

**MEDICAL UNIVERSITY OF PLEVEN
FACULTY OF PUBLIC HEALTH**



DAY OF BIOETHICS

06.04.2016

BOOK OF ABSTRACTS

The Day of bioethics is an initiative originated by 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 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 was dedicated to human rights in health care. Invited speakers were *Prof. Luciana Caenazzo* - Professor in legal medicine and bioethics, Department of Molecular medicine, University of Padua and *Prof. Renzo Pegoraro* - Professor of Bioethics at Faculty of Theology, University of Padua, Past-President of the European Association of Centers of Medical Ethics, and Chancellor of Pontifical Academy for Life.

The Day of bioethics 2016 is focused on Aging Ethics. Invited speaker for second time is Prof. Renzo Pegoraro.

Several thematic fields have been proposed:

- Ageism in health care
- Care of dementia patients
- Ethics of palliative care
- Competency and advance directives issues
- Resource allocation and elderly
- Access of elderly to health care and research
- Cultural perspectives on aging
- Intergenerational responsibilities

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 speaker



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", Telecommunication Centre, MU-Pleven

9:00 – 9:15	Opening and welcome address
9:15 – 10:15	<p>Aging ethics – introduction to the field and theoretical framework</p> <p><i>Speaker: Prof. Renzo Pegoraro</i>, Professor of bioethics, Faculty of Theology, Past-President of the European Association of Centers of Medical Ethics, and Chancellor of Pontifical Academy for Life</p> <p><i>Moderator: Prof. Dr Silviya Aleksandrova-Yankulovska</i></p>
10:15 – 10:30	Coffee break
10:30 – 11:30	<p>Aging ethics – practical approach to ethical dilemmas</p> <p><i>Speaker: Prof. Renzo Pegoraro</i>, Professor of bioethics, Faculty of Theology, Past-President of the European Association of Centers of Medical Ethics, and Chancellor of Pontifical Academy for Life</p> <p><i>Moderator: Prof. Dr Silviya Aleksandrova-Yankulovska</i></p>
11:30 – 12:30	<p>Human Rights perspective on aging</p> <p><i>Speaker: Prof. Dr Silviya Aleksandrova-Yankulovska</i>, Professor in Public health and Bioethics, Medical University of Pleven</p>
12:30 – 13:00	<p>Open debate</p> <p><i>Moderators: Prof. Renzo Pegoraro</i> <i>Prof. Dr Silviya Aleksandrova-Yankulovska</i></p>
13:00 – 14:30	Lunch break
14:30 – 15:15	<p>Bioethical debates on aging and anti-aging medicine</p> <p><i>Speaker: Assoc. Prof. Valentina Kaneva</i>, Sofia University "St. Kliment Ohridski"</p> <p><i>Moderator: Prof. Dr Silviya Aleksandrova-Yankulovska</i></p>
15:15 – 16:00	<p>Presentations session 1</p> <p><i>Moderators: Prof. Renzo Pegoraro</i> <i>Prof. Dr Silviya Aleksandrova-Yankulovska</i></p> <ol style="list-style-type: none"> 1. How do autonomy, dignity and justice look like in aging context? Atanas Anov, MU-Pleven 2. Ethical issues in cancer pain management Dr Nikolai Yordanov, MD, PhD, CCC-Vratsa 3. Competence – Can I decide for you? Ahmad Kaab, MU-Pleven

16:00 – 16:15	Coffee break
16:15 – 17:30	<p>Presentations session 2 - Hall “Ambroise Pare” <i>Moderators: Prof. Renzo Pegoraro</i> <i>Prof. Dr Silviya Aleksandrova-Yankulovska</i></p> <p>4. Ethical issues in the care of patients with dementia Azka Sahar Fouzi, MU-Pleven</p> <p>5. A case of an elderly woman with demetia in its late stages Rebecca Eture, MU-Pleven</p> <p>6. IVF treatment and age discrimination Gurpreet Kaur, MU-Pleven</p> <p>7. Ageism in health care Jensy Mathew, MU-Pleven</p> <p>8. The ethical challenge of translational geroscience in providing healthy aging Diana Pendicheva, MU-Pleven</p>
17:30 - 18:00	<p>Open debate <i>Moderators: Prof. Renzo Pegoraro</i> <i>Prof. Dr Silviya Aleksandrova-Yankulovska</i></p>
18:00	Closing

9:00 – 9:15 Opening

Plenary sessions

9:15 – 10:15

Aging ethics – introduction to the field and theoretical framework

Prof. Renzo Pegoraro

Professor of bioethics, Faculty of Theology, Past-President of the European Association of Centers of Medical Ethics, and Chancellor of Pontifical Academy for Life

Background. “Ageing society” (or Ageing Population) is the expression used to mean the world society and its tendency to aging. The ageing of the population represents, in fact, a global demographic trend of today’s society that is still on the rise. Not only the average age of the population has increased in recent decades in an extraordinary way, but also International organizations forecasts for the coming decades confirm this trend.

This considerable prolongation of life has made possible by a broad improvement of the quality of life and advancements in the medical field; this phenomenon may be seen as an important “conquest”, but it also gives rise to a new “challenge” on multiple fronts. In facts, old age appears to be, in and of itself, characterized by a kind of ambivalence: it means an openness to the prospective of a considerably longer life expectancy and yet at the same time the dawning of a complex state of health. As we know, old age is characterized by a higher rate of illness and comorbidity with respect to other phases of life, and this is associated with the decline in physical and mental well-being and the extent of one’s independence. It can also be often associated with disability that renders the elderly subject particularly “fragile” and exposed to an ever increasing dependence on the help of others.

Challenges. There is a great concern for the consequences aging society may cause on a social level, above all in what pertains to the healthcare systems.

A more age-friendly approach is needed to ensure healthy ageing with dignity. To meet this goal, more investment – financial and human resources – is, without doubt, an urgent necessity, and better coordination is needed between health care, longterm care, and social services to

enhance capacities and ensure sustainable services. It also raises questions on the meaning to become “disabled” for the old person, the challenge for the family to take care for him/her, the role of society and institutions to help the family and the elderly.

A special focus must be dedicated to the challenge that comes from extending palliative care for the elderly: the access to palliative care, in fact, should also be open to all patients affected by chronic degenerative illness in terminal and/or progressive stages. Particularly, palliative care for elderly persons calls for various specific responses, both on account of a high level of clinical complexity as well as the many ethically controversial aspects.

Perspectives and ethical issues. The Pontifical Academy for Life has seen it fit to place the elderly at the front and center of its reflections, as well as the promotion and further development of topics related to aging. Two International Workshops (2014; 2015) have been dedicated to the phenomenon. The aim was to create awareness of the problem in all its specificity and intensity – that is, in the particular way it is an issue by nature and then subsequently in the contingency of current social conditions; and to propose a cultural-ethical approach to the problem. Some ethical points have been stressed to reaffirm the intrinsic and inalienable dignity of all human beings, regardless of their age, health or existential condition, and to promote and sustain mutual relationships within families, according to the principle of subsidiarity and real solidarity.

10:15 – 10:30 Coffee break

10:30 – 11:30

Aging ethics – practical approach to ethical dilemmas

Prof. Renzo Pegoraro

Professor of bioethics, Faculty of Theology, Past-President of the EACME, and Chancellor of Pontifical Academy for Life

An interactive lecture discussing two clinical cases.

B.F. is a 55 year-old adult at the time of the first admission into the hospital, the diagnosis being a malignant pleural mesothelioma. Hospitalization took place for the first time in March of 2008 for surgery on the left parietal pleurectomy. After release from the hospital *B.F.* undergoes several rounds of radiotherapy. In October of 2009 the patient is once again admitted to the hospital for surgery to partially remove the relapsed lower underarm mammary and left rib. Rounds of radiotherapy are undertaken upon the patient's release. In March of 2010, *B.F.* checks into the hospital for surgery to remove a relapsed mass of the left parietal region. Upon release, the patient undergoes rounds of radiotherapy. In September of 2010, the patient is admitted to the hospital for further relapse that includes the parietal area, the shoulder and left rib. It is a mass that developed in the form of a cauliflower on the outside of the left thorax, an area that emanates a strong and terrible odor (as if from a corpse). The area is rife with blood vessels, and therefore the patient is subject to spontaneous bleeding. For the patient, already quite weakened by the prior treatments, there is the possibility of surgical intervention for the removal of the mass, with the amputation of the superior artery and recovery of a mio-cutaneous patch to cover the defect. The missing operation would leave the patient at risk of hemorrhaging and repeated hospital stays. The patient is afraid, and especially at night, that there will be hemorrhaging of the tumor mass and resulting in death. The patient is aware of the situation and is open to surgery, even if it is very destructive and places the patient at high risk of death. Family members are likewise informed. The surgeon frames the problem of the clinical justification and thus the ethics of the operation, considering the gravity of the situation, which in any event might facilitate a certain duration of life. On the other hand, the surgical operation means a great challenge for the surgical team and a high risk of mortality.

Mrs. E. R. is a 95 year-old woman admitted into the hospital after a previous and recent two hospital stays, for the difficulty and refusal of nourishment and hydration. The patient shows marks of stroke, thrombocytopenia and has been induced for around one month. She shows organic and cognitive decay, with serious difficulty in interacting. She shows signs of probable dysphagia and is upset by certain means of forced nourishment.

She lives at home with her son and daughter-in-law, and is monitored by a primary care doctor who is uncertain on how to proceed with assistance in the home. The patient is not able to express her own clear will, whereas family members and the primary care doctor affirm their availability and cooperation in the search for what is best for the patient.

- a) How should one assess possible artificial nourishment?
- b) Who decides?
- c) What is the most global approach toward the patient?

11:30 - 12:30

Human Rights perspectives on aging

Prof. Silviya Aleksandrova-Yankulovska

Professor of Public health and Bioethics, Medical University of Pleven

As John Beard, Director of the Department of Aging and Life Course of WHO stated: *“The world is facing a situation without precedent: We soon will have more older people than children and more people at extreme old age than ever before.”* Aging raises lots of concerns around its burden on the health care and social costs that are more and more discussed at public health policy level. The ethical issues related with aging are also of current interest.

The aim of this report is to look to the aging process through the perspective of human rights.

The concept of human rights refers to the theoretical and practical application of general human rights principles to the patient care context, particularly to interactions between patients and providers.

Thus it reveals issues of discrimination and social exclusion. In contrast to bioethics human rights focus on advocacy.

Human rights of elderly are recognized at many national Human Rights acts and United Nations issued 18 principles of elderly. Most relevant rights for older people seems to be: Right to life, Right not to be treated in an inhuman or degrading way, Right to liberty, Right to respect for private and family life, Right to respect for home, Right to freedom of thought, conscience and religion, Right not to be discriminated against, Right to peaceful enjoyment of possessions, Right to education, Right to

adequate standard of living, Right to work and other employment rights, Right to the highest attainable standard of health.

These rights will be connected to several issues affecting elderly: Elder abuse and neglect, Lack of dignity/privacy, Hospital discharge and inadequate care assessment, Life sustaining medical treatment, Inappropriate medication, Detention, Inquests, Care home placements, Quality of life in residential care/hospitals, Discrimination, Social exclusion and access to services, Poverty, Learning and skills, Employment and pension.

Conclusion. The application of human rights framework to elderly calls for:

- Range of measures (strengthened laws, policies, guidelines) to protect their rights;
- Careful documentation of abuses within health care service delivery and legal remedies to address them;
- Training for patients and providers on the concept and application of human rights to services for the elderly.

12:30 – 13:00

Open debate

Moderators: *Prof. Renzo Pegoraro*
 Prof. Dr Silviya Aleksandrova-Yankulovska

13:00 – 14:30 Lunch break

14:30 - 15:15

Bioethical debates on aging and anti-aging medicine

Assoc. Prof. Valentina Kaneva

Faculty of Philosophy, Sofia University "St. Kliment Ohridski"

The growing interest to the complex questions concerning the process of aging - in an individual perspective but also on a social level - corresponds to the significant changes in many contemporary societies resulting in the increasing number of the elderly. The discussions in the field of bioethics and health care ethics focus primarily on the changing health profile of the societies as well as on the scope of the appropriate healthcare provided for the elderly. In the last decades these questions have provoked intensive debates on justice and allocation of medical recourses, on the need for long-term care for elderly with chronic diseases, on life-sustaining technologies and end of life decisions.

In my presentation I focus on the intensive research into biological mechanisms of aging and the expected benefits from the research - related to the possible treatment of diseases associated with old age but also to life extension technologies and interventions that might slow or alter the process of aging. The development of the so-called anti-aging medicine raises important questions on the goals of medicine and science but also on human ends and different individual and collective visions for the good life.

Many recent studies reveal the cultural construction of the meaning of aging, of different stages of life, and of death. They throw light over complex questions concerning the ways in which we construe our identity in the relationships with other human beings and other generations. I will argue that the more challenging issues of both scientific and philosophical interest concern the meaning and interpretation of the obtained scientific knowledge of life and the process of evolution, the integrity of a living organism, of personal identity and the complex processes of succession and continuity in human life.

15:15 - 16:00 PRESENTATIONS SESSION 1

Moderators: *Prof. Renzo Pegoraro*
 Prof. Dr Silviya Aleksandrova-Yankulovska

1. How do autonomy, dignity and justice look like in aging context?

Atanas Anov

Section of Medical Ethics, MU-Pleven

Personal autonomy, human dignity and justice are key notions in contemporary bioethics. Though they are theoretically defined quite well their applications in to practice is often difficult for students in training and medical professionals. Those ideas apply to every human being. Yet, they appear in different forms when we apply them to different patients. For example, the idea of personal autonomy is looking different when we apply it to a middle-aged patient and elderly patient.

The aim of this report is to describe the problems of autonomy, dignity and justice that medical professionals experience with elderly patients.

The description of the problems will be done in two parts:

1) setting theoretical background with literature review and philosophical reflection;

2) and showing those problems in practice by analyzing cases with a four step approach.

There is a gap between theory and practice with the application of the principle of respect for autonomy. This is possible because in bioethics the principle is based only on I. Kant's second formulation of the categorical imperative. So in practice a patient is understood as being autonomous or non-autonomous. He can make responsible decision form himself or he cannot make such decisions. It is like there is nothing in the middle. Contrary to the theoretical framework patients with dementia show us that there is actually something in the middle. The change that occurs in the decision-making capacity insists on revising our understanding about autonomy. This includes our concepts of dignity as well. Does the patient with dementia lose his dignity when the disease develops? Justice is often related to economic factors in medical practice. One of the most difficult questions here is whether limiting health care for elderly patients is

consistent with the current understanding of justice? Do we owe something to elderly patients?

People change through time so their values change as well. Despite being older than other patients, elderly patients need more complex moral care. Their values may not change through time and medical professionals should be prepared to understand them and explain the values in life.

2. Ethical issues in cancer pain management

Dr Nikolai Yordanov, MD, PhD

Comprehensive Cancer Center - Vratsa

The essential aims of all health care are:

- The relief of suffering
- Prolongation of life
- Restoration of function.

There is therefore an ethical requirement that all who are engaged in providing health care should promote and respect these aims. Since the relief of pain is an important aspect of the relief of suffering, there is an ethical requirement to relieve pain to the maximal extent that that is possible. These aims seem uncontroversial, but in the clinical situation, controversy can arise because they can conflict with other ethical requirements of health care and they can conflict with each other. In presentation will be discussed several ethical complexities, which arise:

1. In the education of healthcare professionals and patients on issues of pain relief;
2. In the process of obtaining consent from the patient for pain relief;
3. In the idea of “total pain” and what the healthcare professionals can reasonably be expected to do;
4. In the role of relatives in decision-making for patients with capacity;
5. Over decision-making for patients who lack capacity;
6. In the possible conflict between the relief of pain and the prolongation of life.

Palliative sedation vs euthanasia in terminal patients in difficult to control pain and existential suffering.

3. Competence – Can I decide for you?

Ahmaad Kaab

5th year medical student, MU-Pleven

Despite the great differences in opinion regarding this topic of discussion, it is of essence to be able to understand the dynamics involving competence and advanced directives.

In my humble research, I will try to shed some light on the historical, cultural, social as well as medical implications commonly associated with this area of interest.

My focus will lie on medical ethics and its role in this discussion; henceforth, different theories will be discussed and interesting cases will be analysed .

I will also compare the protocols of different countries and how different jurisdictions can impact the choices available for a person in different parts of the world.

An interactive quiz will also be included in my presentation so that we can implement some basic principles, share our ideas and compare them allowing us to comprehend the complexity of this topic.

16:00 – 16:15 Coffee break

16:15 - 17:30 PRESENTATIONS SESSION 2

Moderators: *Prof. Renzo Pegoraro*

Prof. Dr Silviya Aleksandrova-Yankulovska

4. Ethical issues in the care of patients with dementia

Azka Sahar Fouzi

3^d year medical student, MU-Pleven

The raising issue in today's society is that the ageing population is increasing day by day, hence the cases of dementia.

As someone who has worked in the dementia ward of a care home, for over 2 years. I was able to see first hand how the care programmes were chosen and coordinated for every dementia patient. The level of care had to

be changed to meet the increasing needs of the dementia patients as the illness progressed.

And I realised that there are many confounding variables regarding care for dementia patients. One of the main confounding variables is the broad range of decisions that could be made regarding the care. There are also conflict of interests between the physician and patient, physician and family, between family members, etc. There is also conflict between principles such as autonomy (e.g. right to information and self-determination) and beneficence (e.g. patient's welfare should be the 1st consideration, doing only what benefits the patient). There is also medical uncertainty due to do the prognosis being difficult. This is because not every person will experience all the symptoms of their type of dementia, other issues regarding health care can occur. Therefore, to know how the disease will progress will vary from person to person. Furthermore, we could sometimes come across legal uncertainty and ethical uncertainty. Ethical dilemmas could be resolved through the application of principles, ethical codes, declarations, etc

In my presentation I will go through each confounding variable in detail and what could be done to resolve them.

5. A case of an elderly woman with demetia in its late stages

Rebecca Etüre

5th year medical student, MU-Pleven

This report discusses the case of Mrs. Brown, 86-year old woman with Alzheimer disease whose loving husband have difficulties providing proper care for her. The moral dilemma to be reflected upon is whether to institutionalize Mrs. Brown, what is good for her and what constitutes good care for such patient in principle.

Alzheimer's is a progressive incurable disease, where symptoms gradually worsen over a number of years. Mrs. Brown is already showing symptoms of late stage of disease but otherwise she is in good physical condition.

Mrs. Brown is a Christian who attends church frequently, and is well known and loved by the people who know her. She believes in family, loves the outdoors and was quite good at her job at been a secretary.

According to the Mental health Act of 1983 If a person with dementia is behaving in a way that is risking other and his/her health can be detained in hospital using this act. However, WMA considers involuntary treatment only in exceptional cases if medical necessity.

ETHICAL DISCUSSION is done through the application of principlism.

Respect for autonomy. Mrs. Brown is not autonomous. Her husband has the power of autonomy and has the right to give an informed consent regarding institutionalization or not.

Beneficence. It is “medically good” for the patient to be in a place where professional care givers are present around the clock. Institutionalization is “socially good” for Mrs. Brown as she will have the best care available to her and thus will have better good days than bad thus will be able to see her family and friends on such days

Non-maleficence. This is expressed by giving her only drugs that will improve her quality of life and not otherwise. Also her professional caregiver should be kind and mindful of her different stages of behavior.

Justice. The professional care givers should treat her and every patient with same disease as Mrs. Brown equally

ETHICAL DECISION. Based on my arguments thus far, I strongly recommend institutionalization of Mrs. Brown at an appropriate care facility for people with dementia. Mr. Brown should be advised on support groups to be able to meet people who truly understand what he is going through and find some solace there.

6. IVF treatment and age discrimination

Gurpreet Kaur

5th year medical student, MU-Pleven

In the NHS resources are scarce, like any other country’s health system and hence health care has to be rationed. Healthcare should be provided regardless of age and on the bases of clinical need alone, but does this hold true for IVF.

One cycle of vitro fertilization (IVF) approximately costs £5,000, according to current NICE guidelines (2013), infertile women under the age

of 40 years are offered 3 full cycles and women aged 40-42 years are offered 1 full cycle. These are only guidelines, some primary care trusts in England have their own guidelines set of a much lower age limits.

What is old age? Completed career in paid profession/child rearing, there seem to be no definite definition, hence it is a socially constricted definition. The average age of women having a first child in 2013 was 28.3 years and this is higher than the results of 2012. Possible reasons for increasing childbearing age include increasing number of women perusing higher education and career related reasons. The total fertility rate has decreased to 1.83 children per women as of 2013. The replacement fertility for England is 2.1, this suggests that expanding the age of IVF treatment could help towards the replacement fertility rate.

Female fertility is described as a 'biological clock', this is interpreted as, the older you get the less fertile you become after the fertility peak which is in the 20s. The success rate of IVF treatment decreases with increases age, is it justifiable to spend so much money on elderly women when this money can be placed towards patients with medical problems. In addition the elderly women are placing themselves at an increased risk associated with IVF. Instead of going through an expensive procedure with increased risks, elderly women could consider the option of adoption to experience motherhood.

Considering the guidelines, equal number of cycles should be offered to women without discrimination and all primary care trusts should try to implement these guidelines.

7. Ageism in health care & resource allocation and elderly

Jensy Mathew

5th year medical student, MU-Pleven

Is an older person who has many needs and cannot input into the society any less of a valid candidate for necessary medical care than a younger person whose recovery would greatly benefit the society for many years to come?

Ageism is prejudice toward, stereotyping of, and/ or discrimination against any person directly and solely as a function of their having attained a chronological age that the social group defines as OLD.

Ageist assumption upset the balance of society because it leads to premature loss of independence, increased mortality and depression in adults.

Poor health is not an inevitable consequence of aging and many interventions currently exist that could reduce much of the premature death, disability and illness of older patients.

However, in defense of ageism, researchers have concluded that maximum benefit to the society is always a subconscious priority. Health care must be distributed in a way that achieves maximum benefit and is seen to be just. Both considerations give the young priority. Health care is considered a limited resource and it must be allocated in a way that achieves the greatest good for the greatest number.

The need for rationing exist because no society is a 100% efficient; no country can give state of the art medical care to all its citizens, there will always be 2 drowning and 1 lifebelt however well we target and deliver medical care.

Health care ethics are a set of moral principles, beliefs and values that guide us in making the right choices about medical care. How much we spend and how we decide who gets what share of the limited care resources that are available, is a question we must answer as a society.

8. The ethical challenge of translational geroscience in providing healthy aging

Diana Pendicheva, MD

Department of Experimental and Clinical Pharmacology, MU-Pleven

The modern biomedical research on aging has focused on developing preventive interventions to provide “optimal longevity” and lengthy “healthspan” at older ages.

Translational geroscience has equally challenged both experimental and clinical researchers with the emerging need to address the chronic degenerative pathology of aging and to extend the fundamental knowledge on ageing-related therapies from laboratory to humans (“bench to bedside”) along with “reverse translation” of clinical research to preclinical level for developing new treatment options (“back to bench”). In social context, health policy providers have accelerated the translation of new

discoveries about healthy aging from clinical research and practice to the public (“bedside to community”).

The translating era of geroscience has exposed not only the need of integrative bridging the critical areas of aging (gene variations, epigenetics, inflammation, metabolomics signature, macromolecular damage, stem cells and regeneration, etc.), but also the need of adjusting basic ethical principles to the specific context of translational research on aging in humans. Recruiting elderly subjects into clinical trials, reducing the duration of research phases to accelerate the translation of novel interventions into clinical practice, misjudgment of preclinical validity and mismatching the spectrum of evidence from laboratory to humans, insufficiently predicting the clinical promise and potential harm of new therapies in the elderly, and many other aspects of aging-related research may compromise the safety of participants and need special ethical consideration.

In conclusion, the competent ethical decisions regarding the translation of new preventive and therapeutic approaches to elderly should be taken in a multidisciplinary context to avoid misperception of the gaps between translational phases and with special attention to potential consequences and possible risks to participants during the whole translational process. This modern field of bioethics requires dedicated education and transfer of advanced knowledge on novel therapeutic techniques, as well as translational ethics training and guidance to researchers, clinicians and healthcare providers.

17:30 – 18:00

Open debate

Moderators: *Prof. Renzo Pegoraro*
Prof. Dr Silviya Aleksandrova-Yankulovska

18:00 Closing

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