

EACME Newsletter

European Association of Centres of Medical Ethics

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EDITORIAL

The last EACME Newsletter's Editorial included some hopeful prospects and, in the complicated humanity vicissitudes, we endeavoured to gather positive news, "revealing values in our global world". The car bomb that exploded in Oslo and above all, the slaughter of almost 80 young people that occurred in the island of Utoya, have deeply shaken our thoughts and our feelings, but not our Values and the hopes which stick up our pledge for the good, the justice, the peace, the care of the sick and for each sufferer.

The ideological fanaticism, the pitiless and the lack of respect for human beings, a criminal rationality which has set up and carried out the slaughter, all that has caused terrible and unbelievable pain, which shocked families and communities. We find it hard to understand how a person or a group of people can be driven to commit similar gestures, how they can lose any sense of humanity. So we wonder how to head off all that, how to encourage a culture of life, behaviour of tolerance, a peaceful collaboration in exploring differences and the troubles which interest the individuals and the communities.

It is even more necessary to cooperate together, we should interact among different traditions, cultures and religions, to clarify "the evil mystery" with a plenty of "humanity", compassion and solidarity. It is the work in the field of biomedical ethics that should really shoulder a responsibility to promote this humanity, to point out the values and the ethical principles that from medicine and from healthcare should be enlarged to include the whole society.

We would like to be close to our Norwegian Colleagues, first of all those who so kindly hosted us for the 2010 EACME Conference: we express our heartfelt sympathy to them and to their Country. We wish to be prepared with a spirit of confidence and

hope for the EACME Conference that will be held in Istanbul on 15-17 of September, whose subject is "Bioethics from a cross-cultural perspective". The subject is highly topical, and it will offer us the opportunity to meet each other and to discuss these perspectives, in a European context and also relating to other cultures and traditions, especially in the Mediterranean basin. The human rights language, the European biomedicine convention, the traditions of medical humanities, can offer stimulating topics for positive interaction in medical ethics and in social responsibility.

Istanbul can be considered as a "bridge" between West and East, among races, cultures and religions, then it can help us to cultivate the bioethics inspiration as "bridge", encounter and dialogue: to the future! We hope in ethical values and pledge, as method and style of our job, offering our humble and qualified service for common good especially for medicine and healthcare, to avoid that "heart weeps for mind's egoism".

Yours,

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(President and Editor/ General Secretary of EACME)

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A PROPOS DE DOPAGE

"Some records are impossible to break with a natural body"... So what?

Dans la dernière livraison de *Bioethica Forum*, l'intéressant journal de la Société suisse d'éthique biomédicale, on est interpellé par un article de Jean-Noël Missa (1). D'abord par la phrase ci-dessus : serait-ce un but essentiel que les records sportifs soient toujours battus ? Que perdriions-nous si les compétitions désignent les meilleurs du moment, sans qu'il soit obligatoire de comparer à ce qui valait à Olympie ou au XXe siècle ? Evoquera-t-on la fatalité chez l'humain de vouloir toujours plus et plus vite ? Mais au moment où Fukushima et d'autres – le climat, une économie creusant toujours plus les inégalités au lieu de les combler - posent derechef des questions majeures sur nos manières de « progresser », l'urgence est d'atténuer dite fatalité, d'agir contre elle.

Missa juge discutable la pratique actuelle de la lutte contre le dopage. A noter dans son texte les expressions suivantes : « le dopage fait partie de

l'essence du sport de compétition », « la technologie biomédicale [améliorative] est au cœur du sport d'élite ». Est-ce là vraiment la bonne manière de décrire la substance du sport ?

On a le droit de se mettre en danger en faisant de l'escalade, de la course motorisée ou en fumant. Alors que beaucoup d'athlètes prennent des produits prohibés, est-il liberticide de vouloir protéger leur santé contre leur gré ? Préoccupé d'éthique dans une visée communautaire et soucieuse des conséquences, je reste favorable à la lutte contre le dopage parce que les dégâts liés à sa pratique libre, « médicalement supervisée » mais *larga manu*, seraient plus graves. Il est certain que la prise de produits potentiellement toxiques est – au niveau du collectif des athlètes – moins importante que ce que favoriserait une libéralisation.

Imaginer que le dopage libre sous supervision médicale serait moins pathogène est une illusion. Pour cela, il faut croire à la perfection de l'homme, des médecins et des dispositifs que l'homme met en place - je suis très surpris que des universitaires éminents y croient. Tout système stimule la créativité en vue de le tourner ou de le porter à des conséquences ultimes inquiétantes. Certains critiquent l'angélisme/irréalisme des tenants de l'anti-dopage mais tombent dans ce même travers en pensant que tout sera bien si un spécialiste surveille l'athlète. Or, quand inévitablement des dizaines de sportifs auront été « tués » par les prescriptions médicales, on criera au scandale et on voudra des contrôles (des compétences des médecins notamment – il en existe de mauvais) et des limites (exclure les produits décidément trop dangereux à court ou long terme) etc. En quoi alors aura-t-on changé le paradigme actuel ?

Il faut tenir compte du fait que le sport de compétition retient l'attention du grand public dans le monde entier et exerce ainsi une forte influence. Le sport a - aussi - un rôle d'exemplarité; les responsables du sport et ceux de la société en général l'affirment vigoureusement.

S'agissant de politique de la drogue - concernant la population en général -, l'expérience m'a appris à refuser les doctrines punitives, « vertueuses », qui font beaucoup de mal à des individus fragiles tout en encensant l'abstinence comme unique issue valable. J'ai œuvré pour des pratiques aidant les toxicomanes à gérer au mieux leur situation, y compris à l'aide de stupéfiants (méthadone par ex.). Mais cette position ne mène pas à accepter le dopage libre en matière sportive. Le sport d'élite est un sous-ensemble particulier de la société et les professionnels du soin, liés à « Primum non nocere », ne sauraient avoir pour métier de charger de produits dangereux des jeunes gens a priori sains, avec le risque qu'ils deviennent eux

aussi des « cassés » de la vie – y compris par des effets secondaires longtemps après.

Enfin, personne n'est obligé de s'adonner à la compétition s'il n'en aime pas les règles. Le débat sur le dopage est complexe mais le modèle *anything goes* (tout est permis) est décidément trop beau pour être vrai. La société serait bien avisée de garder à l'esprit l'adage selon quoi la liberté ne vaut que par les limites qu'on lui met.

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Référence :

1. Missa J.-N. *Sport, enhancement and the inefficacy of anti-doping policy*. *Bioethica Forum* 2011, 4, No. 1, 14-16.

STUDENT CLINICAL ETHICS COMMITTEE AT KING'S COLLEGE LONDON SCHOOL OF MEDICINE

Why

Medical ethics and law are core topics in the UK medical undergraduate curriculum. Although teaching may enable students to recognise ethical and professional issues and to 'know' something about them, they still need to feel supported in addressing and resolving such dilemmas. Students in their clinical years will undoubtedly come across ethical dilemmas and those raising concerns about appropriate professional behaviours. As Adviser in Medical Law and Ethics at King's College London School of Medicine I wanted a mechanism to engage students in the discussion of clinical ethics dilemmas to ensure that their teaching was translated into practice. In the past I had done some work with the UK Clinical Ethics Network and I am a member of three Clinical Ethics Committees. I thought a student clinical ethics committee could be an appropriate format to enable informed and meaningful discussion of clinical scenarios raising ethical concerns for students. So a Students' Clinical Ethics Committee (SEC) has recently been set up to enable medical students in their clinical years to refer cases for discussion. As one member put it "we would like students to feel they have somewhere to go to ask for help."

How

A discussion with members of the Student Medical Education Committee was useful in thinking through the way to take this forward. We thought that student members of the SEC should have some ethics education over and above the core curriculum (principally taught at KCL in years 1 and 2) so that they felt confident to be able to engage with and discuss ethical issues arising in a referred case. Thus an optional Student Selected Component (SSC) was set up for year 3 students to provide them with necessary preparation and to undertake the process to set up the SEC. We reviewed paperwork from other CECs in order to get a feel for what was needed and how this could be adapted for the SEC. The first group undertaking this SSC did some really valuable work in drafting the documentation which was then reviewed and refined by the second group.

Terms of reference

The aim of the SEC is to engage students in the process of discussing ethical dilemmas and to provide support to them. Thus cases can be referred by any clinical year student. The SEC clearly has no remit for providing advice but is rather an educational tool. It was important to ensure that firm heads were both aware and supportive of the SEC, and did not feel that clinical cases raising ethical dilemmas would be 'challenged' by the SEC. The students felt also that it would be inappropriate to take on cases which raised issues of professionalism. As one student noted, 'all we can do is to say that the behaviour was wrong'. However, students are troubled by issues of poor role modelling and inappropriate professional behaviour and so the SEC will hold occasional meetings to consider such a case with the lead of the Professionalism Working Group in attendance to ensure that the discussion is productive and informative.

Membership

Initially it was considered that the SEC should have around 12 members reflecting the typical number of members of a CEC.

(<http://www.ethics-network.org.uk/committees/a-brief-introduction-to-cecs>). Those who had undertaken the SSC or who had some other additional training by way of intercalating in medical ethics and law, or philosophy or law or other appropriate course (e.g. the Diploma in the Ethics and Philosophy of Healthcare run by the Worshipful Society of Apothecaries, London) should be eligible for membership. The students also drafted brief 'core competencies' of student members which included Ethical Assessment Skills (including the ability to understand the moral perspectives of all parties) and Interpersonal Skills (including active listening, ability to facilitate and respect others, attendance and participation).

We also realised that the membership the SEC should be expanded to a pool of 30 students because clinical year students are frequently away from campus on attachment and it would be difficult ensure sufficient numbers are present for a meeting. When notice is given of a SEC meeting the first 12 to 'sign up' will attend. The terms of reference also allow for students of other clinical disciplines to be members.

Other documentation

The students drafted other documentation which they considered necessary for the effective running of the SEC. With reference to the ethical frameworks set out on the UK Clinical Ethics Network website <http://www.ethics-network.org.uk/ethical-issues/ethical-frameworks/ethical-frameworks> the students drafted a Framework for Discussion which, although would not be prescriptive, could provide a structure for discussion. They also drafted a Referral Form requiring the referring student to set out the clinical case scenario, (with guidance on anonymisation) articulate the ethical issues and confirm agreement of the overseeing clinician to the case referral. We also wanted to be able to review the work of the SEC so Feedback forms were created to enable comments from both the referrer of the case and those students who attended to observe the discussion in the open meeting.

Process

The core members of the SEC discuss the referred case with reference to the Framework for Discussion and other medical students are invited to attend to listen to the discussion. We had two trial meetings to ensure that the students were well prepared and that the documentation was drafted appropriately. The first open meeting was held in March 2011 and a poster and explanatory leaflet were emailed to the student body for information and to invite them to the meeting. The case for discussion was referred by a 4th year medical student who had in fact intercalated in ethics and law. It focussed on a woman presenting to the antenatal ward of a London teaching hospital late in the pregnancy with an aggressive partner. The student heard the partner using threatening words towards the woman. The couple self-discharged.

A week before the meeting the anonymised case was sent to me and the Chair to ensure that it was appropriate for discussion. It was then emailed to the members of the SEC with a few documents for background information, such as the Royal College of Obstetricians and Gynaecologists News (2003) 'One in Six Pregnant Women Has Suffered Domestic Violence' <http://www.rcog.org.uk/news/one-six-pregnant-women-has-suffered-domestic-violence> and British Medical Association, Domestic Abuse (2007) http://www.bma.org.uk/health_promotion_ethics/domestic_abuse/domesticabuse.jsp.

Present at the first open meeting were 14 SEC members, including the referrer, the Chair and 10 observers. At the beginning of the meeting a Confidentiality Agreement was shown and all those present were taken to have agreed to the requirements for confidentiality. A 50 minute discussion ensued focussing on the duty of care and appropriate intervention when there are concerns about the safety of a patient, the best interests of the pregnant woman and her ongoing medical care, whether the team should have done more to ascertain whether there was an issue of domestic violence, possible outcomes in referring her to specialist services and implications regarding confidentiality.

The Chair of the meeting was a member of staff with a background in philosophy, who has been involved with facilitating ethics and law small group sessions for the medical students and who is a member of a local CEC. He had been present at the two trial runs. It was thought that this experience would be valuable for the first meeting but, on reflection the SEC members said that they would like the opportunity to rotate the role of Chair amongst them.

Feedback and learning

Very positive feedback was received from the referrer and the observers. The referrer noted, "It helped clarify what the issue is and expanded on what we could do/should do in a similar situation."

Comments from the observers included:

- "Such a seemingly common issue...yet not brought up very often"
- "Interesting to hear a topic being discussed in so much detail - that doesn't happen in normal teaching"
- "Talked about situations we will come across, prepared us to deal with them"
- "I found this very useful, thank-you for creating this space."

All stated they found the SEC a valuable learning experience.

Some observers felt they were too passive and would like to have been involved in the discussion. On reviewing the meeting the SEC thought that observers should be asked to comment/ raise questions at some point during the meeting and also at its conclusion.

Minutes of the meeting were taken and, using a template, the case has been written up. Where appropriate, case write ups will be placed on the medical school virtual campus with links for further information to provide learning opportunities based on

reflection of practice.

Conclusions

In a demanding curriculum it is difficult to set a time for regular monthly meetings and to encourage case referral. On-going commitment and enthusiasm of the students is essential. To ensure sufficient numbers there needs to be continuous recruitment and training of SEC members. However, the SEC has a positive role attracting interest in ethics in the curriculum, encouraging ethical debate and enhancing learning opportunities. An archive of worked up cases will provide an excellent resource.

Discussions with the Department of Pharmacy and the School of Nursing have paved the way to expand the SEC to include these wider clinical disciplines to enhance multidisciplinary decision-making.

We are happy to share our experiences and welcome comments.

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REPORT OF THE VISTING SCHOLARSHIP AT THE OXFORD FOUNDATION FOR ETHICS AND COMMUNICATION IN HEALTH CARE PRACTICE – ETHOX – UNIVERSITY OF OXFORD UK

From 18 April until 13 June 2011 I had the opportunity to visit the Ethox Centre at the Oxford University (UK) thanks to the "EACME-Visiting Scholarship Project" and its financial support. I am a postgraduate Medical Doctor training in Legal Medicine in the Department of Environmental Medicine and Public Health of University of Padua (Italy) and I collaborate with Fondazione Lanza of Padua. The aim of this visiting scholarship was to analyse the ethical implication of clinical genetics, in particular to analyse the problem of the disclosure of unexpected information during counselling, considering two different Countries'

perspectives: the Italian and the British one. In this report I first explain why I choose to spend two months at the Ethox centre, and then I give some of the results of my research, underlying the more useful aspects of this experience.

I decided to ask Prof. Micheal Parker to spend this two months at Ethox for different reasons. The first one is because Ethox is an EACME-member which has the aim to improve ethical standards in healthcare practice giving provision of ethics support to health care professionals and I am interested in how to bring together empirical medical science and ethical analysis. I am also honoured to have spent two months working with Prof. Micheal Parker, who has an excellent reputation in the field of ethics and genetics, because of his research projects and publications. I was interested in discovering how research projects in ethics are managed in Oxford University and how different culture, perspectives and backgrounds can complement each other in ethical research.

The subject of my research was the comparison of the Italian and the British contexts regarding the cultural, ethical and legal dimensions involved in the field of misattributed paternity. Nowadays, because of the progression of genetics and genomics, an awareness of the possibility of finding misattributed paternity is increased, so the health-care professionals can sometimes discover cases of false paternity during familial genetic testing. I found this subject interesting for different reasons: the first one is that disclosing or not a misattributed paternity has a number of different consequences for the subjects involved, both in biological and social matters, for example it may create tension within the family, harm the father's or the child's self-esteem, create depression or anxiety among the family members or distort the family perception of the familial day-by-day life. This means that the incidental discovery of a "misattributed" paternity (or "false" paternity) through routine genetic counselling practice is a complex issue with potential serious ethical, legal and practical consequences both for patients and for the health care professionals. I think that a comparison between these two different countries can be helpful in the bioethical debate, particularly because of their different approaches to the Oviedo Convention of the Council of Europe (1997). I found particularly interesting to consider Art. 5 and 10 of the Convention because they underline the right to know information of client's health and the health care professionals' duty to give this information. It seems that the duty to provide complete and correct information before performing the test can preserve clinicians from at least some of the troubles connected with the possibility to breach confidentiality once they can manage the results. When the patient has correctly understood all the information given, then

he/she will probably be able to choose which type of results he/she wants to know. Even if both in Italy and in UK there may be normative sources to guide clinicians in their daily activity, we think that the need to harmonize and complete, where necessary, the existing national law context concerning the application of biology and medicine, in particular in the field of genetic testing, is still felt not only from an ethical point of view but also from a legal and practical one.

This experience helped me to improve my skills in different ways. I engaged in formal and informal discussions with undergraduate, graduate and postgraduate research students. I also had the opportunity to be confronted with nice and kind Professors who helped me with my research and my practical activities in the Centre. I felt comfortable speaking in a foreign language thanks to the helpfulness and the patience of the Ethox staff. For me it was the first experience facing with a multi-cultural academic staff and I found it fundamental for my medical training. I had the opportunity to attend all the classes of "Medical Ethics" course for medical students and this was very useful for me in making comparison with Italian classes I attended before. I discovered beautiful colleges and amazing libraries which make Oxford University unique and peculiar: this is the perfect setting for studying and enhancing skills and knowledge.

I would like to thank all people who helped me in this great experience. First of all, a special thanks goes to the EACME Visiting Project and its support, EACME's President, Dr. Renzo Pegoraro (Director of Fondazione Lanza), and to my Italian supervisor, Dr. Luciana Caenazzo for giving me the possibility to follow my project. I am also very grateful to all the Ethox staff, for their availability, kindness and support in these two months, particularly Prof. Michael Parker and Mrs. Susan Barrington who made me feeling comfortable and helped me in discovering one of the most famous Universities in the world. I want to thank all young researcher and other visitors of the Centre for the special moments we spent together, not only at work, but also in the free time, starting friendly relationships that I hope will last for a long time.

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RECENSION

EMILIO LA ROSA. LES VENDEURS DE MALADIES

Paris: Fayard, 2011, 198 pages.

Le Dr La Rosa est médecin et docteur en anthropologie et écologie humaine ; il est aussi membre du Comité international de bioéthique de l'UNESCO. Il aborde dans cet ouvrage plusieurs des défis actuels liés aux rapports entre l'industrie pharmaceutique, les autres secteurs du système de santé, notamment les professionnels et académiques, et la santé des personnes. On peut rappeler à ce propos le fait singulier, et problématique, que dans la plupart des pays occidentaux cette industrie, privée et à but lucratif, est le seul grand partenaire du domaine de la santé où il n'y a pas de représentant de l'intérêt général/public dans les instances qui déterminent les stratégies et prennent les décisions d'investir – ou pas. NB : d'autres secteurs – établissements sanitaires par exemple – incluent des éléments à but lucratif mais ces derniers restent minoritaires et les pouvoirs publics y jouent un rôle important (1).

Le « disease mongering » (l'invention de maladies, le colportage de bonnes raisons alléguées de juger les gens malades et de prescrire des médicaments - 2) est l'objet d'analyses et de fortes prises de position sur le plan éthique depuis une vingtaine d'années.

Dans sa première partie, La Rosa discute ainsi la « création corporative de la maladie » et donne des exemples de redéfinition des affections ou facteurs de risques, promouvant l'augmentation des prescriptions médicamenteuses ; « étiquetage diagnostique inutile voire nuisible pour le patient » ; « beaucoup d'individus sont enfermés [alors] dans les mailles du diagnostic » a dit le Nuffield Council on Bioethics britannique. Est impliquée toute la question délicate de l'élaboration et de l'adoption de recommandations (« guidelines ») de bonne pratique qui peuvent conduire à des gains majeurs pour l'industrie - élargissement du marché du médicament. L'auteur note pertinemment que cette promotion des médicaments passe même, et entre autres, par les associations de malades, soutenues par les firmes.

Dans la partie II, il décrit les mécanismes à l'oeuvre dans la recherche, la mise sur le marché et le commerce des médicaments. Selon une source officielle, l'industrie consacre en France 25'000 euros par an et par médecin à la publicité et à l'activité des visiteurs médicaux. Est présentée la situation de groupes de médicaments: hypolipémiants, psychotropes, antidépresseurs et anxiolytiques, ainsi que les

histoires instructives du rofécoxib (Vioxx R) et du benfluorex (Mediator R).

La dernière partie traite d'abord de démocratie sanitaire, expression introduite et débattue en France à l'occasion de la loi du 4 mars 2002 sur les droits des malades (dite loi Kouchner). Puis elle aborde les règles liées à la bioéthique, mentionnant notamment la Déclaration universelle sur la bioéthique et les droits de l'homme adoptée en 2005 par l'UNESCO, instrument international de valeur. La Rosa consacre utilement une vingtaine de pages aux conflits d'intérêts – question très actuelle à juste titre, à laquelle la corporation médicale a mis du temps à être adéquatement sensibilisée.

En résumé, une publication très pertinente qui réussit à présenter, sous une forme concise et agréable à lire, une information essentielle. Qui montre l'importance de la transparence dans un domaine où, si on a le droit d'y gagner de l'argent, de grands défis éthiques (y compris d'éthique sociale) sont lancés à l'industrie. Est-il encore acceptable qu'y règne le principe que des efforts de recherche sont développés pour l'essentiel seulement là où il y a un marché solvable ? Alors que sont mis sur le marché de nombreux médicaments « me-too » (à savoir : moi aussi j'en propose un de plus) pour des affections largement couvertes par ce qui est déjà disponible, de grands fléaux infectieux (paludisme et tuberculose spécialement) restent, par le peu d'attractivité du marché potentiel, sans moyens de lutte ou prévention suffisamment efficaces et accessibles.

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Référence:

1. Martin J. *Research in biomedicine – Is anyone representing/advocating the public interest* *European Journal of Public Health* 2001, 11, 458-459. Aussi : *Dans la recherche médicale, personne ne défend l'intérêt public. Le Temps (Genève), 12 janvier 2001.*

2. Moynihan R., Heath I., Henry D. *Selling sickness: the pharmaceutical industry and disease mongering. BMJ* 2002, 324, 886-891.

Mol A., I. Moser, J. Pols (eds.) 2010 *Care in Practice. On Tinkering in Clinics, Homes and Farms*. Transcript/Verlag: Bielefeld. 326 pages. ISBN 978-3-8376-1447-3. € 35,80.

Although care is central to daily life, it has not been studied in the academic world for so long. Only recently this is changing, and the editors of this book intend to stimulate and strengthen this process. They also alert us that to understand care and care practices we have to look beyond rules and regulations, and search for the heart of care by describing how care is realized in the practices that have to do with care. The editors composed articles on various care practices within the scope of farming, health care and care for people who are old or who cope with disabilities. The contributions in this book all start with an ethnographical way of describing practices. They illustrate clearly how care relationships could change during specific interventions and care processes. For example the article of Brit Ross Winthereik and Henriette Langstrup. They conducted research on the implementation of a web-based record for maternity care aiming to stimulate the pregnant women to become more 'active patients'. But in the end this project resulted in that the pregnant women would stimulate the health care professionals to take their responsibilities in using the electronic records. It reconfigured the relations between the 'patients' and the health care professionals in a surprising way. Another contribution, by Myriam Winance, illustrates the tinkering search in testing out wheelchairs for persons. The stories illustrate that care is shared work; moving beyond theories of care ethics and Disability Studies. This book can be considered as an important contribution in the research of care in practice. It clearly moves beyond theories of care. This approach is able to present new and surprising insights.

A longer version of this review can be found in the journal *Medicine Health Care and Philosophy* (2011) 14:347-348.

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RECENTLY PUBLISHED



The CEERE/ ECSTE (European Center for the Study and Teaching of Ethics, unique in France!) is pleased to announce the publication of its latest book *Semences de vie / Seeds of Life: A 30 Years' Experience In Medically Assisted Procreation*. The book tackles with the ethical issues related to assisted reproduction, including conservation and use of human gametes. It gives

a voice to decision-makers from the first generation of the CECOS (the centers devoted to study and conserve human eggs and sperm in France) and addresses the issues of the societal shifts linked to the development of biotechnologies.

CEERE/ECSTE is happy to announce the publication of its latest book : *Semences de vie. 30 ans d'expérience en assistance médicale à la procréation*

Presses Universitaires de Strasbourg
ISBN – 10 2-86820-469-4
ISBN-13 978-2-86820-469-1

With kind Regards

Marie-Jo Thiel

Director

BIOETHICS BEYOND BORDERS

Bioethics Beyond Borders is a new non-profit organization, based in Pittsburgh, Pennsylvania (USA) comprised of an international team of bioethicists that have come together to address bioethics issues throughout the world. Standards of bioethics have been formulated by international organizations such as UNESCO and WHO, but there is not a mechanism to ensure that such standards are used and implemented in the creation of health care and hospital policies, research methods, and in the distribution and application of health care to individuals and populations. Practices considered common or even guaranteed by law in affluent countries are not always applied in poor and low income countries throughout the world. Sometimes different standards of care are used in different countries and regions, and many individuals receive less than adequate care or no

health care at all. As a Non-Governmental Organization Bioethics Beyond Borders will collaborating to ensure that the same ethical guidelines and standards are followed everywhere, and that a human rights based approach is applied at an international level.

Bioethics has emerged as a global area of research, teaching, public debate and policymaking, and the field needs to expand to include advocacy to make a difference on an international level. There is an immense need for both advocacy and action in order to ensure that all individuals receive fair health care and are treated in just and ethical ways. Bioethics Beyond Borders has been created to do just that.

For more information, to become a sponsor, or to learn about how to become a BBB expert, go to: www.bioethicsbeyondborders.org or email: bbb@duq.edu

PHD POSITION ETHICS OF AMBIENT ASSISTED LIVING

Institute of Ethics, Dublin City University, Ireland

- Please note: the deadline for applications is 30 September 2011 -

Applications are sought from suitably qualified candidates to work on ethical aspects of Ambient Assisted Living Technologies to enhance the quality of life of people with dementia.

The Institute of Ethics participates in a European research project "Dementia Ambient Care: Multi-Sensing Monitoring for Intelligent" (<http://www.clarity-centre.org/claritywiki/images/e/e1/DEMACARE.pdf>).

The aim of this 4-year project is the development of personal health systems, enabling people with dementia to preserve independence and inclusion in society, while improving their quality of life and the effectiveness of their caregivers. Multisensor data analysis, combined with intelligent decision making mechanisms, will allow an accurate representation of the person's current status and will provide the appropriate feedback, both to the person and the associated medical professionals. It provides clinicians a comprehensive image of the person's condition and its progression, without their being physically present, allowing remote care of their condition.

The PhD will focus on the analysis of ethical issues around research on Ambient Assisted Living Technologies for people with dementia. The successful candidate would be expected to work in a

multidisciplinary environment and have expertise in ethics and an interest in information and communication technologies.. This position will also involve attending research meetings within the European project.

The Institute of Ethics DCU (see: http://www.dcu.ie/institute_ethics/) was established in 2008. It focuses on applied ethics and does systematic research on ethical questions and issues in government, business, and media as well as in science, technology and health care. Professor Bert Gordijn (<http://dcu.academia.edu/BertGordijn>) is the Director of the Institute of Ethics.

Graduates with an honours 1st or 2.1 degree in Philosophy, Ethics, Bioethics, Applied Ethics or related areas and an interest/experience in Information and Communication Technologies are invited to apply. Funding is available for a PhD student for 3 years, to cover university fees and an annual tax free stipend of €16,000.

For further informal enquires, please contact Prof. Bert Gordijn. To apply please send a cover letter, CV, a writing sample and contact details of two referees to: Professor Bert Gordijn Institute of Ethics, Henry Grattan Building, Dublin City University, Glasnevin, Dublin 9, Ireland. Email: (bert.gordijn@dcu.ie).

ANNOUNCEMENTS

In 2011 the annual EACME conference will take place in Istanbul (Turkey) 15-17 September 2011.

The Turkish Bioethics Association and the European Association of Centres of Medical Ethics (EACME) will organise the EACME Annual Conference.

The Turkish Bioethics Association will be the host and co-ordinator of the event.

Conference chair: Yesim Isil Ulman.

The main topic of 2011 is: Bioethics from a Cross-Cultural Perspective.

The four central topics are:

- 1) Bioethics and Humanities
- 2) The European Biomedicine Convention: a Platform of Dialogue
- 3) Human Rights in Bioethics: Universalism and Particularism
- 4) Bioethics in Conflicting Issues

More information: <http://www.eacme2011.org/>

Call for Abstracts

Eighth International Conference on Clinical Ethics and Consultation
Holiday Inn Hotel-Anhembi
São Paulo, Brazil
May 16-19, 2012

For more information: is <http://www.ethics2012.org.br>

22 September 2011 the Europaeische Akademie (Germany) invites to its autumn conference: "Human nature and the life sciences. Does ethics of the life sciences need an anthropological foundation?".

It will be discussed whether and how anthropology – as a method or a set of substantial assumptions – can and should be part of applied ethics: Besides reflections on the methodological problems of the relation of ethics and anthropology, specific challenges to human nature posed by, for example, the neurosciences and modern medicine will be analysed.

Organisation: Priv.-Doz. Dr. med. Felix Thiele, M.Sc. and Katharina Mader

Registration: katharina.mader@ea-aw.de

Date and Conference Venue: 22 September 2011, Gustav-Stresemann-Institut Bonn

Language: German

For more information:

<http://www.ea-aw.de/veranstaltungen/tagungen/herbsttagung-2011.html>

"Publish or Perish. Intensive Course on research and publishing in the field of bioethics."
Leuven, Belgium, 3-6 October 2011

The Centre for Biomedical Ethics and Law (Leuven University) is organising an intensive course on research and publishing in bioethics and medical humanities. Many (young) researchers are struggling to get their work published.

This course aims to provide practical tools to get well planned research work published.

For more information: <http://www.masterbioethics.org> under Intensive Courses.

Third European Conference on Health Law- Open for registration

Leuven (Belgium) 6-7 October 2011

An ageing Europe - Health Law Revisited

www.eahl2011.eu
info@eahl2011.eu

Third Annual Dutch Conference on Practical Philosophy

Amsterdam, October 14 and 15, 2011

For more information: <http://www.ozse.nl>

Le Programme des rencontres Hippocrate pour l'année 2011-12

Celles de cette année ont été particulièrement plébiscitées par les intervenants et les auditeurs, c'est pourquoi nous avons gardé le même style: une conférence de 30 à 45 minutes suivie de deux ou trois débatteurs la parole étant donnée au public lorsque les thèses ont été ainsi préalablement exposées. Dès maintenant réservez vos lundis 17 Octobre, 7 Novembre, 21 Novembre, 1er Décembre, 16 Janvier, 13 Février, 13 Mars, 2 Avril, 14 Mai et 11 Juin ; toutes ces rencontres se produisent de 18h à 20h30 au siège de la Faculté de Médecine, 15 rue de l'Ecole de Médecine, Amphi Portier ou Richet.

Plus d' informations:

<http://www.medecine.parisdescartes.fr/>

Avec mes amicales pensées, Christian Hervé.

Cultivating Morality: Human Beings, Nature and the World. International Conference on Moral Education, Nanjing International Conference Hotel, **24-28 October 2011.**

More information: <http://nanjing2011.org>

Intensive Course "Ethics of Reproductive Technologies" (Leuven, Belgium, 16-18 November 2011)

The Centre for Biomedical Ethics and Law (of Leuven University) is organising an intensive course on Ethics of Reproductive Technologies. The objective of this course is to focus at some of the most challenging ethical issues in reproductive medicine, as well on the level of fundamental notions as applied clinical questions.

During the course experts will give presentations on various topics in the domain of reproductive medicine.

There will be time for intensive discussions. The language of instruction will be English.

For more information: <http://www.masterbioethics.org> under Intensive Courses.

Intensive Course "Nursing Ethics" Leuven, Belgium, 7-9 December 2011

The Centre for Biomedical Ethics and Law (of Leuven University) is organising an intensive course on Nursing Ethics. The objective of the course is to foster exchanges on foundational and methodological approaches as well as on contemporary and educational issues in nursing ethics. This course works from an interdisciplinary (philosophical, theological, nursing, clinical-ethical) perspective.

For more information: <http://www.masterbioethics.org> under Intensive Courses.

OUR NEW WEBSITE

We launched our new website.

www.eacmeweb.com

Looking forward to your comments!

DEADLINE NEXT NEWSLETTER

Deadline for the third and last edition of 2011:

NOVEMBER 15, 2011

If you wish to promote an event, or to inform your EACME-colleagues about the results of your work, descriptions of projects, book reviews etc. Any good ideas?

Don't hesitate to contact editor Rouven Porz: rouven.porz@insel.ch or Angelique Heijnen: a.heijnen@maastrichtuniversity.nl

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