



ABSTRACTS

2nd international and interdisciplinary
conference on

Health, Culture and the Human Body

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

13 - 15 September 2012
Istanbul · Turkey



Funded by Hayat Vakfı

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UNIVERSITÄTSmedizin.

MANZ

An international and interdisciplinary congress on

Health, Culture and the Human Body

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

**13 - 15 September 2012
Istanbul Turkey**

Demographic change in a globalized world raises not only social and economic issues but also ethical problems within the medical system of aging societies. Medical care for elderly people cannot be conceptualized and organized without considering a cultural understanding of aging and the economic and social circumstances of a given society. In this regard this conference will focus on ethical, historical and epidemiological perspectives of aging in a global world. Further subjects of the conference are the beginning of life and sexually transmitted diseases, which will also be discussed from an interdisciplinary perspective.

This conference will focus on selected cases from Turkey, Germany, and other countries closely connected by substantial migration processes, as they had been earlier through medical scientific exchanges and common clinical practice. After the well received first round held in Germany (Mainz) in 2010, the aim of the Istanbul conference is to establish a discussion platform for different ethical considerations among historically connected countries.

The objectives of the conference are:

- to identify critical issues in fields of research and application selected for the conference (aging, beginning of life, sexually transmitted diseases infectious diseases, migration and medicine).
- to develop an interdisciplinary perspective combining epidemiology, ethics and history of medicine.
- the conference schedule will facilitate a constructive interdisciplinary exchange among the participants across the whole spectrum of topics and approaches involved. In addition, this international meeting will be a platform for initiating new research projects.

PROGRAM



Thursday, September 13, 2012

Kazlıçeşme Cultural Center – Zeytinburnu
Address: Zeytinburnu Belediye Başkanlığı Bahçesi,
Abay Caddesi No 165, Zeytinburnu – İstanbul

The first day's meetings and the reception will take place at Kazlıçeşme Cultural Center. Transport from the Rectorate Building Doctorate Halls in Beyazıt will be provided for participants.
(Meeting point: Rectorate Building of Istanbul University Beyazıt,
Time: 13.00, 13.09.2012)

13.30 – 14.00 REGISTRATION

14.00 – 14.30 Opening Address

Dr. Ahmet Özdemir
 Chairman of Executive Committee of
 Hayat Foundation

Murat Aydın
 Mayor of Zeytinburnu

Prof. Dr. M. Bilgin Saydam
 Dean, Istanbul University Medical Faculty

Prof. Dr. Dr. Reinhard Urban
 Dean, Universitätsmedizin Mainz

Prof. Dr. Yunus Söylet
 Rector, Istanbul University

14.30 – 15.15 **Hans-Martin Sass** (Washington USA / Bochum D) Page 11
**The dignity of the beginning of
 human life [Key Note Speaker]**

15.15 – 15.30 BREAK

15.30 - 17.30 The Beginning of Life

Chair: Nil Sari

15.30 – 16.00 **Rainer Brömer** (Istanbul TR) Page 11
**The beginning of life from the
 perspective of medical history**

16.00 – 16.30 **Murteza Bedir** (Istanbul TR), **İrfan İnce** Page 12
**Some considerations about Islamic
 perspectives on the beginning of life**

16.30 – 17.00 **Herwig Stopfkuchen** (Mainz D) Page 12
**Advances in perinatal and neonatal care
 for high-risk newborns: ethical implications
 – a German perspective**

17.00 – 17.30 **Fahri Ovalı** (Istanbul TR) Page 13
**Ethical problems in neonatology:
 a Turkish experience**

17.30 – 17.45 BREAK**17.45 - 19.15 The Beginning of Life**

Chair: Nuran Yıldırım

- | | | |
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| 17.45 – 18.15 | İlhan İlkılıç (Mainz D)
End of life decisions at the beginning of life | Page 14 |
| 18.15 – 18.45 | Sevtap Metin (Istanbul TR), Hakan Ertin ,
İbrahim Başağaoğlu
Abortion in the Turkish legal system and ethical approaches | Page 14 |
| 18.45 – 19.15 | Hakan Hakeri (Istanbul TR)
Abortion in the Turkish and the German legal systems: a comparative assessment | Page 15 |

19.15 RECEPTION

Kazlıçeşme Cultural Center – Zeytinburnu

Friday, September 14, 2012**Istanbul University Rectorate Building Doctorate Halls****9.00 - 12.50 Sexually transmitted infectious diseases**

Chair: Rainer Brömer

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| 09.00 – 09.30 | Werner Friedrich Kümmel (Mainz D)
“Afflicted by God” Ernst von Düring and endemic syphilis in Anatolia around the year 1900 | Page 16 |
| 09.30 – 10.00 | Nuran Yıldırım (Istanbul TR)
Düring Paşa in the service of the Ottoman Empire | Page 17 |
| 10.00 – 10.30 | Nil Sarı (Istanbul TR)
Syphilis hospitals founded during the reign of Sultan Abdulhamid II and the underlying health politics | Page 18 |
| 10.30 – 11.00 | Yasemin Yalım (Ankara TR)
Values in the post-Humboldtian university | Page 18 |

11.00 – 11.20 BREAK (SNACKS)

Chair: Nurhan İnce

- | | | |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 11.20 – 11.50 | Hajo Zeeb (Bremen D), Saskia Pöttgen ,
Beate Schütte , Florence Samkange-Zeeb
Awareness of sexually transmitted diseases among adolescents with and without migrant background in Bremen, Germany | Page 20 |
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11.50 – 12.20	Hakan Ertin (Istanbul TR), M. Kemal Temel HIV/AIDS in Turkey: an assessment of the perception of HIV/AIDS with reference to the first documented case in Turkey	Page 21
12.20 – 12.50	Nesrin Çobanoğlu (Ankara TR) Obesity from a bioethical perspective	Page 22

12.50 – 14.00 BREAK (LUNCH)

14.00 - 16.00 Aging

Chair: Murteza Bedir

14.00 – 14.30	Petra Kutscheid (Dernbach D) Be healthy to live – live to be healthy? Bioethics and biopolitics in aging societies	Page 22
14.30 – 15.00	Recep Şentürk (Istanbul TR) Old age: Islamic approaches	Page 23
15.00 – 15.30	Ayten Altıntaş (Istanbul TR) Health in old age according to the Ottoman physicians	Page 24
15.30 – 16.00	Hanzade Doğan (Istanbul TR) The role of ethics advisory committees in the use of artificial nutrition and hydration	Page 24

16.00 – 16.20 BREAK (SNACKS)

16.20 - 17.40 Hall A

Chair: Sevtap Metin

Axel C. Hüntelmann (Mainz D)	Page 25
The biopolitics of salvarsan and syphilis in prewar Germany (1909–1914)	
Murat Yolun (Adıyaman TR)	Page 26
The impact of syphilis on the military capacity of the Ottoman army during the First World War	
Kaya Sami Nizamoğlu (Istanbul TR)	Page 26
The history of yellow fever, or how an infection alters history	
Işıl Baysan Serim (Istanbul TR), Soner Şahin	Page 27
A genealogical approach to the spatialization of health: the architecture of Ottoman tahaffuzhane buildings	

16.20 - 17.40 Hall B

Chair: Nevin Altıntop

Andreas Vourtsis (Athens GR), Sylva Haralambous	Page 28
Refugees' BCG vaccination in interwar Greece: between medical trial and therapeutic act	

Esther Moeller (Mainz D) Page 29
**An imperial, nationalist or universal medical project?
 The Egyptian Red Crescent at the turn of the 20th century**

Abu Ghazal Yazan (Mainz D, Paris F) Page 30
**Temporality and the concept of schizophrenia:
 epistemological perspectives from the German
 psychopathology in the postwar period.**

Fatih Artvinli (Istanbul TR) Page 30
The history of general paralysis of the insane in Turkey

17.40 – 17.50 BREAK

17.50 - 19.10 Hall A

Chair: İrfan İnce

Annelie Weiste-Paakkanen (Helsinki FIN) Page 31
**Experiences of data collection in migrant
 health research**

Sascha Topp (Gießen D) Page 32
**Medical selection in the recruitment of migrant workers
 (“Gastarbeiter”): practice and function of medical
 examinations under the influence of economical and
 political interests in the Federal Republic of Germany,
 1955–1973 (DFG Research Project)**

Natalia Solovieva (Helsinki FIN), **Päivikki Koponen, Tiina
 Laatikainen, Anu Castaneda, Seppo Koskinen** Page 33
**Inequalities among migrants in cardiovascular risk factors
 and self-rated health: The Migrant Health and Wellbeing
 Study in Finland**

Ahmet Göksu (Mainz D), **Antje Kampf** Page 34
**Perception of the risk of cardiovascular diseases and
 preventive strategies taken against them by migrants
 with Turkish background in Germany**

17.50 - 19.10 Hall B

Chair: Oya Ögenler

Anne Leonora Blaakilde (Copenhagen DK), **Suzan Yazici,** Page 35
**Signe Gromwald Petersen, Signe Smith Nielsen,
 Lene Otto, Allan Krasnik**
**Health practices among elderly Turkish migrants
 in Denmark**

Silvana Rugolotto (Amsterdam NL), **Sjaak van der Geest** Page 36
**Migrant women and the informal care of elderly people
 in Italy**

Nevin Altıntop (Vienna A)	Page 37
Health policies and cultural sensitivity in the care for the elderly provided for Turkish migrants: Berlin, Hamburg, Munich and Vienna in comparison	

19.15 TRANSFER TO GALA DINNER

Saturday, September 15, 2012

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Chair: Selim Kadioğlu

Yusuf Şahin (Ankara TR), Thomas Abel , Sabine Ackermann	Page 38
Health literacy as cultural capital: the case of Turkish migrants in Switzerland	

Aslı Topal Cevahir (Düsseldorf D)	Page 39
The historical development of health conditions among female immigrants from Turkey in the Federal Republic of Germany	

Suzan Yazici (Copenhagen DK), Signe Smith Nielsen , Signe Gronwald Petersen , Anne Leonora Blaakilde	Page 40
Use of healthcare services in a foreign country among Turkish immigrants, their descendents, and ethnic Danes	

Hüma Özay (Istanbul TR), Mehmet Güllüoğlu , Nurhan İnce	Page 41
Flexible working hours in occupational health	

9.00 - 10.20 Hall B

Chair: Murat Dinçer Çekin

Frank Kressing (Ulm D)	Page 42
Contested medical identities, migration of healthcare providers and Middle Eastern students at Western universities	

Demet Dingoyan (Hamburg D), Mike Mösko , Ulrike Kluge , Holger Schulz , Andreas Heinz	Page 43
Epidemiological survey on the prevalence of mental disorders among people with a Turkish migration background in Germany: methods and challenges	

Volker Beierlein (Hamburg D), Johanna Christine Ernst , Uwe Koch , Mike Mösko , Corinna Bergelt	Page 44
Cross-cultural healthcare research in psycho-oncology: challenges in studying the needs of migrant population groups	

Mulki Mösla (Helsinki FIN)	Page 45
Use of mental health services among aging immigrants in Finland	

10.20 – 10.40 BREAK (SNACKS)**10.40 - 12.20 Hall A**

Chair: Ceren G. İlikan Rasimoğlu

Oya Ögenler (Mersin TR), **Selim Kadioğlu** Page 45
The hegemony of medicine over the female body

Clemens Heyder (Leipzig D) Page 46
The prohibition of egg donation as an issue of medical ethics

Justyna Aniceta Turkowska (Marburg D) Page 47
Sexually transmitted diseases between gender and ethnicity in the province of Posen: German-Polish debates about national revival

Stefan Wünsch (Berlin D) Page 48
The visualization of venereal diseases as a cultural practice of indicating a morally depraved sexuality: a (hi)story from syphilis to AIDS

10.40 - 12.20 Hall B

Chair: Fatih Artvinli

Merlijn van Schayk (Utrecht NL), **Karen Hosper** Page 49
Medically unexplained physical symptoms among Turkish women in the Netherlands: unravelling the underlying causes

Murat Dinçer Çekin (Istanbul TR) Page 50
"Who is in inner than self?": psychosocial substructure of apparently organic diseases

Dragica Popovska (Skopje MK) Page 51
The stone Tekija as a cultic place for the cure of infertility and the prevention of various diseases: exploring Macedonian traditional medicine

Constantin Canavas (Hamburg D) Page 51
Integration of traditional/alternative/complementary medicine in modern multicultural societies

12.20 – 13.20 BREAK (LUNCH)

13.20 - 15.00 Hall A

Chair: Hajo Zeeb

Nurullah Yücel (Istanbul TR), Selçuk Engin, Bülent Saka, Fatih Tufan, Gulistan Bahat Öztürk, Sibel Akin, Hilal Özkaya Aging through malnutrition: how should it be avoided?	Page 52
Claudia Bozzaro (Freiburg D) The aging process as a radicalization experience of our bodily perception	Page 53
Tuğba Gencer (Istanbul TR), İbrahim Başağaoğlu Psychological, religious, legal and folkloric dimensions of death	Page 54
Bilge Sözen Şahne (Ankara TR), Sevgi Şar Ethical evaluation of pharmacy services for geriatric patients	Page 54
Dejan Donev (Skopje MK) Ethics of (palliative) care and the question of euthanasia	Page 55

13.20 - 15.00 Hall B

Chair: İnanç Özekmekçi

Ceren G. İlikan Rasimoğlu (Istanbul TR) A sanitary journal for common people: Yaşamak Yolu	Page 56
Temmuz Gönç Savran (Eskişehir TR) Sources of health-related knowledge and the confidence levels towards them according to social status and age	Page 57
Sevim Odabaş (Mersin TR) Masculinity, sexual health policy and commerce on the internet: selling sex pills	Page 57
Yulia Panayotova (Sofia BG), Irina Todorova, Anna Alexandrova-Karamanova, Elitsa Dimitrova Doctors' and parents' perspectives on their communication regarding HPV vaccination in Bulgaria	Page 58
Somaye Sadat Mckian (Tehran IR) The comparison between efficacy of narrative therapy and diet therapy on body image in women with overweight and obesity	Page 59

15.00 – 15.15 END OF PROGRAM

Thursday, September 13, 2012

Hans-Martin Sass (Washington USA / Bochum D)

The Dignity of the Beginning of Human Life

Abstract: The paper presents an overview of medical, religious and philosophical understandings and interpretations of the beginnings of human life. Given the wide variety of concepts, values and virtues involved in assessing the dignity of early human life and the lack of a global moral and cultural consensus, the paper calls for respecting the dignity of religious and philosophical beliefs and the dignity of the individual human conscience in making responsible judgments. A Uniform Life Protection Act based on medical facts will be proposed, respecting different moral and cultural traditions and including a Conscience Clause for those individuals holding different convictions as informed by their conscience.

Motto: 'Threefold is life for us: the womb of the mother, the earth, the heaven. In the first we get life only, with movement and the beginnings of conscience, in the second life, movement and the beginnings of knowledge, in the third the fullness of all. The first and the second homes are like factories for developing the body to be used in the following life; the third home will bring the true completion and the enjoyment of both. Of course: the transition from the first life to the second and from the second into the third is tight and painful, but in both cases only the coat or cover has to be dropped (first only a secondary one, but then the prison of the body), such like out of the eggshell comes the young'. (J. A. Comenius 'Didactica Magna' 1633-1638)

Rainer Brömer (Istanbul TR)

The Beginning of Life from the Perspective of Medical History

Omne vivum e vivo (all life is from life) – the majority opinion among biologists has long been that most, if not all living organisms are generated by and from other living beings. The alternative, spontaneous generation, was discussed mostly for what we would call lower organisms, but only metaphorically for human beings (as in Ibn Tufayl's 12th-century novel *Hayy Ibn Yaqzan*). Most discussants in today's ethical debates thus conflate

the terms life, organism, individual, person, and possibly soul. The latter continues to play a central role in many contemporary religious discourses about how to treat gametes, fertilised eggs, and (early) embryos. We will tease apart the different concepts of beginning of (human) life in the history of biology and medicine in order to assess the physiological foundations of medical ethics.

Murteza Bedir (Istanbul TR), **İrfan İnce**

Some Considerations about Islamic Perspectives on the Beginning of Life

Life begins when the soul is breathed into the physical body of a human being and ends when the spirit leaves the body. This seems to be a fair definition of the beginning and the end of the life of a human being in various Islamic discourses. However, to answer the inevitable question of “what are the signs and observable features of the life and death?” one finds different suggestions in the traditional and modern approaches in Islamic tradition. In this paper we want to give a general evaluation of the concept of life in Islamic discourses, classical and modern, with its different layers, and analyze its relevance in the context of the problems of contemporary medical ethics.

Herwig Stopfkuchen (Mainz D)

Advances in Perinatal and Neonatal Care for High-risk Newborns: Ethical Implications – a German Perspective.

In Germany, the medical specialty of neonatology developed in the early 1970s, after the first mechanical ventilators became available. In 1965, the first Pediatric Intensive Care Unit in Germany (the second one in Europe) was established in Mainz. At that time only a small percentage of mechanically ventilated newborn infants survived. Even in 1978, 77% of our ventilated preterm babies weighing less than 1500 g at birth did not survive. At that time the primary goal of treatment was survival of the babies!

Since then, significant advances in perinatology and neonatology due to rapidly evolving technologies and innovative therapies have resulted in

higher survival rates for both extremely premature babies at the threshold of viability, whose number in Germany is steadily increasing, and newborns with severe congenital anomalies. Thus in 2006, 91 % of premature babies weighing under 1500 g at birth survived.

But survival coincides in a certain percentage of these high-risk babies with significant short- and long-term morbidity and this provokes an ongoing debate about the quality of life. In this situation ethical dilemmas arise: Life support or alleviating suffering and who ought to be permitted to decide.

In this paper I shall outline how one may deal with these ethical issues in this age-group by considering the presently accepted role allotted to physicians and informed parents in Germany and regarding current German legislation.

Fahri Ovalı (Istanbul TR)

Neonatal Ethics-Turkish Experience

The neonatal period is one of the most controversial areas of medical ethics. Babies born at the threshold of viability or with congenital anomalies or postnatal diseases incompatible with life or with serious short- or long-term adverse effects are the subject of this issue. In Turkey, there is an ongoing debate on legal abortions, but there are no regulations regarding withdrawal of support or not commencing on treatment for extremely premature infants, and attempts to do so are considered as infanticide and are subjected to severe penalties. Therefore, medical decision makers and ethical committees are often reluctant to decide on the requests of parents for abortion or withdrawal of support from very small babies. In most neonatal units, there is virtually no survival below 23 weeks of gestation and survival in later stages of gestation is relatively low compared to western countries. Parents are, most of the time, unaware of the real situation of the infant and they have difficulties in deciding what to do. Any decision is not solely reached by the parents themselves but rather by the contribution of other family members, mainly grandfathers and grandmothers. Withdrawal of support is even more difficult to perform. There is no data on the financial costs of disabled children who were born prematurely and with severe anomalies. Cultural, educational and religious views of the parents and attending health staff affect the ethical decisions in the neonatal intensive care unit.

Ilhan Ilkilic (Mainz D)

End of Life Decisions at the Beginning of Life

Modern intensive care measures have enabled physicians to control the end of human life to a degree that has never before been reached in the history of humankind. At this exceptional stage of life, medical interventions lead not only to a prolongation of human life, but they may also extend the period of suffering, thus raising new and difficult ethical questions. These problems have made themselves felt in neonatology, when it comes to be decided whether to withhold and withdraw life-sustaining therapies at the beginning of life. The concept of medical futility obtains a specific meaning and assumes a normative function in these decisions. Although there is a consensus among the experts about the importance of the notion of futility in end-of-life decisions, there is no general agreement about the exact definition of medical futility and its ethical implications. Recently, some authors have argued against the exclusive use of scientific criteria as a basis for the definition of medical futility, quite rightly calling for a consideration of cultural phenomena. How these cultural phenomena can be conceived and integrated into the ethical decision making process is however unclear.

In my presentation I will analyse the chances and limits of taking cultural phenomena into consideration in the decision-making processes at the beginning of life, with a special focus on the concept of medical futility. We will discuss whether there are exceptional differences with normative relevance in these issues when we distinguish between new born children and adults.

Sevtap Metin (Istanbul TR), **Hakan Ertin**, **İbrahim Başağaoğlu**

Abortion in the Turkish Legal System and Ethical Approaches

Abortion is either considered as termination of a human being's life or destruction of human tissue which has not become a living organism yet. These two conflicting approaches which have been source of social debates lead to problems for determining legal and ethical matters. Apart from everything else, there are two different time limits with regard to medical and legal decisions about the permissibility of abortion. For the

WHO, the time limit for abortion is 22 weeks of pregnancy whereas the Turkish legal code permits abortion until 10 weeks of gestation, which can be extended in case of medical necessities. In addition to different time limits presented for abortion, answers given from medical and religious circles to the question when life begins make the debates on the subject more complex.

In recent months, abortion has become part of a heated public debate in Turkey, which reveals the fact that this subject should be evaluated from an interdisciplinary scientific approach. In this paper, the abortion issue will be discussed from a legal point of view, ethical aspects will be addressed and new reflections will be put forward before the possible enactment of a new law on abortion in Turkey.

Hakan Hakeri (Istanbul TR)

Abortion in the Turkish and German Legal Systems: a Comparative Assessment

Abortion has been regulated in Turkey in two separate codes. One of them is the Population Planning Code (PPC) of 1983, the other the Turkish Penal Code of 2004. PPC is a very liberal code for its time. According to this code, abortion is possible without requiring any conditions up to 10 weeks. The same regulation has been adopted by the new Turkish criminal code in 2004. The Turkish criminal code also introduces a new reason for abortion: Pregnancy resulting from a crime.

Abortion is possible even after the 10th week of pregnancy if the mother's life is in danger. In addition, a disability of the child is also a permissible reason for abortion.

Friday, September 14, 2012**Werner Friedrich Kümmel** (Mainz D)**"Afflicted by God" Ernst von Düring and Endemic Syphilis in Anatolia (Around 1900)**

Whereas syphilis was a rare disease in Turkey (European and Anatolian part) around 1830, thereafter it spread and became a serious danger for the army of the Ottoman Empire. Therefore, in 1889, the German dermatologist Ernst von Düring (1858-1944), was appointed as a Professor at the Imperial Ottoman Medical School in Constantinople as well as the director of the Syphilis Department at the Military Hospital in Haydarpaşa. Systematic mass examinations of people in Northern Anatolia since about 1896, which never could have been carried through in Europe (covering 80.000 cases of syphilis!), confronted him with the disastrous demographic consequences of the disease. Von Düring detected that – in contrast to Western Europe – the main problem was not "venereal" syphilis but "endemic" syphilis, which was transmitted on the basis of daily routine contact among people and which was only a marginal phenomenon in Europe. In the following period, he successfully combated the disease by modernising the older hospitals, then also by setting up new ones, outpatient departments and mobile sanitary units ("Sanitätskolonnen") on a broad scale. In 1902, after returning to Germany, not only his research on endemic syphilis came to an end. In 1906, he also left dermatology and did not participate in controversial international debates on endemic syphilis and related diseases. Also, his investigations of syphilis in Turkey took place before the infectious agent was detected and before the Wassermann test (1905/1906) had been developed. It seems that these last two circumstances are the reasons for the fact that his pioneer work on endemic syphilis research is forgotten today.

Nuran Yıldırım (Istanbul TR)

A German Physician in Ottoman Service: Düring Paşa

In late 1888, considering the spread of syphilis in Anatolia, mostly in the provinces of Kastamonu and around, a physician to conduct fight against syphilis was officially demanded from Dr. Paul Gerson Unna (1850-1929), a reputed dermatologist, via the Ottoman Embassy in Berlin. Dr. Unna recommended Dr. Ernst von Düring (1858-1944), and after signing a working contract on 22 April 1889, Dr. Düring arrived in Istanbul and was assigned to the post of a professor of dermatology at the Imperial School of Medicine. He was also appointed vice head physician and director of the dermatology clinic at Haydarpaşa Military Hospital. Six assistants trained by Dr. Düring in this hospital each year would work in Kastamonu Hospital for two years. In addition, each year he was sent to the province of Kastamonu for three months with extra payment for combating syphilis. Along with dermatologists he trained at Haydarpaşa Military Hospital, he conducted research on the spread of syphilis in the provinces of Kastamonu and Ankara. He screened almost all North-Western Anatolian regions, and syphilis hospitals were established where he pointed out. Moreover, being the General Inspector of the Hospitals, he supervised these syphilis hospitals and itinerant physicians working there. He sent syphilitics whose noses were amputated to Haydarpaşa Military Hospital and provide them to recover their noses through reconstructive surgery.

Dr. Düring was a member of the Ottoman delegation sent to Berlin in 1890 to learn about tuberculin after Koch had introduced it as a new treatment method. He also headed the Ottoman delegation in 1897 in Berlin at the International Leprosy Congress.

Dr. Düring also served as a physician for the German Embassy in Istanbul. He saw his private patients in an apartment located above the Lebon Club in Beyoğlu in İstiklal Street.

His most significant services were to organize and institutionalize the fight against syphilis in North-Western Anatolia, his contribution to medical education in the Imperial Medical School, his training of dermatologists in Haydarpaşa Military Hospital. After his return to Germany, the fight against syphilis was continued by his students. He was awarded with Ottoman and Mecidi Medals, a Medal of Industry and the rank of Mirmiran (civil paşa). The aim of this presentation is to introduce Düring Pasha's service in the Ottoman State in the light of Ottoman Archival documents.

Nil Sari (Istanbul TR)

Syphilis Hospitals Founded During the Reign of Sultan Abdulhamid II and the Underlying Health Politics

During the reign of Sultan Abdulhamid II, a regulation was enacted on 5 February 1880 to fight against syphilis outbreaks, aiming to prevent the spread of the disease transmitted by infected women working in the brothels. The regulation was titled "Medical Service to Some Private Houses Found in the Sixth Municipality District." Accordingly (as required by the regulation) a mansion in the region was furnished as a hospital which was opened in the same year. Examination of women working in brothels and treatment/hospitalization of the infected came to be mandatory. However, the outbreak of syphilis could not be stopped.

As the syphilis treatment carried out by itinerant health officers in Anatolia was unsatisfactory, inpatient treatment institutions were considered to be necessary. At the end of the 19th century, syphilis spread to districts far away from the capital. Syphilis hospitals were founded in Anatolia, the Balkans and the Middle East – in the districts of Gaza, Yemen, Jerusalem –in order to stop the course of the epidemic.

To prevent further outbreaks, common measures were planned. An important provision in 1894 was to open syphilis hospitals in all provinces. A public notification was made about preventing wrong traditions and practices related with marriage in the Ottoman territory; and founding hospitals for the treatment of syphilis and other venereal diseases in each of the provinces that did not have a syphilis hospital.

Yasemin Yalım (Ankara TR)

Values in the Post-Humboldtian University

The university is the most important institution humanity established in the Middle Ages on the way towards the Enlightenment. At the same time, it is probably one of the institutions that underwent the least structural change. From the first epoch of its foundation the university based its values on the notion of academic freedom. It preserved the limited number of available sources and multiplied them, transferred knowledge and method to the following generations and provided a safe environment for the exchange of ideas.

The Humboldtian university, initiated under the leadership of Wilhelm von Humboldt around 200 years ago (1810), created the core of the modern university; it represents a crucial step in the development of the university. During the redefinition of the academic structure of the University, one can trace the impact of transformation occurred due to the Industrial Revolution and the emergence of the Nation States on the academic values of this new structure. Thus the university is not merely a place for the preservation of knowledge; but a fountainhead for innovative knowledge which is produced through systematic research, not only for the benefit of the own society, but for humanity as a whole. The university does not just provide a safe haven for scientists pursuing knowledge in their laboratories, but it has also provides a value system to preserve their efforts and a traditional structure based on the method of producing scientific knowledge.

In this presentation it will be argued that we have reached a point today where the Humboldtian university concept has been transcended and with regard to this fact the values attributed to “university” should be reevaluated and transformed. It is claimed that almost all of the traditions inherited from the Middle Ages have become dysfunctional, and even obstructive. Moreover, it is suggested that most features of the Humboldtian University, which are assumed as the sine qua non of the modern university, should inevitably be transformed radically. Within this framework value characteristics of the “Third Generation University”, which has been introduced as a new university paradigm and other paradigm candidates that has been presented in the recent years will be examined. In addition, as the universities are beginning to lose their characteristic feature of being places for the production of scientific knowledge and as the innovative works and advanced researches are being conducted with great secrecy behind the closed doors, the effects of these facts on scientific ethics will be discussed.

Many philosophers, especially the ones who work on the philosophy of science, have studied the relation between the evolution of the university and that of scientific knowledge. In this presentation, the discourse on the impact of the alterations in scientific knowledge on the values of new generation universities will be elaborated.

Hajo Zeeb (Bremen D), **Saskia Pöttgen**, **Beate Schütte**, **Florence Samkange-Zeeb**

Awareness of Sexually Transmitted Diseases Among Adolescents with and without Migrant Background in Bremen, Germany

Background:

Sexually transmitted diseases (STDs) are a major health problem affecting mostly young people, not only in developing, but also in developed countries. According to the current state of research, girls of young age are increasingly suffering from STDs. Belonging to an ethnic minority group or being poor increases the risk of acquiring a sexually transmitted disease during adolescence. We conducted a questionnaire survey among adolescents attending the 8th form to assess knowledge, awareness and attitudes towards STDs. One of our interests was potential differences between pupils with and without migrant backgrounds.

Methods and procedures:

The principals of 18 randomly selected schools (11 Sekundarschulen and 7 Oberstufenschulen/Gymnasien) were contacted and asked for permission to conduct the survey in their schools. Eight schools (6 in Bremen und 2 in Bremerhaven) agreed to co-operate. The parents of the pupils as well as the pupils themselves were provided with written information, including consent forms, about the study. Information for parents was also provided in Turkish and Russian. Migrant background was assessed on the basis of the following information: whether or not the pupil was born in Germany, whether or not one or both parents were born in Germany, the main language spoken at home.

Results:

1 148 pupils (28% response rate) completed the questionnaires during the survey; 55% of the respondents were female. 353 pupils had a migrant background, with origins in 36 different countries. The largest group (16%) originated from Turkey. Overall, we found few differences according to migrant status. Whereas the majority of pupils had heard of HIV/AIDS (99%), only 24% had heard of chlamydia and 13% of HPV. Detailed data regarding the group of Turkish pupils are being analysed at present and will be compared to relevant data from Turkey, if available.

Conclusion:

The subject of the survey, sexually transmitted diseases, is a sensitive issue for many people, which could have led to the overall low response rate. The participation of pupils with a migrant background in the survey was not lower than that of pupils without a migrant background. Among those participating, we found low levels of awareness and knowledge about STDs. Migrant background seems not to have played an important role in this regard. Whether programmes to improve such knowledge nevertheless need to be targeted specifically to pupils with migrant background would need further information from in-depth studies with active participation by the target group.

Hakan Ertin (Istanbul TR), **M. Kemal Temel**

HIV/AIDS in Turkey: an Assessment of the Perception of HIV/AIDS with Reference to the First Documented Case in Turkey

Thirty years after its emergence, AIDS has affected tens of millions of people today, and continues to pose a serious threat to human health. Despite hopeful developments in the treatment, we are still far from a definite victory over HIV.

AIDS was initially perceived as specific to homosexual people and sex workers based on the first cases. This incorrect perception still exists among some people; and it is not or insufficiently known that HIV can be transmitted through heterosexual intercourse, by intravenous substance use or infected blood transfusions, or from mother to child. More than half of HIV positive people in the world live in Africa, where the disease takes all these routes of transmission to spread.

The first AIDS report in the medical literature was published on June 5, 1981, describing the cases of five homosexual men in Los Angeles hospitalized because of pneumonia. In Turkey, the first official cases were recorded almost four years later than in the US, in 1985. M.E., the patient considered as the first AIDS case in Turkey, was first treated at Izmir State Hospital, and then taken to Haseki Hospital where he died in 1992 after a treatment lasting one month.

This paper will address the M.E. case through a review of the media of the

time. The approaches of society, media, and physicians will be discussed. Attention will be drawn to the unethical maltreatment that the patient was subjected to, such as the disclosure of his name by his physician, or the newspaper articles with his photograph and full name. With reference to this first case, patient confidentiality and stigmatization, and the attitudes of society toward HIV positive people will be discussed.

Nesrin Çobanoğlu (Ankara TR)

Obesity from a Bioethical Perspective

Obesity is a major health problem that requires interdisciplinary studies of various specialities. In addition, professionals with an expertise in Medicine and Health Sciences such as dieticians, nurses, psychologists, physiotherapists, social service professionals etc. can take charge to offer a solution for obesity. Faced with obese patients, various health professionals will have their own sets of ethical problems depending on their expertise.

The theme of "Obesity from a bioethical perspective" features aspects that can be discussed within an ethical framework ranging from environmental to medical ethics. Among major ethical dilemmas are factors ranging from the one leading to obesity (consumption awareness, food habits, body perception, environmental pollution and related hormonal disorders, genetically modified organisms etc.) to obesity scanning, methods for diagnosing obesity, psychological processes and upbringing of children. In addition to organic disorders, obesity is known to give rise to problems of social ethics leading to negative impacts in terms of psychology. Obesity can be discussed in a large ethical spectrum.

In this paper, I will discuss obesity from a bioethical perspective.

Petra Kutscheid (Mainz D)

Healthy to Live - Live to Be Healthy? Bioethics, Biopolitics in Aging Societies

The paradigm shift towards value-pluralism in modern societies no longer allows the use of any natural, common value perspective in health care debates. As a narrow corridor, human rights rank with universal validity

claim. In medical ethics respect for autonomy is considered as functional to maintain individual world of value. That raises the philosophical question of the role of the subject, in particular in the paradoxical context of weakness due to disease and aging. Humans in aging societies stand at the intersection of multiple value horizons with a booming medicine as a “master” science of humanity. Disease and health, old age and youth undergo a fundamental change in a medicalised world. “Previously you were healthy to live, now you live to be healthy” – could point perforations of a postmodern biopolitics discourse.

Is it possible that under the pressure of demographic change to an “old age bulk” and a medicalisation of life the subject tends to “prefer not to” (Bartebey, Agamben)? Could this be a result of self-exclusion from life protection to beware of illness, disability and helplessness? – Then the human being disappears like Foucault’s face of man on the beach.

Which role does a clinical ethics consultation have at the interfaces of biopolitics, life and health policy?

Recep Şentürk (Istanbul TR)

Old Age: Islamic Approaches

From an Islamic perspective, human beings are on a brief journey in this world on their way from Paradise to the Hereafter. Thus, elderliness is a station on this journey prior to the departure from this world. In other words, it is a sign of getting closer to the “union with the Beloved”, the Creator. Therefore, Islam teaches that elderliness must be welcomed, just like other stations in the life journey, as it is destined by God for all human beings. God drives human destiny and takes human beings on an irresistible journey through stages towards Himself. In advanced age, God replaces some of the youthful trials with trials of old ages. The youth is tested with lust while the elderly is tested with power. As one gets old, the human trial by God continues but its character changes from the struggle against lust to the struggle against the desire for power. This paper will explore Islamic approaches to elderliness derived from the Qur’an, the Hadith as well as the classical and modern Islamic literature.

Ayten Altıntaş (Istanbul TR)

Health in Old Age According to the Ottoman Physicians

“The Healthy Life” was an important subject dealt with in medical books written by Ottoman physicians. As a part of it, having a healthy life in advanced stages of the life process was examined in detail in these books, especially within the framework of ‘what should elderly people do to achieve a healthier life. The range of topics extended from air conditions where they live, diets and cooking methods proper for them to sport activities. The vital role of sleeping, the effect of emotions on the body, and remedies for the state of mind were also among the issues related with aging that were underlined in the Ottoman medical books. Apart from these, some other remarkable topics not usually considered significant today were given such as odours that should be used in that period of age or bathing conditions.

In this presentation, health advice for aged people by Ottoman physicians which also reflects the old medical tradition will be presented.

Hanzade Doğan (Istanbul TR)

Role of Ethics Advisory Committees in the Use of Artificial Nutrition and Hydration

The issue of use of “Artificial Nutrition and Hydration” as a medical treatment for geriatric patients or at the end of life is still a big ethical dilemma to be solved.

Geriatric patients might lack decisional capacity or there might be questions or confusion about their diagnostics. Social values, religious teachings or approaches of the patient’s relatives might bring more stringent standards for ANH refusal. Another important issue to consider for the calculation of the risk / benefit ratio would be to foresee if death would result from “dehydration” or “starvation”.

Ethics advisory committees and subcommittees are indispensable to evaluate the situation in the clinics and institutions and to reach a consensus of both “medical” and “ethical” aspects. Laws can only be shaped according to medical reports, statistics and “Ethics Advisory Committee” reports.

In this presentation we will analyse the dilemmas in geriatric groups about ANH and try to propose an ethical subcommittee framework for Turkish healthcare institutions.

Axel C. Hüntelmann-Mainz, Germany

The Biopolitics of Salvarsan and Syphilis in Pre-war Germany (1909-1914)

“Salvarsan” is known as the first effective pharmaceutical against Syphilis and as the first chemotherapeutic substance that had been developed systematically. In the paper I will firstly sketch the history of “Salvarsan”. Secondly I will focus on the tradition in which the development of Salvarsan was embedded and analyze the social setting and the (bio-) political and (national-) economic context in which “Salvarsan” was established and marketed. I will ask the question why the concept of chemotherapy (and “Salvarsan”) was supported by the state (and private funders) and reflect on the one hand why Salvarsan gained rapid acceptance and on the other hand (to the contrary) also provoked resistance that led to the so-called “Salvarsan trials”.

My presentation will be based on the personal papers of Paul Ehrlich, the papers of the Paul Ehrlich Institute near Frankfurt, articles and advertisements for “Salvarsan” in the German medical press, the papers on “Salvarsan” in the Federal Archive in Berlin (Bundesarchiv) and possibly the papers of the producer Dye Stuff Industries Hoechst. Furthermore the presentation is grounded in historical studies on “Salvarsan” that mainly focus on history of science.

Preliminary results: Although the development of “Salvarsan” is often presented within the history of science and connoted with ideas of “pure science”, “Salvarsan” as a pharmaceutical against a venereal (and infectious) disease, must per se be analyzed as a biopolitical issue.

Murat Yolun (Adiyaman TR)

The Impact of Syphilis on the War-Making Capability of Ottoman Army During the First World War

One of the most prominent venereal diseases the Ottoman army suffered from during the First World War was syphilis. This disease influenced adversely not only the Ottoman army but also the English and French armies. During the war, other venereal diseases like gonorrhea were found among the soldiers, but it can be said that the number of casualties caused by these diseases was significantly lower as compared with that of casualties from syphilis.

The fact that soldiers were away from their families induced them to have sexual relationships with other individuals. Furthermore, the cost of living in the course of war drove some women into prostitution. This situation accelerated the spread of syphilis. According to Ahmed Emin (Yalman), the number of cases of this venereal disease was 27,000. This number may seem low in regard to that of other contagious diseases such as malaria and dysentery. Nevertheless, syphilis caused material and moral destruction to the Ottoman army.

Places where syphilis was common among the Ottoman armies were the Eastern Front, Mosul, and Kirkuk. The Ottoman army attempted to apply various kinds of practices so as to control the disease. Under the directions given by the medical corps, different precautions were taken. In order to fight syphilis, a hospital was established in Kastamonu and also an institution where prostitutes could receive medical service was formed in Mosul. From this point, it can be said that the Ottoman army tried to eradicate the sources of this disease to reduce the impact of syphilis on the soldiers in the chaotic war conditions.

Kaya Sami Nizamoğlu (Istanbul TR)

The History of Yellow Fever, How an Infection Alters History

The history of civilization goes along with diseases and germs and sometimes it is even shaped by them. Diseases particular to one culture or a distinct geographical location have evolved on different continents. Diseases which are perceived as a mere nuisance in their motherland

have attained unexpected severity when travelling overseas. The arrival of yellow fever in the New World presents an interesting story when one considers its giant effect on the people of three continents and on the course of modern history.

In the 17th century, after the conquest of the American continent, European diseases such as small pox and measles killed the native people in masses since unlike the Europeans they were not immune to them. There was a lack of manpower necessary to build a new civilization. As a solution slaves were imported from another distant continent, Africa. Along with them came another indigenous disease, the yellow fever and its carrier, the mosquito *Aedes aegypti*.

Still more natives were killed by this new disease brought along with those forced migrants. That in turn caused still more Africans to be imported as slaves since they were much more resistant to the yellow fever. In the following centuries, the yellow fever, which had contributed much to the bad fate of the African slaves, paid back its debt during their rebellion against the French, thus bringing Napoleon's plans for the American landmass to an end. Exhausted by the deadly disease, the French left North America to British rule.

Yellow fever is not only one of the important factors which determined the history of the New World, but also an important part of the epidemiological history of the 19th and 20th centuries.

Işıl Baysan Serim (Istanbul TR), **Soner Şahin**

Genealogical Approach to the Spatialization of Health: Architecture of Ottoman Tahaffuzhane Buildings

This paper is concerned with various programmatic strategies in which the spatialization of health has been configured by "power-knowledge" relations since the end of the 18th century. It aims at exploring how modern architecture has become a crucial resource for both subjectivizing and governing the population during the emergence of capitalist western societies. Thus, the notions of biopower and biopolitics, as theorized in the oeuvre of M. Foucault, enable us to think about the architectural issues involving social health programs. As mechanisms for control

and regulation of bodies, desires and sexualities, those notions have become functional and operational in the architecture of institutional buildings. Hence the birth of the modern hospital where emergent medical discourses organized themselves was a good example of those institutional transformations. That's why architecture is the very praxis to think about parallel programming of the social body by rationalization and medicalization. Accordingly, focusing on the quasi formations among the Ottomans will clarify the worldly route of modern health ontology and epistemology. Due to new demands of the socio-political system, the late-Ottoman state reorganized its administrative system. Throughout the 19th and early 20th centuries, in function of its desire to control and regulate mass population of diseased (or potentially diseased), elderly, poor, orphans and immigrants, modern institutions and health-related buildings had emerged in the country according to the French and German models. Within this genealogical and theoretical direction, the paper, by focusing on principal buildings of hospitals, "tahaffuzhane", "tebhirhane", "yetimhane", and "darülaceze", analyzes their spatial organization to unveiling their immanent biopolitical diagram. Therefore, we particularly focus on "tahaffuzhane" buildings to illuminate a cross-border perspective on health politics. In this way, we aim to encourage researchers to question the space-power systems of the actual health practices.

Andreas Vourtsis (Athens GR), **Sylva Haralambous**

Refugees' BCG Vaccination in Interwar Greece: Between Medical Trial and Therapeutic Act

In this paper we examine the various ways in which health professionals and networks – in particular the Hellenic Pasteur Institute – took advantage of the special health problems caused by the resettlement of refugees in Interwar Greece, in order to test and legitimize new products and techniques, such as the BCG vaccine. The anti-tuberculosis BCG (Bacille Calmette-Guerin) vaccine was conceived and developed between 1905 and 1921 at the Pasteur Institutes in France. There was a period before the vaccine gained international acceptance in 1928, when it was adopted by the Health Committee of the League of Nations. Nevertheless, there was a continuous controversy about the safety and the effectiveness of the vaccine.

The Hellenic Institute Pasteur in Athens (founded in 1919) was one of the first centers outside France to produce and distribute the vaccine, from as early as 1923. The Hellenic Red Cross and the Institute for the Relief of Refugees (Epitropi Apokatastasis Prosfigon, EAP), were the main organizations that realized the vast vaccination program. Thousands of newborns in refugee settlements were vaccinated, in this 'natural arena for experimentation', and the results were published in international journals. Our purpose is to demonstrate the importance of this program to the legitimization of the BCG vaccine in Greece and abroad.

Esther Moeller (Mainz D)

An Imperial, Nationalist or Universal Medical Project? The Egyptian Red Crescent at the Turn of the 20th Century

The aim of this contribution is to present a research project in progress which seeks to investigate the Egyptian Red Crescent as an example of humanitarian aid from a transnational perspective. The mid-nineteenth century saw the development of a new way of organising humanitarian aid that was both international and universalist (via a global umbrella organisation, the International Red Cross, founded in Geneva in 1863) and specifically national (through the activities of specific national 'societies'). The project's central aim is to explain how organisations that emerged out of a combination of European origins and universalist aspirations were perceived and transformed in non-European societies. First, the project analyses the creation of the Red Crescent in a context that was 'imperialist' in two senses: first, vis-à-vis its European counterpart (the British Red Cross) and, second, with regard to the Ottoman Red Crescent (as Egypt was still, until 1923, formally part of the Ottoman Empire). Second, the project considers the contribution of the Egyptian Red Crescent to the establishment and development of the sovereign, postcolonial Egyptian nation-state. Third, the project investigates the role of the Egyptian Red Crescent within trans- and international humanitarian aid systems, both specifically within the Muslim world as well as more generally in the global contexts of the International Committee of the Red Cross and the International Federation of the Red Cross and Red Crescent Societies.

Abu Ghazal Yazan (Mainz D, Paris F)

Temporality and the Concept of Schizophrenia. Epistemological Perspectives from the German Psychopathology in the Post-war Period

The temporal dimension plays a fundamental role in the conceptualization of the notion of schizophrenia. The concepts of acuity and chronicity dominated the scientific discussions at the beginning of the 20th century with the publication of Bleuler's work *Dementia praecox or the group of schizophrenias* in 1911. In this context I will examine the contribution of an epistemological analysis of the concept of causality in schizophrenia research to these discussions based on a) a delineation of the main approaches that dominated the German psychopathology of schizophrenia during the post-war period, b) an analysis of the epistemological consequences of the application of holistic psychological theories in this field for the conceptualization of causality and c) a comparison of the different approaches aiming at the normalization of psychiatric theories of schizophrenia.

Using the example of K.P. Kisker's monograph on the change of experience in schizophrenia as a starting point, I will discuss the methodological aspect underlying the application of the principles of Kurt Lewin's field theory to the psychopathology of schizophrenia. In this context I will analyze the role that the notion of "psychonomy" –understood as a methodological principle– plays in order to overcome the classical dichotomy between psychogenic and somatogenic. In this regard, the central question will be to analyze to what extent Kisker's methodological premises derive from those developed by Lewin in his early writings on comparative epistemology. Finally, I will analyze the relevance of the application of the Lewinian psychological method to the conceptualization of schizophrenia.

Fatih Artvinli (Istanbul TR)

The History of General Paralysis of the Insane in Turkey

This paper explores the history of general paralysis and its treatment in Turkey. General paralysis of the insane ("felc-i umumi", "felc-i umumi-i müterakki", "cümle-i asabiye frengisi", "paralizi jeneral", "nörosifiliz") is a neuropsychiatric disorder affecting the brain and the central nervous

system caused by a syphilis infection. General paralysis was considered to be among the most severe mental illnesses; no cure was yet known, and the paralytic patients generally died within a few years. Austrian psychiatrist Julius Wagner-Jauregg (1857–1940) introduced and developed “malaria fever therapy” for general paralysis in 1917. Malaria fever therapy (“ateş tedavisi” “sıtma ateş tedavisi”) spread to other countries, and during 1920s the treatment was also used in Turkey. From the early years of twentieth century Turkish psychiatrists discussed and wrote about general paralysis of the insane and its treatment. This paper not only aims to illuminate an unnoticed aspect of the history of psychiatry in Turkey but also strives to discuss the texts and approaches of psychiatrists to a particular illness.

Annelie Weiste-Paakkanen (Helsinki FIN)

Experiences of Data Collection in Migrant Health Research

Introduction: The Migrant Health and Wellbeing Study (Maamu) is the first national population survey addressing the health and welfare of the adult migrant population in Finland. The study is conducted by the National Institute for Health and Welfare. The participants are Somali, Russian and Kurdish. The interviews and health examinations are carried out by native speakers.

The preliminary results show that some migrants experience discrimination in Finnish public health care. However, some are content with the services. What are their sources for contentment and how could those be utilized in order to improve the communication between health care providers and migrant patients?

Aim: How has Maamu succeeded in building trust towards migrant communities? In order to understand the experiences of migrants in the health care system I will analyze the cultural appropriateness of questions and measurements of Maamu.

Methods: Mixed method. Primary data from a quantitative structured survey: Questions: Unsatisfied need for care, Obstacles for receiving care, Contentment towards care, Experiences of discrimination in care, Trust towards care givers.

To explain to complexities in the quantitative data I use a qualitative

component which consists of semi-structured interviews for the research personnel of the Maamu study.

Results: The ability to use one's native language is a source of trust. Maamu personnel found out that their role was often to provide counseling.

Conclusions: In order to improve migrants' health and welfare status the cultural and linguistic appropriateness of care must be improved.

Sascha Topp (Gießen D)

Medical Selection in the Recruitment of Migrant Workers ("Gastarbeiter"): Practice and Function of Medical Examinations under the Influence of Economical and Political Interests in the Federal Republic of Germany, 1955-1973 (DFG Research Project)

Millions of people from Italy, Greece, Spain, Portugal, Yugoslavia, Turkey etc. were examined medically as part of bilateral recruitment agreements between West Germany and European and non-European states. These examinations, which the applicants often experienced as humiliating, were carried out by German medical commissions. A perfect state of health and work-related suitability were regarded as a prerequisite for the entry permit and employment by the German industry.

This paper focuses on the specific practice and function of health examinations as part of the selection procedure for the recruitment, referral and temporary employment of Turkish workers in the West German labour market. It is intended to give insight into the planning and execution of this medical selection process, differentiated according to the type of recruitment procedure in consideration of the political and economical transition processes in the period between 1961 and 1973. The proportion of Turkish migrant labourers increased continuously after the beginning of West German recruitment in Turkey. At the beginning of the seventies, Turkish men and women already represented the largest share of all recruited migrant workers. However, only approximately 600,000 persons were employed from a total of about 2.5 million applicants (1961-1973). This observation, notably the fact that Turkish candidates were examined relatively strictly, was the reason for reviewing the centralised West German recruitment policy (in Istanbul and Ankara).

The 50th anniversary of the recruitment agreement with Turkey was on 30th October 2011. As similar anniversary events have already revealed, the aspect of medical selection policy is completely ignored in particular in Germany. It is therefore important not only to subject the history of the medical selection procedure as part of the recruitment process to an academic discourse, but also to communicate it to the general public. A comprehensive assessment of the recruitment history is not possible without considering the role of the German medical profession in the selection of Turkish migrant workers. This includes comparing the memories of the medical, political and scientific protagonists involved with those of migrant workers.

Natalia Solovieva (Helsinki FIN), **Päivikki Koponen, Tiina Laatikainen, Anu Castaneda, Seppo Koskinen**

Inequalities Among Migrants in Cardiovascular Risk Factors and Self-rated Health: The Migrant Health and Wellbeing Study in Finland

The age distribution of Finland's migrant population differs significantly from that of the native population. The majority of migrants are of working-age. The first large-scale health interview and examination survey on migrant health and wellbeing in Finland (Maamu) includes a random population sample of 3000 migrants of Russian, Kurdish and Somali origin. Maamu's preliminary findings show that nearly all migrants plan to stay in Finland. Therefore, even though there are currently few migrants aged over 64, in the next few decades Finland's migrant population will age.

Our paper focuses on examining cardiovascular risk factors and self-rated health of migrants, using Maamu data. A further aim is to evaluate pathways leading to health inequalities within the migrant population as well as between the migrant and the general population. Self-rated health has good cross-cultural validity and is a strong predictor of mortality. Cardiovascular diseases are the most common cause of mortality in the world, even though they could be prevented with life-style changes. There is no previous information on the distribution of cardiovascular risk factors and their contribution to health of migrants in Finland.

Health is important for integration and adaptation of migrants, enabling productive functioning in the society. Maamu's preliminary findings show

that there are differences in health among different migrant groups in Finland as well as between migrants and the general population. Health at younger age is a predictor of future need for health and social services. In order to plan effective measures for health promotion, information is needed on risk factors for various diseases.

Ahmet Göksu (Mainz D), **Antje Kampf**

Perception of the Risk of Cardiovascular Diseases and Preventive Strategies Taken Against them by Migrants with Turkish Background in Germany

Cardiovascular diseases have gained clinical relevance due to a growing and aging population group in Germany, including people with a migration background. The latter group, despite a so called “healthy migration effect” (Knipper and Bilgin, 2002), has seen steadily increasing cardiovascular mortality rates. While current research is focusing on a molecular understanding of prevention of cardiovascular diseases, health promotion programs still center on behavioral prevention. There is growing data on socio-specific and gender-specific differences in the efficiency of these prevention programs. We have, however, still little empirical data on migrational and ethnic preventative behavioral patterns that might have a potential bearing on health care and prevention (Razum, 1998; Bongard, 2002).

Following a recent call by Spallek, Zeeb and Razum (2010) to strengthen research on the micro level of preventative strategies adopted, our study examines the extent to which the perception of risk of and preventative strategies against cardiovascular diseases are dependent upon the individual, gender-specific and cultural understanding of health, disease and corporeality. The empirical data is gained by semi-structured interviews with men and women of Turkish origin (aged 35-65) without pre-existing cardiovascular diseases (focusing on the level of primary prevention). Based upon a qualitative research method (content analysis), the study uses a medical and cultural anthropological approach to the study of prevention on four interrelated levels: the pathways of preventative knowledge, the application of knowledge by the interviewees, the impact of cultural behavior, and the reception/acceptance of preventative campaigns.

Findings of this study will be the source of discussion on the impact and influence of migration and cultural contexts on the perception of risk and prevention, and towards articulating concepts for adopting more effective measures to behavioral prevention of cardiovascular diseases and targeted risk groups.

Anne Leonora Blakilde (Copenhagen DK), **Suzan Yazıcı**, **Signe Gromwald Petersen**, **Signe Smith Nielsen**, **Lene Otto**, **Allan Krasnik**

Health Practices Among Elderly Turkish Migrants in Denmark

Background/purpose: Since labour migration from Southern Europe to the North started in the 1960s, host countries like Denmark have been facing new demographic challenges regarding a population of retired migrants who do not necessarily age and live like other Danish retirees. No one – and least of all the migrants themselves – expected immigration to be permanent, and potential problems following migration were not foreseen and not dealt with. Many migrants obtained low-paid, physically demanding jobs, did not learn the language of the host country, did not receive further education, did not invest in real estate, and now as they age, often do not possess the same positions and legal rights regarding the Danish pension system as native Danes do. Such aspects of otherness can eventually cause a range of problems such as social isolation, poor financial situation, reliance on children or relatives for translation purposes, and, not least, suffering from multiple, interlocking health problems, which in view of the above mentioned cases may be treated in various and incomplete ways. Health perceptions and practices of Turkish elderly people living in Denmark are studied in order to gain knowledge about how these practises are influenced by circular migration processes, cross-border health-care, and what kinds of specific problems they are facing due to migration.

Methods: 20 semi-structured interviews with Turkish migrants, aged 42 - 80, and fieldwork in health settings and local, public centers.

Findings/results: The interviewees feel old, ill, and worn-out. Many of them are involved in circular migration as returning migrants to Turkey. They are “in-between” two cultures and consider remigration, but having children in Denmark make them hesitate.

Conclusion: Retired Turkish migrants are not likely to remigrate, and their health situation calls for more attention in order to meet their needs.

Silvana Rugolotto (Amsterdam NL), **Sjaak van der Geest**

Migrant Women and the Informal Care of Older People in Italy

In this paper we describe how migration affects the care of elderly people. In Italy, as in many other countries, children find it increasingly difficult to look after their aging parents because they live and work elsewhere. Their unavailability as caregivers is compensated for by the arrival of immigrants.

These immigrants, typically women, arrive from Eastern Europe, East Asia, Latin America and Africa, leaving their own families behind to become caregivers to elderly people. Their responsibilities at home are foregone for work in other people's households in order to earn money to secure a better future for those at home. Anthropological fieldwork was carried out in one of the authors' hometown among 'Badanti', migrant women who take care of Italian senior citizens. Badanti, Italian families and the elderly find themselves locked in an uneasy contract: Badanti because they are exploited and unable to find better, formal employment; Italian families because they are aware that they fail to render their moral duty to their aged parents and grandparents; and older people because they feel neglected and maltreated by their children and sometimes do not welcome the services of an unrelated migrant woman. Yet the three parties also rely upon each other to make the best out of precarious situation. The relationship between Badanti and Italian elderly highlights the contradictions within Italian politics. This case study shows how migrants help Italian families to hold on to the old ideal of care for their aging parents.

Nevin Altıntop (Vienna A)

Health Policies and Cultural Sensitivity in the Elderly Care for Turkish Migrants: Berlin, Hamburg, Munich and Vienna in Comparison

The main idea of trans-cultural nursing concepts, first introduced by M. M. Leininger, is to accept the connection between cultural practices and beliefs of a person and his/her well-being to enhance the compliance and the success of a health care process. Culturally sensitive elderly care (or geriatrics) becomes increasingly important with a growing number of elderly migrants. It can be realised as 'intercultural opening' based on the adaptation of existing health care services to the migrants' special needs, or as establishment of new services that provide specific health care. It is regarded to be necessary in order to reduce existing barriers (i.e. insufficient language skills) but also aims to offer a culturally sensitive understanding of the elderly migrants' needs. This study focuses on Turkish labour migrants in Germany and Austria and wants to explore and compare how culturally sensitive concepts are implemented in elderly care. In addition, the role and participation of the local Turkish ethnic community itself is determined. The field study – mainly performed in the cities of Berlin, Hamburg, Munich (Germany) and Vienna (Austria) – investigates geriatric health care providers, home care providers, day hospitals and residential homes with respect to culturally sensitive offers. A comparison between the different health systems as well as between the relevant integration and health care policies of both countries will be given. Finally, it can be shown that the participation of Turkish migrants themselves is an important factor in trans-cultural health care.

Saturday, September 15, 2012**Yusuf Şahin** (Ankara TR), **Thomas Abel**, **Sabine Ackermann****Health Literacy as Cultural Capital: the Case of Turkish Migrants in Switzerland**

Health literacy refers to people's ability to access, understand and use health related information to promote and maintain good health (Nutbeam, 1998). Most studies distinguish between functional, interactive and critical health literacy. The chances to access and realize health resources have previously been found unequally distributed among the different social and cultural groups in each society studied. In our attempt to better understand this unequal distribution, we link health literacy to the theory of cultural capital, broadly understood as people's symbolic and informational resources for action (Bourdieu & Wacquant 1992). Applied to health, cultural capital in the form of health values, perceptions, health knowledge and behavioral norms provides the non-material resources needed to develop healthy lifestyle patterns and deal effectively with health issues on an everyday basis (Abel 2007). Perceptions, knowledge and beliefs about illness symptoms are one aspect of people's health literacy and part of their cultural capital. In the present empirical study we explore the distribution and correlates of health literacy in 4 different migration groups with a focus on the Turkish migrant population in Switzerland.

Data is taken from the GMM Survey 2010, consisting of 2614 migrants from 4 different countries; Turkey, Kosovo, Portugal, Serbia. Migrants' belief patterns on the appropriateness to see a doctor for certain everyday symptoms is analysed using a new scale based on 12 questions with 6 physical and 6 psychological symptoms. Descriptive measures and multivariate analyses are employed for statistical explorations.

First findings show that health literacy is unequally distributed across those different nationalities. Portuguese respondents are found to have the highest mean score (7.61), while Turkish (7.27), Serbian (7.19) and Kosovan (6.51) score lower. Turkish immigrant men have lower average scores in functional health literacy than Portuguese and Serbian men while they have higher scores in interactive and critical health literacy in comparison with the other immigrant groups. Our presentation will also report the

findings from regression models estimating the relative effects of selected determinants of health literacy in Turkish migrants, namely: gender, age, educational background and lengths of stay in the host country. Our findings will be discussed for their contribution to the discourse on migration based social-cultural inequalities in health and their relevance for more appropriate public health policies and interventions.

Aslı Topal-Cevahir (Düsseldorf D)

The Historical Development of Health Conditions Among Female Immigrants From Turkey in the Federal Republic of Germany

Several case studies indicate that female immigrants are exposed to special health risks and therefore represent a disadvantaged population group as far as their health (and life) situation is concerned. The immigration of these women involved a separation from family and community which again caused a social, cultural and linguistic isolation.

My dissertation does not intend to document their current health situation but rather its development over the last decades according to the influencing factors mentioned above. Therefore the following questions shall be raised:

1. What health conditions did these women live in upon their arrival in Germany?
2. How did their state of health change over time? (objective vs. subjective views)
3. Which factors influenced the health development of these Turkish women?

An interdisciplinary approach is necessary for the evaluation of primary and secondary sources. One of the main goals of this dissertation is a meta-analysis of the existing studies/works and model projects dealing with health and integration of migrants from Turkey.

The point of view of the affected people – the migrant women themselves – shall be reconstructed. The oral history method appears to be promising for that purpose. As part of an exploratory qualitative research project a certain number of Turkish women of the so-called first and second

generation are to be interviewed in person on health-related issues. Finally a comparison of the “objective” and “subjective” information is to be made which I would like to present at the conference.

Suzan Yazıcı (Antalya TR), **Signe Smith Nielsen**, **Signe Gronwald Petersen**, **Anne Leonora Blaakilde**, **Allan Krasnik**

Use of Healthcare Services in a Foreign Country Among Turkish Immigrants, Their Descendents and Ethnic Danes

Background: Healthcare obtained abroad may conflict with care received in the country of residence. A special concern for immigrants has been raised as they may have stronger links to healthcare services abroad. Our objective was to investigate use of healthcare in a foreign country in Turkish immigrants, their descendents, and ethnic Danes.

Material and Methods: The study was based on a nationwide survey in 2007 with 372 Turkish immigrants, 496 descendents and 1,131 ethnic Danes aged 18–66. Data were linked to registries on socioeconomic factors. Using logistic regression models, use of doctor, specialist doctor, hospital, dentist in a foreign country as well as medicine from abroad were estimated. Analyses were adjusted for socioeconomic factors and health symptoms.

Results: In fully adjusted analyses, Turkish immigrants had increased use of all healthcare services in a foreign country (odds ratio [OR], 5.20-6.74 dependent on healthcare service) compared to ethnic Danes. Turkish descendents showed an increased use of specialist doctor (OR, 4.97) and medicine (OR, 2.97) and similar use of doctor, hospital and dentist in a foreign country compared to ethnic Danes. Significant sex and age differences were observed. Socioeconomic position and health symptoms had a fairly explanatory effect on the use in the different groups.

Conclusion: The extensive use of healthcare in a foreign country, especially among Turkish immigrants, may have serious consequences for continuity of care, including conflicts in the medical treatment, for the patient. The Danish healthcare system needs to be aware of the potential use of care abroad.

Hüma Özay, Mehmet Güllüoğlu, Nurhan İnce-Istanbul, Turkey**Flexible Working Hours in Occupational Health**

In the field of Occupational Health and Safety researchers mostly focus on chemicals that affect human health directly, such as dust, biological and physical agents (noise, vibration, heat, humidity etc.), which can be measurable in the working environment. However factors threatening human health are not limited to these. The working environment must be suitable for human physiology, respectful to all values (age, gender, religion, culture, political side etc.), safe for health, humanistic and equitable.

It is difficult to distinguish and criticize conditions threatening health, as they are widespread and seen everywhere over any work and human ethics. A photograph of a mineworker in hard conditions can elicit a public response and take a place in our social memory. Under different conditions, in a clean and comfortable office with flexible working hours, but harmful for our body clock, mental health, and immune system, it is difficult to see the same reaction. However when we handle “flexible working hours and overworking conditions” announced in a job advert, within the scope of human health, it is in the same ballpark with a job advert that says “we are seeking employees in our unsafe factory”. In a research over a web site with a high search rank, throughout the country, the rate of ads including “flexible working hours” are 10% in 41.375 advertisements. The rate of the same criteria rises to 40% in Istanbul.

Istanbul, the number one target of internal migration in Turkey, is this mean the place mostly seen rise in work employee league. This race psychology makes easier for employer to find employee to stand much more „flexible and busy working hours“.

Our aim of this research is to produce a general idea about the results of effects of flexible working hours on human health and work efficiencies knowledge and perception. By doing this we aimed to take a step towards improving health for employees, by more efficient work branches and mentally and physically better conditions for employees. Also in our research, we will try to touch on effects of migration to employee health, which is not generally taken into consideration in employee health researches.

In the course of our research, we will search with quantitative research methods, randomized sampling, from the companies gave advertisement seeking employee with “flexible work hours”, from the view of workplaces and managers, knowledge level about effects of flexible working hours on human health and productivity, and their understanding about “flexible work hours” from the view of work ethics.

Frank Kressing (Ulm D)

Contested Medical Identities, Migration of Health Care Providers and Middle Eastern Students at Western Universities

Questions of worldwide migration and its consequences for health care institutions have been firmly established topics in the medical humanities and in medical anthropology. Until now, however, migration-related challenges to modern health care systems have been examined primarily from the patients’ perspective, neglecting health care providers’ views and experiences. Even less attention has been paid to migrating medical students’ perception of teaching and living in a Western setting.

Teaching experience in the medical faculty of Ulm University, Germany, shows that students from Middle Eastern countries (mainly Palestine, Syria, Egypt) as well as students of Iranian and Turkish background show significant problems to cope with conditions in Western medical schools. Assuming that these students’ problems in coping with teaching conditions cannot be solely reduced to language barriers, I would like to ask the question to which extent culture-bound conceptions of medical care and medical commemoration can be held responsible for shaping these students’ perception of medical teaching and university life in a ‘Western’ setting. I will argue that culture-bound medical identities might have a decisive impact on coping strategies at medical schools in Europe and the U.S. By choosing different, historically developed Western (‘Christian’) and Eastern (‘Muslim’) images of Ibn Sina/Avicenna – who is highly venerated as an outstanding physician in both the oriental and the occidental traditions – as an example, I would like to stress the importance of contested, culture-bound medical identities for doctors’ and students’ perception of their (future) profession.

Demet Dingoyan (Hamburg D), **Mike Mösko**, **Ulrike Kluge**, **Holger Schulz**, **Andreas Heinz**

Epidemiological Survey on the Prevalence of Mental Disorders Among People With a Turkish Migration Background in Germany: Methods and Challenges

Background: According to the meta-analysis of Swinnen and Selten (2007) there is no evidence for an increased risk of mood disorders associated with migration in general. Nevertheless Turkish migrants in the Netherlands seem to have a higher risk of current affective disorders (de Witt et al., 2008). The international research project founded by the Volkswagen-Foundation (www.segemi.de) is aiming to provide missing epidemiological data in Germany on prevalence and co-morbidity of mental disorders, psychosocial impairments and issues of health care utilisation of people with a Turkish migration background living in Germany. One of the challenges is to get access to the target group (Schenk & Neuhauser, 2005).

Methods: Mental health state of around 700 people of the target group (age 18-65) living in Berlin and Hamburg is assessed with a Computer Assisted Personal Interviewing (CAPI) of the Composite International Diagnostic Interview (CIDI) in Turkish and German. To increase the generally low participation rates two different methods have been used in Berlin and Hamburg. After building trust-relationships with the Turkish communities in both cities, either a snowballing approach in addition with a quota plan and recruitment in public places or a representative sampling through registration office plus onomastic method guided by a public campaign have been carried out.

Results: As the study is still ongoing, preliminary results of the survey strategies including barriers and resources, participation rates, as well as first results on psychosocial impairments will be presented. The survey will be compared with the national epidemiological data for German speaking citizens.

Volker Beierlein (Hamburg D), **Johanna Christine Ernst**, **Uwe Koch**, **Mike Mösko**, **Corinna Bergelt**

Cross-Cultural Health Care Research in Psycho-Oncology: Challenges in Studying the Needs of Migrant Population Groups

Objectives: Coping with illness may differ significantly between cultures. As a basis to develop and evaluate culturally adapted psycho-oncological health care services for cancer patients with immigrant background, sufficient data on these populations are needed from psycho-oncological health care research. In this context, the potential of a mail-out survey with epidemiological approach is explored related to cancer patients with Turkish migration background in Hamburg, Germany.

Methods: A survey on utilization of health care services by cancer patients, assessment of needs, and a variety of psychosocial outcomes was sent to N = 3,290 patients in the general population of Hamburg. Migration background was defined by nationality.

Results: N = 1010 responses were received (response-rate 31 %). N = 991 participants gave information on their nationality. N = 60 (6.1 %) of the cancer patients are non-German; and n = 7 (0.7 %) are Turkish migrants. Cancer patients with Turkish migration background are underrepresented in the survey compared to the general population and other immigrant population groups.

Discussion: Besides lower cancer incidence rates and language barriers, generally reserved attitudes towards health care research can be considered to reduce participation of Turkish migrants in this study. As migrant populations are aging, an increase of cancer incidences connected with higher demand for psychosocial support can be expected for the future. To ensure that culture-specific needs of migrant groups are met in psycho-oncological health care services, well designed research strategies are required in cross-cultural research in the field of psycho-oncology to provide essential information.

Mulki Mölsä (Helsinki FIN)

Mental Health Services Use Among Aging Immigrants in Finland

Migration and the migratory process have an impact on the mental health of some individuals. Immigrants in Finland represent a fairly new group of incomers and an increasing segment of Finnish population. From 1990 the increase was sixfold. Finnish healthcare services offer universal access: Permanent residents are entitled to the same services and social security as Finnish with reimbursement of medication.

Participants of this study were 128 aging migrants (age 50-years & more), living in the Helsinki metropolitan area. Participants were asked about use of any health services due to mental problems in the last 12 months. Places of care, number of times, treatment forms, who conducted, current medical treatment, use of alternative traditional treatments or preferred treatment were asked.

Methods: Mixed methods were used, both quantitative and qualitative methods. Participants were first asked about the service used in the last 12 months. Research questions included background information, cultural perceptions and conceptualization of mental illness, and in addition preferable service use.

The purpose of this paper is to discuss the barriers of service use and help-seeking behaviour among aging immigrants in Finland, the preference or choice of services, and the stigma in mental health. Knowledge and information about cultural factors that influence the perception of mental illness and treatment. In addition to some suggestions how to develop effective strategies to adapt culturally sensitive care to a multicultural society.

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

The Hegemony of Medicine Over the Female Body

A human being's approach to his/her own body is determined by two alternative and competitive mechanisms; the first one is his/her free will, and the second one is through interventions of others and the social order. Determination powers and shares of these two vary from culture to culture as well as between different groups within a certain culture. Within

the scope of the second variety, the female body is further subjugated to the interventions of different sections of society; there is a raft of directives and pressures and even dominating forces acting on the body and the lifestyle of women.

Discovering and developing therapeutic applications are the origins of medicine which has undergone a long and complicated evolution. During the subsequent stages of this process two basic activity categories have occurred; the first one is the identification and classification of diseases and the second one is establishing rules for the protection and improvement of health. One outcome of the attempts related to protecting and improving health has been increasing the duration and quality of life in society in general. Another outcome has been providing a suitable base to boost the health sector's size and effectivity by positing everyone, not only treatment-seekers, as potential clients of medical services. The new status of health as a cult increasingly enhances the authority of medicine and alternative healing practices as well as elevating the power and reputation of manufacturers of personal care, cleanliness, diet and exercise products and services.

Within the framework of the current paper based on the abovementioned social and medico-social determinants, a collective presentation of the interventions of medicine on the female body and consequently her lifestyle is presented; it has been argued that the combination of such interventions may be considered as a form of domination.

Clemens Heyder (Leipzig D)

The Prohibition of Egg Donation as an Issue of Medical Ethics

Since it is a very strong desire of human beings to procreate, parenthood becomes a special topic in one's own life plan and a high-rated value in society. The advanced development in technologies of assisted medical reproduction might help persons to procreate even if they are not able to do so in the old-fashioned sexual way. Infertile women who lost their ability to produce functional eggs could not bear children anymore unless by making use of IVF including egg donation. It is not necessary that they lost this ability by disease or by accident (of course they can have a congenital impediment); elderly women are concerned as well. All those women could be helped to meet their desire for an own child without abstaining from the experience of

pregnancy and childbirth if it were not forbidden by criminal law. In Germany as well as in Turkey egg donation is not permitted. Considering the ideal of reproductive autonomy and the value of having children it is therefore astonishing that some people are excluded from reproduction. Thus, we have to ask why there is such a prohibition. After introducing the arguments the German legislator made in the law-making process before the German Embryo Protection Act (*Embryonenschutzgesetz*) was passed and other arguments which became evident in the last years I intend to figure out if and how the existing prohibition could be justified from an ethical point of view, especially considering an increase in reproductive tourism.

Justyana Aniceta Turkowska (Marburg D)

Sexually Transmitted Diseases Between Gender and Ethnicity in the Province of Posen: German-Polish Debates About National Revival

From the mid-19th century onwards sexually transmitted diseases appeared as a folk danger, folk vice and a vital intimidation to the national body. “We need to rescue the youth – otherwise we will be forever caught in the blue national dream that can be fulfilled only by a healthy shoulder with muscles which are not chewed by mercantilism. Poland – of course the noble one – was in the 18th century in large parts alcoholic and syphilitic.” (Chlapowski in: *Kurier Poznanski*, 01.10.1904, Vol. 7, p. 1) – thus appealed one of the leading Polish hygienists when establishing the Polish association against venereal diseases in Posen, in the centre of the multicultural German-Polish-Jewish Prussian Province of Posen that, apart from its role as a sanitary cordon of the German Empire, was a place of negotiation of hygienic concepts and their cultural-national contextualisation. Polish and German populations, living next to one another, established two parallel associations and debates about venereal diseases that were constituted alongside national (ethnic) and political argumentation. The same medical facts and regulations were differently reframed and meant to shape different cultural understanding and coding of venereal diseases and their causes. Speaking about regulation and healing reflected in fact the greatest issues of that time – equality, freedom, morality, as well as gender, ethnicity and nation.

This paper, focused on the multicultural Prussian Province of Posen in the

late 1880s till 1918, is designed to exemplify, from a historical perspective, the cultural contextualisation and shaping of ethnical/national connotations of venereal diseases, standing for conceptualisation of national danger concepts and as a reflection of social hierarchization and sexual education.

Stefan Wunsch (Berlin D)

The Visualization of Venereal Diseases as a Cultural Practice of Indicating a Morally Depraved Sexuality A (hi)story From Syphilis to AIDS

« Nana restait seule, ... C'était un charnier, un tas d'humeur et de sang, une pelletée de chair corrompue, jetée là, sur un coussin. ... Un œil, celui de gauche, avait complètement sombré dans le bouillonnement de la purulence; l'autre, à demi ouvert, s'enfonçait, comme un trou noir et gâté. Le nez suppurait encore. Toute une croûte rougeâtre partait d'une joue, envahissait la bouche, qu'elle tirait dans un rire abominable. ... Vénus se décomposait. »

These are the images of physical decay that Émile Zola chose for the closure of his novel *Nana*. In Zola's novel, the character of Nana, who, as a prostitute, operates as a symbol of an illegitimate sexuality, does not perish from a sexual act, but ultimately, from the infectious disease (smallpox, in her case) which is entangled with this sexuality. Physical pain and defacement have been used for a long time to depict an illegitimate sexuality. Or, to put it another way: the medically shaped images of clinical symptoms are a peculiar carrier of meaning that can indicate, visualize, and moreover, popularize degenerated and morally depraved sex.

I would like to start my talk with a reconstruction of the specific popularization of sex in the visualization of diseases during the early 20th century. Along the example of syphilis and along the handouts and educational booklets documenting syphilis, I would like to ask the question how sex was linked to iconographies of the pathological, and which regulatory and disciplinary effects came along with this development. I would then like to point out how, on the one hand, the conception of pathologized sex was visualized and how, on the other hand, a specific normativity was addressed in this process and could then be ensured in the (intermediary) medial spaces between medical specialist literature and

the general public. I use this approach in order to tell the (hi)story of how sex was propagated during the early 20th century. However, my starting point is not the reformation and emancipation of sex. Instead, I would like to cast light on the issue by starting from the artifacts of the disease and consequently, from the abjections and margins of sex.

After this first part, which outlines the visual strategies of a pathologized sex in the early 20th century, I will look at the momentums of reappearance of the political and moral functions of syphilis within the AIDS discourse in the 1980s. Along visualizations taken from the medical literature, the focus will be placed on the 1980s and on the more or less successful biomedical strategies to attain a comprehensive control of, and prerogative of interpretation about the AIDS epidemic.

It seems to me that the wide arc between the early and the late 20th century is particularly apt to outline the biopolitical traditions of the visualization of STDs, because it allows me to demonstrate the references to syphilis within the semantization processes of AIDS as well as the interconnection between prostitution and effeminate homosexuality in the etiological identification of causes.

Finally, I would like to present two extracts from my material, in order to be able to indicate and to illustrate these visualization strategies and their continuities.

Merlijn van Schayk (Utrecht NL), **Karen Hosper**

Medically Unexplained Physical Symptoms Among Turkish Women in the Netherlands: Unravelling the Underlying Causes

Background: General practitioners in the Netherlands report a high number of Turkish migrants with medically unexplained physical symptoms; diagnoses and treatment for these patients are not easily found. The present qualitative study places the illness experience of Turkish women into the complex setting of migrant life to unravel the underlying causes of their complaints.

Methods: Using semi-structured and unstructured interviews, 26 Turkish migrants were asked to tell their life stories and the way psychological problems and migration related factors played a part in it.

Results: The distressing factors Turkish women report are (in)directly related to their migrant status. The daily life distress is expressed in both physical as well as emotional complaints. The life stories of the women show how interwoven these physical and emotional concepts are and how they blend together into a complex life story whereby loss of identity, the lived socio-economic situation, non-existing or shaken up family relationships, lack of social community and the life in the margins of Dutch society play a major role.

Conclusion: The women's life stories show that medically unexplained physical symptoms should be placed in the broader spectrum of their communicated distress. Loss of identity, the crumbling social network, and their integrated illness experience should be taken as a starting point for non-medical interventions, whereby empowerment and gaining a strong identity within their own social and cultural setting should be the key.

Murat Dinçer Çekin (Istanbul TR)

"Who is in inner than self?":

Psychosocial Substructure of Apparently Organic Diseases

Though a wellknown definition emphasizes mental (or spiritual) and social aspects of health, and the biopsychosocial or psychosomatic approach underlines non-physical components of disease, medical praxis is far from appreciating the psychosocial substructure of organic diseases. This is why so many patients are dissatisfied with medicine and try to look for alternative ways of healing.

The term 'functional disease' implies a group of symptoms and signs undetectable by any objective tests. Somatization, conversion and placebo/nocebo responses give clues about the inner sphere which regulates mind-body influences. It seems necessary to discuss the spread of some diseases, classically explained merely by microbial or toxic agents, with the help of psychogenic contagion. A new understanding of disease will provide a comprehensive vision for humans and health, and vice versa.

Dragica Popovska (Skopje MK)

The Stone Tekija as a Cultic Place of Curing Infertility and Prevention of Various Diseases: Exploring Macedonian Traditional Medicine

The stone called Tekija is a part of former tekke (dervish house). This stone's pillar is closely connected, within the ritual activity, with a tombstone, located at the old Turkish cemetery in the same village. According to the traditional folk concept, this stone is treated as an effective tool against human infertility and for the prevention of various diseases. The visitors are people of different ethnic groups, living on the territory of Macedonia. Referral request and the promise of the stone have an initial value, means practically the beginning of communication with it, while talking about the faith of the visitors in its "divinity". The magical function of this stone merged with the magical properties of other natural elements such as: earth, water, vegetation... "The circle" has also an important place in the frame of magical rituality...magical circling.

After receiving the wished (child), a woman carries a sacrifice, which is slaughtered in the immediate area of the sacred stone. One drop of the blood is put on the baby's head (the child that is born after communication with the stone). Obviously, it is a magical transfer of life's force of sacrifice through its blood to the child, to ensure his health. The building system of the cultic and magical function of this stone has successfully survived until now, although the population living in the village is Christian. Hence, we can say that today's beliefs and ritual practices associated with Tekija are a product of contact between Christian and Muslim cultures. The product to a greater or lesser extent carries features of their symbiosis.

Constantin Canavas (Hamburg D)

Integration of Traditional/Alternative/Complementary Medicine in Modern Multicultural Societies

Multi-ethnic societies with historically varying migrant groups are generally crossroads of differing medical traditions. Even in environments with the conventional biomedical allopathic model as basis for the dominant medical system, the integration of traditional alternative or complementary medical concepts (TACM) becomes increasingly a challenge, if not a political and economic necessity. The present study focuses on concepts

and experiences concerning the integration of different medical models in a national public health system in the case of a multi-ethnic country, Malaysia, from the perspective of medical anthropology. Native (Malay) medical culture – for several centuries under the influence of popular and scriptural Islam – coexists with traditional Chinese medicine and with Indian Ayurveda practice. This coexistence can be regarded as a challenge, but also as a chance – especially in medical areas with strong cultural connotation such as the beginning of life.

It has been argued that Islam, allegedly a dominant cultural frame of Malaysia, can be considered as the theoretical background of certain concepts of alternative medicine (e.g. homeopathy). The criticism of this issue as a typical extreme example for cultural and political appropriation of an alternative medical concept constitutes the departure point of the present study. A major argument of the study is that the coexistence of several medical systems enables the practice of medical syncretism across cultural borders. This syncretism, as well as the assessment of modern bioethical issues in multicultural context and techno-scientific background, are topics that yield reference experiences for contemporary societies with autochthonous medical tradition, modern biomedical bias, and a multicultural frame – in Southeast Asia, the Near East, or elsewhere.

Nurullah Yücel (Istanbul TR), **Selçuk Engin**, **Bülent Saka**, **Fatih Tufan**, **Gulistan Bahat Öztürk**, **Sibel Akın**, **Hilal Özkaya**

Aging Through Malnutrition: How Should it be Avoided?

Introduction: Undernutrition (UN) is frequent in older populations, especially in care institutions. Various diseases and socio-psychological conditions increase the risk. Determination of the risks of UN is essential for developing preventive strategies. We sought the risk factors for malnutrition in one of the largest and modernized nursing home in Istanbul.

Material and methods: In October 2010, 349 older residents were screened with mini nutritional assessment (MNA) in the Kayisdagi Darulaceze nursing home. Comprehensive geriatric assessment followed. Subjects with UN were defined as getting 17 or less points in MNA. Association of UN with clinical findings and sarcopenia were investigated using chi-square test, and with continuous variables t-test.

Results: 172 of the subjects were female (49%). The mean age was 74.8 ± 8.7 (males: 71.9 ± 7.5 , females: 77.8 ± 8.9 ; $p < 0.05$). 47 Subjects (13.5%) had malnutrition. 135 (38.7%) had dementia, 55 (15.7%) had depression. In univariate tests, older age, lower pincer strength and lower handgrip strength, presence of dementia were associated with UN. When controlled for confounding variables, only age was independently associated with UN in logistic regression analysis ($B = 0.067$, $Wald = 7.88$, $p = 0.005$).

Conclusion: As poor outcomes were associated with UN, screening of the nursing home residents for malnutrition is crucial. In our study, age was found an independent risk indicator for UN in institutionalized seniors, a finding that was alarming enough. Considering our small sample size, multicenter trials with larger cohorts are needed to explore further risks in older populations.

Claudia Bozzaro (Freiburg D)

The Aging Process as Radicalisation Experience of our Bodily Perception

We become aware of our own aging and the aging process of others on the basis of symptoms like grey hair, wrinkles, progressive loss of strength and physical body functions. These radical changes lead to a confrontation with the inherent dichotomy in human embodiment between “being our body” and “having our body”. This dichotomy has been singled out as a central topic by authors who, following Merleau-Ponty, have studied the body from a phenomenological point of view.

On this background, I will first present the changes in bodily perception of elderly people, masterly analyzed by Jean Améry and Simone de Beauvoir in their books about aging (J. Améry: *On Aging. Revolt and Resignation*; S. de Beauvoir: *The Coming of Age*). I will then compare their descriptions with the portrayal of elderly people in the Western European fine art tradition and with the portrayal actually promoted by the so-called Anti-Aging Medicine. Anti-Aging Medicine is a relatively young but very influential medical development, affecting not only the medical way of looking at and treating the aging process, but also the social discourse about aging. I will show that differences in body perception mirror a different concept of aging and also a different way of dealing with it.

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

Psychological, Religious, Legal and Folkloric Dimensions of Death

Every organism is born, grows up, lives its life and dies. Death is the inevitable end that was granted to him/herself in the life of a human. Everyone born until today has died and everyone to be born will surely die. The immortal part of the human is the soul. In ancient times, the belief in death has been interpreted differently in different times; but the idea that does not ever change is that death has a side which is dark, unknown and frightening. According to ancient Egyptian belief, the breath of life would get inside, from the right ear and the breath of death would get inside from the left ear. The obscurity that is felt towards death has been tried to be suppressed with rewarding and punishment, but according to Islamic belief, it has been seen as approaching God and reaping the reward for one's life. According to Islam, death is under the command of the God. Everyone is doomed to die eventually, once the preordained time of death arrives. The saying "his/her life- expired" when someone has died precisely refers to the above. The human being is a bio-psycho-social presence. Because of this, those features of the human stay with us along his/her life. The legal rights in every field that human have won in the moment of birth follow him/her during their lifetime. The rights of life and death are two of them.

Does every organism have the right of happy death?

We will search for an answer to this question in our study from ethical, religious, and legal perspectives. In addition, we will mention traditions, beliefs, and wishes concerning death found in the folkloric perspective and the proverbs. We should not forget that an approach that is suitable according to the traditions and the cultural values and also respectful of dead people as much as those alive is the responsibility of us all.

Bilge Sözen Şahne (Istanbul TR), **Sevgi Şar**

Ethical Evaluation of the Pharmacy Services for Geriatric Patients

The definition of "elderly" for people aged 65 and above refers to the most mature period in human life. Increase in the quality of life across the world has prolonged the human lifespan and led to an increase of the

elderly population accordingly. As a result, diseases like cancer, diabetes, cardiovascular diseases, chronic lung disease and mental diseases – especially dementia – have also increased. Despite the aim of continually improving cures, sometimes unintended consequences can be observed. Especially multiple drug using for several diseases described as polypharmacy may lead to negative effects through harmful interactions. Pharmacists have an important role in the patient-physician-pharmacist relationship during drug usage in terms of safety, efficacy and fair cost. Pharmacists are the most easily accessible healthcare professionals for everyone, including the elderly. The pharmacist helps the geriatric patients regarding medication and health issues. Moreover, sometimes the elderly go to pharmacy just for chatting. While performing their duties, pharmacists should also pay close attention to ethical principles. Pharmacists work for the equal distribution of health resources in the light of the principle of justice which they need to pay attention to while approaching geriatric patients, as well. According to the principle of beneficence, getting the right information from patients and directing them correctly is also important in order to prevent problems of polypharmacy.

In this study, the pharmacy services for geriatric patients and the relationship between the elderly and pharmacists will be assessed from an ethical perspective.

Dejan Donev (Skopje MK)

Ethics of (Palliative) Care and the Question of Euthanasia

Humans are very much used to living and do not think very often about life's fragility and temporality, i.e. about death. But, human life is inexorably rushing towards its end – death. Thus, the question of a basic human right to live, human dignity in suffering and dying, is an equally practical and theoretical and academic question.

In this sense, euthanasia forced upon someone's life and death does not resolve the question of human dignity but opens up a new, very emotional and distressful question which possible, effective and proven answer, compatible with human right to live and dignity in dying, is the ethics of (palliative) care.

Ceren Gülser İlikan Rasimoğlu (Istanbul TR)

A Sanitary Journal for Common People: Yaşamak Yolu

Yaşamak Yolu was a monthly sanitary journal published by the Istanbul Society for the Struggle against Tuberculosis with a circulation of 3000 copies, between the years 1929-1972, without any interruption. Target of the journal was the general public education on sanitary issues. The presentation will evaluate the main debates held in its articles of 1929-1940, written mainly by Dr. Tevfik İsmail, Dr. Tevfik Sağlam, Dr. Fazıl Şerefeddin, Dr. Refet Raif, and Dr. Zühtü Tevfik, focusing on the conditions of the single party regime.

First, the population problem, which constituted one of the basic troubles that the newly-arising republic had to face, and the discourse based on the necessity to overcome this problem used by the physicians will be discussed. Second, the national education aspect of the journal which appears behind hygienic education and the care of the body under the name of creating a strong and loyal generation in quality and quantity will be described.

Third, the process in which the physicians gained status through medical knowledge by both supporting the regime and defining the appropriate daily behavior of common people will be explained. Finally, the ways of carrying out the sanitary propaganda (a term used by contemporaries) for children and adults will be evaluated. Sanitary debates like those on abortion, the struggle against epidemics, the need to increase birth rates, the glorification of childhood and motherhood will be analyzed within the concept of the "responsible citizen" and "responsible physician" with reference to the reinforcement of the nation.

Temmuz-Gönç Savran (Eskişehir TR)

Sources of Health-Related Knowledge and the Confidence Levels Towards Them According to Social Status and Age

The development and expansion of mass media has created new opportunities for accessing health-related knowledge. Related to these relatively new communicating channels for health-related knowledge, there are both affirmative and critical arguments in social sciences.

Creating health awareness and improving both health-related behavior and the passive patient model are some of the positive consequences of these developments. Yet the new sources of health-related knowledge also carry the risk of misinformation and information pollution.

Drawing on data of field research (Ph.D. thesis) conducted in 2009-10 in Eskisehir, Turkey, the aim of this paper is to examine the source of health related knowledge, the level of confidence towards these sources and whether these vary according to social status and age. The sample is selected with quota sampling and consists of 355 people from three different economic and social status groups in Eskisehir, Turkey. 126 questionnaires and 226 structured interviews were conducted within the sample. According to the findings of the research, both social status and age are significantly related to both the source of and the confidence level towards the source of health-related knowledge. By comparing the data of these different status and age groups, this paper aims to put forward the effect of social status and age on the preferred source of health related knowledge and on confidence levels towards institutional medicine and mass media on health related knowledge.

Sevim Odabaş (Mersin TR)

Masculinity, Sexual Health Policy and Commerce on the Internet: Selling Sex Pills

The increase in the use of the internet has changed body and health culture rapidly in Turkey. There are plenty of modern pills for the body, sexual health policies and technologies. Men and women depend on web sites in search of a cure for several bodily problems such as infertility, impotence, virginity, obesity, weakness, beauty, baldness, tiredness, insomnia, and aging. These commercial web sites involve people in the global body culture and economy and reconstruct and change their bodily and sexual identity. The web sites in question also produce new forms of dominance and subjection. In this study, I investigate the construction of masculinity on the internet trying to define the values, discourse, and policies surrounding the male body. In the first section of this paper, I define concepts such as internet, masculinity, sexual health policy in the light of the relevant literature and dwell on the relation among

these concepts. I further maintain that the male body or sexuality are not exempt from the discourse and practice that used to dominate female body and sexuality. This discourse includes issues such as patriarchy, governance, medicalization, and commodification.

I analyze the increasing medical, political and economic power of sex pills over the male body focusing on the web sites <http://www.mavimucize.com>, <http://www.viagraezcane>, <http://www.viagrasatis.com>, and <http://www.cinselsaglik.com>. In the final section, I, as an academic working on social sciences in Turkey, suggest that it is necessary to look closely how Turkish men conceptualize masculinity and sexual health themselves or what this conceptualization is like in the urology clinic in order to figure out the social patterns of masculinity and sexual health in Turkey.

Yulia Panayotova (Sofia BG), **Irina Todorova**, **Anna Alexandrova-Karamanova**, **Elitsa Dimitrova**

Doctors' and Parents' Perspectives on Their Communication Regarding HPV Vaccination in Bulgaria

Decisions for HPV vaccination depend on the effective dialog between provider and patient, as well as on the social network and family support. In Bulgaria, a country without an organized program for cervical screening and vaccination, the topic of HPV vaccination has recently been receiving increased public recognition and local initiatives for vaccination are emerging.

Methods: Semi-structured interviews with 11 women (parents of girls approaching the age of vaccination), 15 health care providers and 3 focus groups conducted in 2011 in Bulgaria, were analyzed through thematic analysis.

Findings: Our analysis addresses providers' perspectives on communication with parents, and parents' perspectives on communication with providers in relation to vaccination. We illustrate how parents describe their dialog with different specialists and how their acceptance or resistance to the vaccine depends on this communication. Parents identify providers' contradictory constructions of the vaccine and interpret them as confusing and negatively affecting their own decision making process. In providers' narratives we address how they describe their own uncertainties about

the vaccine and how these are reflected in their dialog with parents.

Discussion: Professionals' constructions of the vaccine, their sharing of personal opinions and communicating about contradictory issues are pivotal for parents' assessment of the quality of their communication with providers about HPV vaccination. Among health providers, nuanced attitudes in the dialog with parents are informed by their specialty, position, perceptions of vaccinations and personal choices regarding vaccination of their own children.

Somaye Sadat Mckian (Tehran IR)

Comparison Between Efficacy of Narrative Therapy and Diet Therapy on Body Image in Women with Overweight and Obesity

This study was carried out given the importance of body image in overweight women, and in order to compare the effect of diet therapy and narrative therapy on the improvement of body image. This research is a type of experimental-interventional study for which 30 overweight women were selected through randomized sampling method from among women that referred to a professional clinic of diet therapy and they were randomly divided into two categories and one control group. The women in the first category only received diet therapy (for 5 weeks) and the women in the second category received narrative therapy in addition to diet therapy. Narrative therapy in this research was a group therapy that consisted of 12 sessions, each session lasting 50 minutes, held twice a week. The control group received no intervention. Data of Body Image were gathered through the Multidimensional Body Self Relation Questionnaire. Data were analysed using SPSS 16 Software, Covariance Analysis, Tukey and Paired T Test. Data analysis at the end of the study showed that diet therapy has no significant effect on the development of body image ($P>0.05$) but narrative therapy was more effective than diet therapy in developing the body image for overweight women ($P<0.001$). Considering the effect of narrative therapy on developing of body image, this method is more suitable than the other methods with greater results in weight loss.

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LANGUAGES

*Conference languages are Turkish and English.
Simultaneous translation between English and Turkish
provided for all presentations.*

CONGRESS REGISTRATION FEE

None for speakers and student attendees.

50 € for all non-student attendees.

(The fee includes Congress bag, the gala dinner and snacks).

Please register by September 6, 2012:

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CONGRESS VENUE

- **13.09.2012:** Kazlıçeşme Cultural Center,
Zeytinburnu Belediye Başkanlığı Bahçesi,
Abay Caddesi No 165, Zeytinburnu – İstanbul
- **14. - 15.09.2012:** Istanbul University,
Rectorate Building Doctorate Halls, Beyazıt - İstanbul

ACCOMODATION · Recommended Hotels

- **The Green Park Hotel Merter / Istanbul**
Telephone: + 90 (0) 212 507 73 73
www.thegreenparkmerter.com · Room Price: S. 90 € / D. 110€
Invited speakers will stay in the Green Park Hotel Merter.
- **Hotel Linda-Beyazıt / Istanbul**
Telephone: + 90 (0) 212 517 28 50
www.istanbulhotellinda.com · Room Price: D. 65 €
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