Inaugural International Conference on Education in Ethics (IAEE)

May 1-3, 2012

Duquesne University
Pittsburgh, Pennsylvania
United States
IAEE Board of Directors

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## Pittsburgh
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COMPUTER ROOM

If you want to check your e-mails, you can do so in the computer room that is available in Fisher Hall, third floor. The room is situated between room 324 and 325 where we have parallel sessions and the Center for Healthcare Ethics at the same floor.

MEET THE AUTHORS

To facilitate discussion with the colleagues who make presentations in the various sessions, we will arrange tables indicating each session just finished during lunch break in the Power Center Ballroom. The signs on the table will indicate the respective sessions. Presenters are invited to sit at the relevant table so that others might join them for lunch and discuss their presentations. We hope to encourage interactions about your work and interested colleagues.
CONFERENCE PROGRAM COMMITTEE

CENTER FOR HEALTHCARE ETHICS
   Henk ten Have, MD, PhD
   Gerard Magill, PhD
   Glory Jo Smith
   Barbara Postol

DUQUESNE COMMITTEE MEMBERS
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   Dr. Alan Seadler
   Office of Research
   Dr. John F. Stolz
   Center for Environmental Research & Education
   Dr. James Weber
   School of Business
   Dr. Sarah Woodley
   Dept. Of Biological Sciences
Welcome to Duquesne University!

I take this opportunity to greet the IAEE members and the participants of the International Conference on Education in Ethics to Duquesne University. It is an honor that you have chosen our campus as the site of your Inaugural Conference. Since 1878, we have been dedicated to ethics and to education from a global perspective.

Over the years, Duquesne has grown and adapted to new technology, a changing economy, a more connected world. But, even though we have had to adapt to achieve new goals, there are fundamentals that never change. Our mission, the core of who we are as a University community, is the same as it was in 1878. It never changes. The heart of that mission – serving God by serving students – drives us to continue our founders’ belief that education is the key to a better life.

I am especially gratified that you are here at Duquesne University because the area of ethics holds a particular interest to me. Health Care Ethics is a field to which I devoted many years of research and teaching. Moreover, our programs in the Center for Healthcare Ethics, the School of Education, and the Beard Institute have attracted many because of the quality of programs and faculty who teach and research here.

Dr. Henk ten Have, MD, Ph.D. is the Director of our Healthcare Ethics Center. Prior to this appointment, Dr. ten Have had been Director of the Division of Ethics of Science and Technology at the United Nations Educational, Scientific and Cultural Organization (UNESCO) in Paris, France since 2003. Previously, (1991-2003) Dr. ten Have was Professor of Medical Ethics and the Director of the Department of Ethics, Philosophy and History of Medicine in the University Medical Centre Nijmegen, the Netherlands.

Our School of Education has received national recognition for its programs and was named as one of only nine University Council for Educational Administration Centers in the world. The Center for Educational Leadership and Social Justice focuses on how educational leaders can better be prepared to deal with marginalized, under-represented and underprivileged students.

The Beard Institute seeks to promote moral behavior through ethics education to students who encounter, or are preparing to encounter, moral challenges in the business world. It is a leader in business ethics.

These impressive accomplishments and the credentials of our faculty attest to the value Duquesne places on education and ethics. My best wishes to you for every success at this most important international conference.

Sincerely,

Charles J. Dougherty, Ph.D.
President
CONFERENCE PROGRAM
FIRST INTERNATIONAL CONFERENCE ON EDUCATION IN ETHICS
- Ethics Education in a Global Perspective -

Tuesday May 1, 2012

8:00 Registration and breakfast [Power Center]

9:00 Formal opening [Power Center]
- Charles Dougherty, President of Duquesne University
- Dafna Feinholz, UNESCO representative, Paris, France
- James Swindal, Acting Dean of McAnulty School of Liberal Arts
- Henk ten Have, Executive Secretary IAEE

10:00 Plenary session 1: Can ethics education be improved? [Power Center Ballroom]
- Chairs: Charles Dougherty
- Lecture 1: Berna Arda (Turkey)
- Lecture 2: Bert Gordijn (Ireland)
- Lecture 3: Volnei Garrafa (Brazil)
- Roundtable discussion

12:00 Lunch [Power Center]

1:00-3:00 Parallel session 1: Bioethics [Power Center Ballroom]
- Chair: Henk ten Have
- 1:00-1:20: Eimantas Peicius (Lithuania):
  Challenges and perspectives of teaching bioethics in Lithuania
- 1:20-1:40: Caroline Brall and P. Schröder-Bäck (Netherlands/Germany):
  Didactical approaches of teaching ethics in European Schools of Public Health.
- 1:40-2:00: Terry Maksymowycz (USA):
  Teaching bioethics to high school science and religion students.
- 2:00-2:20: Andres Peralta-Cornielle (Dominican Republic):
  The development of education in bioethics in the Dominican Republic
  Reflections on the current status of bioethics education.
- 2:40-3:00: Margaret Rosenzweig, Annette DeVito Dabbs, Heidi Donovan and JiYean Choi (USA):
  Teaching empathy toward the poor and underserved:
  Distributive justice concepts in today’s conservative classroom.

1:00-3:20 Parallel session 2: Business ethics [Fisher 103]
- Chair: James Weber
1:00-1:20: Maryellen Kelly, Jim Lamb and J. Schnatterly (USA):
Business ethics considerations in international education:
Pittsburgh to Ireland; Ireland to Pittsburgh.
1:20-1:40: Jane Cote, C.K. Latham and D. Sanders (USA):
The impact of contextual variables on ethical choice.
1:40-2:00: Thouraya Karoui (Tunisia):
Is there room for business ethics education in the Tunisian
higher business education system?
2:00-2:20: Geoffrey Archer (Canada):
Morals, moguls and the movies: Examining the relationships
between exposure to business-related films and the development
of an undergraduate student’s business ethic.
Teaching business in the United States and Panama: Some
impressions and assessments.
2:40-3:00: Eric Palmer (USA):
Two case studies in lending to the vulnerable: Indian
microfinance and American credit card and payday lending.
3:00-3:20: Donald H. Schepers (USA):
Institutions behaving badly

1:20-3:20 Parallel session 3: Clinical ethics [Fisher 324]
Chair: Gerald Magill
1:20-1:40: Abraham Rudnick, K. Wada and M. Doering (Canada):
Ethics education for psychiatry residents: a mixed methods
retrospective evaluation of an introductory course and a
quarterly seminar.
1:40-2:00: Jason Keune, I. Kodner and M. Klingensmith (USA):
A case-based approach to ethics in a surgical training program.
2:00-2:20: Alan Rubinow (Israel):
Case finding: A method for assessing the ability of medical
students to identify and analyze ethical and professional
problems at the bedside.
2:20-2:40: Miriam Piven Cotler (USA):
Educating bioethics committee members and promoting
competent bioethics consultations: A community model.
2:40-3:00: K. R. Meacham (USA):
Evidence-based ethics: A case of clinical ethics in context for
third year medical students in a longitudinal clerkship.
3:00-3:20: Evert van Leeuwen (Netherlands):
Teaching ethics with interns: how to use the hidden curriculum?

3:00 Break
3:30-5:50 Parallel session 4: Medical ethics [Power Center Ballroom]
- Chair: Ronald Arnett
- 3:30-3:50: Norbert Steinkamp (Netherlands):
  Goals and methods of healthcare ethics education.
- 3:50-4:10: Ravi Vaswani (India):
  Medical ethics education in Indian medical schools – A critical analysis.
- 4:10-4:30: Flavio Cesar de Sa et al. (Brazil):
  Ethics and bioethics at the School of Medical Sciences, UNICAMP: The creation of an axis of ethical and humanistic formation.
- 4:30-4:50: Rouven Porz and Andreas Stuck (Switzerland):
  ‘Start with your own morality’ – teaching medical ethics reloaded.
- 4:50-5:10: Wilma Göttgens-Jansen (Netherlands):
  Ethical competence as a component of professional competence; definition, education and assessment: a review of literature (2006-2011).
- 5:10-5:30: Carol Isaacson Barash (USA):
  Evaluating ethics learning: What the field needs to meet ethics education challenges in the 21st century.

3:30-5:30 Parallel session 5: Clinical ethics [Fisher 324]
- Chair: Bert Gordijn
- 3:30-3:50: Renzo Pegoraro (Italy)
  Clinical ethics education. The experience of education in ethics in a General University Hospital.
- 3:50-4:10: Kelly Stuart (USA):
  Clinical ethics consultation core curriculum for volunteer clinical ethics consultants.
- 4:10-4:50: Amy VanDyke (USA):
  An ethics education program for those serving incarcerated populations
- 4:30-4:50: Robert Orr (USA):
  What type of training is most likely to produce a bedside clinical ethics consultant?
- 4:50-5:10: Jason Batten and Miriam Piven Cotler (USA):
  Evaluating healthcare ethics consultation as a means of education and quality improvements.
- 5:10-5:30: Stuart Kinsinger (Canada):
  How to resolve an ethical dilemma: Teaching and assessing a critical part of clinical health care using knowledge, reflection, analysis and synthesis.
Parallel session 6: Religious ethics [Fisher 103]
- Chairs: Elizabeth Agnew Cochran + Daniel Scheid
- 3:30-3:50: Eisa Ali M Johali (Kingdom of Saudi Arabia):
  The place and significance of ethics in Saudi Arabian health professional's education and practice.
- 3:50-4:10: Dennis Macaleer (USA):
  The contribution of foundational New Testament theological themes to the meaning of basic bioethics principles.
- 4:10-4:30: Elias Ortega-Aponte (USA):
  Moral education and empathy: Religious ethics and neurosciences.
- 4:30-4:50: Theo Witkamp (The Netherlands):
  The hermeneutics of teaching ministerial ethics in Dutch liberal society: The case of second and same sex marriage.
- 4:50-5:10: Brian Johnstone (USA):
  The ethics of gift.
- 5:10-5:30: Jack Lule and Lloyd Steffen (USA):
  Teaching/experiencing democracy and pluralism

Conference dinner [Power Center Ballroom]

Wednesday May 2, 2012

Registration and breakfast [Power Center Ballroom]

Plenary session 2: What are the goals of ethics education? [Power Center]
- Chairs: Berna Arda + Jim Swindal
- Lecture 4: Paul Ndebele (USA/Botswana/Malawi)
- Lecture 5: Bahaa Darwish (Qatar)
- Lecture 6: Rosemary Donley (USA)
- Roundtable discussion

Break

Parallel session 7: Pharmacy ethics [Fisher Hall 103]
- Chairs: Vincent Gianetti
- 11:30-11:50: Peter Mageto, F. Wambui and M. Wachira (Kenya):
- 11:50-12:10: Dien Ho (USA):
  Therapeutic grey zone: Do community pharmacists need to learn ethics?
- 12:10-12:30: Julie Aultman and Kathryn Westlake (USA):
  Tackling difficult ethical dilemmas through an interprofessional pharmacy ethics curricula
11:30-12:50 Parallel session 8: *Ethics and biological sciences* [Fisher Hall 324]
- Chairs: Sarah Woodley
- 11:30-11:50: Carol Isaacsen Barash (USA):
  Genetic-ethics education challenges and opportunities in global data sharing.
- 11:50-12:10: Okan Urker and Nesrin Cobanoglu (Turkey):
  Research ethics on life sciences
- 12:10-12:30: H. Asim, G.R.Lakho and Kulsoom Ghias (Pakistan):
  Medical student attitudes and behaviours regarding academic misconduct.
- 12:30-12:50: Richard Wilson (USA):
  Event based applied ethics and ethical stakeholder analysis

11:30-12:50 Parallel session 9: *Ethics and law* [Fisher Hall 325]
- Chairs: Jane Moriarty
- 11:30-11:50: Arvind Venkat and J. Becker (USA):
  The effect of statutory limitations on the authority of substitute decision makers on the care of patients in the Intensive Care Unit: Case examples and review of state laws affecting withdrawing or withholding life-sustaining treatment.
- 11:50-12:10: James Johnston (USA) and Berna Arda (Turkey):
  Legal medicine and medical ethics in the third world: The Ethiopian experience.
- 12:10-12:30: Eray Yurdakul, G. Ozbek, E.Kurt, A.Atac (Turkey):
  Codes of ethics across the Turkish medical associations.
- 12:30-12:50: Michael Dahnke (USA):
  Utilizing codes of ethics in health professions education.

1:00 Lunch [Power Center]

2:00-3:40 Parallel session 10: *Education ethics* [Power Center Ballroom]
- Chair: Lisa Lopez-Levers
- 2:00-2:20: Thomas Harvey (USA):
  Teaching the teacher, a global need for ethics education in education.
- 2:20-2:40: Ekaterina V. Dvoretskaya (Russian Federation):
  Education in ethics through symbols in art
- 2:40-3:00: Donal O’Mathuna (Ireland):
  Songs, emotions and teaching ethics.
3:00-3:20: Mariëtte van den Hoven (The Netherlands):
Improving one’s moral competences. Young Leaders League as a challenge to empirical ethics.

2:00-3:40 Parallel session 11: Biotechnology ethics [Fisher 103]
- Chair: Alan Seadler
- 2:00-2:20: Dennis Sullivan (USA):
  Promoting respect for moral integrity in undergraduate education.
  Sharing study results with research participants.
- 2:40-3:00: Ann Boyd (USA):
  Ethical review reflections.
- 3:00-3:20: Ademola Ajuwon (Nigeria):
  Responding to the needs for research ethics education in an institution: Experiences from the University of Ibadan, Nigeria.

2:00-3:40 Parallel session 12: Medical ethics [Fisher 324]
- Chair: Pete Giglione
- 2:00-2:20: Nesrin Cobanoglu and Firat Buyuktsakin (Turkey):
  Perceptions of medical students from around the world on medical ethics education.
- 2:20-2:40: Ross Halpin (Australia):
  Medical ethics: Lessons from the Holocaust.
- 2:40-3:00: Colleen Gallagher (USA):
  Medicine in America after the Holocaust: Teaching the past to influence the future.
- 3:00-3:20: Cathy Rozmus et al. (USA):
  Medicine after the Holocaust: An interprofessional approach to ethics education.
- 3:20-3:40: Francois Pouliot (USA):
  A new approach to medical ethics education.

2:00-3:40 Parallel session 13: Student presentation session [Fisher 325]
- Chair: Gerald Magill
- 2:00-2:20: Alex Dubov (Duquesne University):
  Caring in ethics instruction of medical students.
- 2:20-2:40: Abeer Rasheed (Duquesne University):
  Ethical considerations of supervising international counselors-in-training.
- 2:40-3:00: Kathy Wilt (Duquesne University):
  Simulation-based learning in healthcare ethics education.
3:00-3:20: Eden Antalik (Duquesne University):
   Education in business ethics within medicine

3:20-3:40: Jennifer Brunner (Duquesne University):
   John Henry Newman and the rhetoric of ethical knowledge in liberal arts education

3:40  Break

4:00-6:00 Parallel session 13 (continued): Student presentation session [Fisher 325]
   Chair: Gerald Magill
   4:00-4:20: Rabee Toumi (Duquesne University):
      Conflict of interest in medicine. Regulation or what kind of education.
   4:20-4:40: Steven Squires (Duquesne University):
      Ethics education in academic healthcare programs and in healthcare practice: divergent challenges with complementary solutions.
   4:40-5:00: Joseph Hamer (Duquesne University):
      Psychological methods, human consequence
   5:00-5:20: Aimee Zellers (Duquesne University):
      Improving pedagogical tools for bioethics education
   5:20-6:00: Feedback Jury Alumni Prize

4:00-6:00 Parallel session 14: Environmental ethics [Power Center Ballroom]
   Chair: John Stolz
   4:00-4:20: Kumru Arapgirlioglu (Turkey):
      An ethics education experience: LAUD 483 Environmental philosophy and ethics.
   4:20-4:40: Sibel Gazi Tabel (Germany) and Nesrin Cobanoglu (Turkey):
      The role of urban cultural elements in the environmental ethics education of the individual in Istanbul during the Ottoman Empire.
   4:40-5:00: Murat Yildiz, O.Kirac and Nesrin Cobanoglu (Turkey):
      Environmental ethics: A system to communicate through rather than a moral value.
   5:00-5:20: Nurhan Oto and Nesrin Cobanoglu (Turkey):
   5:20-5:40: Michael Lucas (USA):
      Environmental ethics begin: embodiment within flows in a beginning design pedagogy.
4:00-6:00 Parallel session 15: *Nursing ethics* [Fisher 324]
- Chair: Gladys Husted
- 4:00-4:20: Pamela Grace, M. Jurchak, E. Robinson, A. Zollfrank (USA):
  The clinical ethics residency for nurses: An innovative approach to teaching and mentoring.
- 4:20-4:40: Suzanne Edgett Collins (USA):
  Conceptualizing nurses’ moral distress in the ICU: Risk identification and strategies to increase moral habitability.
- 4:40-5:00: Margaret J. Hegge (USA):
  Journaling to reflect on ethical dilemmas in nursing practice.
- 5:00-5:20: Ping Du and F.Y. Yang (P.R.China):
  Status and reform of nursing ethics education in medical college – Perspective on nursing undergraduate students
- 5:20-5:40: Robert Doyle (USA):
  From curriculum to clinic: Providing comprehensive training in ethics to nurses.

4:00-6:00 Parallel session 16: *Bioethics* [Fisher 103]
- Chair: Leo de Castro
- 4:00-4:20: Jessica Moore and Colleen Gallagher (USA):
  Efforts toward comprehensive healthcare ethics education.
- 4:20-4:40: Vina Vaswani (India):
  Two unique courses in bioethics in India – The Ethics Centre experience.
- 4:40-5:00: Enidio Ilario, F.Aoki, Flavio de Sa (Brazil):
  One integrated modeling of paradigms in bioethics.
- 5:00-5:20: Francisco Aoki, Flavio de Sa, et al. (Brazil):
  Bioethics – Interviews radio program on the web radio UNICAMP – An unprecedented experience for bioethics issues disclosure in the academic areas and world wide web.
- 5:20-5:40: Menno de Bree, M. Plantinga, E.Veening, J.de Jeu, M.Verkerk (Netherlands) and Ulrik Kihlbom, A Hoglund (Sweden):
  The Dutch/Swedish Ethics Learning Network
- 5:40-6:00: Moni McIntyre (USA):
  Teaching bioethics to naval officers: What do they want and need to know?

6:00 General Assembly IAEE [Power Center Ballroom]
Thursday May 3, 2012

Registration and breakfast [Power Center]

9:00   Plenary session 3: *Educating ethics in resource-poor countries* [Power Center]
   ▪ Chairs: Dafna Feinholz + Henk ten Have
   ▪ Lecture 6: Claude Verges (Panama)
   ▪ Lecture 7: Leo de Castro (Singapore/Philippines)
   ▪ Lecture 8: Nigel Cameron (USA)
   ▪ Roundtable discussion

11:00  Break

11:30-12:50 Parallel session 17: *Philosophical ethics* [Fisher 325]
   ▪ Chairs: Jim Swindal
   ▪ 11:30-11:50: Jos Kole and Mariëtte van den Hoven (Netherlands):
     Distance, dialogue, and reflection in search of a comprehensive
goal of professional ethics courses
   ▪ 11:50-12:10: Jan H. Solbakk (Norway) and Juan Farina (Argentina):
     Bio(po)ethics: From the ancient Greek theater to the festival of
     Cannes.
   ▪ 12:10-12:30: Felice Nuvoli (Italy):
     Educational implications of the ethical dichotomy authority-
     freedom

11:30-12:50 Parallel session 18: *Medical ethics* [Fisher 324]
   ▪ Chair: Volnei Garrafa
   ▪ 11:30-11:50: Robert Frampton and Mark Carroll (USA):
     Is medical ethics training producing ethical practitioners or
     practitioners of ethics?
   ▪ 11:50-12:10: Helen Blank (USA):
     Conversations in bioethics, humanism and medicine: promoting
     patient-centered healthcare.
   ▪ 12:10-12:30: Laura Vargas, Ana Vazquez, Maria Jose Gil de Gomez, Nuria Terribas,
     and Luis Vivanco (Spain):
     Professionalism of physicians-in-training: Design of a
     multicenter trial in hospitals
   ▪ 12:30-12:50: John Thomas, Mei Elansary, K. Khoshnood, L.Graber (USA)
     Ethical concerns in health professional students’ short-term
     global clinical and research experiences: Presenting a new model
     for global health ethics training.
11:30-12:50 Parallel session 19: Clinical ethics [Fisher 103]
- Chair: Rosemary Donley
- 11:30-11:50: Lacey Rome and David Rothenberg (USA):
  The cool hand luke syndrome: failure to communicate the pre-operative DNR order
- 11:50-12:10: Flavio Cesar de Sa, Marina Regis, Carlos Rosa (Brazil):
  Training on how to break bad news with professional actors.
- 12:10-12:30: Mihaela-Catalina Vicol and Vasile Astarastoae (Romania):
  Alternative methods in teaching bioethics: A study on Romanian students’ opinion.
- 12:30-12:50: Franklin Kilembe (Malawi):
  Ethical analysis of norms and values in the discussion of the use of contraceptives by adolescents using personalist approach

1:00 Lunch [Power Center]

2:00-4:00 Parallel session 20: Education ethics [Fisher 103]
- Chair: Jason Scibek
- 2:00-2:20: Lisa Lopez Levers and Helena K.Y.Ng (USA):
  Ethical behaviors of the professoriate: Teaching and mentoring graduate students.
- 2:20-2:40: Richard Robeson (USA):
  Dramatic arts casuistry. A Platonist model of bioethics pedagogy
- 2:40-3:00: Constance Perry (USA):
  Socratic method on-line: Lessons learned.
- 3:00-3:20: Linda Scheirton and Jos Welie (USA):
  Benefits and challenges of on-line ethics education: Experiences from four distance education degree programs at Creighton University.
- 3:20-3:40: Nada Eltaiba (Qatar):
  Teaching ethics to social work students in traditional societies.
- 3:40-4:00: Catharyn A. Baird (USA):
  Best practices in ethics education: A report from the field

2:00-4:00 Parallel session 21: Medical ethics [Fisher 324]
- Chairs: Bahaa Darwish
- 2:00-2:20: Michael Andrews (USA):
  Re-thinking ethics in a global perspective: A phenomenological description of the North-South divide.
- 2:20-2:40: Nesrin Cobanoglu (Turkey):
  A new approach in ethics training: The medical ethics project context.
- 2:40-3:00: Assya Pascalev (USA):
  The interdisciplinary ethics course at Howard University College of Medicine: A model of ethics education for health professionals in the 21st century.
3:00-3:20: Ghaiath Hussein (Kingdom of Saudi Arabia):
Democratization of medical education as a need to efficient
teaching of bioethics: A perspective of developing countries.

3:20-3:40: Mary Lyn Stoll (USA):
The challenges of teaching global ethics: Teaching students how
to cope with global problems that must have global solutions.

3:40-4:00: Myra van Zwieten (Netherlands):
Moralmap.com: website for moral reflection. An interactive
educational tool for use in medical ethics education.

2:00-4:00 Parallel session 22: Clinical ethics [Fisher 325]
- Chair: Paul Ndebele
- 2:00-2:20: Valerie Satkoske and Amy VanDyke (USA):
Ethical imperialism: Will the ethics consultant certification
process privilege the urban academic setting?
- 2:20-2:40: Menno de Bree, M. Plantinga, E. Veening, M. Verkerk (The Netherlands):
The training of moral case deliberation facilitators: competencies
and training program.
- 2:40-3:00: Mary Caldwell (USA):
Moral distress: Teaching nurses in the clinical setting.
11:50-12:10:
- 3:00-3:20: David Belde (USA):
The ethics of being an employed ethicist: Conflicted loyalty and
muted criticism in a corporate context.
- 3:20-3:40: Ralf Stutzki (Switzerland):
Unfiltered media access gives a new quality to the 'voice' of
patients and enhances the basis of good ethics education.
- 3:40-4:00: Evan DeRenzo (USA):
Teaching clinical ethics: The clinical ethics immersion at the
Center for Ethics at Washington Hospital Center

4:00 Closing plenary session [Power Center Ballroom]
- Student award (Henk ten Have)
- Dafna Feinholz (UNESCO)
- Chair of Board of Directors of IAEE (Berna Arda)
- Dean McAnulty School of Liberal Arts (James Swindal)
Conference Participants

Toshitaka Adachi, Kashiwa, Japan
Elizabeth Agnew-Cochran, Pittsburgh, USA
Ademola Ajuwon, Ibadan, Nigeria
Abeer Alamri, Riyadh, Saudi Arabia
Nora Al Harbi, Riyadh, Saudi Arabia
Eisa Ali Johali, Riyadh, Saudi Arabia
Ayub Alwehaibi, Saudi Arabia
David Anderson, Pittsburgh, USA
Michael Andrews, Portland, USA
Eden Antalik, Pittsburgh, USA
Chike Anyigbo, Pittsburgh, USA
Kumru Arapgirlioglu, Ankara, Turkey
Geoff Archer, Victoria, Canada
Berna Arda, Ankara, Turkey
Ronald Arnett, Pittsburgh, USA
Julie Aultman, Kent, USA
Laurie Badzek, Morgantown, USA
Catharyn Baird, Denver, USA
Noureen Bana, Karachi, Pakistan
Jason Batten, Long Beach, USA
David Belde, Richmond, USA
Aimee Biller, Pittsburgh, USA
Ann Boyd, Frederick, USA
Caroline Brall, Neuss, Germany
Jennifer Brunner, Pittsburgh, USA
Mara Burke, Iowa City, USA
Mary Caldwell, Candler, USA
Nigel Cameron, Chicago, USA
Giovanni Caocci, Cagliari, Italy
Mark Carr, Loma Linda, USA
Mark Carroll, Delaware, USA
Belinda Clarke, Hobart, Australia
Nesrin Cobanoglu, Ankara, Turkey
Suzanne Collins, Tampa, USA
Jane Cote, Vancouver, USA
Miriam Piven Cotler, Redondo Beach, USA
Meagan Curtis, Dordrecht, Netherlands
Michael Dahke, Philadelphia, USA
Elsayed Bahaa Darwish, Doha, Qatar
Dena Davis, Bethlehem, USA
Menno de Bree, Westerwold, Netherlands
Leonardo de Castro, Singapore, Japan
Flavio Cesar de Sa, Campinas, Brazil
Marcia de Sa, Campinas, Brazil
Nicole Deming, Cleveland Heights, USA
Federica Demuru, Cagliari, Italy
Evan DeRenzo, Rockville, USA
St. Rosemary Donley, Pittsburgh, USA
Robert Doyle, West Hollywood, USA
Ping Du, Denver, USA
Oleksandr Dubov, Pittsburgh, USA
Emily Durham, Pittsburgh, USA
Ekaterina Dvoretskaya, St. Petersburg, Russia
Melissa Dykstra, Freedom, USA
Nada Eltaiba, Doha, Qatar
Dafna Feinholz, Paris, France
Robert Frampton, Van Buren, USA
Colleen Gallagher, Houston, USA
Volnei Garrafa, Brasilia, Brazil
Cristina Gavrilovic, Iasi, Romania
Sibel Gazi Tabel, Hamburg, Germany
Kathy Gennis, McKees Rocks, USA
Kulsoom Ghaus, Karachi, Pakistan
Vincent Giannetti, Pittsburgh, USA
Pete Giglione, Pittsburgh, USA
Lianne Glaus, Pittsburgh, USA
Bert Gordijn, Dublin, Ireland
Wilma Göttgens-Jansen, Beuningen, Netherlands
Pamela Grace, Farmingham, USA
Victoria Graham, Sewickley, USA
Chulee Grove, Honolulu, USA
Ross Halpin, North Sydney, Australia
Joseph Hamer, Pittsburgh, USA
Thomas Harvey, Sewickley, USA
Ahmad Hawsawi, Makkah, Saudi Arabia
Margareta Hegge, Renner, USA
Mary Lyn Hentosz, Pittsburgh, USA
Dien Ho, Boston, USA
Ghiaath Hussein, Riyadh, Saudi Arabia
Gladys Husted, Pittsburgh, USA
Caroline Isaacson Barash, Boston, USA
Natasha Jacobs, Bloomington, USA
Leah Jeunette, Pittsburgh, USA
James Johnston, Bainbridge Island, USA
Brian Johnstone, Washington, USA
John Mary Mooka Kamweri, Northampton, USA
Thouraya Karoui, Tunis, Tunisia
Maryellen Kelly, McKees Rocks, USA
Jason Keune, St. Louis, USA
Ulrik Kihlbom, Uppsala, Sweden
Franklin Kilembe, Malawi, Malawi
Stuart Kinsinger, Toronto, Canada
Jos Kole, Amersfoort, Netherlands
Allen Kotun, Pittsburgh, USA
Thea Krause, Altoona, USA
Rebecca Kromer, Weymouth, USA
Meg Lemley, Williamsburg, USA
Lisa Levers-Lopez, Pittsburgh, USA
Gabriela Lopez, Pittsburgh, USA
Michael Lucas, Morro Bay, USA
CONFERENCE SITE AND VENUE
Conference Venue
Plenary sessions, opening and closure sessions will take place in the Power Center Ballroom (600 Forbes Avenue, Pittsburgh, PA 15282, 6th Floor).

Invitation
You are invited to participate in the Welcome Reception, hosted by the Dean of the McAnulty School of Liberal Arts, Duquesne University, on Monday, April 30, 6 p.m. This will also be an occasion to register for the Conference.

The reception will take place in the Fides Shepperson Suite in the Power Center (600 Forbes Avenue, Pittsburgh, PA 15282, 6th Floor).
The Power Center is located at the corner of Chatham Square and Forbes Avenue. The welcome reception, dinner, plenary sessions and the opening and closing sessions will be held on the 6th floor in the ballroom.

Fisher Hall is the location of the Center for Healthcare Ethics and the break-out sessions of the Conference. It is right across the street from the Power Center. You can access both the Center and the break-out sessions by using the doors that are located in the parking lot on the side of the building.
DUQUESNE UNIVERSITY
AT A GLANCE

10,011 students
• 5,751 undergraduate
• 3,620 graduate
• 640 law

About 3,500 students live on campus, including 85 percent of freshmen and sophomores.

6 men's and 10 women's varsity sports
• NCAA Division I basketball, Atlantic 10 Conference, and Division I-AA football, Metro Atlantic Athletic Conference

Campus
• 45 buildings
• 49.5 acres
• 6 living-learning centers (student residence buildings)

10 schools of study
• 100 undergraduate degree programs
• 66 graduate and professional degree programs
• 22 doctorate degree programs

14:1 student-to-faculty ratio
• 480 full-time faculty
• 511 part-time faculty
Duquesne University is a private, coeducational university located on a bluff above downtown Pittsburgh, Pa. Founded in 1878 as a Catholic college by the Congregation of the Holy Spirit, Duquesne is the largest and most comprehensive Catholic university in Pennsylvania, and the only Spiritan institution of higher education in the world.

Duquesne is consistently ranked among America’s top Catholic universities for its award-winning faculty and a tradition of academic excellence. A coeducational university on a self-contained campus with dramatic views of Pittsburgh’s skyline and rivers, the University has students representing nearly every state in the union and 80 nations.

Duquesne has a 14:1 student/faculty ratio, and 87 percent of incoming freshman are drawn from the top half of their high school class. Duquesne offers undergraduate and graduate degree programs in natural and environmental sciences, leadership, business, nursing, health sciences, pharmacy, law, education, music and the liberal arts.

**Duquesne’s Mission**

Duquesne University of the Holy Spirit is a Catholic University, founded by members of the Congregation of the Holy Spirit, the Spiritans, and sustained through a partnership of laity and religious. Duquesne serves God by serving students - through commitment to excellence in liberal and professional education, through profound concern for moral and spiritual values, through the maintenance of an ecumenical atmosphere open to diversity, and through service to the Church, the community, the nation and the world.

**Duquesne’s Goals**

Duquesne graduates enter into the world as leaders prepared to carry the mission and goals of Duquesne University with them in their work, empowered to seek the liberation of humanity from injustice, poverty, ignorance and all that violates the dignity and freedom of the human person.
The Spiritan Tradition: Yesterday & Today

The history of the Spiritans over three centuries is the story of thousands of priests, brothers and lay persons who have forgone society’s aspirations to power, prestige, and wealth. Rather, they made -- and continue to make -- profound sacrifices to minister to the poor and disadvantaged. They have crossed economic, social, cultural, and racial and ethnic boundaries as they proclaim the Good News in diverse parts of the world. The Spiritans remain at the forefront of international missionary orders.

The Congregation began in France in 1703 and eventually expanded throughout the world, with special focus on the African continent. Their North American presence spans the entire country, with special focus on African-American and Hispanic parishes. Duquesne University, a nationally recognized Catholic university located in Pittsburgh, was founded by Spiritans for children of the immigrant poor, and today attracts students from around the world.

The Center for Spiritan Studies, inaugurated in September 2005, is a new collaboration between the Congregation of the Holy Spirit and Duquesne University that promotes research into Spiritan history, tradition and spirituality.

The purpose of the Center is to foster creative fidelity to the Spiritan charism in the contemporary world, through a partnership between professed Spiritans, Spiritan Lay Associates and their collaborators.

A Brief History of Duquesne

Duquesne University, the world’s only Spiritan university, is one of America’s leading Catholic universities, with a worldwide reputation of excellence in liberal and professional education. At its founding, Duquesne brought higher education to the children of struggling immigrant workers, and was one of the first universities to admit women and minorities.

- Duquesne was founded on Oct. 1, 1878, by the Rev. Joseph Strub and the Congregation of the Holy Ghost (the Spiritans). They opened as the Pittsburgh Catholic College with 40 students and six faculty members. Students attended classes in rented space above a bakery on Wylie Avenue in downtown Pittsburgh.

- Duquesne expanded to its current campus on the Bluff and built the original “Old Main” building in 1885. This five-story red brick landmark was, for years, the highest point on the Pittsburgh skyline. It is still actively used as the administrative building on campus.

- On May 27, 1911, the name was changed to Duquesne University of the Holy Ghost.

- Rockwell Hall was constructed in the 1950’s to house the schools of business and law.

- Assumption Hall opened in 1950 as the first student dormitory.
• Between 1959 and 1980, the University redeveloped College Hall, the music school and the library, also building a new Student Union and Mellon Hall, along with four dormitories, including the 17-story, 1,200 student Towers residence hall.

• During the 1980’s the law school expansion was completed and construction began on the Palumbo Sports Center.

• Between 1988 - 2001, the University opened its first new schools in 50 years, including the Rangos School of Health Sciences and the Bayer School of Natural and Environmental Sciences, created new spaces for classrooms, offices and residential halls, as well as parking garages, and the Art Rooney Football Field.

• In January 2008 Duquesne dedicated the Power Center on Forbes Avenue. This new five-story building provides student fitness facilities to meet increasing interest in health and wellness. The Power Center features banquet facilities, retail shops, restaurants and a Barnes and Noble bookstore.

• In 2010, Duquesne began construction on a new 12-story Des Places Residence Hall for graduate students. The University also purchased an eight-story academic building at 600 Fifth Avenue and dedicated it as Libermann Hall.

Moral and Spiritual Values
Although education is the key to achieving our mission, the dissemination of knowledge is only the beginning. We proclaim our education not only to be one of the mind, but also one of the heart and spirit. Therefore, Duquesne seeks truth and shares knowledge within a moral and spiritual framework.

• The core curriculum—part of every academic program—focuses on values central to liberal education and to the mission of the University. The purpose of the core is threefold: to encourage students to develop intellectual breadth and flexibility; to develop a knowledge base from which further intellectual and professional growth may proceed; and to cultivate the habit of lifelong learning.

• Ethics education is required in our core and incorporated into each program of study. The Bread Center for Leadership and Ethics serves as a resource for present and future professionals.

An Ecumenical Atmosphere
Virtually all major religious traditions and cultures are present in some form on the campus of Duquesne University. As a Spiritan Catholic university, Duquesne is called by the Spirit to welcome and partner with people of other faiths. Their presence in our midst is the fulfillment of our Spiritan identity.

• Duquesne is an international community that is home to citizens of more than 90 countries. Students of all faiths are encouraged to pursue moral, ethical and spiritual growth.
• Our Student Life Division supports numerous clubs and activities, such as the International Student Organization, Black Student Union, United Nations Council, and Knights of Columbus, to meet the unique needs and interests of our diverse student body.

• Spiritan Campus Ministry provides students, faculty and staff with many opportunities for spiritual expression including daily liturgies, unique prayer opportunities, and various faith-sharing groups.

• Duquesne welcomes all employees, regardless of their race, color, gender, sexual orientation, age, religion, national origin, marital status, or disability, who are willing and able to support the Catholic mission of Duquesne University.

World Concerns
Just as the priests, brothers and lay associates of the Spiritan Congregation have responded to the needs of humanity through their service in over 60 countries across five continents, members of our Duquesne community strive to maintain awareness of world concerns. Students depart from Duquesne University with an understanding that their destiny is related to that of their community, their nation and the world.

• our core requires a course in global diversity.

• Duquesne provides numerous study abroad opportunities to allow students to develop a global perspective, prepare for a competitive job market, and acquire an understanding and appreciation of other cultures.

• Many of our volunteer opportunities also lead to service in missions around the globe.

The mission Continues…
The University’s commitment to integrate excellent education with moral and spiritual values, openness to diversity and sensitivity for world concerns, translated into action through service, is evident throughout the University and its 10 schools. The lived mission of Duquesne attests to the fact that we are a Catholic University in the Spiritan tradition.
CENTER FOR HEALTHCARE ETHICS
On behalf of the Center for Healthcare Ethics at Duquesne University I welcome you all to Pittsburgh for the Inaugural Conference of the International Association for Education in Ethics. Although our Center was officially established in December 1994, its activities had already begun in September 1992 with a Master’s degree program in bioethics. In the fall of 1996 the PhD and DHCE (Doctor of Healthcare Ethics) programs had been initiated.

The research and teaching in the Center has three characteristics.

One is the interconnection between religion and bioethics. Students are trained as experienced scholars learning how to reflect on significant value systems. Courses are approaching healthcare ethics from Christian, Jewish and secular perspectives with faculty specializing in each of the three major approaches in American medical ethics. With a growing number of Muslim students over the past few years, more attention is paid to Islamic bioethics.

The second feature of the Center is its emphasis on clinical ethics expertise. A substantial number of courses are focused on clinical ethics with practical rotations in various healthcare settings, so that students are also trained as clinical ethics consultants.

Third, teaching and research are focused on global bioethics. In many courses and activities it is demonstrated that the current problems of bioethics are inherently global. Similar problems and issues are emerging in many countries, but at the same time different approaches and solutions are made depending on differing social, cultural and religious contexts. This international orientation of the program is reiterated in publications and research projects (e.g., the launch of the Handbook for Global Bioethics, the Springer Briefs on Ethics as well as the book series Advances in Global Bioethics) but also in organizational activities. Networking has resulted in the establishment of the International Association for Education in Ethics and the establishment of the non-profit, non-governmental organization Bioethics beyond Borders creating a growing network of experts from developed and developing countries.

It is a pleasure to welcome you. We hope that you will take this opportunity not only to visit Pittsburgh and Duquesne, but also to meet with colleagues. The conference program is showcasing 125 presentations of colleagues from 33 countries. This offers a great opportunity to learn about experiences in ethics education all around the world, to forges links with experts in various disciplines and areas of ethics, and perhaps also to initiate friendships beyond borders.

Henk ten Have, MD, PhD,
Director, Center for Healthcare Ethics
The Center for Healthcare Ethics is part of the McAnulty College and Graduate School of Liberal Arts at Duquesne University, having offered degree programs in healthcare ethics since 1993. In the spring of 2008, the University assigned the Center the status of being an independent academic unit with faculty tenure.

The Center provides scholarly and professional training in healthcare ethics consistent with the Catholic, Spiritan identity of Duquesne University. The University is committed to an ecumenical atmosphere that is open to diversity in order to celebrate education for the mind, heart, and spirit, and to cultivate academic excellence, ethically responsible judgment, and social justice in a globalized context. The Center incorporates this approach, as described in the Center's Academic Learning Outcome Assessment Plan and the University's Strategic Plan.

The Center’s programs, scholarly pursuits, and professional outreach engage interdisciplinary perspectives, including religious traditions (especially Catholic, Christian, and Jewish perspectives) as well as clinical, organizational, professional, and research approaches related to medicine, science, law, policy, social science, and the humanities. Students enroll in academic courses and clinical ethics rotations or internships, combining theoretical and practical learning.

The vision is to provide global leadership in ethics, promoting excellence in scholarship and training graduates academically and professionally to advance discourse on health care ethics in research, teaching, and service. Graduates are trained for a variety of careers including clinical ethics positions in healthcare as well as teaching or research appointments in academic settings.
Programs in Healthcare Ethics

All Healthcare Ethics (HCE) programs include academic courses and clinical ethics rotations or internships. Students may study full-time or part-time. Part-time students must take a minimum of 2 courses each fall and spring semester. Typically, HCE degree courses are taught in the afternoon and evening.

The courses are designed with a focus on research competencies. This will better facilitate the writing of dissertations.

The HCE programs include:

**Doctoral Degrees (PhD and DHCE)**
The Doctoral Degree Programs require twelve courses (thirty-six credits) beyond the Masters.

The Ph.D. and DHCE doctoral degree programs share the same course work requirements followed by written comprehensive exam. As a research degree, the Ph.D. program requires a six-credit research dissertation. As a professional degree program, the DHCE program requires a six-credit practical project.

**Baccalaureate Admission to Doctoral Programs**
Students with a Bachelor's degree in a field related to health care ethics, such as a humanities degree with a major or minor in ethics, is eligible to apply for admission to a doctoral program. The Baccalaureate Admission track requires sixteen courses (48 credits) beyond the Baccalaureate Degree.

**Online Graduate Certificate Program**
The Online Graduate Certificate in Healthcare Ethics trains professionals to provide ethics services, including serving on Ethics Committees, undertaking Ethics Consultations, and addressing Education and Policy needs. The program is designed to integrate ethics across the organizations, fostering culturally competent patient-centered care.

**Master of Arts Degree**
The M.A. degree program includes a total of ten courses (30 credits). The required courses include a general graduate-level introduction to ethics (HCE 659 Methods in HCE) and a clinical ethics rotation (HCE 646). The remaining eight courses will be chosen by the student with advisement, ordinarily from a list of courses offered in the doctoral program.

There is no requirement for a thesis or for comprehensive examinations.

Admission requirements include a Bachelor's Degree.

**Master of Arts/Juris Doctor (MA/JD) Joint Degree Program**
The joint degree program is between the Center for Healthcare Ethics and the School of Law. The joint degree program enables students to receive both the M.A. and J.D. degrees in three to three and one-half years of post-baccalaureate study instead of the normal five years. Students need to be admitted into each program. Each degree is completed and awarded separately.
The David F. Kelly Bioethics Lectures invites nationally and internationally prominent scholars to lecture at Duquesne University each fall and spring semester on current and emerging topics in bioethics. The purpose of the series is to provide ethics leadership on the crucial issues in health care today.
Research Projects

Faculty in the Center for Healthcare Ethics are involved in several ongoing research projects. These scholarly projects provide a focus for faculty research and for student doctoral dissertations in the Center for Healthcare Ethics. Presentations on these research topics will occur at professional conferences, nationally and internationally.

1. Global Bioethics
2. Disaster bioethics
3. Palliative care ethics
4. Foundations of religious ethics
5. Decision-making in Catholic Health Care Ethics
6. Organizational Ethics in Health Care
7. Human Genome and Stem Cell Research
INTERNATIONAL PARTNERSHIPS

The new global outreach of the Center of Healthcare Ethics is reflected in the creation of an international collaboration with partner institutions in the field of global bioethics.

The purpose of such partnership is to facilitate exchange of students and researchers among the institutions as well as to establish common project in bioethics education and research. Agreements have been signed with the following institutions.

AZERBAIJAN
Azerbaijan Medical Association
Contact Person: Nariman Safarli, M.D., Ph.D.
URL: www.azmed.az

BURKINA FASO
University of St Thomas d’Aquín,
Ouagadougou, Burkina Faso
Contact person: Professor Jacques Simpore
URL: http://www.usta.bf/sommaire.html
Université de Ouagadougou,
Ouagadougou, Burkina Faso
Contact person: Professor Jean Kouliidiati
URL: www.univ-ouaga.bf/

COLOMBIA
Universidad Militar Nueva Granada,
Programa de Bioética, Bogotá
Contact person: Dr. Monica Rincon
URL: www.umng.edu.co/www/section-3251.jsp

CROATIA
School of Medicine, University of Zagreb, Zagreb
Contact person: Dr. Ana Borovecki
URL: http://cms.mef.hr/eng
In particular:
Andrija Stampar School of Public Health:

INDIA
Yenepoya University, Mangalore, Karnataka
Contact person: Professor Vina Vaswani MD, MPhil, MA (Bioethics)
URL: www.yenepoya.edu.in
The Center for Healthcare Ethics Alumni Association was formally established at the inaugural David F. Kelly Bioethics Lecture in November 2010. The Association enables its members to remain in contact with students, faculty and fellow alums, facilitating an exchange of current information in the field, providing updates about the Center's activities and projects and participating in planning future activities.

The alumni are proud to sponsor the award for the best student submission for the Conference. Serving on the Alumni Jury Committee are: Carolyn Conti, PhD, Janis Finn, Elizabeth Moore, DHCE, Valerie Satkoske, PhD, and Marianne Burda, PhD. A $500 award will be presented to the winning student by the alumni during the closing session of the conference.
PITTSBURGH
May 1, 2012

Dear Friends,

On behalf of the residents of the City of Pittsburgh, I am honored to welcome you to the International Conference on Education. Hosted by the Center of Healthcare Ethics and the International Association for Education in Ethics, the inaugural conference features keynote lectures from experts and parallel sessions regarding a wide variety of fields in global ethics education.

It is an honor to have the first International Conference on Education hosted in Pittsburgh. This conference presents a unique opportunity for educators from around the world to meet and discuss ethical issues as related to teaching programs, educational activities and related research. I am appreciative that Pittsburgh was chosen as the city to host such a remarkable, significant meeting.

Our City is rich with numerous historical, recreational and social amenities, which I encourage you to experience. Take a ride on the inclines and check out the view from Mt. Washington – ranked among the most beautiful views in America. Visit our museums, which offer everything from dinosaurs to Andy Warhol. Take in a performance in our Cultural District – among the largest of any such arts district outside of New York’s Broadway – where spectacular shows and cutting-edge galleries can be enjoyed.

Pittsburgh is currently experiencing a Third Renaissance, in that we have exceptional universities and medical facilities, a diverse economy, and cutting-edge research and technology labs. Our City has become a national leader in green building, a hub for clean energy business and home to top environmental education programs. The renaissance aims to keep Pittsburgh as “America’s Most Livable City” as well as one of its safest and clearest.

I hope that you enjoy your stay in Pittsburgh – a city that keeps surprising people from all over the world. Best wishes to you, and all those attending, for a wonderful conference!

Sincerely,

Luke Ravenstahl
Mayor, City of Pittsburgh
Welcome to Pittsburgh

Transformed Destination: Urban Game-Changer

Three rivers. Two Andys. One reinvented city. No wonder National Geographic Traveler named Pittsburgh among the best places in the world to experience in 2012.

“On all counts, the Steel City’s transformation over the past long concluded, this western Pennsylvania city changed jobs and reclaimed major assets: a natural setting that rivals Lisbon and San Francisco, a wealth of fine art and architecture, and a quirky sense of humor,” writes the National Geographic Traveler.

Named one of the world’s “prettiest” cities by Huffington Post, Pittsburgh is arguably the only city with an entrance. As you exit the Fort Pitt Tunnel, the city breaks out in a dramatic presentation – causing visitors to exclaim, “Wow!”
THE PITTSBURGH REGION
A MODEL CITY AND REGION

A survivor of wrenching economic change and strategically transformed, the Pittsburgh region has built on its historic strengths in manufacturing, finance, business services and energy to create a dynamic, balanced economy that’s outperforming benchmark cities. Hailed by U.S. President Barack Obama as a “model for turning the page to a 21st-century economy” and by the worldwide media as America’s great comeback story, Pittsburgh continues to create new industries born of research, innovation and entrepreneurship. At the same time, its investments in natural and cultural assets to create an exceptional quality of life are revealing Pittsburgh as a region with a rich past and a city of the future.
Since its beginning as a trading post, Pittsburgh has been a prime destination for shippers, traders, artists and manufacturers. Located at the confluence of three rivers, the “Golden Triangle” has drawn generations of people from around the world to form its diverse neighborhoods. This diversity, together with the generosity of Pittsburgh industry captains (think: Carnegie, Mellon, Frick, Phipps), sparked a cultural phenomenon as world-renowned architects found inspiration here.

ARCHITECTURAL WALKING TOURS
Take a tour of Pittsburgh’s magnificent architecture – and see why The New Yorker magazine said, “if Pittsburgh were situated somewhere in the heart of Europe, tourists would eagerly journey hundreds of miles out of their way to visit it.”

The Pittsburgh History and Landmarks Foundation offers free guided architectural walking tours every Friday from May through September. Experts help visitors experience the significance of the Penn-Liberty Cultural District (one of the best-preserved and most-intact portions of Pittsburgh), bridges and river shores, Market Square Area and Fourth Avenue & PPG Place. Summer tours are sponsored by VisitPittsburgh. Take a self-guided architectural walking tour by downloading maps from phlf.org.

STEEL HERITAGE TOURS
The Carrie Furnace Hard Hat Tour takes you through the former U.S. Steel Homestead Works. At one time, the furnaces and the steelworkers who labored in them produced more than 1,000 tons of iron every day!

The Babushkas and Hard Hat Tour traces the experience of immigrants that poured into the region. This tour includes Pittsburgh’s own “Cookie Table” and recipes that represent the city’s best ethnic food traditions.

The Cycle Through Pittsburgh’s Industrial Heritage Tour takes you on a trail ride through Pittsburgh’s industrial past and present. The bike tour takes advantage of local riverside trails and offers a look at industry along the Monongahela River.

HISTORY WORTH REPEATING
- Fort Pitt Museum & Blockhouse
- Frick Art & Historical Center
- Nationality Rooms at the University of Pittsburgh
- Rachel Carson Homestead
- Senator John Heinz History Center
- Society to Preserve the Millvale Murals of Maxo Vanka
- Soldiers & Sailors Memorial Hall & Museum

In the early 20th century, Pittsburgh served as a powerful industrial center, advancing America’s modern labor movement

“More than most other cities, Pittsburgh saw its urbanism reinforced with historic preservation as the primary tool.”

ARTFACT
The walls and ceiling of St. Nicholas Croatian Catholic Church in Millvale are decorated with elaborate tempera paintings by artist Maxo Vanka (1890-1963). The murals tell the story of the Croatian peasants who left their native farm lands at the turn of the 20th century to seek a better life in the post-industrial United States of America.
## HISTORY & LANDMARKS

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Hours</th>
<th>Adult Admission</th>
<th>Senior Admission</th>
<th>Child Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Andrew Carnegie Free Library &amp; Music Hall</strong>&lt;br&gt;412-276-5456 • carnegiecarnegie.org&lt;br&gt;300 Beechwood Ave. • Carnegie, PA 15106</td>
<td>The historic Civil War room is a true national treasure. The Captain Thomas Espy Post of the Grand Army of the Republic is the most intact GAR post in the country.</td>
<td>T, W, F, S, 10-5; Th, 10-8; Su, Noon-5; M, closed</td>
<td>$17.95 members free</td>
<td>$14.95 members free</td>
<td>$11.95 Under 3 &amp; members free</td>
</tr>
<tr>
<td><strong>Carnegie Museum of Natural History</strong>&lt;br&gt;412-622-3131 • carnegiemnh.org&lt;br&gt;4400 Forbes Ave. • Pittsburgh, PA 15213</td>
<td>Features more than four billion years of the Earth’s history.</td>
<td>M-S, 9:30am-12:45am; Su, Holidays 7am-12:45am</td>
<td>$4.50 round trip</td>
<td>Free, w/ID</td>
<td>$2.20 round trip, 6-11</td>
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<tr>
<td><strong>Duquesne Incline</strong>&lt;br&gt;412-381-1657 • duquesneincline.org&lt;br&gt;1179 W. Carson St. • Pittsburgh, PA 15222</td>
<td>Spectacular view from century-old cable car traveling between West Carson Street and restaurants of Grandview Avenue. Open daily until 12:45 a.m.</td>
<td>M-S, 5:30am-12:45am; Su, Holidays 7am-12:45am</td>
<td>$8</td>
<td>$7</td>
<td>$5 (6-14) 5 and under free</td>
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<tr>
<td><strong>Fort Ligonier</strong>&lt;br&gt;724-238-9701 • fortligonier.org&lt;br&gt;16060 North Rd. • Ligonier, PA 15658</td>
<td>A full-scale, on-site reconstruction of the 1758-1766 original British Fort. Fort Museum features French &amp; Indian War Art Gallery, Seven Years’ War Exhibit, and the spectacular George Washington Pistols Exhibit.</td>
<td>April 15-Nov. 15.&lt;br&gt;M-S, 10-4:30; Su, Noon-4:30</td>
<td>$8</td>
<td>$7</td>
<td>$5 (6-14) 5 and under free</td>
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<td><strong>Fort Pitt Block House</strong>&lt;br&gt;412-471-1764 • 101 Commonwealth Place&lt;br&gt;Point State Park • Pittsburgh, PA 15222</td>
<td>Built in 1764, it’s Pittsburgh’s oldest historic landmark and the only surviving structure of Fort Pitt. Offers a unique opportunity to experience history through artifacts and interpretation.</td>
<td>W-Su, 10-5</td>
<td>Free</td>
<td>Free</td>
<td>Free</td>
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<tr>
<td><strong>Fort Pitt Museum</strong>&lt;br&gt;412-281-9284 • 101 Commonwealth Place&lt;br&gt;Point State Park • Pittsburgh, PA 15222</td>
<td>Located on the original site of Fort Pitt, the museum is a collection of 18th century artifacts and interpretive exhibits.</td>
<td>W-Su, 9-5</td>
<td>$5</td>
<td>$4</td>
<td>$2 5 and under free</td>
</tr>
<tr>
<td><strong>Frank Lloyd Wright’s Fallingwater</strong>&lt;br&gt;724-229-5810 • fallingwater.org&lt;br&gt;Route 381 South • 1491 Mill Run Rd. • Mill Run, PA 15464</td>
<td>Named one of 50 places of a lifetime. Entrusted to the Western Pennsylvania Conservancy. Open for tours daily, except Wednesday, mid-March through November.</td>
<td>M-T, 10-4; W, closed; Th-Su, 10-4</td>
<td>$20</td>
<td>$20</td>
<td>$14</td>
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<tr>
<td><strong>Frank Lloyd Wright’s House on Kentuck Knob</strong>&lt;br&gt;724-329-9011 • kentuckknob.com&lt;br&gt;PO Box 305 • 723 Kentuck Rd. • Chalk Hill, PA 15421</td>
<td>Guided tours of a mountain estate designed by Frank Lloyd Wright. Contemporary sculpture and historical artifacts enhance the beautiful woodland setting.</td>
<td>M, Noon-2 or 3; Tu-Su, 10-4</td>
<td>$16</td>
<td>$16</td>
<td>$10 (13-18)</td>
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<td><strong>Harmony Museum/Historic Harmony</strong>&lt;br&gt;724-452-7341 • harmonymuseum.org&lt;br&gt;218 Mercer St. • PO Box 524 • Harmony, PA 16063</td>
<td>Tour buildings in a National Historic Landmark District. Washington survives French &amp; Indian War’s first shot, German communal Harmony Society’s 1804 first home, 1859 Mennohite resettlement, 19th century/Marcellus Shale gas-oil-booms and more.</td>
<td>T-S, 1-4</td>
<td>$5</td>
<td>$4</td>
<td>$3</td>
</tr>
<tr>
<td><strong>Meadowcroft Rockshelter and Museum of Rural Life</strong>&lt;br&gt;724-587-3412 • meadowcroft.org&lt;br&gt;401 Meadowcroft Rd. • Avella, PA 15312</td>
<td>Discover the 16,000-year-old Meadowcroft Rockshelter National Historic Landmark and enjoy the recreated 19th century village and exhibits.</td>
<td>M-T, closed; W-Su, Noon-5; Su, 1-5</td>
<td>$10</td>
<td>$9</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Monongahela Incline</strong>&lt;br&gt;412-442-2000 • PortAuthority.org&lt;br&gt;Port Authority of Allegheny County&lt;br&gt;8 Grandview Ave. • Pittsburgh, PA 15211</td>
<td>Takes commuters and tourists to the top of Mt. Washington to marvel at the view. One of the few remaining inclines in the country.</td>
<td>M-S, 10-2; Su, 11-2:30</td>
<td>$2 one way</td>
<td>Free, 65 and older</td>
<td>$1 (6-11) older</td>
</tr>
<tr>
<td><strong>Nationality Rooms</strong>&lt;br&gt;412-624-6000 • pitt.edu/~natrooms&lt;br&gt;University of Pittsburgh • 157 Cathedral of Learning&lt;br&gt;Pittsburgh, PA 15260</td>
<td>Twenty-seven Nationality Rooms depict Pittsburgh’s ethnic heritages – European, Asian, Middle Eastern and African – through authentic examples of architecture and decor.</td>
<td>M-S, 9-2:30; Su, 11-2:30</td>
<td>$3</td>
<td>$3</td>
<td>$1 (8-18)</td>
</tr>
<tr>
<td><strong>Pennsylvania Trolley Museum</strong>&lt;br&gt;724-229-9254 • patrolley.org&lt;br&gt;1491 Mill Run Rd. • Mill Run, PA 15464</td>
<td>Take a ride into the past where you can see and ride beautifully restored streetcars! It’s more than a ride...it’s an experience!</td>
<td>M-F, 10-4; S-Su, 10-5</td>
<td>$9</td>
<td>$8 (62+)</td>
<td>$6 (3-13) Under 2 free</td>
</tr>
<tr>
<td><strong>Rachel Carson Homestead</strong>&lt;br&gt;724-274-4599 • rachelcarsonhomestead.org&lt;br&gt;Box 46 • Springdale, PA 15144</td>
<td>The birthplace and childhood home of Rachel Carson, whose 1962 best-seller Silent Spring launched the modern environmental movement. Tours and outreach programs.</td>
<td>Call for reservations</td>
<td>$5</td>
<td>$3</td>
<td>$3 Under 5 free</td>
</tr>
<tr>
<td><strong>Rivers of Steel National Heritage Area</strong>&lt;br&gt;412-621-4251 • soldiersandsailorshall.org&lt;br&gt;4541 Fifth Ave. • Pittsburgh, PA 15213</td>
<td>Features restored rooms used by union leaders during the 1892 Battle of Homestead and changing exhibits on the region’s steel industrial/cultural heritage. Carrie Furnace hard hat tour available.</td>
<td>M-F, 10-4; Weekends by appt.</td>
<td>$3 Call for details</td>
<td>$1 (under 14) Call for details</td>
<td>$1 (under 14) Call for details</td>
</tr>
<tr>
<td><strong>Seneca John Heinz History Center</strong>&lt;br&gt;412-454-6000 • heinzhistorycenter.org&lt;br&gt;1222 Smallman St. • Pittsburgh, PA 15222</td>
<td>An affiliate of the Smithsonian Institution, featuring the Western Pennsylvania Sports Museum, the largest history museum in Pennsylvania.</td>
<td>Daily, 10-5</td>
<td>$10; $5/students</td>
<td>$9</td>
<td>$5 (4-17) 3 and under free</td>
</tr>
<tr>
<td><strong>Society to Preserve the Millvale Murals of Maxo Vanka</strong>&lt;br&gt;412-621-4251 • soldiersandsailorshall.org&lt;br&gt;4541 Fifth Ave. • Pittsburgh, PA 15213</td>
<td>Museum, concert hall and ballroom contained within a historic landmark and memorial dedicated to honoring and supporting those who have served in the military from the Civil War through today.</td>
<td>T-S, 10-4</td>
<td>$8; military veterans free</td>
<td>$5; military veterans free</td>
<td>$5 (6-13) Under 5 free</td>
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</tbody>
</table>

**KEY**<br>- Hours: M - Monday, T - Tuesday, W - Wednesday, Th - Thursday, F - Friday, S - Saturday, Su - Sunday
GREEN
PITTSBURGH

With its breathtaking skyline, sparkling clean rivers and magnificent architecture, Pittsburgh is green and ripe for discovery!

From the stunning sweep of the David L. Lawrence Convention Center’s rooftop, to the walls of windows, expansive terraces and the green roof that opens to incredible river views and cityscapes, Pittsburgh’s convention center is one of the best in the nation. In fact, it has set the bar for new convention centers being built around the world.

The first, and for some time, the largest gold-LEED certified “green” convention center in the world, the Center continues to garner praise from conventioneers, press and the public. In fact, President Obama chose it as the site for the G20 Pittsburgh Summit in 2009.

The building’s green credentials helped attract major groups and events to Pittsburgh, such as the National Kidney Foundation’s Summer Transplant Games, National Veterans Wheelchair Games, FLW Outdoors Expo and Major League Baseball’s All-Star FanFest.

In 2012, three major youth-oriented conventions come to town. The National Society of Black Engineers, the largest student-managed organization in the world, is back for the second time, March 28 through April 2. The Intel International Science and Engineering Fair, the world’s largest international pre-college science competition, is here May 13-18. The One Young World Summit 2012 brings together 1,500 to 2,000 of the world’s brightest, most engaged young leaders from 170 countries for a global youth leadership summit, October 18-22.

Some consider the green convention center as a tipping point in Pittsburgh’s environmental movement. The new CONSOL Energy Center is the first LEED certified NHL arena in the world. Other environmentally friendly attractions in Pittsburgh include:

• Phipps Conservatory and Botanical Gardens
• August Wilson Center for African American Culture
• Children’s Museum of Pittsburgh
• Heinz History Center Smithsonian Wing
• Kayak Pittsburgh
• Pittsburgh Glass Center
• Rachel Carson Homestead
• RiverQuest
• WYEP Studio
MUST-SEE MUSEUMS
Dubbed the “art-that-dares museum,” The Andy Warhol Museum celebrates the life and work of one of Pop Art’s founding fathers and Pittsburgh native. The Mattress Factory, hailed as one of the world’s best facilities for installation art, is always a surprise. Carnegie Museum of Art has outstanding contemporary art, American art from the late 19th century, French Impressionist and Post-Impressionist paintings, as well as European and American decorative arts.

GROOVY GALLERIES
Check out Wood Street Galleries, SPACE, Future Tenant and other captivating spots. The ToonSeum is one of only a few places in the nation dedicated to comics and cartoon arts. (At the Wyndham Grand Pittsburgh Downtown hotel, stay in the “Toon Room,” decorated with ToonSeum works.)

Lawrenceville is home to a collection of noteworthy galleries, including be Galleries, Gallery on 43rd Street, Fe Gallery and Trinity Gallery. On the North Shore, you’ll find the Manchester Craftsmen’s Guild, Photo Antiquities Museum of Photographic History and Fein Art Gallery. Silver Eye Center for Photography, Society for Contemporary Craft and the Pittsburgh Center for the Arts are also favorites among arts lovers.

TAKE A WALK ON THE ART SIDE
From Jenny Holzer’s blue LED text along the roof of the David L. Lawrence Convention Center, to Richard Serra’s steel structure at the entrance to the Carnegie Museums, to Louise Bourgeois’s eyeballs in Katz Plaza, touring public art is a great way to spend a day.

ART•FACT
In a quiet area of St. John the Baptist Byzantine Catholic Cemetery is the final resting place of Andy Warhol. Have a “conversation” with Andy or leave a memento, helping the place become an art installation. Artist Madelyn Roehrig has created “Figments: Conversations with Andy” to document your moment with Andy, because Andy and his impact on pop culture is more than a figment of your imagination. Follow the project on Facebook.
# MUSEUMS & VISUAL ARTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Hours</th>
<th>Adult Admission</th>
<th>Senior Admission</th>
<th>Child Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>707 &amp; 709 Penn Gallery</strong></td>
<td>M-T, closed W-TH, 11-6; F-S, 11-8 Su, 11-5</td>
<td>Free</td>
<td>Free</td>
<td>Free</td>
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<tr>
<td>707 &amp; 709 Penn Galleries exhibit the work of regional artists and is free and open to the public. These galleries are a project of The Pittsburgh Cultural Trust.</td>
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<tr>
<td><strong>Andy Warhol Museum, The</strong></td>
<td>T-TH, S, Su, 10-5 F, 10-10</td>
<td>$20 members free</td>
<td>$10 members free</td>
<td>$10 members free</td>
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<td>Home to the work and pop sensibilities of native Pittsburgher Andy Warhol. Temporary exhibitions are presented on a regular basis.</td>
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<tr>
<td><strong>August Wilson Center for African American Culture</strong></td>
<td>M, T, closed W-F, 11-7, S, 10-5 Su, Noon-5 additional hours for performance</td>
<td>$11 (performances $7-$49)</td>
<td>$9</td>
<td>$7</td>
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<td>Visual and performing arts and education programs enhancing public knowledge and appreciation of contributions of people of African descent to art, and the world.</td>
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<tr>
<td><strong>Bulgarian Macedonian National Educational &amp; Cultural Center</strong></td>
<td>T-Th, 10am-1pm S, 9-Noon/and by appointment</td>
<td>Free</td>
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<td>Free</td>
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<td>Preserves and presents cultural values and traditions of the Bulgarian and Macedonian people. Articulates and promotes these values and traditions as a way of enhancing tolerance, preserving tradition and promoting understanding among all people.</td>
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<tr>
<td><strong>Carnegie Museum of Art</strong></td>
<td>T-W-F, S, 10-5 Th, 10-8 Su, Noon-5 M, closed</td>
<td>$17.95 members free</td>
<td>$14.95 members free</td>
<td>$11.95 under 3 members free</td>
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<tr>
<td>Visitors enjoy an important and extensive collection of American and European Impressionist and Post-Impressionist works, architecture and International contemporary art.</td>
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<td><strong>Clemente Museum, The</strong></td>
<td>Guided tours by appointment only</td>
<td>$20</td>
<td>$20</td>
<td>$10</td>
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<tr>
<td>The largest collection of Roberto Clemente memorabilia in the world. Located in historic Engine House 25 in Lawrenceville.</td>
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<tr>
<td><strong>Frick Art &amp; Historical Center</strong></td>
<td>T-Su, 10-5</td>
<td>$12</td>
<td>$10</td>
<td>$10</td>
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<tr>
<td>Visitors enjoy The Frick Art Museum, Car and Carriage Museum, Clayton, the Greenhouse, Museum Shop and Café.</td>
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<tr>
<td><strong>Future Tenant</strong></td>
<td>Please see website for hours</td>
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<tr>
<td>Downtown’s most unique art space, Future Tenant presents visual art shows, live music, performances, open mic nights and more, highlighting the work of emerging and established artists.</td>
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</tbody>
</table>

**KEY** • Hours: M - Monday • T - Tuesday • W - Wednesday • Th - Thursday • F - Friday • S - Saturday • Su - Sunday
In the heart of downtown, the Cultural District is a vibrant arts and entertainment center featuring everything from classical and contemporary music, ballet and modern dance to visual art, opera, musical theater, children’s theater, film festivals and drama.

The 14-block area dazzles with creative urban energy and charm. The District’s world-class theaters offer 2,300 performances each year with nearly 2 million patrons in attendance.

**WHAT’S PLAYING**
- August Wilson Center
- Dance & Theater Ensembles
- Bricolage Production Company
- CLO Cabaret
- Pittsburgh Ballet Theatre
- Pittsburgh Dance Council
- Pittsburgh CLO
- Pittsburgh Filmmakers
- Pittsburgh Jazz Orchestra
- Pittsburgh Opera
- Pittsburgh Playwrights Theatre Company
- Pittsburgh Public Theater
- Pittsburgh Symphony Orchestra
- PNC Broadway Across America – Pittsburgh

**WHERE THEY PLAY / SEATING CAPACITY**
- Benedum Center: 2,860
- Heinz Hall: 2,661
- Byham Theater: 1,313
- O’Reilly Theater: 604
- August Wilson Center: 486
- The Cabaret at Theater Square: 230
- Harris Theater: 194
- Bricolage: 80
- Pittsburgh Playwrights Theatre: 75

**When the music changes, so does the dance.**
—African proverb

**ART & FACT**

Forty years ago marked the Grand Opening of Heinz Hall for the Performing Arts. It was a celebration of ceremony and pageantry. Many of Pittsburgh’s prominent citizens attended the festivities and the Pittsburgh Symphony Orchestra concert under the baton of William Steinberg. The guest list included such dignitaries as Marian Anderson, Charlton Heston, James Earl Jones, Agnes de Mille, Gregory Peck, Cyril Ritchard and Rudolf Serkin.
CITY OF CHAMPIONS
Game on. Pittsburgh takes its sports seriously. And, with winners like the Steelers, Pirates and Penguins, even visitors can see why.

FAMOUS FOOTBALL
Head to Heinz Field to see the Pittsburgh Steelers or University of Pittsburgh Panthers. If you don’t have a ticket, tailgating in Pittsburgh is a sport unto itself. And, for Steelers Nation, a behind-the-scenes tour (Apr-Oct) of Heinz Field is like a trip to football heaven. Fans also make the pilgrimage each summer to Latrobe, Pa., for Steelers Training Camp, considered the best training camp in the NFL by CNN.

HOCKEY FEVER
Fans can watch a Pittsburgh Penguins power play in CONSOL Energy Center, the first environmentally friendly hockey arena in the country. The three-time Stanley Cup Champions know how to treat their fans, too, with Jumbotron broadcasts outside, if the Pens make the playoffs. The 2012 NHL Draft takes place June 22-23 at CONSOL. This “hockey convention” hosts future players, their families, agents and advisors and international hockey media.

HOME RUN
PNC Park is consistently named one of the best ballparks in the nation for its intimate design and city view. Plan your trip to watch a Pittsburgh Pirates game on Fireworks Night, when the after-game action is a blast!

Head to the historic Engine House 25 in Lawrenceville, just three miles from PNC Park, to The Clemente Museum, a wall-to-wall tribute honoring one of the Pirates’ greatest players and a true humanitarian, the late Roberto Clemente.

HOOPS
A ticket to see Pitt Panthers basketball is one of the hottest in town. If you’re lucky enough to score one, head to Petersen Events Center, known as “The Pete.” The 2012 NCAA Men’s Division I Basketball Tournament Rounds 2 and 3 is slated for March 15 and 17. Hosted by Duquesne University, which is also home to a Division I basketball team, it’s guaranteed to be the ultimate March Madness. Held at the CONSOL Energy Center, this marks the fourth time Pittsburgh plays host to the NCAA Basketball Championship Regionals.

SPIKE AND SCORE
Over Memorial Day weekend, East Coast Volleyball takes center court in Pittsburgh, as the city welcomes 5,000+ female student athletes for six days of sets, spikes, digs and scores.

SPORTS MANIA
A visit to the Western Pennsylvania Sports Museum (inside the Heinz History Center) is a slam dunk for sports fans. This one-of-a-kind museum features 70+ exhibits that capture unforgettable moments in Pittsburgh’s sports history.

Pittsburgh named the No. 1 sports city by The Sporting News
SPACES & PLACES

From elegant to funky, Pittsburgh has plenty of exciting spaces and places that are perfect for your special gathering! So whether you’re planning a wedding or family reunion, make sure you check out Pittsburgh’s many fabulous event venues.

ELEGANT, OPULENT & AWESOME
Heinz Hall
For the utmost in elegance, surround your guests in marble, plush red velvet, shimmering crystal and 24-karat gold leaf.

Benedum Center for the Performing Arts
Plan an evening at the stunning former movie palace with three large reception areas.

Byham Theater
Be charmed by Pittsburgh’s only remaining turn-of-the-century vaudeville house.

Carnegie Museums of Art and Natural History
The idea that museums are just for dinosaur bones is absolutely Mesozoic. There are more than 10 unique spaces to choose from in the building that houses Carnegie Music Hall, Carnegie Museum of Natural History and Carnegie Museum of Art. Choose one, reserve an entire museum, or arrange a private tour for your guests.

Phipps Conservatory and Botanical Gardens
An elegant location for any special event, whether it’s a wedding ceremony, a cocktail reception in the Outdoor Garden or a corporate event in the stunning Tropical Forest.

URBAN CHIC
The Andy Warhol Museum
Give your next offsite function a cool, offbeat feel. The Warhol offers an experience your guests will want to repeat again and again.

August Wilson Center for African American Culture
The 80,000-square-foot facility includes galleries, classrooms, a 486-seat theater and many multi-purpose spaces.

Manchester Craftsmen’s Guild
This center for arts and learning provides a state-of-the-art, 350-seat hall suitable for concerts, corporate meetings, award ceremonies or receptions.

Mattress Factory
Unique space in a unique museum. The flexible rental program allows for choice of caterers, and the museum’s open, industrial interior and eclectic outdoor garden setting can be decorated to fit any occasion.
Society for Contemporary Craft
Beautiful artwork and warm contemporary décor create a light mood. Set your event in the lobby space near the galleries and store, or in the education center.

SPACE Gallery
Gallery space in SPACE Gallery is suitable for small cocktail parties, business meetings and receptions.

FUN & FUNKY
Carnegie Science Center
From its location on the North Shore, the Science Center doesn’t just look at the mysteries of the universe — it offers views of the city and the three rivers.

Children’s Museum of Pittsburgh
A unique venue for private, family and corporate functions. Enjoy the unique and versatile Big Red Room in the Buhl Building or rent one or more of the museum’s exhibit areas, including Mister Rogers’ Neighborhood.

National Aviary
Mingle with 500+ exotic and endangered birds from around the world. A variety of spaces are available, from an outdoor patio with a tent, to a rose garden to indoor atriums and classrooms.

Pittsburgh Zoo & PPG Aquarium
Waterfalls, tropical fish and exotic species set the scene. Hang out with the Polar Bears or inside with the sharks. For an outdoor event, delight guests with the romantically lit garden tent. And, the lecture hall is perfect for meetings.

ToonSeum
Billed as a “Museum with Character,” this intimate space provides just the right mix of quirky fun to any special event.

BIG & BOLD
The Circuit Center & Ballroom
Whether a wedding or business meeting, The Circuit Center serves up a first-class event.

CONSOL Energy Center
When you’re inside the nation’s first environmentally friendly hockey arena, you get to see the most beautiful city skyscapes in the country. The arena’s capacity is 18,087 for hockey and up to 19,758 for special events.

Heinz Field
The riverfront home of the Pittsburgh Steelers and University of Pittsburgh Panthers offers a breathtaking view of the city skyline and is available for rentals on non-event days.

Petersen Events Center
Home of the University of Pittsburgh Panthers, Petersen Events Center is one of Pittsburgh’s newest and most prestigious arena and conference centers, accommodating up to 15,000 as well as meetings and events.

PNC Park
Considered among the best ballparks in the nation, PNC Park has fabulous views and its meeting spaces include the country club-like setting of the Home Plate Club, the club level, visitors’ clubhouse and a theater.
Stage AE
State-of-the-art indoor and outdoor concert and special event facility located next to Heinz Field. Five independent spaces offer the ability to host a wide variety of musical performers and special events.

ROOMS WITH A VIEW
Explorer
RiverQuest’s green-designed passenger boat that operates on bio-diesel blended fuel and electric power, which can be recycled to the local grid. See nature and the rivers from this unique green vessel.

Gateway Clipper Fleet
Among the region’s most unique places for your meeting or special celebration, choose from any of the recently re-modeled riverboats in the fleet. Enjoy a river tour, customized menus, itineraries, superior servers and entertainment — it’s the location for legendary events.

Urban Mountain Gathering Place
Overlooking downtown atop Mt. Washington, state-of-the-art technologies in a meeting facility with a city view that will inspire and motivate.

HISTORIC & UNIQUE
The Bost Building
A national historic landmark that is the best surviving structure associated with the 1892 Battle of Homestead, the famous steel labor strike. The modern boardroom is perfect for small meetings and guests interested in the region’s steel heritage.

Frick Art & Historical Center
Offers a Victorian setting in a complex of museums, historic buildings and landscaped grounds. From the rotunda in the Frick Art Museum, to the manicured grounds, the Frick offers many options for small events.

Mansions on Fifth
Sitting atop a century old wine cellar, this elegant venue serves as a perfect backdrop for private events, including business meetings, retreats, private parties and receptions.

New Hazlett Theater
Built in 1889, the restored New Hazlett Theater is fully equipped, professionally staffed and available for rent to a range of organizations for programming that includes theater, dance, music, conferences and more.

Senator John Heinz History Center
The center immerses you in the region’s 250-plus year history. In the Great Hall, vintage vehicles such as a Conestoga wagon, 1919 Fire Truck, stainless steel 1936 Deluxe Ford Sedan and 1940s trolley provide a rare backdrop for your special event.

Soldiers & Sailors Memorial Hall & Museum
Opened in 1910, Soldiers & Sailors provides a distinctive alternative to conventional venues for a refined and formal event or for a fun and casual affair.

The University Club of Pittsburgh
The historic building has housed the private club since 1923 and is a full-service conference and banquet facility, with two ballrooms and 11 meeting rooms.
See Pittsburgh from our point of view.

Scale the slopes of Mt. Washington in beautifully restored cable cars in use since 1877. Take in a sweeping view of Pittsburgh, scan a pictorial history of the city, watch hoisting equipment from the viewing platform, and visit the gift shop. Free parking is available at the lower station on Carson Street.

Daily from 5:30 a.m. to 12:45 a.m.
Round trip fares: Adults $4.50
Children ages 6-11 $2.20  Children 5 and under free
Call for group rates 412-381-1665  Fax 412-381-1943
duquesneincline.org

The Gateway Clipper Fleet is the nation’s largest inland riverboat fleet and a model for the excursion boat industry. Five riverboats sail year round and offer a variety of dining, sightseeing and entertainment. The names typify the regal nature and size of each boat: Majestic (capacity 1,000); Empress (capacity 600); Princess (capacity 400); Duchess (capacity 300); Countess (capacity 150). The fleet is constantly updated with modern amenities and has been sailing the three rivers for over 50 years.

The Pittsburg Tour Company offers the city’s only Hop On/Hop Off Tour in historic red double decker tour buses from London.

Just Ducky Tours on land and water aboard a six-wheel-drive amphibious truck. Excursions begin in Station Square and go to downtown.

Coach USA/Lenzner operates sightseeing tours in nostalgic trolleys – from historic neighborhoods to “City of Champion” tours with guides.

Amphibious vehicles make touring just ducky.

BE AFRAID, BE VERY AFRAID
Get spooked during Phantom Fright Nights at Kennywood Park. Haunted Pittsburgh Ghost Tours or The ScareHouse, ranked as one of America’s “Scariest Halloween Attractions” by the Travel Channel. Get an express admission to all three hair-raising spine-chillers with the “Fright Tour Package.”

FOOD GLORIOUS FOOD
Wine-and-cheese or beer-tasting rides aboard Pittsburgh Luxury Cruises show off sights from the 125-passenger Fantasy. Walk along for ‘Burgh Bits and Bites, where you sample fare in Pittsburgh’s tastiest neighborhoods.

PEDAL AND (REAL) HORSE POWER
Hop a Green Gears Pedicab, an environmentally friendly way to travel the city. Ride in a horse-drawn carriage from Mike’s Carriage Service and enjoy a romantic evening on the town.

The Duquesne Incline
1197 W. Carson Street
Pittsburgh, PA 15219
TRANSPORTATION TO/FRON'T PITTSBURGH INTERNATIONAL AIRPORT

(Please note: We are only providing information on various modes of transportation. We do not assume any responsibility for airport transportation to and from the Conference)

1. Royal Transportation (www.royaltransportationgroup.com) – The rate is $56.00 tax and gratuity included. All flights are GPS tracked in case of any delays or changes. Please e-mail any flight information and you will receive confirmation from a group member.
   (412.429.5390)

2. Super Shuttle (www.shuttlefare.com) – This site will give information for booking a van or car to take you from the airport to your hotel and back. Reservations must be made online before the date of travel. For $48.30, a round trip on a shared ride van can be booked to and from the Marriott Hotel or the Cambria Suites. Visit the shuttle ticket counter near baggage claim at the airport or a guest representative at curbside with your confirmed reservation. As soon as the van arrives at the curb, the driver will assist with your luggage and you’ll be on your way. (This fare estimate does not include gratuity for the driver.)

3. Pittsburgh Port Authority Bus System (www.portauthority.org/paac) – The 28X Airport Flyer can be boarded outside door #6 on the lower level of the airport terminal. The bus will drop passengers at Liberty Avenue and Wood Street. From there, either the 61D or 71D bus can be boarded and the passenger will be taken to the intersection of Forbes Avenue and Stevenson Street (walking distance to either the Marriott or Cambria Suites hotels). Fare for the ride from the airport into Downtown Pittsburgh is $3.25. A separate fare of $2.25 will be required for the ride from Downtown Pittsburgh to the University. Please see the attached bus schedule for pick-up times from the airport. The link above can be used to view more detailed information about the Pittsburgh Port Authority transportation system.

4. Yellow Cab Service (www.pghtrans.com/yellow_cab.cfm) – This site gives information for taking an individual taxi from the airport to the hotel. To find a taxi, exit the lower level of the landside terminal at the airport and proceed to the “taxi stand” to find waiting cabs. Average fare for transport from the airport to either the Marriott Hotel or the Cambria Suites Hotel is $41.24. Fares will vary depending on the route taken, time of day and weather and traffic conditions. All major area hotels have taxi stands on their property for return trips to the airport. To request a taxi at a specific time for pickup, please call 412-321-8100.
Located halfway between New York City and Chicago, Pittsburgh is a short flight or a day's drive for more than 70 percent of the U.S. population and 50 percent of the Canadian population. Air travelers arrive at Pittsburgh International Airport, named “Best U.S Airport” by Condé Nast Traveler.

One of America’s safest cities, Pittsburgh’s vibrant city neighborhoods are rich in ethnic foods, customs and cultures. Experience real America in Pittsburgh – where ethnic traditions thrive alongside the genius of Andy Warhol, where nature’s beauty coexists with the cosmopolitan.

**Airlines Serving Pittsburgh**

<table>
<thead>
<tr>
<th>Airline</th>
<th>Phone Number</th>
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<tr>
<td>Air Canada</td>
<td>888-247-2262</td>
</tr>
<tr>
<td>AirTran Airways</td>
<td>800-247-8726</td>
</tr>
<tr>
<td>American Airlines</td>
<td>800-433-7300</td>
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<tr>
<td>American Eagle</td>
<td>800-433-7300</td>
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<tr>
<td>Atlantic Southeast</td>
<td>800-221-1212</td>
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<tr>
<td>Comair</td>
<td>800-221-1212</td>
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<tr>
<td>Continental</td>
<td>800-523-3273</td>
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<tr>
<td>Delta</td>
<td>800-221-1212</td>
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<tr>
<td>Express 1</td>
<td>800-225-2525</td>
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<tr>
<td>JetBlue</td>
<td>800-538-2583</td>
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<tr>
<td>Mesa</td>
<td>800-241-6522</td>
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<td>Mesaba</td>
<td>800-225-2525</td>
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<tr>
<td>Midwest Airlines</td>
<td>800-452-2022</td>
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<tr>
<td>Myrtle Beach Direct</td>
<td>877-432-3473</td>
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<tr>
<td>Pinnacle</td>
<td>800-225-2525</td>
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<tr>
<td>Shuttle America</td>
<td>800-241-6522</td>
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<tr>
<td>Southwest Airlines</td>
<td>800-435-9792</td>
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<tr>
<td>United</td>
<td>800-241-6522</td>
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<tr>
<td>United Express</td>
<td>800-241-6522</td>
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<tr>
<td>USA 3000</td>
<td>877-872-3000</td>
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<td>US Airways</td>
<td>800-428-4322</td>
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<td>US Airways Express</td>
<td>800-428-4322</td>
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**Transportation**

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<td>AAA</td>
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<td>Amtrak Reservations</td>
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<td>Greyhound/Trailways Bus Lines</td>
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<td>Megabus</td>
<td>877-GO2-MEGA (877-462-6342)</td>
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<td>Pittsburgh Int’l Airport Information</td>
<td>412-472-3525</td>
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<tr>
<td>Port Authority of Allegheny County</td>
<td>412-442-2000</td>
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<tr>
<td>SuperShuttle</td>
<td>800-258-3826</td>
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Sundays and Holidays, 7 am-12:45 am, Information 8 am-10 pm
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<th>ACCOMMODATIONS</th>
<th>AVERAGE RATES</th>
<th>ROOMS/SUITES</th>
<th>WHEEL CHAIR ACCESS ROOMS</th>
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<td>412-788-4404</td>
<td>5100 Campbell Run Rd.</td>
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<td>DoubleTree by Hilton Hotel Pittsburgh Airport</td>
<td>412-329-1400</td>
<td>8402 University Blvd.</td>
<td>Moon Township, PA 15108</td>
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<td>Embassy Suites Hotel</td>
<td>800-EMBASSY</td>
<td>550 Cherrington Parkway</td>
<td>Coraopolis, PA 15108</td>
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<td>Fairfield Inn &amp; Suites by Marriott Pittsburgh Neville Island</td>
<td>412-264-4722</td>
<td>5850 Grand Ave.</td>
<td>Pittsburgh, PA 15225</td>
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<td>Holiday Inn Express &amp; Suites Pittsburgh-Airport</td>
<td>800-Holiday</td>
<td>5311 Campbell Run Rd.</td>
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<td>Holiday Inn Pittsburgh Airport</td>
<td>877-305-7123</td>
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<td>Hyatt Regency Pittsburgh International Airport</td>
<td>800-233-1234</td>
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<td>Pittsburgh Airport Marriott</td>
<td>800-328-9297</td>
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<td>Red Roof Inn - Pittsburgh South</td>
<td>800-RED-ROOF</td>
<td>6404 Steubenville Pike</td>
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<td>3 Rivers Hotel (opening Spring 2013)</td>
<td>412-373-0911</td>
<td>433 Fort Pitt Blvd.</td>
<td>Pittsburgh, PA 15219</td>
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<td>Cambria Suites - Pittsburgh @ CONSOL Energy Center</td>
<td>412-381-6687</td>
<td>1520 Centre Ave.</td>
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<td>Courtyard by Marriott Pittsburgh Downtown</td>
<td>412-321-2211</td>
<td>945 Penn Ave.</td>
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<td>DoubleTree by Hilton Hotel &amp; Suites Pittsburgh Downtown</td>
<td>412-281-5800</td>
<td>One Bigelow Square</td>
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<td>Fairmont Pittsburgh</td>
<td>800-441-1414</td>
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<td>Hampton Inn &amp; Suites Pittsburgh-Downtown</td>
<td>800-Hampton</td>
<td>1247 Smallman St.</td>
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### ACCOMMODATIONS

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Abstracts
Plenary session 1: Can ethics education be improved?

The Ways to Improve Bioethics Education
Berna Arda (Turkey)
The main question is whether bioethics education can be improved or not. At first sight, the answer seems to be positive. On one hand this fact is valid under the general conditions in the light of educational principles. On the other hand academic experience shown us that the bioethics education is improvable. This text will try to reflect an academic experience from the point of related literature. The presentation will focus on basic rationals of necessity at first, then the general framework of developing an educational program, and finally, the follow up process.

a. need
Do we really need ethical subjects in the curriculum of medicine and biological sciences?
A clear ethics component is crucial for humanitarian based medical activity. It has to be improved; because the professional attitudes related with medical humanities, because the humanistic features of medicine should be protected in the 21st century

b. developing educational program
What are the main items of the developing an educational model? This process should has the following determinants;
1. mission and vision,
2. educational needs,
3. aims and objectives,
4. planning the contents,
5. planning the methods and technics
6. evaluation process,
c. follow up
How can we see if the education is efficient? Is there any tool to reveal the efficiency of the process?
Feed back forms and follow up meetings seem crucial.

Back to the Classics: Implications for Contemporary Bioethics Education
Bert Gordijn (Ireland)
Goals of ethics education are usually distinguished into knowledge, skills and virtue. The first goal involves gaining familiarity with ethical theories and their idiosyncrasies. The second goal entails acquiring abilities regarding ethical analysis, argumentation, deliberation and the like. The last one aims at improving as a human being, becoming more virtuous.

This chapter argues that the only rationale of teaching ethics within non-philosophical departments such as business, medicine and engineering, is to try to contribute to the development of more virtuous professionals. In contrast to the belief of certain post modern and relativist scholars there is quite a considerable agreement on what morally speaking constitutes a good or a bad professional. The question, however, of whether, and if yes, how education can contribute to moral improvement of its students, is not easily answered. This chapter endeavours to tackle this question by focussing on the founding fathers of the three major ethics traditions, virtue ethics (Aristotle), deontology (Immanuel Kant) and utilitarianism (John Stuart Mill) with a view to ascertaining their take on this subject. Subsequently, it applies these ideas to present-day bioethics education.
Challenges for bioethics education in Brazil – Adapting the Core Curriculum of Unesco for critical practice
Volnei Garrafa (Brazil)

Brazil is the South American country with largest area and has a population of 200 million, marked by ethnic and cultural diversity. It is now the sixth economy in the world, with a GDP close to three trillion dollars and prominent positions in bioenergy prospection, deep waters oil extraction and agricultural technology. Despite technological advances, the Brazilian population coexists with high illiteracy rate (12%), infant mortality (16.86 deaths per 1,000 born) and poverty (18%). Estimates point that 60% of population will be part of middle class in 2014, but still live with misery, incompatible with the current level of economic development. Investments in education are lower than those required. The health sector, even with a Unified System (SUS) public, free and universal, which provides that the “health is a right for all people and the duty of the State”, has been poorly rated by users, a consequence of system mismanagement.

The contrast between economic development, scientific-technological advances and quality of life of the population are central factors in the seminal experience of UNESCO Chair and Graduate Program (specialization, master and PhD) in Bioethics at the University of Brasilia (GPBioethics / UnB), Brazil. Since 1994, local researchers offer undergraduate courses. In 1998 began an offering of annual bioethics specialization course, a pioneering initiative in country. In 2008 educational activities were extended to master and doctorate degrees. In 2012, 360 specialists, 32 masters and eight doctors have been graduated.

The Brazilian landscape, full of challenges and contradictions, determined the academic focus of GPBioethics in persistent themes related to health and quality of life. An example of this commitment was the organization of the Sixth World Congress of Bioethics in partnership with the International Association of Bioethics (IAB) in 2002, at Brasilia, were met 1400 researchers from 62 countries. The conference highlighted the inclusion of health and social issues on international agenda of bioethics, initiating one mobilization of Latin American countries for consolidation of the Universal Declaration on Bioethics and Human Rights of UNESCO (2005). The Declaration has become a reference for research, courses and disciplines offered by GPBioethics, who adopted the Core Curriculum as a guide, that need of adaptation to Brazilian reality. This contextualization efforts were made in two steps: (a) Organization of seminars for postgraduate courses (“Foundations of Bioethics” and “Conceptual Bases of Bioethics”) to adjust the 14 “principles” of the Declaration to concrete reality of Brazil; the final product of this initiative will be a book, now nearing completion and publication; and (b) The programmatically application of above mentioned content to regular undergraduate courses, which serve as compulsory training field for doctoral students. As a result of these efforts the GPBioethics /UnB group has published a large number of academic papers, which demonstrate the commitment to building an epistemology of bioethics that redeems the respect for cultural diversity existing in country, adapting different contents to national reality.

Parallel session 1: Bioethics

Challenges and Perspectives of Teaching of Bioethics in Lithuania
Eimantas Peicius (Lithuania)

Bioethics is currently considered an important part in the curriculum of medical education. However, the mission of teaching of Bioethics seems to be rather ambiguous and paradoxical. First, it could be claimed that bioethics, medical ethics or other related disciplines aim to defend and clarify humanistic values in the context of biomedical realm. Consequently, the purpose of teaching and learning of Bioethics is associated with the analysis of practical problems and enhancement of capacity for ethical decision making as well as improvement of professional responsibility. On other hand, Bioethics is being challenged by the changing demands from educational systems and increasing students’ expectations to have more attractive and easy to study subject. Lately, the educators were encouraged to start teaching more practical and applicable skills, to achieve more integration with specialized clinical subjects in order to guarantee student satisfaction, at the same time providing less credit hours and cutting resources for Medical Humanities, at least in Lithuania. Thus, the goal of the paper is to discuss the actual challenges, and share the perspectives and experiences of education of Bioethics in Lithuanian context.
Lately the problem-based learning methodology was employed in Bioethics teaching however it challenged in part casuistry, principlism and value-oriented approaches. In the class of Bioethics, the case study is usually the starting point of all learning processes. The problem based learning demands active students, who would participate in the process and contribute to their own learning and the argumentation of other group members. However, it works in bioethics until the answer is required. Another criterion for a successful education process is tutor who would support the learning process with their expert knowledge, and lead the group discussions as well as initialize the pluralistic understanding of a problem or holistic approach regarding any possible cultural and social aspects. However, the typical problem is how to balance ‘pro-life’ and ‘pro-choice’ viewpoints and what is the correct definite solution of the problem. Medical students used to rely on tools or instruments to improve their practice and to resolve ethical dilemmas the same as medical problems rather than employ theoretical argumentation. Then, should we just present the rules for solving ethical problems, or rather address the actual ethical issues which could be tested in clinical practice (e.g. withdrawing treatment in intensive care unit) and could lead to the consensus based regulations (i.e. correct answers)? Moreover, should we teach and require for explicit knowledge or just assist and play the mentor role in learning process implicitly? Some other critical notions on applying the problem based learning in education of Bioethics are to discuss.

In conclusion, problem based and casuistry strategies in teaching of bioethics are not always sufficient to achieve the goals of medical education. More balanced integration of bioethics into the curriculum of the relevant clinical studies and practices would help to achieve more satisfactory teaching and learning.

Didactical approaches of teaching ethics in European Schools of Public Health

Caroline D.V. Brall and P. Schröder-Bäck (Netherlands/Germany)

Background: Knowledge and application of ethics is a prerequisite of many decision-making processes in public health matters, for instance in the allocation of scarce resources. However, topics relevant to ethics are often hidden in public health curricula and are not taught in a systematic way, which comprises the danger that certain positions are accepted without critical reflection and that debates are susceptible to result in confrontations of impulses and beliefs. While the importance of public health ethics has been recognized and strengthened in the US by the Model Curriculum developed by Jennings, Kahn, Mastroianni and Parker in 2003, initiatives within the European context concerning public health ethics remain fragmented.

Aim: The paper aims to develop a sound framework to teach ethics in schools of public health, focusing on content-related issues and on didactical methods. In line with this, current practices of teaching ethics in public health within the European area are identified and discussed. In a next step, this paper provides recommendations for a ‘best practice’ approach in the education of public health ethics.

Methods and theoretical background: 24 schools of public health located in the European Region were contacted and asked to provide the researcher with a specification on how the ethics element is taught. Obtained data of 14 approaches were analyzed on the basis of a self-defined theoretical context, consisting of (1) existing ethical theories relevant in the field of public health as outlined by Holland (2007); (2) the Model Curriculum serving as an instrument to reveal application of theories in the practice-related dimension; (3) theories of learning; and (4) the learning pyramid functioning as a tool to assess the effectiveness of teaching methods.

Results: It was revealed that 14 public health programs offered in the European Region integrate ethics in their curricula to a diverging extent while using distinct approaches. Not only the general approach differs – that is offering public health ethics education as a core course, elective course or integrating it across modules – but contents and methods differ as well. Introducing ethics within an opening course of 2 to 3 days seems to be most effective and feasible, followed by teaching across modules. Furthermore, contents and methods for profound education in public health ethics were found.

Conclusion: It was proved that the education in ethics is not yet established in public health programs. The education of theories relevant for public health ethics in combination with the application of effective didactical methods is crucial. Including and further strengthening ethics in public health might lead to public health actions being based on moral values. Thereby, performed social actions in public health are expected to become more transparent, trustworthy and better accepted.
Teaching Bioethics to High School Science and Religion Students
Terry Maksymowych (USA)

Science and religion teachers are often confronted with questions from their students about bioethical issues. Many teachers have concerns about time constraints or the controversial nature of the topics, but the study of bioethics can encourage important critical thinking and problem solving skills. When students are actively engaged in real world problems, they develop an appreciation for the relevance of science in society, while at the same time enhancing their scientific literacy. Bioethical case studies range from relatively non-controversial issues, such as physical enhancement or ecological ethics to the most contentious, such as cloning or stem cell research. Finding the appropriate case studies for the grade level, type of science classroom, specific needs of the students and the sensibilities of administration and parents is important, and there are many resources available to teachers interested in this approach. Although I have always incorporated bioethics into my curriculum, it was nearly ten years ago that I obtained permission to design and teach a course focusing solely on bioethics. Ethical Issues in Science is an interdisciplinary course that weaves together theology, literature, film analysis, history, comparative religions, law, government & politics, cultural anthropology, psychology, media studies, and philosophy, all within the framework of science. This interdisciplinary approach provides many opportunities for critical thinking. Primary source documents are used to model and practice critical thinking and reading. Development of research skills, writing skills (both creative and persuasive) and public speaking skills are important components of the bioethics curriculum.

Background/Aim/Conclusion: How many times as teachers have we heard the question, “When will we ever use this?” I’ve heard this in my biology class and in my anatomy class, but NEVER in my bioethics classroom. Bioethics topics can be found in every newspaper, magazine, talk show, television news program, and medical and courtroom dramas. Bioethical dilemmas are interesting. Because of this, they can be used to painlessly teach students critical thinking and problem solving skills. Self-motivation, self-discipline, organized thinking and responsibility can be developed and nurtured through the teaching of bioethics. What’s great about the development of these skills through the study of bioethics is that they don’t have to seem like work. Students are engaged, even fascinated. They see the study of bioethical issues as important and timely and interesting. Many people ask me, why should we teach bioethics to high school students? Wouldn’t it be more appropriate in a college setting? There are many problems with putting off discussions until college. First, not all American students go to college, or if they do, don’t take ethics or philosophy courses once there. These students will be faced with these issues in their personal lives, through the various media and when they are asked to vote as citizens. They need to be prepared to analyze the arguments and make informed decisions. Secondly, students who do go on for postsecondary education will be bombarded with many different points of view and need to have the tools to evaluate the arguments presented to them. We are doing them no favors if we send them out into the world unprepared to make careful, critical judgments. If their only argument is that “my parents say this” or “my priest says this” they will not be able to answer for their beliefs in a way they can be proud of. To send them ignorant out into the world is to make them vulnerable to slick and superficial philosophies. Although traditionally students get their first taste of philosophy as college freshmen, there is no reason they should have to wait that long. There are effective strategies for teaching philosophy, and ethics in particular, at earlier ages. A recent symposium at the University of Pennsylvania Center for Bioethics focused on the importance of teaching philosophy to children of all ages. More high schools around the country are incorporating bioethics into their curricula than ever before. This is an important area of ethics education that should not be ignored.

The development of education in bioethics in the Dominican Republic
Andres Peralta-Cornielle (Dominican Republic)

The development of bioethics in Dominican Republic started in 1988. Formal education in the discipline started much later.

With the objective of analyzing the quality of bioethics teaching at the graduate level, and as part of a master’s thesis in bioethics, an observational, descriptive and transverse study of the teaching of medical bioethics was
implemented in 2009 in the 10 medical schools in existence in the country at the time. We reviewed the analytical programs and interviewed two focus groups: faculty teaching medical ethics and students that had taken the class. The analytical programs had deficiencies in the description of the class and its specific and general objectives. There were marked disparities among medical schools in the academic credits and the hours assigned to the class. There was great heterogeneity in the thematic content and the educational methodologies of the programs. The methods for evaluation were very different among the schools.

In most of the programs classes were given in only one stage of the curriculum, usually at the beginning of the clinical stage. None of the school coordinated medical ethics with other humanities classes and there was no transverse integration with other classes in the school’s program.

In most cases teachers were not familiar with the general nor the specific objectives of the class. Those teachers expressed the desire to develop the capacity to teach medical ethics as did the rest of the teachers of the medical schools. All the students demanded better instruction about the general and specific objectives of medical ethics and a bigger emphasis on the definition of bioethics concepts. A large part of the students stated that being taught the subject produced a very positive influence for their handling of the doctor-patient relationship and for their practicing humanized medicine.

As a perspective of the future, we include the program in Medical Ethics of the school of medicine of Universidad Dominicana O&M, which is scheduled to start soon.

The teaching of bioethics at the postgraduate level started at the end of the Master Program of the PAHO Regional Program of Bioethics, with teachers from the Universidad Complutense de Madrid, Spain, in 2000-2001 academic year. In 2004 the academic council of the Instituto Tecnológico de Santo Domingo (INTEC) decided to start its own Masters in Bioethics program with Dominican teachers. The curriculum kept the same classes in 2 blocks: Fundamental Bioethics and Clinical Bioethics, each with 36 class credits and 14 credits for the final thesis.

Since 2004 the program has graduated 110 masters, 33 of them Dominican.

Reflections on the Current Status of Bioethics Education
Alexandra Mogyoros, Maxwell Smith, Diego S. Silva and Serena Purdy (Canada)

While conversations about the regulation of bioethics as a profession have been in the forefront, dialogue about the impact that bioethics education has on aspiring researchers and bioethicists has been largely overlooked. The implications of bioethics education are not only essential to current students, but will play an integral role in shaping the very field of bioethics.

After completing an undergraduate degree, many students interested in bioethics question whether to pursue graduate education in the form of interdisciplinary degrees in bioethics departments (the ‘bioethics-centred model’) or study in traditional streams, such as philosophy, law or health policy, with a bioethics focus (the ‘department model’). This paper will explore the merits and challenges of each model in light of a student’s individual ambitions and the bioethics landscape as a whole.

Background of the topic: The field of bioethics is caught between an interdisciplinary study and a stand-alone discipline related to investigating the values of, and about, health. In light of this tension, the education of the next generation of bioethicists and bioethics academics seems under-discussed and underdeveloped. In this paper we will describe the pros and cons related to pursuing graduate education in the form of interdisciplinary degrees in bioethics departments (the ‘bioethics-centred model’) or study in traditional streams, such as philosophy, law or health policy, with a bioethics focus (the ‘department model’).

Aim/purpose: To engage the bioethics community in a discussion about the education of the next generation of bioethics practitioners and scholars. This will be done by exploring the merits and challenges of the two different models to bioethics education.

Methods and/or philosophical perspective: Building upon a literature review, as graduate students with a vested interest in the field and education in bioethics, we have reflected on our experiences to begin a discussion and provide a frontline perspective on this topic.
Results, outcomes and implications: This paper explores the advantages and disadvantages of pursuing a career in bioethics via multi-educational paths, in light of one’s individual goals and ambitions as well as the current bioethics landscape. This discussion provides insight into the merits of each educational model for our peers and the bioethics community at large. The authors conclude that it is best that students be as informed as possible about which model will best suit their ambitions.

Conclusion: Drawing on the perceived merits and challenges of either model, we conclude that aspiring bioethicists be explicitly aware of the distinction between these two models and the benefits and obstacles faced by students in either stream. Understanding the different educational paths will provide essential knowledge for students to make an informed decision about their future.

**Teaching empathy toward the poor and medically underserved: Distributive justice concepts in today’s conservative classroom**

*Margaret Rosenzweig, Annette DeVito Dabbs, Heidi Donovan, JiYeon Choi (USA)*

Background: Helping students develop an affinity and empathy for the poor and medically underserved is an important goal of education in the health sciences, specifically nursing. Yet, the importance of distributive justice, a mainstay principle of modern bioethics and nursing practice, is increasingly under siege in today’s nursing schools. Deep rooted conservative political views, fueled by the current economic crisis, have prompted many nursing students, primarily from the middle or upper class strata, to echo the larger society’s beliefs that distributive justice of healthcare for the underserved is a liberal, socialist and un-American concept. These reactions present challenges to nurse educators who strive to raise awareness and empathy for such vulnerable groups.

Aim/Purpose: The aim of this project is to generate ideas and strategies about how to best integrate the bioethical principle of distributive justice for healthcare within today’s nursing curriculum.

Methods: Best practices and exemplars for teaching distributive justice, particularly care of the poor and medically underserved, were identified from the literature.

Results: Strategies utilized to teach health professionals can be categorized as institutional, didactic and experiential. Although some educational strategies have improved knowledge regarding the poor and underserved populations, to date, no educational strategies have proven successful in changing attitudes or influencing the direct care of vulnerable patient populations. Strategies showing potential for changing attitudes toward the poor and underserved are:

**Institutional:** Increase student representation from racially and socio-demographically diverse populations. Schools of nursing must provide financial support and post-admission mentoring for students from disadvantaged backgrounds to combat the socioeconomic and cultural barriers that prevent many poor students from initiating and completing nursing education.

**Didactic Learning:** Review and discuss professional codes of ethics such as the American Nurses Association Code of Ethics for Nursing which provides foundational support and a professional mandate for the concept of distributive justice. Assign guided readings to broaden students’ world views and challenge their attitudes or beliefs toward the poor.

**Experiential Learning:** Raise middle class students’ sense of personal vulnerability towards poverty through structured role play. Strategies include having students navigate the difficult process of the poor accessing affordable health care, assume the roles of service providers caring for patients experiencing poverty and attempting to access health care, and by employing role play of patient scenarios to demonstrate how little it takes (illness, abusive relationships or economic downturn) for individuals to find themselves in a similar predicament. Traditional mentored clinical experiences may actually decrease empathy toward the poor. This is attributed to poor clinical role modeling. Service learning through clinical experiences in agencies that specifically treat underserved populations allows students to be mentored by health care professionals more likely to be respectful of vulnerable patients and more effective in meeting their unique needs.

Conclusion: We must acknowledge that nurses’ attitudes toward poor and underserved patients are a reflection of society’s view. Negative attitudes potentially introduce practice bias. Attitudes cannot simply be changed through
classroom lecture. Strategies to improve attitudes and empathy toward the poor and underserved are worthy of further research.

Parallel session 2: Business ethics

Business Ethics Considerations in International Education: Pittsburgh to Ireland; Ireland to Pittsburgh
M. Kelly, J. Lamb, J. Schnatterly (USA)
Background of the topic: This research project was inspired by the long standing relationship between the Ireland Institute of Pittsburgh and Duquesne University. It is also supportive of the University’s strategic plan regarding international education.
Aim/purpose: To compare and to contrast the ethical stakeholders and ethical lessons that each organization must include in preparing international education participants for a positive and enriching experience.
Methods and/or philosophical perspective: This is an exploratory project to compare and contrast the methods of ethically preparing stakeholders for international business education experiences. A situational analysis of each organization will be established. Stakeholder identification and SEPTE (social issues, economic issue, political issues, technological issues and economic issues) analysis will be included. Ethical challenges will be identified. “Next steps” will be offered by each program.
Results, outcomes and implications: This information will assist in the ongoing program improvement for both organizations.
Conclusion: The organizations will be able to take this information back to the program development and training staffs for review and possible implementation in future programs and future training.

Ethical Financial Reporting Choice: The Influence of Individual Characteristics
Jane Cote, Claire Latham, Debra Sanders (USA)
A recent meta-analysis identified nine individual characteristics influencing unethical choice in the workplace (Kish-Gephart, Harrison, and Treviño 2010). In the accounting profession, upholding ethical and professional values is a primary expectation to maintain trust among key stakeholders. Accordingly, ethics training is mandated by many state boards of accounting and ethics instruction is a component in undergraduate accounting curricula. Our purpose of this study is two-fold. First, we investigate whether the characteristics identified in the meta-analysis, when included in a single study are significant predictors of ethical financial reporting choice.
Second, we create a dependent variable to measure ethical financial reporting choice, including the conviction subjects hold in their choice.
Subjects were intermediate accounting students. The first week of the term they completed several scales inventories to measure the study constructs. The sixth week of the term after a revenue recognition module, students completed a case study. They had three choices for proper revenue recognition with one preferred from the auditor perspective, one proper but highly biased by management incentives and one neutral. The choice determined whether they acquiesced to pressures or whether they chose to speak up against providing biased financial information. In addition, subjects provided a level of confidence for selecting this choice, assigned likelihoods to each of the choices, and answered supplementary questions to demonstrate the process they used in deciding on the choice.
One goal with this study was to determine whether the individual characteristics identified in the Kish-Gephart et al. (2010) meta-analysis are significant when examined collectively and using accounting students as subjects. Finding partial agreement is useful as we seek new approaches towards accounting ethics instruction. Accounting students who chose the major due to an affinity with rule-based decision making may be anxious when presented with an ambiguous reporting choice. Our findings demonstrate that students who have idealism, consequentialism, and external locus of control tendencies scored high on our dependent variable, Ethical Reporting Choice. Those with high levels of Machiavellianism scored low on Ethical Reporting Choice. Thus, ethics instruction needs to consider how to design curricula that individuals with Machiavellian views will internalize and recognize as consistent with their own views.
The research design we employed is unique but easily adaptable to other studies. With the technical accounting topics, an examination can be administered to assess proficiency. An ethics examination can measure students’ knowledge of the philosophical ethical dimensions and the framework for making an ethical decision. However, an examination cannot assess students’ decision-making under stress. Our dependent variable created an opportunity to observe ethical choice and measure choice intensity. Using choice, rather than attitudes or intentions, as the dependent variable allows us to more directly observe ethical decision making under managerial pressure and explanatory constructs. Choice and behavior are the ultimate constructs we seek to impact with ethics instruction and the dependent variable we created measures both.

Is there room for business ethics education in the HITS’ Network?
Thouraya Karoui Derouich (Tunisia)

Crises, scandals, corruption, embezzlement, malpractice are words frequently used to describe the news not only in the economic field but also in the political, social, ecological, technological and all the other areas of the human activity. Since ethical problems arise in almost all areas of the human activity, then it is obvious that they should be dealt with in all disciplines at the university. In the business area particularly, the continued erosion of business ethics prompted a deep questioning over the role played by business schools and consequently increased interest in business ethics teaching.

Nevertheless, in terms of legitimacy, business ethics courses were subject to particular challenges because of the resistance to such courses among business professors. But the repeating waves of business scandals and the proliferation of corporate dishonesty and cheating have created an increasing conviction among academics that business ethics should be an integral part of the business curriculum. The debate shifted from “can business ethics be taught?” to “how to make the teaching of business ethics more effective?” It has therefore changed from a question of legitimacy to a question of approach.

In Tunisia, most students graduate from business schools with very little or no moral preparation at all. Particularly, in the Higher Institutes of Technological Studies’ Network (the HITS’ Network), analysis of the existing business programs reveals the minimal attention given to ethics education. The idea underlying this research was that the humanities in general and business ethics in particular should be more embedded in business management programs. The subject seemed in fact to be relegated to academic initiatives and efforts.

The purpose of this research is to review the major debates regarding business ethics teaching in order to assess the current faculty attitudes toward these debates and to determine whether ethics can have room in the HITS’ Network business curriculum. In fact, it is primarily business school faculty that implements business education. As an initial experience with the topic, 129 business teachers from the HITS’ Network were surveyed to see how they regard the major debates in business ethics teaching. This study clearly reveals that the majority of business teachers in the HITS’ Network support business ethics teaching; however they believe that there is no need for a separate business ethics course. The preference is for components integrated in particular courses in the business curriculum. There is also a large preference for ‘practice oriented’ course content and pedagogical approaches. The findings reveal also that business educators in the HITS’ Network show a real concern with the contents and the teaching techniques of business ethics courses and find out that they are part and parcel of their academic goals. Furthermore, the results also suggest that more steps should be taken foreword with business and business ethics teaching. Thus, a deep reflection about business ethics education in the HITS’ Network is therefore needed.

Morals, Moguls and the Movies: Examining the Relationship Between Exposure to Business-Related Films and the Development of an Undergraduate Student’s Business Ethic
Geoffrey R. Archer (Canada)

Today’s undergraduate business students were born after the movie Wall Street left theatres in 1987. Alarmingly, the film’s melodramatically capitalist mantra ‘Greed is Good’ sounded like a reasonable business ethic to many students watching the film for the first time in an online new student orientation program in the Fall of 2010.
Literally, I asked a few dozen twenty somethings who had just seen Wall Street, “What is your business ethic?” More than half of them said ‘Greed is Good’ works for them. While this is terrifying on face, it is not without complexity. In fact, many students also proffered sensitive, well-thought-out reactions to movies that vilify big business (i.e. A Civil Action or Supersize Me). Several related concerns percolated, the foremost being that these students’ business ethics were malleable, and they seemed to be strongly affected by media exposure in the classroom. Accordingly, this research project investigates how undergraduate students’ business ethics are affected by the pro-business or anti-business tone of the films that they see, and the order in which they see them.

This research is supported with a small grant from two universities in Western Canada that have formed a collaborative community for the scholarship of teaching and learning (SOTL). In October 2011, qualitative data was gathered in three ways, and it will be analyzed this winter. Meeting on-campus during orientation week, new students were separated into two ‘theaters.’ Students in Theater A saw a pro-business film (e.g. Wall Street) first and then an anti-business film (e.g. A Civil Action) a few days later, whereas the reverse was true in Theater B. Pre- and post-surveys ask the degree to which a student agrees with a dozen value-laden movie quotes. Dyadic interviews unpack what new business content each student learned from each film, what they now wanted to learn as a result of watching the film, and which decision undertaken by a character in the film they would have done differently. Finally, a classroom-wide discussion is capped off with one minute papers that ask a student to summate how this engagement has affected them.

More questions will surely arise during this project. Do students anchor to the first movie they see in their new role as a business school student? Is this anchoring effect stronger for a nice movie or a naughty one? Any significant findings will hopefully inform curriculum design and more active, deliberate management of media sequencing within and between business school courses.

Teaching business in the United Stated and Panama: Some impressions and assessments
William P. Smith (USA)

I have been teaching a senior-level, business-ethics, capstone course at my university for a little over twenty years. We are a public university with an undergraduate student enrollment about 20,000. Approximately five years ago our college of business (AACSB-accredited) entered into a partnership with a private university in Panama City, Panama. This university has partnerships with several other U.S. universities including University of Louisville, Towson University (Maryland), Empire State College (New York) and Florida International University. The parameters of these partnerships vary in each circumstance. In our case, (Towson University) we cooperate with the local university to offer the complete business curriculum. Local instructors from Panama can teach many of the basic courses (e.g. Introduction to Accounting). More specialized or advanced courses (e.g. Business Ethics and Society, Business Policy and Strategy) require professors from the U.S. to travel to Panama. For the past three years I have travelled to Panama to teach an intensive version (four-hour meetings, five days a week, two weeks) of the same course I teach in the United States. This dual context invites some natural comparisons between teaching undergraduate business ethics in the United States with my experiences in Panama. If my presentation is accepted I would like to develop and share these comparisons.

Three types of comparisons are available.
First, I am able to offer some descriptions based on class records and personal observations. Class records and my personal recollections can provide a reasonably accurate picture of the demographic characteristics of United States and Panamanian students. One important characteristic delineating the two groups is that, unlike their U.S. counterparts, almost all Panamanian students have personal stories involving corruption.

There are two assignments that enable more direct comparisons. The first is called “My Top Ethics Advisors”. I ask each student to briefly describe three persons he/she would most like to have advice from if they faced a difficult person decision. These advisors may be personally known to the student (i.e. friends and family) or famous people from the past or present. Some worthwhile observations may emerge from comparing the ethics advisors between the U.S. and Panamanian students.

The other common assignment for both classes was an assessment exercise, “Smoothing the Factory Accounts” (http://www.globalethics.org/dilemmas/Smoothing-the-Factorys-Accounts/66/). We asked students in both
the U.S. and Panama to recommend a response as a means of assessing their ability to “Apply ethics in business decision-making, considering the impact on multiple stakeholders”. The assessment results here are really process-focused (i.e. could students effectively apply ethics in decision-making?). Those results may be interesting to consider. But another, more-worthwhile issue may emerge: What were the recommendations of the students in Panama and the United States? Are students from one of these countries more likely to recommend a “do nothing” or “fire the problem employee” strategy?

Two case studies in lending to the vulnerable: Indian microfinance and American credit card and payday lending

Eric Palmer (USA)
Microcredit, a non-profit lending approach that is often championed as a source of inclusion and empowerment for the poor, has in the past decade been followed by microfinance, a for-profit sibling of a different temperament. Microfinance in India is now in turmoil, the consequence of restrictive legislation enacted in the state of Andhra Pradesh that responded to reports of suicide by despondent borrowers. The microfinance market in this state reflects an acute, perhaps singular strain: microfinance debt for poor families now averages over a year’s family income, spread across perhaps ten concurrent loans. The loans demand debt service payments approaching a quarter of family income. Coupled with this burden, the state legislation has precipitated a protest of withholding payment that has frozen the market, producing conditions that are perhaps worse than those that precipitated the protest.

Microfinance shows parallels to exploitative lending practices that have developed in the global north over the past two decades. A portion of the North American poor, perhaps amounting to a twentieth of the population, also surrender a value approaching a quarter of their income to debt service. They may be in debt to credit card companies in amounts that are similar as a proportion of their annual income, and they pay the debt service at a comparable interest rate. Many also experience further draws on their resources as a consequence of borrowing through a credit system known as payday lending, a system that, in some states, allows rates of interest of 400%, more than seventeen times the legal maximum for microfinance in India.

This presentation will indicate fruitful parallels for teaching the ethics of business and global development that may be found in these apparently dissimilar lending situations. Indian rural families living on several dollars a day and American urban families living on $120 a day might seem hardly comparable at first glance, yet both groups occupy similar low rungs in each of the two societies, and their relation to debt can put their members in very difficult straits because they are vulnerable in the face of debt. The parallels suggest that, across both cultures, a liberal market-based approach to lending cannot be the ethical option, and proposed egalitarian treatment of individuals, with regulation of loans as proportionate to individual income, also appears to be inappropriate.

This presentation argues that, alongside liberty and fairness, another ethical dimension, vulnerability, should be entertained in decisions regarding lending. Vulnerability concerns sensitivity to shock and the inability to rally in the face of setbacks, and it fits well with ethical analysis that begins from the capability approach of Sen and Nussbaum. Vulnerability for a financial client may increase where the client’s financial cushion is thin, but health risk, limited access to information and limited comprehension of that information also contribute. One’s capability is lessened in any of these cases, and lessened still more where these factors are compounded.

Institutions behaving badly

Donald H. Schepers (USA)
Recent events have shown individuals and institutions behaving badly. Bishop Finn (Kansas City diocese) failed to report a known pedophile priest, and is now charged with a misdemeanor (Sulzberger & Goodstein, 2011). Penn State buried the Sandusky issues, resulting in both Pres. Spanier and Coach Paterno fired (Viera, 2011a), and two other officials stepping down (Viera, 2011b). MF Global ‘lost’ $1.2 billion in consumer funds, supposedly commingled with ill-invested bank money, and now the firm is bankrupt and an SEC investigation is underway (de La Merced & Protess, 2011). Reputation (Fombrun, 1996) has typically been the lens by which such events are analyzed, leading to an institutional analysis.
What reputation analysis fails to explain is the propensity to cover up such issues in the face of many instances of failed cover-ups, and their subsequent damages. Behavioral decision theory assists in understanding such propensities. Image theory (Beach, 1990, 1998; Beach & Mitchell, 1990) predicates three images used in decision making: short-term (strategic), middle-term (trajectory), and long-term (value) (Beach, 1990). In the case of the Catholic Church, it was the long-term image of moral authority. In the case of Penn State, it was the long-term image of the football student-athlete. In the case of MF Global, it was the middle-term and (hopeful) long-term image of the savvy investor. In each of these cases, events transpired to threaten the desired image.

Further, image theory is a two-stage decision model. First, there is a non-compensatory stage, where image violations dictate deletion of particular choices (Beach, 1990; Beach, Puto, Heckler, & Naylor, 1996). Following that stage is a compensatory stage, where costs and benefits are deliberated before a choice is finalized. This image threat is linked to the issue of loss aversion (Shapira, 1995; Tversky & Kahneman, 1986). Shapira (1995) structures propensity toward risky behavior around the aspiration point (the desired image, in this case). Under conditions that would satisfy the aspiration point and more, propensity toward risky behavior increases incrementally. Under conditions that threaten the aspiration point, as is the case in these instances, propensity toward risky behavior increases dramatically. Information flow likewise contracts under threat (Staw, Sandelands, & Dutton, 1981). When considered with the two-stage decision model of image theory, I suggest that reputational loss aversion causes the decision maker to reject full ownership of the issue, and instead implement a cover-up strategy.

Individual and organizational learning must reinforce the need to reject the illusion of cover-up, and instead pursue complete information and robust disclosure. This counter-intuitive activity is the only way to ensure long-term image maintenance.

Parallel session 3: Clinical ethics

Ethics education for psychiatry residents: a mixed methods retrospective evaluation of an introductory course and a quarterly seminar
Abraham Rudnick, K. Wada and M. Doering (Canada)

Background: Bioethics postgraduate (resident) medical education is relatively neglected, although it is very much needed, e.g., for intra- and inter-professional practice. Bioethics education for psychiatry residents is particularly important, as psychiatry practice is rife with ethical issues, such as competence to decide on treatment. Yet psychiatry residents’ ethics education is still an underdeveloped area without consensus on its goals, methods, and evaluation.

Purpose: The purpose of this study was to retrospectively evaluate the effectiveness of an ethics education program for psychiatry residents at a Canadian University, and based on that to provide suggestions for development and study of bioethics postgraduate medical education in general and of bioethics education for psychiatry residents in particular.

Methods: At the Department of Psychiatry, the University of Western Ontario, a one-day introductory ethics course for the first-year (PGY 1) psychiatry residents has been held in the first month of their residency since 2005; this course covers basic topics in general and psychiatric ethics through interactive lectures and class exercises, such as case discussions, guided literature search and role playing. The residents complete pre- and post-test evaluation questionnaires at the beginning and at the end of the course. In addition, a quarterly seminar is held with all other psychiatry residents in this program; the seminar consists of 2 supervised residents presenting and facilitating a discussion with the other residents, and then being graded for their preparation, presentation and a final written report by their supervisor. A Mixed (quantitative and qualitative) design was used to retrospectively evaluate the effectiveness of the ethics education program. Statistical analysis with an alpha level of 0.05 was performed to test for a pre/post-test score change and for gender differences regarding the pre-test score, pre/post-test score change and seminar score. Residents’ feedback ratings about the introductory course were statistically described. Resident’s seminar reports were qualitatively analyzed to identify (1) ethical and other issues addressed and (2) ethical theories applied. Thematic analysis, informed by adult education theory that
distinguishes knowledge, skills and attitudes, was conducted on the seminar reports. Statistical inferential 2-tailed analysis consisted of t tests.

Results, Outcomes and Implications: Data from up to 24 residents in the program between the years 2005 and 2011 (inclusive) were collected and analyzed. The mean course-related score improved significantly from pre-test to post-test (p=0.00). There was no significant difference between men and women in relation to the pre-test score (p=1.00), the score change from pre-test to post-test (p=0.95), and the seminar score (p=0.14). Residents rated their satisfaction in relation to the introductory course as overall high (with their lowest rating being 83%). Thematic analysis of the residents’ seminar reports identified three categories of themes pertaining to the resident’s (1) knowledge of ethical theories or principles, and skills to apply these theories or principles, (2) attitudes regarding ethical issues involved in the presented case, and (3) views on ethics education.

Conclusion: Ethics education for psychiatry residents and its evaluation is promising. Prospective research at other universities using a psychometrically tested measure is required.

A Case-Based Approach to Ethics in a Surgical Training Program
Jason D. Keune, Ira J. Kodner, Mary E. Klingensmith (USA)

For the past nine years, the General Surgery residency training program at Washington University has used a case-based approach to discussing ethical dilemmas with residents in an interactive conference format. The didactic approach to teaching surgery to newly minted physicians includes an immersion experience of operating and clinical work augmented by the mastery of a large body of knowledge. Within this environment, it is difficult to find room to discuss cases of ethical import. The monthly ethics conference at our institution is one in which residents and students collect cases from their daily clinical experiences and discuss them with the group. Attendees include medical students, surgery residents, fellows and surgical attendings as well as members of the hospital’s ethics committee, nurses, chaplains and attendings and residents from other programs. PhD ethicists, as well as physicians with supplemental training in ethics also attend and help to enrich the discussion and frame it in terms of formal ethical thought. Our experience has shown that this case-based approach to teaching ethics to trainees is feasible in the surgical environment and is relevant to their education.

Background of the Topic: The discussion of ethical cases and the teaching of ethics has not, historically, been a substantial part of surgical training. The heavy workload and the considerable didactic requirements inherent in learning surgery historically precluded other educational endeavors such as this.

Aim/purpose: The aim of this paper is to present a novel case-based approach to teaching ethics in a general surgery training program which we have found to be successful.

Methods and/or philosophical perspective: We believe that this approach is an effective and engaging method to approach an important topic which is often overlooked. The approach fulfills “systems-based practice” and “professionalism” competency areas.

Results, outcomes and implications: The program was initiated in 2002 and is ongoing. There are several factors which we have noted over this time period. First, themes recur from year-to-year, therefore tools learned in the early years of residency can be applied to problems encountered later in the program. Also, because of these recurring themes, senior residents can then lead discussion and teach junior residents. Second, we find that there is an open, comfortable forum for nonsurgeon colleagues to interact with surgeons. The result is that points of view that are rarely considered by surgeons are added to and enrich the discussion. Likewise, the viewpoints of surgeons, which may not be familiar to those outside of surgery, are shared. Third, residents appreciate the opportunity to air ethical concerns that may be emotionally charged; there is scant opportunity to do this elsewhere within the residency experience. Finally, whereas the discussion of surgical science in our other conferences can often preclude the heavy involvement of junior trainees, the discussion of ethics is more equitable. The absence of a “right” answer seems to be the major factor in the freedom that junior residents feel to participate.

Conclusion: The use of a monthly case-based approach to teach ethics has been an effective way to address an oft-neglected topic with the surgery residency curriculum. We have found this method to be extremely rewarding.
Case finding: A method for assessing the ability of medical students to identify and analyze ethical and professional problems at the bedside

Alan Rubinow (Israel)

Many medical schools offer students compulsory lecture courses in bioethics, communication and ethical conduct prior to their initial encounter with patients. Often this exposure is too early in the curriculum, remote from the clinical arena and its relevance to individual professional development not appreciated. Teaching clinical ethics and professionalism to medical students and evaluating whether the relevant concepts can be learned and applied in the clinical setting is a major challenge in medical education. Objective: To determine whether medical students, on their first internal medicine clerkship, can detect, analyze and apply basic bioethical concepts at the bedside. Methods: Following a 30-hour lecture based course in clinical ethics, fourth-year students began their first 12-week clinical rotation on a general medical ward. At the end of the eighth week each student was required to prepare a written report describing a patient he/she had encountered where an ethical/professional problem was identified, discuss the conflicting ethical principles and suggest way(s) to resolve the dilemma. The primary issue raised in each report was categorized as ethical, professionalism related or specific to the clinical training process of medical students. Each student presented his/her patient to a group of peers (20 students) and received written personalized feedback from the course facilitator. Results: From 2001-2011, 640 students have participated in the program. 620 students (96.9%) submitted relevant case studies and twenty (3.1%) could not find a suitable patient. 279 students (45%) presented an ethical dilemma autonomy, withdrawing/withholding support at the end of life, resource allocation, ageism, determination of decision-making capacity, surrogate/caregiver/family interaction etc. 217 students (35%) selected a problem in professionalism; confidentiality, truth telling, paternalism, arrogance, disrespect for patients, whistle blowing etc. 124 students (20%) emphasized ethical and professionalism issues specific to the status of medical students; terms of introduction, disclosure of information, practicing skills (blood drawing), presumed consent, intimate physical examination etc. Most of the cases were complex, represented a wide array of conflicting issues and allowed the students to demonstrate remarkable insight, reflection and observational skills. Conclusions: Case-finding is a useful approach to assess the ability of students to apply bioethical concepts as well as identify and reflect on problematic issues at the bedside. In addition, it promotes empathy, awareness and maturity at a crucial stage in their professional development.

Educating Bioethics Committee Members and Promoting Competent Bioethics Consultations: A Community Model

Miriam Piven Cotler (USA)

Along with the academic discussions regarding standards and certification of bioethicists and bioethics committees (BEC), stands the compelling need to provide competent case consultations in healthcare facilities ranging from the very small community hospitals, to the integrated medical centers. Although there are no systematic data, we believe that most of these committees are comprised of persons with little formal training in clinical bioethics, and most community hospitals have not contracted with consultants. Certification is a contested issue, and we can not sit idly while we debate formal standards. Thus, significant concerns abide regarding quality of BECs, including the training and knowledge of persons responding to requests for consultation, education and policy review, as well as the consulting process. This paper reports on experience conducting seminars for Bioethics Committee members and interested, qualified staff and physicians at several Los Angeles, California hospitals. The seminars were somewhat modified and conducted at intervals and times best suited to the particular institutional culture. Discussion includes approach, content, strengths and weaknesses of the seminars, along with examples such as differences in competence among discussants and criteria for eligibility to participate in consultations after the seminars.
Evidence-based Ethics: a case of clinical ethics in context for third year medical students in a longitudinal clerkship
K.R. Meacham (USA)
“Evidence-based medicine” is the professional standard for medical practice across the country and the world. The heavy reliance on data, if separated from narrative medicine and an ethics of care, however, results in morbidity in the entire medical profession. This presentation is a case study of an approach to teaching medical professionalism and ethics to third year medical students who are undergoing their clerkship in a longitudinal clinical program at University of North Carolina (UNC) School of Medicine Asheville (SOMA). A philosophy professor on sabbatical from Mars Hill College, I am initiating this clinical ethics education program into the SOMA curriculum during 2011-2012. This initiative with third year medical students is aimed at reducing the well-documented loss of patient-centeredness, empathy, and idealism that third- and fourth-year medical students are known to experience. Evidence shows that as students learn to identify ethical issues in real time in the context of care for their own panel of patients in this longitudinal program, they practice moral imagination that encourages empathetic understanding of more than one morally reasonable response to ethical conundrums. The rich international research and conversation in medical ethics funds their evaluation of the importance of ethical practice as well as clinical knowledge at this critical educational juncture.

Teaching ethics with interns: how to use the hidden curriculum?
Evert van Leeuwen (The Netherlands)
Ever since the introduction of courses in clinical ethics during internships, the contribution of that teaching to the professional competence and training of physicians has been discussed. The skills, attitudes and cognitive aspects of practice based learning during internships largely seem to develop in their own way. How the physicians-to-be shape their moral attitude and reasoning is left over to their own intentions and not so much the result of training and evaluation. Others have argued that the hidden curriculum in which the peers act and speak for themselves in the presence of interns, is largely dominant over the academic teaching of ethics. Both types of reasoning can be supported by some empirical evidence and in that way seem to seriously undermine efforts to improve clinical ethics teaching. A positive view on clinical ethics teaching in internship requires therefore some solid ground. Such solid ground can be reached if one realizes that the hidden curriculum has a twofold function: first as the way in which peers act against or critically evaluate ethical teaching based on theory, second as the way in which interns evaluate their peers and discuss them among themselves. Especially the latter function of the hidden curriculum yields opportunities to support the development in ethical skills, attitude and the recognition of dilemmas and issues. Within my paper some of these opportunities will be discussed in view of the development of a clinical ethics programme during the masterphase of a medical curriculum.

Parallel session 4: Medical ethics

Goals and methods of healthcare ethics education
Norbert Steinkamp (The Netherlands)
According to CanMeds 2005, a physician’s responsibility and accountability need to be differentiated into various aspects of expertise. In his or her practice as a medical expert, the physician ought to function as a professional, a communicator, a collaborator, a manager, a health advocate and a scholar. Research has shown that these aspects imply different, sometimes contradictory sets of values and norms. Occasionally, moral tension or conflict may occur between some of these aspects. For example, to collaborate with peers and other healthcare professionals, to communicate with patients, and fulfilling management responsibilities may each require different sets of values. Another example is the difference between the medical expert as a researcher/scholar on the one hand, and a health advocate for the patient on the other. A challenge for both the individual physician and the professional group as a whole is to integrate these various aspects into a concept of professional identity. To put the tensions in a broader perspective of reflective morality, Verkerk et al. have suggested to interpret professionalism as a second-order reflective quality, which should not
be reduced to either personal character traits (internal dimension) or behavior (external dimension). Rather, the concept of reflective professionalism includes, next to the aspects of medical expertise, an account of the situation in which a doctor’s personal qualities and behavior can be better understood.

This approach of medical expertise and professionalism requires critical reflection on the goals and methods of teaching in medicine, including the teaching of healthcare ethics. For ethics education in professional contexts, three general learning goals are considered essential: Knowledge, skills, and attitudes. Numerous methods have been developed to teach students and other apprentices how to acquire these goals. This presentation investigates the question as to which are the most adequate methods to teach either of the three general goals in healthcare ethics education: To acquire knowledge, to develop skills, and to internalize attitudes. A general overview and discussion will be presented of positions taken in the scholarly literature. The literature review is based on a search in PubMed / MedLine primarily, and completed by selected books and documents. The broader aim of the presentation is to contribute to the discussion about ethics education as part of the development of reflective professionalism. Beyond professional responsibility of doctors a multidisciplinary perspective will be kept in mind.

Challenges to medical ethics teaching in a global society
Cristina Gavrilovici, Liviu Oprea (Romania)

Background - Teaching medical ethics to medical students in a pluralist society is a challenging endeavor. Nowadays, there is lack of consensus in relation to the goals, outcomes and the way of teaching medical ethics. These programs, worldwide, aim either to develop ethical skills or to promote doctors' virtues. However, none of these approaches seem to reach their goals on long term. There is some evidence that ethics education contributes to an increase in ethics reasoning, whereas other studies show that medical ethics education either has a limited positive effect or even inhibits the normally expected increase in moral reasoning. This is so, because ethical erosion and decreased ethical sensitivity occurs through medical socialization during the medical studies. In addition, these approaches do not consider the multiple values of pluralist societies and, therefore, the ethical debate in medical schools is not placed in a global society context. Lack of cultural sensitivity enhances conflicts in the ethical debates and makes even harder to reach ethical solutions.

Ethical problem - Although medical education provides students with ethical knowledge, it does not change students’ ethical thinking and behaviour.

Argument - We argue that the goal of medical ethics teaching programs should focus on promoting a virtuous doctor with ethics skills. A virtuous doctor unable to identify and discuss an ethical dilemma may be vulnerable to ethical erosion by the end of medical studies. Similarly, a doctor with well-developed ethical skills will not be able to exercise those skills unless these are doubled by virtues. In addition, the curricular content, educational process and teaching methods should be adjusted in a culturally sensitive way in each society. The moral deliberation should take into account the multiple societal values. Nonetheless, we argue that medical ethics should be taught both as a core discipline in the medical curriculum as well as integrated within the clinical disciplines. This curricular approach may prevent ethical erosion and increase ethical sensitivity during medical studies.

Conclusions – Our paper shows that medical ethics teaching programs should use multiple ethics frameworks placed into the cultural context of each society.

Medical Ethics Education in Indian Medical Schools – A Critical Analysis
Ravi Vaswani (India)

The graduate curriculum in Indian Medical Schools runs for 4½ years (9 semesters). In the entire course a medical student is taught only 6-8 hours of ‘Medical Ethics’. The Medical Council of India (MCI) is the apex national regulatory body, created as an act of parliament and assigned among other things, the responsibility of maintenance of standards in medical education. In the objectives of the graduate medical education, it lays the responsibility of teaching ‘medical ethics’ with the Department of Forensic Medicine & Toxicology. The distribution of hours in the so-called ‘para-clinical phase’ (semesters 3 through 5) is directed to be equally divided between the subjects of Pathology, Pharmacology,
Microbiology and the combination of Forensic Medicine & Community Medicine. Further it is directed by the regulations that the division of teaching hours in the last combination be one-third/two-third. In other words Forensic Medicine & Toxicology receives one-third of one-fourth of the total teaching hours in the second phase. Medical ethics is relegated to second class priority and receives only superficial attention, over 6-8 hours of theory classes (one-to-many ‘inactive’ lecturing).

To further compound the problem, the curriculum only focuses on the doctor-patient relationship, the duty of a doctor and medical negligence. That is to say, the underpinnings are more in the nature of professional duties and ‘a code of conduct’. At no point of time is the student exposed to the ethics of research on human subjects, ethics of public health and its justifiable distribution. Nowhere does patient autonomy figure. No medical graduate is aware of the rights of animals. The concept of ‘bioethics’, as now taught in modern medical schools, and which encompasses the ethics of all life forms and their interaction with technology is not seen anywhere in our curriculum.

As a result, medical students view ‘medical ethics’ not in the broader sense of ‘bioethics’ but within the narrow perspective of duties and responsibilities of a health care professional

There is a growing need to restructure the teaching of medical ethics to the graduate students so as to teach it more comprehensively and make it more meaningfully applicable in the clinical setting. There is also a requirement to teach ethics of research on human subjects and research on animals and their rights. Ethical theories, which are the foundation for clinical decision-making in ethical dilemmas, need to be introduced in to the curriculum.

This paper envisages a solution to the problem of lack of ethics among doctors and researchers through enhancing awareness and knowledge of ethics at the graduate level. The model suggested is based on the modern theories of learning and aims at re-introducing ethics as an integrated subject, with more focus on clinical scenarios. The improvisation includes problem-based learning and self-directed learning.

**Ethics and bioethics at the School of Medical Sciences, UNICAMP: The creation of an axis of ethical and humanistic formation**

Flavio Cesar de Sa, Roberto Teixeira Mendes, Francisco Hideo Aoki, Antonia Paula Marques de Faria, Paulo Roberto de Sousa, Venancio Pereira Dantas Filho, Enidio Ilario, Douglas Fini Silva, & Joao Baptista Laurito Jr. (Brazil)

In 1998 the School of Medical Sciences, UNICAMP, began a process of curriculum reform that resulted in the creation of an axis of training in ethics and bioethics. We created the disciplines of Ethics, Bioethics and Medical Ethics, with 60 hours each, distributed in classes of 2 hours each, and given to students in first, second and third years of medical school, respectively. During internship we established the discipline of Ethics and Professional Practice, with 60 hours.

In the discipline of Ethics are covered topics such as definition of ethics and morality, general aspects of contemporary ethics, urban violence, globalization, professional etiquette, religion and spirituality, values and virtues and human rights.

In Bioethics, using the Universal Declaration on Bioethics and Human Rights of UNESCO as main theme, we discuss the historical context of the emergence of bioethics, principlism bioethics, bioethics and the preservation of the environment, bioethics and research with humans and animals, artificial fertilization, cloning, eugenics, abortion, genocide, use of drugs by doctors and medical students, iatrogenic, brain death and organ transplants and terminality.

In the third year in medical ethics, we use the Brazilian Code of Medical Ethics as an axis and discuss all ethical issues underlying the code.

All courses has the basic structure of a lecture with the whole class (120 students), where the topics are presented, followed by another class with the students divided into four groups where issues are discussed in more detail, using examples that has always a link with medical practice.

In internship we have made weekly discussions of clinical bioethics, as well as a practical training in communication of bad news.
The course has ten years of operation and has received great acclaim from students and faculty. Our School participates in an annual test along with nine other institutions of higher education in Brazil and the students of UNICAMP has obtained a performance in ethics and bioethics consistently higher than their peers in this assessment, showing that the model we have adopted has achieved a good result in medical training in their ethical and humanistic aspects.

‘Start with your own morality’ – teaching medical ethics reloaded
Rouven Christian Porz, Andreas Stuck (Switzerland)

The field of medical ethics in Europe – particularly in the German speaking parts – seems very much dominated by principlism (T. Beauchamp and J. Childress). The predominance of the principles both shape the clinical approaches to ethics in health care institutions, but also the teaching programmes of Universities and other healthcare education facilities. Of course, there is no doubt about the academic merits and pioneer-like compilation of the principles in the ongoing book editions of Beauchamp and Childress.

Still, from our own didactical perspective, their work often seems poorly interpreted, insufficiently taught and in addition, the top-down approach of the principles seems inappropriate to start moral reflections with those students or health care professionals who are inexperienced in ethical and/or moral deliberation. Secondly, from a methodological point of view, principlism is often depicted as the only universal approach of how to apply ethical reasoning in the broader field of medicine. Again, we think this is a simplification, especially caused by those teaching the principlism without acknowledging other theoretical sources to be useful in ethical education curricula and clinical practical endeavours.

In view of these two points of critique, our talk will illustrate our own ‘reloaded’ didactical and methodological approach to teaching medical ethics, both in the clinic, the University and in different Swiss education facilities. First, we present our teaching idea that mainly encourages students and health care professionals to start ethical deliberation based on their own morality. Second, we present a variety of methodological steps and tools to ensure and conduct a clear learning procedure moving from one’s own morality to ethical deliberation, taking e.g. into account virtues of professional roles.

In addition, we substantiate our approach by epistemologically reflecting about the use of different ethical approaches and theories in interpreting and analysing clinical situations. Doing so, we will show how to complement the teaching of principlism by amending notions of virtue ethics, care ethics, and by narrative and hermeneutic approaches to ethics. From a global perspective, we think that our starting point can better incorporate differing visions of morality and thus more attentively give voice to potentially dissenting moral visions that might be too easily blocked by the predominance of the principlism. We will draw on our research project in this field: “Improving methodologies of clinical ethics consultancy and teaching in Switzerland”, funded by the Swiss Academy of Medical Sciences (2009-2011).

Ethical Competence as a component of Professional Competence; Definition, Education and Assessment: a review of literature (2006-2011)
Wilma Göttgens-Jansen (The Netherlands)

Current changes in medical and pharmaceutical practice through policy and through innovative technologies requires increased interaction with patients, the public and other disciplines. This comes with increased emphasis on professional skills and attitudes. This is particularly true in today’s context, where patient participation in decision-making on choices concerning their health maintenance or disease management is being put forward in health policy. Interdisciplinary interaction, next to more complex professional-patient interactions, requires high levels of professional performance.

Whilst there has been much debate about professionalism, the concept itself remains elusive to framing definitions. This in turn gives rise to ongoing uncertainties of how professionalism should preferably be taught aiming at higher levels of professional ism, that can be assessed in an adequate and acceptable way.

Recently the CANMed’s competence framework has been introduced in medical and pharmaceutical curricula in several countries, including The Netherlands, to offer a new approach to competency based education of academic health care professionals. Professional competence is concerned with knowledge, skills and attitudes that are supportive of other competences and aims especially on ethical practice and performance.

The purpose of the review is to determine how Ethical Competence can be defined as part of professional
competence or professionalism, as discussed in the recent literature. Trying to isolate the ethical component of professionalism might help to get a clearer view of professionalism in general. Another goal is to establish what educational and assessment methods might be most effective for medical and pharmaceutical students and post graduates to become ethically responsible practicing healthcare professionals with a sustainable grow potential for further ethical development to become steady and proficient healthcare practitioners.

The literature review is based on a systematic search in PubMed and a complementary search in Embase, PsychINFO, Eric, Wiley Interscience, Google Scholar.

Carol Isaacson Barash (USA)

Few challenge the importance of ethical reasoning, and ethical behavior. And yet, comparatively little effort has been devoted to determining whether educators are successful in their methods of improving students’ reasoning capabilities. The effectiveness of ethics education hinges on identifying success, failure and determining reasonable criteria by which to measure such. Clarifying what is to be learned, what constitutes having learned it, and what demonstrates an ability to successfully apply learning to new future situations challenge both student and educators.

This talk will discuss the importance of evaluation ethics education, the limits of existing evaluation tools, and a road map towards doing better. Developing appropriate methodologies entails grappling with complexities surrounding the identification and measurement of normative reasoning ability as well as learned content. Such complexities are difficult to handle objectively in part because reasoning processes and learning outcomes are not tied to correct or incorrect answers or behavior. Short falls in evaluation research provide important considerations in developing effective evaluative techniques in ethics education. Effective evaluation of ethical education therefore is an unmet need. I will offer strategies towards developing better evaluation tools.

Parallel session 5: Clinical ethics

Clinical Ethics Education The experience of education in Ethics in a General University Hospital
Renzo Pegoraro (Italy)

There is a growing need for ethics training in clinical setting involving all persons who work in the Hospital with different responsibilities.

In the General Hospital of Padua, a Bioethics Service was founded in 1996, which has, among its functions, the education in Bioethics and Clinical Ethics.

Responding to this, the Service has begun to organize a training proposal consisting in:
- an introductory course in Clinical Ethics
- an advanced course in Clinical Ethics
- special courses in Clinical Ethics

The Introductory Course consists in 7 lessons, of 2,5 hours each, addressed to all Hospital staff (doctors, nurses, technicians, chaplains, administration staff,...), in order to create a common set of knowledge and basic methodology in order to manage the ethical issues in ordinary life of hospital and to discuss the ethical issues they meet.

The contents are: clinical bioethics methodologies, clinical encounter and relationship, allocation resources and some aspects of organizative issues in hospital, the relationship among ethics-law-professional codes, cases discussion on the beginning and the end of life.

The Advanced Course of a total of 10 hours is for those who attended the “introductory course”, and deals with the following issues: communication in clinical context, clinical governance, informed consent, advanced directives, and decisions on the end of life issues.

The Special Courses of 10 hours each one are on special areas: neurology, geriatric, intensive care.

The results are very positive, as confirmed by the participants’ comments, the greater care to the ethical issues in their work after the courses, the increasing report of cases to the Bioethics Service and to the Hospital Ethics
Committee (H.E.C.). It is relevant in our experience to have these courses of education and training in clinical ethics with the attending of health care workers with different roles, increasing the ability to understand the ethical issues and to have an active discussion and responsibility in these issues.

Clinical Ethics Consultation Core Curriculum for Volunteer Clinical Ethics Consultants
Kelly Stuart (USA)
Most hospital ethics committee members and consulting medical ethicists in America have post graduate degrees but no formal training in ethics consultation processes. Some have argued that there is a need for increased standardization and credentialing in the area of clinical ethics consultation. The ASBH, as well as other professional bodies, is actively debating the merits of credentialing and licensure in clinical ethics consultation. While credentialing employed ethicists is a reasonable priority for professional legitimacy and national standardization, there is also a need to educate health care workers in clinical ethics consultation. This is necessary so that health care workers can gain ethics knowledge per se as well as practical skills that can enhance direct patient care. Bon Secours Virginia has created and piloted a comprehensive clinical ethics curriculum designed to educate health care workers in ethics consultation.

The purpose of creating the Medical Ethics Consultation Curriculum is to involve nurses, chaplains, social workers, and other patient care personnel in our ethics consultation process directly to promote improved patient care through:

- Building sensitivity to potential ethical issues
- Creating capacity to understand ethical processes
- Teaching practical skills to promote diverse participation in consultation and resolution
- Encouraging ethical discourse in the clinical work environment
- Creating partnerships between medical care teams and vocational ethics consultants

The Medical Ethics Consultation Curriculum consists of twenty-four hours of education divided into twelve modules - two modules are taught in each of six, four-hour training sessions. Nursing CEUs are offered in the current course formulation, and CME will be offered in future courses for physicians. Training sessions are scheduled on a monthly basis. Faculty consists of experts in the field. All students are required to attend all sessions to complete the program, and students who complete the program may advance to participation in ethics consultation under the supervision of an experienced and academically credentialed ethicist. Three practical, skills-based workshops follow after the classroom learning experience.

Session 1: Medicine for ethicists
  Ethical theory
Session 2: History of health care ethics
  Informed consent and surrogate decision making
Session 3: Forgoing life sustaining treatment and addressing non-beneficial treatment
  Business ethics and resource allocation
Session 4: Narrative ethics and cultural competence
  Personal approaches to ethics consultation
Session 5: Models of ethics consultation
  Skills in ethics consultation
Session 6: Distinctive features of Catholic health care ethics
  Ethical and Religious Directives for Catholic Health Care Services

This report includes the complete ethics curriculum constructed through collaborative process with several current respected and experienced medical ethicists and an analysis of the completed first cohort of thirty-five students representing three Virginia health systems. In addition, student assessments and suggestions for improvement of the educational process and a “next steps” analysis will be available.
An Ethics Education Program for those Serving Incarcerated Populations  
Amy M. VanDyke (USA)

Background: In the past thirty years the United States has come to rely on imprisonment as its response to most types of crime. While the United States has only 5% of the world’s population it has 23% of the world’s incarcerated population. While there are several conflicting theories proffered for this unfortunate trend, the outcome has been an overwhelming burden placed on those systems designed to provide services to prison populations—in particular, health care. Overcrowding in these facilities often leads an exacerbation of health problems among individual prisoners, the overall prison population, and possibly society at large. Prison health care in the US is provided within several frameworks. In some states, services are provided exclusively by the state although they may be partially funded through federal dollars. In other models services are contracted through one of several private prison health care provider organizations via a request for proposal and competitive bidding process. In the remaining states services are provided through a combination of state/private provider partnerships. Across most of these various types of prison health care delivery systems however, there appears to be a scarcity of ethics education for those working within them. To address this need, an internet based ethics education program was developed in Pittsburgh for a locally headquartered prison health care provider with contracts across several states.

Purpose: This presentation will expound upon many unique ethical considerations within prisons and the appropriate application of the principles of bioethics. Additionally, one effort to develop a multi-part internet-based comprehensive yet basic ethics education program, which was developed for the use of a private prison health care provider, will be used as an example of the perils and potential successes in developing such an ethics education program.

Methods: This presentation will rely on available scholarly literature and statistics to define the scope of the prison problem in the US relative to other parts of the globe. This will include an examination of common health care issues found among incarcerated populations. Typical concerns such as disease transmission and discharge planning will be used to frame how the internet based ethics education was developed was developed.

Implications: By exploring the ways in which one program was developed to address a dearth of ethics education specific to those who serve the incarcerated, it is hoped that the lessons gleaned might be modified by participants in their home country, the goal being the provision of better services across prison systems world-wide by improving ethics education locally.

Conclusion: There has been little attention paid to providing ethics education specific to the needs of those who serve the incarcerated. This presentation will provide an example of one effort to provide such education. While this effort was undertaken for a private provider of prison health care services within the US penal system, it is hoped that the lessons learned from this unique effort might provide some insight into how similar efforts might be undertaken in other parts of the globe.

What Type of Training is Most Likely to Produce a Bedside Clinical Ethics Consultant?  
Robert D. Orr (USA)

Hospitals in North America are increasingly recruiting individuals to serve as clinical ethics consultants, sometimes expecting them to assist the ethics committee, but sometimes expecting them to provide bedside consultations on individual patients. Although the American Society for Bioethics and Humanities has published a guide to assist hospitals in selection of such individuals, there is currently no formal certification or credentialing process for those ethicists in North America. How is the recruiting hospital to know if the applicant will have the requisite knowledge, skills and character to provide bedside consultations? Ideally, they should be able to glean this by looking at the training and experience of the individual.

The author has participated in 7 training programs in clinical bioethics. These programs included fellowships, individual mentoring, faculty development programs, and graduate programs (MA or MS, on-line and face-to-face) in clinical ethics.

A brief survey was conducted of alumni of these 7 programs to determine whether individuals were providing bedside consultations before their training and whether they were providing bedside consultations after the training. Then several characteristics of the training program were selected to see which were associated with
increased performance of individual consultations. The program characteristics studied were: (1) purpose of the program; (2) duration of the training; (3) whether the program offered academic credit; (4) entrance criteria of the trainees, i.e., clinicians vs non-clinicians; (5) content of the program; and (6) experience of doing bedside consultations during the training.

The response rates from the 7 programs varied from 53-100% (av = 63%). Though the numbers are small (113 responses), preliminary observation suggests that the following characteristics are more likely to result in individuals who actually perform bedside consultations: (a) training undertaken by clinicians; (b) programs that are longer in duration; (c) provide more patient contact; and (d) have more consultation write-up experience.

Evaluating Healthcare Ethics Consultation as a Means of Education and Quality Improvement
Jason Batten, Miriam Piven Cotler (USA)

The impact of ethics education on the ability to deliver a high quality health care ethics consultation (HCEC) has not been studied and is not well understood because there is no established method for measuring the performance of this service. While the effect of ethics education on moral reasoning, a significant subcomponent of HCEC, has been studied, no significant relationship between the two has ever been demonstrated. However, much more than moral reasoning is required to carry out an effective HCEC. In order to empirically investigate the effect of ethics education on HCEC quality, a method of evaluation that comprehensively assesses the complex processes used in HCEC is needed. To address this, we are developing a method for evaluating HCEC that: (1) clearly defines the nature and goals of HCEC, (2) concretely specifies the processes used in HCEC, (3) provides post-evaluation guidance on how to improve practice in HCEC, and (4) can be adapted to a particular institutional context.

We approached the development of an evaluation method by reviewing existing literature on HCEC metrics with reference to Donabedian's three levels of quality: structure, process and outcome. An analysis of the congruence of each level of quality and the nature, processes, and goals of HCEC, as defined by ASBH, led to the conclusion that process measures should form the core measures of this method. We then created a clear framework of processes used in HCEC that describes multiple levels of performance for each process, enabling the identification of areas for reinforcement and growth. Additionally, we built upon our experience developing this framework by proposing principles underlying the design of a framework suited for a particular institutional context. This evaluation method can drive the development of clinical bioethics education in multiple areas. First, it provides a self-assessment tool for the providers of HCEC services. Second, it can educate students and committee members about the complex processes involved HCEC. Third, it can serve as the foundation for empirical investigation of the effects of ethics education on HCEC quality by quantifying overall HCEC quality.

How to Resolve an Ethical Dilemma: Teaching and assessing a critical part of clinical health care using knowledge, reflection, analysis and synthesis
Stuart Kinsinger (Canada)

Preamble: Teaching the professional health care student how to recognize and resolve ethical dilemmas first begins by definition: an ethical dilemma is a situation in which there is no obvious right choice, as two or more ethical principles apply, with these principles appearing to be in conflict. Common examples include decisional capacity, patient confidentiality and duty to report. There are many others.

Discussion:
1. They all gather all information regarding the principals involved and the ethical principles' incongruencies, as thoroughly and completely as possible. The ethics of care toward the patient, practitioner and all involved parties are then articulated. The health care tenets in dispute are to be understood from a both bioethical and clinical context.
2. They all list all possible options for resolution detailing the net benefit and harm to each party. The ripple effects of each choice must then be considered, extending to a tertiary level beyond the individuals involved, so that matters of public health and policy are considered. The integrity of the individual, the institution and the health care professions are to be included.

3. The last step is to make the most optimal choice, implement it and offer justification to all parties.

Class Assignment:
Students group themselves into 2 or 3 and then select an ethical dilemma that would reasonably be expected to occur in their clinical milieu. They choose one of the three approaches and describe the resolution with appropriate discussion points, all written up in a paper.
Grading is based, not on the strength of the dilemma selected, but in determining what ethical principles are in conflict and the decision making process used to implement the choice selected. Students take basic content and then climb up Bloom’s taxonomy hierarchy.
In-class time is used to introduce the content and go through case based examples relevant to one’s discipline. The student experiences the opportunity to work with peers in first choosing and then resolving an ethical dilemma. The context and parameters may be set by the instructor to allow for better application to one’s professional domain. The student engages reflectively as part of the assignment and must achieve a consensus with the partner(s), together producing a written document.

Conclusion:
The instructor has the option of selecting how best to offer the content to facilitate the aims of the assignment. Since the “millennial student” prefers reference material at his/her disposal, background information can be uploaded to the institution’s learning website prior to class time. The resulting assignment achieves both a reflective activity and an elevated Bloom’s taxonomy status.

Parallel session 6: Religious ethics

The place & the significance of ethics in Saudi Arabian health professional’s education and practice
Eisa Ali M. Johali (Saudi Arabia)

Background: The Kingdom of Saudi Arabia (KSA) is a newly developed nation, with deep cultural and moral historical roots. Its people as well its health care personnel suppose to be free of disuse and all medical errors, they should “do the right thing first time and all the time”. They should be honest, trustee and perfect in everything. However, due to increasing medical errors mainly with malpractice. There are widely claimants for studying this strange phenomena. As educationist I believe that this problem starts from education by which we can produce perfect healthcare or healthy heaven on the earth. As it widely noticed that the is no or low place for ethics in health sciences education.

Aim & objectives: The overall aim of this study is to raise the issue of need for standardized a national Islamic based modern educational courses and codes of Ethics for all health professions. To achieve this aim, there are many objectives, the major are:

- Examine the place of health ethics in our culture ‘Islam’.
- Explore the place of ethics in curriculum and practice.
- Investigate health personnel’s perceptions and evidences.

Methodology: The study starts with examining its historical cultural roots, and analyze the current curriculum, with a newly Johali modified ”HIDEDA”Johali 1995” to Analysis Evidence.

Then, a “Survey Study” in one page MCQ closed questionnaire with one open for comments was conducted to explore the significance and place of ethics in SAHPEP, Riyadh health services.

Results: As our Islamic culture rooted in Adam, Noah, Abraham, Moses, Jesus and finally, Muhammad (pbuh all), the study started with brief “Histo-Cultural” review.

Then the presentation will examine the place of ethics and its major related terms in the Holy Quran, the primary source of Islam.
The study investigated the place of ethics in the current curriculum of the Saudi medical and health science colleges. The survey covers 321 health personnel including physicians, dentists, pharmacists, nurses and other applied medical personnel.

Conclusion & recommendation: While the HP Education and practice are neglecting ethics as modern standardized courses and competencies, all participants 321 (100%) show high caring and respecting of ethics to educate and practice. It is true that almost all Islamic cultures are ethics but my argument that we do not practice, we have to move Islamic ethics to be practice in our professional competencies. This movement can be done by further scientific researches to support introducing more courses of ethics to all educational programs, and urgent developing of “National and International Code of Ethics.

Dennis Macaleer (USA)
Beauchamp and Childress’ Principles of Biomedical Ethics is a well accepted approach to contemporary bioethics. Those principles are based on what Beauchamp and Childress call the common morality. This dissertation employs New Testament theological themes to enhance the meaning of contemporary principles of bioethics. Beginning with the incarnation in the New Testament, the invitation-response hermeneutic is developed as a hermeneutic to use in studying the New Testament. The primary New Testament text for this study is the twin commands from Jesus to love God and love one’s neighbor. Three theological themes are developed from this study and these three themes are employed to enhance the meaning of contemporary bioethics principles. The three themes of the image of God, the covenant, and the pursuit of healing are deeply embedded in the New Testament and in the ministry of Jesus Christ in particular. Three contemporary bioethics principles are used for this dissertation, based on The Belmont Report. They are the principle of respect for persons, the principle of justice, and the principle of beneficence. In each case, the theological themes are shown to enhance the meaning of these bioethics principles. Each of the three principles, as understood through the three theological themes, is applied to a current bioethics issue to demonstrate the efficacy of this approach. The three current issues addressed are the withdrawal or withholding of life-sustaining treatment, the distribution of health care in the United States, and the use of palliative care. This paper was a dissertation for a Ph.D. in Healthcare ethics. This dissertation has value in education in providing another way to connect Protestant Christian theology and in particular the New Testament to the practice of bioethics in health care today.

Moral Education and Empathy: Religious Ethics and Neurosciences
Elias Ortega-Aponte (USA)
Argument: In this paper, I will put forward the argument that the inclusion of neuroscientific studies, particularly those pertaining to the role of emotions in moral decision making are essential to the successful pedagogical task of teaching religious ethics. I will make the case that reflecting on how the particular moral emotion of empathy contributes to the understanding (or not) a situation as a moral dilemma, has serious implications for religious ethics pedagogy, one that goes beyond applications of canons of faith. It is not often that religious ethics theorists considers how the emotive content of religious beliefs and practice impacts the living-out of religious ethics, or test how believers of the same faith tradition will interpret a moral dilemma in radical different ways, beyond offering explanations based on rational explanations and diverse interpretations of facts. The picture that I will present here will support the view that, in light of the role moral emotions, such as empathy, play in moral decision making, it is central to the practice of teaching of religious ethics to consider how biological responses mediate and frame the application of ethical principles.
Abstract: The interaction between science and religion poses profound, intriguing, and pedagogically stimulating challenges for the teaching religious ethics. In the context of higher learning in religious education, the labor distribution and curricular construction, usually divided between those seeking a professional development degree to enter into the service of religious communities and those seeking to enter into teaching/research careers, faces server constrains in the form of time, cost, denominational obligations, and marketability.
Thus, moral education may be relegated to cursory courses on Religious ethics and thematics electives (e.g., sexual ethics, ministerial conduct), leaving limited space for an in-depth consideration of how to think about the role that human biology plays in the moral life. Thus, moral dilemmas from religious ethics that sidesteps inputs from natural sciences runs the risk of remaining at the level applications of doctrinal/faith-based, or denominational postures on particular issues, say same-sex relations. Limiting the teaching of religious ethics in such a way, stunts the development of critical decision making process, short-circuits complex cultural, biological, and historical interactions involved in decision making process, as well as increasingly cementing dogmatic position. A possible correction to this is the incorporation of neuroscientific data that shed light into the role emotions play in moral decision making. Pedagogically, the introduction of scientific material may prove a daunting task among an audience of non-specialists; nevertheless, presented side-by-side with examples taken from literature, offers a way in which substantive ethical reflection will take place. How so? Reflection on a given piece of poetry, Rita Dove’s, The Transport of Slaves From Maryland to Mississippi, Edwidge Danticat’s essay, Create Dangerously, prison literature, or Picasso’s La Guernica, offers an opportunity to present ethical dilemmas and test the rages of emphatic responses to the situations encounter in these artistic creations and the re-evaluation of how religion may impact or prevent empathic responses; e.g., whether some one holding dogmatic view of sin will evaluate contrasting events differently in which actions that could be considered sinful are represented. From a neuroscientific perspective, ethical behavior appears connected to specific brain processes, particularly to emotions. Increasingly, the study of empathy has energized research in the roles that emotion plays in the moral decision making process. Neuroscience have also taken up the question of religious experience but separated from the ethical consideration; the primary concern has been with teasing out what happens in the brain during a “religious experience.” Thus, there arises an opportunity to push this line of inquiry further. If as P.H. Ditto (2011) has put forward, morality is something felt before thought about; furthermore, complex interactions between biology, culture, and personal experiences diversifies moral sensibilities among groups and individuals; then, what is felt and what is not felt, will be of consequences for the interpretation of moral dilemmas. The role of empathy on moral education and teaching presents some unique possibilities for the reframing and deepening of religious ethics, particularly in theological education that often falls prey to doctrinal particularism.

**The Hermeneutics of Teaching Ministerial Ethics in Dutch Liberal Society: The Case of Second and Same Sex Marriages**

_Theo Witkamp (The Netherlands)_

In teaching professional ethics in a permanent education program for (mostly) ministers of the Protestant Church in the Netherlands I encounter all kinds of questions which are symptomatic of much more education in ethics. The one I would like to focus on is the position of a minister who by his very role itself is caught in the tension between freedom and tradition, individuality and communitarianism. In order to be concrete I intend to take my lead from casuistry. Cases of second marriages and same sex marriages are good ones for our purpose. When people ask a minister for a liturgical blessing in church for their second or same sex marriages he is forced to clarify not only his personal thoughts, but also his social position. Schematically speaking we could say that by his function he represents the church and its tradition; by his profession he represents _inter alia_ the free responsibility of citizens living in a free and liberal world; and by his own person he represents his own family-values, his educational, political and religious values and the different internal voices that come along with these. It goes without saying that it is not automatically clear how to handle all these voices and representations, both internally and externally. It touches upon the decisions he takes, the conflicts he fears and upon his own religious identity. He will discover that his thoughts waver between free choice and community values, liberalism and tradition, and that, to a large extent, the whole discussion hinges on the question of autonomy, moreover that he himself, too, adheres to this autonomy. But how does it work in his practice when different values clash? What may people expect of him as clergyman? How is he prepared for his role by his professional education?

Casuistry will (a) show how ministers deal with these issues; (b) how we at the Seminary deal with them in a setting of permanent education; (c) how the methods themselves are relevant to strengthening the ethical competency. That is why the paper has the word _Hermeneutics_ in its title.
The Ethics of Gift
B. V. Johnstone (USA)

Background: The theory of the Gift received its initial impetus from Marcel Mauss, a French sociologist (*The Gift*, 1923). It was further developed by Emmanuel Levinas. The theme of Gift has been promoted by Jean Luc Marion. Others have developed the notion as the basis of an ethical theory.

Aim: To provide an outline of an ethics of Gift.

The most basic of all human relationships is the receiving and giving gifts. If we had not received gifts we would be dead. If we do not give gifts, we might as well be dead. To be a human person means to be a “gifted-giver.” A gifted-giver is one who has received the capacity to give from another, from parents and ultimately from God. We become morally responsible persons when we freely choose to be gifted givers. When such a person freely gives a gift to another she is constituted a giver by that other. There is no such being as a “self-made man.” The giving and receiving of gifts is a basic expression of love. However, many of our relationships are not based on the free giving and receiving of gifts: we enter into contracts, earn salaries, pay bills. These are the areas in which justice is required; but it is fundamentally love, expressed in giving and receiving that requires justice. In this way the theory offers a solution to the problem of the relationship between love and justice. Justice refers both to a virtue and to social structures. Justice is concerned with protecting and prompting the fundamental relationships of free giving and free receiving. Justice also requires that we construct social institutions for this purpose, such as law and rights, and the political systems that can sustain them. Thus the theory offers an account of the basis of human rights; rights are not justifiable by utilitarian calculations, nor do mere claims justify rights, nor do rights flow immediately from nature; we ought to construct rights to protect others in their relationships of giving and receiving. Those who ought to construct rights could not do so “behind the veil of ignorance” since to be able to give and receive we would need a thorough knowledge of the others who are to receive and of ourselves who are to give. In order to give a truly good gift to another, we need to have knowledge of the “nature” of that other, including the biology of that other. We would also need knowledge of the nature of the gift we propose to give to the other. Thus this ethic is a new version of the “natural law.”

Outcome: A theory of ethics that could provide a basis for dialogue in biomedical ethics between holders of “religious” and “secular” ethics.

Teaching/Experiencing Democracy and Pluralism
Jack Lule and Lloyd Steffen (USA)

This project focuses on the vital ethical issue of religious pluralism. How and why do peaceful relations among diverse religions flourish in democratic societies? In June of 2011, faculty and students from Lehigh University, the University of Michigan and Gadjah Mada University in Yogyakarta explored the themes of “Democratic Society and Religious Pluralism” in Indonesia and the United States.

Our presentation will describe and analyze this uniquely focused ethics learning experience, reflect on what the students took away from it, and suggest how it can translate to other international study programs. Democratic Society is a historic concept that emphasizes that democracy means more than a political mechanism for citizens to participate in a process of selecting elites to govern. Religious Pluralism acknowledges that in today’s world many, if not all, societies have multiple religions.

In Indonesia, a Muslim-majority nation, the group studied not only mosques, but Hindu temples and Catholic seminaries. They met with the Sultan of Yogyakarta and representatives of the U.S. embassy. They had an overnight trip at an Islamic boarding school. In the United States, the group visited an African-American history museum. They met with the Mayor of Bethlehem, PA, shared a meal with an Amish family, learned about the Moravian religion, participated in a Tibetan Buddhist service, and visited the U.S. Constitution Center, in Philadelphia. While in NYC, the students visited the United Nations, and Museum of Tolerance, and talked with representatives of the Indonesian mission to the UN and the American Society for Muslim Advancement (ASMA). This pilot project challenged the Muslim students to consider how they will share their experience of American pluralism with their university communities back in Indonesia and American students to consider how to share their new understanding of Islam and Muslims. By convening a group of Indonesian and American
students who lived, traveled and learned together, Lehigh University faculty were involved in creating a cross-cultural model for study abroad that moved away from intellectual tourism and toward true intercultural exchange and interpersonal dialogue. Students were immersed in an intercultural community of their own construction from which they gained insights into both cultures. While in their home country, students played host to their counterparts, sharing their knowledge and clarifying their own self-knowledge. While abroad, students benefited from the expertise of their local hosts and reached a deeper engagement with foreign perspectives, languages, cultures, and histories. By the conclusion of the program all students had profoundly changed both their academic outlook on the topic, and, more importantly, their own ethical understanding of religious diversity. Funding for the project was provided by the three universities as well as a U.S.-Indonesia Partnership Program planning grant and the U.S. State Department, and was administered by the International Institute of Education. A third Lehigh faculty member also participated in the program: Rick Matthews, Lehigh University, Bethlehem, PA USA.

WEDNESDAY MAY 2, 2012

Plenary session 2: What are the goals of ethics education?

How Effective Can Ethics Education Be?
Bahaa Darwish (Qatar)
Two or three decades ago, the question “what are the goals of ethics education?” emerged as an important question when many professional schools—medicine, business, and science, for example—have reinvigorated their curricula with a commitment to the teaching of ethics. Exploring the literature on the goals of ethics education set by various schools and researchers on ethics education, we can see a consensus regarding certain goals across different areas of ethics. However, there is disagreement among researchers concerning whether ethics education can help achieve such educational outcomes and consequently can change ethical behavior, which is one of the most important goals of ethics education. The claims of those who doubt the ability of ethics education to change behavior are not decisive. Therefore, the author sides with the general trend that it is important that more research be done on that issue. However, the author will argue, in this paper, that such mixed results should not be taken to justify the claim that ethics education is not effective in the religious communities since religious observance can influence the outcomes more than pedagogy. Students in such communities can benefit from ethics education as much as secular people provided that education focuses on the principled moral reasoning approach aspiring towards consistency. The second part of the paper is devoted to show how this can be achieved.

Parallel session 7: Pharmacy ethics

Teaching Ethics to Nurses
Sr. Rosemary Donley (USA)
Nursing education in the United States was shaped and influenced by a hospital- based educational system that developed in Great Britain after the Crimean War (1853) and was imported to the United States in 1883. The leaders of early American schools of nursing emphasized the development of moral character and professional behavior, what today could be labeled professional ethics or virtue ethics. Until the fifties, ethics was an inherent part of the fabric of the nursing curriculum and the life of student nurses. Today, as nursing education has moved into the educational main stream, the intellectual formation in ethics and moral development of nurses cannot be assumed.

Although nursing speaks to the value of ethical practice in its policy statements, there are many opinions about the “what and how” of ethics education. This lack of agreement is evidenced by a spectrum of unanswered
curriculum questions: who should teach ethics; what body of ethical knowledge is essential for the professional nurse; and what is the best format for ethics education.

A major source of difficulty lies with the faculty of nursing; only a small number of nurses are educated in the field of ethics. The dearth of nurse scholars in the field contributes to the ambiguity about which ethical understandings or frameworks should guide the practice of nursing. Many schools of nursing overcome the lack of consensus by teaching their students to be advocates for patients. While this approach resonates with the orientation of practice disciplines, experience teaches that it is difficult to sustain behavior, without a belief system to support it. Ethics education, especially the education of nursing faculty and nurses in practice, is critical if the next generation of nurses is to embrace ethics as a cornerstone of their professional practice.

Marketing Ethics and the Role of the Hippocratic Oath in Health Care: A Case of an African City Selected Doctors

Peter Mageto, Farida Wambui, Muturi Wachira (Kenya)

Prescription of drugs remains one of the roles reserved within the domain of doctors. Medical training provides an integrated knowledge of the disease processes underlying patients’ symptoms, combined with a thorough understanding of the physiological workings of body systems and the complexity of potential drug interactions. Such knowledge equips doctors to make rational decisions as to which drugs best benefit patients with minimum adverse effects (side effects). This prescribing power confers a huge responsibility upon doctors as confirmed by the Hippocratic Oath (2005) to follow only the method of treatment which according to their ability and judgment is for the benefit of the patient and abstain from whatever is harmful or mischievous.

However, we are aware that the nature of the relationship between members of the medical profession and the pharmaceutical industry has long been a subject of debate (Bluemethal, 2004). But it has been observed globally that medical practitioners in conjunction with pharmaceutical companies are prescribing and thereby promoting unnecessary drugs just for the sake of monetary gains (Steinman and Shlipak, 2001). Cooper and Hoffman (2002) argue that many patients do not know that pharmaceutical marketers have ways in which they can tell which doctors are prescribing what drugs. Armed with such data, a drug sales representative can pressure a doctor to prescribe more for a brand of medicine or fewer orders for a competitor’s drug. The pharmaceutical industry has taken a major role in providing such education through the process of drug promotion (Bluementhal, 2004).

The aim of this paper is to share the findings of a research conducted in three busiest hospitals in Nairobi, Kenya by exploring the influence of marketing on ethical prescription and promotion of drugs to doctors, influencing their prescribing behavior unethically and weakening of the healthcare systems as a whole in the country.

Therapeutic Grey Zone: Do Community Pharmacists Need to Learn Ethics?

Dien Ho (USA)

Not every profession requires a profession-specific ethics training. To become a professor of physics, for instance, one does not need to learn about educational ethics. Presumably, most of the ethical knowledge one will need to be a successful and ethical professor has already been learned at some earlier stage. When a professor does something that is blatantly unethical (e.g., accepting a bribe from a student), one is inclined to think that a course in professional ethics would do little to influence the moral dispositions and actions of someone so easily tempted. In other professions, however, a profession-specific ethics training forms an integral part of their education. In medicine, for instance, being ethical is an indispensable component of its practice. What distinguishes assault with a dangerous weapon from surgeries, after all, is the presence of consent—a moral concept. In this paper, I will explore the conceptual connection between the need of a profession-specific ethics and the roles and obligations of said profession. More specifically, whether the educational curriculum of community pharmacists should contain a profession-specific ethics training depends largely on the professional responsibilities of community pharmacists. If, for example, community pharmacists play a vital role in the health management of patients including the determination of patients’ therapeutic directions, then they are as much in need of an education in ethics as any clinical health care provider. However, if they serve essentially as gateways where their responsibilities are to dispense medications and to provide basic counseling, then the justification for
a profession-specific ethics training becomes far less obvious.

Aim/purpose: The aim of the presentation is to explore the need for ethics training for community pharmacists. Method and/or philosophical perspective: The main arguments rely on examining the conceptual relationships between professional goals and responsibilities and the corresponding moral demands that they generate. In addition, the presentation explores the philosophical justifications for profession-specific ethics training in general.

Results, outcomes and implications: Depending on how we construe the professional roles of a community pharmacist, the need for a dedicated ethics training fluctuates. One implication is that as pharmacists play more active roles in the health care management of patients, the demand for health care ethics in their training increases.

Conclusion: The current inclusion of health care ethics in the training of community pharmacists might not be philosophically necessary. However, if the current trend of community pharmacists becoming more integral to the determination of patients’ therapeutic direction continues, a pharmacy-specific ethics will become a necessary component of a pharmacist’s training.

Tackling Difficult Ethical Dilemmas through an Interprofessional Pharmacy Ethics Curricula
Julie M. Aultman, Kathryn Westlake (USA)

Background: Because healthcare is requiring a team-based approach for delivering effective and efficient patient care, there is a growing demand for interprofessional education at academic healthcare institutions in the United States. Northeast Ohio Medical University (NEOMED) has an established bioethics curriculum in the Colleges of Medicine and Pharmacy, and a Bioethics Certificate Program in the College of Graduate Studies. However, we found there was a significant gap in interprofessional education surrounding issues and problems specific to Pharmacy Ethics. The existing curriculum provided students with foundational tools in ethical theory and approaches to ethical decision-making in the clinical setting, but was often physician-centered, or failed to identify ethical issues and problems encountered by healthcare teams. Recently, interprofessional ethics education was achieved through the implementation of Pharmacy Ethics in existing curricular structures with a pharmacist who has a background in ethical theory and clinical ethics, and who is better equipped to participate in decision making with the health care team when ethical dilemmas involving medication use arise.

Aim/Purpose: The purpose of this paper presentation is to show how interprofessional ethics education was achieved through coursework and activities for first and second year medical and pharmacy students, and how a graduate course, “Contemporary Issues in Pharmacy Ethics,” was recently developed for bioethics graduate students who are also enrolled in either the medical or pharmacy professional programs at NEOMED. Besides describing the process through which interprofessional ethics education was effectively achieved, we describe the benefits and limitations of developing interprofessional ethics curricula with a focus on Pharmacy Ethics. Finally, we identify ways in which students develop skills to identify and tackle difficult ethical dilemmas associated with Pharmacy Ethics, but which require team-based approaches for resolution and reflection.

Methods and/or Philosophical Perspective: While this paper is primarily descriptive in nature, including qualitative and quantitative data acquired from the evaluation of our curricula, we examine our philosophical perspectives regarding the value of teaching interprofessional ethics through Pharmacy Ethics curricula, supported with a thorough literature review. We purport that issues and dilemmas specific to Pharmacy Ethics, e.g., just allocation of limited resources and drug shortages, have the ability to effectively guide students toward team-based ethical decision-making, moving them away from more traditional physician-centered ethics, while further expanding their moral imagination, critical thinking skills, and overall knowledge of ethical issues in the clinical setting. Furthermore, when pharmacy ethics is integrated into existing ethics curricula, this can greatly enhance the knowledge, skills, and perspectives of ethics and clinical faculty and contribute to ongoing faculty development and collaboration.

Results and implications: This presentation will provide guidance to ethics educators who plan to develop and implement an interprofessional ethics curriculum, and will serve as a point of discussion for those who have an existing interprofessional ethics curriculum in place.
Conclusion: While there are several limitations to the development and implementation of a successful interprofessional ethics curriculum, Pharmacy Ethics can improve team-based approaches to ethical decision-making in the clinical setting among healthcare professionals with diverse backgrounds. Furthermore, by having a focus on Pharmacy Ethics among existing bioethics programs, this can further diversify student learners and educators, and contribute to new ethical frameworks for problem-solving similar to existing structures, e.g., ethics committees and Institutional Review Boards.

Bioethics Education for Pharmacy Students in Japan: The Educational System and a Model Core Curriculum in the Light of Some Personal Teaching Experience.
Toshitaka Adachi (Japan)
The objective of this presentation is to describe recent developments in the teaching of bioethics education to pharmacy students in Japan, and to make some suggestions about the future direction that such education might take. I will begin with an overview of the general educational program offered to pharmacy students, and then describe a model core curriculum proposed a decade ago by the Pharmaceutical Society of Japan (PSJ). Particular attention will be paid to the place allocated to bioethics education in this model core curriculum. Some of the issues raised by these recent developments will then be discussed in the light of my own experience of teaching a bioethics course in Japanese.
In Japan, the educational system for pharmacy students at university level has altered drastically over the past decade. One of the most significant changes has been the extension of the length of the course for pharmacy students from four to six years, as required by the revised Acts of 2004. Candidates for a pharmacy license must now complete six years of college education just like other medical professionals in Japan, such as physicians. Why was this change made?
The first reason is the rapid and extensive advances made in medical technology in recent years, which have meant that pharmacy students now need to have more detailed and extensive general medical knowledge. Secondly, as policy in Japan has aimed increasingly at separating medical practice and drug dispensing, pharmacists are now expected to possess a higher degree of clinical competence and to take greater responsibility for risk management in dispensing drugs than used to be the case. In order to satisfy these new requirements and the expectations of society, it has been necessary to reorganize the educational curriculum so that pharmacy students can acquire a broader range of scientific knowledge and improved clinical competence.
In parallel with the extension of the length of pharmacy education, in 2002 PSJ proposed “An Educational Model Core Curriculum for Pharmacy.” This has been widely accepted as providing the essential guidelines for the new six-year long course for pharmacy students in Japan. It consists of three sections. In one of these, “humanistic education,” the general instructional objectives aim, among other things, to make students on pharmacy courses “aware of being professionals with their own human lives, capable of empathizing with other people so as to be able to behave in a professional manner, and able to maintain good professional relationships with others and to learn the habits that lead to self-improvement throughout life.” Bioethics education can be offered under this “humanistic education” section.
Showa Pharmaceutical University, a private college in Tokyo, adapted and reorganized its curriculum in 2006 in line with the above mentioned model core curriculum. I have been involved in bioethics education as a lecturer at this university. I will treat the bioethics education at SPU as one example, and argue that bioethics education for pharmacy students in Japan is still in its infancy and should be developed as pharmacy ethics education.

Parallel session 8: Ethics and biological sciences

Genetic-Ethics Education Challenges and Opportunities in Global Data Sharing
Carol Isaacson Barash (USA)
The purpose of this talk is to present challenges to and opportunities for ensuring successful education of genetics-ethics issues to the general public. It aims to raise the awareness of ethics educators in order to create open dialogue and solution strategies. The need for such is particularly crucial given ethical concerns regarding
the risk that knowledge flow will advantage the better resourced private and public entities in the West to the
detriment of the developing world and is arguably most acute in areas where basic literacy, not to mention
scientific or genetic literacy, is low.
Advances in genetics/genomics, spawned by both the sequencing of the human genome and the creation of a
map of human variation, are enabling the promise of personalized medicine; the ability to predict risk, diagnose
and treat with the right therapeutic for the right patient at the right time with the end result of improved health
outcomes at a lower cost.
The potential global benefit from practicing personalized medicine in the clinic is enormous. Vaccine
development is but one of many areas where genetic knowledge is enabling rapid development of targeted
prevention or treatments.
Complex analyses of the ever-expanding number of large-scale databases containing personal genotypic and
phenotypic data are critical to the continued growth of genomics. So too is global agreement about concomitant
ethical issues related to data sharing, if not also global benefit sharing.
Meaningful public understanding of genetics ethics issues is critical to research participation, which in turn is
necessary to realizing the promise of personalized medicine. However, potent educational challenges exist given
documented low levels of science and medical literacy, which is exacerbated by conflicting interests, rights and
responsibilities. In other words, making global benefit sharing a reality requires strong ethical understanding
which in turn requires well educated individuals at all levels of participation; lay persons, patients, providers,
researchers (both public and private), and policy makers.
By implication, ethics educators can play a vital role in ensuring successful genetics-ethics education. Ensuring
global benefit sharing requires remediying ethics educational challenges and innovative strategies given ever
increasing amounts of digitized personal data.

Research Ethics on Life Sciences
Okan Urker and Nesrin Cobanoglu (Turkey)
The term of life sciences is a discipline originating from basic sciences but also reinforced by the social sciences
(psychology, ethology, etc.) as well with a view to finding a solution for the ongoing and increasing environmental
problems and safeguarding the sustainability of the mankind.
The research ethics is defined as the set of principles representing the conscience of science community in the
solution of the value problems emerging in the process of scientific research and this ethics focuses on four basic
principles:
No Harm: It deals with the prevention of harms the experimental subject (species in this case) is exposed to in the
course of the research and requires the researchers to be fully equipped with an ethical training.
Respect to Life: We have an obligation to respect not only the lives of people but also of all creatures at a time
when the natural habitat is on the brink of extinction.
Privacy: It is extremely important to protect the privacy of the experimental subject in the course of a scientific
research. Within the context of our subject, the location and the photos of endangered species occasionally make
them turn into a target.
Informed consent: It is obligatory to inform the experimental subject about his/her/its freedom to leave the
process at any stage of the research and an informed consent must be provided in written. This conception must
be implemented in all life sciences even though it is the case for the medical researches conducted with the human
subjects. These researches, therefore, must be conducted under the supervision of a commission consisting of
expert scientists and non-governmental organizations having regard to the impossibility of granting an informed
consent of other creatures (domestic-wild animal, animal species) to be involved in the research of any life science.
It is now time to draw a line for the research ethics in life sciences and form our relevant questions within this
framework. In addition, the researchers must be provided with training not only in medical ethics but also in
environmental ethics for their researches concerning life sciences. While working on a study concerning life
sciences, we need to look from a perspective of ‘environmental bioethics’ including philosophical approaches that
can disclose our values as the part of a whole rather than an ethical approach.
Medical student attitudes and behaviors regarding academic misconduct
Hamna Asim, Ghulam Rehmani Lakho, Sheikh Abdul Saeed, Kulsoom Ghias (Pakistan)

Background
Although, honesty and integrity are key attributes of an ethically competent physician, academic misconduct, which includes but is not limited to plagiarism, cheating, and falsifying documentation, is not uncommon in medical colleges across the world and in Pakistan.

Aim/purpose-The purpose of the study described here is to assess prevailing attitudes and behaviours of medical students in Pakistan regarding academic misconduct.

The specifics aims are to:
Determine the attitudes and behaviours related to academic misconduct of medical students enrolled across all years of study at Aga Khan University (AKU), a private medical college
Determine any change in the attitudes and behaviours related to academic misconduct of medical students enrolled at Aga Khan University from the time of enrollment to graduation
Determine the differences in attitudes and behaviours related to academic misconduct between medical students enrolled at Aga Khan University and public sector medical colleges in Pakistan

Methods-Following approval from the Ethical Review Committee and Office of the Registrar/Principal of the participating medical colleges, and informed consent of the participants, medical students from all years at AKU and students from first and final year at a public sector medical college were asked to anonymously complete a brief survey. The survey presented 15 statements followed by related questions designed to query attitudes and behaviours regarding plagiarism, lying, cheating and falsifying documentation.

Results-With regards to the first aim, preliminary results of the survey completed by over 300 AKU students reveal that most students can identify what constitutes cheating and stealing, but not plagiarism. Importantly, ability to identify acts of academic misconduct does not deter students from engaging in the behaviour themselves. For example, while 87% of the students think it is wrong to cheat in an examination, 24% said they had cheated previously or would consider doing the same. Only 53% of the students consider it wrong to copy from a website without referencing it, while 26% had done or would consider doing the same. Preliminary data analysis also reveals appreciable differences in attitudes and behaviours towards academic misconduct between medical students at a private medical college versus a public university surveyed did not view such an act as inappropriate. Investigation of the second aim described above is still in progress, pending progression of the initially surveyed cohort to graduand status.

Conclusions-While many students identify and refrain from academic misconduct, several others believe that strict university policies force them to indulge in and accept academic misconduct. The results of this study may be used to inform curriculum and policy matters, to address academic misconduct within the medical school setting.

Event based Applied Ethics and Ethical Stakeholder Analysis
Richard L. Wilson (USA)

The purpose of this presentation is aimed at introducing the participants to the methodology of ethical stakeholder analysis. This method can then be employed in all areas of applied ethics using the study of cases. Ethical stakeholder analysis is based upon stakeholder analysis as a method of analysis used in theories of corporate governance, specifically within the domain of Business Ethics. Stakeholder analysis as a theory in corporate governance, is then generalized and modified to become a method for applied ethical analysis in general that is focused on ‘events’. Events are defined as the central issues occurring within cases. The need for this method was felt in the development of courses in Engineering and Computer Science courses. The swiftness with which technological innovation is occurring requires a method that can focus on dealing with ethical issues that arise as a result of the events occurring within professional existence.

Ethical Stakeholder analysis is presented as a method for analyzing cases that allows us to attempt to identify a series of difficulties that arise within applied ethical analysis from the perspectives of professionals and
stakeholders involved in a situation. This style of analysis offers a strategy for identifying and attempting to resolve ethical problems arising within cases, but also focuses on generating recommendations that will apply to similar cases in the future. Ethical stakeholder analysis can be used to analyze both contemporary and prospective future cases. Futurally oriented ethical stakeholder analysis can also be used to access impacts of events and issues found within cases upon future stakeholders.

**Parallel session 9: Ethics and law**

**The Effect of Statutory Limitations on the Authority of Substitute Decision Makers on the Care of Patients in the Intensive Care Unit: Case Examples and Review of State Laws Affecting Withdrawing or Withholding Life-Sustaining Treatment**

A. Venkat, J. Becker (USA)

While the ethics and critical care literature is replete with discussion of medical futility and the ethics of end-of-life care discussions in the intensive care unit, little attention is paid to the effect of statutory limitations on the authority of substitute decision makers during the course of treatment of patients in the critical care setting. In many jurisdictions, a clear distinction is made between the authority of a health care power-of-attorney, who is legally designated by a competent adult to make decisions regarding withholding or withdrawing life-sustaining treatment, and of next-of-kin, who are limited in this regard. However, next-of-kin are often relied upon to consent to necessary procedures to advance a patient's medical care. When conflicts arise between critical care physicians and family members regarding projected patient outcome and functional status, these statutory limitations on decision-making authority by next-of-kin can cause paralysis in the medical care of severely ill patients, leading to practical and ethical conflicts.

In this presentation, we will provide case examples of how statutory limitations on substitute decision making authority for next-of-kin can impede the care of patients. We will also review the varying jurisdictional limitations on the authority of substitute decision makers and explore their implications for patient care in the critical care setting. Finally, we will review possible ethical and legal solutions to resolve these impasses.

**Legal medicine and medical ethics in the third world: The Ethiopian experience**

J C Johnston (USA), B Arda (Turkey)

The multidisciplinary branches of Legal Medicine and Medical Ethics are highly interconnected with medical practice, and represent an integral component of medical education in the developed world. It is impossible to advance quality patient care and medical research without well established ethical canons and legal guidelines. However, these parameters are often lacking in the developing world. Ethiopia is arguably the most underserved nation on the planet, and completely devoid of proper ethical mandates. Ethical issues are informally managed in daily teaching rounds. There are no significant legal intrusions into local medical practice at this time. It may seem paradoxical to consider legal and ethical issues in a country with such limited resources. However, these matters are rapidly becoming a fundamental concern due to the advent of sophisticated diagnostic and therapeutic options, expansion of neurological services, an evolving legal community, heightened patient expectations and a host of other factors. Development of a formal program for these disciplines will improve the overall quality of patient care, advance research and provide a platform for future growth. One author (JCJ) initiated a Legal Medicine and Medical Ethics program, the other (BA) formalized a Medical Ethics symposium, and both are developing the curriculum for this emerging medical community. These two disciplines must be taught in unison. It must be an interdisciplinary approach across time, space, courses and departments, and focus on the practice of medicine. The program must be horizontally and vertically integrated into the curriculum, ranging from course work to post-graduate training. Syllabi will have to be adapted to local practice conditions and circumstances, necessitating restrictions to comport with this third world nation, but must include the following core subjects: basic principles of medical ethics; legal and ethical aspects of practice; medical licensure and privileges; communication and consent; physician-patient relationship; medical errors and patient safety; end of life issues; research ethics; public health matters; forensic science; and the legislative and judicial aspects. The
The Ways to Improve Bioethics Education
Eray Yurdakul, G. Ozbek, E. Kurt, A. Atac (Turkey)
The main question is whether bioethics education can be improved or not. At first sight, the answer seems to be positive. On one hand this fact is valid under the general conditions in the light of educational principles. On the other hand academic experience shown us that the bioethics education is improvable. This text will try to reflect an academic experience from the point of related literature. The presentation will focus on basic rationals of necessity at first, then the general framework of developing an educational program, and finally, the follow up process.
a. need
Do we really need ethical subjects in the curriculum of medicine and biological sciences?
A clear ethics component is crucial for humanitarian based medical activity. It has to be improved; because the professional attitudes related with medical humanities, because the humanistic features of medicine should be protected in the 21st century
b. developing educational program
What are the main items of the developing an educational model? This process should have the following determinants:
1. mission and vision,
2. educational needs,
3. aims and objectives,
4. planning the contents,
5. planning the methods and technics
6. evaluation process,
c. follow up
How can we see if the education is efficient? Is there any tool to reveal the efficiency of the process?
Feed back forms and follow up meetings seem crucial.

Utilizing Codes of Ethics in Health Professions Education
Michael D. Dahnke (USA)
Codes of ethics abound in health care: the AMA’s Code of Medical Ethics, the ANA’s Code of Ethics for Nurses, The American College of Healthcare Executives Code of Ethics, The American Academy of Physician Assistants’ AAPA Code of Ethics, etc. Certainly codes of ethics have a long and deep history in medicine and healthcare, beginning of course with the Hippocratic Oath, but modern medicine and health care has seen an explosion of apparent concern with ethics. One symptom of this interest is the proliferation of codes of ethics in the healthcare professions in the modern era. Beginning with the AMA’s Code of Medical Ethics in 1847 to the contemporary era in which not only does each profession in healthcare have its own code of ethics but many specialties within specific professions have developed their own unique codes of ethics.
The aims and purposes of these codes are multiple and varied, from operating as a decision making tool to acting as a standard of practice that can be operational in a civil legal context to providing a sense of elevated seriousness and professionalism within a field of practice. There is some doubt and controversy, however, regarding the value and use of these codes both in professional practice and in the education of healthcare professionals. Among the many criticisms of ethics codes are charges that they tend to be too vague, that they are intended and utilized merely to burnish a profession’s image and that they are viewed by professionals in a legalistic manner as merely
a set of minimal requirements. Some of these criticisms are well-founded and present serious limitations, while others are more superficial and more easily overcome.

I intend to review and analyze the various aims and purposes of ethics codes particularly within the study and practice of healthcare in light of various criticisms of codes of ethics. After weighing the strength and import of these criticisms, I plan to explore effective means for utilizing such codes as part of the ethics education of healthcare professionals. While noting significant limitations of this tool, both in practice and in education, I plan to demonstrate its potential usefulness as well, in both generating critical thinking within the study of ethics and as a guide for practice for the professional.

Parallel session 10: Education ethics

Teaching the Teacher, A Global Need for Ethics Education in Education
Thomas W. Harvey (USA)

Background of the Topic: Historically in the United States, ethics education of pre-service teachers and in-service teachers has been implied, but never formally constructed or presented. Further investigation reveals a similar situation internationally. It appears that virtue ethics has been the assumed framework for educators across the years, but in light of new ethical challenges and changing standards, virtue ethics may now be an insufficient framework for educators to operate within.

Aim/Purpose: Teachers and schools, having been entrusted with the education and future of society’s children, have always been assumed to have the obligation of high moral character and ethical behavior. In an era of increased pressures on teachers and school administration from initiatives such as high stakes accountability, reduced funding and greater public scrutiny, the temptation to deviate from that expectation is substantial. In addition; technological advances such as e-mail, text messaging and social networking create even more opportunities for the perception of, and indeed the actual occurrence of, unethical behavior. One only need scan the news to see example after example of impropriety prominently displayed. Whether said improprieties are a result of ignorance, a lack of effective ethics education, or actual malevolence, the moral obligation to all children, necessitates properly preparing teachers for the ethical dilemmas that they may encounter.

Methods, Outcomes and Implications: Due to the fact that there is frequently a lag between the emergence of an ethical issue and the development of policy to address that issue, teachers and administrators must be continually educated on how to reason within an ethical framework so that an individual will have some guidance into a response that is morally defensible. The literature presents a deficiency in teacher training, or at the very least a dearth of information on efforts to address the issue, at both a worldwide level and within the United States. The few international initiatives that have been researched will be compared with the similarly scarce US campaigns, and a strategic plan presented to close the void and provide a strong ethical foundation for pre-service teachers as well as a course of continuing education for in-service educators and administrators. Professional codes of ethics from around the world provide broad guidance, but do not provide enough specificity to enable to enable educators to fully address the complexity of issues that they may encounter.

Conclusion: A strategic plan for educating teachers and administrators on ethics, both in the United States and abroad, has become vitally important in an era of ever increasing ethical challenges. Providing teachers with a robust ethical background will enable them to face those challenges from a position of knowledge that will satisfy their moral obligation to the common good of their students, and by extension, society as a whole.

Education in Ethics trough Symbols in Art
Ekaterina Dvoretskaya (Russian Federation)

The times of rapid cultural change and of increasing cultural diversity call for new forms of education in ethics that enable young people to engage positively with the growing complexity and diversity of social values and ways of life. Contemporary paradigm thinking bases on the contradictory between old and new core statements: universalism vs. pluralism; rationality vs. visuality; reflection vs. hermeneutical articulation. Teaching Ethics
Ethics Education in a Global Perspective

trough Symbols in Art sets up the interconnection of Good and Beauty. The goal is the development and maturity of feelings.
We need new content and new forms of ethical education because the young generation is a “switch generation” or Zap generation. Allegorical thinking is more character for them than rational, critical reflection. Constant switch from one to another as a basis of their world view demands interactive ways of teaching and hermeneutic approach to understanding of contents. We should find ways of enabling young people to explore and express their own emotions and feelings in positive and constructive ways. The problem is that the conventional academic curriculum is not designed nor intended to do this.
New content of ethical education is better to look at symbolic reality because the symbol invites us to think, calls for an interpretation, precisely because it says more than it says and because it never ceases to speak to us, as it was mentioned by Ricoeur. Symbolic reality and collective unconsciousness influences all of our experiences and behaviors, most especially the emotional ones (K. Jung). Symbols contain convoluted time of the concrete activity. Symbols fill with the potentiality of activity expressed in emotional, strong-willed concentration. They are able to reproduce plurality through singularity. Teaching ethics trough symbols in Art allows us produce hermeneutic articulation of Good and Evil and recover fine/thin differentiations between its. Symbols are the intermediary between the world internal and the world external, between inner and external reality of human being as a person, according to Pavel Florenski. Integrative nature of symbols contributes to development of integrity or wholeness of persons. The moral act, which bases on the integrity of ratio, feelings and free will, is not possible without the integrity of the person.
Symbols are “zip files”. We should unzip them with cultural unzip programs. Improving ethical education is possible on the basis of the understanding and practical application of moral human experiences through co-existing involvement in the symbolic reality on the verbal or figurative level. It allows for the elaborating a new design of ethics education content. “Moral symbols in Art” could be an eligible study course for future politics, teachers, doctors, etc. to develop their moral sensitiveness. Hermeneutical articulations of Good and Evil differentiations and the development of the integrity of a person are the goal and results of this elective course.

Songs, Emotions and Teaching Ethics
Dónal P. O’Mathúna (Ireland)
Background
Throughout history songs have been used to rally people to action, appeal for justice, and (sometimes) draw people into deeper reflection about significant issues. Students currently spend many hours listening to music. But do they reflect on what they are hearing? Are they engaging with the messages they are being exposed to? Some contemporary and popular songs address ethical issues. They present short vignettes which can be used in the classroom to engage students with ethical issues.
Aim/purpose
The aim of this presentation is to demonstrate how songs can be used effectively in the classroom. Examples will be given of how songs can be selected as pedagogic aids and used to encourage reflection and critical thinking about ethical issues. Song lyrics, like other narratives, can engage students emotionally and provide a way to introduce issues of the heart into the classroom. They provide a means of balancing rational and emotional engagement with ethical issues.
Methods and/or philosophical perspective
The role of music in moral education was recognized by the ancient Greeks. Recent philosophical work has pointed to an unbalanced emphasis on cognitive aspects of ethical reflection and education. The importance of engaging the heart in moral education has been recognized by authors like Martha Nussbaum. Songs provide a practical means of introducing emotional engagement with ethical situations into the classroom. The work of Jenefer Robinson will be used to explore how songs can play a role in helping develop students’ skills in moral perception and moral imagination. A preliminary theoretical framework for engaging students with the emotional aspects of ethics will be presented for discussion.
Results, outcomes and implications
This presentation will discuss the practicalities of using contemporary songs in teaching ethics. Strategies for identifying and locating suitable songs will also be presented. Examples will be given from healthcare issues, although the method has broad application to any topic addressed in song lyrics. Feedback from student evaluations will be discussed. Limitations of the approach will be discussed, and implications for applying the approach in contexts outside the classroom will be presented.

Conclusion
Songs provide a practical means of engaging students with ethical issues. They provide an enjoyable means of introducing challenging topics in ways that encourage both emotional and intellectual engagement. In addition to their use in the classroom, using songs encourages students to develop life-long learning skills that they can use to critically reflect on popular media and the ethical messages presented there.

Improving one’s moral competences. Young Leaders League as a challenge to empirical ethics
Mariëtte van den Hoven (The Netherlands)
Introduction: Autumn 2011 the first edition of an interdisciplinary Honours programme started at Utrecht University. The program aims to challenge excellent students to reflect on their possible role as future leaders in society and offers them opportunities to become a ‘reflective practitioner’. One way this reflection is stimulated is by increasing their awareness on ethical issues and by stimulating their reflective skills. Students from all disciplines and from different countries study together on these topics. As part of the program, an empirical ethical study is being performed. It focuses on the development of moral competences of students.
Approach/method: A qualitative method is being used to get grip on the moral competences of students during the YLL program. Students are interviewed before entering the program and after having finished it. This procedure is followed four years in a row. During the program, several other qualitative methods for inquiry are being used (like a description of a moral dilemma). The data are analysed by using a codification program (open codifying method; Strauss and Corbin). The questionnaire involves questions regarding their views on qualities of good leaders (relating to research done on ethical leadership), their reasoning skills regarding a moral case and their opinions on statements on societal issues.
Conclusion/discussion: In the presentation we briefly discuss the first results of the research data. We also discuss the difficulties we encounter in interpreting the data. What is, after all, a moral competence, and how can we get grip on these in empirical studies? Why do we aim for empirical ethics at all, and is this a good example of empirical ethics. What can we learn from the way people behave/reason and the way they should behave (the moral ought)? We compare our approach to the quantitative studies that are also being done by developmental psychologists, like the DIT scoring test, that is also part of the research in YLL.

Parallel session 11: Biotechnology ethics
Promoting Respect for Moral Integrity in Undergraduate Education
Dennis M. Sullivan (USA)
Students who receive their education in a Christian liberal arts university often claim they are growing up within a “bubble,” feeling isolated and protected from an increasingly secular and pluralistic society. In some ways, this can be a positive thing, where students who view the outside world as complex, frightening, and unwholesome may find their faith a source of security and certainty. However, students leaving the “bubble” may face some difficult adjustments.
I see this often when our students enter medical school. They are suddenly thrust into a world where mentors who do not share their conservative moral views are making life and death decisions. No longer are Christian ideals the norm, or even welcomed. In fact, many medical practices and policies seem to run counter to some of their deeply-held Christian beliefs. The resulting confusion may lead to discouragement, bitterness, or even loss of faith. At the very least, Christian students may not know how to deal with the religious and moral pluralism around them.
This paper will discuss one of the core components of this conflict: the moral absolutism characterizing many
students of faith. Beginning bioethics students have difficulty separating normative ethics from political, ideological, and religious perspectives. As a result, they tend to assign moral blame to those whose views differ from their own, leading to an “us versus them” mentality. Dealing with this internal struggle and accepting the existence of ethical plurality are keys to learning how to navigate in the health professions.

H. Tristram Engelhardt has famously proposed an irresolvable dichotomy of “moral friends” and “moral strangers,” where the two sides must engage in a “content-less” form of bioethics. Tangible discussions of substance are therefore impossible, and bioethics is relegated to mere procedural matters. I would propose a more optimistic stance: acknowledging moral diversity while holding an epistemic commitment to absolute truth. On this view, all of us are “moral acquaintances” that have common and overlapping ethical commitments, allowing us to constructively dialogue, while showing respect for another’s moral integrity.

There are several methods to accomplish this in an evangelical Christian setting. One begins with ethical theory, and demonstrates the sharp contrast between normative ethics and such viewpoints as religious ethics, moral ideals, and specific forms of professional ethics. Another emphasizes the many sources of ethical rules, while downplaying the superiority of any one of them. When students ask, “Which is the best ethical theory?” my reply is that all are helpful; in fact, we have a “toolbox” of ethical rules that can help us resolve problem cases. Finally, case studies are used to create interest in and sympathy for both sides of a moral debate.

Exposed to these approaches, recent graduates have expressed greater confidence on entering a pluralistic profession such as medicine. Teaching respect for the moral integrity of others provides a “survival kit” for our students as future Christian health care professionals.

Sharing Study Results with Research Participants
Brenda Rich (USA)

Individuals volunteer to participate in research studies for numerous reasons, but one of the most common motives is altruism. Study participants often comprehend the value of their participation and they derive significant satisfaction from feeling that they may be contributing to advancements in medical care. Currently, the results of research studies are rarely conveyed to research participants. Procedures for formal reporting of research results to study participants are generally absent in research protocols that are evaluated by Institutional Review Boards. As a result, most research participants are never offered either individual or aggregate study results. Thus the research participant is never provided the information that likely was a key motivator for their volunteering. The research participant who wants to contribute to advancing medical care may indeed have done so, but they may never become aware of their role in these advances. In the United States, the Belmont Report is one of the seminal documents influencing the rights and safety of human beings that volunteer to be research participants in clinical studies. The Belmont report identifies three key principles applicable to the conduct of human research: respect for persons, beneficence and justice. The application of these three principles offers a compelling argument in favor of offering research results to study participants.

Ethical Review Reflections
Ann Boyd (USA)

Serving on multiple ethics review boards for more than a decade this paper will discuss the range of issues encountered by simple to complex studies. One issue that consistently arises is what constitutes more than minimal risk. As the chair of the Hood College IRB, students doing survey research often mask participant’s identity but ask questions that might raise emotional issues: is this more than minimal risk? For oversight review of studies involving residents of long-term care facilities universities often propose studies with persons with dementia for which surrogate consent is required. Few of these studies are aimed at therapeutic intervention, the majority focus on long term qualify of care. Are residents more likely to be enrolled in studies when the surrogate decision maker believes the study will improve the resident’s quality of life or is this a misconception? In national and international trials proposed within the funding of Department of Defense, the IRB members encounter studies with much broader reach, such as the HIV vaccine phase III trial concluded in Thailand. During the follow-up phase of the vaccine trial the question arose about vulnerable subjects as some of the participants were
incarcerated: could they remain autonomous enough to continue participation? Such questions require ethical judgment guided by the principles of the Belmont Report, Helsinki Accord, or CIOMS guidelines. Collectively members of each board attempts to interpret the freedom, competence, and voluntariness of participants in addressing Respect for Persons, the balance of risk and benefit both direct and indirect, and fair access and allocation of resources as justice. Are these the right principles and do they guide a decision that allows for progress in research and protection of human subjects? This paper based on a retrospective analysis will describe a range of cases wherein the principles applied led to approval after several rounds of ethical debate among board members and principle investigators. The lessons learned illustrate the consistency of applied guidelines and the plurality of interpretation.

Curriculum guide for research ethics workshops for countries in the Middle East

Introduction: It is increasingly important to offer training (workshops) in research ethics to those involved in the research endeavor. To be effective, such workshops should contain the appropriate content and learning styles geared towards the targeted audience. The Middle East Research Ethics Training Initiative (MERETI) has embraced the concept of multi-day workshops in research ethics targeted for different audiences. Aim: development of such curriculum training guide and associated learning materials. Methods: Started by dividing into two groups to develop curricula for: RECs members and investigators. The team held discussions regarding the curriculum of multi-day workshops and then identified a set of core competencies: “ability to perform a complex task or function” and consists of knowledge, skills, and attitudes to complete the specified task which state specifically what the learner should expect to learn (content area) and what he/she will be able to demonstrate upon completion of the program (behavioral action verb). Learning objectives may be classified into three domains: cognitive, performance, and affective. The cognitive objectives include knowledge, comprehension, application, analysis, synthesis, and evaluation. Emphases on the higher-order cognitive objectives (e.g. apply, analyze, evaluate) in addition to those involving merely the acquisition of knowledge and understanding (e.g., identify, distinguish). The performance skills include the ability to write and conduct an informed consent form with potential subjects without being misleading or coercive. Affective objectives refer to specific attitudes, values, beliefs, biases, emotions expected by learners. Results: The team achieved consensus regarding the overall goal of workshops and on the basic core competencies needed to achieve this goal. These competencies for investigators and RECs members are in modular units incorporating the specific learning objectives of the core topics to achieve these core competencies. These learning materials can be obtained from the Workshop Committee Training website: Workshop Curriculum. Instructional activities applicable for the cognitive/knowledge learning objectives include lectures and articles for self-reading, whereas those to achieve objectives in the cognitive-problem solving domain (higher-order cognitive objectives) include: case studies, analysis of research protocols/informed consent documents, use of trigger videos to generate discussions. And those for achieving performance skills include: role play involving the informed consent process; the writing of an informed consent form and mock REC review of protocols, while for the affective domain include: presentation of films. Many of these materials and PowerPoint slide sets are relevant to the Middle East (ME); co-authored by investigators in the ME, in Arabic, and incorporate Arabic phrases. Finally, many of the informed consent exercises, case studies, and research protocols are relevant to studies being performed in the ME countries. Conclusion: We have suggested modular units and model agendas for such workshops that will ensure consistency in content as well as excellence across different developed workshops. The range of content included in the modules in the core curriculum should be sufficient for a broad range of audiences involved in research or the review of research. We expect that these workshop materials will provide a sustainable education resource for educators in research ethics.
Ethics Education in a Global Perspective

Responding to the Needs for Research Ethics Education in an institution: Experiences from the University of Ibadan, Nigeria
Ademola J. Ajuwon (Nigeria)

The Need: Initial and continuing education on Research Ethics (RE) are essential requirements for the progress and advancement of science. Formal training on RE helps to increase professionals’ knowledge and skills for dealing with existing and emerging ethical challenges in research and promotes the safety and integrity of research participants. Training is especially needed for Post-graduate (PG) students as it contributes to the preparation of the next generation of ethically responsible scientists. Capacity development on RE is particularly required in a setting like Nigeria because widespread poverty and weak infrastructure increase the vulnerability of citizens to exploitation. Unfortunately, there is limited access to formal training on RE in Nigeria, indicating need for interventions.

The Response: During the last eight years, we implemented three interventions at the University of Ibadan as part of efforts to improve access to training on RE for staff and students of the university. First, in 2003-2004, a training workshop on RE was conducted for 133 academic staff drawn from the four Faculties that make up the College of Medicine (CM) of the university. Secondly, in 2005 a course entitled Ethics of Public Health Research and Practice, was introduced for PG students of the Faculty of Public Health in CM. The goal of the course is to empower trainees with knowledge and skills for ethics reasoning and improve their capacity to conduct ethically acceptable research. The contents of the course are foundations of research ethics; ethics review committees, informed consent and research integrity. Thirdly, in 2007 a Master of Science (MSc) degree program in Bioethics was established in the Faculty of Clinical Sciences at CM to train bioethicists. To date, approximately 400 students have attended the ethics course and five students have graduated from the MSc program.

Issues, Needs, and Challenges: Some issues, needs, and challenges have emerged in the course of these interventions. Although all staff and PG students who conduct research involving human participants require formal training on RE, our intervention is currently limited to the CM which consists only four out of the twelve Faculties in the university. Lack of access to formal training on RE is acute for staff from other faculties in the university because there is neither a formal training for newly recruited lecturers nor a continuing education program on RE for academics already on staff. The rate of completion by the students enrolled in the MSc program has not been as timely as envisaged. This situation slows our target of creating a ‘critical mass’ of ethically educated and responsible professionals who have the knowledge and skills not only to conduct scientifically sound and ethically acceptable research but also contribute to the growing global conversations on ethical issues.

Conclusions and Recommendations: These interventions are examples of direct response to institutional needs for RE ethics education for staff and students. However, there is need for expansion for formal training and continue education on RE to meet the needs for all staff and students of the University.

Parallel session 12: Medical ethics

Perceptions Of Medical Students From Around the World On Medical Ethics Education
Nesrin Cobanoglu and Firat Buyuktaskin (Turkey)

Ethics in medical education has always been a topic of discussion but in the last 30 years as medical schools started having ethics in their curricula researchers started trying to find the best way to teach ethics and best way to apply it in the curricula. After all these researches it is understood that there wasn’t any uniformity with the teaching ways and curriculas but there were some significant differences between the students who took ethics and the ones who didn’t.

In this research we tried to see the perceptions of medical students on medical ethics and medical ethics education internationally. And then we wanted to compare the perceptions of medical students around the world with the ones in Turkey. It was going to be important to see if the medical students who took a lecture/ seminary/ course on medical ethics thought that it was useful for them.

We made a questionnaire and took it to Copenhagen where 60th International Federation of Medical Students’ Associations’ (IFMSA) General Assembly took place between 01.08.2011 – 06.08.2011. There were 973
participants from 93 countries and we aimed to have 1 questionnaire filled by every 10 participants. Turkish part
of this association called Turkish Medical Students’ International Committee (TurkMSIC) which is a national
member organization of IFMSA since 1952. And we sent e-mails to e-mail groups of TurkMSIC and set a certain
time. Descriptive statics, chi square and Fisher’s exact test are used in the statistical analyzes.
We collected 106 questionnaires filled by medical students in the 60th IFMSA General Assembly and 85
questionnaires filled by students who are in TurkMSIC e-mail groups. These 191 respondents were from 48
countries, 67 cities and 96 universities. We used likert scale to see the perceptions on medical ethics and when
we calculated the mean scores the highest point was given to the statement “Ethics is important in medicine.”
(mean=2.9215 ) and the lowest point was given to the statement “Students who take lessons on ethics would
become “better doctors”.” (mean= 2.5759 ). Turkish students stated that they had been in a research project
on ethics significantly more than the medical students in other countries (p=0.023). When we compared the
perceptions of students who have studied the 3rd year and who haven’t we saw that the ones who have studied the
3rd year thinks lessons on ethics would make them better doctors and they follow ethical rules significantly more
than the ones who haven’t studied the 3rd year. 95 percent of the students who took a lecture/course /seminary on
ethics thought that it was useful.
Even though there are some differences between different demographic groups almost all of the students think that
ethics is important in medicine but not as many of them think that it would make them “better doctors” which
might be due to the fact that they influenced by successful doctors who don’t give much importance to ethical
issues. As students gets educated more with ethics they understand the importance of ethics more there isn’t any
reason for trying to assess the ethical values of students before entering medical school. So if students and tutors
think ethics is important and students who took ethics follow ethical rules more and think lessons on ethics would
make them “better doctors” it is a must to teach ethics to medical students.

Medical Ethics: Lessons from the Holocaust
Ross W. Halpin (Australia)
Arthur Caplan argues contemporary issues of medical ethics cannot be considered outside the shadow of the
Holocaust. In this presentation I intend to first share my findings from a survey conducted with 32 international
physicians, medical researchers, ethicists and psychologists as to whether they would use research data sourced from
unethical human experimentation carried out by Nazi doctors during the Holocaust. Based on my findings from the
survey the question must be asked; Does a code of ethics matter? What takes precedence? The Nuremberg Medical
Code of Ethics or the Hippocratic Oath.
Second I will examine the underlying threats in undermining medical ethics both in clinical practice and medical
research. In contemporary society profit, greed, careerism, and the demand on governments to provide better and
cheaper health services can be the catalyst for unethical practices by individual physicians, research organizations,
pharmaceutical companies and managed care facilities. Third I will examine how medical education can help to
ensure future physicians will sustain high ethical standards when these standards are threatened by commercialism
or by any seductive ideology. I suggest a number of strategies in addressing this important objective. Such strategies
as making students aware of past unethical practices, the vulnerability of human nature, the importance of character
as a criteria for admission to medical school, establish learning objectives for standards of professionalism.

Medicine in America After the Holocaust: Teaching The Past To Influence The Future
Colleen M. Gallagher (USA)
From 1933 to 1945, German physicians and bioscientists willingly and enthusiastically committed the most
egregious violations of medical ethics ever. Guided by eugenic theories of race, they sterilized 400,000 and
euthanized 200,000 Germans while creating the gas chambers and crematoria for the mass murder of six million
Jews. Without the wholehearted support of physicians and biomedical scientists, the Holocaust might never have
happened.
The rediscovery of Gregor Mendel’s genetic research in 1900 provided a powerful scientific patina and intellectual
respectability to eugenic policies in the highest circles of academic medicine, government, and philanthropy
throughout the world. Similarly, the Human Genome Project has revitalized a universal interest in biological determinism and the perfection of humans. If the best physicians of the early twentieth century could sacrifice their patients for utopian goals, can we, the best physicians of the twenty-first century, be certain that we will not do the same?

This question is not a rhetorical one for medicine today. While Germany’s medical crimes are well documented, America’s eugenic past and its support of the eugenic programs of the Third Reich are less well studied and barely acknowledged. American eugenicists, physicians, philanthropists, legislators, and public health officials provided indispensable legislative models, financial aid, and moral support for Germany’s racial hygiene programs in the 1920s and 1930s.

This goal of the Center For Medicine After The Holocaust (CMATH) is to educate medical, nursing, public health and bioscience students about American and German medicine’s central role in promoting eugenics and in the Holocaust so that they will avoid similar pitfalls and uphold their professions’ highest ideals. This presentation will address methods and developed courses used by educators participating with CMATH to teach their students medical ethics.

**Medicine After the Holocaust: An Interprofessional Approach to Ethics Education**

Cathy Rozmus, Sheldon Rubenfeld, Ron Karni, Joan Engebretson, Patricia Starck, Susan Benedict, Colleen Gallagher, Michaela R. Shafer (USA)

Background - Ethics education can often be presented in a format that does not capture the interest of the students. The Center for Medicine after the Holocaust (CMATH) was formed in 2010 with the mission to challenge physicians, nurses, and bioscientists to personally confront the medical ethics of the Holocaust and apply that knowledge to contemporary practice and research. CMATH provides resources to engage students in topics about bioethical issues that are related to historical events in Germany during the 1930’s and 1940’s.

Aim - The purpose of the project is to disseminate information about the role of medicine and nursing in the Holocaust to be used in health professions courses.

Methods - Faculty “champions” in health professions schools use resources developed by CMATH in courses taught in their own school and in interprofessional courses. Resources include developed lectures, curricula, and extracurricular activities. Champion preparation included a trip to Germany and Poland to visit important sites in the history of the Holocaust. Current champions represent 10 states and 2 countries. An example of one interprofessional course involving two medical schools and one nursing school will be described. Resources are located on the CMATH website - [http://www.medicineaft ertheholocaust.org/](http://www.medicineaft ertheholocaust.org/)

Results, Outcomes and Implications - Student responses have been very positive on student evaluations and include comments such as “This course opened my eyes to a much bigger picture which can be applied to many aspects of our current health care system, from national policy to the one-on-one in the clinic with the individualized patient.” Student journals reveal the emotional impact of reflecting on past events and their relevance to health care today. Objective assessment of student learning includes the evaluation of student led discussions on current issues related to topics discussed in class.

Conclusion - An in-depth exploration of the events of the Holocaust and the role of nurses and physicians provides a platform for ethics discussions that involve not only student cognitive learning but also affective learning that may lead to long term changes in ethical decision-making.

**A New Approach to Medical Ethics Education: Aesthetics and Ethics**

Francois Pouliot (USA)

Ethics is part of the curriculum in healthcare professions but assessment of the various teaching methods used and of the outcomes for students and new practitioners are crucially lacking. No sufficient empirical evidence is available to support the claim that ethical training received during formation is preventing or controlling, for example, the well known issue of moral erosion among medical students and young practitioners. Moreover, we argue that healthcare ethics, following the very successful model of techno-science based on objectivation and mechanization of the world, has become a new moralism concerned almost exclusively with external control of
behaviour and efficiency. In the utilitarian approach, for example, the calculus which reveals the right action is quite unconnected from one’s own motivation in relation to the good. In a world deprived of its normative force, or at least when the meanings for us in our lives is put in brackets, moral agents experience disengagement. The conventional approach in healthcare ethics puts the emphasis on knowledge, then on skills, but very little on attitudes. There is a need to elaborate alternative curriculums insisting on attitudes before testing their impact in a longitudinal study of students groups.

In a first step, the content of the conventional approach in medical ethics used by most medical schools will be better delineated and compared to two alternative curriculums putting the emphasis on attitudes. In that sense one might call them “inspirational”. The first one is based on the encounter of “engaged” professional leaders in their field of expertise who can inspire others as role models. Knowledge and ethical quest for the good are not separated in their daily practice as Aristotle already pointed out in his concept of phronesis. The second one argues that the experience of beauty does not only contribute to live up to the ethical requirements but is a source of integral fulfillment beyond moralism in which our complexity comes together harmoniously. The Letters on the Aesthetic Education of Man by Schiller and the Aesthetik from H. U. von Balthasar will guide us in our esthetic approach to ethics.

Parallel session 13: Student presentation session

Ethics of Caring as an Approach for Teaching Ethics in Medicine
Alex Dubov (Duquesne University)

Ethics education in medical schools is concerned not only with knowledge and skills but also with attitudes, values and behaviors of future doctors. The overarching goal of ethics curricula has always been to train more compassionate physicians. This is especially important in the light of recent studies that documented a negative progression in developing empathy and care in medical students over the course of their studies. Most of the medical ethics classes teach future doctors ways of solving ethical dilemmas by weighing and judging on ethical principles. However this detached approach with justice at its core should give way to the ethics of caring. By moving focus from principilist reasoning to the doctor’s responsibility for the individual patient one creates more opportunities for students to reflect on the meaning and purpose of their work. Ethics of caring frames moral reasoning of students in relational terms, helping them to find meaning to their profession in the relationships they foster with their patients. It asks them to feel as well as reason, since emotions play an integral role in moral thinking. This paper discusses dangers of rational decision making that by placing aside important values and commitments may lead to exploitation. Conversely emotions alert doctors to critical concerns, motivate to offer help in need and cause them to protect fairness in decisions. Thus emotions such as compassion and empathy, that comprise ethics of caring, should be introduced into medical ethics education and in particular emotional commitment to other individuals should be encouraged. This paper proposes to find ways in which these qualities can be retained in medical education. One of the ways is in promoting case-based knowledge and education through emotionally rich cases. Emotional aspect of the case instruction makes this approach especially efficient. In addition, the collaborative teaching with small-group discussions helps students to develop moral reasoning and improve moral sensitivity by becoming more attentive to multiple viewpoints in a case study. Thirdly, the coaching model is viewed as a form of instruction that successfully facilitates moral development and moral sensitivity in students. The purpose of this study is to better understand the role and place for ethics of caring in ethics education. Therefore through explorative study it will address various definitions of care and will develop an argument for finding a valid place for ethics of caring in medical ethics curricula. Evidences and examples will be taken from curriculum studies, bioethical theories and philosophical concepts. In additions some obstacles for introducing ethics of caring in curricula will be discussed, such as the conflict between care and autonomy, as well as care and justice. Ethics of caring introduced in decision-making and education is believed to promote a deeper integration of ethical principles and motivates one to action. It protects vulnerability of the patients through respectful, sensitive, attentive and honest conduct of students which is an outcome of ethics education.
Ethical Considerations of Supervising International Counselors-in-Training
Abeer Ali Rasheed (Duquesne University)

International counselors-in-training face significant challenges during their education in foreign countries, especially to the degree that their fields of study may require a great deal of communication across cultural barriers. This certainly is the case for international students pursuing a master’s degree in professional counseling as well as for those obtaining the doctorate, particularly because the latter, in addition to offering clinical counseling services also will provide clinical supervision and teach clinical counseling courses. The cultural differences that most often cause role ambiguity also may negatively influence international counseling students’ clinical work with their clients as well as their future careers in their countries of origin. Mandatory clinical supervision is a significant resource for international counselors in their training; receiving supervision is considered integral to the professional development of master’s-level students. It provides them with knowledge, support, and useful feedback; at the same time, it assures that attention is paid to welfare of clients. Because supervision plays a significant role in counseling, clinical supervisors are ethically responsible for providing international counselors-in-training with best-practice-based supervision, which can then help them to meet client needs and expectations upon returning home. Thus supervisory models need to be informed by theories that are relevant to diversity and multiculturalism and can assist international students in maintaining a necessary focus on pertinent cultural context while developing their expertise.

The American Counseling Association (ACA) and the Association of Multicultural Counseling Development (AMCD) codes of ethics have identified principles as guidelines for counselor educators and supervisors to apply while preparing international counselors-in-training. These ethical codes emphasize the ethical implications in preparing international counselors-in-training, as they offer significant consideration for multicultural issues and the diversity of supervisees. The codes also stress the moral and ethical responsibility for counselor educators and supervisors to be open to new procedures and to be aware of the diversity of the populations with whom they work. Although these ethical documents emphasize the importance of considering diversity issues in supervision, such codes frequently are not heeded as carefully as might be warranted. Oftentimes, supervisors are not aware of the importance of considering diversity while working with international students in training. International and domestic counselors-in-training frequently are provided with the same supervision, without considering the unique needs and expectations of international counseling students.

The purpose of this presentation is to promote awareness of the importance of the ethical considerations associated with supervising international counselors-in-training. Such awareness is sensitive to how the students’ cultural background is different and how this marks their needs and expectations as unique. In this sense, considering cultural differences becomes an ethical responsibility of supervisors. In order to achieve this ethics-based objective, clinical supervisors need to maintain a high level of self-awareness and multicultural competence by being open, understanding, flexible, and supportive. This presentation explores potential consequences, offers a literature-based critique, and presents alternative practices.

Simulation-based Learning in Healthcare Ethics Education
Kathryn E. Wilt (Duquesne University)

Changes in health care since the 1970s have spurred an increased focus on healthcare ethics. Among the many factors influencing this growing interest are healthcare practices that reward efficiency, rapid technological advances, new areas of specialization, increasingly complex medical care, increased recognition of patient rights, growing appreciation of cultural values and rising numbers of underinsured and uninsured persons, each of which presents new challenges for nurses and physicians. Despite the presence of required ethics courses for medical students and baccalaureate nursing students, there is recognition of the need for enhanced efforts in ethics education in health care to better address these challenges. Although ethics instruction is required for medical students and baccalaureate nursing students, there is no consistency in the goals of ethics education or the methodologies employed for ethics instruction in either discipline. This presentation offers a nontraditional model - simulation or simulation-based instruction - as a more effective way to teach ethics to medical and nursing students and reach the ultimate goal of ethics education, improving the quality of care for patients.
The presentation addresses the current emphasis on quality of care, in particular the patient and professional perspectives of quality. It illustrates how improving the virtues and skills of the healthcare professional may benefit patients by reducing harms and improving patient satisfaction as measured by respect, satisfaction, and fulfillment of needs and through ethics education that assists the professional in identifying and prudently applying guidelines to improve the quality of patient care. The argument in support of the development of the virtuous professional through ethics education is well-situated in the contemporary health care landscape and current ethics education goals of medicine and nursing programs. The presentation includes the relevant literature on virtue ethics, quality of care, and simulation. The presentation puts forward that simulation, when used with traditional methods of ethics instruction, is best situated to aid in the development of the ethical practitioner by its inclusion of practice, feedback and reflection that encourages formation and habituation of the professional virtues. It also shares the benefits and advantages of simulation as well as the disadvantages of this methodology. Adoption of simulated-learning strategies in ethics education has the potential to better assist educators to prepare virtuous practitioners, who are sensitive, reflective and ethically-competent, an important goal of ethics education. The research results may be applicable to healthcare professionals in general, whether students or practitioners; however, the focus of this research is limited to medical students and baccalaureate nursing students.

Education in Business Ethics within Medicine
Eden Antalik (Duquesne University)

Background of the topic: The World Health Organization currently ranks all of the countries throughout the world according to the level of care they provide to their citizens. The variance between government involvement, universal healthcare, private insurance, and the knowledge that the patient needs to receive the best care possible is widely distributed and the understanding of how the business of medicine functions is vital to the ethical and educational dominance of the consumers using it. It is important to understand the right way and the wrong way to approach each case with an ethical manner when dealing with cost efficiency. The ethical practices go way beyond the bedside manner or education of those providing the treatment; it also extends to the corporate world into those making the decisions in board rooms and offices.

Aim and Purpose of the Topic: The aim of this topic is to emphasize the importance of connecting the consumers with the providers of medicine and understand the work that goes on behind the scenes and the ethical practices of treating patients who cannot afford to pay, patients who take advantage of the system, lack of preventive healthcare, and importance of government involvement, also illustrating with Medicare and Medicaid. There is a dire need to establish ethical principles and guidelines beyond the hospital setting. Those who make the decisions about funding and cost analysis have a large hand in saving or taking a life.

Methods: Cases in which a patient’s care is left to be determined because of cost is the prime example in which ethics committees and board of directors make their decisions. How much is too much to spend? End of life care is one of the most assaulting expenditures in the United States health care system. When is it ethically allowed to cut spending in areas that potentially depend upon the additional funding to provide patient’s the necessary care before death? In similar situations care has been cut because of cost of it has become too high when a patient’s life depends upon the care.

Results and Implications: Business ethics in Medicine have become recognized greatly over the past few decades, however there are no guidelines or principles that are bestowed upon the corporate workers that potential make the decision to fund and save a life. Insurance companies are becoming less lenient and more strict in who they choose to fund, why? The battle between universal healthcare and private healthcare continues to brew and the question is ultimately will people get the care they need? It is difficult to prevent those who take advantage of the system (i.e. utilizing 911 calls for ambulance transportation for no emergency). It is important to breed an ethical community of consumers and providers before these implications can be stopped.

Conclusion: The importance of understanding what goes on behind the scenes of medicine in the business world and who is potentially making the decisions of the patients is crucial. It ultimately threatens the quality of care that the United States provides in comparison internationally with most countries functioning under a universal
healthcare system. The ultimate goal here is to educate ethically, and provide a set of guidelines that would in turn prevent a patient's life being determined by a CEO who has no experience in medicine. Business ethics education in medicine is vital to the survival and ethical practice in medicine in all areas.

John Henry Newman and the Rhetoric of Ethical Knowledge in Liberal Arts Education
Jennifer Brunner (Duquesne University)
The scholarship of John Henry Newman contributes to considerations addressing ethical education. This inquiry focuses upon The Idea of a University from an interpretive approach while offering insight into new rhetorical foundations for cultivating knowledge. It begins by engaging a historical review, so as to characterize the cultural, political climate of Newman's audience. Next, attention is placed upon the literary structure of The Idea of a University. An appreciation of this genre offers a framework for how this generative device is crafted. This is followed by an interpretive critique of several metaphoric themes in Idea to reveal philosophical and theoretical principles of rhetoric on knowledge and liberal arts education. These contributions are then differentiated from contemporary rhetorical praxis specifically in regards to branding the role of Liberal Arts education. An analysis of contemporary metaphors is differentiated from Newman's scholarship in an effort to bridge the persuasive gap regarding the ethical nature and role of knowledge.

Conflict of Interest in Medicine: Regulation or What Kind of Education
Rabee Toumi (Duquesne University)
Over the past few decades, medicine has made numerous strides in diagnostics and treatments thanks to better understanding of human body and pathology and effective treatments. These advancements could not have happened without the millions of dollars invested and endless hours of work by devout scientists. However, in the U.S., industrial money has played a cardinal role in this enterprise, outweighing the governmental support sometimes. Since Bayh-Dole act in 1980, industry has supported academia in venturing new territories in medicine, thus incorporating unprecedented intimacy. For industry, this relationship is appreciated for new possible patents and prestigious backing of academia. For academic institutions, it has offered ever growing and much needed funds to support research and faculty. Medical research has become one of the priorities of Americans, at the governmental and public levels. It became a "moral imperative" driven by an evolving general culture that idolizes science and overlooks innate mortal human condition.
Notwithstanding all the benefits of industry-academia wedlock, science cannot serve industry without jeopardizing its cardinal ethos and ideal. Conflict of interest is a phenomenon that prevails in medical practice and research nowadays. It has attracted a great deal of attention due to many scandals, the huge investment, the high expectations, and the confusion in the relationship between patients and physicians-researchers. The majority of attention has gone to financial conflicts of interests, although non-financial ones are as important and predominant.
Although not necessarily compromising to scientific judgment, these conflicts are risky and might endanger the objectivity of science in various ways, imperil the life of human participants, and unavoidably breach the public trust that strongly backs science.
Many solutions have been offered to manage these risks, including regulations and education. Many public and academic agencies have issued various rules to limit the involvement of scientists with unavoidable conflicts in the research, or to expose publicly their conflicts through disclosure. These regulations vary among themselves, are usually enacted voluntarily, and whatever disclosed cannot be verified. Some researchers believe that regulations overburden their work and perfunctorily abide by them. Furthermore, better education for junior researchers is widely advocated, especially through developing their skills in handling ethical dilemmas.
In this paper, it is argued that present approaches to deal with conflict of interest in medical research and practice are not sufficient. Regulations are usually born after scandals, and education in its present state concentrate on abiding by the rules to "look nice." These approaches overlook the entire culture that evolved around medicine as the only good and savior. A better solution should advocate transforming researchers into virtuous figures when conducting their studies, mentoring students, and thinking about their career. Educators should look at
the bigger picture including society, economy, philosophy, and conflict of interest in education itself, not only to nurture ethical conduct and humility, but also to challenge contemporary understanding of health and death. Thus, researchers who grow thinking big may become heroes, not only in their researches but also at the frontiers of social justice and common good.

Ethics Education in Academic Health Care Ethics Programs and in Health Care Practice: Divergent Challenges with Complementary Solutions

Steven Joseph Squires (Duquesne University)

The education of ethicists within health care ethics higher education programs and education within ethics programs have different albeit significant challenges. On the one hand, pedagogies in higher education would benefit from ‘real life’ application of ethics concepts and frameworks. Knowing ethics and justice theories and frameworks is not the same as behaving ethically or justly. Rote knowledge is less relevant without practice that integrates and balances other elements in decision making processes – such as emotions, sensitivity, motivation, and character. In other words, moral education pedagogies and interventions must take into account that mere knowledge of moral theory and its application is not enough. Approaches must exist between or balance rigid, doctrinal adherence and uncritical, relativistic values clarification. The general objection that the academy is for knowledge transmission only is shortsighted, especially if it can prepare students to apply knowledge by behaving morally and acting in congruence with beliefs.

On the other hand, challenges to ethical practice within health care include ethics program stagnation and inattention to measures, outcomes, and interventions. These led, in turn, to calls for increased health care ethics education and proactive ethics mechanisms. The Next Generation of ethics has met with only limited success. A 2009 Trinity Health study may confirm a root cause for this phenomenon that is present in most Catholic health care systems – time constraints. Both clinical- and mission-ethics leaders must divide their attention between various priorities in addition to ethics, namely clinical work for the clinician, and mission, community benefit, pastoral care, formation, board relations, and sometimes volunteer services, advocacy, and operations for the mission leader. It is logical to assume difficulty maintaining systems, much less change them, with minimal time and resources.

Possible complimentary solutions exist to divergent problems. Pairing academic programs with clinical ones is not a new concept. However, the methods of interaction mentioned here are examples of and attempts to generate new ideas and innovation for improving the above barriers. First, a component of becoming more proactive by tailoring interventions is periodically assessing and reviewing ethics consultations and the clinical ethics program’s success in meeting its objectives. One system, including several methods, is a Programmatic Ethics Evaluation Reciprocity System (PEERS), where graduate ethics students round with ethics consultants during consultations, while under health care ethics program members’ supervision. In return, students work with committee members to assess consultations and committee work. Second, a derivation of the first, is an expansion of the Catholic Health Association’s Striving for Excellence in Ethics’ Assessment Tool items 2.a.xii., 2.c.iii., 3.a.iii., and 3.a.iv., having to do with proactive/preventive ethics as well as quality/systemic improvement. Students should be regular ethics committee members for annual goal setting and review, or advocates to consultation team members for retrospective case analysis, proactive-preventive ethics, and ethics interventions. Depending on the length of involvement, the students’ final grades could rely on empirical data about the interventions’ successes. Third and finally, students could provide ethics committees with instrumental support such as competency tracking forms, suggested curricula, and evaluations.

Psychological methods, Human consequences.

Joseph Hamer (Duquesne University)

This presentation explores some contemporary ethical problems in international psychology arising in part from the hegemony of natural science epistemology within the discipline and in the education of psychologists. That the science and application of psychology is a historical process embedded in political-economy will be emphasized. Two related arguments will be made: 1) quantitative methods are premised on a misunderstanding
of human nature and are inadequate to the study of our most pressing human problems 2) The current regime of diagnosis and pharmaceutical treatment is itself a social problem, a great danger to humanity. This presentation seeks to elucidate the movement of ideas and processes in the globalization of American psychopathology and to consider the role research methods and their instruction serve in this regard. Evidence will be drawn from a number of sources, including relevant literature, my observations as an intern with the American Psychological Association at the United Nations, and from my dissertation research in Kenya. What I hope to show is that what is presented as objectively scientific is itself a product of a system of power-relations, not resulting in neutral facts that can be used for good or bad, but a regime of knowledge that is eclipsing other ways of being and understanding our problems and how to address them.

Improving pedagogical tools for bioethics education
Aimee Zellers (Duquesne University)
The one constant in ethics education is that each educator must teach for a first time. The first time experience can range from extraordinary to dismal. Many factors can influence this experience, such as the level of experience and expertise of the educator, the amount of preparation for the course, the selected texts and so on. This presentation will focus on the pedagogical tools available to educators in bioethics and ways to improve them in light of Paulo Freire’s critical analysis of education. Currently, some very good tools exist but implementation strategies and general curriculum development is lacking. The stock anthologies and compilations can be useful; however, they typically cease to be more than mere words on a page for many students. Rather than calling for improved textbook papers and requiring students to read/report/repeat, pedagogical tools that stimulate participation and experiential learning are needed. These will prove useful to both first time and experienced educators.

This presentation includes four sections. To begin, there will be a discussion of some of the problems that arise for first time ethics educators. A brief reflection on my first time experience will provide a useful starting point. Second, a critical analysis of current education models with a reassessment of the student-educator relationship will be given. Paulo Freire, a Brazilian critical theorist, is well-known for his attack on the concept of “banking education.” Under this model students are viewed as empty accounts that the educator must fill. Freire has been very influential in academic debates through his advocacy of “participatory development.” Liberation from the banking model of education can be achieved through interactive participation and experiential learning. Furthermore, he argues that participation in any form has the potential to lead to empowerment. The third section will provide a reevaluation of the student-educator relationship. Freire claims that there is a deep reciprocity that should be included into our conceptions of educator and student. This reciprocity promotes the roles of the participants in the classroom as the educator-student, a teacher who learns, and the student-educator, a learner who teaches. Freire asks us to think in terms of educator-student and student-educator as the basic roles of classroom participation. This presentation will apply Freire’s pedagogical philosophy and critical analysis to bioethics education. The presentation will conclude with several suggestions to improve bioethics education through increased classroom participation and experiential learning. Pedagogical tools including integration of popular culture examples in multimedia, incorporating games and small group projects can increase participation and enhance student learning.

Parallel session 14: Environmental ethics
An ethics education experience: From ‘Silent Spring’ to ‘Reverence for life’
LAUD 483 Environment Philosophy and Ethics
Kumru Arapgiloglu (Turkey)
LAUD 483 Environment, Philosophy and Ethics course has started as an elective course offer to Bilkent University students who are from Humanities, Engineering, Arts & Sciences in 2003, but mainly to students of the department as they are directly dealing with how to shape land. The main reason for opening an ethics elective course to all was to introduce students with some major issues related to environment and human attitude at an early stage, and make them able to understand, evaluate and how to act accordingly.
When thinking of exiting state of the world, the cities, environmental philosophy and environmental ethics inevitably becomes an essential part of university education, which will help young people to look, to question, to criticize and to analyze human-nature relationship from a different perspective. Every student, in their very early years if becomes familiar with such ethical questioning, environmental concern and built a certain consciousness, responsibility and skills, then may be able to eliminate certain problems from the beginning.

Recently, in times of many decision making processes individuals, corporations and governments have to deal with many disputes and dilemmas related to environmental issues and they are forced to pick one of the alternatives. These are mostly ethical decisions given for the favor of other. They are in need of experts and know how on this area of interest. And the society needs for someone to tell them what is “right” and what is “wrong”. The course aims to prepare students to act for the favor of “life” and equip them with right tools to deal with difficult decision-making processes concerning environmental issues.

The course is based on student lead seminars and discussion lectures by the instructor, of which related environmental topics and issues, environmental philosophy, its historical progress are appraised through known articles of scientists and philosophers (from: Rachel Carson, Garret Hardin, E.F. Schumacher, Aldo Leopold, Arne Naess, Tom Regan, Peter Singer, Paul Taylor, to Albert Schweitzer) who all played a significant role in the progress of environmental movement. Each seminar is also expected to advance the discussion with the life and attitude of the writer as an important attribute of ethics.

The course tries to embrace students from a variety of disciplines to widen its perspective. Selected case studies local and/or global (such as: environmental pollution, global warming, land ethics, animal rights, endangered species), researched and presented by each student as a final project at the end of the semester in connection with their area of interest and/or discipline which enriches the experience and exchange of knowledge in class.

The role of urban cultural elements in the environmental ethics education of the individual in Istanbul of Ottoman

Sibel Gazi Tabel (Germany), Nesrin Cobanoglu (Turkey)

This article firstly aims that there was high level of environmental awareness and environmental ethics among the people in Istanbul of Ottoman Era, which can be called contrary to his own era of the world.

In Ottoman era, a great portion of real estates had been owned by foundations which were similar to non-governmental organizations of present. Foundation of Migratory Birds aiming treatment of wounded migratory birds; Foundation of Corn which left food for birds in snowy spaces; foundations established for forests and green fields benefited by humans or animals can be taken as examples. They allocated meat for wolves in the coldest part of winter so as to prevent their death from hunger. It is forbidden to overload animals; in fact it is completely forbidden to have them carry anything on fridays which were declared as holiday.

It is impossible to find a precedent of stork hospital of Bursa or cat hospital of Uskudar in the world as of that period. Du Loir, the French voyager, wrote his observations within Anatolia in 1654: “I got really surprised to see that foundations had been established in various towns of Ottoman for sheltering and feeding cats. In these foundations; animals were served by butlers and stewards. Loving dogs was also a common characteristic in Ottoman society. I saw that many polite Turks ordered meat and kebab from restaurants so as to handfeed dogs and cats. Their love for birds was even more.”

They had built miniature bird houses with an architecture of palaces or pavillions. Construction of those adorable dwellings had been carried out from 13th century to the late 19th century. Miniature palaces didn’t only symbolize the importance of birds in the historical beliefs and the mercy of the Ottoman, but also reflected sophistication, aesthetics and architectural attitude of artisans in that period.

Which urban cultural elements were effective for the settlement of the values of the environmental ethics of the individuals in Istanbul of that time when environmental ethics education was not existent in the schools yet? What was the complementary and the interaction of these items to each other?

Taking photo of this period can be evaluated as a life ethics that has been adopted and implemented by the city-dwellers to the city and from the city to the life. Thus, we also aim to throw light on the causes of the disappearance of these values of a very great extent at the present day.
We reached a tentative conclusion such as the tradition of living in integration with the nature depending on the nomadic life, which lasted a long time in history of the Turks; the beliefs before and after Islamic; the high level of civilization of Ottoman, the non-existence of automobiles and the attitude of the Ottoman sultans had all different roles in the development of individual and collective environmental ethics.

Environmental ethics: A system to communicate through rather than a moral value
Murat Yildiz, O. Kirac, Nesrin Cobanoglu (Turkey)
If we are to take a point of bearing for the concept of environmental ethics, we need to date it back to the era in which human evolved up into a thinking animal. For mankind achieved the power to transform the nature – as a dramatic consequence of which he detached himself from natural life – since he learned how to make and use tools. The unstoppable development of technology gave nature some damage which is hardly recoverable, and this unique faculty of mankind has turned out to be a lethal threat for all other living forms on the earth. Mankind has, in a sense, lost his ability to understand the nature when transforming it, and has been oblivious of the language of nature which he once used to speak.
A Babylon myth tells that different languages were bestowed to people living in different floors of a sky-scraping tower and mankind who had forgotten his Lord, who endowed such a faculty to them, was cursed with the failure to communicate. This study suggests, if viewed right from this aspect, that the concept of environmental ethic is a system of communication rather than a moral value. Mankind detached himself from the nature in the very day he learned how to use tools; in other words, he forgot the innate, common language. The concept of environmental ethics is not simply a notion of man who is environment-friendly. If so perceived, it shall be a mere abstraction. All efforts to formulate a moral values system from ancient philosophy to Spinoza and Leopold are essentially as effort to re-learn this innate language. Mankind, who no longer listens and speaks to the nature, has been involved back into an effort to re-create this common language since he saw that the technological evolution came to a critical turning point for his area of life. Environmental ethics is nothing but this common language.
The above-mentioned Babylon myth can be found in The Search for the Perfect Language (The making of Europe) and contains some evaluations and hints on topics such as semantics and semiotics. The plan is to build the paper on this basis. The notion of protection of endangered species provides a good infrastructure for this. For instance, should a nature researcher extend a helping hand when a rare species he or she observes is on the verge of extinction? Is it ethic or not? What should men do when an animal kills another animal under the threat of extinction? Is environmental ethic responsible here? Or is environmental ethics confined to manmade threats against nature? Then, where do the borders of such threats start and end? Answers to these questions contain the core ideas to support the thesis that the environmental ethics should be perceived as a language.
Based on the practices, this study suggests that the concept of environmental ethic is a communication system, a language.

Environmental Bioethics Education for Sustainability Airport In Turkey, Case Study: Ankara Esenboğa International Airport
Nurhan Oto and Nesrin Cobanoglu (Turkey)
The airport industry is moving towards more holistic sustainability approaches in order to ensure the full integrity of economic viability, operational efficiency, livability, natural resource conservation and social responsibility, in Turkey. Airport sustainability has a multi-discipliner structure so Turkish airport planers have to be educated as its structure. The resolve to address such issues cannot fall within a single discipline. Environmental bioethics addresses ethical issues arising in the complex interactions between humans, health, healthcare systems, and the natural environment. Environmental bioethics education is necessary for the sustainable airports planning, construction and operational initiatives in Turkey.
Airport sustainability concept in Turkey is relatively new and Build-Operate-Transfer (BOT) model has played an important role in contributing to its development. Airport operators generally act with an understanding of corporate social responsibility not only in the areas of arts, education and environment, but also they contribute to
the sector related development processes in Turkey and circulate this knowledge and experience to abroad. Current sustainability trends at Turkish airports include the Green Airport Project by Turkish Ministry of Transportation’s General Directorate of Civil Aviation (SHGM). This project includes principles of environmental sustainability and environmental bioethics. The need to integrate sustainability into daily operations and decision-making processes will be strongly emphasized throughout the training program. In private sector, the sustainability training sessions will cover all aspects of sustainability, including the environment and the economy as well as ethics, transparency and employee relations. Airport operators works in partnership with Turkish Universities in the areas of program development, internships, employment and teaching.

Ankara Esenboğa International Airport (ESB) stands as the gateway of Central Turkey to the world and also has a strategic significance as Turkey’s protocol and diplomacy gateway. ESB is a forerunner in sustainable airports in Turkey. ESB “Green Airport Project” has been an essential aspect in the future of sustainable airport planning. ESB operators conduct their operations in compliance with environmental legislation, directives and guidelines. Environmental reports and environmental management plans are prepared during both the construction and operation phases of terminals and comply with updated environmental management plans. By adopting the best environmental practices, ESB authority and terminal operator strives to strike a balance between the growing demand for air travel at the airport and utilizing natural resources efficiently. Occupational Health and Safety training programs, waste management and the environment, working at high altitude training are developed and implemented for employees. At ESB training courses were held for all employees who serve passengers with special needs.

The purpose of this paper is to describe environmental education in the context of environmental bioethics for the sustainable airports planning, construction and operational initiatives in ESB. In order to obtain a better understanding of the research concerning, literature reviewed. The review includes documents from aviation sector, articles and books related to airport sustainability and also the ESB Green Airport Project’s working documentation during 2009-2011 period. Also observation method was used for collecting current data in ESB.

Environmental Ethics Begin: Embodiment Within Flows in a Beginning Design Pedagogy
Michael Lucas (USA)

Environmental design, whether architecture, landscape architecture or other sub-disciplines, can no longer be seen as an imposition of metaphysical geometries via massive interactions of technologies onto tabula rasa sites. Even the idea of designing a building borders on irrelevance today. From day one, young designers need to understand environmental design is dependent on an embodied beginning, and that the embodiment is amidst myriad flows and already integrated within a radical otherness. A radical ethical caring for, borrowed from Heidegger’s sorge, requires things appear for care. Only then can an idea of larger issue of environmental ethics have validity and become another critical point of consideration within a design.

A year long, first studio sequence in an undergraduate professional program for architectural and architectural engineering students must accommodate a wide range of skills and topics, and place them within a meaningful pedagogy where relations between things becomes paramount. In fall 2009 a new design sequence was initiated for 170 freshmen, with thinking on ethics within materiality, design processes, project setting and temporal change embedded within the pedagogy of major projects, making initial inroads into environmental ethics both overt and stealth outcomes of the course.

There are phenomenological underpinnings to much of the work, beginning with an embodied approach to learning through all the senses, an embodied/embedded approach to participation in real time within context, and an embodied/projected approach to understanding the effects of time/duration. This approach centers on thinking from Merleau-Ponty, Deleuze, and Heidegger but also on their divergent contemporary interpreters, including Jean-Luc Nancy’s expansive concerns with touch, Graham Harman’s speculative realism and ideas of process/linkages as things, and especially Ted Toadvine’s broad inclusive notions of eco-phenomenology.

The presentation focuses on the example of the students engaging the final project of the fall, Harford Pier at Port San Luis. This piece of California coastal vernacular architecture records echoes of the once productive industrial port activities. The pier places its own existence as an open opportunity for interrogation as a wood armature
within change at many scales. Students are asked to spend half a day at the pier in assigned teams, commencing embodied forms of description: doing photography, sketching and watercolors as a form of seeing, taking texture rubbings of surfaces, journaling sounds and activities of people and harbor life about them, and recording dimensions of their team's portion of the pier. This accompanies written histories and satellite images. This fieldwork becomes the basis for drawings and models, their first attempts at representational work. Representing has meaning from their being present, of things real encountered, proportion from structural need against discernable forces experienced; awareness of a framework not conceived in isolation, but growing from mediation of forces and desires. New proposals follow as interventions that must take advantage of phenomena of the site, adding to, editing back from, or otherwise changing and engaging existing structure and space. This new work is provocatively drawn from the concerns and care for the existing situation, providing focus for qualitative and ethical judgments. More than objects, the work is seen as worlding, literally changing the world.

Parallel session 15: Nursing ethics

The Clinical Ethics Residency for Nurses: An Innovative Approach to Teaching and Mentoring
Pamela Grace, Martha Jurchak, Ellen M. Robinson, Angelika Zollfrank (USA)
Recent studies support the widely held belief amongst nurses that they are not confident either in their knowledge of ethics or ability to problem-solve ethically complex situations in behalf of good patient care. When nurses feel powerless to influence what they perceive as an untenable situation they may experience moral distress – a sustained psychological disequilibrium (Casterlé, B. et al., 2008; Corley, M.C., 2005). Unresolved moral distress has been shown to lead to distancing from patients and to nurse attrition (Aitken, 2008; Fogel, 2007; Hart, 2005). In either case optimal patient care is endangered and efforts to anticipate the escalation of crises and/or prevent the development of difficult situations are less likely to occur. This presentation describes a multi-modal approach that prepares practicing nurses to serve as ethics resources at the unit or institutional level. Colleagues from three Boston area institutions (Massachusetts General Hospital, Brigham and Women’s Hospital and Boston College) collaborated in a grant proposal that was subsequently submitted and funded. This 3-year grant from the US Health Resources and Services Administration (HRSA) is designed to address the issue of nurse retention and recruitment. A cohort of 18 clinicians completes a 96-hour curriculum over an eight-month period each year of the grant which is currently in its second year. The curriculum, informed by a synthesis of pedagogically sound educational approaches and a nationally developed outline of essential ethics content (American Society of Bioethics and Humanities, 2010) uses a variety of approaches to increase nurses’ knowledge, skills and confidence in serving as ‘local’ ethics resources for their units and/or institution. A focus on nursing goals and perspectives in facilitating good patient care serves as the anchor for the development of their ethics consultation and mediation skills. The syllabus includes a foundational on-line module, lectures, case discussions, role plays/simulation and clinical mentoring. The program aims to build clinician knowledge about the concepts and language of ethics, develop communication and behavioral skills that translate this knowledge into practice, and mentor nurses in individually tailored clinical opportunities. Preliminary evaluations show an increase in knowledge and self-efficacy of participants. Through both quantitative analysis and qualitative report, participants recount examples in which they report increased confidence and clarity intervening in ethical issues as they arise in clinical practice.

Conceptualizing Nurses’ Moral Distress in the ICU: Risk Identification and Strategies to Increase Moral Habitability
Suzanne Edgett Collins (USA)
Background: Moral distress occurs when the internal environment of nurses – their values and perceived obligations - is in conflict with the demand/views of the external work environment (Epstein, & Delgado, 2010), and results in nurses feeling devalued and unheard (Epstein, & Delgado, 2010), as well as presents a threat to moral integrity, which is the wholeness and self worth that is related to having clearly defined values that are congruent with one’s actions (Hardingham, 2004). Moral distress results in moral residue (Jameton, 1993;
Epstein, & Delgado, 2010) and moral crescendo (Epstein, & Hamric, 2009) that creates a negative impact in job retention of nurses (Corley, 1995; Hamric, & Blackhall, 2007) and patient safety (Rushton, 2006).

Purpose/Research Questions: The purpose of this ongoing study is to better understand the concept of nurses’ moral distress in the intensive care unit (ICU) so as to more effectively assess risk and develop strategies to increase moral habitability. The three specific research questions are: 1) what are the defining attributes (antecedents, characteristics, influencers, consequences) of moral distress as experienced by ICU nurses, 2) can patient care situations that may be likely to result in ICU nurses’ moral distress be preliminarily identified, 3) can strategies that may increase the moral habitability of the ICU through moral distress risk identification and risk reduction be identified as a prelude to intervention development.

Methods: Concept analysis (Chinn, & Kramer, 2008; Walker, & Avant, 2004) utilizing qualitative inquiry (Morse, 1995) and integrative literature review. Open-ended interviews were conducted regarding nurses’ experiences of moral distress in the ICU habitat in an urban regional medical center.

Results/Implications: A conceptualization of the defining attributes of moral distress in ICU nurses was accomplished. As a means to increase moral resistance and moral courage leading to an improved moral habitability, an algorithm for enhancing educational awareness and development of an assessment tool for early identification of moral distress risk, as well as a toolkit of interventions, including opportunities for nurse initiated ethics consultation, was created. The specific educational awareness program and toolkit contents remain under development and will be tested for their effectiveness.

Conclusion: Moral distress leading to moral residue and culminating in moral crescendo is postulated to be diminished when nurses believe that they are heard, their feelings are recognized as valid, and when they are allowed a voice in the management of ethically troublesome patient care situations.

Journaling to Reflect on Ethical Dilemmas in Nursing Practice
Margaret J. Hegge (USA)

The purpose of this pilot study was to determine what types of ethical dilemmas staff nurses encounter in practice and to analyze the effectiveness of the DECIDE model of ethical decision-making in resolving these dilemmas. Twenty seven discrete ethical dilemmas were reported, analyzed and categorized. The strategies these nurses used to resolve these dilemmas were also categorized. The effectiveness of a model to aid ethical decision making was determined. Four themes emerged from the journals that capture nurses’ ethical practice. The implications for nursing education are multiple, as categories of dilemmas can be adapted into case studies, role plays or simulations. The DECIDE model can be used by students as they encounter ethical dilemmas while in clinical experiences. Instructors can help students understand the urgency and import of these situations that arise in practice unexpectedly. Education in ethical decision-making is vital to novice nurses’ ability to function in clinical practice. The DECIDE Model can help students structure their deliberations as they encounter dilemmas in practice.

Status and reform of nursing ethics education in medical college—Perspective on nursing undergraduate students
Ping D. Du, F. Y. Yang (China)

Background Nurses are experiencing new ethics issues as a result of global developments and changes in health care. With health care becoming increasingly sophisticated, and countries facing challenges of graying population, ethical issues involved in health care are bound to expand in quantity and in depth. Purpose The purpose of this study was to understand the views of undergraduate nursing students on current nursing ethics course. According to their feedback, we can reform and improve the curriculum so as to make the nursing ethics education more practically and effectively. Methods A self-administered questionnaire was compiled for this study. The completed data from the questionnaires were collected from the first year of nursing students in our university from 2010 to 2011. The number of eligible students was N=117, with 108 responses (92.31%). The questionnaire consisted four sections. Section I was respondent’s age and sex. Section II was the view of the course necessity (using five-point Likert scale for this question’s agreement measurement, 1=strongly disagree; 5=strongly agree). The third
part consisted of four multiple-choice questions which including the course-offered time (when), number of the hours (how long), examination form and the academic background of the teacher. The last Section comprised two ordering-questions: the acceptance extent of teaching method and the need extent of course contents (using scoring-ordering measurement, 1=the last choice; top score=the first choice, adding each item's score and ordering). Results Of the 108 respondents, 100% were women. Almost 72.22% of the respondents were aged between 20 and 22 years, while 27.78% of them were between 17 and 19 years old. The majority of the students (65.74%) thought it is very necessary to offer nursing ethics course (mean score=4.65) to them. For the answer of the course-offered time, 31 (28.70%) students chose the first year and 38 (35.19%) students thought the course should run-through the four years. About the number of the course hours, 52 (48.15%) students ticked 21 to 30 hours. For the examination form, 50 (46.30%) students wanted to open-book examination but 39 (36.11%) student tended to case study presentation. Eighty (74.07%) respondents considered the teacher should has philosophy or ethics academic background as well as 41 (37.96%) respondents chose medical or nursing background simultaneously. The ordering for the acceptance extent of teaching method as follows: seeing ethics movie (score 475), outside visiting (428), case analysis (420), problem-based learning (290), ethics forum (273), theory teaching (235). Outcome of the need extent of course contents were nursing ethics issues decision-making (score 569), nursing clinical ethics principles (552), basic theory (533), nursing relationship (487), basic definition (476), medical high-technology application ethics (374), nursing research ethics (299), institution review board (202). Conclusion The result of this study will assist the teaching staff in the evolutionary development of nursing ethics course. We confirm the improving of the course must give full consideration to the students’ views, meet the nursing clinical practice requirements at the same time, and adapt to the situation of national medical reform.

From Curriculum to Clinic: Providing Comprehensive Training in Ethics to Nurses
Robert V. Doyle (USA)
Ethical codes of thought and behavior are intrinsically linked with health and healing. All health care professionals, including nurses, are faced with challenges to be open and responsive to different expressions, values, and viewpoints. Ethical principles and theories outline themes that can be beneficial for healthcare professionals, especially nurses, who are concerned with human care and caring. Further, this type of care that fosters sound ethical guidance may yield a useful process for sound decision-making.
This paper reflects these notions of ethics in nursing by providing pedagogical tools for the training of nurses within a comprehensive curriculum. These tools can then be fostered in the clinic, where issues and situations often contain elements of ethical uncertainty and increasing complexity. Nurses can draw upon a comprehensive training in ethics to better understand multifaceted situations and the ethical implications that follow. These coherent decisions must be based on recognized ethical principles and theories.
This paper examines ethics from the particular standpoint of nurses. It examines what ethics is and is not and how to distinguish it from other fields, such as law and religion. Ethical principles crucial and unique to nursing are examined (such as advocacy and moral distress) along with traditional principles (such as autonomy and justice).
In concert with certain ethical theories, the paper provides a framework for nurses to use in the process of ethical decision-making. Finally, through the use of case studies, the paper concludes by reflecting on common ethical issues affecting nurses and what factors are involved in recognizing these issues.

Parallel session 16: Bioethics
Efforts Toward Comprehensive Healthcare Ethics Education
JA Moore and CM Gallagher (USA)
Background: Ethics education is one of four organizational components of the Section of Integrated Ethics in Cancer Care program. The Section of Integrated Ethics is dedicated to continuously incorporating ethics into patient care, research, education, and organizational resources. The Section of Integrated Ethics’ educational goal is to provide opportunities to examine and study cancer care ethics in a highly diverse environment through
multiple venues including: training programs - fellowships, internships, externships, and observerships; formative education - a certificate in clinical ethics (Jan 2012) and; professional education – certified continuing education events.

Aim/Purpose: The aims of the clinical ethics training programs are: to provide an introduction to clinical, research and/or organizational ethics for qualified individuals with a particular interest in health care ethics. The intent of the ethics observers program is to extend the benefit of MD Anderson’s expertise in cancer care ethics to individuals outside of the Texas Medical Center (TMC) and the United States to globally enhance awareness of cancer care ethics while also enhancing its cultural knowledge-base thereby enabling MD Anderson to better serve international patients. The Certificate in Clinical Ethics (formative program) is a discipline specific program for those who have long-term goals in clinical and research ethics and builds upon the existing experience of health care professionals. It is designed to meet the Core Competencies for Health Care Ethics Consultation developed by the American Society Bioethics and Humanities (ASBH). The spectrum of educational options includes in-house ethics training with many events providing certified professional continuing education credits in ethics to support licensure requirements for physicians, mid-level providers, nurses and allied healthcare professionals as well as add to the clinical training of healthcare professional students.

Methods: All of the various training and formative programs have didactic and clinical components and incorporate opportunities in Clinical Ethics, Research Ethics, Organizational Ethics, and Academic Ethics. Each program is tailored to meet the strengths, needs, and academic requirements of each trainee. Live continuing education ethics events featuring leaders in the field of cancer care and bioethics are videotaped and placed inside an internal on-line learning center to further enhance in-house ethics education.

Outcomes: In the case of the Clinical Ethics Certificate in particular, trainees gain the knowledge and skills to be evaluated in four categories: 1) ethical assessment skills; 2) process skills including clinical research design and methodologies for recruitment and retention; 3) interpersonal skills with people of different cultures; and 4) the skills needed to run a Health Care Ethics Consultation (HCEC), including evaluative skills. In all three categories of education, the faculty strives to provide education in the knowledge, skills, codes of conduct, and core and cultural competencies necessary for career success.

Conclusion: The Section of Integrated Ethics in Cancer Care is the central ethics resource to extend M. D. Anderson’s expertise in cancer care ethics outside of the Texas Medical Center (TMC). Our faculty endeavor to provide essential ethics training sessions on a local, regional, national, and international scale for M. D. Anderson’s sister affiliates and other organizations.

Two unique courses in bioethics in India - The Ethics Centre experience
Vina Vaswani (India)
After completing her MA in Bioethics as an Erasmus Mundus student, the author returned to India in 2008. In January 2011, the Centre for Ethics at Yenepoya University started the Post Graduate Diploma in Bioethics and Medical Ethics. No other university in India is offering such a course. Since neither ethics, nor its applications such as clinical ethics are taken very seriously, we were not very hopeful of an overwhelming response. Nevertheless, we started with eight students. Our students comprised one priest, one nurse and six doctors from medicine, ear/nose/throat, eye and forensic background. The in-house online teaching platform Yengage (built on the ILIAS software) was used to carry out discussion threads, uploading content, evaluating responses and obtaining feedback. The Program consisted of 16 hrs of teaching activity every alternate month and six such activities were organized. One field trip which included a visit to the HIV care and support centre and palliative centre was also organized. The examination included continuous assessment, assignments, a project designed and carried out with the idea of publication and a summative examination. The final examination consisted of a theory paper of 50 marks and viva of 50 marks. The students feedback was very useful and changes will be incorporated in the next course considering their suggestions.

The second course to start was certificate course in clinical ethics consultation. Again to our knowledge there is no course of this nature offered by any University in India and we had to give in depth attention to formalize the plan. This program is being conducted jointly by Yenepoya University, Mangalore, India and Johannes
Gutenberg University, Mainz, Germany. This course is to be covered in 3 modules, the first two being handled by faculty from Yenepoya University and Christian Medical College, Vellore. The third module will be taken by the Johannes Gutenberg University faculty.

Our experience in teaching Ethics in India, has been that people are slow at accepting ethics. This is because there is no requirement in the form of formal training. Even members of ethics committees do not need to have any minimum training. Those who join are basically motivated from within.

In the coming days the Centre for Ethics will build on its collaboration with Duquesne University. A memorandum of understanding has been signed and student exchange is on the cards. This unique experience has stood out as a great success for the Erasmus Mundus Initiative, as the latter has always run the program with the objective of providing higher education to students from developed and developing countries in the hope that they will go back to their country and put into application what they have learnt.

One integrated modeling of paradigms in bioethics.
Enidio Ilário, F. Aoki, Flavio de Sa (Brazil)

We know that bioethics as a field still in training is not part of canonical science hall and as usual in the consolidation phase, is facing a paradigm clashes, which refers to what Kuhn thematized like epistemological impasse. For our part, believing that bioethics is more than one scientific discipline, is really a transdiscipline in training, we do not believe in epistemological impasses, but obstacles, and as such, can be overcome. For example, usually it is believed that the model of bioethical principlism, born in the USA, predominantly biomedical in nature, predominates in this continent and is incompatible with some other models, especially those in Europe. Among the latter, we can mention the Bioethics of Virtues, Personalistic Bioethics, both with strong ties to the philosophy and metaphysics, but in Brazil we can identify a model that became visible at the International Congress of Bioethics in Brasília, capital of Brazil, usually called the Intervention Bioethics. Of course, this latter model is shared in the same way as the others, with many other groups of bioethicists in different continents and nations. We believe that the Universal Declaration on Bioethics and Human Rights of UNESCO is the result of a consensus as possible, which, fortunately, the prevailing logic of Human Rights on the logic of “markets”, ie profit. But in it are all the other models, respecting a topology that is theirs, in short, a logic of complementarity which should not be forgotten in any construction project transdisciplinary. Well, here we propose a model of bioethics, based on the diagrammatic logic (symbolic logic) with a strong interaction with the findings and reflections of American Pragmatism, especially Charles Sanders Peirce. For Peirce, all inference is the observation, including observation of icons and after designing your diagram, the investigator scrutinizes until the new relations between the parts and this observation, extracts other truths than those which suffi cient to determine the construction of the icon. Thus, from a methodology already developed in the area of psychology and cognitive sciences, we used a flat-topological vector, constituted by two orthogonal axes founders of a plane of immanence with two different and complementary dimensions, the horizontal formed by the polarity and the vertical individual-society, constituted by the polarity of nature and culture. The axes may also limit quadrants, a kind of existential territories, which can be colonized by conceptual characters, which allows meta-experiment, in the sense of “quasi-empirical”, making possible an analytic vector that Kurt Lewin, for example, always longed for, but never did. We think that this methodology allows an integrative model of the various aspects of bioethics, drawing them to explain the essential phenomenology which intervenes in Bioethics.

Bioethics- Interviews radio program on the web radio UNICAMP - An unprecedented experience for bioethics issues disclosure in the academic areas and the world wide web.
Francisco Hideo Aoki, Enidio Ilário, Roberto Teixeira Mendes, João Baptista Laurito Jr., Flávio César de Sá, Venâncio Pereira Dantas Filho, Antonia Paula Marques de Faria (Brazil)

In March 2011 the first specific program on Bioethics in the Brazilian media was started. As a part of the program schedule of RadioWeb UNICAMP, the Bioethics has a biweekly frequency, remain itself online during this period and can be accessed anywhere in the world. Although provisionally MP3 media files, are available for consultation in www.rtv.unicamp.br site. The program is called Bioethics and has a simple and objective format,
having too a very attractive and flexible dealing with issues related to Bioethics fields. It is composed of three parts of twenty minutes each and consists of interviews / discussions and permit debates with guests, “experts” in the subject matter. The producers has chosen a set line of approach in tune with the most important social issues involving bioethics, in line with the precepts of the Universal Declaration on Bioethics and Human Rights of UNESCO, which is in the end, with that agenda. Among the various topics treated in the period, we can mention the area of Bioethics Education and Teaching, Health Care, the History of the Unified Health System in Brazil and the empowerment of users in social control, the History of Blood Centers in Brazil, Emerging and Reemerging Diseases; Clinical Trials human predictive genetic testing, Occupational Health, Social Security, Terminal Patient, Euthanasia, and Brain Death and Organ Donation, Transplantation, Medical Advertising, the History of Central Banks in the World and its Influences on the economy and life of the countries and populations, the Question of bullying in schools and its repercussions in One Massacre of Students in Brazil (“Is Columbine Here?”), the Afro American Population Health in Brazil, the Issue of Trauma and Violence as external causes of death of Brazilian citizen, the Precautionary Principle in general and the Issue with the Environment, The “Neutrality” of Science – a possible no truth or lye?, and others. Among the issues involving not only Public Health but the environment, we can mention the rights of people affected by giant constructions, transgenic foods. A feature of the program is its flexibility in scheduling, a fact that allows to address issues that are guided by the impact in the mainstream press and media interest. In such situations, the program seeks to provide a focus for greater consistency and relevance, in contrast to the more immediate and uncompromising covers the implications of the most relevant topics to bioethics. Examples are the issue of bullying and violence in schools, economy and human rights in the financing of the poor, drug addiction, etc. The intentions in the next stages of the program will be also migrate to the satellite or cable TV, University TV and also introduce a format that allows debates, including the use of video conferencing. The authors consider that this unique experience of one hour weekly program with this theme Bioethics can open opportunities to disclose many fundamental and important subjects and themes that have no space in the great media, even TV, Newspaper, common radio and others disclosure forms.

The Dutch/Swedish Ethics Learning Network
Menno J de Bree, Mirjam Plantinga, Eite Veening, Joost de Jeu, Marian A Verkerk (Netherlands)
Ulrik Kihlbom, Anna T Höglund (Sweden)

Background of the topic: Within both our organisations, we see three important developments in medical ethics teaching that we want do facilitate by a web based Learning Network.
First: during the last decade, we experience an increasing demand for medical ethics teaching within our faculties. Over the years, this has resulted in the development of a bulk of teaching materials like educational formats, assignments, literature, hand-outs, case databases and exercises. These materials form an important part of our working capital. However, it becomes increasingly difficult to manage because of its ever-growing volume. We therefore need to develop a new tool in order to disclose and exchange materials in a simple and efficient way.
Second: we want to develop more complex and refined forms of medical ethics education. Most of our educational programmes still have a more or less classic shape (focus on knowledge transfer, ethicist in the role of an ethical expert). We do, however, want to evolve to an educational programme for residents and professionals that is integrated in normal daily working practice as much as possible, and that focuses on the development of competencies like reflection and accountability.
This shift in educational goals also implies a shift in didactical means and assessment methods. We will need an electronic learning environment (ELO), for example, that makes it possible for residents and students to share material and to work in small groups (peer learning), without physically being together at the same time or place.
Third: especially since we offer workshops like ‘moral counselling’ and ‘facilitating moral case deliberations’, it becomes increasingly important to stay in touch with alumni in order to keep them involved and informed. What we need is a tool that makes it possible to communicate, to keep them informed and to offer them a platform for exchanging ideas and experiences.
Aim: To facilitate these three developments, the Expertise Center of Ethics in Care of the University Medical Center Groningen (the Netherlands) and the Centre for research Ethics and Bioethics at Uppsala University (Sweden) decided to develop the Ethics Learning Network.

The aim of this project is to design and implement a web-based electronic learning environment that makes it possible to:

1. share and co-develop educational material (end-users: teachers)
2. facilitate new training programmes that are more ‘embedded’ in daily practice, that make use of peer learning (local, regional, national and international) and focus on the development of professional competencies as reflection and accountability (end-users: learners)
3. facilitate learning networks between medical teaching staff, health care professionals, residents, students and alumni. (main end-users: alumni)

The Learning Network will also serve as a database for professionals in practice, containing links, literature, a discussion forum and a case database.

Outcomes: In our presentation, we would like to focus on the practical and educational backgrounds of our learning network, and show how we want to develop the network in practice. We will present the network at its current stage and the directions of development that we anticipate.

Teaching Bioethics to Naval Officers: What Do They Want and Need to Know?

Moni McIntyre (USA)

Because senior medical officers have had both formal and informal courses and workshops on bioethics, they come to the Advanced Medical Department Officers Course (AMDOC) with some knowledge and a great deal of experience in medicine. They often do not wish to sit through four hours of an ethics class because they figure either that they have all the answers or that no answers are available. I stress that asking appropriate questions is a valid and worthwhile use of their time and that it may help them in the future. I also give them an array of methods on how to approach an ethical issue once one is identified.

The senior medical officers whom I meet have served both within the continental United States (INCONUS) and overseas (OUTCONUS). They come to this course from as near as Washington and as far away as Guam, Okinawa, and wherever else the Navy assigns them. They have both shipboard and shore experience in large and small facilities in austere and adequate conditions. These officers treat civilians and military personnel, the very old and the very young. Orthopedic surgeons, for example, may be flown from their home station to do amputations in the field. Questions of triage, futility, use of resources, expediency, confidentiality, scope of practice, and full disclosure are everyday realities for military medical officers. Other questions they have include how best to serve on ethics committees, whether physicians may refuse to force feed detainees, and whether a sole provider in a medical activity (MEDAC) may ride convoys. Medical officers want to know how to relate to their line superiors who request information and records to which they are not entitled. The list of concerns that medical officers bring to a four hour ethics class is endless.

I believe that senior medical officers need to: review the nature of ethics and the limits of health care ethics; consider why we need to study health care ethics; briefly examine basic ethical theories and their limitations; discuss the role of conscience in ethical decision making and in the Navy; focus on the principle of veracity and discuss this in some length. In my classes we generally discuss at least one of the issues introduced by a class member, and I always discuss a case in dental ethics. No two classes are ever the same, and my basic outline allows for flexibility in topics addressed. The officers are generally hesitant to mention intra-organizational ethical issues, so I introduce them because I believe that they need to be addressed. We consider the difference between ethics and Navy rules and regulations, and we discuss the problem of there being no one right answer in many situations.
Teaching Bioethics in the socio-ecological context of the resource-poor countries
C. Vergès (Panama)

Background and purpose: Teaching ethics/bioethics is an essential need for students of social sciences, biology and medicine, and also for students of economy, legal studies and basic sciences. In the context of resource-poor countries it is crucial as it may be the way to understand the relations of sciences and society and define the priorities in research. However, we need to understand that there is no uniformity of the resource-poor countries: - some are economically “universally” poor like Haiti, and it is a moral obligation to offer them an external full cooperation (Peter Singer); - in others, the problem is social inequities and poor-resource public services (hospital, schools and universities); - finally there are developing countries where ethics/bioethics is not a priority and resources for teaching are very scarce, with no access to international publications in sciences and bioethics/ethics, and where bioethics/ethics’ studies are limited to medical/nursing faculties and just for few hours. So it is necessary to define the purposes of teaching bioethics in these contexts; and how to teach it. Philosophical perspective: Bioethics has to review ethical problems of the relations of sciences and human being to propose solutions according to the Universal Moral Laws. In the context of resource-poor countries, the first responsibility of professors is to present the relations between human rights and ethics theories for a better quality of life (Utilitarism, Theories of Care, Vulnerability and Latin-American bioethics). This proposal permits to introduce ethics of research in biology, social sciences and juridical sciences; ethics of responsibility for all university studies; and clinical relationship in health studies. Starting from the socio-ecological reality, the students should analyze the ethical problems of their future careers to propose alternatives with ethical solutions. For that they have to speak with all actors participating in the problems and to find a consensus for concrete and feasible solutions. Implications: This methodology does not need high resources, but access to the international literature on bioethics and to national publications on the social, cultural and economical situation and the historical evolution of the country. However, this needs the compromise and the formation of the professors who are teaching bioethics. For them, and for students, it will be really important to offer seminars on bioethics with international speakers to promote their interest on bioethics. Moreover, it is absolutely necessary to promote the free access to literature on bioethics for all resource-poor countries. Conclusion: It is imperative to give to the students the knowledge necessary to understand the ethical implications of the different problems in their society. For this aim we need to sensitize them using the methodology of participation, investigation and discussion on the basis of ethical theories and human rights.

Ethics Education in Resource-Limited Contexts: Values, Luxury, and the Simplicity of Medicine
Nigel Cameron (USA)

1. The flourishing of ethical quandaries at the top and bottom of the resource spectrum: Education as the enabler of professional practice
2. The importance of international instruments
3. The significance of the Hippocratic tradition and the development of the professional idea (Freidson)
4. Hauerwas’ Suffering Presence as a model of medicine as moral art
5. Need for ethics to serve as the lattice for technical skills

Parallel session 17: Philosophical ethics

Distance, dialogue, and reflection In search of a comprehensive goal of professional-ethics courses
Jos Kole and Mariëtte van den Hoven (Netherlands)

The ideal professional is not only a knowledge-expert in her discipline, reflective, highly skilful and competent, and at home in her professional practice, she is also an excellent professional in the moral sense, with accurate
moral knowledge, strong motivation, a professional-moral identity and the capacity to deal with moral issues in her profession. Academic ethics courses to pre-professionals of diverse disciplines like law and education, aim to contribute to the fostering of morally good professionals. Yet, it is widely debated how such courses in professional-moral education should be set up and, especially, to what extent teaching classic ethical theory is relevant. Should courses focus instead on methods of moral reasoning and deliberation, or on a practice-based or hermeneutical approach? How to educate students a critical stance towards their own moral experiences and their (future) professional-moral practice without, at the same time, alienating them from these resources of contextual moral knowledge, motivation and deliberation?

Much hinges on which features of being a morally professional one considers most important. We propose the cultivation of the capacity to critical moral reflection as a prime integrating goal of professional ethics courses and offer an analysis. A deeper understanding of this capacity will serve comprehensive goal setting of professional ethics courses and enable us to overcome misplaced divisions between either teaching theory or method or hermeneutics, either abstract point of view or concrete experiences, either external stance or internal moral formation.

Reflection and critical thinking are considered important general competences in academic courses and have been subject of philosophical of education research (e.g. Procee, Kinsella Siegel, Carr). The view that professionals are reflective practitioners is widely shared in theories of professionalism (Schön). Reflective learning is thought a valuable educational strategy in educational theory (e.g. Boud et al). We draw on some ideas from these disciplines and combine them with elements from meta-ethical theory on the moral point of view (e.g. Frankena and Postema) and method of moral justification (reflective equilibrium and contextualism) to sketch a specific account of critical moral reflection.

In this account, we elaborate the dialectic relation between taking distance and returning that is implicit in these diverse sources and combine it with the notion of interpersonal exchange. Both are pivotal to proper understanding of critical moral reflection. Starting points are students’ own moral experiences and those embedded in their (future) professional moral practice. In the process of critical reflection from a moral point of view, students learn to take distance from their own perspective on these experiences through interpretation in terms of more general (moral) concepts and considerations as well as interpersonal confrontation and evaluation according to a challenge–response pattern. The process culminates in provisional judgment, which implies a partial return to original moral resources but also explicates tacit moral knowledge, improves moral wisdom, and strengthens its motivational force.

We end by indicating some moral educational consequences of taking cultivation of the capacity of critical moral reflection along these lines, as prime objective of professional ethics courses.

Bio(po)ethics: From the ancient Greek theater to the festival of Cannes
Jan H. Solbakk (Norway) and Juan Farina (Argentina)

Why did Plato write dialogues? This question is a recurrent theme among Plato scholars past and present. Historically speaking, however, the question is a very naïve one since the dialogue form Plato used in his philosophical writings was the ‘form norm’ of his day. That is, Plato lived in a culture where poets and their texts - epic, lyric, tragic, and comic poetry - where considered the most prominent teachers and sources of ethical wisdom. Second, the kind of philosophical prose we are familiar with from Aristotle on, and which we take for granted as the paradigmatic form of text for ethical argumentation and reasoning were at the time of Plato still practically non-existing.

Three objectives of this presentation are:
• to address the didactic assets and strengths of the dialogue form compared to the use of the philosophical prose form in teaching bioethics,
• to discuss how teachers of bioethics should proceed didactically to make students benefit morally from their teaching.
• to demonstrate how bits and parts of theater plays, operas and films may be used didactically to promote a kind of moral learning that is not confined to providing students with knowledge about ethical theories and principles, but engages their moral appetites, beliefs, emotions and desires as well. Thus, the present project represents in some sense a blue copy of Plato’s own project, namely to move students morally through the use of a medium that displays moral discourse as something taking place not between fixed arguments set up according to the logic of syllogism, but as a discourse going on between living human beings and which engage us on all levels, i.e. intellectually, esthetically, emotionally as well as somatically. Plato took his inspiration from the forum to which the citizens of Athens went when they wanted to watch moral conflicts displayed in vivo, i.e. the ancient Greek theater. The present project will, however, turn its attention not only to the different forms of moral dialogue displayed in Plato’s dialogues and in the ancient Greek theater (comedies and tragedies) but also to the kind of forum most people visit today when they want to experience and be moved by lived morality; i.e. to the cinema.

**Educational implications of the ethical dichotomy authority-freedom**
Felice Nuvoli (Italy)
The tension existing between authority and freedom that is widely known in educational settings has deep roots in the history of the Modern Thought. The high importance that the Age of Enlightenment conferred to the power of reason has been of enormous consequences that are concerning our life and our society nowadays. In fact, the value of authority has been marginalized in the name of the autonomy and the freedom of the person. The adage “the man is the only master of himself” doesn’t leave any room for authority that might sound as a sacrifice of the reason and, conversely, it might lead to lazy forms of irresponsibility. The equivalent in ethical perspective is relativism of values that can degenerate into forms of anarchy or despotism. Exploring the ethical dichotomy authority-freedom, particularly means to show what are the educational implications that occur when freedom is used according to an authority guide. At a first glance it seems freedom can be gained or re-gained only by rejecting authority, but the risk is this entails to disclaim the “paternity” which we belong. Moreover the ethical approach is impossible without the component of freedom: education is always an ethical act, no ethics exists without the freedom of the person. The quotation of Dostoevskij “If God doesn’t exist everything is permitted” gives the idea of how ethics stems from a relationship in which the authority should be caring and freedom should be confident, morality directly leads to a close relationship and especially to an educational relationship. Education is, in such a way, an equilibrium into this dialectic, which is not only a logic dynamism but an existential one. Through a philosophical and anthropological analysis using some intuitions of European thinkers and pedagogists the aim of this paper will be show how an harmony rather than a conflict between the two concepts of authority and freedom makes more effective an educational purpose so that neither freedom nor authority get lost, but they together act for the promotion of the dignity of the person. The individual becomes an adult, a responsible person by educating his freedom in recognizing morality as a fundamental tie. Authority serves and it’s not served, it guarantees freedom, i.e. it supports the individual in realizing himself as a person.

**Parallel session 18: Medical ethics**

**Is Medical Ethics Training Producing Ethical Practitioners or Practitioners of Ethics?**
Robert M. Frampton and Mark J. Carroll (USA)
Educators of allied health professionals have traditionally encouraged graduates to practice as autonomous members of a health care team, and ethics education has focused on individual decision making. Recent changes in health care delivery may render such educational practices less effective than they once were. For example, many allied health care practices are physician owned, or owned by publicly or privately held corporations. Additionally, third party payor groups have gained a larger measure of control in health care decision making. These influences have the potential to place undue pressure upon practitioners, creating a less effective and unpleasant environment for both the practitioner and the patients they are seeking to serve. The authors believe that traditional ethics education has not kept pace with these changes and educators may not be adequately training new graduates to practice in this changed environment.
The authors examine these challenges and suggest changes to ethics education and changes in the way in which allied medical practices are structured. The authors specifically examine the current state of practice in physical therapy and suggest that the challenges and opportunities presented may be useful across other allied health professions. The proposed changes apply the practical application and decision making process and are grounded in philosophical exploration rather than in the use of specific ethical models.

**Conversations in Bioethics, Humanism and Medicine: Promoting Patient-Centered Healthcare**

Helen D. Blank (USA)

Background: The Conversations program was developed from recognition that significant advances in medical technology have often overshadowed the “art of caring” for patients and their families. As patients and clinicians we are forced to live in an increasingly depersonalized and fragmented healthcare world. A recent *Journal of Palliative Medicine* article notes “From the time of Hippocrates, touch has not only allowed the physician to discern, detect, and diagnose, but to also display an emotional posture of empathy and caring.” If the humanistic elements of the clinician-patient relationship are to be preserved, our contemporary “high tech” medicine equally demands “high touch.” Although we have made extensive scientific progress such as mapping the human genome, transplantation of organs, and conquering many diseases, ultimately all individuals and families endure suffering and death.

Aim: Humanism and bioethics are the heart and soul of medicine. The purpose of this proposal is to describe the “Conversations in Bioethics, Humanism and Medicine Program,” an elective at an inner city medical school, conducted under the auspices of the Center for Humanism and Medicine. This program was designed to assist students in the healthcare field from diverse backgrounds to develop greater sensitivity in caring for patients.

Philosophical Perspective: Having an awareness of self, meaning one’s values, attitudes and beliefs, demands the continual taking of one’s “ethical pulse.” In embracing bioethics and humanities, the Conversations program developed a patient-centered approach which integrates respect for patient’s preferences into the decision making process. It creates awareness of the impact of bioethics on clinical choices within the context of cultural values, ethnicity, religious beliefs, and psychosocial factors. Presentation examines the ideal relationship and the realities of practice in order to better facilitate reconciliation of disconnections between the two, which may negatively impact a trusting patient-clinician relationship.

Methodology: The following approaches will be used:

- scenes from various films
- literature/poetry
- news/medical journal articles
- art
- interactive exercises
- written student reflections

Implications: Excellence in clinical practice is the artful combination of medical knowledge, skill, and compassionate understanding that a clinician is not a “technician” and a patient is not a “disease.” Clinical care for patients is fraught with issues such as guilt over a loved one’s illness or impending death, competing agendas, distrust of the medical system, and often patient-clinician conflict over the use of life-sustaining treatments. To produce the best patient outcomes, it is important for clinicians to engage with their patients as empathic healthcare providers. This requires the ability to change perspective as we enter into another’s experience by trying to “see through their eyes and walk in their shoes” while also maintaining one’s unique perspective as a professional.

Conclusions: Exposure to bioethics/humanistic training during professional education should contribute to the creation of a practitioner who is more empathic and promotes shared decision-making that aligns healthcare decisions with patient wishes. The Conversations program examines the ways in which bioethics and the humanities may help students comprehend suffering, illness, loss and love: the shared experiences of all human beings.
Professionalism of physicians-in-training: Design of a multicentric trial in hospitals
Laura Vargas, Ana Vazquez, Maria Jose Gil de Gomez, Nuria Terribas, and Luis Vivanco (Spain)

Background. Professionalism stands out as the principal aim of modern medicine. We believe it can only be accomplished by an education based on the acquisition of both technical and ethical skills on equal conditions into the medical curricula. But since clinical practice has been affected by rapid technical advances, most of the medical schools have also been influenced by the tendency of promoting training mainly centered on the acquisition of technical skills and the development of new specializations. Even when acquisition of ethical skills (such as the ability to identify an ethical issue, ethical decision making, understanding the full spectrum of health determinants, empathy, understanding of basic ethical concepts –eg. justice, solidarity and human rights–, resilience, building and maintaining public trust) is present on the professional curricula, it is usually not a priority nor gets the same attention that technical competences are receiving.

There is still insufficient knowledge about how to efficiently strengthen ethical competences on medical students and physicians-in-training. This endeavor represents an additional challenge on the medical field, where the teaching of professionalism not only has to be done on the faculty, but also has to be incorporated in the hospital. It is well documented that the “hidden curriculum” –main cause of ethical erosion–, is especially strong during clinical practice inside the hospital. Correct understanding of all these issues is a clear bioethical goal; they have to be researched in order to improve the complete training process that results on medical professionalism and patient-centered medicine.

Aim. Understanding the evolution of the ethical behavior of physicians-in-training is the purpose of this study.
Three core areas will be assessed: the development of professionalism, the progress of ethical erosion, and the training background on medical ethics and bioethics.

Sample and design. The study was designed to follow the progress of 477 physicians-in-training from 39 four-year medical specialization programs. Participants will come from six hospitals located in Catalonia and in La Rioja provinces. Almost fifty percent of the population is physicians formed on foreign schools of medicine, principally from Latin-American countries.

Quantitative and qualitative analyses of moral reasoning, resilience, medical empathy, character strengths, and self-regulated learning will be applied to measure the different psycho-educative aspects involved. Personalized questionnaires focused on ethical background will also be applied.

Goals. We expect that our results could highlight best practices on how to teach bioethics during medical training, proposing medical professionalism as a term that integrates technical and ethical teaching. This study wants to be a first contribution in Spain to the improvement of educational strategies oriented to reinforce the incorporation of ethical competences along undergraduate and postgraduate curricula in human medicine and health sciences. There are no similar studies in this area on Spain. The project also contemplates establishing an educative-network between medical schools and hospitals, based on medical professionalism.

Ethical concerns in health professional students’ short-term global clinical and research experiences: Presenting a new model for global health ethics training
John Thomas, Mei Elansary, Kaveh Khoshnood, Lauren Graber (USA)

In recent years, increasing numbers of US-based medical students have traveled to low resource settings for clinical and research electives. At times, pre-departure training can be inadequate, leaving students unprepared for the ethical challenges posed by these experiences. This is magnified by the lack of attention paid to the burdens and benefits for local staff, institutions, and patient wellbeing in the setting of disproportionate poverty and disease. This presentation explores the ethical challenges posed by US-based health professional students’ clinical and research experiences through a series of vignettes based on experiences of the students themselves. Issues discussed include the burdens that students pose on the hosting organization, limitations of student’s clinical knowledge, distributive justice, community involvement in research, informed consent, and the student-advisor relationship. The case-studies demonstrate how many of the ethical dilemmas posed by short-term electives may be mitigated by building long term partnerships between US academic institutions and partner institutions in low-resource settings with the goal of mutual education and training, capacity building, and collaboration.
Specific recommendations are proposed for U.S.-based health professional students and their institutions to ensure short-term clinical and research experiences in low resource settings are both ethical and equitable. A global health ethics training program based on case-studies from students’ field experiences is presented.

Parallel session 19: Clinical ethics

The cool hand Luke syndrome: Failure to communicate the preoperative DNR order
Lacey Rome and David Rothenberg (USA)

Introduction: A patient presenting for both elective and emergent surgical procedures with pre-existing DNR orders presents a significant ethical challenge for anesthesiologists. Despite institutional policies surrounding such orders, considerable uncertainty persists for these patients on whom a myriad of procedures are performed with the end goal of improved quality of life. For their management, ASA and ACS Guidelines mandate the implementation of a policy of “required reconsideration,” emphasizing review and re-evaluation of the patient’s wishes given the change in clinical circumstance. However, many institutions continue the practice of automatic suspension of DNR orders prior to surgery. Unfortunately, anesthesiologists are often confronted with the dilemma of no knowledge of a patient’s DNR order prior to or even the day of surgery. We report a case in which the latter led to many ethical challenges.

Case Presentation: An 85 y/o male with a past medical history of prostate cancer with bony and pulmonary metastasis presented with a right femoral neck fracture for which he elected to undergo palliative total hip arthroplasty for pain relief. He was without cognitive deficit and had communicated with the surgeon his desire to remain DNR, given the severity of fracture and his advanced disease process. Anesthesia preoperative assessment did not surmise his DNR status, nor was the decision to maintain it communicated by the surgeon. Surgical incision commenced following an uncomplicated induction and endotracheal intubation. Cementing of the femur proceeded, with resultant hypotension, unresponsive to vasopressor support, ultimately progressing to cardiac arrest necessitating chest compressions and epinephrine administration. Following reestablishment of a pulse, the surgical attending informed the anesthesia team of the patient’s DNR status. Postoperatively, he was transferred to the surgical intensive care unit, on mechanical ventilation; still hypotensive despite vasopressor support. A hypothermic brain protection protocol was initiated. His trans-thoracic echocardiogram demonstrated right ventricular dysfunction, highly suggestive of pulmonary embolism. On postoperative day three, the patient’s family elected to withdraw mechanical ventilation and vasopressor support and he expired shortly thereafter.

Discussion: This case illustrates failed documentation and recognition of a DNR patient undergoing elective surgery with resultant lack of “required reconsideration.” Three options exist with relation to the preoperative DNR order including: temporary suspension, limited resuscitation based on specific procedures, and refusal of surgery unless the DNR order is maintained throughout the procedure. ASA guidelines fail to counsel the anesthesiologist on how to educate the patient on the most prudent course of intraoperative action and ignore postoperative management. The etiology of this patient’s deterioration was quickly proven irreversible yet supportive measures continued for 3 days postoperatively. Unfortunately in this case, self determination and autonomy were ignored, resulting in the implementation of futile measures that only prolonged the patient’s demise.

Training on how to break bad news with professional actors
Flávio César de Sa, Marina de Albuquerque Pereira Regis, Carlos Junior Gontijo Rosa (Brazil)

This paper aims to present educational procedures of the Bioethics classes taken by the sixth grade students of the State University of Campinas Medical School (FCM-UNICAMP). The class method is based on simulations performed by professional actors. Our goal is to show how effective and positive can be the learning process when combined with a professional actor’s work. The objective of the actors is to guide the whole scene and lead the student into a realistic situation by free improvisation. The proposed scenes place students in extreme situations of breaking bad news, such as: death announcements and incurable, reincident and severe diseases. This learning
process gives students the chance to reflect upon the importance of humanistic attributions in medical work, which is regularly neglected by the excess of technical thinking. In conclusion, we realized that this method takes the discussion on ethics and medical service humanization to another level. It seeks to improve education of students, not only professionally, but also humanely.

Alternative methods in teaching bioethics: A study on Roman students’ opinion
Mihaela-Catalina Vicol, Vasile Astarastoae (Romania)

Background: Teaching bioethics in medical universities has to fulfill its goals: shaping future doctors' behaviors, preparing the students for managing ethical dilemmas in practice. In this context of high responsibility, teaching bioethics is a challenge. What methods does one have to use in order to achieve the goals? Is there a recipe that works?

Material and method: In order to try to get some answers to these questions, we have used different methods of teaching bioethics: theoretical approaches, case debates, movies, world café and after finalizing the bioethics classes we have asked 370 students' opinion through questionnaires using the Likert scale.

Results: 98.6% of the students consider that the message is easier to understand through alternative methods (case debates, movies, and world café) than through theoretical approaches. 74.86% of the students consider that for reasoning ethical dilemmas, case debates represent the method that helps them best. 97.3% of the students valorize theoretical approaches (courses, lectures) as an important instrument for the theoretical framework— a base for discussions, but they consider that in order to shape a future doctor’s behavior, these have to be followed by alternative methods.

Conclusion: The results of the study emphasize that alternative methods represent useful instruments for achieving the goals of teaching bioethics and that the theoretical approaches have to be completed by alternative teaching methods, for a better understanding and for shaping the behavior.

Ethical Analysis of Norms and Values in the Discussion of the Use of Contraceptives by Adolescents Using Personalist Approach
Franklin David Kilembe (Malawi)

The persistent occurrence of unwanted pregnancies among adolescents and the under use of contraceptives has raised a number of questions and special attention (Espéy Eve and Rayburn William F. 2007) (Darroch Jacqueline E., Singh Susheela, and Frost Jenipher J. 2001) (Elders 2008) (Chen et al. 2007) (Nalwadda et al. 2010). The issue of underlying factors limiting access to contraceptives by adolescents has gained interest.

The objective of this paper is to assess the issues that affect adolescents' access to contraceptives with the main focus on norms and values using mainly the Personalist approach for deliberation.

A review of literature was done. Electronic search of literature from PUBMED and scholar.google.com databases using adolescents, contraceptives, unwanted pregnancy, and autonomy as the key words was done. Only relevant articles written in English were selected for review and analysis. The manual search of printed sources such as books was also done. The selected literature was then categorized into four interventional strategies representing countries of Malawi, Pakistani, Sweden and the United States of America (USA) for ethical analysis.

Ethical analysis and deliberations on strategies was done using the Personalist approach. In Malawi the population is predominantly Christian and Islamic with an inclusive reproductive health policy which allows adolescents to access contraceptives. The communitarian value and the norm of abstinence until marriage are predominant in the Malawian society such that even the door to door strategy did not improve the uptake of contraceptives by adolescents (K., Wanangwa, and Linda 2010) (Reproductive Health Unit 2002). With Personalist approach the adolescent as an individual could be empowered to make informed choices autonomously and utilize the available contraceptives. In Pakistan the society is predominantly Islamic. The communitarian value and a norm of adolescent marriages are predominant such that reproductive health strategies target only married people (Hamid, Johansson, and Rubenson 2010) (Hamid, Stephenson, and Rubenson 2011) (Agha 2010). The decision to use or not use contraceptives is mostly done by in-laws therefore even the married woman cannot decide. The Personalist approach in this society would promote individual ability to decide and empower this society to make informed
choices which would subsequently result into improved uptake of contraceptives by adolescents. In the USA the society is predominantly Christian, with individualism and an official norm of abstinence until marriage. There is a variety of messages on reproductive through different media therefore the adolescents are exposed to conflicting information leading to high rates of teenage unwanted pregnancies and abortions (Elders 2008) (Ott and Santelli 2007) (Strasburger 2006). With the Personalist approach the society would be empowered make informed choices. In Sweden the adolescents are empowered to make informed choices and are assured of the availability of contraceptives and it has the lowest rates of unwanted teenage pregnancies (Affairs 2006) (Darroch Jacqueline E., Singh Susheela, and Frost Jenipher J. 2001).

Conclusion: The tools that allow free will, capability development, readiness to use resources and ability to use resources should be developed (Petrini 2008) (Shickle Darren 2006) (Roy 2008). Emphasis should be made that allowing greater autonomy to the adolescents result in high uptake of contraceptives and low incidence of unwanted pregnancies. With emphasis on deeper anthropological foundations, respect for freedom and tolerance and autonomy in relation, Personalist approach can be used in any society.

Parallel session 20: Education ethics

Ethical Behaviors of the Professoriate: Teaching and Mentoring Graduate Students
Lisa Lopez Levers and Helena Ng (USA)

Background: “Practice what you preach” sounds like a simple and straightforward expression; however, in the context of education ethics, faculty members’ practice of what they teach carries profound implications and consequences, not merely for them, but also for their students, the institution, and society. Among academic departments that prepare students for the professoriate, modeling appropriate ethical behavior is essential. When faculty members are teaching students who desire to become instructors and mentors, poor models of ethical behavior could shape students’ behavior negatively, as they set precedents for future faculty members to act in certain ways toward their students.

Aim: This presentation’s objective is to promote awareness of the importance of ethical behaviors of faculty members, as their behaviors have profound impact on their students and potentially on people who will be learning from the students when they become faculty members. Along with an awareness of ethical responsibility, faculty members need to live the education ethics that they teach. To achieve this objective, the issue of boundaries needs to be examined thoroughly, and intra and interdepartmental collaboration becomes necessary.

Theoretical discussion: Institutions of higher education have identified principles and prepared manuals to guide the ethical behaviors applicable to undergraduate and graduate education. These ethical documents are intended to implement disciplinary codes for ethical behavior in academe, yet such codes frequently are violated. Offentimes, ethical violations begin more as “sins of omission” rather than as “sins of commission”; unfortunately, they may end up creating extreme harm. Students who are unfamiliar with the academy may know little about ethical boundaries, but their professors are supposed to understand the limitations of appropriate and inappropriate behaviors. Students who have experienced maltreatment or disrespectful attitudes while interacting with their professors may feel powerless and perceive themselves to be in a helpless situation. They may be concerned about possible interruptions of their academic pursuit, or, they may be fearful of receiving prejudicial treatments from other faculty members, colleagues, and peers. Their fear of the power differential deters them from taking actions. Recent academic literature has highlighted the following five inappropriate behaviors: lack of respect toward students’ hard work, embezzlement of students’ work, mistreatment of students, concealment of reporting of wrongdoing, and faculty-directed research malvolence. How often do students experience these unethical behaviors? What is it like to be in the victims’ positions? What are the larger implications of these behaviors for the academy? How can professors engage in a more proactive frame of reference?

Implications: Many publications have focused on ethical codes and conducts. Numerous studies have identified behaviors of faculty members that have crossed and even violated boundaries. Nevertheless, a survey of nearly 800 professors, regarding behavioral norms for graduate teaching, still indicated behaviors that never should happen and, indeed, should be punished. The implications of this examination suggest the need for a more proactive
frame for referencing educational ethics, one that explicates and honors boundaries between students and professors, rather than only judging situations after a boundary violation has become detrimental to all involved.

Dramatic Arts Casuistry: A Platonist Model of Bioethics Pedagogy
Richard Robeson (USA)
In AY 1989-90 the Department of Social Medicine, University of North Carolina-Chapel Hill School of Medicine, introduced an innovative new course into its Humanities and Social Sciences (HSS) curriculum. “Medicine and Theater,” a second-year Selective Seminar, was designed to engage issues in biomedical ethics, research ethics, the physician-patient relationship and numerous other ancillary topics through the development and presentation of dramatic literature. This presentation will explicate via case examples from the body of work the methods, pedagogical strategies, and both broad and special applicability to education in ethics. Most academic disciplines make use of the case study as a pedagogical instrument. And “narrative,” “narrative medicine,” and “narrative ethics” now enjoy standing within the medical humanities as disciplinary perspectives with their own, as it were, gravitational pull. It is exceedingly rare, however, for dramatic literature to be developed with casuistry as its fundamental purpose. Dramatic arts casuistry a term coined by this author remains unique in creating original dramatic works that both reflect and provoke the careful argument required in bioethics.

Dramatic arts casuistry is a thorough integration of pedagogical method, facilitation of the creative process, and direct engagement with audiences in presentation and discussion. Students develop a bioethics case study and present it as a dramatic reading with audience discussion at semester’s end. From an initial case prompt and associated substantive readings, the work of the course is implemented in three phases: (1) discussion and analysis of the prompt and readings; (2) student presentations of additional (“targeted”) research, and concomitant discussion and analysis; and (3) script (case) development during in-class writing sessions. The goal is to exploit the unique ability of dramatic art to engage complex, multifaceted issues in ways that are neither nebulous nor propagandistic, and to highlight the relationship between process, close analysis, art and scholarship. The finished text is euphemistically referred to as a “script,” but it is in fact no more a script than a Platonic Dialogue, which is both the intellectual and the artistic inspiration for this manner of presenting a case.

The list of cases, numbering more than two dozen, includes a wide range of topics, from taking a fresh look at some of the discipline’s earliest issues (e.g. Tuskegee) to some which remain emblematic of bioethics’ concerns (e.g. surrogate decisionmaking, faith-based treatment refusal, transplant ethics) to others that bioethics is only beginning to consider in a thoroughgoing manner (e.g. sports medicine).

As of AY 2010-11, the author teaches this course in Wake Forest University’s Master of Arts in Bioethics program. Other than the course title (Performable Case Studies - Bioethics 727) and the students — bioethics Master’s students, some of whom are recent undergraduates, others of whom are joint-degree candidates or working professionals in healthcare or related careers — it is identical to the UNC-CH course: in some respects a laboratory, in others a workshop; and a pedagogical model that can enjoy success in other ethics curricula.

Socratic Method On-Line: Lessons Learned
Constance Perry (USA)
The heart of applied ethics is teaching students the ethical reasoning skills that enable them to identify potential ethical issues in practice, gather relevant information, evaluate alternatives, understand how different ethical approaches can affect such analysis, and ultimately choose amongst the alternatives and defend that choice with good reasons. Ideally, they learn how to become a Socratic gadfly. This includes a commitment to truth, epistemic humility, open-mindedness, mutual respect, courage, curiosity, diligence, self awareness, logic and compassion. Courses in applied ethics thus strive to teach content material, develop analytical skills, and nurture certain character traits. At these are the lofty goals I have in mind when I develop such a course.

In most courses on applied ethics, in-class discussions are an invaluable teaching tool. Thus, I met the initial request to develop my research ethics course into a completely on-line format with skepticism. However, experience taught me that it is possible to promote ethical reasoning skills via an on-line teaching format.
Sometimes it is even more effective than an in-class format. This is especially true of an asynchronous approach which enables students from any time zone or geographic location to participate. All they need is access to the internet (and any textbooks).

However, as in applied ethics itself, the details of the practical method are relevant. This talk presents some lessons learned over the past 16 years of teaching various forms of bioethics on-line at both graduate and undergraduate levels. On-going issues with the on-line format are also discussed. This talk focuses on developing ethical reasoning skills. However, other topics related to course effectiveness are addressed. The result is a list of recommendations for anyone considering developing an on-line course in applied ethics with a heartening presentation of the benefits versus risks of such a venture.

**Benefits and Challenges of On-Line Ethics Education: Experiences from four distance education degree programs at Creighton University**

*Linda S Scheirton and Jos VM Welie (USA)*

Creighton University’s School of Pharmacy and Health Professions began offering distance education degree programs more than a decade ago. Today, the school offers both fully on-line courses and hybrid courses that combine distance education with intensive on-site components, in both Pharmacy and Occupational Therapy. More recently, the University has launched a variety of completely on-line degree programs, including an EdD program in Educational Leadership. Since every degree program at the university includes at least 3 credits of ethics education, all of these distance education degree programs contain web-based ethics courses. In addition, the University now offers a Master of Science in health Care Ethics (MSHCE) that is completely on-line. The presenters, who have designed and taught both traditional on-site and different on-line ethics courses, will review the different modes of on-line ethics education, comparing them with on-site ethics courses, and sketch various benefits and challenges of web based education.

**Teaching ethics to social work students in traditional societies**

*Nada Eltaiba (Qatar)*

Ethics is a complex topic and ethical behaviors vary cross cultures. Social work is value- laden profession. Teaching values and ethics is one of the important subjects in social work education. There is a responsibility of educators in social work to promote critical thinking, encourage reflections, and understanding of ethical problems. There is also a need to assist students to explore code of ethics and appropriate approaches to ethical decisions making. This paper aims to present my personal experience and reflections as an educator in social work. It also explore challenges related to teaching ethics to social work students in traditional, non western societies.

**Best Practices in Ethics Education: A Report from the Field**

*Catharyn A. Baird (USA)*

EthicsGame and the Ukleja Center for Ethical Literacy at University of California - Long Beach conducted a nation-wide survey to identify the learning objectives and means of assessment for ethics education. With more than 2,600 responses, the data highlights the effects of changes in ethics education and implications for learning outcomes and assessment.

The data gathered from more than 2,600 ethics educators across the United States highlights the challenges ethics educators face in responding to three intersecting trends. This session will explore the approaches and methods ethics educators can use to respond to the requirements that (1) ethics be included in the curriculum; (2) learning objectives be both appropriate for the educational level of the students and move students toward ethical maturity; and (3) more effective means of assessing learning, including a greater emphasis on quantitative measures, be used for ethics education.

Current best practices in ethics education will be summarized based on the research. The program will also recommend strategies for assuring that ethics education remain an integral and vital component of the university curriculum.
Re-Thinking Ethics in a Global Perspective: A Phenomenological Description of the North-South Divide.
Michael F. Andrews (USA)

At its closest proximity, the Kingdom of Morocco is less than eight kilometers from the southernmost tip of Europe. Although completely surrounded by Morocco, the city of Ceuta is actually a legal territory of the European Union. It is politically in Europe, yet geographically belongs to Africa. Hence, if you get your foot inside Ceuta, you are politically in Europe, even though you are geographically standing on the African continent. From Ceuta, boats and ferries bridge the frontier between North and South with ferocious consistency. Before 2002, thousands of Moroccans traveled illegally, yet fairly freely, between the affluent North [Spain: Europe] and the impoverished South [Morocco: Africa]. In 2002, however, a large barbed-wire fence was constructed by the European Union, inclusive of infrared cameras and motion detectors. The steel fence, which in fact consists of not one but three separate twenty-foot fences, is impenetrable. Each section of the fence is separated by a clearing of exactly twelve feet of bare ground --- just wide enough to send tanks and military troops in case of unrest.

By using Morocco as a lens, how might the geo-political reality of Ceuta impel us to re-think ethics beyond ethics? Ethics demands a radical re-visioning of how we describe the world and our place in it. Ethics invites us to look where we may not prefer or choose to look, to see what we would not expect to see. Re-thinking ethics in a global perspective thus entails a radical re-thinking of the meaning of globalization itself. Philosophically speaking, ethics education is concerned with understanding the implications of action and the limitations of thought. Following the phenomenological method, we shall raise several important questions in this paper. What are the boundaries, or edges, or frontiers of identity and difference? How might ethics education impact the very process by which we think about globalization? How might ethical concerns frame the discourse of our understanding of the North/South divide in the twenty-first century? Through examining ethically what is happening in Ceuta, might we feel impelled to explore what are the ethical implications involved in re-thinking ethics education in a global perspective? Challenging long-held assumptions between the North and South, rich and poor, First and Third Worlds, even the “Christian North” and the “Muslim South” means challenging powerful assumptions and cultural presuppositions upon which traditional ethics education has long taken for granted.

Is it possible to think ethically apart from binary oppositions, such as the North/South divide? Re-thinking ethics in a global perspective requires that we undo the work of sedimentation, the consolidation that occurs within systems of thought. Hence, thinking globally means that we need to learn how to think ethically outside the binary oppositions that make ethics possible in the first place.

A New Approach in Ethics Training: The Medical Ethics Project Contest
Nesrin Cobanoglu (Turkey)

The Medical Ethics Project Contest is held by the Department of Medical Ethics and History, the School of Medicine in Gazi University. The undergraduates in schools of medicine as well as the ones studying in the related departments can partake in the contest. The goal is to raise awareness concerning ethical problems that undergraduates can come across with in their professional life and make them come up with a solution when dealing with ethical dilemmas.

Undergraduates have been working, either in groups consisting of 2-5 members or individually, on a project with a main title of ‘Cancer and Ethics’, (it’ll be “Obesite and Ethics” in 2012), which is associated with the medical ethics. Undergraduates can resort to an academic adviser for these projects. Each undergraduate / group makes a presentation in which they discuss the ethical, legal and social aspects of the problem they picked up. Then, they offer a solution encapsulating all three aspects. The jurors then mostly dwell upon the ethical analysis of the problem and the ethical admissibility of the solution. The ethical sufficiency of the analysis and solutions will be evaluated for the contest in terms of ‘medical ethics’. The jurors, in other words, will consider the inclusion of following points in the presentations: Ethically contradicting aspects of the matter, principles for medical ethics included in the set of ethical problems and solutions, the amount and type of
The Medical Ethics Project Contest, which will be held for the third meeting with a title of ‘Obesity and Ethics', was held last year with a title of ‘Cancer and Ethics'. In the award ceremony of the contest in which 96 people from 18 University, partook with their projects, some well-known scientists notable for their studies on cancer took the floor as a speaker and gave a scientific conference and panel. 597 people in total with a certificate of participation watched the award ceremony tantamount to a scientific symposium. Selected 36 projects published in “The Medical Ethics Project Contest ; Canser and Ethics” book.

The interdisciplinary ethics course at Howard university College of Medicine: A model of ethics education for health professionals in the 21st century
Assya Pascalev (USA)
Introduction: Ethical decision-making is an integral part of the practice of medicine and ethics education has become a standard part of the curriculum in medical schools. Yet, there are differences in the way medical ethics is taught to medical students in terms of what is taught, how it is taught, when it is taught and the criteria for achieving ethics competence by the students.
Objective: The goal of the presentation is to introduce a unique model of ethics training for medical and other health sciences students implemented at the Medical College of Howard University in the United States of America, to receive peer feedback on the model and to stimulate a discussion about alternative models and good practices of ethics education.
Content and method: Review and analysis of the teaching methodology, syllabus, objectives, grading criteria and structure of the interdisciplinary Ethics Course taught at HU College of Medicine, as well as the student and faculty composition by discipline. The Bebeau grid method for case analyses is introduced and discussed.
Discussion: The ethics course at HU College of Medicine was developed by the faculty members of the Health Sciences Center at HU for all health sciences students, and has been successfully implemented for two decades. The course is interdisciplinary in nature and closely approximates the multidisciplinary clinical environment, in which the future health care workers will operate. The course has a balanced structure with equal time for didactics (large lectures) and active learning (peer-facilitated case analyses in small discussion groups). The course places emphasis on critical thinking, collective decision-making skills and consensus building in solving moral dilemmas in health care. Students are trained to use the Bebeau grid for case analysis and the tools for ethics argumentation and logic for both case analyses and research. The limitations of the course are the limited financial support, short duration (15 weeks) and the need for large numbers of small group faculty facilitators.
Conclusions: The HU Ethics course offers a promising model for developing ethics competence in medical and other health sciences students. It provides a solid foundation for tackling moral challenges in clinical practice. The applicability of the model outside the USA is to be determined.

Democratization of medical education as a need to efficient teaching of bioethics: A perspective from developing countries
Ghaiath M. A. Hussein and Abdulaziz F. AlKabba (Saudi Arabia)
Background: Teaching bioethics for medical students aims at developing their abilities to define, analyze and resolve ethical issues that they will encounter during their clinical practice. For these skills to develop they need an educational atmosphere that encourages raising and answering questions in an open, transparent and safe environment; i.e. a democratic atmosphere.
Aim/purpose: This presentation aims at presenting the importance of the active involvement of medical students in the educational process in developing their ethical knowledge and skills. It also discusses challenges that face implementing such a model, especially in developing countries where democracy and public involvement are not present, and sometimes prohibited.
Methods and/or philosophical perspective: The philosophical basis for this approach is based on both educational and ethical foundations that state that students learn better what they practice and that ethics is not
effectively taught and practiced without free deliberation. Democratization strategies should aim at empowering
the medical students as moral agents and as decision makers.
Results, outcomes and implications: democratization of medical education can achieve better moral development
through moralization of the medical education process and context.
In terms of the process, positive involvement of medical students in the teaching process through peer education,
group leadership, students’ presentations, etc., will give them the sense of ownership, leadership and literally the
freedom from the negative impact of hierarchy. This will allow them to be in a position to 'practice what they
preach'. Such an involvement in the educational process would help them to have their expectations (regarding
learning bioethics) heard, and probably included in the curricula. On the other hand, it will also refine these
expectations to be more realistic.
Conclusion: Medical students who have their voices heard through established channels will be adapted to
communication with their colleagues and patients, particularly gaining the skill of listening to others. Their
contribution to the decision making process (through the faculty or committees boards) will help them have more
reasonableness and rationality in making their future decisions regarding patients.

The Challenges of Teaching Global Ethics: Teaching Students How to Cope with Global Problems that Must
Have Global Solutions
Mary Lyn Stoll (USA)
Teaching students about applied ethics topics that are global in scope is challenging for a number of reasons. First,
the nature of global inequalities and global environmental problems is itself complex. Few students will have
a diverse enough background in multiple fields to know in advance the sorts of historic and systemic problems
that give rise to problems like global poverty, global warming, and inequities in both economic opportunity and
avoidance of toxins. Not only is there simply a wealth of information relevant to adequately understanding both
moral culpability and moral duty, but many students may find it difficult to comprehend that they could have
binding duties to persons distant from them in both time and space. To further complicate matters, addressing
global inequalities in resource extraction, consumption, and disposal is likely only adequately addressed by some
notion of collective responsibility. While students are often quite good at intuitively understanding personal duties
they may have to loved ones or to those with whom they interact on a daily basis, many are perplexed or flustered at
the idea that they may have moral duties which they could not personally discharge entirely on their own.
In the classroom, these challenges often result in a seeming double bind. Students will alternately argue that global
injustices are either nonexistent or that duties to remedy injustice are nonexistent given the shared nature of duties
to ameliorate past injustices that are global in scope. When discussing global warming, for example, students will
resist the notion that there is a problem until the evidence is overwhelming. But once the evidence of harm is
overwhelming the window of opportunity maximally to reduce expected harm is closed or at the very least severely
diminished.
This paper will address attempts to overcome this sort of double bind in teaching global ethics, especially as it
relates to discussions of global warming, reflecting upon attempts that I have made to teach global moral issues in
both lower and upper level courses over the past decade. I will analyze methods that have proved successful as well
as those which have had more limited results, suggesting opportunities for future improved pedagogy. I will argue
that Existentialist conceptions of bad faith may prove useful in understanding the problem, but also suggest ways
to improve pedagogy without necessarily presupposing students must reach existential authenticity before progress
can be made. I will refer to the relational accounts of global justice explained by Iris Marion Young to suggest ways
in which shared moral duties can be understood more concretely by students.

Moralmap.com: website for moral reflection
An interactive educational tool for use in medical ethics education
Myra C.B. van Zwieten (The Netherlands)
Self-awareness, i.e. the ability to recognize and understand the patient's and one's actions, motivations and
emotions, is a central attribute of medical professionalism.
Since medicine is an inherent moral practice, self-awareness applies to moral issues as well. Finding new ways to enhance moral reflection at all levels of the medical curricula is a major challenge for medical ethics educators worldwide.

The website moralmap.com is a modern educational tool that invites students and trainee physicians to reflect on questions related to everyday ethics. The website consists of 17 assignments on themes like 'Assertiveness', Pressure of time, Cultural diversity, Market-oriented thinking, Transience of Life, and Spirituality. The many images used allow the website to create a space for reflection that goes beyond verbal forms of reasoning. At the same time, the visual structures of the assignments provide a clear framework within which users can set down their own associations and experiences.

Moralmap can be used independently by teachers and educators throughout a wide variety of disciplines. Also, lecturers do not need to be medical ethicists themselves to be able to use the website in their teaching. Thanks to the cooperation of a range of guest lecturers in the development of the website, almost all the necessary ethical expertise is already incorporated in the assignments themselves as it were.

Moralmap can be used by students and newly qualified doctors as well as doctors who are a little further on in their careers. A selection can be made from the 17 assignments featured by the website according to one's individual requirements and preferences. Assignments can also be repeated at a later stage, after all, people's moral ideas and viewpoints can change over the years. In this way Moralmap can serve as a virtual toolbox that physicians can use throughout their career.

Moralmap is a form of blended learning, i.e. an e-learning instrument which is embedded in education. The website can be used for peer-based education in small groups. Moralmap is also suitable for individual supervision or remedial assignments, focussing on moral awareness in relation to a specific topic.

Moralmap is accessible at www.moralmap.com
A teaching guide is also available on request via the website.

Parallel session 22: Clinical ethics

Ethical Imperialism: Will the Ethics Consultant Certification Process Privilege the Urban Academic Setting? Valerie Satkoske and Amy VanDyke (USA)

Background: The American Society for Bioethics and Humanities (ASBH) is moving forward with plans to standardize the skill sets and knowledge base deemed necessary for ethics consultations and to utilize those standards to identify the competencies ethics consultants must achieve for professional certification. Consequently, many hospitals are proactively offering core competency training courses in an effort to be well prepared for the new certification and practice parameters. Unfortunately, the ASBH Core Competencies, while presented as universally relevant and achievable, do not adequately consider how the cultural, religious, economic, or geographical positioning of health care institutions or ethics consultants may affect the ability to acquire the knowledge and skills necessary to achieve either competency or certification in clinical ethics consultation. Of particular concern, is the apparent lack of consideration given to the ways in which implementing these new minimum standards might disparately affect hospitals in various settings. For example, some rural areas of the US lack access to academic medical centers and institutions, lack internet access, and have financial constraints which may create barriers to the formal training needed to achieve certification. By considering such issues during the initial testing phases of competency certification, the ASBH may well position the Core Competencies to be not only nationally recognized standards but also to have global relevance. In light of emerging efforts at collaborative international ethics consultation through organizations such as Bioethicists without Borders, it seems reasonable to consider how US clinical ethics consultation standards may impact global consultation efforts, especially for developing world nations with concerns not dissimilar to those faced in some areas within the US.

Purpose: With an eye toward potential global relevance of ASBH’s Core Competencies for clinical ethics consultants, this presentation will examine the potentially disparate levels of burden between urban and rural US health care practitioners who attempt to secure ASBH Core Competencies based certification. Additionally, we will explore the practicality and relatability of these standards for countries with similar or greater limits on educational resources and supports.
Methods: This presentation will rely upon literature review, clinical ethical consultation experience, case based learning, and current involvement in ethics education research to analyze the proposed topic.

Implications: By considering disparities in access to clinical ethics consultation education prior to formalizing certification standards, the potential to educate and certify well qualified clinical ethics consultants becomes more practical, accessible, and achievable both nationally and globally.

Conclusion: ASBH is standardizing the skills and knowledge perceived necessary for quality ethics consultation. One outcome will likely be professional certification for those who show mastery of those skills. However, the ease or difficulty of achieving certification standards may be resource dependent and should ASBH standards become the practice norm, the US experience may serve as a model for implementation of similar standards internationally and should thus be sensitive to issues of access secondary to culture, geography, and economic conditions.

The training of moral case deliberation facilitators: competencies and training program.
Menno de Bree, Mirjam Plantinga, Eite Veening, Marian Verkerk (Sweden)

There are different ways of practicing and teaching ethics in health care practice. One of the more recent initiatives in this field is Moral Case Deliberation (MCD). During a -session, health care professionals explore and discuss a moral case that they have encountered in daily practice, in order to find out what is the morally right thing to do. Typically, MCD-sessions are structured by a conversation method, and participants discuss their views under guidance of a trained facilitator.

Until now, these moral case deliberation facilitators are usually external experts, mostly trained professional ethicists. However, one can imagine that in order for MCD sessions to become part of the daily routine, it is preferred to let professionals themselves become facilitators of the sessions. This can only be achieved, however, if these professionals receive proper training.

We therefore have developed a competency based training program for health care professionals to become a facilitator in Moral Case Deliberation. In order to do so, we have described and categorized the competencies facilitators need to acquire in order to facilitate MCD sessions successfully (comparable with the competences needed for clinical ethics consultation as described by the ASBH). Together with these competencies, we have developed a training program, including some didactical tools and assessment methods.

Aim

Until now, there are no evidence-based train-the-facilitator programs. It is simply not known what the best way is to train health care professionals in order to become moral case deliberation facilitators. In this paper, we propose a first step towards addressing this issue.

Methods, results, outcomes and implications

We describe and explain the set-up of the train the facilitator program, discuss the competencies we want to train, and present some of the didactic tools we have developed.

We further present how the 60 healthcare professionals that have participated (in different groups) in our train the facilitator program have evaluated this program. Data were acquired by written evaluation forms and by competency self-assessment forms. Finally, we propose suggestions for future improvement and research.

Moral Distress: Teaching Nurses in the Clinical Setting
Mary Caldwell (USA)

I propose to discuss moral distress, its effects, and suggest ways to educate nurses about moral distress in a hospital setting, thereby reducing the incidence of moral distress, and its potential damaging effects.

Moral distress occurs when a health care provider cannot, for a variety of reasons, act in ways he or she believes to be ethical. For example, a nurse may be compelled to follow a doctor's orders to continue aggressive treatment in an intensive care unit in a situation in which the nurse sees that the patient is nearing the end of life. The nurse may believe that palliative care, or a comfort care protocol is more appropriate. Nurses often feel they are contributing to suffering as they must continue non-beneficial interventions for their patients. Yet the nurse is unable to act otherwise, because she or he is legally, and ethically, bound to follow the physician's orders.
Moral distress is well documented in hospitals, particularly among nurses. A number of studies have demonstrated that moral distress leads to staff dissatisfaction and low morale. It can affect patient care as well as relationships with colleagues. It can lead to burn-out among nurses, causing some nurses to leave their profession. Losing nurses to moral distress is costly in economic terms; replacing nurses, particularly ICU nurses, can cost tens of thousands of dollars.

Most nurses have experienced moral distress, but many have never heard the term, and do not know how to name their experience. Teaching nurses, in a clinical setting, about moral distress, is helpful in many ways. Simply validating their experience can enable nurses to realize that their experience is not uncommon; that it is real and important and worthy of attention. Learning about moral distress can empower nurses to discuss their feelings, to turn to one another for support, and to realize what they are dealing with is not an isolated phenomena. Helping nurses understand moral distress in a hospital setting can be challenging. Nurses need to feel safe to discuss these feelings. There are creative ways to offer nurses the opportunity to learn about moral distress, thereby helping them deal with the effects. Methods include offering unit-based sessions, staff in-service sessions, as well as hospital-wide educational events. It is useful to create ways to encourage nurses to reach out for help when they are experiencing acute distress.

Teaching nurses about moral distress, and providing ways for them to deal with the day to day stresses of clinical work can benefit the nurse, the patient, and the institution.

The Ethics of Being an Employed Ethicist: Conflicted Loyalty and Muted Criticism in A Corporate Context
David Belde (USA)

In both the clinical and business domains of healthcare ethics, employed ethicists confront unique ethical challenges. Little attention has been given to the nature and significance of these ethical challenges in the healthcare ethics literature. Moreover, in the absence of a robust and structurally sound understanding of “professionalism” in healthcare ethics (e.g., peer review in healthcare ethics, academic certification or credentialing in healthcare ethics, licensure in healthcare ethics, etc), it falls primarily on the employed ethicist, one’s employer—and to some degree their respective professional organizations—to assist in the identification, management, and resolution of such ethical challenges. The issue is of significant concern in that it relates to: (a) the credibility of the healthcare ethics consultation process—especially as it relates to quality of care that patients may receive; (b) questions of influence and accountability of the employed ethicist concerning matters of organisational identity; and (c) whether the ethicist can practically maintain necessary professional independence in clinical and organizational ethics matters.

I argue that ethicists, particularly those under full-time employment within the corporate healthcare setting, are inevitably influenced by such employment and that such influence can be ethically problematic. Examples taken from clinical ethics consultation as well as the mission and ethics due diligence process—a practice used by many organizations to evaluate the mission impact of strategic decisions—will illustrate the nature and extent of the unique ethical issues that employed ethicists face in the corporate healthcare setting.

The session concludes with identifying strategies for managing the challenges that employed ethicists face in healthcare context.

Unfiltered media access gives a new quality to the “voice” of patients and enhances the basis of good ethics education.
Ralf Stutzki (Switzerland)

Background and aim: DU bist Radio (“YOU are radio”) is an award winning radio format which has first been broadcast in 2009 by the non-commercial radio station Channel K in Switzerland. The purpose of this program which goes on air twice a month is the development of a new broadcasting format which - without applying any journalistic filter and influence – conveys authenticity of expression amongst society’s most vulnerable fellow citizens like patients.
So-called *marginal groups* are encouraged to speak for themselves, as a possible paradigm case for encouraging the inclusion of patients’ and relatives’ “unfiltered” voices in clinical ethics consultation as well.

**Approach:** *DU bist Radio* follows closely the concept of dialogical philosophy as developed for example by Martin Buber: “I become through my relation to the Thou.” Before handing over the microphone to the groups in focus, a team of journalists over a period of 4-6 days teaches them on-site radio skills and craft. Once this task is completed and the actual production of the program begins, the media crew takes a back seat and does not exert any influence whatsoever on the content of the show. Thus, the final product - i.e. the radio program - is solely created and accounted for by the media-inexperienced participants. The “result” is therefore completely open, oftentimes unforeseen, unexpected and surprising.

**Results and discussion:** The radio project has shown that the ‘experimental’ approach worked out well: patients are able and willing to communicate important messages to a large audience stimulating awareness for their needs and problems: e.g. the need to restart communication processes with their families and friends; the need to formulate and realize dreams and goals; the need to be seen and treated by others primarily as fellow human beings and not as “patients.”

A media project in which no “journalistic filter” is being applied and no questions are asked is a fruitful setting: particularly the absence of the investigative approach allows for unexpected answers and authentic insights. The impact of this experience shall be put to discussion in the context of clinical ethics education.

**Conclusion:** If we don’t ask questions we will receive different answers; this rather unusual statement apparently sums up the *DU bist Radio* experience so far. Especially in scientific research settings with patients, questions and questionnaires oftentimes emphasize the interviewer’s quest for knowledge (which includes his / her attitude and prejudice). Thus, the degree of authenticity of the interviewee’s answer is at least questionable. Providing a setting where patients claim their rights to be solely responsible for the content of their output will lead to greater insight into their overall condition – and thus enrich (medical) ethics education.

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**Teaching Clinical Ethics: The Clinical Ethics Immersion Course at the Center for Ethics at Washington Hospital Center**

Evan DeRenzo (USA)

**Background:** Although clinical ethics consultation is commonplace in health care facilities, the field of clinical ethics is slowly progressing towards certifying individual clinical ethicists, developing credentialed training sites, and formalizing its own code of ethics. Given the possibility for clinical ethics consultants to influence patient outcomes in unhelpful ways, the lack of opportunities for clinical ethics training causes concern. What is lacking for persons involved in, or teaching about, clinical ethics are short, practical, clinical ethics training opportunities. The Clinical Ethics Immersion Course at the Center for Ethics at Washington Hospital Center meets this need.

**Aim/Purpose:** In May 2011, the clinical ethics group of the Center for Ethics launched a 40 hour, 3 and one half day, Clinical Ethics Immersion Course (hereafter referred to as the Course). Created to address the gap in training opportunities in the practice of clinical ethics, the Course provides those who now practice clinical ethics and those who teach bioethics, the opportunity to be in a clinical setting.

“Immersion” refers to a high intensity clinical ethics experience in a busy, urban, acute care hospital. The Course includes participants joining clinical ethicists on working rounds in the intensive care units and trauma service. As ethics consultation requests come into the Center, Course participants accompany clinical ethicists on the consultations. Participants engage in a videotaped, simulated, role-play conversation with an actor. Each simulated session reflects a practical, realistic, clinical ethics case consultation scenario. Participants also review patient charts, have small group discussions on selected clinical ethics topics, and discuss clinical ethics best practices to take back to their own institutions.

**Methods and/or philosophical perspective:** The mission of the Clinical Ethics Immersion Course is to provide opportunities to observe, participate, and discuss actual cases in real time in order to refine the practical clinical skills involved in the daily work of a clinical ethicist.
To actualize these aims we created the following objectives:

Objective #1: Participants will attend rounds, a surgical case, and clinical ethics consultations as these may (or may not) be called into the hospital’s ethics consultation service.

Objective #2: Participants will discuss ethics issues that arise in the course of caring for patients in an acute care hospital setting.

Objective #3: Participants will be introduced to and practice conflict management skills.

Objective #4: Participants will review patient charts to identify documents relevant to patient rights and to sharpen chart writing skills.

Objective #5: Participants will simulate a conversation with a patient, played by an actor in the hospital’s simulation laboratory.

Objective #6: Participants will reflect on their own strengths and limitations in order to improve their own practice in clinical ethics.

This Course has now been given twice with positive evaluations. A full report is being published in the Journal of Clinical Ethics, expected publication date Spring, 2012.
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