PROGRAM

Health, Culture and the Human Body

11-13 September 2014 • Istanbul • Turkey

BETİM
BEŞİKÇİZADE CENTER FOR MEDICAL HUMANITIES

Universität Bremen

BIPS Leibniz

3rd international and interdisciplinary conference on

Health, Culture and the Human Body

Epidemiology, ethics and history of medicine, perspectives from Turkey and Central Europe

11-13 September 2014 - Istanbul

The objectives of the conference

Advances in science-based medicine have greatly increased the range of applications to the body and mind of human beings, blurring the boundaries between what is to be considered a state of health or illness. A large number of interventions already have a distinguished history, such as organ transplants, pharmacological enhancement, plastic surgery, etc. Other developments, such as delaying the process of aging by manipulating the molecular markers on our DNA, so far remain promises (or threats?) for the future. In this regard this conference will focus on ethical, historical and epidemiological perspectives on medical interventions into the healthy / diseased human body in mid-life, including issues such as enhancement, surgical interventions, and the ethics of transhumanism. Further subjects of the conference are the epidemiology of organ transplants and the history and ethics of psychiatric definitions, diagnostics, and therapies, which will also be discussed from an interdisciplinary perspective. Palliative care and its intercultural aspects are also among the main topics of the conference.

This conference will focus on selected cases from Turkey, Germany, and other countries which for the last 50 years have been closely connected by substantial migration processes, as they had been earlier through medical scientific exchanges and common clinical practice. Building on the well received first two rounds on the beginning and the end of life, respectively, held in Germany (Mainz) in 2010 and in Turkey (Istanbul) in 2012, the aim of this third conference is to widen the discussion platform for different ethical considerations among historically connected countries, applying an interdisciplinary "medicine studies" approach to selected sample cases or population approaches from Turkey, Germany and other countries with comparable relationships.

Thursday, 11 September 2014

Venue

Istanbul University – Congress Culture Center (Kongre Kültür Merkezi) Beyazıt

13:00 - 14:00	**REGISTRATION**
14:00 - 15:00	**Welcome**
	Prof. Dr. Yunus Söylet (Rector of Istanbul University)
	Jutta Wolke (Consul General, Germany) -requested
	Prof. Dr. M. Bilgin Saydam (Dean of İÜ Istanbul Medical Faculty)
	Dr. Ahmet Özdemir (Hayat Vakfı)
	Yard. Doç. Dr. Hakan Ertin (BETIM, İÜ Istanbul Medical Faculty)
	Turkish Classical Music
15:00 - 16:00	**Keynote Address**
	Robert M. Veatch (Washington DC USA) "Hippocratic, Religious and Secular Medical Ethics"
16:00 - 16:30	**Break**
16:30 - 18:00	**Plenary**
	Chair: Hajo Zeeb
16:30 - 17:00	**Nil Sarı** (Istanbul TR) "A review of the Ottoman court rules on mental diseases"
17:00 - 17:30	**M. Bilgin Saydam** (Istanbul TR) "Modernistic Psychotherapies for the Pre-modern Psyche"
17:30 - 18:00	**Meryam Schouler-Ocak** (Berlin D) "Suicidal Behaviour in Immigrants"
18:00 - 20:00	**Welcome Reception**

Friday, 12 September 2014

Venue

Istanbul University - Congress Culture Center (Kongre Kültür Merkezi) Beyazıt

09:00 – 10:30	**Plenary**
	Chair: İlhan İlkılıç
09:00 - 9:30	**Nurhan İnce** (Istanbul TR) "Organ Transplantation in Turkey. Facts and Problems"
09:30 - 10:00	**Hakan Ertin** (Istanbul TR)**, Kemal Temel** "Organ Transplantation: An assessment of the system in Turkey"
10:00 - 10:30	**Hanzade Doğan** (Istanbul TR) "Ethical and Socio-Cultural Dimension of Organ Transplantation and the Informed Consent Process"
10:30 - 11:00	Break
11:00 - 12:30	**Plenary**
	Chair: Nil Sarı
11:00 - 11:30	**Gertrud Greif-Higer** (Mainz D) "Limits of Impositions for Seriously Ill Patients in the Transplantations Process - Single Center Experiences and Implications for Further Fundamental Decisions"
11:30 - 12:00	**Ehsan Shamsi Gooshki** (Tehran Iran) "Tissue and Organ Transplantation in Iran: A Review on Ethical and Legal Aspects"
12:00 - 12:30	**Hajo Zeeb** (Bremen D)**, Funda Klein-Ellinghaus, Natascha Makarova** "A Comparison of Under 5 Childhood Mortality Among Turks Living in Turkey and Turkish Migrants in Germany"
12:30 - 14:00	Break (Lunch)
14:00 - 16:00	**Plenary**
	Chair: Armağan Samancı
14:00 - 14:30	**Dror Ze'evi** (Be'er Sheva Israel) "Solidifying Sex, Blurring Gender: Ottoman Bodies in Flux"

14:30 - 15:00	**Leah DeVun** (New Jersey USA) "Closing Bodies, Curing Bodies: The History of Surgery and the Correction of 'Hermaphrodites' in the Pre-modern Mediterranean"
15:00 - 15:30	**Livia Prüll** (Mainz D) "The Sexual Reassignment of Robert(A) Cowell (1954) and the Self-Image of Transident Women Since 1945"
15:30 - 16:00	**İbrahim Yıldırım** (Istanbul TR) "History of Plastic Surgery in Turkey"
16:00 - 16:30	Break
16:30 - 18:30	**Plenary**
	Chair: M. İhsan Karaman
16:30 - 17:00	**Harun Özkan** (Istanbul TR) "Male to Female Gender Reassignment Surgery"
17:00 - 17:30	**Hüseyin Özbey** (Istanbul TR) "Disorders of Sex Development: A Bioethical Conundrum Involving Minor Patients and Major Decisions"
17:30 -18:00	**Serap Oflaz** (Istanbul TR) "Psychiatric and Cultural Dimensions of Transsexuality"
18:00 -18:30	**Ehsan Shamsi Gooshki** (Tehran Iran) "Transsexual Surgery in Iran: A Review on Jurisprudential, Ethical and Legal Aspects"
19:30 - 22:00	**Gala Dinner at Merkezefendi Medical Botanical Garden (www.ztbb.org)**

Saturday, 13 September 2014

Venue

Beşikçizade Center for Medical Humanities

09:30 – 10:30	**Salon 1**
	Chair: Hanzade Doğan
09:30 - 9:50	**Petra Kutscheid** (Dernbach D) "How to Cope With Suffering?- Historical and Philosophical Aspects of Palliative Care and Culture"
09:50 - 10:10	**İlhan İlkılıç** (Istanbul TR) **Agop Çıtak** "Decision Between Palliative Medicine and Pediatric Intensive Care - A Matter of Money, Culture or Medical Evidence?"
10:10 - 10:30	**Tutku Özdoğan** (Istanbul TR) "The Newborn Girl Near the End of Her Life"

09:30 - 10:30	**Salon 2**
	Chair: Hakan Ertin
09:30 - 09:50	**Burçak Özlüdil Altın** (New Jersey, USA) "Bodies on the Move: Psychiatric Spaces of Istanbul, 1870-1930"
09:50 - 10:10	**Ahmet Kımıl** (Hannover D)**, Lea Brökmann, David Brinkmann, Ramazan Salman** "Transcultural Psychiatry Study: Improving Access to Socio-Psychiatric Care for Immigrants in Germany (Regional Analysis)"
10:10 - 10:30	**Gamze Nesipoğlu** (Istanbul TR), **İbrahim Başağaoğlu** "On the Limits of Psychiatric Patients' Autonomy"

09:30 - 10:50	**Salon 3**
	Chair: Frank Kressing
09:30 - 09:50	**Verena Krobisch** (Berlin D), **Liane Schenk** "Care of Elderly Migrants from Turkey – on the Discrepancy Between Care Orientations and Institutional Care"
09:50 - 10:10	**Funda Klein-Ellinghaus** (Bremen D), **Tilman Brand, Hajo Zeeb** "Needs and Resources of Turkish-Speaking

	Relatives of Dementia Patients - Experiences from Bremen, Germany"
10:10 - 10:30	**Mashhood Ahmed Sheikh** (Tromsø, Norway), **Birgit Abelsen, Jan Abel Olsen** "Your Parents' Wealth is More Important Than Their Education for Your Later Health and Life Satisfaction: Evidence From the Tromsø Study"
10:50 – 11:10	**Break**
11:10 – 12:10	**Salon 1**
	Chair: Ertan Kervancıoğlu
11:10 - 11:30	**Constantin Canavas** (Hamburg D) "Assisted Reproductive Technologies in the Nexus of Ethical Diversity IVF Practice and (Non-) Regulation in Lebanon"
11:30 - 11:50	**Ahmet Karakaya** (Istanbul TR) "Ethical and Legal Issues Regarding Embryonic Stem Cell Research in Turkey"
11:50 - 12:10	**Mehrunisha Suleman** (Oxford, UK) "The Ethics of Global Health Research in Developing Countries and Exploring the Importance of an Islamic Perspective – I: Literature and Guideline Review"
11:10 - 12:30	**Salon 2**
	Chair: Ayman Yasin Atat
11:10 - 11:30	**Haluk İnce** (Istanbul TR) "The Evaluation of the Posttraumatic Stress Disorder (PTSD) Symptoms in Sexual Assault Victims in the Context of Legal Processes"
11:30 - 11:50	**Hakan Ertin** (Istanbul TR), **Adem Az** "On Hermaphroditism: Ethical Problems"
11:50 - 12:10	**E. Elif Vatanoğlu-Lutz** (Istanbul TR) "How ethical is it to allow or prohibit circumcision of underage boys? An ethical discussion refl ecting on legal and medical arguments"
12:10 - 12:30	**Oya Ögenler** (Mersin TR), **Selim Kadıoğlu** "Relationships with the Dead Human Body: Opinions of Mersin University Health Vocational School Students"

11:10 - 12:30	**Salon 3**
	Chair: Ceren Gülser İlikan-Rasimoğlu
11:10 - 11:30	**Frank Kressing** (Ulm D) "Migration and Health in Medical Education - A Work in Progress Report from Central Europe"
11:30 - 11:50	**Ramazan Salman** (Hannover D), **Ahmet Kımıl, Klara Starikow, Betje Schwarz, Christopher Gutenbrunner** "Mimi-Rehabilitation: Research Project to Develop Information Offers for Immigrants Concerning Medical Rehabilitation in Germany"
11:50 - 12:10	**Asli Topal-Cevahir** (Düsseldorf D) "The Health Development of Migrant Women From Turkey in Germany, From an Objective View of the Research Literature and From the Subjective Perspective of the Women Themselves"
12:10 - 12:30	**Elif Gültekin** (Istanbul TR) "Diabetes Mellitus Type 2 Among Turkish Migrant Women (in Vienna)"
12:30 - 13:30	Break (Lunch)
13:30 - 14:30	**Salon 1**
	Chair: Murtaza Bedir
13:30 - 13:50	**Ahmet Göksu** (Mainz D) "Problems Regarding the Brain Death Defi nition From the Islamic Theological View"
13:50 - 14:10	**Fatma Aydınlı** (Frankfurt D) "The Secure Manifestation of Death. A Necessary Condition for Post-mortal Organ Donation"
13:30 - 14:30	**Salon 2**
	Chair: Petra Kutscheid
13:30 - 13:50	**Ayman Yasin Atat** (Istanbul TR) "Plants Used to Enhance the Power of the Human Body in the History of Arabic Medicine"
13:50 - 14:10	**İnanç Özekmekçi** (Kayseri TR) "Huxley's Brave New World: Advanced Medical Technology Through the Prism of Political Science"

13:30 - 14:30	**Salon 3**
	Chair: Rainer Brömer
13:30 - 13:50	**Ceren Gülser İlikan-Rasimoğlu** (Istanbul TR) "Travel, Political Interaction and Permeability of the Medical and Political Languages in the Interwar Period Turkey"
13:50 - 14:10	**Sharon Bassan** (Tel Aviv Israel) "Cultures, Health and Terminology Why Tourism? Is it Offensive, Exploitative?"
14.10 - 14.30	**Kızılca Yürür** (Istanbul TR) "The Permeability of the Body: Setting the Limits Straight in Dersim (Psychosis and Possession)"
14.30 - 15.00	Break
15:00 - 16:00	**Salon 1**
	Chair: Olaf Posmyk
15.00 - 15:20	**Asmaa El Maaroufi** (Frankfurt D) "Animals as a Source of Organs - Ethics of Xenotransplantation. A Muslim Viewpoint"
15:20 - 15:40	**Kadircan Keskinbora** (Istanbul TR) "Cornea Transplantation and Ethical Questions"
15:40 - 16:00	**Fabio Zampieri** (Padua Italy), **Kalliopi Pilichou, Alberto Zanatta, Cristina Basso, Gaetano Thiene** "The Discovery of Arrhythmogenic Right Ventricular Cardiomyopathy: From Venice to Naxos–The Migration Hypothesis and Molecular Background"
15:00 - 16:00	**Salon 2**
	Chair: Haluk İnce
15:00 - 15:20	**Greta Wagner** (Frankfurt D) "Pharmacological Cognitive Enhancement – User's Interpretations"
15:20 - 15:40	**Özlem Bildik Şanlı** (Istanbul TR) "Ethical Approaches on Using Cognitive Enhancer Agents"
15:40 - 16:00	**Rainer Brömer** (Istanbul TR) "Body Enhancement: Opportunity, Danger, Obligation?"

15:00 - 16:00	**Salon 3**
	Chair: İnanç Özekmekçi
15:00 - 15:20	**Harald Briese** (Lippstadt D) "Ethics Counselling Services in situ-Ethics Counselling Services in Outpatient Medical Care"
15:20 - 15:40	**Armağan Samancı** (Istanbul TR)**, İbrahim Başağaoğlu** "Can Internet Psychiatry be More Ethical Than Face to Face Psychiatry?"
15:40 - 16:00	**Tuğba Gencer** (Istanbul TR), **Gamze Nesipoğlu, İbrahim Başağaoğlu** "Bathroom Etiquette From Past to Present"
16:10 - 16:30	**Salon 1 Plenary**
	Concluding Remarks
18:00 - 21:00	**Bosphorus Cruise with Dinner € 40**

ABSTARCTS

Health, Culture and the Human Body

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11 September 2014, 14:00-18:00, Istanbul University – Congress Culture Center

Robert Veatch (Washington DC USA)
"Hippocratic, Religious, and Secular Medical Ethics"

The relation between culture and health challenges us to think about the conflicts among professional, religious, and secular foundations for medical decisions. Many health care professionals mistakenly assume that the health care professionals—physicians, nurses, pharmacists, dentists, and other professionals—are responsible for the ethics of medical practice. The Hippocratic Oath is often taken as the core of that ethic even though the Oath contains many controversial and even offensive elements. It isolates professionals making them swear not to share medical knowledge with lay people; it proscribes surgery; it prohibits giving deadly drugs and certain abortions (but perhaps tolerates other means of killing pre- and post-natal humans); it says nothing about human rights of patients; it prohibits some breaches of confidentiality, but seems to endorse others. It overlooks other ethical sources within the professions and, most critically, it excludes patients and other lay people from active roles in decisions.

Health professionals and patients more reasonably get their ethics from sources outside the professions—from religious and secular traditions of their cultures. We should expect a Muslim physician and a secular, libertarian patient to think differently about ethical choices. The militant, secular, feminist physician should reason differently from her devout Catholic patient. They should even have different notions of how they gain knowledge of ethics. In spite of these differences, humanity may share enough of a common morality that some general principles may be affirmed, perhaps expressed as a universal declaration on bioethics and human rights. The challenge of the twenty-first century is developing a "new medicine" in which lay people play an active role affirming their unique religious and secular ways of thinking while affirming an overarching common morality.

Nil Sarı (Istanbul TR)
"A review of the Ottoman court rules on mental diseases"

The Ottoman kadi registers- judicial texts comprise examples of court rules regarding the mentally ill. Case studies from sharia court registers indicate and display a most accurate view of the evaluation and disposition in resolving issues related with the mentally ill. A radical change in the approach towards the mentally ill came through orientation

to Europe. The breakpoint between the new and old perspective was the regulation enacted in 1876- arranged by Dr. Louis Mongeri, an Italian doctor who led to fundamental changes in the formation of a new standpoint towards the mentally ill.

Questions of competence, legal and criminal liability, guardianship and need for hospitalization were reasons for application to the sharia court. The handling of mentally ill patients' rights are reflected in court decisions. For example, we observe cases of inheritance, marriage and divorce and the right to an appeal at the court.

Mental incompetence was the starting point of sharia court decisions. Several issues and stakeholders' views were considered to justify the determination. We may cite; period of illness - lasting or temporary; danger of self-harm or third-party harm; opinions of family members and neighbors; and doctor's consultation.

M. Bilgin Saydam (Istanbul TR)
"Modernistic Psychotherapies for the Pre-modern Psyche"

The matrix of psychotherapy is culture, where the bio-psychosocial elements of human life unfold in their sense and meaning. Procedures established in the Western world as psychotherapy are products of modernity and reflect implicitly basic assumptions and values as well as the health and illness models of the late secular-scientific era. Thus the search for meaning is viewed as an individual mission. The premodern although seeks to discover the meaning of existence in models prescribed by external forces and values. Western psychotherapies, which are built on the development of autonomy and egocentricity as well as centrifugal organization of life, are limitedly useful in premodern(-istic) cultures, which function on collectivism and external focus of control, thus putting little value on individuality, autonomy and self sufficency. A creative meeting of different ways of life demands multifocal humble/uncertain welcoming of the' other', particularly in the person of the transcultural psychotherapist as mediator and facilitator.

Meryam Schouler-Ocak (Berlin, D)
"Suicidal Behaviour in Immigrants"

It is well known that immigrants usually mostly have a higher prevalence of mental disorders as non-immigrants, although they often have to face challenges which can increase psychosocial stress. Besides severity and duration of migration-specific stressors, social conditions in the country of residence have been identified as risk factors for the development of mental disorders and suicidal behavior among immigrants. Type and course of mental health problems are also influenced by the gender and age of the immigrants. Research on suicidality finds out that immigrant women in Europe have higher rates of suicidal behaviour than women from the majority population. This

indicates that circumstances around suicidal behaviour of immigrant women are different from women who live in their home countries. Familial problems, psychiatric disorders, previous psychiatric history, and previous suicide attempts, issues related to migration like acculturative stress and discrimination, as well as socio-demographic variables like being of young age were commonly reported factors. Lastly, barriers for help-seeking can cause a suicidal crisis when women feel they are in a desperate situation that they cannot escape. The risk and precipitating factors for suicidality of immigrant women differ from the ones immigrant men and women in the host countries have. Young immigrant women of Turkish decent in Europe are at high risk for suicidal behavior. In this talk current findings and results of a culture - specific intervention project will be presented and discussed.

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12 September 2014, 09:00-18:30, Istanbul University – Congress Culture Center

Nurhan İnce (Istanbul TR)
"Organ Transplantation in Turkey. Facts and Problems"

Legal regulations and standards have to be met for organ and tissue donation according to European Union directives. In order to achieve this aim, qualified and educated personnel should be employed to work in a suitable environment under convenient conditions. In order to become an organ donor, according to the law, a patient must meet strict criteria and be declared brain dead. In the Turkish Penal Code, death is clearly defined just as birth. For live transplantation permission, certain criteria should be met: 1) there should be no cadaveric donor available; 2) the donor's organ or tissue should be retained just for the use by the receiver; 3) there should be no other treatment options available. These criteria for living donor transplantation are also found in biomedical regulations. Issues regarding transplantation from homeless people and non-heart beating donors will be discussed in more detail in the future. Therefore, at the moment, regulatory requirements should be established.

Key Words: organ donor, transplantation, criteria, non-heart beating donors

Hakan Ertin (Istanbul TR), **Kemal Temel**
"Organ Transplantation: An assessment of the system in Turkey"

The field of medicine, in parallel with technological developments, is one of the most rapidly advancing areas. These rapid developments increase the options of intervention for actors in medicine at a vertiginous speed. Within this remit we find the issue of organ transplantation, which is also linked to the progress of medicine and related technologies. But in the course of these advances, the insufficient availability of organs for transplantation creates a new problem to be solved. As is known, transplants can be made either from living donors or from cadavers. In comparison to other countries, in Turkey transplantation from living donors is very frequent compared to cadaveric donation. As everywhere in the world, the problem of organ harvesting has been addressed in various ways; however, a definitive solution has not been found.

A series of guidelines have been issued in Turkey to regulate organ transplantations and procurement, the most important of which is Law 16655 dated 1979 on "Explantation, storage and transplantation of organs and tissue". In addition, there are legal documents

such as the "Regulation on organ and tissue transplantation services" and "National directive for the system of organ and tissue transplantation" aimed at regulating the system.

The Turkish system can be classified as a persuasion-based system. Explantation of an organ or organs from a cadaver is subject to personal consent; only in the case of the cornea, the organ can be harvested without consent. In the above mentioned basic law of 1979, harvesting organs from children has also been banned. However, according to the European Convention on Human Rights and Biomedicine, this procedure can be permitted under certain circumstances. Our country has ratified this convention as legally binding, but with regard to the article concerning organ harvesting from children it has been selective.

In our communication, we will on the one hand discuss the ban on organ harvesting from children in Turkey, and further we will analyse the success and shortcomings of the currently applied system, exploring the practicability and ethical dimensions of alternative regulations, especially financially remunerated organ explantation, in our country

Hanzade Doğan (Istanbul TR)

"Ethical and Socio-Cultural Dimension of Organ Transplantation and the Informed Consent Process"

Organ transplantation is a hot subject around the world. Topics like living donors, cadavr donation, economic incentives, brain death and a variety of factors such as human nature and socio-cultural and transcultural dimension make it an important topic of medical ethics around the world. Current debate is mostly related to the prohibition of commercialization and increase donation on a voluntary basis.

The first legislations about organ and tissue preservation and tranplantation were begun to be enforced around 1970s and was enforced in 1979 in Turkey which is a considerable early date compared to countries in Europe and individuals below 18 years of age are not permitted to donate organs or tissues. Transplantation from dead bodies requires a medical report from an expertise committee and consent is mandatory from spouse, siblings, parents, brothers or sisters or any acquainted person if others do not exist.

Sociocultural, transcultural, religious and economic factors might cause some vulnerable subjects in the families to donate organs involuntarily all around the world or vice versa. This creates legislative and ethical dilemmas.

We aim to analyse clinical observation and field study outcomes relevant to the topic in Turkey, legislative limitations and discuss authentic viewpoints in a comparative manner globalwise.

Key Words: Organ transplantation, international, Turkey, coercion,

Gertrud Greif-Higer (Mainz,D)

"Limits of Impositions for Seriously Ill Patients in Transplantations Process - Single Center Experiences and Implications for Further Fundamental Decisions"

The procedures of transplantation medicine are highly developed and technically sophisticated and could be extremely successful. Though - organ shortage and expansion of indications, the transplantation of more and more sicker and older patients and the use of organs of poor quality reduce the chances of success significantly.

For many patients this development leads to enormous impositions of suffering and social disintegration by too long waiting times and long periods of inpatient treatment including intensive care medicine - too often followed by death on the waiting list or immediately after transplantation.

One approach to solve these problems is to increase organ donation by incentives, improvement of the organization or the introduction of new regulations (e.g. removal of organs after cardiac death). This approach is of rather limited effect. In some countries as Germany these considerations do not generate new opportunities because of the legal situation and the social beliefs.

This leads to the serious situation that patients are forced to remain in this highly stressed situation and they have to suffer more often without real chance to survive or live in a good quality of life after transplantation.

On the other hand there seems to be a taboo to reflect and correct possible limitations and failures of strategies and procedures in transplantation medicine.

One possibility would be to evaluate the indication rules and to include the physical and psychological impositions for patients. The systematic introduction of Principles of Medical Ethics as respect of autonomy of the patients, beneficience and non-maleficience, and – not to forget – justice in application would help a lot to initiate a new form of assessment. Reflections on the human dignity of the affected people whose violation can also relativize the high value of the life support could help to come closer to the limits of supramaximal treatment in modern medicine for the sake of our patients benefit.

Based on the above principles and values arguments for the acceptance of limits of transplantation medicine and proposals for normative decisions are discussed.

Ehsan Shamsi Gooshki (Tehran, Iran)

"Tissue and Organ Transplantation in Iran: A Review on Ethical and Legal Aspects"

Contrary to classic issues of medical ethics such as abortion and euthanasia, tissue and organ transplantation (OT) is a new emerging health service. Modern transplantation of human tissue and organs in Iran that follows the developed international models with a short delay and shows a noticeable increase in recent years, began with corneal and kidney transplantation in 1967. Iran OT system includes some conflicts between the interests of various stakeholders such as donors, recipients, religious bodies and healthcare professionals and also society which tries to facilitate transplantation activities and increase the transplantable organ pool on one hand and improve the public trust and preserving ethical and Islamic jurisprudential issues on the other hand. Therefore, ethical policy-making and fair legislation in this field is potentially controversial, so the subject has been debated in Iranian religious, ethical and legal system. Since the politico-legal system of Iran is unique in some aspects especially after the Islamic revolution of 1979, this presentation will try to give a realistic image of those features of Iranian ethical and politico-legal system that are related to OT activities of the country which are different from all other parts of the world especially regarding "Living Unrelated and Compensated Kidney Transplantation System" that has been practiced since 1985 till now. In addition the process of legalizing OT from deceased donors and ratification of the "Iran Brain Death Act" is discussed in details. Ethical, Legal and jurisprudential underlying arguments of each case and the process of justification is discussed.

Key Words: Organ Transplantation, Iran, Ethical, Legal, Islamic Jurisprudence

Hajo Zeeb (Bremen D), **Funda Klein-Ellinghaus**, **Natascha Makarova**

"A Comparison of Under 5 Childhood Mortality Among Turks Living in Turkey and Turkish Migrants in Germany"

Introduction

Childhood mortality is considered to be a sensitive international indicator for population health, and health system performance, as it is largely avoidable. Migrant populations should be able to benefit from host country health system performance in the same way as the majority population. The indicator of childhood mortality can show whether this works or not. To address this question, we explored differences in childhood mortality in two population groups: immigrants from Turkey, resident in Bremen, Germany and Turks in Turkey.

Methods

In our register-based study MigMort (migrant's mortality); conducted for the time

period between 2004 and 2010, we analyzed data from the Bremen Mortality Index. We calculated age-standardized mortality rates (using the European standard population) for childhood death cases aged 0 to 5 years for Turkish population group lived in Bremen. We also analyzed the underlying causes of death, which were coded using ICD edition 10. We compared our results with the Burden of Disease data from Turkey and with the recent study of Korkmaz et al.

Results

Regarding age-standardized rates overall childhood mortality levels for the age group 0 – 5 years in Turkey are about 6 times higher than in countries of Western Europe. Mortality rates of Turkish migrants in Bremen are up to 2 times higher compared to the host population. Leading causes of childhood death among Turkish migrants in Bremen include major conditions originating in the perinatal period – ICD-10: P00-P96 causing 37.5% of deaths (among them extreme immaturity: less than 28 completed weeks of gestation – ICD-10: P07.2). 20% of deaths were caused by congenital malformations, deformations and chromosomal abnormalities – ICD-10: Q00-Q99. Bacterial sepsis of newborn also plays a role for deaths in this age group.

Analyzing causes of infant death in Turkey, prematurity and specifically respiratory distress syndrome were estimated to be major causes of death. Congenital malformation syndromes affecting multiple systems (otherwise specified as congenital anomalies), congenital malformations of the heart, and sepsis are in the top 10 causes among Turks. Scientific experts from Turkey explain such manifestation of infant mortality and causes of death by high percentage of consanguineous marriages (23.1% of infant death cases comes from consanguineous marriages) and extremely low education level of women (16.4% of mothers of deceased infants could not write and read; 44.8% of mothers of deceased infants completed only the primary education).

Conclusion

We observed differences in age-standardized mortality rates and manifestations of very specific causes of death between the compared groups. The present comparisons in Turkey and in Germany indicate that current childhood mortality seems to originate greatly from neonatal mortality, caused by perinatal conditions and their complications. We believe that preterm birth and premature childhood deaths could be avoided by appropriate medical care, timely screenings and sufficient information e.g. about higher risks from consanguineous marriages; in other words, adapted women's health literacy and education already during the pregnancy. Our comparisons indicate that childhood mortality in the Turkish migrant population in Bremen is more similar to the host population childhood mortality than to childhood mortality in Turkey, however,

differentials continue to exist. Our investigations are currently being extended and should result in key suggestions to appropriately target care and prevention for different population groups.

Dror Ze'evi (Ben-Gurion University, Israel)
"Solidifying Sex, Blurring Gender: Ottoman Bodies in Flux"

One corollary of the pre-modern assumption that women were imperfect versions of men, sometimes referred to as the 'one-sex model,' was that biological sex could be unstable and malleable to some extent. Long before sex-change operations and transsexuality, Ottoman medical experts assumed that sex could sometimes shift even without human intervention. This belief, and the possibility that yesterday's woman might cross the gender line to acquire male characteristics, or vice versa, stood in clear contradiction to the law's strict separation of the sexes in all spheres of life. Since Islamic religious codification revolves around carefully gendered spaces –private houses, mosques, public baths, festivities, and even funerary rites – the fear of unstable or ill-defined sexuality created an inherent tension.

One consequence of this inherent tension was the attempt by doctors and legal scholars to define sex in rigorous and rigid terms, to try to solidify it in most cases, and to leave no one in the community ungendered. Another was the unprecedented and imaginative widening of the androgynous category. This study is an attempt to explore these contradictory trends in Ottoman society from the sixteenth to the nineteenth century.

Leah DeVun (New Jersey, USA)
"Closing Bodies, Curing Bodies: The History of Surgery and the Correction of "Hermaphrodites" in the Pre-modern Mediterranean"

In this paper, I focus on the early history of plastic surgery through the surgical treatment of "hermaphrodites" in Arabic, Latin, and Turkish texts from the early Middle Ages to the fifteenth century. During this period, surgeons made novel claims about their ability to surgically correct errant sexual anatomies by removing or reshaping genital tissue. Their theories about sex, I argue, drew upon both ancient roots and contemporary conflicts to conceptualize sexual difference in ways that influenced medicine around the Mediterranean for centuries after. I argue that a close examination of medieval surgical texts complicates orthodox narratives in the broader history of sex and sexuality: medieval theorists approached sex in sophisticated and varied manners that belie any simple opposition of modern and premodern paradigms. In addition, because surgical treatments of hermaphrodites in the Middle Ages prefigure in many ways the treatment of Disorders of Sex Development in the modern world through gender assignment

surgery, I suggest that the writings of medieval medical writers (including texts by Al-Majūsī, Al-Zahrāwī, Ibn Sīnā, Bruno Longobucco, Lanfranco da Milano, and Serafeddin Sabuncuoglu) have the potential to provide new perspectives on our current debates about surgery and sexual difference.

Livia Prüll (Mainz D)

"The Sexual Reassignment of Robert(A) Cowell (1954) and the Self-Image of Transident Women Since 1945"

This paper aims at discussing and elaborating the adequate approach to transident people and in detail to transident women in current medicine. It is important to show in detail the specific conditions and the meaning of shaping the respective selfperception.

The development of the latter is important for a healthy conduct of life and a successful integration into society.

The paper deals with a historical case study, namely the well-known fate of Robert(a) Cowell, a racer and Spitfire pilot, who was the first person to undertake sexual reassignment procedures together with achieving the official acknowledgement as a women in the UK after 1945. In 1954 Roberta Cowell described her experiences in an autobiography, which was also translated into German. Cowell's records show the psychological difficulties to deal with her identity and to sort out the way to express herself in a mainly hostile post-war environment. Finally, she was very much influenced by the contemporary prevalent bipolar gender-model and tried to become a „real" women. Remarkably, the German journal „Der Stern" published a series about Cowell, restricting the difficult process of transidence to a unravelled story of how to become a full accepted women, therewith paying his toll to post-war Germany conservative family ideals.

With the help of additional hints on the (author's) story of Livia Prüll until her coming out in March 2014, the paper will explain the concept of transidentity, aiming at first hand to orient towards the individual needs of the patient and not at realizing societal gender ideals. This way the paper is a contribution to ongoing debates about the topic and to practical treatment of transident people in medicine

İbrahim Yıldırım (Istanbul TR)

"History of Plastic Surgery in Turkey"

The history of Turkish plastic surgery is going back to the 8th century. Between 1902 and 1914, as many as 64 Turkish manuscripts were discovered in the XinJiang region of China, inhabited by Uyghur Turks. These are the oldest documents on Turkish Plastic Surgery, including topics such as "nasal tumors, fascial palsy, head and neck tumors, skin

lesions, wound healing" etc. These traditional medical documents are now kept at the Brandenburg Academy of Science in Berlin.

In his book "Canon of Medicine", Turkish physician Avicenna (Ibn-i Sina) (980 - 1037) provides some details about malformation of the eyelids (ectropion and entropion) and the muscles of the eyelids.

Şerefeddin Efendi of Amasya was a pioneer in Turkish Plastic Surgery, and he described many different techniques, illustrated with 140 diagrams in his book completed in 1465.

Also in the 15th century, Mümin bin Mukbil from Sinop described some techniques and special surgical instruments for the treatment of a number of surgical problems of the eyelids, including blepharoplasty.

Some articles on plastic surgery were edited in the journal of the Medical Society, "Tıb Cemiyeti Mecmuası", between 1856 – 1906, describing among others the "Tagliacozzi Procedure" for the repair of the nose, cleft lip and palate repair, eyelid operations, Indian flap for nasal reconstruction (1858), partial resection of jaws (1868), epidermo-dermal graft application (1872), the "Ollier-Thiersch Graft" (1885) etc.

The first modern literature in Plastic Surgery started in this period. Dr. Cemil Topuzlu presented 120 plastic surgical cases as part of his series of 758 surgical cases between 1893 and 1897. He was the first surgeon in the world to recommend Z-Plasty for contractures of the Achilles tendon, and to put in sutures to repair arteries.

The two world wars also brought with them improvements in surgery, both at home and abroad.

Dr. Cafer Kankat performed many reconstructive and aesthetic operations such as the first penile reconstruction, cartilage grafts for Impotence", face lifting, rhinoplasty and abdominoplasty etc. in his journal "Modern Cerrahi ve Nöroşirürji" (Modern Surgery and Neurosurgery) in tree sections: general, neuro- and plastic surgery, between 1936 and 1947.

The first journal for pure plastic surgery was also published by him in 1953 under the title "Plastik, Reparatris ve Estetik Şirürjisi" (Plastic, Reparative and Esthetic Surgery).

The first Plastic Surgical Ward and the first teaching program were organized by Dr. Konuralp in 1938 under the Department of General Surgery in Istanbul University Hospital and his book "Main Principles of Plastic Surgery" was published in 1952.

Dr. Konuralp was also one of the eminent plastic surgeon of the first IPRS Congress in 1955 in Stockholm. He was founder and elected in 1970 as vice-president of International Association of Maxillo-Facial Surgeons in Leipzig as well.

The second center was founded "Jaw Surgery Center" by Dr. Necdet Albay in 1943

in Military Medical Academy of Ankara, but it was later changed the name as Maxillo-Facial and Plastic Surgery Department by Dr.Cihat Borçbakan in 1958.

Turkish Society of Plastic Surgeons was founded in 1961 and the first national meeting of society was held in Ankara (june 1968). Tord Skoog from Sweden was the honorary guest and speaker.

Turkish Plastic Surgery Society organize national meetings and several symposiums each year over the past fifty years.

Now a day, we have more than 53 training centers all over the country and some "microsurgical hand and burn centers" in large cities

We have to thank to Cemil Topuzlu, Cafer Tayyar Kankat, Halit Ziya Konuralp and Cihat Borçbakan who were leading surgeons for the development of the Modern Turkish Plastic Surgery

Health, Culture and the Human Body
11-13 September 2014 - Istanbul

13 September 2014, 09:30-16:30, Istanbul University – Congress Culture Center

Harun Özkan (Istanbul TR)
"Male to Female Gender Reassignment Surgery"

My speech will be about Sex Change Operations of Male to Female or Male to Female Gender Reassignment Surgery.

I have been performing such operations since 1987. I will try to share my 27 years knowledge and experiences about these operations.

I prefer to apply Milton T. Edgerton's Penil Plap technique for primary cases and Mc Indoe's Free Skin Graft technique for secondary cases.

Each operation gives me new ideas and knowledge which improves several modifications for better results during this 27 years.

I can easily say that I formed my own technique for the last 10 years.

I will try to explain the legal process of pre-operation, our own method of operation and monitoring the patients after the operations.

Hüseyin Özbey (Istanbul TR)
"Disorders of Sex Development: A Bioethical Conundrum Involving Minor Patients and Major Decisions"

Pediatric surgery is a specialty dealing with reconstructive surgery of the congenital malformations. Congenital malformations such as Disorders of Sex Development (DSD) involving the genitourinary system, further calls for an multidisciplinary approach. Disorders of Sex Development are a heterogeneous group of various genetic disorders, associated with atypical somatic sexual differentiation. In the newborn period, ambiguity of the external genitalia with severe virilisation in girls, or with micropenis, hypospadias and undescended testes in boys are the most common presentations of DSD. Although these ambiguities may be surgically reconstructed, there are complex forms of DSD which require organ sacrifying/irreversible surgeries for gender assignment or re-assignment. However, inappropriate, inadvertent and irreversible surgeries may impair body-genital image and sexual function, which cause emotional trauma, ego loss, and infertility of the affected individual. In genital surgeries of the children, having the consent of parents on behalf of their children is a bio-ethical dilemma, since the only person who is not even

asked to consent is the child himself or herself.

Gender assignment in children with DSD is a subject of continuing intense and challenging debate, with the involvement of adult DSD individuals who were themselves the subjects of a period with (mis)conceptions expressed as "double sex/gender." Each case of DSD must be evaluated its particular merits and potentials. In delayed cases of DSD, the decision to leave the sex of rearing undisturbed or try to re-orient it, is difficult. It depends on the patient's age and the extent to which the gender identity has been established with social, cultural, religious factors and with the parental preference mostly influenced by "gender panic" (the fear of "the possibility of homosexuality" by the parents of children with DSD). The management of DSD is still in many ways empirical and influenced by the microcosm of local factors at play. The mandate for health professionals is to provide timely expertise and life-long support, and to bring the physical and psychological determinants into the fore, while avoiding stigmatisation and abuse - even by proxy and pediatric surgeons.

Serap Oflaz (Istanbul TR)
"Psychiatric and Cultural Dimensions of Transsexuality"

Transsexualism or gender identity disorder is characterized by a strong and persistent cross gender identification accompanied by persistent discomfort with the biological sex or a sense of inappropriateness in the gender role of that sex. It is usually accompanied by the wish to make the body as congruent as possible with the preferred sex through hormone treatment and sex reassignment surgery. Transsexualism is the first term used in history, in 1923, to differentiate cross-dressers, those who wear clothing of the opposite sex, from "transsexuals", who felt that they were assigned the incorrect sex. The term is now associated with the medical diagnostic code of a "Gender Identity Disorder," ICD-9, by mental health professionals who specialize in sex and gender. The DSM-IV provides diagnostic criteria that must be met to receive the diagnosis and begin the transition process. The process of transition may involve some kind of medical gender reassignment therapy and often (but not always) includes hormone replacement therapy and/or sex reassignment surgery.

Ehsan Shamsi Gooshki (Tehran Iran)
"Transsexual Surgery in Iran: A Review on Jurisprudential, Ethical and Legal Aspects"

Despite sexuality-related issues including trans-sexuality are among highly sensitive issues in Islamic religious and jurisprudential tradition, transsexual surgery and treatment is justified and accepted in Iran in which a religious political system governs the country

using the Shiite Islam. Although some reports show few cases of transsexual surgery before revolution of 1979, today Iran is the world's 2nd host for such surgeries after Thailand and those who undergo such surgeries even receive new birth certificates and other official documents in their new gender which makes it possible for them to get married to the opposite sex. This open and supportive approach of Iran government toward the issue of transsexualism is rooted in the religious decree (Fatwa) of Iran's former and present religious-political leaders and the responsibility of the religious institution for governing the society, which is a new experience for Shiite seminary. This presentation tries to explain those ethical and juristic arguments and underpinnings of such approach of these Shiite Muslim jurists toward the issue of transsexualism. In addition legal and medical situation/process of issuing legal permit and performing of such surgeries will be discussed. Finally this work examines two different pathways; official and a non-official pathway through which issues with high levels of sensitivity in biomedicine such as abortion organ transplantation and transsexual surgeries are justified and practiced in Iran health system.

Key Words: Transsexual Surgery, Iran, Ethical, Legal, Islamic Jurisprudence

Petra Kutscheid (Dernbach D)

"How to Cope With Suffering? – Historical and Philosophical Aspects of Palliative Care and Culture"

The origin of Palliative Care and the Hospice movement seem to be connected with the Christian tradition and as well with the European Entlightenment. Concepts of human dignity and the meaning and role of the subject raised. Different philosophical positions centre the subject and at the same time logocentrism occurs.

Modern Palliative Care aimes to provide an holistic approach to help and treat men with incurable disease. Central goals are quality of life and alleviation from suffering.

Therefore cultural aspects how to cope with suffering, pain, death and acceptance of palliation need to be taken into account.

Ethics of palliative care also include respect for the autonomy of the subject. Medical ethics and law require informed consent in Western Europe. But the concept of autonomy varies in different cultures. It influences saying the truth about illness, talking about death, fasciliate informed consent. There are current concepts and tools to integrate individual cultural and spiritual positions for transcultural care.

Not least culture determines and influences national health care concepts.

How does culture influence the developement of palliative or hospice care within a country, esp. in the Turkey in comparison to Western Europe?

The talk points out diffences within the developement and cultural aspects of palliative and hospice care and discusses philosophical positions about the role of the subject as an transcultural approach for palliative care.

İlhan İlkılıç (Istanbul TR), **Agop Çıtak**
"Decision Between Palliative Medicine and Pediatric Intensive Care - A Matter of Money, Culture or Medical Evidence?"

The transition from pediatric intensive care to palliative care in cases of medical futility is one of the most difficult and complex areas in clinical ethics. Along with the ongoing advancement of intensive care technologies and an increase of sources regarding these issues, the number of problems encountered in this field also grows. In the academic literature, justified criticism has been voiced regarding the application of exclusively medical criteria in the decision-making process. In this paper, we will present the case of a baby on the margins of medical futility in need of organ transplant, in a state of health that would theoretically qualify for a transition to a palliative care approach. In the context of this case we will critically analyse the function of factors outside the remit of medical criteria, in particular cultural and religious approaches and the normative role of material resources in decision-making. This presentation aims at a reflective interrogation of the role and limitations of non-medical parameters applied in decision-making in neonatological palliative care.

Tutku Özdoğan (Istanbul TR)
"The Newborn Girl Near the End of Her Life"

Birth asphyxia is a disease charactarized by abnormal neurological behaviour in the newborn period in which the baby required resuscitation.In its severe form the infant is comatose and has more than 80% chance of severe impairment if survives.

Here I describe a newborn girl who lived 70 days in the neonatal intensive care unit (NICU) with the diagnosis described above. Although she had hypothermia treatment at the very early stage it did not work. She didn't have any spontaneous breathing from the beginning and she was severely depressed neurologically.

In time the family informed about the necessity of doing tracheostomy and gastrostomy to the baby. The family didn't accept the operations. We don't have neonatal palliative care units so the infant couldn't be offered this transfer . Actually the idea of palliative care, withholding and withdrawing medical treatment are not usually discussed among neonatologists. I feel as if we are making dysthanasia (merciless prolongation of life) to the patients while trying to avoid withholding and withdrawing medical interventions.

When I asked the parents that if they think about donating the organs of their daughter they were set against this idea without showing any reason.The family didn't know what was the best interest of their dauhghter. Could it be in a dying baby's best interest to donate organs so others might survive?The organ donation issue is very complex for newborn period and under 2 months of age, neurological death can't be reliably determined.When you add the bureaucracy , anawereness and lack of knowledge about organ donation the issue becomes more complicated.

"We know death happens but often we see ourselves as people who can make life happen, promote and save life rather than manage death" says one of NICU doctors.

At this presentation I will try to discuss palliative care, witholding/withdrawing the treatment, organ donation near the end of life of newborns in Turkey at the current situation.

Burçak Özlüdil Altın (New Jersey, USA)

"Bodies on the Move: Psychiatric Spaces of Istanbul, 1870-1930"

One midnight in 1915, trams carried 250 mental patients from Istanbul Insane Observation Center to French La Paix Hospital, cutting through the empty streets of Istanbul. Between 1870 and 1930, the Ottoman capital witnessed at least three big transfers like this; however, individual patients and small groups were continually transferred between various "psychiatric spaces:" between short-term observation centers and asylums; between different hospitals and asylums; from provinces to the capital. Once the patients reached their "final destinations," another type of movement began. Doctors diagnosed the arriving patients and distributed them to the appropriate wards. After the distribution, the daily movement started: between observation rooms, gardens, wards and baths… The "healing" of the mind was executed by moving the body of the insane: inside and outside the asylum.

Due to the key importance of spatial separation to the history of psychiatry, physicians, social reformers, and civil servants were increasingly preoccupied with psychiatric architecture in the nineteenth century with the claim of curing the minds through space itself. What makes the Ottoman case interesting is the fact that none of the Ottoman mental facilities were purpose-built – and accordingly, deemed insignificant in medical and architectural history so far. Based on original research, I argue that these facilities are as telling scenes as their purpose-built counterparts by looking at the locations and functioning of the existing buildings and spatial transformations they went through, and by positioning these within the social, cultural, political, historical and medical context.

Ahmet Kımıl (Hannover, D), **Lea Brökmann**, **David Brinkmann**, **Ramazan Salman**

"Transcultural Psychiatry Study: Improving Access to Socio-Psychiatric Care for Immigrants in Germany (Regional Analysis)"

On behalf of the Region of Hannover the EMZ conducted this study in 2012. It was published in 2014. 22.7% of the population in the region around Hannover (1.1m inhabitants) are immigrants.

Studies show that the risk for psychological problems is higher among immigrants.

Data about the usage of socio-psychiatric care among immigrants is insufficient.

The study design consisted of a quantitative part (standardized questionnaire with mostly descriptive variables, statistical analysis) and of a qualitative part (guided interviews, qualitative content analysis). This twofold method allows a methodological triangulation. Participants in the quantitative part were 129 patient centers of the socio-psychiatric care network (232 patient centers in the network in total). The 20 interviewees were experts from sociopsychiatric care, patients, patient relatives, representatives of migrant organizations.

Although compared to a first study in 2007 the amount of offers for immigrants (interpreters etc.) increased, immigrants are underrepresented in the group of patients (14%). Immigrants use in-patient offers more often than out-patient offers. Most of all a lack of cultural knowledge and language barriers impede the access to socio-psychiatric care.

The study shows that the socio-psychiatric care for immigrants has not the same quality as for non-immigrants yet, i.e. equality is not achieved yet. This is the first health monitoring study in Germany that provides a deeper insight into the socio-psychiatric care situation of immigrants.

Gamze Nesipoğlu (Istanbul TR), İbrahim Başağaoğlu

"On the Limits of Psychiatric Patients' Autonomy"

Approach to the psychiatric patients described with the adjectives as "insane", "crazy", "demon-possessed" for "abnormal" behaviour outside the generally accepted social norms from prehistoric times to 18th century reflects the basic perception insulting human dignity. The mental illness was also regarded as a punishment of gods for sin or the agency of evil spirits as the epiphany of common thought. At this point, the issue requiring attention is an antinomy regarding that the above mentioned behaviour was a matter of demonic possession than a sickness. Although Hippocrates associated mood

disorders with malfunctions of four humors and described the mental illness as physical disorder of the brain, general practice was almost the same. Through the Medieval ages the dogma regarding that human soul could not be sick due to the part of God but could be possessed by demon created the thought on being emended by the church. Despite the humanistic approach of Islamic medicine, the perception on illness of human soul, establishment of asylums and the propounded theories, limits of mentally ill people's autonomy had not been questioned yet. During long-term isolations and locked up in psychiatric hospitals too, others decided on behalf of the patients. Today consent to treatment regarding the patient's autonomy is still controversial and it is evidential reasoning to the importance of the problem. In this sense, the starting and ending points of the limits of autonomy and the area between two points have to be defined because patient competency to self-determination exists on this area.

In this study, determining the psychiatric patient competency, ethical issues related to involuntary hospitalization, autonomy, self-determination and incidentally freedom will be discussed. Aim is to provide the area for indicating present autonomy while trying to bring the patients in full autonomy.

Key Words: psychiatric patients, autonomy, competency, self-determination

Verena Krobisch (Berlin, D), **Liane Schenk**

"Care of Elderly Migrants from Turkey – on the Discrepancy Between Care Orientations and Institutional Care"

With the so called first generation of guest workers an entire cohort is successively reaching the age of retirement in Germany. Due to their personal experience in migration, precarious working and living conditions as well as their cultural background, the former guest workers have specific needs of care. At the same time, a lack of quantitative data impedes adequate care planning. This lecture addresses the question to what extent elderly migrants from Turkey participate in the German care system and how this can be explained by their care orientations and informational situation. It is based on the results of a quantitative (pilot) study on the care situation of elderly migrants from Turkey living in Berlin.

In 2013, 194 migrants from Turkey were interviewed by means of a standardized questionnaire. The (not-random) network sample includes persons between the age of 59 and 88 years, who were born in Turkey and mainly immigrated to Germany during the era of guest worker recruitment. Building on the results of a qualitative study on the care orientations of Turkish migrants, the questionnaire inter alia collects data on attitudes towards elderly care, the ability of coping activities of daily living (ADL/ iADL-scale) serving as an indicator to the need for care in accordance with the care legislation (SGB XI). Moreover, the integration in the care system was assessed by asking for a formal

care level and the degree of information on the topic of care by self-assessment of the participants and knowledge-based questions. Data was analyzed by descriptive statistics and correlation analysis.

Professional caregivers were most frequently mentioned (89.5%) as those who should care for elderly people. Particularly, the respondents stated to be open for home care (71.4%). Almost one fourth of those ones living in a private household and indicating a need for care do not have a care level, which would entitle them to services of the German care insurance. This lack of engagement in institutional care services appears to be the result of a low level of knowledge regarding the care system and the local counselling and care services as well as of a tendency among the elderly migrants to avoid engagement with the thoughts of old age. Thus, almost half of the respondents feel (very) poorly informed about care, another 36% only moderately. Until now, two thirds of the elderly persons have barely dealt with possible arrangements for the old age and potential need for care. The social status influences the level of information and the extent of engagement with old-age provisions; respondents with a lower social status deal less with their possibilities of old-age provision (61,0%/ 44,4%) and more often consider themselves (very) poorly informed than those with a higher social status (51,8%/ 31,3%).

The data indicate a discrepancy between the care orientations of elderly migrants from Turkey and their integration into the care system due to a lack of knowledge and information and a rather reserved planning of the old age. These reasons seem to occur more frequently among persons with a lower social status and, therefore, are more likely to be less engaged in institutional care services. The integration of the elderly migrants into the care system in Germany should be improved by proactive counselling and information policy. Although the results' significance is limited due to a small sample size, lack of representativeness and comparison groups as well as regional restriction to the city state of Berlin, they are supported by other research. However, the results should be consolidated by representative data.

The study was conducted on behalf of the German foundation "Centre for Quality in Care" (Zentrum für Qualität in der Pflege).

Funda Klein-Ellinghaus (Bremen, D), **Tilman Brand**, **Hajo Zeeb**

"Needs and Resources of Turkish-Speaking Relatives of Dementia Patients – Experiences from Bremen, Germany"

Background

Dementia is an increasing problem in ageing societies, with associated challenges in caring for dementia patients. The needs and resources of caring relatives of dementia patients,

especially those with a migrant background, have not yet been systematically investigated. In order to gain an initial insight, focus group discussions may be a useful tool.

Methodik

We conducted a focus group discussion with a self-help group of five middle-aged family caregivers of dementia patients in Turkish language. The session transcript was systematically analysed.

Results

Participants considered the dementia of their relatives as inducing changes in all aspects of their family life. The self-help group described both social and individual resources from which they gain strength to cope with the challenges of caring for their diseased relative. A clear need for nurses with Turkish language skills was seen. Participants mentioned major public education and information requirements and asked for more support and advocacy. Messages to science, to the health and social system as well as to politicians in Germany and Turkey were formulated.

Conclusion

The focus group discussion revealed multi-facetted needs of caring relatives of dementia patients with a migration history. Science can contribute to developing appropriately targeted intervention. However, information of the public and political will in both Germany and Turkey are essential to respond to needs of family caregivers for the increasing number of patients with dementia.

Mashhood Ahmed Sheikh (Tromsø, Norway), **Birgit Abelsen**, **Jan Abel Olsen**

"Your Parents' Wealth is More Important Than Their Education for Your Later Health and Life Satisfaction: Evidence From the Tromsø Study"

Most research on assessing the effect of childhood socio-economic status (SES) on adult health focuses on cause-specific mortality. Socio-economic disadvantages in childhood are associated with mortality from coronary heart diseases, lung cancer, and respiratory diseases. Little evidence is available about the unique effect of different SES markers in childhood on subjective measures of health and life satisfaction in adulthood. Cross-sectional data from The Tromso VI study (n=12984) was used to assess the unique effect of childhood financial conditions and parents' education on the EQ-5D health dimensions (mobility, self-care, usual activities, pain or discomfort, anxiety or depression), self-rated health, age-comparative self-rated health, and satisfaction with life. Data was analyzed with a counterfactual-based mediation analysis using Stata command Paramed. Logistic

regression was used for the mediator (respondents' own education). Log-linear regression was used for the health and life satisfaction outcomes to estimate the natural direct effects (NDE's), natural indirect effects (NIE's) and marginal total effects (MTE's) as risk ratios (RR). Independent of respondents' education, childhood financial conditions was associated with all EQ-5D dimensions, self-rated health, age-comparative self-rated health, and satisfaction with life. Generally, our findings indicate that the parental education has an effect on respondents' education, which in turn has an effect on their health (indirect effect). Mothers' education was, independently of own education, positively associated with pain/discomfort, anxiety /depression and age-comparative self-rated health. Poor socio-economic status in childhood was associated with lower subjective health and life satisfaction in adulthood, independently of adult SES.

Constantin Canavas (Hamburg D)

"Assisted Reproductive Technologies in the Nexus of Ethical Diversity IVF Practice and (Non-) Regulation in Lebanon"

Fertility disorders and treatments touch not only medical practice, but also ethical debates and social relations. In the Middle East countries these processes are enhanced by the statistics of the "infertility belt", as well as the traditional family and sexual morals. In the case of Lebanon the diversity of medical ethics supported by the diversity of the eighteen officially recognised religious communities and their involvement in the political arena renders consensual decisions much more complicated than in other Arab countries. It is only symptomatic that the Draft Law on Assisted Reproductive Technologies (ART) was immediately adopted by the Ministry of Health (1996), but faced objections in the Council of Ministers who wanted (and still want) to consult the different religious communities with their divergent ethical positions on crucial issues touched by ART and the Law Draft.

The present study traces the influence of major actors of the ethical debates focusing on IVF (in vitro fertilisation). The fact that these debates are conducted in a background of an increasing medical tourism regarding ART practiced in Lebanon only accentuates the tensions among opposing groups, which are at the same time engaged in ever-lasting political tensions. However, the ethical pluralism and its development (e.g. under the influence of religious actors outside the country), as well as the fact that Lebanese citizens are subject to the family law of the official communities to which they adhere, offer mediation chances and enable tactical alliances which may circumvent ethical monolithic polarisations or over-determinations common in several Sunni-dominated societies.

Ahmet Karakaya (Istanbul TR)

"Ethical and Legal Issues Regarding Embryonic Stem Cell Research in Turkey"

Human life is respected both in secular and religious terms. However, there is fierce debate on when life really begins and when embryo truly becomes a human being. The very ambiguity of the biological process translates itself into a series of ambiguities in the moral field. This is especially true if the subject matter is the human embryonic stem cell, which promises an unending array of possibilities concerning the human health while the research on it poses grave moral questions.

In this presentation I will outline ethical debates regarding human embryonic stem cells in Turkey. For this purpose I will first attempt to analyze the legal aspect of this issue in the framework of Turkish legal system through the beginning of life and excess embryos which are created in IVF units. Then I will examine the moral approaches of monotheistic religions, i.e. Christianity, Judaism, and Islam, towards the beginning of the life, moral status of embryo and using human embryos in scientific research. I also want to demonstrate the scope of the variety of opinions of the ulema (scholars of Islamic jurisprudence), especially of the Turkish ones, the most prominent members of whom I had a chance to interview. Thereby I will try to shed more light on both similarities and differences between these monotheistic religions as well as indicating how monotheistic world religions and modern biology can benefit from each other and contribute to the larger literature and debates.

Mehrunisha Suleman (Oxford, UK)

"The Ethics of Global Health Research in Developing Countries and Exploring the Importance of an Islamic Perspective – I: Literature and Guideline Review"

The field of global health research ethics faces the continuing challenge of its application within ethnographically diverse settings. Bioethics has increasingly developed a global consciousness yet universal principles to successfully guide ethical decision-making irrespective of cultural or religious contexts are not available and may never be established. Despite the variety of work that has been accomplished thus far, many

researchers fail to take into consideration the pertinence of religious pluralism, cultural differences and moral diversity, which pervades in different societies. It is therefore necessary to assess existing research protocols to establish whether they allow for the necessary cultural diversity and therefore enhance applicability. Bioethical principles, from which research is conducted within a particular setting, should ideally be derived from the moral traditions of the local cultures and religions.

Islam forms the second largest religious affiliation across the world and very little study has been done to explore its role in the context of research ethics. Currently there are 1.57 billion Muslims across the globe accounting for just under a quarter of the world's population. The majority of Muslims live in the developing world and therefore can form a significant cohort for research as well as those who carry out the research. Islam has generally encouraged the use of science, medicine and biotechnology as solutions to human suffering and as such it would be useful to assess its influence on local (regional and national) ethical decision-making.

This paper reviews the literature, regional and national guidelines assessing the underlying normative principles that govern and inform local ethical decision making, within the Muslim world, and compares these with global ethical principles. This piece of research is an analysis of the current research protocols submitted within the OIC (Organisation of Islamic Cooperation) and focuses on establishing the role, if any, that the Islamic tradition plays within the local and international discourse on research ethics, in informing the ethical decision-making. Themes that are analysed include the complexity of the consent process involving married and single Muslim women, the consent of minors as well as global pandemics such as HIV and scholarly deliberations surrounding emerging medical technologies within genetics and reproduction.

Haluk İnce (Istanbul TR)

"The Evaluation of the Posttraumatic Stress Disorder (PTSD) Symptoms in Sexual Assault Victims in the Context of Legal Processes"

All children have the right to a healthy and safe life. Child abuse is an important public health issue that we see every day around the world. It is important because it leaves deep psychological and physical effects in exposed children. Even though it is known around the world, steps taken towards prevention are still inadequate and therefore abuse persists as a global problem.

The World Health Organization defines child abuse as behaviours of adults, society or countries towards the child affecting his/her health and physical development negatively. Physical Child abuse does not show a huge difference between developed and undeveloped countries, nor between different socioeconomic classes within the same society.

The rirst step of management is efficient surveillance. The main role of disease control is to predict, observe, and minimize the harm caused by an outbreak, epidemic, and pandemic situations, as well as to increase knowledge about factors that contribute to such circumstances.

It is good to operate based on a team's own experiences, but overlapping aims will speed up the process. Campaigns against child abuse have been coordinated by different scientists and groups before and now. Close cooperation between disciplines and continuing coordination are required. For this process, the cooperation of the Ministers of Justice, Health, Family and Education is highly needed. Doctors from different disciplines, social workers, psychologists and other health personnel should work together. Projects that emphasize awareness would be highly beneficial.

Family, society, governmental and non-governmental organizations all must be in cooperation in order to prevent children from being abused. Parents must be informed about the causes and ways of eliminating of child abuse. It must be stressed that parents are responsible not only for the physical needs of their children but also for their psychological and social needs. All types of media must be used to inform society about the destructive results of child abuse.

Key Words: children, child abuse, media, destructive results.

Hakan Ertin (Istanbul TR), **Adem Az**

"On Hermaphroditism: Ethical problems"

The sexual anomalies that occur in the embryonic development process are various. The sexual differentiation of a human embryo starts within the 7th week of pregnancy and can be viewed in four stages. The first stage is the constitution of the genetic sex (XX or XY), which is determined by the presence of the Y-chromosome in the sperm cell contributed by the male biological parent. The second stage is the gonadal differentiation, which proceeds to form the ovaries if the genetic sex is female. If the genetic sex is male, the testis-determining factor (TDF) from the Y-chromosome initiates the necessary differentiation to form the testes. Thus the ovaries or the testes are formed by the end of the second stage. In the next stage, during which anti-Mullerian hormone (AMH) plays an important role, the internal genital structures are formed. This hormone is secreted to inhibit the development of female internal genital structures. The last stage includes the development of the external genitalia which is associated with DHT (dihydrotestosterone) and does not take place before the 12th week.

The malfunctions that occur in the embryonic development process cause a number of syndromes and disorders. Hermaphroditism is one of these and a frequent topic of ethical discussions. It can be categorized as true hermaphroditism and pseudohermaphroditism; and every pathological formation causes specific complexities and controversies with respect to hermaphroditism, according to which of the above-mentioned four stages it occurs in. Turner syndrome and gonadal agenesis are examples of other medical conditions that might result from developmental malfunctions.

This paper will discuss the ethical problems arising from sexual development anomalies. It is crucial to understand the embryonic sexual development well because anomalies that occur in different stages might lead to different ethical problems. An individual born and living with a sexual anomaly is in a complicated predicament. In most cases of hermaphroditism, the individual is to decide whether to continue to live as a male or a female (and in many cases this decision is made by others for them), and is operated and/or given hormonal therapy accordingly. During the making of decisions about the individual's sex and the subsequent administration of the necessary surgery and/or hormonal therapy, two main criteria must be taken into consideration: Medical and physical requirements, and the course of the individual's psychological development. Examples of other problematic issues would include the following: Who will decide the individual's sex; to what extent do or can children participate in the making of decisions about these operations that are usually performed in the childhood; should the medical interventions be delayed until the adulthood; unlike the legally well-defined age of majority, the uncertainty about the age that social and mental maturity could be accepted to start at; choices of the parents; theological and cultural approaches; the influence of intercultural differences on such decisions

E. Elif Vatanoğlu-Lutz (Istanbul TR)

How ethical is it to allow or prohibit circumcision of underage boys? An ethical discussion reflecting on legal and medical arguments

Ritual male circumcision is an ancient religious ritual for Muslims and Jews, and the centre of a current debate revolves around the primacy of parental religious conviction versus the primacy of the human rights of the child, the preservation of its bodily integrity, and its right of self determination. Being the oldest and probably most often executed operation on human beings, circumcision forms part of the religious culture of a large part of the world's population, while a German Court from Cologne first ruled in May 2012 that it is illegal to execute it on boys below 14 years old if no medical indication is provided, (151 Ns 169/11; NJW 2012, 2128). Following this decision, a public debate broke out and the government introduced a new article in the German Civil Code (§ 1631d BGB) which clarifies that the agreement of parents to allow circumcision is not illegal. Many secular people believe that the procedure should be delayed until boys are old enough to decide for themselves. This paper provides an overview on the fundamental right to bodily integrity and autonomy versus the parental rights to educate their children according to their beliefs about a good life.

Oya Ögenler (Mersin TR), **Selim Kadıoğlu**

"Relationships with the Dead Human Body: Opinions of Mersin University Health Vocational School Students"

It is possible to say that there is an uncertainty regarding the moral status of dead human body and in connection with this, it is difficult to know how different segments of society in general and different medico-social professionals in particular percept it and what their opinions on relationships with it are. In order to have not speculative but research based information about this important issue in terms of human dignity and bioethics, there is a need for fieldworks. Owners of this paper have prepared a data collection form for such fieldworks and the first utilization of this form will be performed in March-April 2014 period, on the 745 students of nine different programs of Mersin University Health Vocational School. Our congress presentation will include both demonstration of the form and results of fieldwork.

Frank Kressing (Ulm D)

"Migration and Health in Medical Education – A Work in Progress Report from Central Europe"

Migration – especially from Turkey, but also from other Mediterranean and Middle Eastern countries - has played a predominant role in public debates of the last decades in German-speaking countries (Austria, Switzerland, Germany). Until the present day, however, challenges resulting from migration processes of patients and health-care workers have been met only insufficiently. Despite obvious needs for an effective cultural diversity management in medical institutions, the education of medical students in central Europe still shows severe shortcomings in terms of intercultural awareness and practical skills in serving patients from different cultural, geographical, and religious backgrounds. Furthermore, presently existing medical curricula do not consider special needs in training international medical students.

To overcome these shortcomings, several working groups have been founded to establish and to improve culturally sensitive curricula in medical training. One example is the 'Committee on intercultural and global health issues' within the Association for Medical Education ('Gesellschaft fuer medizinische Ausbildung'), established in 2013. The goal of this committee is to raise the awareness for the need of cultural diversity management in hospitals, clinics and surgeries, based on a profound theoretical framework in terms of ethnicity, religious diversity, and the term 'culture' itself. Thus, this presentation tries to give an overview on current debates relating to linguistic, cultural, and social diversity in the medical field. Relating to recent discussions concerning the popular usage of labels like 'cultural diversity', 'ethnicity' and 'cultural/religious identity', these terms shall be thoroughly examined from a social/cultural sciences and humanities perspective.

Ramazan Salman (Hannover, D), **Ahmet Kımıl**, **Klara Starikow**, **Betje Schwarz**, **Christopher Gutenbrunner**

"Mimi-Rehabilitation: Research Project to Develop Information Offers for Immigrants Concerning Medical Rehabilitation in Germany"

There is evidence that immigrants use offers related to medical rehabilitation made by the German Pension Insurance (GPI) less and later than non-immigrants, although they have higher needs and comply with the legal requirements. A well-grounded data collection about access barriers to medical rehabilitation does not exist. Therefore the research project "MiMi-Rehabilitation", supported by the GPI, aims at collecting the specific access barriers and developing peer-based and target group (Turkish and Russian Immigrants) oriented information.

To collect access barriers six guided focus groups with experts as well as immigrants with and without experience in medical rehabilitation will be conducted and analyzed using qualitative content analysis. Based on the results education material will be developed. In different German regions intercultural health mediators will be trained on the topic of medical rehabilitation to enable them to conduct multilingual information campaigns for other immigrants. For the evaluation qualitative content analysis and descriptive and multivariate statistic methods will be used.

At the end of the project there will be knowledge about access barriers to and needs concerning information about medical rehabilitation. At the same time the offers developed during the project will be evaluated and suggestions for an optimization are expected. In the future the results in Germany could be compared with similar target groups in Turkey.

It is an aim to enhance knowledge about medical rehabilitation among the target group and enforce their usage of rehabilitation offers.

Asli Topal-Cevahir (Düsseldorf D)

"The Health Development of Migrant Women from Turkey in Germany, From an Objective View of the Research Literature and From the Subjective Perspective of the Women Themselves"

The conference series "health, culture and the human body" accompanied my individual doctoral research phase since 2010. Thus, I would be looking forward very much to announce the final results of my dissertation in the third conference.

The title of my dissertation is: "the historical development of the health conditions of migrant women from Turkey in Germany, in the mirror of interdisciplinary discourses."1

The thematic field of "migration, health & gender" suffers from deficiencies because of

insufficient attention to gender aspects. This thesis aims to contribute to our knowledge in this issue by an e innovative combination of methods. In addition to archival research and a detailed meta-analysis of research results published since the 1960s, an oral history study was conducted. From the results of the meta-analysis, an interview-guide was designed. This method did not only give the involved women a voice, also it is useful as an anthithesis counter-pole to the research results. Two major sources meet. Scholarly publications provide theories why migration "could make people sick", while in real interview statements the migrants themselves tell why they think to have become ill by their migration to Germany. These sources do not compete, but complement and correct each other in certain aspects.

In the discussion this dissertation compares classic theories of science with the statements of the interviewees. The results of this comparison I would like to discuss at the conference and present my ideas for future research in this field, which are relevant for my post-doc phase.

Elif Gültekin (Istanbul TR)

"Diabetes Mellitus Type 2 Among Turkish Migrant Women (in Vienna)"

Background: The incidence of diabetes mellitus shows a worldwide increase in recent years. The increase is even more striking on migrants who have migrated from developing countries to industrialized countries. According to Statistics Austria migrants in Austria have a 1.39 times (men) and 3.4 times (women) higher prevalence as Austrians. According to recent studies, the prevalence of diabetes among Turkish immigrants in Germany is with 13.5% twice as often as the German population and the rate is even higher compared to Turks living in Turkey. This present study was chosen because there despite the high risk of diabetes among Turkish migrants, so far there is lack of population-based or gender-sensitive data on the subject in Austria.

Aim: The aim of this work was to detect: the circumstances in which diabetes was diagnosed, the knowledge of Turkish diabetic women about diabetes and their ideas on the causes of the disease, Impact of Migration on the development of diabetes, experiences with the illness and various aspects of daily life which are important for the quality of life, the treatment histories, personal strategies to deal with diabetes am problems and difficulties of the patients in the course of the disease. Furthermore the special needs, characteristics and expectations of patients should be defined in order to improve diabetes care for patients with a migration background.

Methods: In the present study in the period of March 2009 to November 2009 thirteen semi-structured Interviews were conducted. They were in Turkish language conducted

and then transcribed and translated into German. They were According Mayring analyzed and interpreted.

Results: The interviews revealed that lack of disease-related knowledge or prior knowledge to disease of the patients is one of the most important factors that influence their illness behavior. To impart knowledge of the disease and disease awareness can be suggested information campaigns by using audiovisual media because of the language problems and low education level. It is advisable to consider the cultural and the religious particularities in the therapy.

Ahmet Göksu (Mainz D)

"Problems regarding the brain death definition from the Islamic theological view"

The decline in organ donors in 2013 created in Germany a strong interest for the research into the causes. This is mainly explained by the organ transplant scandal of 2012. Despite this physicians estimate the willingness to donate organs in the Muslim population in Germany as very low, while this willingness is significant higher in Islamic countries. Explaining this only by religion is not correct. What are the causes for the lower willingness of Muslims living in Germany to donate organs? Which role does the controversial debate of the brain death concept in the inner Islamic discussion play?

In my presentation I want to elaborate on the inner Islamic discussion regarding the brain death concept. I will point out, why the analysis of this concept is necessary for my dissertation project, "Cultural collisions of Islamic philosophical traditions and decisions in modern bioethics." Main subject of this discussion is the question for the time of death. The Islamic definition of death that a man is dead, when the soul has left the body, is challenged by modern postulates, as the brain death concept. This difficulty mainly focuses on the question, weather the death according to the Islamic body-soul-understanding has occurred, when only brain functions are no longer measureable.

As a reaction to different legal opinions, death from the Islamic point of view was 1986 in Jordan defined. This definition included the brain death concept. Although this is currently the prevailing view of the Islamic legal scholars, there are numerous opposite interpretations regarding this subject.

In this paper I will compile and systematically analyze the most important arguments from the different legal opinions concerning brain death.

Fatma Aydınlı (Frankfurt, D)

"The Secure Manifestation of Death. A Necessary Condition for Post-mortal Organ Donation"

My paper will follow the question concerned with the extent to which a theological understanding of the concept that is the human being and the inevitably linked ethical discourse might play a necessary role for a secure manifestation of a person's death.

The term "Death" is vague and becomes problematic, at the point at which medical, moral and legal perspectives meet, and the time of death has to be established. According to scientific findings of the medical sciences, „brain death" is the decisive criteria for determining the point of postmortal organ donation. Because of this medical perspective, the traditional concepts of Death, like e.g. "heart death", have lost their conceptual non-ambiguity concerning the determination of death: However, the fact is that a person succumbs neither to brain nor cardiac death. A person dies, when the ability of any interaction with the environment is irreversibly lost.

The legal rulings of religious jurisprudence illustrate how far reaching the impact of the normative dimension concerning the determination of organ donation can be.

Using the example of organ donation the issues around a clear separation between life and death will be explained and light will be thrown on the significance an ontological determination for an idea of humanity and with that the clarification of the terms "Life" and "Death" can play.

Searching for a satisfactory answer, by considering multiple perspectives of the disciplines to ensure definitive results seems to be the most sensible course from a theological perspective.

Ayman Yasin Atat (Istanbul TR)

"Plants Used to Enhance the Power of the Human Body in the History of Arabic Medicine"

Introduction

Human power can be grouped into three main classes: 1- Power of the mind, which is crucial in order to think, to be a positive person, and also to send orders to the muscles; 2- Power of the muscles, which we need in order to fulfil body requirements, and for doing hard work; 3- Sexual power, which is also important for human existence. Physicians always take care of these types of human power by giving certain chemical products, but unfortunately these products have many side effects which make them not the first choice for physicians.

Arabic medicine was dependent on plants and used them for many broad treatments, and one of their uses was the enhancement of human power, and still nowadays there are many efforts to use plants as natural products safe from side effects for this purpose.

Methodology of research

In this paper there will be three kinds of plants for three classes of power. The main historical source of my information will be the "Al-Agzia Kitab" "Foods Book" which was written by Najib Al-Din Al-Samarqandi (Died 622 Hijri); he mentioned many kinds of plants and their medical uses. I will select plants he mentioned for the enhancement of human power, then draw two comparisons; one with the "Kitab Al-jame" by Ibn Al-Bitar (Died 646 Hijri) who considered most important Arab botanical scientist, and another one with current medical botany.

Conclusion

In the results there will be an answer to the question if we could use many plants to enhance the power of the human body without dangerous side effects, which may become the first choice for physicians, leading to the development of new natural products.

Key Words: Enhancement of Human Power, Najib Al-Din Al-Samarqandi, Development of Natural Products.

İnanç Özekmekçi (Kayseri TR)

"Huxley's Brave New World: Advanced Medical Technology Through the Prism of Political Science"

Political fiction literature may have a valuable role to play for developing a richer, more refined and realistic understanding of political life. It seems much better at exhibiting the complexities of our political experience, ethical considerations and multi-layered aspects of political power relations through narrating it over different characters for various situations. In my presentation I will focus on Aldous Huxley's well-known dystopia "Brave New World" and try to analyze advanced medical technology through the prism of political science. I will argue that as politics moves away from its ontological understanding based on difference and individuality in the Arendtian sense the advanced technology becomes a risk for totalitarianism. Though the relation between technology and totalitarianism has been argued much following the WW II, it should be reconsidered and called upon mind again with the emergence of new technologies as Matthew Tieu names "artifactualization of humans" or "anthropomorphization of technology".

Ceren Gülser İlikan-Rasimoğlu (Istanbul TR)

"Travel, Political Interaction and Permeability of the Medical and Political Languages in the Interwar Period Turkey"

The interwar Turkey's great efforts to construct a newly modernizing nation-state witnessed the upward social and political mobilization of medical experts. Especially physicians, who already had begun to interfere in policy formation since the late Ottoman Period, vividly supported the Westernizing discourse of the political elites, both in terms of the institutional structures and daily lives. Physicians' visits to European countries for medical purposes resulted in the transfer to Turkey of a socio-medical language of contemporary Western ideological languages. This presentation will focus on the formation of this new language by the analysis of their memoirs and writings in prominent journals of the period. The presentation will evaluate the ways in which Turkish doctors perceive Turkish politics in relation to those of Continental Europe and their medical terminology turned into a social engineering one. In addition, it will point to possible answers to the question of which medical currents, ideas, attitudes, and metaphors these doctors adopted and transferred into Turkish political and daily languages. Finally, the presentation will analyze how the domain of health and the domain of ideologies diffused into each other's realm.

Sharon Bassan (Tel Aviv, Israel)

"Cultures, Health and Terminology why Tourism? Is it Offensive, Exploitive?"

Background/Introduction

Infertile couples that travel to another country for reproductive treatment do not refer to themselves as "reproductive tourists". They might even be offended by this term. "Tourism" is a metaphor with hidden connotations. Merle Michaelsen and I have analyzes these connotations in public media discourses on "reproductive tourism" in Israel and Germany. We chose to focus on these two countries since legal, ethical and religious restrictions give couples a similar motivation to travel for reproductive care, while the cultural backgrounds and conceptions of reproduction are different.

Results

Our research shows that the use of the metaphor "reproductive treatment" and its hidden messages depends on the writers' intention and the target population. Although the phenomenon of patients travelling for reproductive treatment can fit into the definitions of tourism, the term emphasizes aspects that do not reflect patients' reality. In both the German and the Israeli debate critics' intention in using the term "tourism" is to criticize the economic aspects, while providers use it to justify their business, and to trivialize the

efforts for their potential patients. Both use the term according to agendas that either condemn or trivialize the underlying social phenomenon.

Conclusions

Ethicists should be cautious when borrowing metaphors like "reproductive tourism" from the public debate. Our findings support Penning's suggestion to use instead an unloaded term like cross-border reproductive care to describe more neutrally the phenomenon and to make it explicit whenever criticism is necessary. I have chosen to use "cross-border reproductive transaction" in order to avoid offense on one hand, albeit reflecting its commercialization through the use of "transaction".

Kızılca Yürür (Istanbul TR)

"The Permeability of the Body: Setting the Limits Straight in Dersim (Psychosis and Possession)"

Driving out posession by spirits from human bodies is a widely encountered phenomenon in various cultures. However, local causal narratives about possession reveal information about specific cultural attitudes concerning protecting and setting straight the limits of the body in the world. In the Eastern Anatolian city of Dersim, in our times, special attention is paid to distinguish between cases of temporary or permanent psychosis, to be cured by psychiatrists, and actual cases of spirit posession. During interviews with a local paramedic, an employee in the medical board of the city, it was possible to observe how this long-standing practice gained quasi-regulations, through the paradigms of biomedicine. Local experiences with biomedicine were effective in changing perceptions about the permeability of the individual body, the disciplinary mechanisms about the socially acceptable integration and disintegration processes of individual bodies, and also about social mechanisms which may effect change in bodies. However, healing discourses predating biomedicine in Dersim are stll relevant for how the society perceives of bodies and their relations with each other, and with the world, even with a number of worlds.This becomes clear from 8 interviews we conducted with the elderly and with middle-aged locals in Dersim. In this paper, an analysis, around the concept of the permeability of the body, will be presented. The analysis will evolve around contesting ideas about diagnosis of spirit posession, how and why local therapies are effective, and why locals believe they are needed.

Asmaa El Maaroufi (Frankfurt,D)

"Animals as a Source of Organs - Ethics of Xenotransplantation. A Muslim Viewpoint"

The interspecies transplantation of animal tissues and organs to human (xenotranspantation) seems to be a future alternative to the allograft shortage.

Nevertheless, this alternative therapeutic option raised not only scepsis and queries, but rather essential and fundamental ethical and religious problems. This paper will illuminate especially the animal welfare of xenotransplantation, because of the increasing usage of animals for research or for animal experimentation furthers the question of their welfare. Therefor, the Islamic main resources (Qur'ān and Sunna) get to canvass for general principles respectively for derivate ethic-morally guidelines for the islamic-correct way of behaving with animals. To these belong the interrogation, how to deal with the fact, that allowing xenotransplantation means to allow the instrumentalization of animals, so also to use them as a spare parts depot. For this purpose this paper confers and adapts the four principles of biomedical ethics from Beauchamp und J.F. Childress on the issue of animal welfare, so the possibility is given, to balance the pros and cons for human and nature from islamic point of view at the end of the work.

Key Words: Xenotransplantation, animal rights, bioethics, research, welfare, animal-human relationships

Kadircan Keskinbora (Istanbul TR)

"Cornea Transplantation and Ethical Questions"

This paper discusses issues arising from corneal tissue transplants, suggesting that cornea donation should be encouraged and facilitated, and focuses on suggesting solutions for problems that are actually and potentially experienced during corneal transplants.

It is a common public health problem around the globe that an increase in the number of organ donations has not been achieved in parallel with the increase in the number of patients waiting to receive a transplant due to organ failure. In Turkey, it is estimated that ten thousand patients need a corneal transplant. According to data from the Ministry of Health, the number of corneal transplants realized during 2012 and 2013 was 1,784 and 1,921, respectively. The gap between the number of those who received and those waiting for a corneal transplant indicates that the patients on the waiting list have to wait for a long time for the operation. On the other hand, criteria to determine the order of precedence of the patients on waiting lists have always been controversial; in order to achieve a more just system, relevant international standards and criteria should be established. It is a fact that mechanisms to provide corneal tissues vary from one

country to another. It has also been observed that the donation process accelerates after consultations with patients' relatives.

The institutions responsible for corneal transplantation procedures in Turkey are eye banks operating throughout the country. We are of the opinion that it would be more appropriate for eye banks to operate independently of the related eye clinics. In addition, eye banks should be standardized so that they use the same methods and materials. Corneal transplants should primarily be performed for therapeutic purposes; and transplants for cosmetic purposes should be considered of secondary importance.

For the personal, legal and institutional protection of both healthcare professionals and donors, the government as the highest authority, through its agencies, should provide support for relevant educational activities, seminars, press releases, and improve the public's awareness. Such activities would at the same time contribute to the discussion and the application of ethical values.

Fabio Zampieri (Padova, Italy), **Kalliopi Pilichou**, **Alberto Zanatta**, **Cristina Basso**, **Gaetano Thiene**

"The Discovery of Arrhythmogenic Right Ventricular Cardiomyopathy: From Venice to Naxos - The Migration Hypothesis and Molecular Background"

Arrhythmogenic right ventricular cardiomyopathy (ARVC) is a heart muscle disease, clinically characterized by life-threatening ventricular arrhythmias. Its prevalence has been estimated from 1:2,500 to 1:5,000. The pathology consists of a genetically determined dystrophy of the ventricular myocardium with fibro-fatty replacement, due to genetic defects of the desmosome.

The disease was first described by Giovanni Maria Lancisi in 1736. Only in the 80's clinical and pathologic series of Italian patients were reported by a research group of Padua. The first gene defect was then discovered in the recessive variant of the disease from the Naxos island, which consists of a cardiocutaneous syndrome (palmoplantar keratosis and woolly hair).

Given that most of the ARVC cases were described in Venetian patients, the research group in Naxos assumed that the genetic defect could have been carried from Veneto to Naxos, because Venetians landed in Naxos in 1207 and occupied the island for 3 centuries. The migration hypothesis was subsequently disproven by genetic analysis, but it was fundamental in driving the research on genes coding for cell junctions, because Naxos disease was a cardiocutaneous disease and desmosomes are common both in the heart and skin.

Padua's research group discovered the first gene defect of a dominant ARVC form and described in detail the pathological profile and progression of the disease. Further a transgenic mouse model carrying a specific human mutation was generated by this group, showing similarities to human features and elucidating disease pathogenesis.

This history shows how much migration studies, realized by interdisciplinary and international collaboration, could be of help, even when the migration hypothesis has been disproven as in this case.

Greta Wagner (Frankfurt D)

"Pharmacological Cognitive Enhancement – User's Interpretations"

Pharmacological forms of cognitive enhancement have been discussed widely in bioethics in recent years (cf. Farah et al. 2004; Greely et al. 2008; Franke/Hildt 2013). Usually the non-medical use of amphetamines, modafinil or methylphenidate is understood as a technique by which students increase their ability to focus. Studies have shown that the cognitive enhancing effects of drugs like Adderall or Ritalin are very limited (cf. Repantis et al. 2010). Nonetheless students consume them, especially in the US where amphetamines are approved drugs for the treatment of attention deficit disorder and narcolepsy and are therefore more accessible for non-medical users (cf. McCabe et al. 2005). My study is based on qualitative interviews with student consumers of Adderall and Ritalin in Germany and the US.

First I will show that the effect of these drugs is not primarily cognitive but rather emotional: By increasing interestedness and motivation stimulants help students to enjoy their work rather than increase their cognitive capacities. Amphetamine-based drugs increase self-confidence and they create activation (cf. Rasmussen 2008). This aspect has not received much attention in the debate on cognitive enhancement so far.

Second I will present a typology of user's patterns of justification for their practice. The non-medical use of drugs is often being criticized: on the one hand as a shortcut from achievements and on the other hand as a symptom of a society that overestimates achievement. Surprisingly many users share these criticisms. The consumer's justification narratives construct exceptions for their own use of stimulants that make it justifiable for them.

Özlem Bildik Şanlı (Istanbul TR)

"Ethical Approaches on Using Cognitive Enhancer Agents"

The pace and excellence which are expected from individuals in today's modern life have risen compared to previous decades and so individuals constantly put more effort to increase their capacities and to be successful in their schools or endless

career race. Defined as the use of drug medication to enhance certain brain processes in healthy persons who do not have any mental illness, neuro-enhancement becomes one of the most interesting subjects in our times. The reason for that topic to be on such a debated point are increasing use of cognitive enhancers, necessity of keeping under control and disciplining practice of their use.

Neuro-enhancers affect different structures of body to enhance cognition. Some authorities claim that individuals with social behavior disorder or attention deficiency can attain intense adaptation and better socialization through these chemicals. However, such chemicals are not only beyond the correcting defect of existing deficiencies in brain processes, but also function to "make it better" of normal brain functions.

Also, amongst the substances promising humans to be better or improved in terms of cognition some can be obtained without any constraint, whereas the others (e.g., psychotropic substances) can only be prescribed. Some of them could be risky. But, there are increasingly ongoing clinical researches on these chemicals which aim to reduce their side-effects and improve their productivity.

There is a dichotomy among philosophers on the question. The authors who point out ethical and social reflections of the issue discuss about claimed and adverse effects of such drugs. Many philosophers especially ethicists foresee that such enhancers might cause moral decline and unfair competition. Some other authors who defend human enhancement suggest using such chemicals for being more developed persons. In this paper, I would like to present both of the ethical perspectives of cognitive enhancement.

Rainer Brömer (Istanbul TR)

"Body Enhancement: Opportunity, Danger, Obligation?"

Enhancement encompasses a wide array of possible interventions, from diet and physical exercise to drug use and potentially genetic engineering. While most contemporaries accept the usefulness of balanced nutrition and moderate sportive activities, the use of advanced medical technologies to boost performance and lengthen the possible lifespan of human beings is highly controversial. Reasons for our reservation regarding physical and physiological enhancement are varied, and in many cases the ethical roots of our concerns are not clearly defined. For instance, naturalist arguments are problematic in two senses, both because of the non sequitur from "is" to "ought" and because the human species can be seen as part of nature, hence human actions by definition are part of the spectrum of events in nature. The argument from risk, anticipating the danger that interventions into the human genome may jeopardise the future of humankind, on the other hand, appears rather speculative – it is equally plausible that rapid changes in the biosphere destroy species that are not able to adapt fast enough to unanticipated

new circumstances. Traditionalists argue that our thoroughly enhanced descendants might not be considered truly human any longer – adopting a static species concept that has little correspondence in nature: What at first sight appears like a variety of a naturalist argument turns out to be, on the contrary, essentialist. At the opposite end of the spectrum, we find thinkers like John Harris who argue that taking advantage of opportunities for genetic enhancement may be a moral duty we have to our children, in order to offer them the longest lives with the highest qualities. This paper looks at some of the values invoked and arguments developed for a variety of positions debating the perspectives of human bodily enhancement.

Harald Briese (Lippstadt, D)

"Ethics Counselling Services in situ - Ethics Counselling Services in Outpatient Medical Care"

In dealing with patients, whether in the hospital, a care home, or a medical practice, ethical questions arise constantly.

While an increasing number of Clinical Ethics Committees have been implemented in the German clinics and care homes, in the field of the outpatient medical care, the development of ethics counselling has been rather rudimentary so far. The quality of the decision-making culture is responsible, to a great extent, for the quality of the action culture.

The patient's value system plays a decisive role in the therapy decision and ethical reflexion, but this can still be influenced by the other participants providing the medical care such as the medical personnel or even family members and friends. Not only the interaction at the interpersonal level but also at the inter-professional level, as well as the possibilities of access to the medical chain all have to lead to different starting positions. Due to this fact and to the increasing transfer of the medical treatment from the hospital area to outpatient therapies, the necessity of developing structures of outpatient ethics counselling arises.

A survey that has been carried out with 100 physicians revealed that the interest and demand of counselling related to medical ethical questions and conflicts also exist in this area of the medical care. The local treating general practitioners and specialists have the necessary knowledge to carry out general and concrete medical histories in order to understand the patients as a whole, in their "way of being" ("Sosein") and in their familiar and psychosocial environment.

The work deals with the present situation of the ethics counselling in the outpatient medical care in Germany and it shows the necessity, benefits, and ways of the implementation of such an ethics counselling service outside of the hospitals and care homes.

Armağan Samancı (Istanbul TR), **İbrahim Başağaoğlu**

"Can Internet Psychiatry be More Ethical Than Face to Face Psychiatry?"

Internet and related technologies have rapidly grown into daily practice of the psychiatry.However, the ethical pros and cons of the internet psychiatry is needed to be discussed in details. The technologies like internet develops faster than ethic codes are set. The ethicists can capture the problems before it emerges,if only the technology and its applications are predicted before it is implemented.Otherwise, the internet psychiatry may move onto further stage which leaves the ethical codes past behind it. The psychiatry is a sensitive branch of medicine in terms of confidentiality and secrecy where the internet is not safe. The fear of the confidentiality and secrecy issues may deter patients from the the use of the internet psychiatry. Whereas, the internet psychiatry would provide many ethical advantages to the patients.Apart from the easy access to the services,the internet psychiatry will provide reliable information to the patients by the psychiatrist doctor.The informed consent and the ethical and personal rights of the patients will be better protected.The mentally ill can be better assessed interms of follow-up.Additionally, legal rights of the patients ,who can recover from the illness,would be quickly reinstated.The psychiatrist and the guardian or patient representative would record and follow the judgements much easier by internet psychiatry.So the advantages of the internet techonology is undeniable and unstoppable in many terms.We discuss not the fear of the confidentiality or secrecy issues , but the ethical use and the ethical issues of the internet psychiatry in future.

Tuğba Gencer (Istanbul TR), **Gamze Nesipoğlu**, **İbrahim Başağaoğlu**

"Bathroom Etiquette From Past to Present"

The need to use the bathroom is one of the basic needs of human beings, just like eating, drinking and sleeping. Named "edephane", "memişhane", "abdesthane", "hela" or "toilet" in Turkish culture and variously in other cultures, these places have always been a necessary part of life, and progressed by adapting to beliefs and values in time. It is observed that bathroom etiquette, which evolved with the perception of hygiene, was an important subject in ancient "Egypt, Mesopotamia, Indus Valley and Asia Minor" civilizations, on the basis of old manuscripts and architectural remains.

Sanitation of hands and feet before eating, cleaning mouths with certain herbs, and going to temples as clean as possible were among the priorities of daily life, starting with the Sumerian era. It is evidential that the development of an elaborate sewer system to meet the need to use the bathroom existed in the mentioned territories long before Ancient Greek and Roman eras.

Developed architecturally and culturally as a result of the millenniums-old evolution,

Toilets and perceptions concerning this matter are distinct particularly in the Ancient Greek and Roman eras. It is observed that an elaborate sewer system with baths and communal public toilets named "Latrine" were built, especially in the Roman period with various architectural practices. Builders of holy sanctuaries, theatres and gymnasiums, Romans chose the best spots of the city for baths and public toilets. The public toilets of the ancient city of Ephesus are good examples for this.

The purpose of our study is to present the differences between cultures and values, examining the religious, social, architectural, psychological, community health care and environmental cleaning related aspects of bathroom etiquette, the primary norm of civilization, by referring to works of historians and travelers.

Key Words: Hela, Ancient Rome, Bathroom Etiquette, Community Health Care, Environmental Cleaning

Jameson Kismet Bell

"Situating Brain Games: A Media Archeology of Cerebral Interventions"

Popular digital applications or "Apps", magazine features, and even rigorous, peer-reviewed neuro-scientific studies are the latest edition in a long history of "brain games." This article attempts to situate "brain games" within specific cultural beliefs and social practices that are historically limited. Methods developed through former and recent Media Archeology studies (1950s- today) help to explain these historical and cultural limitations through predominant media of the specific social and cultural network. Even what constitutes a "brain game" versus a "necessary intervention" is limited by these networks. Media Archeologies have demonstrated, among other things, that any new medium, by definition, solves unintended problems created by previous media. However, as a medium extends, enhances, or otherwise alters an ecological sensorium, it produces unintended consequences that must in turn be rectified with an anterior, not yet imagined medium, ad infinitum (McLuhan, Foucault, Kittler, Parikka). From ancient and medieval oral mnemonic rituals, to encounters with the brain in autopsy, books and other other "lifeless media" in the renaissance, cerebral interventions are not new to the late 20th and early 21st century. By examining the difference between and an "intervention" and «game» through the divergent media in which these cerebral activities are practiced, reinforced, and abandoned—whether it be speech, tactile or visual stimulation, mechanical, electrical, or chemical interventions—one can hopefully recognize some of the unintended consequences created by historical media technologies that the recent wave of "brain games" attempts to solve. Analyzing the historicity of media may even allow for the prediction of anterior «brain games,» or at least an acknowledgement of problems associated with media interventions in the 21st century brain.

Corinna Klingler

"Challenges in medical practice for immigrated physicians in German hospitals"

Germany is facing a doctor shortage and hospitals with difficulties to fill vacancies are now actively recruiting physicians from other countries among others Turkey. As a consequence, increasing numbers of foreign doctors are working in Germany. Around 31.000 immigrated physicians were practicing in Germany in 2013 and the numbers are likely to increase. From studies conducted in countries like the UK or Australia we know that migrated physicians face many challenges in medical practice. Those problems can endanger patient safety and autonomy, but also physician wellbeing. However, knowledge about difficulties that immigrated physicians face when practicing in Germany is basically non-existent. We conducted a qualitative interview study to understand better the experiences of this group. Twenty semi-structured, problem-centered interviews with physicians from different backgrounds and specialities working in German hospitals were undertaken and analyzed using qualitative content analysis. Difficulties that were encountered range from language problems complicating communication with and understanding of patients, working with colleagues that do not trust the professional expertise of the physician, lacking awareness of as well as shock in the face of new rules and regulations (e.g. informed consent procedures) to frustration with certain tasks physicians are expected to take on (like taking blood samples) that were delegated to other medical staff in home countries. This knowledge is necessary for the development of support structures that can help immigrated physicians integrate into a new work environment thereby increasing work satisfaction of physicians and patient safety.

Keren Mazuz

"Feeding at the crossroads of culture and medicine in Israel: A cultural version of palliative care"

Based on ethnographic study at a nursing institution for the aged, this article reveals a particular world of biomedical practice and cultural notions regarding food, well-being and palliative care in Israel.

At the nursing institution, most of the aged patients especially those in the final stage of dementia develop eating and swallowing problems. The problems exemplified in the patients' behavior such as refusing food or spilling out the food. As there is uncertainty over whether the patients feel hungry and thirsty the nursing staff decides either to force feeding or withdraw spoon-feeding. Their decision to feed is based on ethical considerations that the patients will not starve to death. Another common option is to

use artificial feeding either via a nasogastric (NG) or a gastrosomy (PEG) tube. According to the Israeli "Dying Patient Act" (2005), if the dying patient is competent and refuses any treatment, including food and fluids, s/he should not be forced. Thus, the respect for autonomy and human dignity takes priority over the respect for value of life. This, however, does not include active euthanasia or physician-assisted suicide, which are prohibited.

Consequently, eating by feeding tube became common in practice. This paper will present the social and cultural implications of palliative care in Israel.

Heinrich Merkt

"Interreligious education in the geriatric, medical and health care-sector"

In Germany, ethical and interreligious skills need to be considered essential tools for qualified nursing staff. Not only in hospitals, but also in nursing homes people from different cultural and religious backgrounds meet each other every day. Being ill as well as being in need of care often makes religious and spiritual needs become more important. Therefore, qualified nursing staff is facing a special professional challenge. The research project „Interreligious Education in the geriatric, medical and health care-sector" was aiming at two aspects: First, we wanted to find out, what kind of interreligious competences qualified nursing staff need in their everyday work-life. Second, we wanted to examine if those competences can already be fostered among trainees by specific teaching material. A new constructed questionnaire was able to identify five aspects of interreligious competence in the nursing context: attitude, understanding, empathy, being activity-oriented and communication. At the same time, specific teaching units intending to increase nursing staff's ability of using religious resources for solving conflicts in everyday work-life were developed and evaluated among 24 schools and 800 trainees in the geriatric, medical and health care-sector. The results provide significance that interreligious competences can indeed be successfully fostered in nursing staff training.

In my presentation, I will present the aspects of interreligious competence identified with the help of the mentioned questionnaire as well as the evaluation of the teaching units. We will discuss the results of this evaluation in detail. Further steps of empirical research will be recommended.

Julia Rutzen

"The perception of the human body in Islam using the example of brain death and organ transplantation"

Since modern medicine has laid the foundations to transfer organs from one individual into another and thereby prolonging life for many years, a tedious and continuing

discussion about ethical limits and the religious rightfulness of this kind of procedures exploded. Firmly connected with the transplantation of organs is a new definition of death: The brain death diagnosis enables the transplantation of organs, and without this new definition of death organ transplantation would not be possible. The brain death replaced the longstanding and commonly accepted old fashioned definition of death and its obvious signs to a diagnosis which can only be recognized by specialists.

As the holy Quran does not provide information for that kind of medical innovations, legal scholars have to verify their religious lawfulness by the use of analogical conclusion.

In the islamic religion every human, whether alive or dead, possesses the right of physical integrity.

However, the Quran itself gives reference to exceptions of that rule, that are used for the legitimation of organ transplantation.

In my presentation I will reveal contemporary fatwas of exalted islamic scholars considering organ transplantation and the different understanding of brain death. Furthermore I will present the precedents based on the Quran and the Sunna used for the various argumentations.

In this way it will become obvious how islamic perception of the human body and soul interferes with the new definition of death and the will to preserve one's life.

Rania Kassab Sweis

"Taking Care of Invisible Wounds: An Anthropological Study of Global Humanitarian Psychiatry and Homeless Children in Cairo"

In this paper, I examine the practices and ethics attached to global humanitarian psychiatric practices in Cairo, Egypt. Specifically, I address what it means to deliver psychiatric care to homeless and abandoned children in one Cairo neighborhood, drawing on twenty-four months of ethnographic fieldwork conducted within a French-based medical humanitarian organization.

In a country where seeking Professional care for emotional suffering remains relatively absent, why have homeless children emerged as ideal subjects for free psychiatric care and therapeutic counseling?

What logics drive humanitarian psychiatry designed for the 'homeless child?' The research emphasizes how on the ground care between humanitarian doctors and children is shaped through the production, archiving and circulation of a psychiatric examination form.

As the object through which childhood trauma and mental illness is demonstrated

and rendered legitimate for workers in the NGO and donors, I suggest this examination form both produces new categories of child subjectivity in Egypt, such as the young psychiatric patient or 'problem Street child,' and new figurations of potential moral and political crisis which homeless children are believed to embody.

Broadly, these findings point to how children in Cairo are transformed into medical subjects through the grounded, bureaucratic practices of psychiatry while tracing the intimate relations between local humanitarian doctors and young vulnerable patients.

Fabio Zampieri

"The discovery of Arrhythmogenic Right Ventricular Cardiomyopathy: From Venice to Naxos - the migration hypothesis and molecular background"

Arrhythmogenic right ventricular cardiomyopathy (ARVC) is a heart muscle disease, clinically characterized by life-threatening ventricular arrhythmias. Its prevalence has been estimated from 1:2,500 to 1:5,000. The pathology consists of a genetically determined dystrophy of the ventricular myocardium with fibro-fatty replacement, due to genetic defects of the desmosome.

The disease was first described by Giovanni Maria Lancisi in 1736. Only in the 80's clinical and pathologic series of Italian patients were reported by a research group of Padua. The first gene defect was then discovered in the recessive variant of the disease from the Naxos island, which consists of a cardiocutaneous syndrome (palmoplantar keratosis and woolly hair).

Given that most of the ARVC cases were described in Venetian patients, the research group in Naxos assumed that the genetic defect could have been carried from Veneto to Naxos, because Venetians landed in Naxos in 1207 and occupied the island for 3 centuries. The migration hypothesis was subsequently disproven by genetic analysis, but it was fundamental in driving the research on genes coding for cell junctions, because Naxos disease was a cardiocutaneous disease and desmosomes are common both in the heart and skin.

Padua's research group discovered the first gene defect of a dominant ARVC form and described in detail the pathological profile and progression of the disease. Further a transgenic mouse model carrying a specific human mutation was generated by this group, showing similarities to human features and elucidating disease pathogenesis.

This history shows how much migration studies, realized by interdisciplinary and international collaboration, could be of help, even when the migration hypothesis has been disproven as in this case.

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Health, Culture and the Human Body

11-13 September 2014 • Istanbul • Turkey

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LANGUAGES

Conference languages is English.
Simultaneous translation between English and Turkish will be provided for Plenary Sessions (11 and 12 Sept.).

CONGRESS REGISTRATION FEE

None for speakers and student attendees. 100 TL for all non-student attendees. (The fee includes Congress bag, welcome reception, gala dinner and refreshments)

CONGRESS VENUE

- 11-12.09.2014: Istanbul University Congress Culture Center Beyazit Campus
- 13.09.2014: BETİM Center for Medical Humanities Kızlelma Cd. Topçu Emin Cd. Çıkmazı 30, Fatih

ACCOMMODATION · RECOMMENDED HOTELS

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Phone: + 90 (0) 212 507 73 73
www.thegreenparkmerter.com

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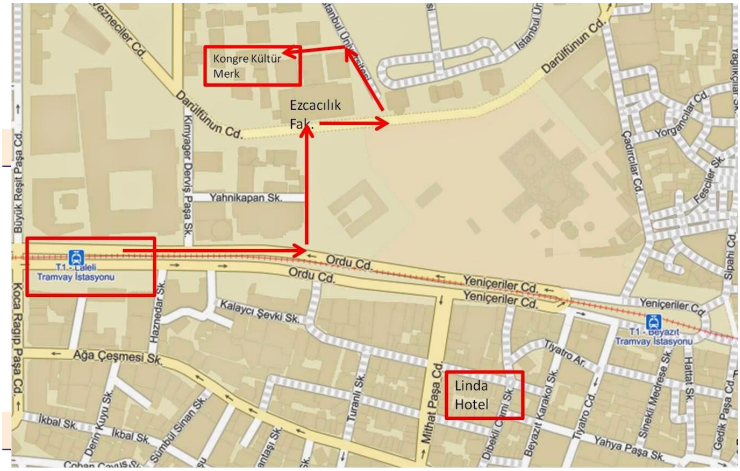
www.Istanbulhotellinda.com

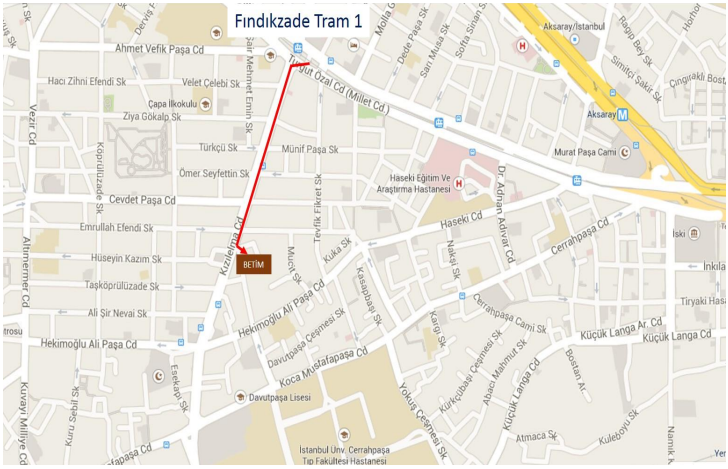
MAPS OF VENUES

Istanbul University Congress Culture Center Beyazit Campus



BETİM Center for Medical Humanities

Kızlelma Cd. Topçu Eminbey Çıkmazı Sk. No: 30, Fatih-İstanbul



PATRONAGE

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