After the Conference

by Alessandra Pentone

Saturday morning before the Conference: I have never seen Naples this way. A grey and cloudy sky, a heavy, pouring rain reminds me of an English atmosphere rather than of the Land of Sunshine. The marvellous location where the Conference will take place is beside a rough and heavy sea, just in front of Castel dell'Ovo, the castle where a golden egg is hiding the secret of Naples. According to the legend, when the egg is discovered, the city of Naples will disappear.

On a day like this, it’s difficult to know the outcome of the three day-long worldwide special event... In the far left corner of the huge breakfast room I can see people around the table waiting for me. Suddenly everything changes: all is now clear. Clouds and doubts promptly disappear and a bright light reassures me about the future of the Conference: everything will be all right. And the secret, our secret of success, is not hiding in an egg but in the penetrating eyes and the wise smile of a man, our Professor Carmi, the Head of UNESCO Chair in Bioethics.

Since Monday morning the hotel changed into a Tower of Babel: people coming from 66 different Countries belonging to all 5 Continents, one by one, carrying their own knowledge, new ideas and projects, according to their personal culture and traditions. After having had more or less long journeys, we are all here, ready to share the hopes and beliefs in the name of Bioethics. Professor Buccelli, the Italian President of the Conference, translated with his words what happened in these days: “Bioethics succeeded where Esperanto failed.”

And as the Conference began, I really felt like Alice in Wonderland: there were hundreds of items presented and discussed, one by one, each fifteen minutes long, in eleven halls at the same time. Young alumni and great experts belonging to different professional categories coming from all over the world. Forensic doctors, dentists, psychiatrists, vascular surgeons, gynaecologists, obstetricians, speech therapists, nurses, lawyers, philosophers, psychologists, etc.
Quite impossible to choose what presentation to attend ...just to have a taste of it ...

Starting from the *classical informed consent*, a never ending issue paying particular attention to vulnerable and incompetent patients, to children and their parents, especially in the field of research as well as in assisted reproductive technologies and off label treatments. Particular grounds like cosmetic dentistry, cancer clinical trials, chronic diseases and physical rehabilitation process were presented, too. Different countries such as Italy, Indonesia, Belgium, Azerbaijan, United Kingdom, Czech Republic, Israel, Lebanon, Tanzania, Canada, Bosnia and Herzegovina, and Ireland shared their own experiences, ethical and legal issues proposing, for example, a narrative model for informed consent with youth.

**Bioethics general** - France, Serbia, Finland, and Israel talked about bio-enhancement, the extension of life, longevity and ageism while Germany presented the impact of law, ethics and science on stem cells and the phenomenon of stem cell tourism. Italy, Austria and Sweden involved themselves in global bioethics, gender-biased prenatal sex selection and proposing a casuistic model for guiding choice in human enhancement issues. The claim of competence of/in Bioethics, tobacco control policy in the EU, bioethics within family context and professional ethics in the ancient world joined together Italy, Poland and Croatia. Compulsory hospitalization in crack abusers, a plan of a research methodology linking legal, normative and empirical ethics, *objectors* in bioethics and animal research ethics were the themes of a session for Brazil, Italy, Switzerland and USA. Other different original issues were presented by Denmark and Australia, like obesity and personal responsibility or bioethical implications of globalisation, but metaethics and bioethics, a strategy for trustworthy reform in pharmaceutical industry, bioethics in health management were discussed, too. Russia, Colombia, Italy and Armenia shared their experiences like the responsible use of antibiotics and anabolic in cattle, bioethical committees for veterinary medicine, normativity in bioethics and bioethics, word curing and music therapy. Ethics problems concerning Von Hagens Body Worlds-art, the offer of organs for sale, the increasing request of male circumcision in Italy, the challenges of contemporary world-teaching, learning, research and bioethics clinical ethics consultation.
involved Georgia, Italy, South Africa and Switzerland. Azerbaijan and Oman also contributed with presentations dealing with new rules and laws in their countries respecting human values and own cultural diversity about, for example, embryonic stem cell research and end of life issues. A history of embryo’s life and his meaning, ethics consultation in bio-banks management with the Wits human research ethics committee experience in bio-bank research of South Africa and the evaluation of neurotechnologies in human enhancement were further subjects of debates like bioethics and education in tattoos and piercings, toxicological screenings in safety sensitive jobs, Pakistan reproductive genetic technology and the present and the future of molecular diagnostic tests. China presented the Confucian tradition of medical ethics while Italy underlined the need of justice and the protection of individual rights in DNA databases and furthermore ethical problems of susceptibility testing and synthetic biology.

**Medical ethics** - Mexico, South Arabia and Israel joined the debate about bioethics and Internet, bioethical demand for clinical pharmacokinetic and physician dependence on diagnostic aid. Israel, South Africa and Australia reminded the historical lesson of the Pernkopf Anatomy Atlas, debating furthermore medical futility and the need of an ethical code on the limits of intimacy and touch in complementary medicine. Bulgaria, Vietnam, Czech Republic and Italy shared their own experiences about patients’ expectations of the medical profession, ethics-based medicine, Balint method application, medical ethics and attitude of clinical physicians. Italy, China and Czech Republic talked about understanding of euthanasia by medical students, the right of a child on chronic ventilation to ask for home care, scientometrical studies on hot topics and research structures of Chinese medical ethics and pictorial art as a way of communication with an Alzheimer patient. Nigeria, South Africa, Greece, Israel debated social media and medicine, healthy lifestyle requirements, ethical and clinical implications of interrupting acetyl cholinesterase inhibitor treatment in severe Alzheimer’s, the role of empathy in healthcare delivery and, last but not least, the truth and the physician. Poland, Israel, Italy, Netherlands discussed about when can family physician refuse to treat a patient, physician-patient communication during the endovascular and percutaneous therapeutic procedures, prenatal diagnosis, ethical education through professional courses and, the treatment of patients belonging to mythical cults. Argentina, UK and Philippines shared palliative care better than psychiatry in rape, the difficulties in patients with burn aftereffects, health policy and
clinical governance related to regional differences in cancer survival of patients. Indonesia, Poland, Croatia, Italy and China talked about ethical aspects in treating diabetes mellitus, conscientious objection in emergency contraception and hospital ethical committees. USA, Italy, Czech Republic and Israel underlined professional ethics in hunger strikes, woman’s right to refuse treatment during childbirth, possible harm in tube feeding in patients with advanced dementia and the ethics enigma of the cancer pain in Italy.

**Medical deontology**- Ethics, bioethics and medical deontology were the focus of the debate. In particular, after the historical development of medical deontological codes in Italy were described new codes and new frontiers in Italian medical deontology.

**Balance between Deontology and Legislation**- Informed consent and advance directives for treatment, bioethical and clinical point of view about consent of minor, conscientious objection and, autonomy of professional practice and constraints of healthcare organizations were explained and debated.

**Obstetrics and Gynaecologists** from Croatia, Italy, USA asked themselves when does human life begin and talked about genetic diagnosis in preimplantation, prenatal diagnosis, planned home birth, the role of foetal therapy, private or public cord blood banking, evolving ethical challenges of HIV in obstetrics and gynaecology.

**Abortion** session involved Italy, Israel, and Czech Republic in particular about the human embryo, woman’s right to abort a viable foetus, elective abortion in foetal abnormalities according to cultural differences and induced early abortion in irregular immigrant women from sub-Saharan Africa in Italy.

**Reproduction, ethics and law** sessions were joined by Brazil, Belgium, Taiwan, Kenya, Italy, Nigeria, Germany, and Poland. The issues debated were trans-nationalization on the technique of assisted human reproduction, the legal position of sperm donors assisting single women to reproduce, the legal concept of filiation in Assisted Human Reproduction and having a child after death. Human dignity and assisted reproduction, the rights of the unborn child, freedom and fears in oocytes freezing were also discussed.

CIRB (INTER-UNIVERSITIES CENTER FOR RESEARCH ON BIOETHICS) WORKSHOP
**Beginning of life**— The main topics of this workshop were a psychoanalytic approach in the intersection of the logics of filiation, an historical review and an actual debate on human embryo between res and person, political and judicial influences in Italian law on assisted reproduction technologies, bioethical issues at the beginning of life and female citizenship and, among parental responsibility and responsible parenthood the defence of children in Italian law medically assisted procreation.

**Genetics** was, as usual, another *rich source of* plenty ethical problems: data protection and their reuse, preimplantational genetic diagnosis and its acceptable applications, moral challenges of predictive information, next generation sequencing. USA, Spain, Brazil, Italy, Germany, Israel, Iceland, UK, Austria, France were debating about general and specific subjects such as recent research in epigenetic, ethical approach and responsibility in workplace drug testing, information on risk genes in breast cancer and bioethical issues of personal genomic through arts.

**Confidentiality and privacy** — Israel, Australia, Brazil and, Italy were talking about liability of information via phone calls to relatives of hospitalized patients, ethics of the Veri Chip human implant, the fundamental right of medical data protection and,

Ethical issues in the clinical diagnosis of Huntington Disease.

Another CIRB (INTER-UNIVERSITIES CENTER FOR RESEARCH ON BOETHICS) WORKSHOP was based on the new frontiers of **Plurality of identities** and, particularly, occupational safety in genders studies, gender variant adolescent’s puberty blocking, criminal law, homophobia and transphobia especially in sport, marriage in Italy between persons of the same sex.

Main debates in **odontology** were related to mistakes between ethics and professional ethics: for example, the difficult balancing of information to the patient and communication to the dentists in full disclosure policy or the protection of the patient’s health and economic constraints. Paediatrician odontology was deeply discussed, not only in traumatology ground but especially in child abuse. In fact one presentation described dental caries in children as a possible marker of child abuse by neglect, underlining the need of specific related guideline. Dentistry and disability were discussed, too.
Italian and Israeli **Nurses** debated about the possibility to refuse treatments to terrorists and also about autonomy and responsibility of their work in therapeutic obstinacy. These are only some of ethical dilemmas in nursing education and research. Nigeria, Italy, Azerbaijan underlined the importance and shared experiences among ethics knowledge of health workers, in particular of nurses.

**Speech therapists** talked about youth offending and speech and language therapy, complex patients, the role of speech and language therapist in senile age. Communication, bioethics and paediatrician palliative care, disorders of consciousness and awareness in severe acquired brain injury were debated, too.

**Psychiatrists** from Israel, Canada, USA, Italy, Portugal, Pakistan, Germany, Belgium, South Africa, Brazil discussed about long acting injections anti-psychotic, legal representation of impaired patients, massive psychic trauma and resilience, impaired informed consent in research, experiencing seclusion, compulsory psychiatric hospitalization of minors and not only, autistic patients, mental health within prison system, primary targets in reformed psychiatric services, methylphenidate for cognitive enhancement, ethical codes, assessment of parenting competence, childhood trauma in the breakdown of family relationship, autonomy of the will of mentally ill patient, ECT treatment in involuntary mentally ill patients, the relationship between euthanasia and depression particularly in Holocaust survivors, desire for children and parenthood in mental health service users.

Italian, Turkish and Serbian **cardiovascular surgeons** expressed their need of bioethical training and the requirement of new rules for the outcome of new technologies. In particular they were presenting cases on abdominal aortic aneurysms in elderly people and diabetic patients with peripheral arteriopaty under bioethics lens.

**Young forensic doctors** had various and original presentations like overpromising of alternative therapies, bio-bank consent in research, EU legislation in preimplantation genetic diagnosis, physicians perception of immigrants as patients, donation of body after death, clinical experimentation in vulnerable patients, pharmacological androgen deprivation in sex offenders with paraphilic disorders, communicating errors and learning from own errors, human right’s protection, medication abortion and conscientious
objection, the right to be born healthy, the evaluation of malpractice, the reliability of the child’s testimony, medico-legal aspects of sexual violence in the penal codes.

**Medical law**- From Brazil judicial intervention in private health care policies to legal protection of patients’ rights in China, from development of health bill in Kenya to Singapore ethics and regulation of aesthetic medicine, from USA health law and its impact on defensive medicine to Azerbaijan patients’ rights as an indicator of health system development. From Ukraine urgent need to codify international bioethics law and to form a unified and specialized systems of international and national bioethical courts, to Azerbaijan international legal protection of child’s medical rights and the influence of international bioethical on the laws of this country. Italian pharmacists-promoters of good health were another topic of the session.

**Bioethics and the law**- Brazil debated the right to disobey law based on moral, religious or philosophical convictions and its interface with bioethics, Ukraine described global and local dimensions of bioethics and health law, Poland talked about bioethical regulation in a pluralistic society. China underlined joint development of bioethics and disciplinary building of health law while Croatia explained the legal status of embryo in the context of stem cell research.

**Ethics General**- Prisoners and human rights in Nigeria, cognitive neurosciences and the brain/mind problem in Italy, empirical ethics in Belgium, “Ecology of the Soul” in Macedonia, and ethical dilemmas in a regional multidisciplinary multi-professional forum in Israel were part of the discussion. The experience of ethics committees in politics in Switzerland, of volunteerism pro-social behaviour in Czech Republic, of the need of sensitiveness for laws and rules especially related to disabled people in Italy, of media ethics in Macedonian journalism, of stimulating inter-professional ethical reflection in youth work in Netherlands and of ethics and evolution in UK were successfully shared. Particular issues were a Swiss media project for the vulnerable, the New Zealand consideration of dictatorship as social fault lines, Israel law students screening as target of social change, USA securing the moral compass of children with autism in developing countries and, Taiwan post-graduate training program for the assessment of medical professionalism.
Health care systems ethics experiences and proposal as ethical dimension to contemporary health care reform, decision-making reform, vertical health programmes, insurance medicine, personalised medicine were shared among USA, Belgium, Switzerland, Bulgaria, Australia, Turkey, Indonesia, Germany, Georgia.

Balance between deontology and legislation session remarked the autonomy of professional practice and constraints of healthcare organizations.

Bulgaria, Italy, Serbia, Belgium debated about public health: compulsory and recommended vaccines in development age, child’s vaccination refusal by parents, the new public role of the medical profession, a human rights’ conscience in public health, patients with rare diseases helped by networking.

In professional risks session there were remarked the ethics of safety and biological monitoring of worker respecting the principle of humanization of medicine and the dignity of the person, the overall protection aimed at reintegration of person-injured worker, the centrality of the person in the correct medicine approach retirement, the professional responsibility of the medical-legal evaluation process in social security and the biopsychosocial approach to the person with disabilities to work.

Risk management and quality—An Italian experience of implementation of telemedicine in the transfusion medicine service, the ethical evaluation as a way to prevent medical errors, the raising awareness of error reporting were the main points of the discussions among Spain, Italy, Cyprus, Israel.

Reflections and perspectives of social security medicine session included the relief of suffering in the history of medicine and of the invalidity pension insurance, psychiatric morbidity in the elderly, cancers, biological therapy and disability, bioethics and social security medicine resources and, gene therapy and neuro-technologies in neurological patient.

NAPLES FEDERICO II UNIVERSITY ETHICS COMMITTEE WORKSHOPS about Ethical aspects of modern medicine underlined “evidence-based medicine” and “good clinical practice”, the caesarean section under maternal request, antiblastic drug manipulation in oncology departments, ethical limits in aesthetic medicine, and ethical aspects of sham surgery. Furthermore teaching bioethics in medical schools, the role of
citizens in genetic research, the role of international stakeholders in genetic research, and anatomical specimens of human origin on display were discussed, too.

**Ethics Education** - Italy, USA, Thailand, Netherlands, Bulgaria, Israel, New Zealand, Switzerland, Taiwan and Israel were thinking first about developing ethical understanding *training the moral muscle*. Evaluating teaching and professional ethics, sharing their own experiences not only among interdisciplinary courses for law and medicine students or post-graduates, reflections and thoughts of teachers about ethics in science but, for example, trying to investigate ethical behaviour in temporal perspective.

In the **culturally relevant bioethics for Asia Pacific** session the need to develop cultural relevant bioethics for Asia, bioethics from the Vedic tradition, the experience of local ethics committees, and bioethics education in medical schools through novel methods were the issues of the discussion.

**The role of bioethics in medical education in Asia**

India, Sri Lanka, Indonesia, Fiji shared own experiences from bioethics curriculum in medical education to evaluation and accreditation of bioethics education, from conflict between the advancement of knowledge and institutional ethics to the coming new era of change for the Pacific.

**Bioethics training in Indian medical education** - Pakistan and India presented bioethics applied from the Islamic religion, bioethics training and developing bioethics curriculum in medical education in India under globalisation and general bioethics education and training of the country.

**Bioethics Education** - recalls the attention of Brazil, South Africa, Japan, Nigeria, Finland, UK, Japan, Lithuania, South Africa, India, Nigeria, Mexico, Bulgaria, Indonesia, Australia, Israel, and Mali. A Japanese consensus building method, African ethics in bioethics curriculum, a Brazilian educational model, the Nigerian experience of integration between medical law and ethics into medical training and practice were the main issues of one session. A Finland model tool of bioethics education in clinical research, the UK experience in teaching bioethics through videos, Japanese movies and dramas related to bioethics, the South African experience of humanising medical ethics in medical schools and, in
particular, attitude of Lithuanian teachers on abortion were debated in another session. The experience of Mexico, Nigeria, and India in bioethics education were shared while South Africa presented a multidimensional model applied in the local university of technology. Indonesia and Bulgaria gave their own contributions about teaching bioethics in medical schools. Australia described bioscience ethics education and in particular human reproductive biology, Brazil presented principles of eco-bioethics in medical schools, Serbia talked about bioethics education on vulnerable people, Israel proposed the methodology of emotional intelligence while USA related on a disability bioethics curriculum. Bioethics education of midwiferies in Indonesia, nursing ethics medical students in Mali, education in nursing in Japan, problems in effective ethics education of medical professionals in Bulgaria and, mutual learning in health professions in Italy were debated, too.

**Audio-visual tools**, like cinema, television and cinematic narrative are really useful for bioethics teaching and research as Argentina and Colombia showed in their presentations. The second chorus of Sophocles’ Antigone classical masterpiece was presented as a music-oral reading.

**Digital society and emergent rights** session explained new chances and differences, between innovation, knowledge and the dark side of technologies.

**Forensic Medicine** —Nigeria and Slovakia shared in this session general problems of their own countries concerning forensic medicine and, in particular, the development of molecular pathology infrastructure in Nigeria.

**Environmental Bioethics** and in particular echo-bioethics, bio-culture, control on GMO food, marketization of water, proposal of reurbanization, effects of benzene exposure were debated by Nigeria, Azerbaijan, Canada, Italy, Brazil, USA.

In the field of **Research** oral presentations concerned the case of anthrax experiments in Israel Defence Forces, clinical ethics committees in Spain, the usage of bio-markers in Italian clinical settings, Kenyan Kilifi Health and Demographic Surveillance System follow up of refusals to participate in research, the involvement of children in nontherapeutic research in Switzerland, an experience of clinical study with medical device in Italy, the protection of human subjects in USA with Research Participant and Family Advocate, the legitimacy of race as variable in South Africa. The moral obligation to participate in
medical research in Taiwan, implications of power relations in research encounters in Israel, maximum risk standard in biomedical research in Poland, racial inclusion for clinical research in USA, the “research community” in Italy, palliative care in an HIV homeless community in South Africa, placebo controlled clinical trials in Finland, implications for education of researchers and research ethics committees in Canada were debated, too. Ethical issues identified in research proposals in Fiji, human remains and researcher’s responsibilities in Israel, raising and challenging expectations around indigenous research consultation in New Zealand, ethical committees’ role in the definition and off label drugs use in pathways care in Italy, non-therapeutic research with neonates in Ireland, Brazilian Research Ethics Committee analysis of ethical research were issues of other sessions. Bulgarian ethical analysis of the scientific research on animals, Finland views of the nurses managers in clinical research, Lebanon researchers' opinions about protecting or policing their works, Lithuania correct clinical trials information of patients participating in research, India vulnerable population used in clinical research and, South Africa lived experiences on research were presented and discussed.

NAPLES FEDERICO II UNIVERSITY ETHICS COMMITTEE WORKSHOPS

Organ transplantation - opt-out organ procurement policies in USA and arguments to improve procurement, the Spanish transplant procurement management, therapeutic transplantation of cadaveric tissues after judicial autopsy in Italy were some of the subjects of one workshop. In another workshop the discussions concerned transplantation pathway organisation, people opinions and expectations, a sociological model of donation and, in particular, ethical issues in the transplantation of uterus.

Organ transplant, ethics and the law session presented, first of all, the principle of autonomy and of justice on organ transplantation and a deep ethical and juridical analysis, own experiences of Singapore, China, Israel and Ukraine were successfully shared.

Bioethics and Religion was the common field for Germany, Israel, USA, Poland, Brazil to talk about bioethics between science and religion, Christian anthropology and the new model of human perfection, the new law on religious circumcision in Germany, Jewish perspectives on distributive justice and economic consideration in medical care, coping with religious pluralism in public bioethics discourse.
There was a specific session about **Islamic Bioethics**. Israel, Czech Republic and Italy were discussing about assisted procreation and abortion, the employment of advanced technologies in gender issues and the integration of children with Down syndrome under the influence of Muslim culture. In particular there was a glance at the evaluation of parental competency in Israel’s Arab-Muslim community. In other sessions there were presentations from Pakistan and UK about bioethics applied from the Islamic religion and Islam and palliative care.

**Ethical decision making**—Italy, South Africa, Albania, Austria, Israel were dealing about very different issues such as intuition in clinical reasoning, the regulation of surrogate motherhood in South Africa, training activities of ethics and health communication in Albania. There were also proposals of a multi-methodological model in clinical ethics and of a narrative approach in clinical ethics consultation.

**NAPLES FEDERICO II UNIVERSITY ETHICS COMMITTEE AND CIRB WORKSHOPS**

**End of life**- The discussion focused on technological delay of death, disorders of consciousness and brain death, from cardiac to brain death ascertain, the right to self-determination of terminally ill patients and, advance directives for medical treatment. The living will between self-determination of the person and physician autonomy according to the Italian Acts, the role of the fiduciary in the end of life decision was debated, too. Risk of overtreatments and therapeutic obstinacy with its legal aspects, paying attention to futile treatment in neonatology, therapeutic obstinacy in geriatrics and extraordinary life-saving measures in ICU and as a consequence, going to the damage of therapeutic fury and the life-prolonging measures legislation of foreign countries were important points of the workshops. The right not to suffer and the analgesic therapies, theological reflection on pain and suffering, spiritual assistance, psychological support to the family in the “life-end”, in particular the emotional stress of parents in paediatric oncology were furthermore underlined. The evaluation between “home care” and “hospice”, not ignoring economics and management aspects of end of life-care, were the frame to work under of the debates.

**Death and dying** sessions debated on Romanian advance directive reality, gypsy women perspectives on end of life decisions in Spain, the Greek conception of good death, criminal offense of assisted suicide in Croatia and, the role of the family in end-of-life
choices in Italy. Furthermore end of life decisions about young patients in oncology in Germany, the Israel analysis of Haneke's film Amour, the Spain experience of nurses about health care decisions to share with dying patients, the Turkey health law differences and the concept of euthanasia and willpower and, “Dignity” and end-of-life decisions in England and France were shared and discussed, too. Brazil, Spain, Israel, USA and Italy talked about particular issues like the experience of living with an oncological pathology, the Brazilian case of Dr Virginia de Souza, the “reliability" to decide for a dying patient, end-of-life care in Andalusia, a comparative study between Italy and Brazil on advanced treatment directives and, metaphysical analysis of human identity in contemporary brain death controversies.

INTERCULTURAL BIOETHICS & LIFELONG LEARNING WORKSHOPS

Bioethics, lifelong learning & social inclusion –

The first workshop concerned about a network to enhance lifelong learning, *migrating modernity*'s and immigration policies for the schools, underlying universality of human rights and cultural diversity. Under the frame of respect for pluralism, lifelong learning is growing as an emerging right. From the Naples municipality experience of policies for the Lifelong Learning and the migrants to Aosta Valley Autonomous Region examples and suggestions of bioethics education in a multicultural society. The development of bioethics thinking skills paying attention to social “fragility” and legal aspects in educational processes. L’Orientale University Lifelong learning Center (CIRED) presented some study cases.

**DNA & Intercultural Identity**- The discussion was based on the public perception of neuroscience, considering mind as an emergent property, the genomic studies and ethical issues in China nowadays, perspectives of medicine and genomic-omics, going from bioethics to neuroethics.

**NAPLES FEDERICO II UNIVERSITY ETHICS COMMITTEE WORKSHOPS**

**Clinical trials, Dilemmas therapeutic, Ethics committees.**- The first workshop started with the national bioethics committee contributions on scientific research and the role of ethics committees in Italy. Ethical committees in Europe and light and shadow in the new Italian regulation on ethics committees followed the discussion. The insurance
coverage in clinical trials in the experience of the ethics committee “Carlo Romano” and the use of placebo in clinical trials were presented, too. The second workshop concerned ethical implications of the collection of biological material and relevant information, the scientific progress in clinical trials overcoming individual integrity principles and, ethical issues on futile trials. The opinions of the EC “Carlo Romano” on two particular cases, the ongoing therapy in a new-born with a rare disease and the treatment in an anencephalic new-born, were debated, too. In the third workshop was, first of all, underlined the need of more professionals in ethics committees. Information and consent analysis in biomedical trials with a communication expert, the psychologist, was a main point of the debate. The EC opinion on a case of surgery in autistic child was part of the discussion.

NAPLES FEDERICO II UNIVERSITY ETHICS COMMITTEE WORKSHOP

**Ethical problems, the task of aid to the people in emergency situation**

Aid to the people in emergency situation session discussed medical emergency response relief in international disasters, underlying the importance of patient autonomy vs. medical paternalism and, proposed a European civil protection module for the forensic pathology and disaster victim identification. The 2011-2012 immigration emergencies in Southern Mediterranean and the related health care of refugees were described, too.

NAPLES FEDERICO II UNIVERSITY ETHICS COMMITTEE WORKSHOPS

**Ethical aspects of modern medicine** – The workshops concerned anatomical specimens of human origin on display, the role of citizens in genetic research, the role of international stakeholders in genetic research, “Evidence-based medicine” and “good clinical practice” in modern medicine and, teaching bioethics in medical schools. Furthermore legal and ethical implications of caesarean section under maternal request, ethical aspects of sham surgery, ethical limits in aesthetic that becomes aberration were debated. Antiblastic drug manipulation in oncology departments was part of the discussion too.

NAPLES FEDERICO II UNIVERSITY ETHICS COMMITTEE WORKSHOP
**Miscellanea** - This session included very different issues like the travel of “good death”, long lasting endemic fluorosis in the Vesuvius area population and, palaeo-biological research and ethical implications for treatment, study and conservation of skeletal human remains.

**Multiculturalism** - Among intercultural bioethics Brazil proposed human rights tools to solve conflicts, Italy experienced individual counselling for eradication of Female Genital Mutilation (FGM) in immigrant women living in South Italy, Jersey described an Afrocentric approach to bioethics. Furthermore the Italian analysis of the person from a salutogenic perspective and the German presentation about the Jewish-Christian perspective on transsexuality and bioethics were part of the debate, too. Self-determination in intervention with Arab battered women in medical community clinics in Israel, the relation between law, religion, culture and medical ethics in Nigeria, psychological vulnerability in the Reception Centre for Asylum Seekers (CARA) of Crotone, Italy were shared during the discussion. Maternity and immigrant women in Italy and Islam and palliative care in UK were other issues of the sessions.

**Constitutional law and bioethics** – USA, Azerbaijan and Czech Republic shared similarities and differences among their constitutions. The U.S. Constitution and bioethics, ethical issues in international legal acts and constitutional law of the Republic of Azerbaijan, medical law under the Strasbourg influence were the topics of the session.

FERRARA UNIVERSITY INTERDIPARTIMENTAL CENTRE OF VICTIMOLOGY WORKSHOP

**Immigration, diversities, violence**- The medical doctor and the clandestine people in Italy, the protection network about asylum seekers and immigration between hospitality and criminal law were the first topics discussed. Forensic investigation about “violence” against women and the doubt of simulation in woman charge, a historical woman portrait based on the medieval Albanian customary law and, people tortured and handicapped forced to beg on the street as the new slave in our society followed the debate. Aosta Valley Region’s multicultural and multi-ethnical society reality and the mediation cross-cultural activities were shared during the session.

**Refugees, Immigrants and Asylum Seekers**- Access to healthcare for undocumented migrants in Belgium, bio-politics, ethics and law of compulsory DNA testing of refugees in
Canada, discrimination of migrants in health care in Switzerland and, ethics, stigma and asylum seeker research in Australia were the topics of the debate.

About War, USA and Malaysia talked about military medicine and medical ethics in war, asking themselves how someone knows when is possible to identify torture and its limit.

A delegation of World Medical Association from Chile, Israel and UK presented Hunger strike as a form of protest especially in detention and the related legal obligations of health care professionals.

The International cooperation session included emergency situations, ethics and empathy, commission for volunteering, humanitarian aid and surgical care in developing countries.

Every day there was a very rich and interesting poster session about many issues most of them presented by young forensic physicians but not only. The organization of this great event was more than perfect. As a Conference innovation there was a standing press point producing daily press releases not only for national and international newspapers but available from all Conference participants. Through this press point it was possible to interview some of the main foreign speakers and the report was directly on the notice board in the hall of the hotel were the Conference took place.

We are just waiting now for the next world event asking ourselves: could the next Conference be better than the last one? Difficult to believe...

Dr Alessandra Pentone

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