



*MEDICAL UNIVERSITY OF PLEVEN
FACULTY OF PUBLIC HEALTH*



DAY OF BIOETHICS

08.04.2015

BOOK OF ABSTRACTS

The Day of bioethics is an initiative originated by Assoc. Prof. Dr Silviya Aleksandrova-Yankulovska. The first Day of bioethics was held on 8.04.2014 and was dedicated to research ethics. Invited speaker was the distinguished bioethicists Prof. Henk ten Have, Doctor Honoris Causa of Medical University of Pleven. Prof. ten Have also moderated the ethical case analysis poster session with the participation of 13 medical students English division of Medical University of Pleven. All full texts of the materials were independently reviewed by Prof. ten Have and Assoc. Prof. Silviya Aleksandrova-Yankulovska and were published in the book “Ethical decision-making in health care”. The book also serves as a valuable study material in the course of bioethics for medical students.

The Day of bioethics 2015 is dedicated to human rights in health care. Several thematic fields were proposed:

- Human rights and reproduction
- Human rights and genetic testing
- Human rights and end-of-life care
- Human rights and infectious diseases control
- Human rights and mental health
- Human rights and medical experiments
- Human rights and resource allocation

All presenting authors are encouraged to publish full text of their reports and posters in the Medical University of Pleven Journal of Biomedical and Clinical Research: <http://jbcr.mu-pleven.bg/>

Invited speakers



Prof. Luciana Caenazzo was born in Mestre, Italy, 10th of May 1960. In 1983 she got bachelor degree in Biological Sciences at the University of the Studies of Padua. In 1989 she got PhD degree in Forensic Sciences at the Catholic University of Rome and in the following year she was is a visiting scientist at the Clinical Neurogenetics Branch, NIMH, National Institutes of Health (NIH), Bethesda MD, USA. She has also experience as a researcher in SSD MED43, in the Department of Enviromental Medicine and Public Health-Legal Medicine Unit, scientific tutor of the Course of Improvement in Bioethics - University of Padua and several EU projects. At 2012 she was a visiting professor at University of Zagreb for the project: Biobanks: bioethical issues between the preservation of individual liberty and the promotion of the security of society.

Since 2002 Prof. Caenazzo is teaching legal medicine and bioethics of medical students, medical doctors, law students, and graduate law practitioners.

Her research regards the personal identification in the paternity analysis and biological stains by means of the study of DNA genetic markers and the application of the personal identification in the forensic field (Forensic Genetics) and for clinical purpose as the determination of the sex with techniques of molecular biology, and the follow up in the patients undergoing to marrow transplantation. Her interests of research also comprise, ethical questions of genetics, forensic genetics and justice, other main research interest is in the ethical aspects of the clinical use of genetics (ethical issues arising in their day-to-day practice and to share good practice). In the last years also focused on ethical and legal aspects of governance in biobanks. Prof. Caenazzo's research activity led to the publication of about 100 papers in national and international scientific journals.

Luciana Caenazzo is the Italian member of the Management Committee of the COST project IS1106, the Italian member in the European Network of the Social Studies of Forensic, Member of the Fondazione Lanza project "Ethics and Emerging Technologies: a Population-based Health Monitoring Project" (an interdisciplinary research group in that seeks to identify and address those ethical issues related to the integrated use of new technologies).



Prof. Renzo Pegoraro was born in Padua, 4th of June 1959. He graduated as Doctor of Medicine at the University of Padua in 1985 and later on studied philosophy and theology in Padua and in Rome, graduating with the Licence in Moral Theology in 1990. He graduated with Diploma in ACorso di perfezionamento in Bioetica@ at the Catholic University in Rome. In 1993 he was visiting researcher at the Kennedy Institute, Washington D.C.

In 1993 he became a Professor of Bioethics at the Faculty of Theology of Northern Italy in Padua, and General Secretary of the Fondazione Lanza (a Center of advanced studies in ethics, bioethics and environmental ethics). He is a Professor of Bioethics at the School for Obstetricians of the Faculty of Medicine, University of Padua.

Since 2006 Prof. Pegoraro is the President of the Ethics Committee of the Regional Institute of Oncology and since 1998 to 2010 he was the President of the Research Ethics Committee of the University-General Hospital of Padua.

Between 2000 and 2002 he was member of the Italian National Healthcare Council. He serves as an ethicist in several institutions.

He was President of the Executive Committee of the European Society for Philosophy of Medicine and Health Care, 2005-2007. He is Past President of the European Association of Centers of Medical Ethics (EACME).

Since 2011 Prof. Pegoraro is a Chancellor of the Pontifical Academy for Life.

He published articles in scientific journals and books on different issues in biomedical ethics, particularly on: religion and bioethics, human experimentation, organ transplantation, elderly care.

Hall "Ambroise Pare"

9:00 – 9:15	Opening and welcome address by the Rector of Medical University of Pleven, Prof. Dr Slavcho Tomov
9:15 – 10:15	Biobanks: which ethical framework in public health genomics? <i>Speaker: Prof. Luciana Caenazzo, Professor in legal medicine and bioethics, Department of Molecular medicine, University of Padua</i> <i>Moderator: Assoc. Prof. Dr Silviya Aleksandrova-Yankulovska</i>
10:15 – 10:30	Coffee break
10:30 – 11:30	Extended reproduction – just a medical reality or women's right? <i>Speaker: Prof. Luciana Caenazzo, Professor in legal medicine and bioethics, Department of Molecular medicine, University of Padua</i> <i>Moderator: Assoc. Prof. Dr Silviya Aleksandrova-Yankulovska</i>
11:30 – 12:00	Presentation of The University of Padua <i>Prof. Luciana Caenazzo</i>
12:00 – 12:30	Lunch break
12:30 – 13:30	Human Rights, Religion and Ethics: Is it possible to exist together? <i>Speaker: Prof. Renzo Pegoraro, Professor of bioethics, Faculty of Theology, University of Padua and General Secretary of Fondazione Lanza, Padua</i> <i>Moderator: Assoc. Prof. Dr Silviya Aleksandrova-Yankulovska</i>
13:30 – 13:45	Coffee break
13:45 – 14:45	Practicing medicine in multicultural societies – challenges to ethics consultation <i>Speaker: Prof. Renzo Pegoraro, Professor of bioethics, Faculty of Theology, University of Padua and General Secretary of Fondazione Lanza, Padua</i> <i>Moderator: Assoc. Prof. Dr Silviya Aleksandrova-Yankulovska</i>

15:00 - 16:00	<p>Parallel session 1 - Hall "Ambroise Pare"</p> <p>Moderator: Prof. Luciana Caenazzo</p> <ol style="list-style-type: none"> 1. Is it ethical to create babies from three people DNA? – Gurpreet Kaur, Shacheesh Sinha, medical students 4th and 5th year, MU-Pleven 2. When to section a patient under the mental health act - Dearie G. Okwu, Sarah O. Sonde, medical students 4th year, MU-Pleven 3. Opt-In vs. Opt-Out? – Anxhela Koci, medical student 3th year, MU-Pleven 4. "Burnout Syndrome" in Healthcare Professionals: Is Patient Care being compromised? - Mohsin Hussain, medical student 4th year, MU-Pleven 5. Can Human rights and Harm principle go together? - Atanas Anov, Department of Public Health Sciences, MU-Pleven
15:00 - 16:00	<p>Parallel session 2 - Hall "Gallen"</p> <p>Moderator: Prof. Renzo Pegoraro</p> <ol style="list-style-type: none"> 1. Reproductive and therapeutic cloning in Orthodox bioethical discourse – Svilen Spasov, University of Veliko Tarnovo, Faculty of Orthodox Theology 2. Diane Pretty – The case of an imprisoned woman in a free world – Zarina Bibi, medical student 3th year, Sandip Gurung, medical student 2nd year, MU-Pleven 3. "Who owns your life?" Pratchett's case - a contemporary bioethical discussion on euthanasia. - Merilin Ivanova, medical student 3th year, MU-Pleven; Silviya-Aleksandrova Yankulovska, Department of Public Health Sciences, MU-Pleven 4. The right to live without pain unappealable human right to every patient in pain. An analysis of Bulgarian legislation - Nikolai Yordanov, Coprehensive Cancer Center-Vratsa 5. Rights of personnel vs. rights of patients through the prism of clinical ethics consultation. - Silviya Aleksandrova-Yankulovska, Department of Public Health Sciences, MU-Pleven
16:10	<p>Hall "Ambroise Pare"</p> <p>Closing.</p>

9:00 – 9:15

Opening and welcome address by the Rector of Medical University of Pleven, Prof. Dr Slavcho Tomov

Plenary sessions

9:15 – 10:15

Biobanks: which ethical framework in public health genomics?

Prof. Luciana Caenazzo

Department of Molecular Medicine, University of Padua, via Falloppio n.50, 35121 Padova, Italy

Biobanks are repositories which assemble, store, and manage collections of human specimens and related data. While the collection of samples and data for research purposes has a long history in the educational and medical systems, their recent increase in numbers, size, and importance has focused attention on the changing nature of biomedical research and relationships among investigators, research participants, and the organizations that fund and manage these entities. This surge in numbers coincides with different discoveries and technology improvement and with the vision of improved health through genomic medicine.

At the same time, there is an increased need for new solutions in order to translate in health planning programs the results of genomics research findings, for the benefit of the general population. The results of these studies could be of paramount importance for planning effective and qualified interventions for public health priorities, for designing national health strategy and developing preventive medicine interventions.

A viable and equitable process of connecting genomics research to public health interventions requires well-established and peculiar ethical standards and research policies.

The research performed through biobanks should meet the highest ethical, legal and socially appropriate standards and should also be accompanied by structured policies to guarantee that research findings and results are useful for the greatest public health needs, and that human rights, as well as research ethical standards are respected.

In addition to standard ethical issues associated with biomedical research more generally, public health genomics research poses special challenges in

different important areas, as anonymization of samples and data, information and consent to the donors, and the return of research results to the donors.

Biobanking may represent a unique form of extraordinary platform for innovation in public health and in the production of scientific knowledge, ensuring adequate resources and the ability to combine the different biobanks in national and international networks. The perception of individuals and society in general needs to be educated and strengthened in order to maximize the productivity and the scientific value of biobanks. In this perspective, the harmonization of biobanking is critical to not only to ensure an appropriate use of available resources, but also in obtaining more scientifically valid results.

10:15 – 10:30 Coffee break

10:30 – 11:30

Extended fertility preservation - just a medical reality or women's right?

Prof. Luciana Caenazzo

*Department of Molecular Medicine, University of Padua, via Falloppio n.50,
35121 Padova, Italy*

Fertility preservation is an emerging field that provides the opportunity to maintain reproductive health to all those patients who either have to receive medical treatments or want to preserve their gametes to postpone childbearing for other reasons (age-related fertility preservation). The majority of patients who can benefit from fertility preservation techniques are cancer patients.

In recent decades, a social trend toward delaying childbearing has been observed in women of reproductive age. In fact a novel technico-medical innovation was commercialized for non-medical reasons to healthy, ostensibly fertile women, who wished to postpone motherhood for various reasons such as educational or career demands, or because they had not yet found a partner. As a consequence, these women may be affected by age-related infertility when they decide to conceive, and fertility preservation techniques may also be considered indicated in this population.

However, although the American Society of Reproductive Medicine recently removed the experimental label of oocyte vitrification, information about the long-term follow up of children is still unavailable, and more data are needed about the efficiency of oocyte vitrification at more advanced ages.

While the option for cancer patients to freeze oocytes in the face of treatments that may render them infertile is generally considered in a positive light, offering the same option to healthy women is met with new ethical challenges.

Oocyte freezing consists of two separate steps that are clearly distinct in time: at the time of the first step, women who request social freezing are healthy persons who ask for a procedure that results in stored oocytes that may or may not be used, depending on the further course of their lives.

Nevertheless, an ethical discussion on this topic should address some questions that will be described.

From a medical point of view we have to consider the balance between the risks of the procedures (ovarian hyperstimulation, oocyte pick up and pregnancy) and the benefits, for the mother and the child. In bioethical terms the balance between the respect of the woman autonomy (including the reproductive autonomy) and the beneficence both for the mother and the child.

Should the Assisted Reproductive Technology (ART) funding be extended also for “social egg freezing” in the perspective of resources allocation for Public Healthcare System?

Finally, in a gender perspective, we should consider that social sperm freezing is less debated and more accepted, so, a possible argument in favour of social freezing could be to avoid discrimination between men and women. In this case, we wonder if equality between men and women should be achieved by erasing biological differences between them, or if social freezing is the embodiment of the trend in society to accept less and less the finiteness and unavailability of the human life.

In the same vein, must equality in the job market go hand in hand with further medicalisation of reproduction?

Social freezing is advertised to achieve extended fertility preservations. But we wonder if it is the proper solution to the problem or if it could also create further problems.

11:30 – 12:00

Presentation of University of Padua

Prof. Luciana Caenazzo

*Department of Molecular Medicine, University of Padua, via Falloppio n.50,
35121 Padova, Italy*

Little is known of the origins of the University of Padua the year 1222 is given as the date of its foundation at least in the sense that from that year onwards a permanent university, properly organized and publicly recognised, is known to have been established.

In 1405, when Padua passed under Venetian rule, there began for the University an era of great splendour which, apart from a short interval of decline due to the war of Cambrai, lasted until the eighteenth century.

On August 1493 the building called "Hospitium bovis" had been leased in perpetuity by its owner and today the main University building is still there. Padova today vaunts the world's first university botanical garden and a permanent anatomical theatre.

The talk displays the history aspects of some important figures encountered in the History of Padua University: Andrea Vesalius, Girolami Fabrici D'Aquapendente, Galileo Galilei and Giovanni Battista Morgagni.

12:00 – 12:30 Lunch break

12:30 – 13:30

Human Rights, Religion and Ethics: Is it possible to exist together?

Prof. Renzo Pegoraro

Professor of bioethics, Faculty of Theology, University of Padua and General Secretary of Fondazione Lanza, Padua, Pontifical Academy for Life – Rome

While the modern doctrine of human rights appears as something acquired and generally accepted, today's debate brings to light a large number of important challenges, worldwide, for the practical implementation of these rights. These challenges, which arise in particular in the field of bioethics, are exacerbated by the diversity of perspectives in a society characterized by a pluralism of moral visions. On the one hand, they require further reflection regarding the innermost core and the essential human rights (human dignity, founding reason the very same human rights); and on the other hand, there needs to be a greater effort towards a more complete statement of the principle of equality, which qualifies the value of human life in every circumstance in time and place.

Despite the bitter divisions and conflicts that arise in current debate, and which seem to enact a substantial lack of communication between law, ethics and

religions; there also emerges a longing to overcome individual boundaries in order to build something new for everyone. These signs of hope can be found on several levels.

First and foremost, bioethics itself, born – according to V.R. Potter - as a "bridge" between the scientific world and human values, plays a major role, because it focuses global interest on the questions which pertain to the entire human kind and all structures/institutions. Furthermore, the Catholic perspective recognizes within bioethics a great opportunity for dialogue, and should be understood as a "sign of hope": " The emergence and ever more widespread development of bioethics is promoting more reflection and dialogue-between believers and non-believers, as well as between followers of different religions-on ethical problems, including fundamental issues pertaining to human life."(John Paul II. *Encyclical Letter "Evangelium Vitae"*, n. 27). This dialogue becomes indispensable, even though - as emphasized by the *Universal Declaration on Bioethics and Human Rights* UNESCO (2005) - "decisions regarding ethical issues in medicine, life sciences and associated technologies may have an impact on individuals, families, groups or communities and humankind as a whole", and therefore cultural diversity cannot be used as a justification in the violation of fundamental rights, but rather must be valued as one of the treasures of humanity. Various religions also have the opportunity, and therefore the responsibility, of dealing with the Universal Declaration of Human Rights, providing ethical criteria, understood as "values, basic human needs (...) that acquire a perennial, irreversible, and unconditional validity, and which often even obtains a juridical codification (such as *human rights* or *fundamental rights*)" (H. Küng).

This possibility emerges from an element common to all religious beliefs: "the inner imperative of the moral conscience, which enjoins us to respect, protect and promote human life, from the womb to the deathbed, for individuals and peoples, but especially for the weak, the destitute, the derelict: the imperative to overcome selfishness, greed and the spirit of vengeance." (*John Paul II. Address to Representatives of the Christian Churches and of the World Religions, Assisi, 1986, n. 4*).

13:30 – 13:45 Coffee break

13:45 – 14:45

Practicing medicine in multicultural societies – challenges to ethics consultation

Prof. Renzo Pegoraro

Professor of bioethics, Faculty of Theology, University of Padua and General Secretary of Fondazione Lanza, Padua, Pontifical Academy for Life – Rome

Health Care Ethics Consultation is “a service provided by an individual or a group for giving an answer to questions posed by patients, relatives, tutors, health professionals or other people involved in health care, about uncertainties and conflicts between values that can emerge in clinical practice” (ASBH, Core Competencies, 2011).

There are several major general challenges in ethics consultation:

- Is it possible to define and offer an ethical opinion/advise on a specific clinical case?
- Is this consultation useful for a concrete decision?
- How to respect different professional and personal perspectives?
- How to manage the relationship between ethics and law?

There are also specific challenges concerning medicine in a multicultural society:

- How to take into account different perceptions of moral values?
- Which priority of the values?
- The concrete undertaking of moral values in a healthcare context
- The influence of religion in moral life.

Furthermore there are also positive issues:

- The experience of dialogue and the positive exchange of traditions.
- There is the possibility of discovering common basic anthropological experiences based on the concrete conditions of illness, suffering, care.
- To believe in human reason and in the possibility of offering support on moral questions.
- The concrete experience of consensus in the decision making-process at the bedside.

Two clinical cases, illustrating these challenges in a multicultural/multiethnic society, will be presented.

15:00 - 16:00 PARALLEL SESSION 1 - Hall “Ambroise Pare”

Moderator: *Prof. Luciana Caenazzo*

Is it ethical to create babies from three people DNA?

Gurpreet Kaur, Shacheesh Sinha, medical students 4th and 5th year, MU-Pleven

Mitochondrial (mtDNA) diseases are genetic diseases caused by mutation in the mitochondrial DNA or nuclear DNA. Mitochondrial DNA is inherited from the maternal ovum. One of the techniques involved in the creation of an embryo from three peoples' DNA is removal of nucleus from the ovum of a prospective mother which has defective mitochondria and inserting it in donors ovum. This procedures raises ethical concerns because it can potentially create a slippery slope for producing designer babies, genetic engineering and eugenics. Britain is a step closer to legalising the procedure, in doing so it will the first country to allow creation of embryos from three people.

This procedure has been tested on animals and has resulted in healthy offspring, however evidence should be viewed sceptically. To what extent can the findings of animal studies be applied to human beings? Mitochondrial DNA although small, is passed onto the child hence questions can be raised on motherhood because the child will carry DNA from two women. In addition there are other methods available for preventing mitochondrial diseases being passed onto the next generation, such as using a donor egg, how desperate are we to have our gene pool in our child at the risk of child's future health?

On the other there are several benefits, such as preventing and eliminating serious mitochondrial diseases in the future generations. Humans have been sceptical and concerned about many new technologies which have proved to be safe and beneficial, for example organ transplantation. This procedure will be beneficial for the parents and the child, because it will prevent suffering. If a certain procedure is available, patients autonomy regarding reproduction choices should be respected after providing thorough information on benefits and risks of the procedure.

In conclusion this method could possibly have unforeseeable risks, but has many other procedures in the past which are now safe. A set criteria should be enlisted to asses each care individually, if followed this technique will provide great benefit and possibly be another milestone in scientific research.

When to section a patient under the mental health act

Dearie G. Okwu, Sarah O. Sonde, medical students 4th year, MU-Pleven

A 23-year-old artist, Jenny, lives with her parents and her 2-year-old daughter. You have received a phone call from Jenny's mother saying that she is worried that her daughter is acting 'oddly'. She asks if you would make a home visit to see Jenny as she is refusing to leave the house. You agree to go after your afternoon clinic. When you get to the house, Jenny's mother takes you upstairs. Jenny is hiding under her duvet in the dark with a torch, which she is turning on and off. She is unwashed and wearing dirty clothes. Her arms are covered with fingernail scratches. As you enter, Jenny asks you to stay very quiet as she is trying to intercept a message from the people who live in her sock drawer. The torch is helping to reflect their thoughts into Jenny's head. On further questioning you discover that Jenny has several abnormal beliefs. She believes that she has been sent as a spy from the government and has a microchip inserted under her skin so that the prime minister can track her actions. Your first impressions are that Jenny has schizophrenia. You feel she should be admitted to a psychiatric hospital for further assessment and possible treatment.

Cited documents and Regulation - Universal declaration of human right, Bulgarian Health Act, Nigeria's mental health policy, European convention on human right, Human right act.

Dilemma

In this case, we consider whether the physician has the right to have Jenny compulsorily admitted for further assessment and possible treatment.

Conclusion

Based on the above ethical discussion, it can be suggested that the physician admits Jenny for further assessment and treatment. Mental illness cases can often fall into grey areas as therapy within this field of medicine is often not empirical. Although it is been advised that Jenny be admitted, there is no evidence that she would ever leave confinement.

Opt-In vs. Opt-Out?

Anxhela Koci, medical student 3th year, MU-Pleven

On the basis of organ donation there are two systems which can be adopted by a state. In the Opt-In system it is necessary for the organ donor to give their autonomous consent. In comparison, the Opt-out system assumes everyone is a donor unless an individual withdraws their consent. A major debate within the organ donor systems is which system would be considered most ethically acceptable. Currently countries such as the UK, USA and Germany have adopted the opt-in system, whilst Spain and Austria have selected the counter system. In action, an Opt-in system can lead to individuals who would otherwise want to be a donor, not donating leading to a false negative. Whereas, in the Opt-out scheme can potentially lead to an individual that does not want to donate becoming a donor resulting in a false positive. In an Opt-in system 28000 transplants were possible in a given year due to organ donors however 18 people die per day due to lack of donors. In an Opt-out system it was revealed that more organs were donated in total compared to Opt-In running countries. It should be stated that in an Opt-In system they have a higher rate of organ donations from live donors. Despite the high rates of donors from an Opt-Out system a shortage still remains. The Opt-In system operates on the ethical principal of autonomy where the individual is granted complete autonomy over the fate of their organs and their death is given priority. The Opt-Out system operates on the ethical principal of beneficence and relies on the idea that a transplant is for the good of the patients and any deceased patients would support this. Major problems surround the respect of the individual's autonomy, definition of death and religious beliefs.

“Burnout Syndrome” in Healthcare Professionals: Is Patient Care being compromised?

Mohsin Hussain, medical student 4th year, MU-Pleven

Mrs Y has come at midnight into the accident and emergency department and is waiting to be seen by Dr M. Dr M has been working 12 hour shifts for the past week, 70 hours over the past 5 days and a 36 hour shift overnight on-call over the weekend. This has stretched over the past few months and the spiral of fatigue coupled with irritability has started to set in. His pay remains low in relative terms, compared to his peers in other professions who seem to have somewhat of a less stressful lifestyle than his. Little does she know, behind the doors of the department are other staff who feel the same; they have seen more patients today than ever before due to a shortage. Overworked, devalued, demotivated and de-energised. If she had arrived earlier in the day or the medical staff had a different attitude to how they are feeling at the moment, her right to a good level of healthcare could be in less of a jeopardy than it may be in now...

To this effect, patient care should always remain the centre of a medical practice's aims and objectives, however in the recent past as a result of economic downfall, demotivated employees, imbalanced over-strained work force coupled with relative income disparity; to name a few; this target seems to be in danger.

Coined in the 1970's by the American psychologist, Herbert Freudenberger, 'Burnout Syndrome' was used to describe the consequences of severe stress and high ideals experienced by people working in "helping" professions ranging from exhaustion, depersonalization and reduced satisfaction in performance.

I aim to describe what elements are fundamental in making medical professionals feel this way while hoping to evaluate whether the 'WMA's declaration on the Rights of the Patient' to 'have the right' to a 'good level of healthcare' 'without any outside interference' is being strictly adhered to or not and what changes may help to improve the situation for both medical professionals and subsequently, their patients.

Can Human rights and Harm principle go together?

Atanas Anov, Department of Public Health Sciences, MU-Pleven

Huge emigration of people from the Middle East towards the western world forced the latter to revise its own values and how will they apply to people with different cultural background.

Following the Universal Declaration of Human Rights we see that every human being has certain rights and civil liberties. All states must do their best to protect these rights because they belong to every citizen and every human being.

It is clear that emigrants have good understanding of human rights and because of that they have different demands towards the state. Problems emerged when emigrants demand things from the state that are in contradiction with the state's constitution and place those demands under the hood of human rights. For example, a Syrian emigrant who has two wives in Syria, demanded that Bulgaria must change its constitution so he could have his two wives in this state.

Can societies make similar demands to the state concerning the emigrants that could be placed under the hood of human right, e.g. obligatory vaccination for all emigrants? This action could be easily justified in Public Health context if we invoke the harm principle, i.e. to restrict one's freedom so we could protect the society. This complex situation shows us the need of revising the idea of human rights and the harm principle used when we solve Public Health ethical problems.

Is the harm principle in contradiction to the idea of human rights or it is necessary criteria for providing them? Are human rights universal or we can limit them at certain point? Do only citizens of a state benefit from these rights or emigrants can benefit as well? These are the questions that will be considered in this report.

15:00 - 16:00 PARALLEL SESSION 2 - Hall "Gallen"

Moderator: Prof. Renzo Pegoraro

Reproductive and therapeutic cloning in Orthodox bioethical discourse

Svilen Spasov, University of Veliko Tarnovo, Faculty of Orthodox Theology

Development of technology and its application in solving many health problems such as reproductive and therapeutic cloning, lead to the setting of ethical issues. Wider application of techniques for cloning led to the development of all industrial-medical complex with large profits and the development of powerful scientific research centers in all major university centers. Theology as only theoretically applicable, in the last thirty years found wide practical application in various biotic religiously motivated concepts. One of these bioethical concepts and systems, important bioethical issues such as the question of therapeutic and reproductive cloning is the Orthodox perspective, for debating and seeking answers Orthodox bioethical discourse.

Diane Pretty – The case of an imprisoned woman in a free world

Zarina Bibi, medical student 3th year, MU-Pleven

Sandip Gurung, medical student 2nd year, MU-Pleven

The infamous case of Diane Pretty has been well established in many articles and papers around the globe. She challenged the views of the highest courts in the United Kingdom and fought for her beliefs right to the very end, aiming to change perceptions and the law concerning euthanasia and assisted suicide. In my presentation I hope to provide you with: a thorough analysis of her story, utilising the four main principles of Beauchamp and Childress, imparting an overview of the current laws and regulations concerning euthanasia presented in the case, and an alternative viewpoint regarding the decisions taken.

"Who owns your life?" Pratchett's case - a contemporary bioethical discussion on euthanasia.

Merilin Ivanova, medical student 3th year, MU-Pleven

Silviya-Aleksandrova Yankulovska, Department of Public Health Sciences, MU-Pleven

Background.

Historically, the euthanasia debate has tended to focus on a number of key concerns. The word "euthanasia" was first used in a medical context by Francis Bacon in the 17th century, to refer to an easy, painless, happy death, during which it was a "physician's responsibility to alleviate the 'physical sufferings' of the body." As of 2006, euthanasia is the most active area of research in contemporary.

The most recent, and widely broadcasted in all the medias public debate concerning this problem involves Sir Terry Pratchett, author of the hugely successful Discworld books, who was diagnosed with Alzheimer's disease in 2007 who has added his weight to the right-to-die debate - he does not like the term "assisted suicide" - saying that, when the times comes, he hopes to be "helped across the step". He decided to shoot a movie through that he travels to the Swiss clinic that has become synonymous with 'euthanasia tourism', Dignitas, where he watches one of the main participants in the production to voluntarily drink a toxic draught that he jokingly calls 'hemlock'.

Pratchett says that no one has a duty to suffer the extremes of terminal illness and set down his admiration for the sick and dying who have travelled to Switzerland to die in legal suicide clinics. They have displayed 'furious sanity', he said.

The **aim** of this report is to present the euthanasia as concept which raises a lot of questions and directly affects the contemporary society, and then to analyze it in view of the ethical standards.

Methods. Pratchett's case is analysed through an original 4-steps approach for ethical case analysis developed and applied in ethics teaching in Medical University of Pleven.

Discussion. The euthanasia concept is very controversial in its fundament. The conflict is based on the contradictory between the conventional understandings of the value of human life, represented through the principle of non-maleficence and on the other hand the respect of human rights submitted through autonomy

principle. According to the last resolution adopted by the 53rd WMA General Assembly, Washington, DC, USA, October 2002 and reaffirmed with minor revision by the 194th WMA Council Session, Bali, Indonesia, April 2013: "Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness."

On the other side is the Convention on Human Rights, in which Article 8, it is declared the right to self-determination of any human being.

Conclusion. The analyzed case is an important problem concerning bioethics, medicine and society. The most of the opponents to euthanasia are religious people and their convictions and beliefs make it impossible for them not to support the idea of appreciating the importance of human life, also most religions forbid all forms of suicide. As a counter argument Sir Terry Pratchett simply asks: "Who owns your life?"

Key words: euthanasia, Terry Pratchett, Convention on Human Rights, ethical case analysis

The right to live without pain unappealable human right to every patient in pain. An analysis of Bulgarian legislation.

Nikolai Yordanov, Comprehensive Cancer Center-Vratsa

Background: Almost fifty years ago, Bulgarian government adopted the 1961 Single Convention on Narcotic Drugs, which, in addition to addressing the control of illegal use of narcotic drugs, also obligated our country to work towards unrestricted access to the opioids necessary to relieve pain and suffering especially in cancer patients. Yet, despite the existence of inexpensive and effective pain relief medicines available in the market, thousands of patients in the country continue to suffer from moderate to severe pain each year without necessary treatment.

Discussion:

There are significant barriers to effective pain treatment in Bulgaria that include:

- failure of the government to put in place functioning drug supply systems;
- failure to ensure policies on pain treatment and palliative care;
- insufficient training of healthcare workers in pain control and palliative care;
- existence of unnecessarily restrictive drug control regulations and practices;
- fear among healthcare workers of legal sanctions for legitimate medical practice;
- High cost of pain treatment.

These barriers are not only an institutional failure to provide essential medicines to relieve suffering but also as human rights abuses.

Conclusion: According to international human rights law, Bulgaria has to provide pain treatment medications as its obligations to insure its citizens the right to health. Failure of Bulgarian institutions to take reasonable steps to ensure that people who suffer pain have access to adequate pain treatment may be considered as discrimination and violation of patients' rights to be protected against cruel, inhuman treatment.

Rights of personnel vs. rights of patients through the prism of clinical ethics consultation.

Silviya Aleksandrova-Yankulovska, Department of Public Health Sciences, MU-Pleven

Since the introduction of principle of respect for patient's autonomy in clinical decision-making lots of attention is paid to patients' rights. However, rights of the personnel are also of utmost importance and conflicts between these two types of rights are one of the most difficult for balancing in practice.

This report aims at discussing personnel rights vs. patients' rights through the prism of clinical ethics consultation.

Four cases are presented and discussed in parallel:

- A couple with rude behavior towards the nurse on shift blaming her of lack of professionalism. The accusations are based on the side effect of an intravenous manipulation.
- An aggressive 66-year old patient who pretends to be served with priority.
- 66-year old patient offending the nurses and not allowing them to perform the prescribed manipulations.
- 88-year old dementia patient throwing bank on the nurse and hurting her leg.

In all of the cases an ethics meeting was organized by the head of the ward to solve the conflict. METAP methodology for clinical ethics consultation at place was applied. All involved parties had the chance to express their point of view which strengthen the therapeutic relationship between the team and the patient and her/his relatives. Adoption of institutional guidelines for similar situations is recommended.

Organizer of the Day of Bioethics and Editor of the Book of abstracts

Assoc. Prof. Dr. Silviya Aleksandrova-Yankulovska, MD, PhD, DSc, MAS

Dean of Faculty of Public Health, Head of Department of Public Health

Medical University of Pleven

1, Kliment Ohridski street

5800, Pleven

Bulgaria

Phone: 0035964884196, e-mail: dean-ph@mu-pleven.bg