being used by a customer medicating himself (person who “medicates himself” (MH) visitor of a drugstore), should be safe, effective, affordable and meet real medical indications. Thereby, pharmacist is an actual “the last barrier” to the adverse and even dangerous effects of medications and, hence, druggist is a genuine “gatekeeper” of man’s wellbeing and health (as concerns the rational pharmacotherapy).

This judgment deeply accords with our own convictions on the matter. This is a severe problem in contemporary Azerbaijan. The evidence is that the large part of medications is available at present in Azerbaijan for free purchasing and thus, de facto, it considerably magnifies the range of ‘over-the-counter drugs’ and extends the seriousness of the problem. Therefore, the notion (and role) of pharmacist-“gatekeeper” takes on a real actuality for our country and calls for a special bioethical exploration.

OP – 48 CONFLICT OF INTEREST IN PERFORMING CLINICAL TRIALS

DAMIN ASADOV, TIMUR ARIPOV

TASHKENT INSTITUTE OF POSTGRADUARE MEDICAL EDUCATION, UZBEKISTAN

Introduction

Performing controlled trials to evaluate clinical effectiveness of drugs requires great finances, the resources, that study group may not have by the start of the trial. In this case, the manufacturer of drug or its agent often becomes sponsor of the study and not only provides financial support but also becomes “responsible for good managing and control” of the study. This concept along with formal instructions for organizing clinical trials is provided in Uzbekistan MoH’s decree. According to the view of Helsinki Declaration, researchers have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness and accuracy of their reports. Moreover, the protocol of study should include the information regarding potential conflicts of interest

Methods

The purpose of study has been evaluating the degree of potential conflicts of interest in the researcher when he/she performs clinical trials according to “Instructions for performing clinical trials of drugs and evaluating materials of studies” (Tashkent, 2001)

The degree of potential conflict of interests in the researcher has been identified by the tool/test, suggested by Organisation for Economic Cooperation and Development. According to tool’s concept “a conflict of interest involves a conflict between the public duty and the private interest of a public official, in which the official’s private-capacity interest could improperly influence the performance of their official duties and responsibilities”. In country definition, the researcher is a specialist who performs clinical trial of drug in hospital facility (clinical base). The responsibilities of researcher are listed in the section five of MoH’s “Instructions” making him a person who informs about cases of serious side effects and low effectiveness of drug used in study.

Results

This study has not evaluated the potential conflict of interests in definite person with public duties. However, results of the study demonstrate that practice of clinical trials creates “good” reasons for different degree conflict of interests. The possibility of conflict in researcher has varied from “potential” to “unacceptable” degree. In the framework of tool, the threshold for grading the possibility was the presence of job relevant private interest and its quantitative and qualitative issues.

Discussion

The negative effect of conflict is caused by violation of duties of researchers as an arbiter of drug use effectiveness. This effect can result in the loss of the trust to the clinical trials conclusions performed in country. Making sponsors closer to research process and opening all data of trial for them before publishing gives no chance for researchers to realize their public and ethical duties properly. Existence of conflict is not ethical problem but problem of ethics is investigating and implementing measures to resolve such conflicts. Realizing private interest by clinical trial misconduct can be minimized through the strong ethical and study design control in the time of evaluating protocols and publishing in national journals. National practice of conflicts management should consider providing transparency and orient researchers and public officials, who control the trials, to look for “fine” areas and decisions that may be taken as a result of the conflict.

OP – 49 BIOETHICAL DEMAND FOR THERAPEUTIC DRUG MONITORING

ABDUL HALIM SAWAS

NATIONAL GUARD HEALTH AFFAIRS

Background&Aims:

Therapeutic drug monitoring (TDM) is commonly used to help physicians monitor and maintain drug levels within the therapeutic window. The therapeutic window is the concentration range in which a drug exerts its clinical effect with minimal adverse effects for most patients. Levels of certain prescription medications in the bloodstream can be a serious health concern for patients and healthcare professionals alike. By testing levels of medications in a patient’s bloodstream, physicians can monitor and adjust the prescribed dosage to help ensure a drug’s safety and efficacy.

Methods:

Multiple technical laboratory methodology can be applied such as enzyme immunoassay, Radioimmunoassay, HPLC/MS and GC/MS. The most common assay applied for highly clinical implemented drugs is enzyme immunoassay while new evolved drugs would require HPLC/MS or GC/MS. Software would be used for dosage prediction and drug therapy individualization.

Results:

Both pharmacokinetic principles, and pharmacodynamic of drug are equally important for efficacy. Optimization and dosage individualization accomplish primarily minimizing the probability of drug toxicity. Presently therapeutic drug monitoring is applied for common narrow therapeutic window drugs, but its use for anticancer and other bioethical hazardous drugs has been limited. Recent evidence indicates that certain pharmacokinetic parameters, including trough levels, are correlated with clinical outcomes for many recent anticancer agents. Yet therapeutic drug monitoring can avoid fatal toxicity and adverse effects of anticancer drugs. Similarly antifungal and antiviral drugs as well as other drugs have strong toxicity and efficacy relationship. Clinical trials and human research in general should be encouraged bioethical to monitor and determine the steady state trough measurement of target agent for clinical care of patient and to minimize adverse effects. Principle, importance, and clinical application of therapeutic drug monitoring and both dosage adjustment and prediction would be presented.

Conclusion:

In conclusion therapeutic drug monitoring applications are bioethical required for patient safety and drug efficacy. Regulation must be enforced to ensure patient safety and drug efficacy in clinical patient managements. Furthermore, medical and pharmacy education ought to be oriented to acquaint student with this clinical application for patient safety and efficacy of clinical care.

OP – 50 ARE MEDICAL ETHICS EXAM QUESTIONS INSTRUCTIVE?

NİL SARI¹, GAMZE NESİPOĞLU¹

¹CERRAHPAŞA MEDICAL FACULTY DEPARTMENT OF MEDICAL HISTORY AND ETHICS

²CERRAHPAŞA MEDICAL FACULTY DEPARTMENT OF MEDICAL HISTORY AND ETHICS

Background&Aims:

Curriculums, classes and teaching hours of medical ethics courses in medical schools are always a matter of great concern for teachers. Usually exams are not considered as an instructive tool, although it assesses the result of training. However, the subjects of instruction mainly stored in our memories are those that have appeared in exams.

Methods:

In this work we studied exam papers of medical ethics courses given in a medical school between 2000 and 2010. In accordance with data available several issues are discussed. Is medical ethics courses of 10-12 hours in one semester sufficient? Which questions can be expected to be instructive in which aspects- by virtue of examples? What do we mean by 'proper' questions?

Results:

Exam questions indicate whether courses of medical ethics in medical schools overlap with the aims of medical ethics education or not. Efficacy of questions is significant in revealing knowledge acquired. Trainer's skill in preparing questions, e.g. whether questions are comprehensible and purposeful or not, can be followed from examination papers. The incidence of medical ethics courses' exams as a reflection of comprehension and awareness of ethical issues and skill of analysis and synthesis in resolving ethical dilemmas is discussed.

Conclusion:

Within the framework of research data we evaluate exam questions as an instructive tool; discuss questioning techniques in relation with subjects of instruction; and inquire how ethical matters can be turned into exam questions. Key words: medical school, medical ethics training, medical ethics exam, ethics awareness, ethical decision-making.

OP – 51 ETHICAL ASPECTS OF CLINICAL TRIALS OF DRUGS WITH CHILDREN IN KAZAKHSTAN

KUZDENBAEVA R.S., ERALIEVA B. A.

PHARMACEUTICAL COMPANY, PAVLODAR, KAZAKHSTAN

Background&Aims:

Currently the acute problem of biomedical research involving children as subjects. Pediatricians most often used drugs that have passed clinical trials adults. But the lack of scientific clinical studies involving children puts them at greater risk of treatment with medicines, studied only in the older age groups.

In recent years, an increasing number of studies involving children, conducted in accordance with the principles of GCP in many countries. In England, the great experience of clinical trials involving children with leukemia, which is very important for this category of rational pharmacotherapy of critically ill patients. Currently in the Kazakhstan registered more than 7,000 drugs, but very few of them drugs having evidence base their safety and efficacy in children and very little dosage forms designed specifically for children. In **children** usually adult dose is recalculated on the age, weight or body surface, great importance is the size and form of the drug. Young children cannot swallow large tablets, which can lead to serious complications. Currently in the Kazakhstan registered more than 7,000 drugs, but very few of them drugs having evidence base their safety and efficacy in children and very little dosage forms designed specifically for children.

Code of the Republic of Kazakhstan "On people's health and the health care system" provided the conduct of clinical trials involving children. In this regard, a wide variety debated ethical, psychological aspects of biomedical research.

Involving children. Bioethics in Kazakhstan became an academic discipline. Its foundations are taught mainly in the medical faculties of universities.

OP – 52 HISTORICAL AND MENTAL FOUNDATION OF GLOBAL BIOETHICS

MUKHAMEDOVA ZAMIRA

TASHKENT MEDICAL ACADEMY, UZBEKISTAN

Background&Aims:

To show, that global bioethics has historical and spiritual foundation, which is connected to ancient sources, such as Ayuverda, Avesta, Hippocratic Oath and with the name of Avicenna in Muslim Resurrection.

Methods:

Historic-philosophical method, which is based on the principle of comparative analyse of philosophic-ethical conceptions and which allows to structure basic approaches to bioethic problems. We must be grateful to those global professional, scientific, social-economic and political process, in the “core” of which bioethic was born in its modern definition. Sincretism of oriental tradition of philosophy made it possible to appear the word, which has no analog in european culture - “adab”, the studies about proper behavior of a well-brought person - “adabnoma”. It comprises general education, moral values and behaviour rules, which simply can be determined as breeding, formation of a perfect decent person in the East - “komil inson”. The fundamental methodological sources of uzbek model of bioethics are: Middle Asian code of behavior “Kobusnoma” by Kaikovus, treatise “About ethics” by Ibn Sino, “Four talks” by Aruzi Samarcandi, “Code of decency in the East” by Sadic Kashgari and many others. Inspired by antique legacy of Hippocrat in the field of medical ethics and Al-Ruhavi, Ar-Rozi, Ibn-Sino, Maimonid created an open system of moral values Adab al-Tabib. Ibn Sino elaborated classically integral method, which includes the essence of ethics in science, medicine, relation with a patient. Unlike european neohippocratizm the system of values Adab al Tabib is flexible and multifunctional. It can adjust ancient knowledge with bioethics of XXI century. In the “Canon of medical scholarship” for the first time human being becomes the subject of not only anatomic and physiological examination, but is regarded as a personality. “Canon of medical scholarship”, “Treatise about ethics” - Ibn Sino “Adab al Tabib” - practical ethics by doctor Al-Ruhavi, “Spiritual medicine” - Ar-Razi” are classical examples of medicine ethics, historical and spiritual bases not only uzbek model of bioethics, but also global bioethics.

Results:

In educational practices it is important to pay attention to the order and circumstances of repeated “reincarnation” of bioethics in the history of development of world science, culture and healthcare

Conclusion:

historic and spiritual foundation of uzbek model of bioethics is shown in the context of global bioethics.

OP – 53 THE OPINION OF THE ACADEMIC MEMBERS IN ANKARA UNIVERSITY FACULTY OF PHARMACY ABOUT PHARMACY ETHICS EDUCATION

GİZEM AYKAÇ, MEHMET BARLAS UZUN , GULBİN ÖZÇELİKAY

ANKARA UNIVERSITY

Background&Aims:

The importance of ethical behavior in professional life is getting greater day by day. The person aiming to be perfect in working life should intend to act ethical. Pharmacy practice is gotten too little intention besides other health services by ethic professionals. Biomedical ethics is maybe the biggest section of modern ethics, for example; the article collection about Beauchamp and Childress’s Basic Principles of Biomedical Ethics, The Ethical Principles of Modern Medicine and Health, Medical Ethic Problem is quite extensive. However, the studies about pharmacy ethics are not so much. Not to be cared about the pharmacy ethics education in the whole pharmacy education and not to be given some thought to that issue by trade bodies can be counted between the reasons of this. The course of pharmacy ethics should be in curriculum. It is believed that it is important to talk about pharmacy ethics in the other courses by the other academic members in pharmacy faculties to create awareness. With reference to that hypothesis, the opinions of academic members about pharmacy ethics education will be researched and discussed in that study. In addition discussing the ethical issues in their courses or not will be expressed.

Methods:

For that purpose, a questionnaire for the academic staff in Ankara University Faculty of Pharmacy was prepared and ethical committee approval was taken for that study. This questionnaire is the material of that study. Participation of that questionnaire was provided by voluntariness.

Results:

As a result, 20% of the participants was remarked that they are working as an academician for 20 years. All of the academic staff that was participated to study expressed the importance of pharmacy ethics education in pharmacy education. 97% of them was reported that ethics education should be given to students certainly. 98.5% of the academic staff was indicated that they are mentioning about ethical issues in their courses.

Conclusion:

The academic staff of Ankara University Faculty of Pharmacy is giving importance to pharmacy ethics education.

OP – 54 AN EVALUATION OF ETHICS EDUCATION CURRICULA OFFERED TO UNDERGRADUATE HEALTH SCIENCE STUDENTS AT A SOUTH AFRICAN UNIVERSITY

TANYA COETZEE¹, İBRAAM HOFFMANN¹, MALCOLM DE ROUBAIX²

¹ TSHWANE UNIVERSITY OF TECHNOLOGY

² STELLENBOSCH UNIVERSITY

Background&Aims:

The National Health Act in South Africa (NHA, Act 61 of 2003) mandates the establishment of research ethics committees in all tertiary institutions where health research is conducted. The primary function of these research ethics committees is to protect the human rights, freedom and interests of participants; in particular to minimise risk and potential harm. The research reported in this presentation originated from a critical question raised within a Faculty Higher Degrees Committee at a South African university regarding formal ethics education and ethics review for undergraduate research projects; specifically small-scale fourth-year level projects in health science fields (e.g. sport sciences, biomedical sciences, nursing sciences, environmental health sciences and pharmaceutical sciences). Aim: The first aim of the project was to evaluate the content of research ethics education curricula in health science undergraduate programmes in a South African university. The second aim was to assess the research methodology subject coordinators' level of understanding of the importance of ethics review for undergraduate projects.

Methods:

A qualitative document analysis was used to investigate the content of research ethics education curricula. It involved the content review of formal program syllabi and study guides by means of a rubric developed by the primary investigator. Qualitative semi-structured interviews were used to probe six research methodology subject coordinators' level of understanding of the importance of ethics review for undergraduate research.

Results:

Eight different research methodology subjects are offered in the fifteen degree programmes available to health sciences students in the Faculty. Only four degree programmes require a full proposal accompanied by an informed consent document; the rest require only a full proposal and project as outcome. The semi-structured interviews revealed a need to introduce research ethics at an earlier stage during degree programmes since the time frame in the fourth year does not allow sufficient time for most students to successfully complete the research project requirements. Furthermore, vaguely described and poorly formulated research ethics topics in syllabi and study guides make it extremely difficult for lecturers to develop well-structured and informative lecture notes to meet the qualification-specific needs of undergraduate students.

Conclusion:

A lack of in-depth understanding of the importance of research ethics on undergraduate level due to time frame restrictions and inadequate training were identified.

OP – 55 THE IMPORTANCE OF HISTORICAL FIGURES IN MEDICAL EDUCATION

FATIH NAMAL, ERAY SERDAR YURDAKUL

GÜLHANE MILITARY MEDICAL ACADEMY

Background&Aims:

Examining the subject :The advancement of the technical side of medicine suppressed the art side

Methods:

review study

Results:

Education, is defined as the art of using knowledge in the light of the principles of modern pedagogy. The purpose of medical education is to educate physicians who knows diagnosis and treatment techniques, responsive to all the needs of human existence, dedicated himself to protection of human health and treatment of the disease. Also a purpose of medical education with no doubt is to provide medical role of the physician and physician's identity. In medical education, it is emerging in the research that the most effective method for acquiring the role of physicians is "modeling" .

Conclusion:

Dedication of the person to a profession and to work with devotion, depends on acquiring lofty goals within the profession. One way of this purpose examining people's lives who has been of great benefit to humanity in that profession and to obtain them rolmodel.

OP – 56 ETHICAL CHALLENGES ENCOUNTERED BY SOCIAL WORK STUDENTS IN MENTAL HEALTH SETTINGS

NADA ELTAIBA

Background&Aims:

Social work programs are required to design curricula which incorporate knowledge, skills and values important for social work practice. Educators should also ensure that students undertake their placement and their supervisors are aware of the challenges, and the boundaries related to ethical behavior. There is an emphasis to understand ethical issues when interacting with clients especially in sensitive area such as mental health. Students may encounter ethical dilemmas associated with confidentiality, privacy, conflict of interest, relationship boundaries, self-determinations, involuntary clients, assessment, and interventions. One of the common ethical concerns is the maintaining of cultural competency. The aim of the study was to gain an understanding of the challenges related to ethics when working with individuals with mental health problems within Islamic communities

Methods:

The paper is based on results of Qualitative study/ pilot study which applied semi- structured interviews to explore the views of Social Work students and supervisors at a mental health hospital in Qatar in relation to these challenges.

Results:

The paper will summarize the findings which related to these ethical challenges related to organizational, cultural, and professional aspects.

Conclusion:

The outcomes will assist in informing social work curricula.

OP – 57 PROFESSIONAL ETHICS EDUCATION 2.0

DR.M VAN DEN HOVEN

UTRECHT UNIVERSITY

The field of professional ethics education is changing rapidly. Was professional ethics traditionally understood as teaching the code of ethics, do's and don'ts within certain professions, we see that in many professions the individual working professional is replaced by a team-worker, that monodisciplinary work is replaced by multidisciplinary and cross-organisational cooperation. Reflection on professionalism, and the core values and norms within one's profession become more urgent in such changing circumstances. For example, with whom are you allowed to share information on clients and patients? Within professionalism literature, there is widespread agreement that a reflective attitude is of utmost importance to be considered a 'good professional'. To what extent this reflective attitude also addresses reflection on moral issues, core values of one's profession is less explored. What is also still hardly discussed is to what extent the interprofessional character of current practice differently shapes responsibilities, legitimate expectations, norms and values. In this presentation I want to address how professional ethics education should change their views and focus in order to meet the needs of professional practices more. I will particularly discuss the fields of health care and youth care to illustrate the need for new developments in professional ethics education. Thus, how can we develop towards professional ethics education 2.0?

OP – 58 RETHINKING THE INTEGRATION OF ETHICS ACROSS THE UNDERGRADUATE CURRICULUM

AIMEE ZELLERS

CARLOW UNIVERSITY

Background&Aims:

Background: According to reports released by the AAC&U, ethical reasoning ranks among the top desired attributes employers seek in future employees. However, KPMG's 2013 Integrity Survey showed instances of workplace misconduct are still high; 73% of those surveyed witnessed workplace misconduct within the previous twelve months. At many universities in the USA, ethics education occurs within the context of a single course. Clearly, standalone ethics courses are not effectively facilitating mastery of ethical reasoning. When ethics is limited to a single course, there are several disadvantages including: limited exposure to ethics throughout the undergraduate experience; no clear link between ethics and the student's specific field of study; and, no opportunities for continued practice and mastery. Aim: The answer to improving ethics education is not to increase the number of ethics courses offered. Carlow University is integrating ethics across the curriculum through a combination of effective pedagogical techniques and digital learning tools, such as reusable learning objects (RLOs). This is a learner-centered, competency-based approach that allows students to move through material at their own pace, achieve specific learning outcomes or competencies, and continually practice ethical reasoning that is specific to their program of study. The digital learning tools are intentionally integrated throughout the curriculum, permitting increased cognitive capacities as students advance through course work.

Methods:

A literature review was conducted on the topics of effective pedagogy and digital tools in higher education. Additionally, a detailed description of Carlow University's framework to integrate ethics throughout the undergraduate curriculum (outlined above), as well as the analysis of an effectiveness survey completed by students who used RLOs, were utilized.

Results:

There has been a very positive faculty response to integrating ethics components into existing courses. Student responses, concerning both the ethics content and the overall digital experience are in the process of being collected and analyzed. RLOs have been integrated into nursing, psychology, and first year seminar courses, resulting approximately 125 students participating in RLOs and completing a survey at the end of the spring 2014 semester. Statistics regarding student perceptions of effectiveness will be available in May 2014.

Conclusion:

Integrating ethics throughout the curriculum should be intentional with a clear cognitive progression as students advance in their programs of study. This will allow students to continually develop and practice ethical reasoning skills to solve problems that arise in their personal and professional lives.

OP – 59 A CRITIQUE OF MEDICAL EDUCATION; `DOCTOR WHO IS SUCCESSFUL`

ERAY SERDAR YURDAKUL, FATIH NAMAL

GÜLHANE MILITARY MEDICAL ACADEMY

Background&Aims:

According to WHO " Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity ". Also Health care workers chose the medical profession as a server to human being and human health. This service is carried out with the acquired skills earned at the end of a long and intensive training process. If we look at the curriculum of modern medical education; basic medical sciences, clinical medicine, physiopathology and treatment of disease are rather than maintain the health. As a result of this medical students mainly directed around diseases and treatment of diseases.

Methods:

review study

Results:

The mission of medicine to the patient and disease is; to cure and alleviate diseases and injuries, eliminate or minimize pathology and become the closest approximation to the physiological state of the organism. However, in some cases disease process resulting in the death and death emerges as a result of physiological process.

Conclusion:

Physicians sometimes confuse about to be in favor of patients completely with normal physiological function. This approach can result for medical doctors working to treat an incurable disease or disability a is seen as a failure. Also death death of a physiological process is perceived as a failure. . However, a well managing an incurable illness and death process and also a death respectful to human dignity is undoubtedly a success.

OP – 60 PUSHING THE ETHICAL ENVELOPE THROUGH CLINICAL LEGAL EDUCATION: CHALLENGING THE TREATMENT OF MENTALLY INCOMPETENT INDIVIDUALS FACING DEPORTATION

FATMA E. MAROUF

UNIVERSITY OF NEVADA, LAS VEGAS

Background&Aims:

We will examine how law school clinics are important tools for teaching law students to examine challenging, interdisciplinary ethical issues, using a case study involving the representation of a mentally incompetent client facing deportation. In the United States and many other countries, law students are able to represent clients under the supervision of a professor who is a licensed attorney. This type of clinical legal education represents one of the most important ways that law students learn to grapple with real ethical problems and have the opportunity to challenge existing legal and ethical norms. Our case raised legal and ethical issues about whether mentally incompetent individuals should be subjected to deportation proceedings in the first place, as well as about how to provide effective legal representation to an incompetent client. The case also invited students to examine whether solitary confinement of someone who is mentally ill may constitute persecution or torture.

In addition, the case opened the door to exploring ethical issues around the poor quality of mental health care available in immigration detention facilities in the United States. These issues include whether mental health professional are able to abide by their own professional ethical norms in these environments, where treatment is often delayed or denied, there are significant staff shortages, medical supplies are inadequate, and translation services are limited. These concerns are amplified when the detainees are refugees who have experienced past trauma or persecution and urgently need medical and mental health care.

OP – 61 BIOETHICS AND LAW

FATIMA ALIYEVA

BAKU STATE UNIVERSITY, FACULTY OF LAW, DEPARTMENT OF INTERNATIONAL PRIVATE LAW AND EUROPEAN LAW

The emergence of bioethics is ultimately related to tremendous technological renovation of modern healthcare and remarkable innovations in the medical and clinical practice. The field of bioethics arose in the late 1960s and early 1970s as a research direction. The term “bioethics” was first introduced by V.R.Potter in 1970 and has rather wide meaning, encompassing many branches of science. First of all, it would be worth mentioning that although some try to liken bioethics to biomedical ethics and reduce its meaning down to simple ethic problems of “physician – patient” relations, the term “bioethics” has much wider meaning. It includes a range of axiological problems, certain social issues related to healthcare system and finally, issues of attitude of people toward animals and plants. Thereby, bioethics also encompasses ethical regulation of human – animal relations and other issues, traditionally linked to ecological ethics. Furthermore, notwithstanding its use in the therapy process, the term “bioethics” implies that this branch of science is directed toward investigation of living beings. The term of “ethics” at some times has been interpreted as morality and indeed as something different than ethics.

The word “ethics” is derived from the Greek word ethos (character).

The United Nation’s Universal Declaration of Human Rights, adopted on December 10 of 1949, the Nurnberg Code adopted on the basis of a Nurnberg Military Court resolution in 1947, WMA International Medical Ethics Code, adopted in 1949 in London – city, England and other like documents played important role in the establishing human rights.

Bioethics focuses mainly on the analysis of complicated issues arising out of certain complicated issues which represent create difficulties in adoption of ethical decisions. In itself, bioethics serves for interpretation of separately investigated and described duties and according to our reckoning, is very closely related to certain cultural traditions and in the first instance to the special importance of legal institutions of the society. The problems studied by bioethics are rather closely related to absolute valuableness of any life forms and biocentrist views, defending the rights of any of these forms whether such forms are animals or human embryo used in experiments or plants, even microorganisms. Besides defending the rights of various life forms, Biolaw claims certain rights for human beings too: the right of any human being to do with its body organs and tissues whatever he / she wants to do; the right to live in harmony with particolored bios and defend himself / herself against such ecological disasters as negative impact of UV light due to destruction of the ozone layer. Bioethics and politics collide often as they have different conceptual foundation. Protection of these foundations should be one of the most important duties of the rule-of-law states.

OP – 62 CORRUPTION CRIMES IN THE HEALTH SYSTEM: PRINCIPAL CONCEPTS AND TYPES

VUGAR MAMMADOV, VAFA MAMMADOVA

INSTITUTE ON HUMAN RIGHTS OF AZERBAIJANI NATIONAL ACADEMY OF SCIENCES, BAKU, AZERBAIJAN

One of the most acute problems of today, on solution of which depends the further development of the world community in the new century, is the problem of corruption. High probability of spread of corruption necessitates determines the definition of this concept.

According to the authors, the core of the concept of corruption should be the understanding of bribe of the person precisely as official, who has ability to use his power and service authority. In point of fact, it is official's trading of his authority, opportunity to carry out the functions given to him by post, according to the official position.

On the other hand, under the term «corruption crime» should be understood criminal socially dangerous act, directly infringes on the authority or legitimate interests of the government, municipality, state and public services lead to illegally obtaining a person who has the status of an official or employee of the state, the municipality or a person performing managerial functions in a commercial or any other organization in the corporate benefits, narrow corporate or personal interests, if there is a use of official, service status as an integral part of the mechanism of the crime.

Thereby, corruption crimes are socially dangerous acts prescribed by the Criminal Code, which directly infringing either on the authority of the public service lead to illegally obtaining social privileges and benefits (estates, rights to them, services) by state or municipal employees or on provided above mentioned persons with such privileges. However, the credibility of the public service may act as principal or additional mandatory direct object of a criminal assault or its optional object.

Currently, the development of corruption in most of the world has reached a high level. Corruption thrives in various spheres of human activity, destabilize established moral fabric of society, violates the principles of social justice and equality. In addition, it negatively affects the credibility of public authorities, obstructs economic development of the country and reduces the effectiveness of management in all spheres of life. Corruption has become one of the most obvious threats for the realization of important social projects in all sectors of society. Corruption is increasingly penetrating the health care system, and this fact is observed on a global scale. The principal types of corruption crimes in the health system will be presented and discussed in this study.

OP – 63 BIOTECHNOLOGY AREA AND POSTGRADUATE ETHICS COURSE: SHARING OF LIMITED EXPERIENCE

ÜLKÜCAN KAPLAN, AYŞE KURTOĞLU, BERNA ARDA, HAYRIYE ERBAŞ

ANKARA UNIVERSITY

Background&Aims:

The rapid developments in biotechnology area make their effects perceivable in daily life. On the other hand this area needs at least having awareness from ethical point of view. Therefore, the role of ethics education that will be given to those who are working and studying in the area of biotechnology is also gradually increasing. In this context, Ethics course, (with 112501 code and 303 credits), is one of the required courses, which has been given in spring terms at the Ankara University since 2003-2004 academic year. In this study, to evaluate the contribution of ethics course on careers of graduate students of biotechnology area is aimed.

Methods:

Some information about the registered students between 2003-2013; like age, gender, program of undergraduate degree, pass grade, academic standing, are compiled and presented by graphics. In addition, it is planned to make a detailed analysis about the course with the use of data obtained from the feedback forms prepared by the professors in charge.

Results:

In the light of these data, the experience of ethics education in the field of biotechnology will be evaluated and the possible aspects need to reevaluate will be emphasized.

Conclusion:

The result of this study will be concluded based on the data analysis.

OP – 64 EVALUATING THE AWARENESS OF MEDICAL STUDENTS ABOUT MEDICAL LAW AND ETHICS THROUGH THE NEW CAESAREAN LAW IN TURKEY: A BRIEF RESEARCH REPORT

E. ELIF VATANOGLU-LUTZ¹, GAZI YILDIRIM²

¹ YEDITEPE UNIVERSITY MEDICAL FACULTY MEDICAL HISTORY AND ETHICS DEPARTMENT

² YEDITEPE UNIVERSITY MEDICAL FACULTY GYNECOLOGY AND OBSTETRICS DEPARTMENT

The knowledge about the health law legislations and interdisciplinary approach between medical law and ethics has become more important for the healthcare personell. There is a new approach in some medical faculties to add medical law lectures to the curriculum. The aim of this study is to investigate the general approach towards medical law and the level of information among medical students by questioning the thoughts about the new caesarean law in Turkey which came into force on 4th of July, 2012, no. 2547. A self administered questionnaire research including 3 personal and 4 informative questions was applied to 56 students from the 4th phase and 88 students from the 6th phase of Yeditepe University Medical Faculty. Among the total of 144 students, 91 % of the students think that medical law lectures should be added to their current curriculum. 91 % of the students heard about the new Caesarean law. 47.2% of the respondents think that elective caesarean based on mother request can not be accepted ethically. 59.7 % of the respondents think that the new caesarean law no. 2547 is necessary and will be effective to decrease the high caesarean rates of Turkey.

There is a general consensus among the respondents that medical law lectures should be added to their curriculum. Despite some opposing views about the law no. 2547 stating that this law should be changed because it has a side of violating autonomy and right to choose of the patients, the views of the medical students of Yeditepe Medical Faculty are totally supporting this new legislation and they think that this law has a potential to be successful in decreasing the caesarean rates.

OP – 65 THE VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF THE HONOR SCALE

AHMET AKIN¹, ÜMRAN AKIN¹, ÜMIT SAHRANÇ¹, HAKAN SARIÇAM², SEMA CIVAN¹, ÇINAR KAYA¹

¹ SAKARYA UNIVERSITY

² DÜMLÜPINAR UNIVERSITY

Background&Aims:

The meaning of honor varies from culture to culture. In Western societies, honor is often defined as moral integrity, the esteem accorded to virtue or talent. In eastreen cultures, honor is an integral dimension which one's honorable deeds are looked on as a valued possession (Abu-Lughod, 1986). The aim of this research is to examine the validity and reliability of the Turkish version of the Honor Scale (Guerra et al., 2013).

Methods:

Participants were 212 university students. Firstly, the Honor Scale was translated into Turkish by four academicians. Secondly, the Turkish form was back-translated into English and examined the consistency between the Turkish and English forms. Thirdly, Turkish form has been reviewed by two academicians. Finally they discussed the Turkish form and along with some corrections this scale was prepared for validity and reliability analyses. In this study confirmatory factor analysis was executed to confirm the original scale's structure in Turkish culture. As reliability analysis internal consistency coefficients and the item-total correlations were examined. Data were analyzed by LISREL 8.54 and SPSS 13.0.

Results:

The results of confirmatory factor analysis indicated that the 16 items loaded on four factors and four-dimensional (Family honor, Social honor, Masculine honor, Feminine honor) model was well fit ($\chi^2=202.37$, $df=92$, $RMSEA= .075$, $CFI= .90$, $IFI= .90$, $SRMR= .088$). The Cronbach Alfa internal consistency reliability coefficients were .56, .72, .61, .79, for subscales, respectively and .83 for overall scale. The corrected item-total correlations of the Honor Scale ranged from .29 to .59.

Conclusion:

Overall findings demonstrated that this scale had high validity and reliability scores and that it may be used as a valid and reliable instrument in order to measure the positive thinking skills level of individuals. Nevertheless, further studies that will use Honor Scale are important for its measurement force.

OP – 66 TURMOB ETHICS TRAINING PROGRAM FOR CERTIFIED PUBLIC ACCOUNTANTS

ÇAĞNUR KAYTMAZ BALSARI ¹, SERDAR ÖZKAN ², SEÇİL VARAN ¹

¹ DOKUZ EYLÜL UNIVERSITY

² İZMİR UNIVERSITY OF ECONOMICS

Background&Aims:

The serious economic impact of financial scandals like Enron, Parmalat, Imarbank and Worldcom around the world led to concerns about ethical decision making for finance and accounting professions. The International Ethics Standards Board for Accountants (IESBA) emphasizes the importance of ethics education for accounting professionals and provides a framework for education. Academic studies also point out the importance of continuous ethics education in the decision making process of accountants and auditors. Consistent with the framework of IESBA, TURMOB, the Union of Chambers of Certified Public Accountants and Sworn-in Certified Public Accountants of Turkey has developed an ethics training program which aims to increase ethical awareness in accounting and stresses the importance of ethical reasoning for accounting professionals' judgments.

Methods:

In this study, the ethics training program of TURMOB will be discussed in detail. The stages of the ethics education will be contrasted with ethics education in other fields. Additionally, the authors will present a model for measuring the training effectiveness of TURMOB's ethics training program.

Results:

The findings of this study reveal the significant role of professional bodies in supporting and promoting ethics education to their members.

Conclusion:

The outcomes of this study will provide insight into how ethics education in different professions advances and provides an opportunity to compare and incorporate different educational methodologies for ethics education in different professions.

OP – 67 TRAINING OF THE MEMBERS OF THE COMMITTEE ON BIOETHICS OF THE MINISTRY OF HEALTH OF THE KYRGYZ REPUBLIC

JUMAGULOVA J.O., ZURDINOVA A.A., MUSURALIEVA G.T.

KYRGYZ STATE MEDICAL ACADEMY, BISHKEK, KYRGYZ REPUBLIC

Independence of the CIS countries against the background of globalization, stimulated the creation of the system of ethical review of biomedical research. For successful implementation of tasks in the field of Bioethics in the Kyrgyz Republic and highlighting issues of legal protection of man as an object of biomedical research, was created KB.

The commission on ethics of biomedical researches of the Kirghiz Republic has been approved by the order of Ministry of Health in 1998 under Department of Drug Provision and Medical Equipment.

After, in 2008 the Commission was transformed into the Committee on Bioethics under the Ministry of Health of Kyrgyz Republic. One of states of Committee is the indicating that the Chairman and members should receive the necessary education on the issues of protection of persons participating in research. According of aforesaid our members took several certified trainings in different countries.

The Committee on Bioethics of the Kyrgyz Republic with the support of the European Forum of GCP, held several events through 2007-2008:

1. The scientific-practical conference with international participation «Medical interventions and their ethical aspects of clinical research: current state and prospects of international cooperation»,
2. The training seminar: «Good clinical practice - ethical standard for the conduct of clinical trials». Trained representatives of the Ministry, heads of all research center moat, hospitals, medical practitioners, representatives of pharmaceutical companies and others.

The total number of participants is 110. Among them: representatives from Ministry of Health of the Kyrgyz Republic, the Heads of Medical centers and main hospitals, representatives of official presented pharmaceutical companies.

OP – 68 IMPLEMENTATION OF RESEARCH ETHICS REVIEWS AS THE PART OF BIOETHICAL EDUCATIONAL GOALS AND DEVELOPMENT OF PUBLIC HEALTH SYSTEMS

VUGAR MAMMADOV ¹, KERIM MUNIR ², LALA JAFAROVA ³

¹HARVARD MEDICAL SCHOOL, BOSTON CHILDREN HOSPITAL, BOSTON, USA

²INSTITUTE ON HUMAN RIGHTS OF AZERBAIJAN NATIONAL ACADEMY OF SCIENCES

³BAKU, AZERBAIJAN

Development of bioethics as a science emerged from the necessity of implementation of ethical norms as the guarantee of safe scientific development. From the point of view of development of medicine, rapid scientific achievements made possible treatment of many diseases, enhancement of overall medical care systems' level and continue to improve fields of these achievements application. However, the main concern is ensuring that scientific development do not overlap human rights and can be implemented with safety for human subjects. Biomedical education can be used as the main tool to training of future scientists in accordance with ethical values that protect human rights. In this respect, the regulation of scientific research conduct must be controlled by independent authorities in order to coordinate both scientists and research participants.

Institutional Review Boards (IRB) or research ethics committees can be used as the best example of protection of both researchers' rights and guarantor of rights and safety of research participants. Institutional review can be implemented by both independent committee members and researchers themselves. IRBs do not necessary have to be part of research host institution. IRBs membership comprises specifically trained professionals, institutional workers or independent specialist in the field of research. The regulations of ethical review can be based on bioethical principles declared by UNESCO Declaration on Bioethics and Human Rights, national legislation and medical law. It is clear that the main goal of any research is scientific enhancement in the service of communities and, therefore, ethical standards behind the research need to ensure that they are implemented in the interests of public, national and universal goals. Bioethics as the core for ethical education can promote training of scientists, future ethical reviews, and increase public awareness.

Public health care systems are improved by the results of scientific achievements. Therefore, ethical norms are the main indicators of better development that responds to protection of human rights.

The goals of this presentation is to emphasize the above objectives of research ethics training in the context of a Fogarty International Center/NIH funded program in collaboration with CIS counties and specifically Azerbaijan.

OP – 69 STATE AND PROSPECTS OF BIOETHICAL EDUCATION IN THE KYRGYZ REPUBLIC

TILEKEEVA U.M., ZURDINOV A.Z.

KYRGYZ STATE MEDICAL ACADEMY, BISHKEK, KYRGYZ REPUBLIC

The world community recognizes bioethics as one of the highest priorities and highlights the issues of legal protection of fundamental human rights. Moral culture and responsibility of medical and pharmaceutical employees is a necessary component of formation of the world Outlook of a specialist. Education in bioethics, development of skills and ability to apply it in real life is a necessary condition for the formation of professionally competent strategy of healing, because doctors and pharmacists meet new challenges, conflicts and dilemmas.

Since 2009 in all faculties of the undergraduatethe interdisciplinary subject of «Bioethics» has been started as understanding of the importance and role of bioethical education in the Kyrgyz State medical academy (KSMA). The volume of hours - 46, lectures and practical lessons of 18, independent work 10. Bioethics curriculum includes fundamental key issues studied by the students of all faculties. Taking into account the future of the medical and pharmaceutical specialty programs are relevant themes. In 2010 the KSMA and UNESCO signed a Memorandum of understanding and implementation of the core curriculum of UNESCO on Bioethics.

Form of teaching: debates, discussions, role games, organization and situational problems, ethical dilemmas and conflicts. Independent work is carried out in the clinics. Proposals and wishes of the students are invented in the changes of the curricula.

Challenges for the future.

Entered in the program on Bioethics issues of medical law, teach Bioethics at postgraduate stage of education; develop a training program for research Bioethics for students and researchers; increase the level of knowledge of teachers, to develop international cooperation for education in Bioethics.

OP – 70 THE CONCEPT OF LEADERSHIP IN HEALTHCARE SERVICES AND ETHICAL LEADERSHIP

BILGE SÖZEN ŞAHNE¹, MIRAY ARSLAN², SEVGI ŞAR²

¹HACETTEPE UNIVERSITY FACULTY OF PHARMACY DEPARTMENT OF MANAGEMENT

²ANKARA UNIVERSITY FACULTY OF PHARMACY DEPARTMENT OF MANAGEMENT

Background&Aims:

Healthcare professionals are required to carry leadership qualities because of being a role model to the people they serve and their managerial duties at their work place. In addition, the necessity of being a leader in their working life should be emphasized during healthcare professionals' education. Having followers is one of the basic requirements of the leadership. This situation is quite convenient for health care personnel. Each person receiving services from health care professionals is the followers of health personnel. Therefore, healthcare professionals are required to have sufficient consciousness about leadership. All healthcare professionals, in management positions or not, provide service without forgetting being a leader makes sense if they can combine these features with the ethical principles. To provide this, it is necessary to ensure that they are aware of the "Ethical leadership" concept during their education as well as their work life. In this study, importance of leadership in health care will be emphasized. Moreover, ethical leadership concept will be tried to explain and recommendations will be made about how this issue can take place in education.

Methods:

The researches about the importance of leadership in healthcare was examined within the scope this study. Moreover, literature about ethical leadership studies in healthcare services was observed for emphasizing the importance of the leadership in healthcare.

Results:

The approaches about leadership are based on Trait Approach, Behavior Approach and Situational Approach. With the widespread of globalization and increase in competition, these approaches begin to change. Some studies indicated that some types of leadership like servant leadership, paternalistic leadership are more common among healthcare professionals. In recent studies, ethical leadership and authentic leadership become popular. These approaches have a special place in healthcare services.

Conclusion:

As is known, the special characteristic of healthcare services differentiated from other services. Therefore, healthcare professionals have to be strong leaders and develop their leadership characteristics. As well as trainings for people in some enterprises, to emphasize the importance of the leadership in education for health care professionals and giving this education in the framework of "ethical leadership" concept is an important factor to improve the quality of the services offered.

OP – 71 ETHICAL ISSUES IN PARAMEDIC EDUCATION

MUKADDER GUN¹, HASAN ERBAY²

¹TURKISH GENDERMARIE GENERAL COMMAND

²AFYON KOCATEPE UNIVERSITY, FACULTY OF MEDICINE, HISTORY OF MEDICINE AND ETHICS, AFYONKARAHISAR / TURKIYE.

Background&Aims:

The occupation of a paramedic or emergency medical technician is an occupation especially exposed to emotions which are strong and difficult to unequivocally interpret. Paramedics, on a daily basis, deal with pain, suffering and fear of patients and their significant others, and experience their own fear, helplessness, or sometimes anger. Besides, care of emergent patient is more difficult than other fields of medicine. It also needs a good bedside manner.

Methods:

Paramedics often meet people in high frequency trouble and distressing personal circumstances and at critical times in their professional lives. Patients and their families can be vulnerable during this moments, so it is crucial point that ambulance technician have an understanding of the key legal and ethical issues that may impact on their decision making. An important ethical conflict that makes it more difficult is the restricted time and loneliness of the paramedics on decision-making process about the ethical conflicts. The special issues like death, is common in prehospital settings and it should be prepared for such situations and thoughts, in advance.

Results:

The primary goal of the presented study was evaluation of the ethical issues of education of paramedics. An additional goal was analysis of the needs of other educational possibilities about paramedics' responsibilities.

Conclusion:

Key Words: Ethics, paramedic, education.

OP – 72 ISTANBUL HISTORY OF MEDICINE FIELD STUDY: A CONTRIBUTION OF MEDICAL HISTORY TO THE ETHICS EDUCATION

FATİH ARTVINLI, NADI BAKIRCI ², PINAR TOPSEVER ³, YEŞİM İŞİL ÜLMAN ⁴

FATİH ARTVİNLİ, ACİBADEM UNİV. SCHOOL OF MEDİCİNE, MEDİCAL HİSTORY AND ETHİCS DEPARTMENT

² *NADİ BAKİRCİ, ACİBADEM UNİV. SCHOOL OF MEDİCİNE, PUBLIC HEALTH DEPARTMENT*

³ *PINAR TOPSEVER, ACİBADEM UNİV. SCHOOL OF MEDİCİNE FAMILİY MEDİCİNE DEPARTMENT*

⁴ *YEŞİM İŞİL ÜLMAN, ACİBADEM UNİV. SCHOOL OF MEDİCİNE, MEDİCAL HİSTORY AND ETHİCS DEPARTMENT*

Introduction:

Acibadem University School of Medicine, the Clinical Medicine and Professional Skills (CMPS) Subject Committee implements the outcome-based learning and student-centered approach of modern medical education. This teaching methodology aims at learning by practice, understanding through case studies in interactive learning sessions and researching in real life at social and clinical setting. Within CMPS, “Medical Ethics and Humanities” Program aims to develop the students’ knowledge, perception and attitude by a similar dynamic teaching methodology on the themes of universal values of human rights, human dignity, professional values, ethical principles, enhanced by heritage of medical history. The history of medicine courses are structured to investigate the essential landmarks of the evolution of medicine throughout the ages.

Aims:

Therefore educators inserted the Istanbul History of Medicine Field Study into the syllabus. It is aimed to get a deeper insight into the rich medical tradition and good medical practice examples throughout history by site visits to the historic hospitals, pharmacies and health units in Istanbul

Materials and methods: To that aim, Acibadem University School of Medicine Year I Students (2012-2013 and 2013-2014) have accomplished field study for two years. They visited the health institutions chosen by themselves out of a list of historic hospitals, pharmacies prepared by the educators. They gathered information by talking and discussing with the staff at the site-visits, by taking pictures, by browsing referential and virtual sources, all to write a report, based on their own experiences. Furthermore, these reports have provided the background for the “Istanbul History of Medicine Exhibition” inaugurated on March 14th, Physicians’ Day in 2013 and 2014.

Results:

Assessment of the Field Study was carried out through a Likert scale form structured to obtain students’ feedbacks and views on the site visits. The students think it is an interesting, effective, informative, beneficial, stimulating experience. They proposed repeating these visits every year. They reported that they could feel history at those venues. They commented that these visits and field study helped to develop their interest in the history of medicine and contributed their personal development by gaining insight into the history of medical profession. They think the classroom courses were consolidated by the site visit experiences.

Discussion and Conclusion:

These health institutions which are still functioning at their original purpose are the distinguished venues embodying cultural legacy and medical history in our country. We hope that this Field Study and the follow up Exhibition may present a pioneering example to have a deeper reflection on the universality of medicine and contributions of its anonymous figures to set model for future generations through historical imagination and revival of history at its original medical setting. We propose this field study as an original way of teaching medical history for gaining insight into medical profession in line with the humanities in medicine syllabus that provides an ideal milieu for teaching medical history and for contributing to ethics education at large.

OP – 73 CAMBRIDGE BIOETHICS EDUCATION TURKEY WORKING GROUP

MURAT AKSU, FATİH ARTVINLI, NADI BAKIRCI, TUNA ÇAKAR, MUHTAR ÇOKAR, FIGEN DEMİR, VOLKAN KAVAS, GÜLSÜM ÖNAL, İŞİL PAKIŞ, MELİKE ŞAHİNER, PINAR TOPSEVER, İNCİ USER, YEŞİM İŞİL ÜLMAN, KEVSER VATANSEVER, VEDAT YILDIRIM

Cambridge Consortium of Bioethics Education established the “Turkey Working Group” in Paris on June 21st, 2013. The Centre of this Group is Acibadem University School of Medicine, the Department of Medical History and Ethics, chaired by YIUlman. The Group functions as a collective of scholars, academics, experts who collaborate interdisciplinarily in bioethics education.

The Group began to act by organizing workshops to assign its aims and strategies. The aims of the Group are to raise awareness in ethics education and moral decision making in the academy and at clinical setting; to work multiprofessionally in coordination with other healthcare professionals; to enhance advocacy of ethics teaching at university; to follow humanities perspective; to share ideas on curriculum development; to compare and learn mutually from the experiences; to choose topics for discussion on the issues of bioethics and societal issues; to structure multi-based research among countries. It is opening a specific website to facilitate the cooperation and sharing of information.

The Group specified its third workshop on the methodology of teaching bioethics at medical schools. This workshop will take place at Ankara University School of Medicine on May 23rd, 2014, hosted by the Department of Medical History and Ethics. This oral presentation will give information about the functions of the Group in detail.

OP – 74 THE EFFECT OF PROFESSIONAL ETHICS COURSE ON UNDERGRADUATE STUDENTS' EETHICAL KNOWLEDGE , SKILLS AND ATTITUDES (ANKARA UNIVERSITY FACULTY OF EDUCATIONAL SCIENCES CASE)

INAYET AYDIN

ANKARA UNIVERSITY

Background&Aims:

One of the most important functions of universities is to educate professionals in various fields. In this process, up to the professional knowledge and skills taught, the teaching of ethical values and principles of the profession is also very important. Menzel is mentioned three approaches to ethics education: awareness training, moral reasoning and modeling exemplar. "Professional Ethics" course taught as elective course is an 14 weeks at Ankara University Faculty of Educational Sciences . The main purpose of this course is to gain awareness and the necessary basic competencies to student teachers. Course content consist of theoretical and applied units such as: professional ethics, ethical decision making in daily life, moral reasoning, rights and responsibilities. Purpose of Study: The aim of this research is to determine the effects of "Professional Ethics Course" on undergraduate students' ethical knowledge, skills and attitudes.

Methods:

: This study was designed to be a descriptive survey. 76 undergraduate students were included in the research from Ankara University Faculty of Educational Sciences in the 2010–2012 academic year. In the research, "Professional Ethics scale" developed by the author. The questions in the data collection form were grouped under four categories. The dimensions were as follows: (a) To measure the level of theoretical knowledge of students, 30 test questions about the ethical literature; (b) To measure their attitudes towards 10 statement about public ethics and the degree of agreement with this situation, (c) a case and ethical decision (d) The ' Work Ethics inventory' designed by Veysel Bozkurt were utilised during development process of data-gathering pursuant to being granted the official permission. Pre-test and post-test results of comparative analysis was performed using descriptive statistics.

Results:

Findings show that ethical stance on principles of ethical behavior have a significant impact on students' awareness of ethical principles [t (75) = 7.26, p <.05]. In the given ethical case, In the pre-test from 41 to 76 students (54%) , in the post test from 52 to 76 (69%) "would testify on behalf of my friend," he declared opinions. Professional ethics courses for undergraduate students before and after test on Puritanism to differ significantly [t (71) = 5.30, p <.05]. Professional ethics courses to students before and after the implementation of the scale according to the results of the work ethic, attitude of students has increased Puritan work ethic, hedonistic work ethics attitudes remained stable.

Conclusion:

OP – 75 O COLLABORATIVE EDUCATION: SHIFTING FROM A COLLEGE TO A CAUSE

LEA BRANDT

UNIVERSITY OF MISSOURI

Background&Aims:

Although the causes of poverty are multifarious—much of the worsening poverty in rural communities is attributable to geographical isolation of these areas. Jobs in healthcare are a bright spot. The education and health services industry demonstrates the largest growth in many rural communities, including those in Missouri. Through collaborative innovative educational programming the poverty cycle of these rural communities can be broken. However, practitioners must be prepared for rural practice which poses multiple but varied challenges to those found in urban and suburban practice settings. The most common challenges are related to isolation, working in resource poor environments as well as working in value laden contexts. These challenges can also result in distinctive ethical conflicts. Providers working in these environments who are not native to the rural community may have variable moral values making it difficult to address these conflicts effectively given there potentially divergent belief structure and/or lack of familiarity with community values.

For these reasons it can be very difficult to recruit and retain healthcare professionals in rural practice settings and may account for high turnover rates in geographically rural areas. The Missouri Health Professions Consortium has established healthcare programs designed to meet the unique needs of rural Missouri communities. Specifically, through collaborative relationships

these institutions of higher education have improved access to educational opportunities for underserved student populations, improved access to healthcare in rural communities, and demonstrated how educational programming with a curriculum design integrating an experiential, ethics-based approach can positively shift community health outcomes.

Methods:

Three years of graduate survey data were systematically reviewed in areas of employment, pre and post graduate compensation as well as qualitative measures related to personal and professional life satisfaction.

Results:

In addition to improved access to high quality health care services in underserved areas of the State, program deliverables include positive economic outcomes and breaking the poverty cycle for graduates and their families who reside in these rural communities.

Conclusion:

The Missouri Health Professions Consortium Occupational Therapy Assistant Program was developed to meet the unmet needs of these rural communities and to provide educational opportunities to rural, place-bound students. Using a curriculum design tailored to the unique ethical and professional needs of this workforce, graduate survey data demonstrates that the program has produced viable employment options resulting in improved access to healthcare services, positive economic outcomes for graduates, and a sustainable workforce which meets the unique needs of these rural communities.

OP – 76 TEKNOSOCIETY AND ITS DILEMMAS: CALL FOR A SOCIOLOGICAL PERSPECTIVE

HAYRIYE ERBAS

ANKARA UNIVERSITY

Background&Aims:

Today, incredible speed of technological advancing in different areas leads to name our time as biotechnology century or information technology century and society we live in as biosociety, network society, information society. In this paper, concept of technosociety approved because it's the inclusion of both advances in communications technology and biotechnology and contrary to the common expectations technology incapable of solving social problems in today's society will be problematized. In other words, technology is advancing in the direction of increasing rather than reducing inequalities. Contemporary capitalism reproduces itself through new technology and also through arising technology it tries to solve the problems. This is the basic paradox of the technosociety. The purpose of this paper is to focus on and discuss the questions of; why ethics education is needed today more than ever before and how technological changes and its result can be evaluated in a critical sociological perspective.

Methods:

A critical literature review of opposing explanations and discussions and examples of the dizzying changes in technology and its results will be made.

Results:

Positive as well as negative consequences of new technologies is available and the negative results of the technologies basically stems from use of technology. The results of technology are shaped through a complex process and mechanisms both include individual and social structural level of the society.

Conclusion:

The results of technology to transform society in a positive way only possible in its broad framework with a critical evaluation that is also important for ethical evaluation.

OP – 77 DEVELOPMENT AND VALIDATION SUPERSTITIOUS BELIEFS SCALE

AHMET AKIN, ÜMRAN AKIN, ÇINAR KAYA, AZMİ BAYRAM İLBAY

SAKARYA UNİVERSİTY

Background&Aims:

A superstitious belief was defined as the belief that particular events happen in a way that can not be explained by reason of science, the belief that particular event brings good or bad luck. This belief can be regarded as the precursor of one's attitude development including behavior. Thus it is important to determine superstitious belief level of individuals. The aim of this research is to develop a scale to measure superstitious beliefs and examine the validity and reliability of this instrument.

Methods:

Participants were 268 persons. Firstly, an item pool which includes 28 items has been prepared. The statements were examined and edited by three academicians and after rigorous culling, only 20 items were retained. After selection of statements following successive steps were followed to construct the final scale. In this study exploratory factor analysis was executed to clarify the structure of the scale. As reliability analysis internal consistency coefficients and the item-total correlations were examined. Data were analyzed by SPSS 13.0.

Results:

The results of exploratory factor analysis indicated that the 20 items loaded on one factor. The amount of total variance explained by five factors was 49%. Factor loadings ranged from .39 to .84. The Cronbach Alfa internal consistency reliability coefficient was .93. The corrected item-total correlations ranged from .39 to .77.

Conclusion:

Overall findings demonstrated that this scale had high validity and reliability scores and that it may be used as a valid and reliable instrument in order to measure the superstitious belief level of individuals. Nevertheless, further studies that will use Superstitious Beliefs Scale are important for its measurement force.

OP – 78 ETHICS EDUCATION IN THE FACULTIES OF PHARMACY IN TURKEY WITHIN BOLOGNA PROCESS: A WEB BASED STUDY

ZEYNEP ÇALGAN, BILGE SÖZEN ŞAHNE , SELEN YEĞENOĞLU

HACETTEPE UNIVERSITY

Background&Aims:

Pharmacy practices are crucial for maintaining healthcare services and pharmacists are among the most consulted health professionals. Therefore, preparing pharmacy education programs need particular attention and ensuring the standardization of higher education is important for increasing the quality of healthcare services. In this context, the Bologna Process gives a chance for development and harmonization of the higher education programs. As higher education curricula of participant countries are rearranged in this context, it is of importance to make pharmacy ethics courses a part of pharmacy education and formalize their content, credit, teaching methods and semester that the course is given appropriately. In this study, we aimed to determine the scope of ethics education at undergraduate level in pharmacy faculties in Turkey and examine the similarities and differences between ethics related courses in education programs.

Methods:

23 pharmacy faculties which continue undergraduate pharmacy education in Turkey were included in the study. Pharmacy faculties' web sites were examined in order to determine ethics related courses. Faculties' undergraduate curricula and "Bologna information packages" were used to evaluate these courses.

Results:

All of the faculties which continue undergraduate pharmacy education have web sites. 21 of them contain information regarding their undergraduate curriculum. 17 pharmacy faculties put their curriculum and 7 faculties have "Bologna information package" on the web. According to the education schedules and "Bologna information packages", 16 faculties have ethics related courses those name contain word of "ethics" in 7 faculties while there are courses those name have "deontology" in 9 faculties. These lectures are given in the 1st and 8th semester mostly. In addition, their credits vary between 1 and 3. Seven faculties' web sites have information about content, teaching methods and outcomes of the courses within "Bologna information package".

Conclusion:

Ethics related courses in pharmacy education are essential to train qualified pharmacists. However, one fourth of pharmacy faculties do not have any courses related to the ethics. Hence, it is significant to restructure these programs to include ethics related courses. Also, only one third of the faculties have "Bologna information packages" on the web. Since these packages require offering information regarding course content, teaching methods and outcomes, it gives an opportunity to think over the courses and improve them. Besides, Bologna studies make courses comparable, contemporary and compatible. Because of this, it can be recommended the instructors to prepare these packages for their ethics courses.

OP – 79 TRAINING IN MORAL DILEMMAS OF YOUNG PHARMACISTS: A DUTCH INITIATIVE IN PHARMACY ETHICS EDUCATION

WILMA GÖTTGENS¹, EELKE TUINSTRAS², EVERT VAN LEEUWEN¹

¹RADBOUDUMC NIJMEGEN, IQ HEALTHCARE, SECTION HEALTHCARE ETHICS

²UNIVERSITY OF APPLIED SCIENCES THE HAGUE, THE HAGUE

Background&Aims:

In recent years Dutch Pharmacists have established a learning framework on ethics and professionalism throughout the curriculum. Most progress has been made in the post graduate specialisation of community pharmacists since 2011. The pharmacists and their workplace educators and coaches, certified senior pharmacists, are trained in recognizing and responsibly dealing with moral dilemmas on the job. The young pharmacists receive a comprehensive training consisting of four centrally organized sessions and training on the job. The coaches are trained in recognizing dilemmas and in coaching their young colleagues in handling these dilemmas. Dilemmas that receive special focus deal with the pharmacist as a team leader and manager of the practice and as a care provider for special or vulnerable patient groups, the relation with other care professionals and the social responsibility of pharmacists. Addressed are issues as palliative care and euthanasia, patient with disturbing behaviour, providing good pharmaceutical and patient centred care in professional collaboration with GP's, specialists, district nurses and other health care workers or family members of the patient. The senior pharmacists coaching the new professionals are also trained in recognizing and handling moral dilemmas and are coached in how to support their new colleagues in acquiring the necessary competencies (based on CanMED) as they are laid out in the program. This program aims at improving ethical competence through a better understanding of the moral dilemmas early in the pharmacists career and at reducing the tension surrounding delicate issues of pharmaceutical patient care. Also the program aims at optimizing and strengthening the professional role of pharmacists as members of multidisciplinary health care teams

Methods:

The young pharmacists receive a comprehensive training consisting of four centrally organized sessions and training on the job. The coaches are trained in recognizing dilemmas and in coaching their young colleagues in handling these dilemmas. Dilemmas that receive special focus deal with the pharmacist as a team leader and manager of the pharmacy practice, the pharmacist as a care provider for special or vulnerable patient groups (patient with addiction or mental health problems, elderly patients, children etc) the pharmacist and the relation with other care professionals and the pharmacist as having responsibility for the society. Addressed are issues as palliative care and euthanasia, how to deal with patient behaviour that is disturbing, providing good pharmaceutical and patient centred care in professional collaboration with GP's, specialists, district nurses and other health care workers or family members of the patient. The senior pharmacists coaching the new professionals are also trained in recognizing and handling moral dilemmas and are also educated and coached in how to support their new colleagues in acquiring the necessary competencies (based on CanMED) as they are laid out in the program. Philosophical perspective This program is based on the recent Manifesto Professionalism of the Pharmacists (KNMP 2011) that describes the philosophy of pharmaceutical patient care practice and provides clear insight in the core values of the Dutch Pharmacist. The methods used are mainly based on a virtue ethics point of view: what does a good pharmacist need to do. The work of Alisdair MacIntyre is clearly visible in the way the course is built and presented.

Results:

Since the start of the program in 2012 over 150 pharmacists are included in the curriculum.

Conclusion:

The evaluations and outcomes of the training are object of current research and work in progress.

OP – 80 WHAT HAPPENED TO SWEETGUM FORESTS?

OKAN ÜRKER¹, NESRİN ÇOBANOĞLU²

¹ANKARA UNIVERSITY, INSTITUTE OF SOCIAL SCIENCES, DEPARTMENT OF SOCIAL ENVIRONMENTAL SCIENCES

²GAZI UNIVERSITY, FACULTY OF MEDICINE, DEPARTMENT OF MEDICAL ETHICS AND HISTORY OF MEDICINE

Background&Aims:

The bioethics incorporates questions – into environmental education - such as why we need to protect the environment, what if species becomes extinct, what the respect to nature means or whether we can both utilize and protect it at the same time, and paves the way for right to life and exist for all living forms including human, and thus playing a huge role in the provision of sustainability not only for human but also for the nature. It is safe to say that the bioethics –through its question to the respective process concerning the environmental education– steps in the lacking parts of the environmental education such as self-awareness and developing a sense of responsibility, and plays a key role in solutions and researches pertaining to environmental problems, and in attaining a sustainable result for the all ongoing studies (religious, economic, social, political, technological, legal etc.). We had decided to research the Anatolian Sweetgum (*Liquidambar orientalis* Mill.) for this study, is an endemic tree species found nowhere else around the world except southwest Anatolia, Turkey. This tree occurs on moist soils along streams and in areas with a high water table, growing both in groups and individually; however, sweetgum forests now occur only in Köyceğiz. Here, the area of sweetgum forest has declined from 6.312 hectares in 1949 to only 1.348 hectares at present due to a complex set of human land uses. Ninety percent of the remaining sweetgum forest area falls within the territory of Köyceğiz Special Protected Area (SPA). Anatolian sweetgum is now on the brink of extinction. When we evaluated the problem from a perspective of environmental bioethics, the local inhabitants already knew it was wrong to cut down sweetgum trees in terms of domestic values – the tree has been considered holy in the eyes of the locals for ages. However, cutting has been justified by the perceived socio-economic benefits of conversion to citrus plantation. This research aimed to determine what kinds of ethical consensus, social incentives and human values explain the sweetgum deforestations.

Methods:

The methodology includes the formation of environmental history perspective which includes data collections and analyses about the sweetgum forest & citrus plantation such as local newspapers search, property and criminal actions' reports, old maps/deeds/photographs/papers, related literatures, local agendas, government annuals, pilgrims' travel notes. Also we analyzed how the public conscience affected the changes of the social conscience in legal and political processes, campaigns and promises of the local deputies, through interviews with the active and retired public officials, opinion leaders, other important actors related with the sweetgum forest. Secondly; we did 531 surveys, 16 in-depth interviews, 3 focus group meetings to understand what kinds of ethical consensus, social incentives and human values explain the sweetgum deforestations within the concept of environmental sociology.

Results:

In the light of data, we say that the beginning of the process leading to the Sweetgum deforestation lies in the changes of local agriculture policies basically directed by the state. This process was shaped with the interaction of the locals and the state and that led to, with the legal means and political discourses of the state developed by the state on the basis of the agricultural policies, formation of the basic incentive for the deforestation after the state had prioritized the citrus sector and put the sweetgum trees into the background. On the other hand, we understood that despite the locals have created how big threats on sweetgum forests for years, they still claim those forests and regard it one of the most important aspects in their daily life. Also we can say that the locals are being aware of their devastations on the sweetgum forests in the past years, and that's why they carry conscientious responsibility against the forests. Moreover the locals who never don't want to see the extinction of those forests, exhibit protection motivation for its, even doesn't provide any benefit to them. Our findings show us the way of active participation of the locals on protection issues of the sweetgum forests in next future with using the bioethical education tools.

Conclusion:

Results of this study may help preserve sweetgum forests by developing resource management programs benefiting from the inclusion of the concept of environmental bioethics and nature culture tools. If this proves to be successful, then we will have taken a major step to help preserve not only sweetgum forests but other species and ecosystems with similar challenges around the world.

OP – 81 THE ENVIRONMENTAL ETHICS SCHOOL AS AN APPLIED ETHICS PLATFORM

MURAT YILDIZ¹, OKAN ÜRKER¹, NESRİN ÇOBANOĞLU²

¹ANTURIA ENVIRONMENTAL ETHICS SCHOOL

²GAZI UNIVERSITY FACULTY OF MEDICINE

Background&Aims:

Environmental education activities have been enlarged the knowledge on nature issues. Communication appliances and the information channels were made the educational studies more effective. Nevertheless, the education and the level of consciousness has been risen up the expectations from the politics. That was also a starting point of a new paradox. Environmental Ethics School Project has based on this paradox. Education, knowledge and consciousness should have been resulted by a brand new environmental management fallen back on people. On management level we still have decision makers trained well on environmental issues for years. This people has skills and tools enough but the community still needs more acceptable approaches and applications on environmental policy.

Methods:

After determining this paradox the path called environmental ethics have followed. Not only loving the trees and animals but also a respectful living style needed to be followed up. Environmental Ethisc School provides an empathy and mentality for observing nature. Communication lessons were based on the five Ws and H are often mentioned in journalism. The main pupose of trainings is to explore how to change approaches on nature. The corporate and the governmental managers were also trained as a part of policy. Case studies were selected from their own works and post-training studies were supported their mental development on environmental ethics.

Results:

By the way individuals process their own mental evolutions for decision making because the fixed datas need to be updated by time, location and conditions. During all trainings and also indirect awarness studies many tangible results have been gained. One of the most important outcome of the trainings reported by parents. They have asked how the school programme effected that soon. Especially kids have changed the personal communication styles in couple of days. That was the simple result of the lessons on communication and defining themselves as a part of the nature. The parents were indirectly educated by their children cause they were still managing the desicional mechanisms. The case studies were mostly resulted by more participation and many proactive projects.

Conclusion:

The environmental ethics school is producing their own education instruments and still developing with technology supported by a software team, with art by art directors, musicians, film makers and naturally all special trainers and advisors on different sciences in background.

OP – 82 INFORMED CONSENT AS ONE OF MAIN PRINCIPLES OF BIOETHICS

FIDAN RUSTAMOVA

CENTER OF PUBLIC HEALTH AND INNOVATIONS, MINISTRY OF HEALTH OF AZERBAIJAN

Bioethics is a relatively new word coined by a biochemist, Van Bensselaer Potter, in 1970 in an endeavor to draw attention to the fact that the rapid advances in science had proceeded without due attention being paid to values. Nowadays it has taken on a more general meaning which includes medical, or more generally, health care ethics.

The main principles of bioethics according to 2005 UNESCO Declaration “About Bioethics and Human Rights” are:

- Human dignity and human rights
- Benefit and harm
- Autonomy and individual responsibility
- Consent
- Persons without the capacity to consent
- Respect for human vulnerability and personal integrity
- Privacy and confidentiality

- Equality, justice and equity
- Non-discrimination and non-stigmatization
- Respect for cultural diversity and pluralism
- Solidarity and cooperation
- Social responsibility and health
- Sharing of benefits
- Protecting future generations
- Protection of the environment, the biosphere and biodiversity

Consent or informed consent is a fundamental principle in health care all over the world. It secures the freedom, autonomy and dignity of each person. The information has to be of certain quality and quantity. The information must explain the purpose and the effect of particular procedure as well as the consequences of its rejection.

The principle of informed consent has interconnection with other principles of bioethics. This principle is based on the principle of human dignity and human rights and also the principle of consent can not be applied, the provisions of Declaration's Article 7 ("Persons without the capacity to consent") are applicable.

We investigate the principle of informed consent of other countries (international law), and Azerbaijan (national law) and will be glad to report at the Conference some outcomes of research.

OP – 83 THE ETHICS ISSUES OF NANOTECHNOLOGY

AHMADOV ISMAT

THE INSTITUTE OF HUMAN RIGHTS OF AZERBAIJAN NATIONAL ACADEMY OF SCIENCES, BAKU

Nanotechnology is considered as a scientific and technical revolution of the third millennium. Today nanotechnology has a remarkable impact on different fields of life activity of civilization such as medicine, engineering, agriculture, economy and even politics. However, in connection with intensive development of nanotechnology last years a wide range of ethical issues has been raised by this innovative science. These problems arise from the highly interdisciplinary nature of the nanotechnology. So, nanotechnology focuses on many different areas of sciences and technologies the conflicts between scientists in this area are inevitable. Many scientists and technologists believe that these advancements could lead to irreversible disasters if not limited by ethical guidelines. The technical consequences of nanotechnology, ethical problems, and its role in society and economic efficiency, the beneficial aspects, of which the risks should be analyzed at the global level. The development of a global analysis of the ethical aspects of nanotechnology can play an important role in the regulation and legal reasoning of nanotechnology. Such analyzes can help to eliminate the time disputes arising between nanotechnologists and society, facilitate public acceptance of this technology. Researchers and technologists in this area should have a high sense of responsibility, comply with ethical norms, understand any potential danger, especially to human health and environmental hazards, formulate ethical guidelines and policies. Should be reinforced the legal basis of nanotechnology development, taking into account public opinion, and economical interests countries. It is necessary to study the ethical aspects of developing nanotechnology and create policies that will aid in its development so as to eliminate or at least minimize its damaging effects on society. The new branch of ethics - nanoethics seeks to examine the potential risks and rewards of applications of nanotechnology. Today world interests the role of nanotechnology in human society. How will be attitude of society to nanotechnology? What role it will play in the sustainability development of society? There is a some effort to find answer to such questions in this presentation.

OP – 84 MEDICAL ETHICS ADVANCEMENTS IN IRAN WITH A FOCUS ON ETHICS EDUCATION

FARZANEH ZAHEDI ², BAGHER LARIJANI ¹

¹ *MEDICAL ETHICS AND HISTORY OF MEDICINE RESEARCH CENTER, TEHRAN UNIVERSITY OF MEDICAL SCIENCES, TEHRAN, IRAN*

² *ENDOCRINOLOGY AND METABOLISM RESEARCH CENTER, ENDOCRINOLOGY AND METABOLISM CLINICAL SCIENCES INSTITUTE, TEHRAN UNIVERSITY OF MEDICAL SCIENCES, TEHRAN, IRAN*

Background&Aims:

Background: History of medical ethics in Iran shows a special attention to moral conduct in physicians' practice; however, novel issues in contemporary bioethics has also emerged an outstanding interests among Iranian healthcare professionals. In recent decades, substantial activities are being carried out by the authorities to address the different aspects of medical ethics across the country. Aim/Purpose: We intend to summarize the main activities and achievements in medical ethics in Iran in recent decades, with a main focus on overall trends in medical ethics education and its academic status.

Methods:

This is a review of published and non-published information on medical ethics activities and education in Iran.

Results:

Iranian physicians have put great emphasis on the issues of medical ethics and ethics education. As evidence shows, the decade of 1990s can be considered as the commencement of a series of continuous activities in the field of contemporary medical ethics in our country. In 2002, the Ministry of Health and Medical Education (MOHME) introduced a strategic plan for medical ethics. The second main goal was focused on medical ethics education. One of the main achievements over recent decades has been the reconstruction of the system of medical ethics education at different levels. Educational opportunities in medical ethics, including a wide variety of academic courses, conferences, and seminars, have increased considerably through decades. The movement of educational methods towards new and more interactive approaches has paved the way for introducing medical ethics courses as innovative and attractive programs. Considering the lack of qualified teachers in Iran, plans for training specialists in medical ethics received special attention by establishment of MPH course (with a medical ethics focus) and doctoral course (PhD) in medical ethics.

Conclusion:

History of medical ethics shows a great attention toward morality and ethical behavior in practice of Iranian physicians. Reviews of medical ethics activities published in the English and Persian journals show that medical ethics education in Iran has experienced a big change in recent decades. Despite great advancements, there are many shortcomings in medical education in Iran. Integrated curricula across all levels of education should be strengthened to develop critical thinking skills and critical analysis in students. Longitudinal themes of professionalism and ethics education would be very helpful in this way. Moreover, electronic education makes possible teaching materials to be openly available for all those who are interested in the issues. Keywords: Medical ethics, bioethics, ethics education, medical history, Iran.

OP – 85 IMAN & IHSAN, APPLICATION IN PHYSICIAN TRAINING AND THE THERAPEUTIC RELATIONSHIP

ARIF SOMANI, ZEHRAA CHEAIB

MCMASTER UNIVERSITY

Background&Aims:

The journey from illness to health may be fraught with unfavorable outcomes, inadvertent error, or even medical malpractice. Indeed, alleged medical negligence or malpractice is emblematic of the underlying dissonance in what should be an otherwise ideal therapeutic healing relationship between physicians and patients. The increasing incidence of alleged medical negligence in the Occident and in the Muslim world has led physicians to fear the threat of litigation. Consequently, this results in defensive medicine, avoiding higher-risk medical and surgical specialties or procedures, and potentially adversarial patient-physician interactions. Medical schools have recently adopted white coat ceremonies (WCC) as a symbolic attempt to inculcate students in the healing tradition and to imbue them with a sense of compassion and duty towards the ill. Such endeavors should serve to motivate trainees and physicians to respond to suffering with continued empathy and effort rather than with suspicion and fear of the unfavorable outcome or alleged negligence. Hence, the purpose of this paper is to offer a novel complimentary approach to the white coat system by imbuing the Islamic principles of Iman (faith) and Ihsan (a call to virtue) to define an appropriate healing relationship between physicians and patients. To better prepare students into the tradition of healing, this alternative approach may be introduced, taught, and matched by physicians-in-training in actual clinical practice.

Methods:

Philosophical Perspective: Since inception of the WCC in 1993, the Hippocratic perspective has been applied to inculcate a sense of compassion and duty to the ill. Even more intricate to the Human Condition or Fitra; the concept of Iman and Ihsan, within the Muslim world, should be applied by physicians-in-training to define their duty and their approach to future patients, themselves and to their Creator. Such an approach demands a higher level calling than that outlined by the expected standards of Islamic law or Shari'ah.

Results:

The implication of both Islamic values and virtues will help alleviate potential dissonance between physicians and patients, and to provide students early in their training with the opportunity to integrate humanistic or Fitra values within their career development.

Conclusion:

Instilling Iman and Ihsan principles as an embedded component of medical treatment will theoretically curtail medical malpractice exposure, simplify due process, and improve patient-physician healing relationships.

OP – 86 IMPACT OF TRAINING PROGRAM IN RESEARCH ETHICS

VINA VASWANI¹, RAVI VASWANI²

¹DIRECTOR CENTRE FOR ETHICS, YENEPOYA UNIVERSITY DERALAKATTE, MANGALORE, INDIA

²PROFESSOR AND HEAD, DEPARTMENT OF MEDICINE, COORDINATOR-CLINICAL ETHICS, YENEPOYA UNIVERSITY, MANGALORE, INDIA

Till recently, in India clinical trials were on the rise. The easy availability of participants, easier financial inducements, illiteracy and trusting, unquestioning nature of the participants and lack of strong regulations had made India a hot bed for clinical trials, legitimate or otherwise. Even though the doctors are competent to carry out the trial from the scientific standpoint, the lack of ethics training in general and research ethics in particular, has resulted in a not so happy outcome of clinical trials. On the other hand, members of ethics committees that do the review are not trained or well versed with principles of research ethics to deliberate upon a clinical trial.

Training in research ethics presupposes an empathetic approach of a researcher. In education, training is easier if the process involves transference of knowledge and skill. It conforms to two of the three major domains of learning; the cognitive where knowledge-building is essential and the psychomotor, where skill-building is essential. It is the third domain, the affective, where the learner is expected to undergo a change of attitude (which might include development of empathy), which proves to be the hardest of all. The affective domain comes into play, where role modeling is essential and not merely transference of knowledge or skills.

Ethics education involves the affective domain, as the learner has to undergo a change in the way she thinks and behaves.

Hence a needs study was taken up by the Centre for Ethics yenepeya University in 2011. Having confirmed the need to start the program, a research ethics training program was designed and delivered by renowned faculty.

Objectives;

· To assess the impact of research ethics training program

Methodology; The intervention consists of five day intensive training workshop with structured sequential sessions covering all the major aspects of ethical issues in biomedical research, so as to enhance interaction, reflection and deliberation. The Informed consent of the participant was taken. The participants in each intervention were restricted to 30-35. A pre intervention questionnaire assessing the knowledge and attitude was filled out by all the participants, anonymized and coded. The same questionnaire was run as a code matched post intervention. The questionnaire assessed the cognitive and affective domains and the impact of different methodology. A separate questionnaire also evaluated the Research Ethics Training Program. Feed back taken session wise and overall pointed to the necessity of having training as an annual event.

Conclusion: Spiral of curriculum building, teaching, evaluation, developing empathy and role of transformational leadership will be discussed.

OP – 87 ETHICS VERSUS ECONOMICS: ASSISTED OUTPATIENT TREATMENT LAWS IN THE UNITED STATES

BRYN ESPLIN

ADVANCED BIOETHICS FELLOWSHIP, CLEVELAND CLINIC

Background&Aims:

Assisted Outpatient Treatment (AOT) laws imposed on individuals with severe mental illness are hotly debated in the community of mental health care providers and recipients in the United States. An individual subject to AOT must follow a professionally prescribed plan that is approved by a court and which often consists of case management services or assertive community treatment team services, psychotropic medication, periodic blood tests or urinalysis to determine compliance with prescribed medications, individual or group therapy, day or partial day programming activities, educational and vocational training or activities, alcohol or substance abuse treatment and counseling and periodic tests for the presence of alcohol or illegal drugs for persons with a history of alcohol or substance abuse, and supervision of living arrangements.

Proponents of AOT laws point to reductions in violence, victimization, homelessness, economic burden, social cost, and caregiver stress. But are these laws truly a less restrictive alternative to civil commitment and hospitalization? Are they effective mechanisms that prevent deterioration, relapse, and enhance the life of the individual afflicted with serious mental illness? And even if so, does this kind of court-ordered care violate venerated bioethical principles of autonomy and justice? Through a close analysis and comparison of legislative challenges, reported social benefit, and medical critiques of AOT, this presentation will address whether and to what extent AOT laws are ethical, effective, or justifiable.

OP – 88 MEDICAL LAW OF EDUCATION IN KYRGYZ STATE MEDICAL ACADEMY

ALISHEROV B.A., JAILOOBAEVA A.T.

BISHKEK, KYRGYZ REPUBLIC

Modern medicine under intensive development of the legal and ethical regulation of physician-patient relationship, determines the relevance of studying the health law. This is due to the need to study the social and regulatory health care, in terms of interdependence, complementarity and interaction rules of morality and law.

Priority component of the formation of ethical and legal unity in medical practice, is the convergence and harmonization with international standards, which creates a legal platform implementation of ethical principles of biomedical research, the principle of respect for the autonomy and dignity of the patient / subject and the principle of justice.

The Constitution of the Kyrgyz people, their rights and freedoms proclaimed fundamental value. Human dignity is recognized as a special value, subject to state protection. Also in the basic law - the Constitution provides: ban on medical, scientific and other Science Experiment on a person without his consent. Of particular note is the presence of a special legal regulation of psychological experiments, which is absent in the legislation of CIS countries, on which attention was focused in a research report conducted by UNESCO. In the future, this constitutional provision may be made the basis of this type of self-regulation experiments.

Crucial in ensuring human rights in health and bio - medical research has direction of public policy in the social sphere, namely, "The right to health and its state support at the legislative level".

Guaranteeing respect for individual autonomy provided constitutional norms, each proclaiming the right to personal integrity, with an indication of the physical and psychological components.

It is mandatory to study legal documents to protect the health of the Kyrgyz Republic.

OP – 89 LEGAL PROTECTION OF THE RIGHTS OF PATIENTS IN THE AZERBAIJAN REPUBLIC

VUGAR MAMMADOV, NIGAR KALANDARLI

INSTITUTE OF HUMAN RIGHTS, NATIONAL ACADEMY OF SCIENCES OF AZERBAIJAN, CONSTITUTIONAL COURT OF AZERBAIJAN REPUBLIC

Every era brings the problems peculiar only to it. Rapidly developing scientific and technical progress creates the new tasks demanding improvement of legislative base for protection of the person from its negative consequences. There was the whole list of ethical and legal problems with development of biotechnologies and medical innovations.

The Azerbaijan Republic is actively interested in development of legal protection of the citizens in the field of medicine, bioethics, right for health. Currently, scientific researches on development of progressive modern legislative base of the international level activates in domestic legal science, and also the long-term concept on development of national health. All developed documents correspond to regulations of the European Charter on the rights of patients and the Universal declaration of UNESCO "About bioethics and human rights".

The juridical concept of developed legislative base consists in realization not one, but a complex of laws in the field of bioethics is "Protection of the rights of patients", "Ethical committees", "The palliative help", "Professional responsibility of medical workers" and some others. The system of protection of the rights of patients in Azerbaijan is based as the system of protection of human rights. In other words, the same as in basic principles of democracy are human rights, by analogy, in the center of health system are rights of the patient. In developing legislative base national features of the population and mentality are considered.

The legislative acts, reflecting set of measures of political, economic, social, cultural, scientific character, directed on preservation and strengthening of physical and mental health of each person. Among them – The Laws "About Protection of Health of Population", "About Sanitary and Epidemiologic Wellbeing of the Population", "About Environmental Protection", "About Food products", etc.

The Republic of Azerbaijan takes active part in the international activity on realization of the principles of bioethics. In 2011 the UNESCO International Bioethics Committee's 18th session was held in Baku, the National bureau of the International network of UNESCO Chair on Bioethics (Haifa) functions in Azerbaijan since 2010. The National Committee on Bioethics and Ethics of science and technologies works at National Academy of Sciences of Azerbaijan.

The rich cultural and historical heritage and implementation of the moral values to health of the person and to his rights allow to conform to the international standards in legislative construction. Situation of harmonious interaction between the republic and the world community exists in this field. The state policy is directed on the following priorities:

- i access to information and intellectual exchange;
- ii development of educational programs and approaches;
- iii performance of the ethical standards directed on protection of the rights of the patient;
- iv strengthening of capacity of the national authorities which are engaged in an ethical perspective.

ANKARA / TURKEY

ANKARA UNIVERSITY

History



Ankara University is an institution that has identified and integrated the history and the mission of the Turkish Republic with its people. The establishment of Ankara University represented the substantiation of a different mission beyond obvious reasons, just as the establishment of the Turkish Republic, beyond being just a change in government, is a major social transformation to a system relying on modern science, modern democratic values and institutions.



The foundation of Ankara University was personally initiated by the great Atatürk, to form the basis of his principles and revolutionary ideas, to disseminate and to firmly establish these principles and ideas nationally, and to be the undaunted defender of these principles that express modernity, science and enlightenment.

The initial accomplishments of the new Republic in the area of higher education were

- in 1925 to open a new School of Law to educate jurists for a new restructuring of the law
- in 1933 to establish the Higher Institute of Agriculture to serve the farmers of Turkey
- in 1935 to open the Faculty of Humanities to gather data on the numerous Anatolian cultures and their richness, and to establish international linguistic and cultural ties.



• in the same year, to open the doors of the School of Political Sciences, which had been training high-ranking public administrators under the name Mektebi Mülkiye since 1859, had been moved to Istanbul in 1936, and then to Ankara under Atatürk's special order with the founding of the new Republic with Ankara as its capital. In addition to those institutions mentioned above, it was directed that the Faculties of Medicine and Science should also be added, with these faculties also founded by Atatürk, but postponed to the late 1940s because of breakout of the Second World War. These faculties operated separately and independently, but in 1946, Ankara University was officially established and folded into were the Faculties of Law (1925), Humanities (1935), Science (1943) and Medicine (1945). In 1948 the University then incorporated the Faculties of Agriculture and of Veterinary Medicine which had composed the Higher Institute of Agriculture. Later in the Faculty of Divinity (1949), the School of Political Sciences (1950, later being name the Faculty of Political Sciences), and then the Faculty of Pharmacy (1960). The University then established the Faculty of Dentistry in 1963 first as a vocational school, and then a faculty in 1977. In 1965 the Faculties of Educational Sciences and of Communication became part of the University; the Faculty of Communication was essentially a re-structuring of the Vocational School of Press and Publication. In 2001 the Faculty of Engineering was established as a separate faculty after a re-organizational split from the Faculty of Science. The Faculty of Health Education which had started teaching in 1996, was named the Faculty of Health Sciences in 2007.

Ankara University's Mission and Vision



With its awareness of being the first university of the Turkish Republic, and under the light of Atatürk's revolutionary ideas and principles of the Republic, Ankara University is locked on to the target of reaching the highest level of modern civilization under the guidance of reason and science.

The Mission of Ankara University is:

- to contribute to developments in modern science and technologies.
- to follow these developments daily and to reflect them in higher education, social life, administration, development dynamics, service and product provision processes of the country.
- to support rapid and sustainable development efforts of the country while having full regard for human prosperity and happiness, as well as for nature and environment.



- to provide effectively to the people of all ages, the foremost being the youth of the country, the chance to learn, to work as a professional and to increase the efficiency of their activities, through scientific and professional development opportunities.
- to attain excellence and a high quality in the production and circulation of original and specific scientific knowledge.
- to strengthen the light of science by providing the infrastructure for researchers and scientists to work freely and efficiently.
- to earn the global respect of other individuals and institutions who lead the world in the advancement of science and art.

The Vision of Ankara University is:

- in the administration of the University, to encourage participation and joint development of the University with all constituent participants, both individuals and institutions.
- to organize and to continuously update the educational programs for associate , bachelors and master and doctoral degree programs consistent with contemporary needs and with the expectations of the future.



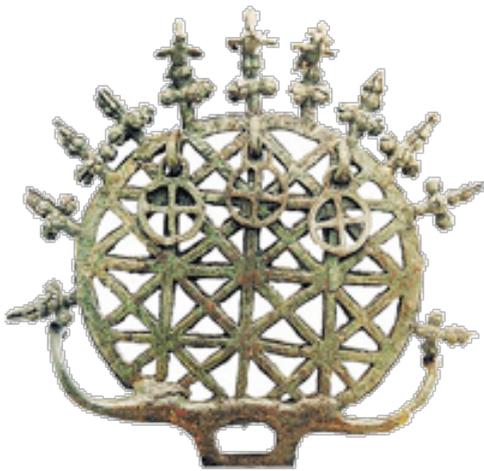
- to use training and educational methods which facilitate research-based learning
- to take an effective, dynamic and reputable place on a respected platform of education and training, and with comprehensive participation in the research and educational strategies of the European Union.
- to construct scientific research and development projects, taking into consideration the most important requirements of the country in terms of development, the advancements in science, technique & technology and the tendencies towards the foreseeable future, in areas like the European Union research platform.

- to enable scientific research by allocating the highest amount of intramural and extramural support possible, as well as bringing in support from national and international sources as well.
- to give a very high priority to cooperation between university and industry, particularly in scientific research.
- to establish a Technology Development Area and to incorporate the present Technology Development Center into this area in order to accelerate national production with scientific and technological innovations and developments; and taking into consideration the wide ranging scientific disciplines of the University, highlighting interdisciplinary approaches in education and research, creating and opening encompassing and interacting programs in areas from biotechnology, health sciences, socio-economic development, individual-society-good governance, from the most basic principles to the most practical, with the highest possible participation of the academic units of the University.
- to provide facilities for the social-cultural-artistic and sporting needs of the students; and to providing diploma programs in formal and non-formal education together with certificate programs for institutions-firms by means of distance education, conferences, seminars, workshops and similar activities to form a society-university interface.

The University in Numbers

Ankara University provides education through associate (two-year) degree programs, and undergraduate (bachelor degree) programs through its 14 faculties, 3 vocational schools, 6 colleges and a state conservatory. Graduate level education and research provided by its 12 graduate schools are the pillars of Ankara University's activities. A very wide range of programs are on offer with over 50 associate degree and over 100 undergraduate level programs of study. As of March 15th 2010, our University has 2647 associate degree and 28,775 undergraduate level students. New students can attend the foreign language preparation courses during their first year. Our teaching and research staff is composed of 1120 professors, 310 associate professors, and 280 assistant professors, totaling 1710 faculty members employed at the University. The total number of auxiliary academic staff is 1702, which consists of 125 instructors, 285 lecturers, 194 specialists, and 1098 research assistants. Ankara University also employs 5324 administrative staff.

The Sun Disc



The symbol of Ankara University is the Sun Disc. This symbol is commonly regarded as belonging to the Hittite civilization and usually connotes Ankara and Anatolia. After its discovery, it was first used as its symbol by the Faculty of Humanities, and later was adopted as the symbol of Ankara University after its establishment. Prof. Dr. Aykut Çınaroğlu, a retired member of the Department of Protohistory & Pre-Asia within the Faculty of Humanities explains that the Sun Disc was unearthed during the excavations that were started in 1935 under the direction of Atatürk, and in fact the symbol belongs to the Hattis from the pre-Hittite period: "The Sun Disc is made of bronze, and was commonly used over 4250 years ago in religious as well as in other ceremonies. Just as it was used by the Ottoman Janissary Band, it was used to produce a sound when it was rattled, and this would affect the crowd by making them attentive. The circle which forms the perimeter of the disc represents either the earth or the sun. At the bottom, there are two horn-like protrusions which in fact are not representative of horns, although there is no clear agreement as to what they represent. The protrusions at the top, on the other hand represent fecundity, and the procreation of nature. The birds, also symbolize fecundity and the freedom of nature. The fact that this was a sun disc was understood after the discovery of a similar artifact shaped like the sun and beaming light, and all similar artifacts were called sun discs thereafter." Prof. Dr. Çınaroğlu stresses the point that the disc is definitely not a Hittite artifact. He explains that the disc belongs to the earliest of Anatolian civilizations whose name is known, the Hattis, and it is wrongly interpreted as being Hittite. According to Prof. Çınaroğlu, the sun disc was made and used approximately 300 years before the arrival of the Hittites in Anatolia. The Hattis were the most ancient of people speaking an Asiatic language in Anatolia, a group which also has influenced the Turkish language.

Prof. Çınaroğlu says that the sun disc was discovered inside a tomb of a Hatti chieftain in Alacahöyük and is to be found nowhere else but Alacahöyük, and also that the Hatti kings were buried in funeral ceremonies typically with 4-5 such symbols of similar design.

Ankara University School Of Medicine

History Of Medicine And Ethics Department

Foundation: 01.01.1946

One of the first departments of Ankara University School of Medicine, the first medical faculty of the Republic of Turkey, is the Department of History of Medicine and Ethics, which was founded in 1946. The department mainly focuses on the topics of medical ethics, history of medicine and medical methodology. In addition to the lectures of the school of medicine, the department is also responsible for conducting lectures such as “deontology”, “ethics” and “interpersonal professional relationships” in dentistry faculties and other vocational schools of healthcare. Apart from the undergraduate courses, the department has PhD programs. There has been two different seminar series at the department on “postgraduate continuous ethics and history education” and these programs are continuing since the beginning of 1988. The yearly schedules of “Medical Ethics Problem Discussions” and “Guesthouse Circle Seminars” are defined at the beginning of the academic year and announced both within the faculty and in other faculties. In each of the programs first the speakers is supposed to present her/his approach on a given topic and then free discussions are motivated with the participation of the audience from different disciplines.

The department has an effective role in starting and improving some attempts about medical ethics in Turkey. Establishing the Turkish Medical Association Ethical Board in 1994 is one these and the other is the foundation of Turkish Bioethics Association in the same year. In both of these institutions scholars of the department both became founder members and have undertaken important duties such as president or secretary positions. Besides they have worked as president or vice president in honor boards of various medical chambers, which has an important part in preventing the professional identity and conducting the discipline investigations, or they have taken part in routine process as an inquirer. Especially in the context of postgraduate medical education and in the national congresses of some professional societies, they have given informative conferences to practitioners, groups of people from various professions or public in general; have attended panel discussions; have taken charge in courses as educators and have worked as mentors in such programs. Besides, until recently, scholars of the department continued their membership duties in local ethical boards of drug researches.

One of the important activities of the Department of History of Medicine and Ethics is the publication studies. The number of internationally published article and orally presented studies on international level are extremely high in general; it was 2.3 in 2003 per each scholar in the department, 7.3 in 2004, 3.3 in 2005, 5 in 2006, 3 in 2007 and 8.3 in 2008.

The department plays an effective role in organizing academic and scientific meetings on medical ethics especially on the national level such as “Ankara Ethics Days” in 2006. In addition, History of Medicine and Ethics Department pioneered the realization of “The 3rd Islam and Bioethics International Conference” held in Manavgat - Antalya, Turkey between 14-16 April, 2010. Besides, a special importance has been given to the effort of printing the academic works, presented in such meetings, as soon as possible. There are many books edited and published in this respect.

ANKARA



CENTER of ANATOLIA

Capital City of Turkey

A city from the Bronze Age
& still a capital. (*Ancyra, Angora, Ankuwash*)

Ankara Today



Ankara is the capital of Turkey and the country's second largest city after İstanbul. The city has a population around 4.5 million, it goes up to 5.5 million including the provinces.

The city of Ankara lies in the center of Anatolia on the eastern edge of the great, high Anatolian Plateau, at an altitude of 850 meters (2800 ft). The province is a predominantly fertile wheat steppe land, with forested areas in the northeast.



Centrally located in Anatolia, Ankara is an important commercial and industrial city. It is the center of the Turkish Government, and houses all foreign embassies. It is an important crossroads of trade, strategically located at the center of Turkey's highway and railway networks, and serves as the marketing center for the surrounding agricultural area.



The city was famous for its long-haired Angora goat and its prized wool (mohair), a unique breed of cat (Angora cat), white rabbits and their prized wool (Angora wool), pears, honey, and the region's muscat grapes.

History of a city:

“Cross road of civilizations: Ankara”

It was formerly known as Angora. The Hittites gave it the name Ankuwash before 1200 BC, the Galatians and Romans called it Ancyra, and in the classical, Hellenistic, and Byzantine periods it was known as Αγκυρα Ánkyra.

The region's history goes back to the Bronze Age Hatti civilization, which was succeeded in the 2nd millennium B.C by the Hittites, in the 10th century B.C by the Phrygians, then by the Lydians and Persians. After these came the Galatians, a Celtic race who were the first to make Ankara their capital in the 3rd century B.C It was then known as Ancyra, meaning “anchor,” one of the oldest words in the language of the sea-loving Celts.

The city subsequently fell to the Romans, and to the Byzantines. Seljuk Sultan Alparslan opened the door into Anatolia for the Turks at the victory of Malazgirt in 1071. Then in 1073, he annexed Ankara, an important location for military transportation and natural resources, to Turkish territory.

The city was an important cultural, trading, and arts center in Roman times, and an important trading center on the caravan route to the east in Ottoman times. It had declined in importance by the nineteenth century. It again became an important center when Kemal Atatürk chose it as the base from which to direct the War of Liberation. By consequence of its role in the war and its strategic position, it was declared the capital of the new Republic of Turkey on October 13th, 1923.

This plateau was also a cradle of human civilization. At Çatalhöyük, remains of settlements as old as the eighth millennium B.C. have been unearthed. Here in the homeland of many civilizations and the historic battleground between East and West, the Hatti's, Hittites, Phrygians, Galatians, Romans, Byzantines, Seljuk's and Ottomans all fought for their sovereignty and established their rule. In the 11th century, migrating Turks from the east made the plateau their own. During its turbulent history, Central Anatolia has endured invasion by great conquerors, such as Alexander the Great and Tamerlane.

In the course of ten millennia of habitation, the denizens of the area have reflected in their art the dramatic contours of the surrounding landscape, from the vigorous paintings of Çatalhöyük and the confident lines of Seljuk architecture, to, more recently, the impressive modern form of Atatürk's mausoleum.

(http://www.ankara.com/city_history.html, 25/01/2012)

Travel to Ankara by Air



Ankara Esenboğa Airport Terminal

Ankara Esenboğa Airport (IATA: ESB, ICAO: LTAC) is 28 km (17,4 miles, about 50 min. in normal traffic) northeast from the city center of Ankara. The airport can be reached by Havaş airport buses from the ASTİ bus terminal or Ankara Gar train station or by taxi. The airport's new terminal building has been serving by model of BOT (Build - Operate - Transfer) since 13rd of October 2006. Esenboga Domestic and International Terminal Building has got 10 000 000 passengers capacity per year. The airport has 36 passport control desks, 6 custom control desks, 4 CIP lounges, 1 VIP lounge.



Travel to Ankara by Bus

By Bus

If you are traveling from places other than Istanbul, you will find buses fast, inexpensive, and modern. The buses terminate at the bus station (otogar) named AŞTİ (Ankara Şehirlerarası Terminal İşletmeleri) standing for “Ankara Intercity Terminal”. Most of the cities in Turkey have direct buses to the capital of Turkey, and buses are much faster than trains in Turkey. From Istanbul to Ankara, the bus trip takes around 5 hours.

AŞTİ is connected to the Kızılay Square and a number of other central locations by a metro line. There are also free of charge shuttle buses to Kızılay (and a number of other locations) run by the AŞTİ administration. They depart from behind the main building.

Travel to Ankara by Train



By Train

Being in a central location in Turkey, Ankara is also the centre of the Turkish rail network and can be reached from many cities. The train trip from [Istanbul](#) to Ankara takes around 5 hours and 36 minutes and most (but not all) daytime services involve changing from one of the older express trains from Istanbul to [Eskişehir](#) onto the new high speed rail link to Ankara. Night trains, on the other hand, are direct from Istanbul with no transfers to high speed trains, however, these slightly older trains are still comfortable and up to Western European standards. Also, internet connection exists certain wagons of train. Tickets are cheaper than the bus and the journey is more comfortable.

The overnight train to and from Istanbul is surprisingly affordable and saves the cost of a night's lodging. Reserve a cabin in advance if you prefer sleeping in a bed to sleeping in a seat.

The train station is located north of Kızılay Square, which it is connected to by a wide number of public buses which stop at right in front of the station. About 10 minutes of walking away from the station, on the northern corner of Gençlik Park, is a metro station which has services to a number of central locations in the city in addition to Kızılay.



Museums

Atatürk ve Kurtuluş Savaşı Müzesi

Anıt Caddesi

Tandoğan

0(312) 231 79 75



Atatürk Evi Müzesi

Atatürk Orman Çiftliği Müdürlüğü

Gazi Mahallesi

Yenimahalle

0(312) 211 01 70



Anadolu Medeniyetleri Müzesi

Gözcü Sokak No.2

Ulus

0(312) 324 31 60



Ankara Devlet Resim ve Heykel Müzesi

Talatpaşa Bulvarı Türk Ocağı Sok.

No: 1

Ulus

0(312) 310 20 94



Cumhuriyet Müzesi

Cumhuriyet Bulvarı No.22

Ulus 0(312) 311 04 73



Kurtuluş Savaşı Müzesi

Cumhuriyet Bulvarı No.14

Ulus

0(312) 310 71 40



Cumhuriyet Devri Müzesi

Hipodrom Caddesi

Ulus

0(312) 342 10 10



Etnografya Müzesi

Talatpaşa Bulvarı Türkocağı Sok. No.4

Ulus

0(312) 310 95 56



Gordion Müzesi

Yassıhöyük Köyü

Polatlı

0(312) 638 21 88



Alagöz Karargah Müzesi

Alagöz Köyü Ankara-Eskişehir Yolu 41.km.

Polatlı

0(312) 231 79 75



Arşiv Müzesi

General Şefik ERENSÜ Kışlası MSB.lığı Arşiv
Müdürlüğü Lodumlu
Bilkent

0(312) 266 27 98



Devlet Mezarlığı Müzesi

Alparslan Türkeş Cad.
Beştepe AOÇ

0(312) 221 06 27



Haritacılık Müzesi

Harita Genel Komutanlığı
Cebeci

0(312) 595 20 38



Hava Müzesi

Hava Lojistik Komutanlığı
Etimesgut

0(312) 244 85 50



Sakarya Şehitleri Anıtı ve Müzesi

Şehitlik Kaşı Tepesi,
Polatlı

0(312) 623 10 77



Çankaya Müze Köşk

Cumhurbaşkanlığı

Çankaya

0(312) 427 43 30



Demiryolu Müzesi ve Sanat Galerisi

TCDD Gar Alanı

Ulus

0(312) 309 05 15



TCDD Açık Hava Buharlı

Lokomotif Müzesi

TCDD İşletmesi Genel Müdürlüğü

TCDD Gar Alanı, Celal Bayar Bulvarı

Ulus

0(312) 319 74 40



Kız Teknik Öğretim 100. Yıl Müzesi

Atatürk Bulvarı 41,

Sıhhiye

0(312) 324 32 65



MTA Tabiat Tarihi Müzesi

MTA Genel Müdürlüğü Eskişehir Yolu

Balgat

0(312) 287 34 30



Meteoroloji Müzesi

Meteoroloji Gn. Md. Kalaba
Keçiören
0(312) 302 24 19



Telekomünikasyon Müzesi

Turgut Özal Bulvarı Samsun Yolu Kavşağı
Aydınlıkevler
0(312) 555 23 98



TRT Müzesi

TRT Sitesi
Oran
0(312) 490 43 00



Türk Hava Kurumu Müzesi

Hipodrom Cad. No: 2
Ulus
0(312) 311 30 13



T.C. Ziraat Bankası Müzesi

T.C. Ziraat Bankası Genel Müdürlüğü Binası
Şeref Salonu
Ulus 0(312) 310 37 50



75.Yıl Cumhuriyet Eğitim Müzesi

Strazburg Cad. Lale Sok. No.6 Atatürk Lisesi Yanı
Sıhhiye
0(312) 231 28 99



Mehmet Akif Ersoy Evi ve Müzesi

Hacettepe Üniversitesi Merkez Kampüsü
Samanpazarı
0(312) 311 29 52

Places

Anıtkabir



The mausoleum of the Republic's founder and leader, Mustafa Kemal Atatürk, Anıtkabir was built on the hill of Rasattepe and has an impressive entrance. It was designed by architects Prof. Emin Onat and Doc. Orahn Arda, and completed in 1953. Atatürk was removed from the temporary burial site at the Ethnographic Museum and brought here with great ceremony the same year. Within the Anıtkabir complex are the Tower of Independence, the Tower of Liberty, The Road of Lions, Mudafaa-i Hukuk Tower, the Soldier's Tower, the Tower of Victory, the Tower of Peace, the April 23 Tower, the Misak-i Milli Tower, the Reform Tower and the Victory Reliefs. The hallowed Mausoleum hall itself is a colonnaded temple with huge bronze doors but little in the way of decoration. Opposite is the tomb of İsmet İnönü, the first prime minister of the Turkish republic and president after Atatürk's death. The Anıtkabir museum is located between the Tower of the National Pact and the Tower of the Revolution. A number of Atatürk's personal belongings are exhibited, including clothes that he wore, and gifts presented to him by visiting foreign dignitaries.

POSTER PRESENTATIONS

PP – 1 SUSTAINABLE DEVELOPMENT AND ETHICAL DECISION-MAKING IN ENGINEERING APPLICATIONS

NECMETTIN ÇETIN

DPU

Background&Aims:

Engineers are expected and obliged to supply optimal desing for the products and services to the community they live together.

Methods:

There are basic rules called code of ethics in engineering for each professionals. Engineers are vitally responsible not only for desinging but also including to the final stage of implementation of their products.

Results:

Therefore, it is strongly compulsory for educators to provide ethical knowledge on decision-making proceses with emphasis on sustainable development.

Conclusion:

Engineering ethics and sustainable development are two urgently required issues.

PP – 2 EXAMPLES OF METHODS USED TO INCORPORATE ETHICS EDUCATION INTO THE CLASSROOM

AMANDA ROGERS MADRID

TEXAS TECH UNIVERSITY

Background&Aims:

This research is looking into the various methods successful teachers have used to incorporate ethics into their classroom. It focuses on incorporating ethics into the K-12 classroom, however it can be applied generally to any classroom. By examining the different methods real teachers have used to incorporate ethics into their classroom, other teachers can learn from their tips and tricks. The teachers examined in this research use various techniques and methods to help their students feel passionate about incorporating ethics into their own lives.

Methods:

The methods used in this research were examining individuals who have incorporated ethics into their classrooms and schools. It used the case study approach to examine individuals who have been successful in using ethics teaching methods in their classroom.

Results:

The results show that various methods can be used to incorporate ethics into the classroom. It varies on the teacher's strengths and beliefs, but can be successful if implemented strategically.

Conclusion:

In conclusion, a teacher can be successful when incorporating ethics into their classroom if they have persistence and adapt their methods to the needs of their students. There are various ways to incorporate ethics education into the classroom and can be utilized fully by the teacher.

PP – 3 MORAL SUFFERING IN PRIMARY CARE NURSES: AN INTEGRATIVE REVIEW

PRISCILA ORLANDI BARTH , FLÁVIA REGINA RAMOS , LUCIANA RAMOS SILVEIRA , ANA PAULA TROMBETA , LAILA CRESPO DRAGO , LAURA BREHMER

FEDERAL UNIVERSITY OF SANTA CATARINA

Background&Aims:

The primary health care has to meet the complex demands of the population health by developing in diverse scenarios and through the performance of different professionals. The nurse owns a leading role in the primary care, actions of care, education and management. However, his work experiences can be marked by conflicts and situations of moral distress conceptualized as a psychological imbalance and caused by feelings of pain and anguish.

This happens when the professional knows what should be done, but due to certain barriers does not exercise the functions in accordance with his moral precepts (Jameton, 1984). It is possible to understand that this experience is a privileged object of ethical reflection because of the impacts on the worker subject and the quality of care provided. Aim: identifying, from the scientific production, the triggering factors of moral distress on nurses of the primary health care.

Methods:

An integrated review of literature was carried out from July to August, 2013, which used a combination by Boolean operator "AND primary care nursing". It was included studies with such descriptors in the abstract or title, in Portuguese, with online access to the full text between 2006 and 2013. From an initial sample of 411 articles identified, after assessing the relation to the goal and exclusions, 20 articles were selected.

Results:

They are presented in three categories: Working conditions; Working organization, Professional and personal relations. The main problems related to moral distress were: lack of human resources, materials and medicines; overload and lack of time, poor infrastructure, high rotation of personnel, lack of access to the services, non-participatory management; flaws about the reference and counter reference, undermined teamwork and role deviation. Despite the greater impact of this topic from the year 2010, the moral distress has been little explored in the literature. There is an interface between the working context in the primary care and the way nurses realize the high emotional charges linked to their performances. Therefore, they express feelings of pain, despair, helplessness, dissatisfaction, displeasure, discouragement, frustration, discomfort, stress, irritation, anxiety, fatigue, physical and emotional exhaustion.

Conclusion:

The factors related to moral distress are intrinsic to the nurse day-to-day, often combined with organizational aspects of the job, requiring from this professional many skills, moral and technical responsibilities, especially to the exercise of moral deliberation.

PP – 4 TEAM-BASED LEARNING IN ETHICS COURSES

MUSTAFA LEVENT OZGONUL¹, MUSTAFA KEMAL ALIMOGLU²

¹AKDENIZ UNIVERSITY FACULTY OF MEDICINE DEPARTMENT OF ETHICS&HISTORY OF MEDICINE

²AKDENIZ UNIVERSITY FACULTY OF MEDICINE DEPARTMENT OF MEDICAL EDUCATION

Background&Aims:

Team based learning (TBL) is a student-centered active learning method suitable for large and small size classes. The purpose of this study was to share preliminary results of TBL implementation in some medical ethics courses in Akdeniz University Faculty of Medicine (AUFM)

Methods:

Medical ethics is an independent 7-day clinical clerkship in the 4th year of medical education in AUFM. One day is entirely allocated to TBL. After deciding to implement TBL in this academic year, first we prepared self-study materials for students. At the beginning of the clerkship, we asked the students to come to the TBL course prepared by reading self-study materials. Course content includes four topics: patient rights, physician rights, informed consent and malpractice. The course starts with an individual readiness assurance test (RAT) including 12 multiple choice questions to test basic knowledge needed for further discussion. Consequently, the students gathered in four teams and the same question set was delivered to each team. This time, team members discussed the questions and came to a shared decision for each. After team test, the instructor provided the right answers on slide and started the objection period. The teams discussed each question once again and took a glance their resources to find controversial points in questions. The instructor intentionally prepared one question to include two correct options. Throughout objection period the instructor evaluated the answer sheets of each team to explore any learning deficit or misunderstandings. After RATs, a total of five written case scripts were delivered to the teams one by one. Teams discussed on each script for 30 minutes and a representative presented each team's decision to whole class. The instructor added his contribution if needed and then next script was delivered. Satisfaction of the students with TBL was determined by 5-item likert feedback form. Regarding level of contribution to the "in-class learner engagement", behaviors of the learners and instructor were observed and scored on an observation form

Results:

Thirty-one students in four teams participated in the course. Mean scores of individual and team RATs over 12 were 10.42±1.57 and 11.48±0.51 respectively. Mean student satisfaction score was 4.73±0.23 over five. The instructor reported high level of learner involvement with the class, and learner-to-learner and learner-to-teacher interactions. Mean scores of instructor and student behaviors supporting learning engagement were 5.65±2.09 (over7) and 6.61±2.16 (over10) respectively.

Conclusion:

Both students and instructor seem highly satisfied with the method in which they show high level of behaviors supporting in-class learner engagement.

PP – 5 THE DEVELOPMENT OF ETHICAL COMPETENCE IN THE PROFESSIONAL TRAINING OF NURSES TO WORK WITH ONCOLOGY

MARA AMBROSINA DE OLIVEIRA VARGAS¹, KELY REGINA DA LUZ¹, EDISON LUIZ DEVOS BARLEM²,
DULCINEIA GHIZONI SCHNEIDER¹, PABLO HENRIQUE SCHMITT³

¹FEDERAL UNIVERSITY OF SANTA CATARINA

²FEDERAL UNIVERSITY OF RIO GRANDE, BRAZIL

³UNIMED SYSTEM

Background&Aims:

Cancer is considered a public health problem in Brazil, and with a similar impact on the international scene, along with high incidence ratio and high rates of morbidity and mortality. The nursing staff of oncological care permanently deals with painfulness, suffering and death situations, which are exacerbated by the demanding characteristics and working environment. This context not only requires expertise from the staff, but also a peculiar ethical competence, as a way of supporting the professionals in order to deal with different problems and dilemmas experienced in daily work. The aim was identifying the development of ethical competence in the professional training of nurses in order to work with oncology.

Methods:

Quantitative, descriptive and exploratory study that was conducted between March and April, 2013 at the inpatient units and outpatient chemotherapy, with nurses working with oncological patients, in two capitals of southern Brazil. It was performed a snowball sampling, and data was collected by semi-structured interviews, totaling 18 nurses. The project was approved by the Ethics Committee on Research of the Federal University of Santa Catarina (protocol 204.293). It was possible to use the Thematic Analysis to perform the analysis.

Results:

The participants reported that, during the nursing under-graduation course, the educational content taught to care for patients with cancer was non-existent or insufficient. Also, the development of ethical and technical competence happened during the training process, but in the professional work this happened with the cancer patient. The oncology training became a major challenge, especially the inter-subjectivity evidenced in this process, in which the ongoing in-service education should promote special knowledge and professional ethics competence appropriate for working practices. However, this ethical competence was developed during the specialization courses in oncology and the informal discussions in the working place, which aimed to socializing experiences and supported appropriate behaviors in relation to the problems and dilemmas experienced.

Conclusion:

The professional has ambivalent feelings, demanding a conduct in front of the ethical issues on caring for a person with cancer, and also, the information about the disease. Therefore, the involvement and participation in discussions related to the ethical problems, acquisition of greater knowledge about the issue and the need for definitions on strategies to cope with are of utmost importance.

PP – 6 ETHICAL ISSUES IN THE HEALTH CARE SERVICES TO THE PERSON WITH AMPUTATION: STRENGTHS AND WEAKNESSES

ÉRIKA YURIKO KINOSHITA, MARA AMBROSINA DE OLIVEIRA VARGAS, SORAIA DORNELLES SCHOELLER, ANA PAULA TROMBETA,
LAURA CAVALCANTI DE FARIAS BREHMER, SILVIA FERRAZZO

UNIVERSITY OF SANTA CATARINA, UFSC, BRAZIL

Background&Aims:

Background: The amputees and other people with physical disabilities have the same rights for health than people who have no disabilities. The health services, from primary care to levels of greater complexity are intended to promote joint actions to ensure completeness, quality, responsibility and humanization. Aim was analyzed the assistance to the amputees in a network of health services, from the perspective of the professionals.

Methods:

It is a descriptive, exploratory and qualitative research, which was approved by the Ethics and Research Committee with Human Beings under Opinion No. 95,521. The participants of the study were health professionals involved in the care of people with amputation. These professionals worked in Public Hospitals and a Rehabilitation Center, in the metropolitan area of the city of Florianópolis, Santa Catarina, Brazil. Data collection occurred between December, 2012 and March, 2013. It was possible to interview physicians, nurses, social workers, nutritionists, psychologists and physiotherapists, totaling 19 subjects. Data was organized in ATLAS-Ti software and analyzed by using the method of Thematic Analysis.

Results:

The interviewees showed through their perspective ethical strengths and weaknesses in the care process for an amputee. It was possible to highlight as strength the existence of a network of public health services organized to meet the needs of the amputee during different stages of the amputation process, rehabilitation and follow-up according to each case. There was an emphasis on the commitment and responsibility of professionals to prepare the post-amputation referrals, and the multidisciplinary teamwork in the recovery. There was a certain lack of knowledge about the functioning of the Rehabilitation Center, and how people should be referred to this service, among the weaknesses reported. The relationship between hospitals and primary health care institutions is still fragile. Also, there is a lack of qualified professionals to provide care related to rehabilitation.

Conclusion:

There is a need to carry out the legal and ethical responsibilities of some professionals regarding the integral and interdisciplinary care for the amputee. From the indication of this procedure and throughout the post-surgical process until the possible recovery of daily activities adapted to each situation and needs.

PP – 7 COMMUNICATION OF BAD NEWS: THE EXPERIENCE OF NURSING UNDERGRADUATES

GLAUBER MELO DA SILVA ¹, SANDRA CEZAR LEAL ¹, JOEL MANCÍA ²

¹ *UNIVERSIDADE DO VALE DO RIO DOS SINOS- UNISINOS*

² *ASSOCIAÇÃO BRASILEIRA DE ENFERMAGEM-ABEN*

Background&Aims:

The objective of this research was to investigate the experiences of nursing undergraduates in the process of communication of bad news during their experience in practical scenarios. This is a qualitative study which was developed in a university in Vale dos Sinos, in the south of Brazil.

Methods:

There were 20 nursing undergraduates participating in the research who were at the 8th and 9th terms, in a 10 terms course. The data collection was made by semi structured interviews and they were submitted to a thematic analysis. At this stage, it was possible to build four thematic categories, as following: What are the contents of the bad news? Lack of preparation as a nursing undergraduate; difficulties experienced and projected during the communication; and preparation acquired with professional experience. The research was based on the Brazilian rules for research with human beings; the project was approved by de Ethics Committee of the university.

Results:

The results showed that the nursing undergraduates judged themselves unprepared to deal with situations that involve the communication of bad news. The main factor that interfered in the process of communication of bad news was little preparation for the trajectory of the nursing course. Respondents identified as difficulties the little practical experience, the lack of preparation and emotional involvement, in particular, before situations covering death and serious illnesses, including cancer

Conclusion:

Although it was not the study scope, it is considered that there are a small number of publications on the issue carried out by nursing professionals. Situation which points to the need to develop strategies to be included during the student life, in order to give better conditions to students to face this problem. Because of the frequent presence of the nursing professional with the patient and family, it is necessary to improve the communication of bad news, justifying the importance of the nursing experience along the university course.

PP – 8 ETHICAL AND LEGAL CONSIDERATIONS ON THE BANKS OF HUMAN BIOLOGICAL MATERIAL

GABRIELA MARODIN, PAULO FRANCA , MARCIA MOTTA , JORGE VENANCIO

BRAZILIAN NATIONAL COMMITTEE FOR ETHICS IN RESEARCH

Background&Aims:

Banks of human biological material are indispensable tools to the patient Assistance activities, in Forensic issues, as well as in conducting scientific Research in various fields of knowledge.

Methods:

The Brazilian regulations related to assistance and therapeutics are the Law 11.105/2005, in particular its article 5th concerning the use of embryonic stem cells, and RDC 33/2006, of the National Agency of Sanitary Surveillance, about “Technical regulations for the operation of banks of cells and germinal tissues”. With respect to forensics, recently went into effect in the country the Law 12.654/2012 which establishes the implementation of criminal identification based on the collection of material and defining genetic profile of the accused. Regarding the banks of human specimens for research purposes, Brazil has two regulatory documents - Ordinance 2.201/2011 of the Ministry of Health and Resolution 441/2011 of the National Health Council - establishing distinctions between Biorpositories and Biobanks.

Results:

Biorepository is defined as a set of human biological samples collected during a specific research, whose purposes, methodology and associated risks were approved by the national system of ethical appraisal. On the other hand, the set of stored human samples to be used in future research, disconnected from a specific project, but with the appropriate ethical approval, is called a Biobank. Brazilian regulation applied to research is also innovative in proposing the use of a model based on unrestricted respect for the person. Through the Informed Consent Form, the subject expresses the willingness to be contacted or not in each research associated to a Biobank; however, the regulation maintains the necessity of using specific consent in case of Biorepositories.

Conclusion:

Still remain several challenges. In Research, the issues associated with returning the results to the participant, including genetic counseling, have been a permanent challenge, especially when possible clinical implications are identified while carrying out a project. In this sense, the standardization of this issue still needs approach in Brazil. In Assistance, it is realized the need to regulate appropriately the use of specific tissues such as teeth and skin appendages. With respect to Forensic issues, the integration of disciplinary conducts, methodological procedures and databases across federative units comprising the Brazilian nation represent primordial aspects. It is true, therefore, that biobanks became an indispensable part of medical research and health care. A network of biobanks, harmonized in their ethical, technical and legal aspects, for purposes of Research, Assistance and/or Forensics is a current global challenge.

PP – 9 ETHICS EDUCATION IN THE DEPARTMENTS OF MOLECULAR BIOLOGY AND GENETICS OF UNIVERSITIES IN TURKEY

BANU GÖKÇAY, EMİNE TOPÇU

UNİVERSİTY OF ANKARA

Background&Aims:

The main idea of this paper had been evolved out the course of English III at Istanbul Technical University, where we received bachelor's degree in molecular biology and genetics department. The objectives of the course at issue were improving students reading and writing skills, improving students technical vocabulary (whose main language is not English), enhancing knowledge about a specific subject related to their department and, of course enabling awareness and application of the research process and adhering to the norms of research ethics. During the course, students study to enhance their writing process in which they go through many stages from brainstorming and outlining to producing a complete documented piece of writing. Until complete document, students learn how to select source, to choice a topic, to construct and defense of a thesis statement, to cite sources, to outline, and to organize references page. What can be said about this course is that the critical elements are rules of paraphrasing and summarizing techniques, use of quotations in the paper together with the inclusion of personal comments, and of course avoidance of plagiarism and conforming to ethical rules.

Methods:

There are also similar courses in different universities in Turkey named as “English for academic purposes, etc.”. These courses are main courses, not elective for faculty student of those universities. There are also some courses of engineering faculties such as research methods or research ethics related to their own departments.

Additionally, there are some graduate programs called applied ethics in which students study the need for ethics knowledge for engineers and many other people in business, media, education, public service, law, medicine those confront many ethical issues in their daily work. However, although there are many ethical issues in the field of molecular biology and genetics, there is no undergraduate ethics course for the students of this field.

Results:

It is for sure that, there are many ethical issues and legal-social implications related to human genetics, forensic sciences, biotechnology, GMOs (genetically modified organisms-foods) ...etc. Future's genetics researchers should know the boundaries of genetic researches in the norm of ethics, and should be aware of the ethical guidelines. On the other hand, ethics knowledge for researchers is also crucial for preserving public trust to genetics research.

Conclusion:

The necessities for ethical perspective of genetics research mentioned above, lead us to think about the necessity for ethics education for undergraduate students of the field of molecular biology and genetics. So, this paper study is an initiative for this purpose.

PP – 10 ETHICS EDUCATION IN THE FACULTIES OF PHARMACY IN TURKEY WITHIN BOLOGNA PROCESS: A WEB BASED STUDY

ZEYNEP ÇALGAN, BILGE SÖZEN ŞAHNE, SELEN YEĞENOĞLU

HACETTEPE UNIVERSITY FACULTY OF PHARMACY

Background&Aims:

Pharmacy practices are crucial for maintaining healthcare services and pharmacists are among the most consulted health professionals. Therefore, preparing pharmacy education programs need particular attention and ensuring the standardization of higher education is important for increasing the quality of healthcare services. In this context, the Bologna Process gives a chance for development and harmonization of the higher education programs. As higher education curricula of participant countries are rearranged in this context, it is of importance to make pharmacy ethics courses a part of pharmacy education and formalize their content, credit, teaching methods and semester that the course is given appropriately. In this study, we aimed to determine the scope of ethics education at undergraduate level in pharmacy faculties in Turkey and examine the similarities and differences between ethics related courses in education programs.

Methods:

23 pharmacy faculties which continue undergraduate pharmacy education in Turkey were included in the study. Pharmacy faculties' web sites were examined in order to determine ethics related courses. Faculties' undergraduate curricula and "Bologna information packages" were used to evaluate these courses.

Results:

All of the faculties which continue undergraduate pharmacy education have web sites. 21 of them contain information regarding their undergraduate curriculum. 17 pharmacy faculties put their curriculum and 7 faculties have "Bologna information package" on the web. According to the education schedules and "Bologna information packages", 16 faculties have ethics related courses those name contain word of "ethics" in 7 faculties while there are courses those name have "deontology" in 9 faculties. These lectures are given in the 1st and 8th semester mostly. In addition, their credits vary between 1 and 3. Seven faculties' web sites have information about content, teaching methods and outcomes of the courses within "Bologna information package".

Conclusion:

Ethics related courses in pharmacy education are essential to train qualified pharmacists. However, one fourth of pharmacy faculties do not have any courses related to the ethics. Hence, it is significant to restructure these programs to include ethics related courses. Also, only one third of the faculties have "Bologna information packages" on the web. Since these packages require offering information regarding course content, teaching methods and outcomes, it gives an opportunity to think over the courses and improve them. Besides, Bologna studies make courses comparable, contemporary and compatible. Because of this, it can be recommended the instructors to prepare these packages for their ethics courses.

PP – 11 AN OVERVIEW OF MEDICAL ETHICS EDUCATION IN THE FACULTY OF MEDICINE

ENGİN KURT, MESUT ERSOY , FATİH NAMAL

GATA

Background&Aims:

Medical ethics training is expressed by experts, as “an educational process, which analyses the role of the values in the relationship of the physician with patients, colleagues and community and emphasizes the functionality of these values in the professional identity”. Also its emphasized by the World Medical Association that the issues related with medical ethics and human rights must be included at medical schools as a compulsory lesson. In this study, ethical training in GATA School of Medicine is compared to the other medical schools and solutions are proposed about the issues need to be developed.

Methods:

In our study of medical ethics education at the undergraduate level in Turkey that nine samples were taken from the universities and courses via the Internet was accessed. Our study was performed on December 1 to 30, 2013. At the beginning of our study, the ethics training in medical schools and medical history at the undergraduate level courses individually is written below. Identified a total of 398 courses at nine universities were made in different names. This course is divided into lessons from the history of medicine. The remaining contents of the courses are considered the same as those grouped under one name and medical ethics course has been reduced to 75 the number of varieties. In these courses has been divided into three groups including, only in a university undergraduate courses, between one and four courses at university and over five (over 50%) courses at university.

Results:

In our study we determined that, from 75 course which ce categorized, 2.6% (n = 2) by all the universities participating in the research, 10.66% (n = 8) by the number of universities ranging from five to seven, after the first ten courses of 24 lessons (32%) minimum 2 and maximum 4 by the university, last 41 subjects (54.66% 's of) by only one university was described.

Conclusion:

In conclusion, the absence of standard curriculum on ethics education in our country and each university has own program to ethics training have been founded. However ethics training progress in order to be given training at a certain standard, being about ethics fundamental issues appropriately classes should be included and each university will apply a standard of ethics training program should be concluded.

PP – 12 ETHICAL EVALUATION A NEW PROFESSIONAL CODES' IN SPORTS MEDICINE

MUKADDER GUN

TURKISH GENDARMERIE GENERAL COMMAND, ANKARA, TURKEY

Background&Aims:

Ethics in medical practice are defined in detail for the times of Hippocrates. Their relation is still not lost. As community changes the connection between doctor and patient, the body of principles that forms a basis for this mutually effect advances to evolve.

Methods:

The practice of sports medicine represents a unique subspecialty within the discipline of medicine. There are many of ways in which sports medicine seperates from the superior form of practise in “fundamental” medicine, physiotherapy and the concerning areas. Traditionally, the relationship between sports and medicine was rival because of conflicts between health and sports. The specially concerning areas of medical ethics that present unique defiances in sports medicine are autonomy (informed consent), third parties, advertising, truthfulness, confidentiality, conflicts of duties, drug use, innovative technology and other ethical issues. But unfortunately, there is no universal accepted code of sports medicine ethics that sufficiently indicates these conflicts issues.

Results:

The specially concerning areas of medical ethics that present unique defiances in sports medicine are autonomy (informed consent), third parties, advertising, truthfulness, confidentiality, conflicts of duties, drug use, innovative technology and other ethical issues. But unfortunately, there is no universal accepted code of sports medicine ethics that sufficiently indicates these conflicts issues.

Conclusion:

The aim of this articles are to explicate Professional Codes' sports medicine practise from ethical perspective, the ethical conflicts of sports medicine, finally suggestions for ethical decision making in this fields.

PP – 13 A MODEL PROPOSAL IN TRAINING OF PATIENT RIGHTS FOR HEALTH CARE PERSONNEL WORKING IN THE FIELD OF FAMILY PLANNING

CEMAL HÜSEYİN GÜVERCİN

MINISTRY OF HEALTH

Background&Aims:

The aim of this study is to propose a 3-day training program for the purpose of creating or increasing awareness about patient rights for health care personnel rendering service in the field of FP.

Methods:

Training is planned as 3 days (theoretical presentations for 2 days and practice for 1 day) for groups of maximum 20 people. During the training, an interactive training environment would be provided, and methods such as group works, role play, and case studies would be used along with presentations. On the first day of training, the subjects would involve FP methods and practice, FP consultancy, historical development of the concept of patient rights and international declarations, and legal regulations in Turkish health legislation. On the second day, evaluation of FP services in terms of patient rights, informed consent, respect for private life, and privacy of personal information would be involved. On the third day, the training would be completed with discussing problems encountered in the practice, solution offers, and discussing of participants' action plans, and group works.

Results:

It is expected at the end of the training that participants gain enough skills in the subject of recognizing patient rights and rendering services which are respectful for patient rights.

Conclusion:

Generally one of the most important reasons for violations of patient rights is lack of knowledge of health care personnel regarding this issue. It is important for continuous professional development of physicians, nurses, and midwives, who work in the field of FP, to take regular trainings in this field, as well.

PP – 14 AN EXPERIENCE FOR ETHIC EDUCATION IN SOCIAL SCIENCES: “BIOETHICS AND WOMAN” MASTER COURSE

SALİME TARİHÇİ¹, KAMİLE BOSTAN AKYÜREK², SELDA GÜMÜŞ AKYOL², ABDÜLHALİM KARAOSMANOĞLU², BERNA ARDA²

¹*ÇANKAYA MUNICIPALITY GENDER SPACILIS*

²*ANKARA UNIVERSITY*

Background&Aims:

One of the gaining of feminist movement -which is wake up again in 1970 at west- has been opening to departments about Women's Studies at universities. One of the first Women's Studies Centers opened in 1989 at Istanbul University, and in the intervening 25 years they are opened in Turkey at 17 universities.

Methods:

One of them is -which we are located in, established in 1995 at Ankara University- Women's Studies Center (KASAUM in Turkish). It is known as a woman academician's interdisciplinary diversity, and also known as academic wealth of Women's Studies master program -maintained in 1995 and started to accept students in 1996-1997 educational period

Results:

Basic aim of this presentation is define the “Bioethics and Woman” course -which is take a part in master program since 1997- contribution to the Women's Studies. In this respect, for research first has been analyzed to distribution of 50 master students -which are take Bioethics and Woman course between 1997-2012 years- about gender, education before master degrees; and then it has been examined to attitudes and perceptions -which is related to lecture- through to appraise feedback forms -which is implemented by lecturer after every semester. At the second stage of this research, it has been tried to make visible Bioethics and Woman course' s contribution to the era booted its topics.

Conclusion:

With examples by moving from Turkey's political arena try to execute on woman body, it will be highlighted to bioethics' basic topics characteristic in women studies, and also it will be developed suggestions about how discussion fields can be extended.

PP – 15 21ST CENTURY TO THE BASIC ETHICAL PROBLEM: ENVIRONMENTAL ETHICS

AYSEL KEKILLIOĞLU

NEVŞEHİR HBV UNI.

Background&Aims:

Environmental ethics is theory and practice about appropriate concern for, values in, and duties regarding the natural world. By classical accounts, ethics is people relating to people in justice and love. Environmental ethics starts with human concerns for a quality environment, and some think this shapes the ethic from start to finish. Others hold that, beyond inter-human concerns, values are at stake when humans relate to animals, plants, species and ecosystems. According to their vision, humans ought to find nature sometimes morally considerable in itself, and this turns ethics in new directions. Therefore, in this study, our main goal isto reveal the fact that; environmental quality is necessary for quality of human life. Humans dramatically rebuild their environments; still, their lives, filled with artefacts, are lived in a natural ecology where resources—soil, air, water, photosynthesis, climate—are matters of life and death. Culture and nature have entwined destinies, similar to (and related to) the way minds are inseparable from bodies. So ethics needs to be applied to the environment. Key Words: Environment, Ethics, Ecosystems, Culture, Nature, Philosoph, Law

Methods:

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Results:

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Conclusion:

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PP – 16 KNOWLEDGE LEVEL OF MIDWIFERY STUDENTS WHO HAVE NOT RECEIVED MEDICAL ETHICS COURSE IN RELATION TO MEDICAL ETHICS

SULTAN ALAN, MELIKE OZTURK

CUKUROVA UNIVERSITY ADANA HEALTH HIGH SCHOOL MIDWIFERY DEPARTMENT

Background&Aims:

In addition to being a tool which enables to organize activities for health professions, medical ethics has a theoretical aspect including value discussions that draw interest from the society in general and from health professionals as well as people from various disciplines such as law and philosophy. In this regard, medical ethics courses in the education of health professions have two functions. On one hand they aim to teach how to develop responsiveness and skills in relation to performing the profession “well”; on the other hand, they raise awareness about the professional values and value problems which are an important component of the cultural aspect of the profession. Identifying what these important functions mean for students who have not received medical ethics course yet seems to a topic worth investigating. The purpose of this study is to identify views of midwifery students who have not received medical ethics course yet. Results of the study reveal students’ knowledge level when the course is not given as a separate course. Besides, the data obtained from the students serve the purpose of examining the medical ethics education provided in the institution as well as improving it.

Methods:

This study was conducted with 100 third year students who have not received medicine ethics course yet; the students are enrolled in the Cukurova University Adana Health High School Midwifery Department. The participants were asked to state their opinions frankly through semi-structured open-ended questions.

Results:

Results show that students have insufficient knowledge about ethics, basic concepts of medical ethics, and functions of medical ethics.

Conclusion:

This study has identified the concepts of ethics, instruction methods, and the primary concepts of discussion. The results will be presented in detail in the paper.

PP – 17 SCIENCE TEACHER CANDIDATE’S OPINIONS ON ETHICAL ISSUES AND DETERMINATION OF THEIR MORAL VALUES

BÜŞRA CEYHAN, NURETTİN ŞAHİN

MUĞLA SITKI KOÇMAN ÜNİVERSİTESİ

Background&Aims:

The purpose of the present study is to investigate the pre-service science teachers’ opinions about some ethical issues and determine their moral values. Day by day many innovations are entering into our lives with developing technology but it also occurs along with certain risks. With the result that we sometimes have to decide on some topics in our daily lives. This study provided with science teachers because they play an active role in shaping the decision-making process on future generations.

Methods:

The research was carried out pre-seervice science teachers (N=275) from Muğla Sıtkı Koçman University. Data were collected by using 5 point likert-type questionnaire which is developed by considering to literature and subject expert opinions to determine pre-service science teachers understanding on ethical issues. Additionally 5 point likert-type Ethical Position Questionnaire was used which is developed by Forsyth (1980) to identify the moral values. In data analysis SPSS 20 software package was used.

Results:

Ethics Position Questionnaire has been developed to determine people idealism and relativism moral values. Pre-service teacher’s moral values have been investigated about region of the people where they live and gender. In Aegean region M= 35.25, Marmara M= 35.17, Mediterranean M= 35.26, Central Anatolia M= 35.25, Blacksea M= 37.98, East Anatolia M=34.48, South-East Anatolia M= 39.57 have relativistic opinion and additional to this regions Mediterranean M= 42.61, Central Anatolian M= 42.51 and South East Anatolia M= 41.94 also have idealistic opinion. When Pre-service teacher’s moral values have been investigated for gender, girls are more idealistic than boys (Girls M= 42.2, Boys M= 41.75). Result of the bioethic questionnaire showed that a large majority of the pre-service science teachers stated that ; “ Doctor shouldn’t share patient’s informations others without their permission” (M= 4.42), “A doctor who has a patient suffering from AIDS, this information should be shared with them in order to protect the health professionals” (M= 3.83), “Progress and developments in science and technology should be under the control of society” (M= 3.72), “In accordance with the decision of the parents birth defects can be prevented” (M= 3.72), “Pregnancy should be allowed to choose the gender” (M= 3.72). Moreover, as a teacher candidate participants indicated that “The above-mentioned issues in question should be included as a subject in primary and secondary education programs” (M= 3.92).

Conclusion:

According to the bioethics questionnaire; it was revealed that pre-service science teachers exhibit more participation to the items which are related to “autonomy” and furthermore the bioethics issues needs be to be accepted as a course in the science curriculum.

PP – 18 MODERN BIOTECHNOLOGY, GMOS & ETHICAL ISSUES

AYSEL KEKİLLİOĞLU

NEVŞEHİR ÜNİVERSİTESİ, FACULTY OF ARTS AND SCIENCES, DEPARTMENT OF BIOLOGY

Background&Aims:

Humans were modifying crops long before the advent of genetics and “modern” biotechnology. Once humans began to practice settled agriculture some 8000 years ago, they selected which plants to plant, grow, and harvest-first choosing from the wild and then from cultivated crops. Both “traditional” biotechnology and “modern” biotechnology result in crops with combinations of genes that would not have existed absent human intervention.

Methods:

Genetically modified organisms (GMOs), organisms in which genes from another organism are inserted into the targeted organism’s DNA, have the potential to both positively and negatively affect the environment and human health. Crops have been modified for centuries by humans using selective breeding techniques, but GMO biotechnology is a more specific and rapid selection process.

Results:

The advent of GM crops provides new opportunities for increasing agricultural production and productivity, enhancing nutritional value, developing and delivering pharmaceuticals and vaccines, and feeding the world. But, it is far from easy sailing for GM foods in light of the public concern for associated risks to human and animal health; risks to biodiversity and the environment and intermittent consumer outrage at not knowing if the foods has had a genetic boost or not. GM foods are not labeled as such and the industry sector stages has bred distrust among consumers and fuels an inherent skepticism about the safety of GM foods.

Conclusion:

A common approach to thinking about the ethics of the genetic engineering of food crops and the appropriate regulatory environment is by evaluating safety and weighing potential risks: First are potential risks to the environment and wildlife. Second are potential risks to human health. Third are potential socio-economic effects. Fourth is the potential risk to public trust generated in part by industry refusal to label GM foods as such.

PP – 19 PRENATAL DIAGNOSIS METHODS AND NURSING ETHICS

DERYA YÜKSEL GÜVENÇ

HITIT UNIVERSITY HEALTH SCHOOL

Background&Aims:

Developments in medical science and technology in recent years prospective parents about the physical health of their children come into the world has led to many knowledge (Kılıç ve Avdal 2000).These developments in the field of health have some value issues, human rights, patient rights, individual autonomy and ethical values has been given increased importance (Wagner 2000, Karaöz 2000, Allmark 2005).Prenatal diagnosis provides to determination and identification hereditary diseases and malformations in intrauterine period. Detection of diseases treatment is not possible in the postpartum period, within the framework of legal and ethical values, born of affected fetuses are prevented(Beksaç, 1996). Ultrasound, amniocentesis, chorionic villus sampling, maternal serum alphafetoprotein, the fetoscopy, strand synthesis and radiography are prenatal diagnostic methods. To give the most accurate results diagnostic methods is recommended to be done in specific time periods of pregnancy. Advancing gestational age accepting of fetus as individuals and in terms of the right to live suggests that a person should be equated with.This situation raises an ethical issue(Aksoy 1998).After scanning in the detection of genetic disorders most families want to terminate the pregnancy(Aksoy 1998 ve Savulescu 2002). To this thread from the perspective of ethical and fetus terminate the pregnancy may seem like the right approach. Savulescu 2002). Before diagnostic tests participant's informed, an adequate level, legal consent to be signedgenetic information appropriate genetic counseling , is hidden the identity that should be are the ethical considerations.

Methods:

Consulting services for prenatal diagnosis by the nurses inform the woman and while its autonomous decision must provide that the woman, health care professionals tests to and if the fetus is an anomaly the idea is made to termination.Related health personnel and, especially, on women's health nurses of consulting services must provide information sholud be 'router' not 'informative'. First should be noted that mothers may refuse such a test the right to be in. The decision to be tested must be left to parents. If an anomaly is detected in the fetus and if decided to termination of pregnancy about treatment of methods, realistic and right information ' without prejudice to be informed to parents.

Results:

Moreover, after the results become clear, parents whatever decisions about will be supported.Firstly during nursing education all student nursing, focused case models thinking-idea generation - discussion undergo training in genetics and ethical principles and after graduation, specializing in the field of women's health nursing and nurses working in this field within the framework of ethical principles to provide accurate counseling services should be provided.

Conclusion:

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