



25
27
MAY
2017

13th Annual
International Conference
on Clinical Ethics Consultation

Grand Copthorne Waterfront Hotel



WELCOME

History • CME • Themes
• Committees



PROGRAMME

Pre-conference • Main
Programme • Special Events



PEOPLE

Keynote Speakers Bios
• Presenters List • Posters List



PAPERS

Abstracts • Awardees



RESOURCES

Local Info • Hotel Map
• Sponsors

Clinical Ethics

& Changes

in Healthcare

FREE **Wi-Fi**

user: iccec2017

password: iccec2017

iccec2017.com



Past ICCEC events have successfully served as vigorous forums for the exchange of ideas among hospital ethics networks from around the world. Now this prestigious conference makes its historic debut in Southeast Asia.

Cleveland 2003

2005 Basel

Toronto 2007

2008 Rijeka

Taipei 2009

2010 Portland

Amsterdam 2011

2012 São Paulo

Munich 2013

2014 Paris

New York 2015

2016 Washington DC

Welcome to Singapore

Singapore 2017

As the world's most globally connected nation that has undergone a rapid transformation within just the past few decades, Singapore is an ideal place to discuss this year's conference theme "**Clinical Ethics & Changes in Healthcare**".

During the Conference, you will help shape the debate on how healthcare ethics should evolve to meet the disruptive changes in healthcare delivery, the aging populations, and the effects of globalisation, cultural diversity, and migration.

Outside the Conference, you can experience the amazing food, ease of travel, stellar attractions and a diverse cultural experience deeply rooted in the area's rich history.

Welcome, and we hope you enjoy your time with us.

*The 2017 ICCEC
Organising
Committee*

What's NEW this Year?

- 15 Keynote Speakers
- 2 Free Pre-Conferences
- 1st ICCEC in Southeast Asia



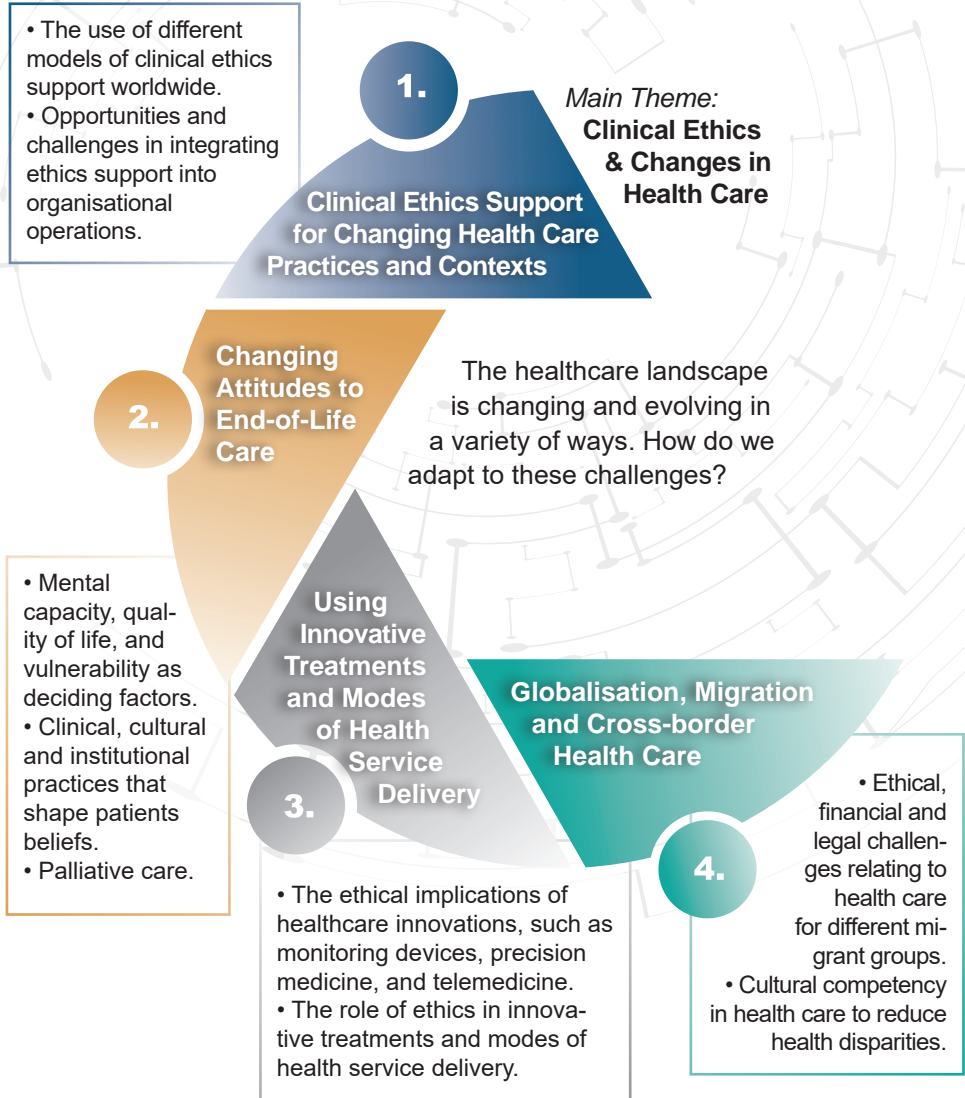
To access *LIVE* interactive Q&A, feedback & programme details

1. Go to www.pigeonhole.at or the scan QR code.
2. Enter event passcode: ICCEC2017



10 CME credits

Credit hours will be automatically submitted.



The **Centre for Biomedical Ethics (CBmE)**, established in 2006 to provide a health ethics, law and professionalism programme at the National University of Singapore's Yong Loo Lin School of Medicine, is honoured to host ICCEC 2017 with support from the Singapore Ministry of Health.

Singapore has made consistent investments in clinical ethics training through the **Clinical Ethics Network and Research Ethics Support Project (CENTRES)**, an initiative of CBmE supported by the Ministry of Health.



CENTRES extends ethics capacity-building efforts to the wider population of doctors and allied health professionals in Singapore, and is continuously raising the bar for clinical ethics engagement among members of the local hospital ethics committee network and the international community through its annual international clinical ethics conferences.



ICCEC 2017 Organising Committee
(from left)

Dr. Owen Schaefer
A/Prof Jacqueline Chin (Chair)
Prof Alastair Campbell
Ms Sumytra Menon
Assistant Prof Voo Teck Chuan
A/Prof Anita Ho

**Centre for Biomedical Ethics
National University of Singapore**

Yong Loo Lin School of Medicine
Block MD11, #02-01
Clinical Research Centre
10 Medical Drive
Singapore 117597



<http://cbme.nus.edu.sg>

<https://centres.sg>



<https://twitter.com/iccec2017>

Scientific Committee

Member	Organisation
A/Prof Anita Ho (Singapore)	Centre for Biomedical Ethics, National University of Singapore (Co-Chair)
Prof. Marin Gillis (United States)	Herbert Wertheim College of Medicine - Florida International University (Co-Chair)
Prof. George Agich (United States)	International Conference on Clinical Ethics Consultation, United States
Prof. Yali Cong (China)	Peking University Health Science Center
Prof. Elizabeth de los Rios (Mexico)	Anahuac University
Dr. Amy DeBaets (United States)	Oakland University William Beaumont School of Medicine
Mr. Kevin Dirksen (United States)	Providence Center for Health Care Ethics
Dr. Carolyn Eills (Canada)	McGill University
Dr. Véronique Fournier (France)	Assistance Publique Hopitaux de Paris
Prof. Lynn Gillam (Australia)	University of Melbourne
Prof. Richard Huxtable (United Kingdom)	University of Bristol
Dr. Amar Jesani (India)	Indian Journal of Medical Ethics
A/Prof. Roy Joseph (Singapore)	National University Hospital System, Singapore
A/Prof. Dr. Mustafa Volkan Kavas (Turkey)	Ankara University Faculty of Medicine, Department of History of Medicine and Ethics
Prof. Satoshi Kodama (Japan)	Kyoto University
Prof. Shekhar Kumta (Hong Kong)	The Chinese University of Hong Kong
Dr. Yonghui Ma (China)	Xiamen University
Prof. Keymanthri Moodley (South Africa)	Stellenbosch University
Prof. Stjepan Oreskovic (Croatia)	School of Medicine, University of Zagreb
Dr. Nneka Sederstrom (United States)	Children's Minnesota
Dr. Andrew Shuman (United States)	University of Michigan
Prof. José Siqueira (Brazil)	Pontifícia Universidade Católica do Paraná (PUCPR)
Dr. Anne-Marie Slowther (United Kingdom)	Warwick Medical School, University of Warwick
Prof. Michael Tai (Taiwan)	Chungshan Medical University, Taiwan
Dr. Henk ten Have (United States)	Center for Healthcare Ethics, Duquesne University, Pittsburgh
Prof. Yesim Isil Ulman (Turkey)	Istanbul Acibadem University School of Medicine
Dr. Teck Chuan Voo (Singapore)	Centre for Biomedical Ethics, National University of Singapore
Prof. Kristin Zeiler (Sweden)	Department of Thematic Studies: Tema Technology and Social Change, Sweden

How much do we know about Singapore? Give it a shot and see whether you can be a true-blue Singaporean.

1. Singapore has

- A. 15 islands
- B. 38 islands
- C. 63 islands
- D. 97 islands

Date: May 24, 2017

Time: 8am - 1.30pm

Venue: Shaw Foundation
Alumni House, Auditorium,
Level 2
11 Kent Ridge Drive



Pre-Conference Programme

Launch of 'Caring for Older People in an Ageing Society: A Singapore Casebook' Book Launch & Case Study

There will be a free shuttle bus for participants from Grand Copthorne Waterfront to Shaw Foundation Alumni House at **7.15am**, and one that returns to hotel after lunch at **1.45pm**.



8:00	Registration
8:30	Opening remarks & Launch of the Bioethics Casebook 2nd Edition
9:00	
9:30	Plenary 1: What are the challenges faced by professionals and volunteers caring for older people in the community?
10:00	
10:30	Coffee Break
11:00	
11:30	Plenary 2: What supports older people and their caregivers at home? What common challenges do they face?
12:00	
12:30	
1:00	Lunch



2. Where is the highest man-made waterfall located at?

- A. Jurong Bird Park
- B. Singapore Zoo
- C. Sentosa Island
- D. Singapore Botanical Gardens

**Autologous Cellular Therapies: Defining the
Scope and Obligations of Clinical Innovation**
A Research Symposium

8:00	Registration
8:30	Welcome Address
9:00	State of Stem Cell Science and Cellular Therapies <i>(Speaker: Professor John Rasko; Centenary Institute, University of Sydney)</i>
9:30	THEME 1: THE MARKET PLACE FOR STEM CELLS
10:00	The U.S. Direct-to-Consumer Marketplace for Stem Cell Interventions: Ethical, Legal, and Scientific Concern <i>(Speaker: Leigh Turner; Center for Bioethics, University of Minnesota)</i>
10:30	MORNING TEA BREAK
11:00	
11:30	Market as Arbiter, Market as Arbitrary: The Risks of Punting on the Efficacy Question <i>(Speaker: Douglas Sipp; Center for Developmental Biology, RIKEN Institute)</i>
12:00	LUNCH
12:45	THEME 2: REGULATORY RESPONSES TO STEM CELL INNOVATION
1:15	Conditional Approvals for Autologous Stem Cells: Encouraging Innovation or Pseudo-Medicine? <i>(Speaker: Tamra Lysaght & Tsung-Ling Lee; Centre for Biomedical Ethics, NUS)</i>
1:45	How a Web of Tight Regulations Creates Multiple Options for Autologous Stem Cell Uses in Europe <i>(Speaker: Christine Hauskeller; Department of Sociology, Philosophy & Anthropology, University of Exeter)</i>
2:15	
2:45	AFTERNOON TEA BREAK
3:15	THEME 3: DEFINING THE BOUNDARIES AND OBLIGATIONS OF INNOVATION
3:45	"You are vulnerable and you don't know it": The Issue of Consent to Unapproved Autologous Stem Cell Interventions <i>(Speaker: Tereza Hendl; Centre for Values, Ethics & the Law in Medicine, University of Sydney)</i>
4:15	Defining 'innovation': a Teleological Approach <i>(Speakers: Cameron Stewart; Sydney Law School, University of Sydney & Wendy Lipworth; Centre for Values, Ethics and the Law in Medicine, University of Sydney)</i>
4:45	
5:15	Closing Remarks End of Symposium

Please note all plenaries are in the Grand Ballroom

Day 1 - Thursday, 25 May 2017			
8.30 to 9am	Welcome Address Guest-of-Honour: Associate Prof Benjamin Ong (Director of Medical Services)		
9 to 10.30am	Plenary 1: Clinical Ethics & Changes in Healthcare Session Chair: Prof Alastair Campbell		
	Working Well with Less? Considering Ethical Responses to Diminishing Health Care Budgets Patient Involvement in Big Data Research: How it All Fits Together Knowing When is Enough: A Policy to Promote Ethical Management in End-Stage Organ Failure <i>Prof Vikki Entwistle, Prof Hans van Delden, A/P Chin Jing Jih</i>		
	Tea break		
10.30 to 11am	Tea break		
Parallel Sessions			
Riverfront 2 & 3	Waterfront 1	Waterfront 2	Waterfront 3
Informed Consent	Education	End of Life	Paediatrics & Adolescents
		Assisted Dying Special Panel	
11 to 12pm	11 to 12pm	11 to 11.20am	11 to 11.20am
Symposium	Symposium	Oral Presentation 20 mins	Oral Presentation 20 mins
Overcoming professional and system barriers to achieving patient-centred informed consent	Using Humanities to Promote Empathy and Encourage Ethical Attitudes: A Faculty Development Symposium	Exploring the Interface between Palliative Care and Physician Assisted Death: Growing tensions between Policy, Ethics and Clinical Practice	The Eleven-Year-Olds Who Want their Legs Amputated
<i>Sucharita Hota</i> <i>Peter George Manning</i> <i>Teck Chuan Voo</i> <i>Jacqueline Chin</i>	<i>Pablo G. Blasco</i> <i>Graziela Moreto</i>	<i>Linda Sheahan</i> 11.20 to 11.40am Oral Presentation 20 mins	<i>Merle Spriggs</i> 11.20 to 11.40am Case Study 20 mins
		Should Incarcerated Persons be Allowed to Access Legal Assisted Death?	A Mother's Benevolent Deception: One Mother's Request to Keep her 16-year-old HIV Positive Son Ignorant of His Medical Status
		<i>Eric Wasylenko</i> 11.40 to 12pm Oral Presentation 20 mins	<i>Whitny Braun</i> 11.40 to 12pm Oral Presentation 20 mins
		What Can Ethics Consultation and Committees Contribute to the Development of Appropriate Standard for Physician Participation in Assisted Death?	The Ethics of Fertility Preservation for Prepubertal Children: Should Clinicians Offer Procedures where Efficacy is Not Proven?
		<i>Alexander Capron</i> <i>Sunita Puri</i>	<i>Rosalind McDougall</i>
		12 to 12.20pm Oral Presentation 20 mins	12 to 12.20pm Oral Presentation 20 mins
Institutionalized Consent: A mask to protect 'patient autonomy'	Development and deployment of a National on line Supplement in Research Ethics: A Brazilian experience	Moral Heuristics in End of Life Treatment	Ethical Choice Architecture? A Framework for Neonatal Life/Death Decision Making
<i>Supriya Subramani</i> 12.20 to 12.30pm Oral Presentation 10 mins	<i>Pollyana Gontijo</i>	<i>Alex Dubov</i> <i>Whitny Braun</i>	<i>André Kidszun</i> 12.20 to 12.30pm Oral Presentation 10 mins
Awareness, Attitude, Understanding and Perceptions Towards Informed Consent Among Patients Attending Tertiary Care Hospital in Kerala, India			Balancing Compassion and Honest: A Case Study in Communicating Difficult & Unwanted News in Pediatric Medicine
<i>Sabin Katpattil</i>			<i>Nneka Sederstrom</i> <i>Maurice Sholas</i>
12.30 to 1.30pm	Lunch		

1.30pm to 3pm	Plenary 2: Clinical Ethics Support for Changing Healthcare Practices & Contexts Session Chair: A/Prof Anita Ho		
	How to Sustain (and Grow) your Hospital Ethics Service in a Time of Tight Budgets Addressing Stigma: Lessons for Clinical Ethics Committees The Rise and Fall of Clinical Ethics in Taiwan <i>Dr Matthew Wynia, Dr Lee See Muah, A/P Daniel Tsai</i>		
	Tea break		
Parallel Sessions			
Riverfront 2 & 3	Waterfront 1	Waterfront 2	Waterfront 3
Neuroethics	Clinical Ethics & Contexts	Diverse Perspectives – Religion & Policy	Advance Care Plans & Advance Directives
3.30 to 4.30pm	3.30 to 4.30pm	3.30 to 3.50pm	3.30 to 3.50pm
Symposium	Symposium	Oral Presentation 20 mins	Oral Presentation 20 mins
A Cross Cultural Examination of Pain: Conceptual, Practical and Clinical Ethical Challenges	Aid-in-Dying Session	Gamete Donation: Islamic Sunni and Shia Perspective	Reconciling the Science of Medical Advancements at the End-of-life with the Art of Dying Well: Advocating for the Introduction of Legislation on Advance Decisions in Malaysia
<i>Marleen Eijkholt</i> <i>Nneka O. Sederstrom</i> <i>Daniel Fu-Chang Tsai</i> <i>Yonghui Ma</i>	<i>Matthew Pauley</i> <i>Jana Craig</i> <i>Theresa Drought</i>	<i>Farid Md Shaikh</i>	<i>Mark Tan Kiak Min</i>
		3.50 to 4.10pm	3.50 to 4.10pm
		Oral Presentation 20 mins	Oral Presentation 20 mins
		Decisional capacity and autonomous choice with regard to the Jehovah's Witnesses blood policy: A study in justified paternalism	An Actual Advance in Advance Directives: Moving from Patient Choices to Patient Voices in Advance Care Planning
		<i>Daryl Pullman</i>	<i>Stuart Finder</i> <i>Virginia Bartlett</i>
		4.10 to 4.40pm	4.10 to 4.30pm
Case Study 30 mins	Oral Presentation 20 mins		
Jehovah's Witness and Liver Transplant : Ethical dilemma	Developing Medical Student Entrustment in Advance Care Planning: Challenges and Lessons Learned		
4.30 to 5.00pm	4.30 to 4.50pm	<i>Shirjit Nair</i>	<i>Marin Gillis</i>
			4.30 to 4.50pm
			Oral Presentation 20 mins
Clinical Neuroethics: Cracking Brains and Health Care Systems	Sowing the 'SEED' for a Supportive Decision Making Model		The Weight of Expectation: Challenges in Implementing Advance Care Planning <i>Sumytra Menon</i>
<i>Marleen Eijkholt</i>	<i>Kim Jameson</i>	4.40 to 5.00pm	4.50 to 5pm
	4.50 to 5.00pm	Oral Presentation 20 mins	Oral Presentation 10
	Ethically Important Moments in Newborn Screening for Cystic Fibrosis	Should Brain Death Certification be Hastened in a Presumed Consent System for Organ Donation?	Who Makes the Decision? Assisting Clinicians When Advanced Directives Conflict with Surrogate Decision Makers
	<i>Clare Delany</i>	<i>Teck Chuan Voo</i> <i>Shala Siddiqui</i>	<i>Sarah Kleinfeld</i>
5pm	End of Day 1		
5 to 6pm	Cocktail Reception at Grand Copthorne Waterfront Hotel (Complimentary drinks and canapés from 5pm to 6pm)		

Please note all plenaries are in the Grand Ballroom

Day 2 - Friday, 26 May 2017			
8.45am to 9am	Ceremony for Hans Schwager Award		
9 to 10.30am	Plenary 3: Changing Attitudes to End of Life Care Session Chair: A/Prof Jacqueline Chin		
	Changing Concepts of Personhood in Geriatric Oncology Ethical and Legal Debates in End of Life Care in Japan Delivering Primary Palliative Care in the Hospital: A New Pathway to Guide Professional Practice <i>Dr Lalit Krishna, Dr Hitoshi Arima, Dr Nancy Berlinger</i>		
	Tea break		
10.30 to 11am	Tea break		
Parallel Sessions			
Riverfront 2 & 3	Waterfront 1	Waterfront 2	Waterfront 3
Clinical Ethics Support	End of Life	Mental Health & States of Mind	Ethical Deliberation
11 to 12pm	11 to 11.20am	11 to 11.20am	11 to 11.20am
Symposium	Oral Presentation 20 mins	Oral Presentation 20 mins	Oral Presentation 20 mins
A Comparison of Clinical Ethics Consultation Methods and Their Grounding Values	How do Cancer Patients Face the Approach of Death? What do They Ask Then to Medicine?	Family Members' Experiences with and Views on Coercion in Mental Health Care and the Possible Role of Clinical Ethics Support	Outpatient Ethics Consultation: How Can Ethics Consultants Support Healthcare Professionals and Patients in Decision Making?
<i>Geert Craenen George Agich Nneka Sederstrom Jos Kole</i>	<i>Véronique Fournier</i>	<i>Marit Helene Hem</i>	<i>Sandra Thiersch</i>
	11.20 to 11.40pm	11.20 to 11.40am	11.20 to 11.40am
	Oral Presentation 20 mins	Oral Presentation 20 mins	Oral Presentation 20 mins
	Are Palliative Care Patients Too Vulnerable to Participate in Research? Perspectives on an Ethical Dilemma	Evaluation by Case-Series: Top Themes of Ethics Consultations in Psychiatry as Compared to Somatic Medicine	Impact of Moral Case Deliberation in Contemporary Healthcare Institutions: An Integrative Review
	<i>Jessica Moore</i>	<i>Stella Reiter-Theil</i>	<i>Maaïke Haan</i>
	11.40 to 12pm	11.40 to 12pm	11.40 to 12pm
Oral Presentation 20 mins	Oral Presentation 20 mins	Oral Presentation 20 mins	
Ethics of Health Related Quality of Life Influencing End-of-Life Decision Making and Futility of Care in Burn Patients	Defending The Right to Starve: Hunger Strikers and The Right to Refuse Treatment in Israel	Virtues of Moral Case Deliberation Moderators	
<i>Anjay Khandelwal</i>	<i>Zohar Lederman</i>	<i>Jos Kole Jelle van Gorp</i>	
12 to 12.30pm	12 to 12.10pm	12 to 12.20pm	12 to 12.20pm
Case Presentation 30 mins	Oral Presentation 10 mins	Oral Presentation 20 mins	Oral Presentation 20 mins
Ethics Consultation Involving Potentially Unsafe Discharges: Use of an Ethics Rubric for Assessing Discharge Readiness	To Treat or Not Treat Without Legitimate Consent: Challenges of Cancer Patients with Mental Illness and Changing Capacities	Slow ethics ...2 years on!	Using Movie Clips to Teach Medical Ethics: From Emotions to Attitudes Through Reflection
<i>Nicholas Kockler</i>	<i>Philip Crowell</i>	<i>Jenny Jones Eleanor Milligan</i>	<i>Pablo G. Blasco Graziela Moreto</i>
	12.10 to 12.20pm		
	Oral Presentation 10 mins		
	Healing Conflict? Mediation in End-of-Life Care"		
	<i>Amy Salapak</i>		
	12.20 to 12.30pm		
Oral Presentation 10 mins			
Applying Motivational Interviewing in End-of-Life Care Planning: A Pilot Study			
<i>Helen Chan</i>			
12.30 to 1.30pm	Lunch		

1.30pm to 3pm	Plenary 4: Using Innovative Treatments & Modes of Health Service Delivery			
	Session Chair: Assistant Prof Voo Teck Chuan			
	Limits of Patient Autonomy and Vulnerability in Clinical Innovation Responsible and Irresponsible Medical Innovation with Stem Cells Clinical Ethics Support: A Useful 'Ethical Scaffold' for Innovation in Health? <i>Dr Tamra Lysaght, Prof Jeremy Sugarman, A/P Ainsley Newson</i>			
3 to 3.30pm	Tea break			
Parallel Sessions				
Riverfront 2 & 3	Waterfront 1	Waterfront 2	Waterfront 3	
Clinical Ethics Challenges	Care	Innovation	Ethics Support Management	
3.30 to 4.30pm	3.30 to 4.30pm	3.30 to 3.50pm	3.30 to 3.50pm	
Symposium	Symposium	Oral Presentation 20 mins	Oral Presentation 20 mins	
No one Should Die Alone": A Discussion on Neonatal End of Life Practices when Parents are Absent"	From Clinic to Community: Teaching and Doing Ethics in Care Work	Incidental Findings and Data Sharing: From Perspectives to Consensus Policy	When the Bosses Do Not Like your Ethics Consult Recommendations	
<i>Nneka Sederstrom Carolyn Serie Kris Catrine Heidi Kamrath</i>	<i>Jacqueline Chin Michael Dunn Nancy Berlinger Michael Gusmano</i>	<i>Owen Schaefer</i>	<i>Shahla Siddiqui</i>	
		3.50 to 4.10pm	3.50 to 4.10pm	
		Oral Presentation 20 mins	Oral Presentation 20 mins	
		Personalized Medicine Challenges Boundaries Between Research and Care: Could Ethics Consultation Provide Answers?	Explaining Ethics Consultations in a Video	
		<i>Salla Saxén Heikki Saxén</i>	<i>Kurt Schmidt</i>	
		4.10 to 4.30pm	4.10 to 4.30pm	
		Oral Presentation 20 mins	Oral Presentation 20 mins	
		The Ethics of Living Skin Donation	Assessment of Clinical Ethics Oversight in Tanzania	
		<i>Monica Gerrek</i>	<i>Daima Bukini</i>	
4.30 to 4.50pm	4.30 to 4.50pm	4.30 to 4.50pm	4.30 to 4.50pm	
Oral Presentation 20 mins	Oral Presentation 20 mins	Oral Presentation 20 mins	Oral Presentation 20 mins	
Difficulty to Approach Individuality in Clinical Ethics	Why Do Ethical Standards Drop Among Interns in Medical Settings? Ethical Erosion in Medical Psychology as a Test Case for Other Medical Professions	Ethical and Social Issues in Fecal Microbiota Transplantation	Bridging the Gap: E-ethics joins other specialities in medicine to provide distance consultation	
<i>Kenji Hattori</i>	<i>Rebecca Reicher-Atir Sigal Levy</i>	<i>Yonghui Ma</i>	<i>Margot Eves</i>	
4.50 to 5.10pm	4.50 to 5.10pm			
Oral Presentation 20 mins	Oral Presentation 20 mins			
Exercising Autonomous Choices	Clinical Ethics Services in Tertiary Paediatric Hospitals in Australia and New Zealand: A Survey of Presence and Function			
<i>Silviya Aleksandrova-Yankulovska</i>	<i>Melanie Jansen Emma Cottle</i>			
5.15pm	End of Day 2			

3. Where can we find the flying fox, the world's largest bat?

A. Jurong Island
B. Sentosa Island

C. Pulau Tekong
D. Pulau Ubin

Please note all plenaries are in the Grand Ballroom

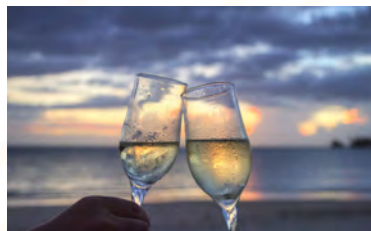
Day 3 - Saturday, 27 May 2017			
9 to 10.30am	Plenary 5: Globalisation, Migration & Cross-Border Healthcare Session Chair: Sumytra Menon Cultural Competence and its Ethical Implications for Cross-Border Healthcare International Migration of Human Resources for Health: Clinical Consequences and International Responsibilities From the Abstract to the Real: Through the Lens of Living Related Kidney Donation in Pakistan <i>Dr Ilhan Ilklic, Prof Leonardo de Castro, Dr Farhat Moazam</i>		
	Tea break		
Parallel Sessions			
Riverfront 2 & 3	Waterfront 1	Waterfront 2	Waterfront 3
International Perspectives on Clinical Ethics Consultation	Difficult Decisions	Conflict of Interest	Migration and Humanitarianism
11 to 11.30am	11 to 12pm	11 to 11.20am	11 to 11.20am
Oral Presentation 30 mins	Symposium	Oral Presentation 20 mins	Case Study 20 mins
TBC	Alfred Schutz, The Stranger, and the Unending Challenge of Engaging Ethics in Clinical Contexts	Professional Courtesy, Equity & Partiality	Providing Care for Patients Without Documentation: An End-Stage Renal Disease Case Study
Keymanthri Moodley	Stuart Finder Virginia Bartlett Mark Bilton Stella Reiter-Theil	Kyle Anstey	Jeffrey S Farroni
		11.20 to 11.40am	11.20 to 11.40am
		Oral Presentation 20 mins	Oral Presentation 20 mins
		Is Consumerism a Fetter on Medical Ethics?	Ethics in Humanitarian Services: Reflection from the Earthquake in Nepal
11.30 to 12pm		Shampa Banerjee Ghosh	Ramesh P Acharya
Oral Presentation 30 mins		11.40 to 12pm	
Pitfalls and potentials of a new clinical ethics consultation service: An experience from Turkey		Oral Presentation 20 mins	
		Do Doctors Over-Investigate Patients for Their Own Incentives? A Prospective, 'Randomised' Data Survey in an Indian metropolis.	
Murat Civaner		Jayanta Das Krishnendu Mukherjee	11.50 to 12pm
			Oral Presentation 10 mins
			Medical Migration in Global Context – Ethical Issues Regarding the Integration of Cultural Diversity
Paediatrics			Elena Toader
12 to 12.30pm	12 to 12.20pm	12 to 12.20pm	
Case Study 30 mins	Oral Presentation 20 mins	Oral Presentation 20 mins	
Case Discussion- An Adolescent Requesting Removal of IUD Without Parental Involvement	What Kind of Neutrality? Keeping the Ethics in Ethics Consultation	A Doctor in the House – Ethical Considerations when Doctors Treat Themselves and Those They Are Close To	
Lynn Gillam	Laura Guidry-Grimes	Kanny Ooi	
12.30pm to 1.30pm	Presentation for Best Abstract Awards Presentation for Best Poster Award (incl 10 mins min presentation by winner) Closing Ceremony followed by Lunch		

4. In which year was Singapore's Mass Rapid Transit (MRT) opened?
- A. 1985
B. 1987
C. 1991
D. 1995

DAY 1 - May 25

Cocktail Reception by the Singapore River 5pm to 6pm

Enjoy complementary canapés and cocktails by the iconic Singapore River, the island's lifeblood starting in 1819 when Singapore became a free trading port and commerce flourished along the wharves - Boat, Clarke and Robertson Quays.



DAY 2 - May 26



Affinity Groups

12.30pm to 1.30pm

To facilitate international collaboration on research, position papers, and educational programmes, attendees can join any of the 3 affinity groups:

Title	Host	Venue
Paediatrics	A/Prof Roy Joseph	Waterfront 1
Feminist Approaches to Bioethics	A/Prof Anita Ho	Waterfront 2
Asian Bioethics Review	Dr Calvin Ho	Waterfront 3

DAY 3 - May 27

Awards Ceremony & Concluding Lunch 12.30pm to 1.30pm

- Presentation for the Best Abstract Awards
- Presentation for the Best Poster Awards
- Closing Remarks





DR HITOSHI ARIMA is Associate Professor of Moral Philosophy and Bioethics at Yokohama City University Graduate School of Urban Social and Cultural Studies, Yokohama, Japan. He also serves on ethics committee of several medical institutions including Keio University Hospital in Tokyo, Japan. Dr. Arima has published in the fields of applied ethics and meta-ethics. His research interests in bioethics include ethics of killing, posthumous interest, and other end-of-life related issues. His recent publications include a chapter contribution to *The Future of Bioethics: International Dialogues* (Oxford University Press, 2014) and an entry to *Encyclopedia of Global Bioethics* (Springer, forthcoming).

DR NANCY BERLINGER is a Research Scholar at The Hastings Center, studies ethical challenges in health care work. She is a core member of the international team, led by NUS Associate Professor Jacqueline Chin, that developed the Singapore Casebook, an innovative, public-access ethics education resource: www.bioethicscasebook.sg. She is the first author of the 2013 edition of the Hastings Center Guidelines, a landmark work on treatment decision-making and end-of-life care, and directs two implementation projects on improving end-of-life care in the hospital. She is the author of books on medical error and on health care organizational ethics and co-directs a project on health care access for migrant workers.



DR CHIN JING JIH is Divisional Chairman, Integrated and Community care and a Senior Consultant Geriatrician in the Department of Continuing and Community Care at Tan Tock Seng Hospital. He is an appointed member of the Singapore Medical Council and the Bioethics Advisory Committee, and serves as the chairperson of the National Healthcare Group (NHG) Research Ethics Committee. In addition, he is the Course Director for the Advanced Specialty Training (AST) and Senior Residency Course on medical ethics, professionalism and health law organised by Singapore Medical Association (SMA). He is a Board member of SMA's Centre for Medical Ethics and Professionalism, and is Chairperson of Tan Tock Seng Hospital's Clinical Ethics Committee.

PROF LEONARDO D. DE CASTRO is Professor, University of the Philippines in Diliman, Quezon City. He is also chair of the Philippine Health Research Ethics Board, a national body responsible for ensuring the ethical conduct of health related research in the Philippines. He was Senior Research Fellow at the Centre for Biomedical Ethics (CBmE), National University of Singapore from May 2008 to September 2016, where he directed the Capacity Development Programme in Research Ethics. He was also founding Editor-in-Chief of the *Asian Bi-*



(continued)

oethics Review, a global academic journal designed to encourage the development of regional scholarship in biomedical ethics. He has also been a member of the UNESCO Advisory Expert Committee for the Teaching of Ethics and a representative of the Philippines to the UNESCO Inter-Governmental Bioethics Committee.

PROF VIKKI ENTWISTLE is currently Professor of Health Services Research and Ethics at the University of Aberdeen (Scotland, UK). She uses a combination of social research methods and analytic philosophy to investigate conceptual and ethical issues in the delivery of health care (including public health). Vikki has longstanding interests in the ways that people are encouraged and enabled (or not) to contribute to their own health and care (e.g. in shared decision-making, self-management of long-term conditions and patient involvement in patient safety), and in the demands that 'person-centred care' makes on health professionals.



DR ILHAN ILKILIC MD PH.D has studied medicine, philosophy, Islamic science and oriental philology in Istanbul, Bochum and Tübingen. He did his philosophical doctoral thesis at the Ruhr University Bochum. He was guest scholar at the Georgetown University and at the Duke University. He was guest professor at the Frankfurt University. He was lecturer at the Institute for History, Philosophy and Ethics of Medicine at the Johannes Gutenberg University of Mainz Medical Center (2005-2012). He is the first Turkish Member of the German Ethics Council since 2012. He is currently professor and chair of the Department of History of Medicine and Ethics at the Istanbul University Faculty of Medicine. His special interests include intercultural bioethics, Islamic biomedical ethics, and ethical issues at the beginning and the end of life.

DR LALIT KRISHNA is a Senior Consultant at the Division of Palliative Medicine, National Cancer Centre. He holds a masters in Medical Ethics and a masters in Medical Education as well as a PhD in Medical Ethics. Dr Lalit Krishna also holds the appointments of Assistant Professor at Duke-NUS Graduate Medical School Singapore, and Clinical Senior Lecturer at Yong Loo Lin School of Medicine, National University of Singapore. He has recently taken up the post of co-Director of Practice Course 2 at Duke NUS and Assistant UG Curriculum Director (Clinical) at the Centre of Biomedical Ethics at NUS. He is the chairman of the Clinical Ethics Committee and the Internal Audit Committee at NCCS. He is actively involved in teaching and presently undertaking a PhD in Medical Education and continues with his research interests in decision making at the end of life and personhood.





DR LEE SEE MUAH is a Senior Consultant in the Department of Medicine, and Chairman of the Bioethics Committee at the Ng Teng Fong Hospital. He trained in Occupational Medicine and read Law with the University of London. He subsequently obtained his LL.M from the University of Edinburgh. He has a special interest in diabetes affecting work. He is also Adjunct Associate Professor with the Saw Swee Hock School of Public Health, where he has responsibilities for post graduate and undergraduate teaching.

DR TAMRA MAREE LYSAGHT is an Assistant Professor and Director of the Phase III Health Ethics, Law and Professionalism Programme at the Centre for Biomedical, National University of Singapore. My research interests lie broadly around the ethical, sociopolitical and regulatory issues surrounding stem cell science and the clinical translation of regenerative medicines and genomics. I am currently the lead investigator on projects examining the ethics and regulation of regenerative medicines, precision medicine, reproductive technologies, and zoonotic disease management under One Health, and a collaborator on an Australian Research Council Linkage grant investigating innovation with autologous stem cell therapies.



DR. FARHAT MOAZAM is Professor and Founding Chairperson of the Centre of Biomedical Ethics and Culture (CBEC) of the Sindh Institute of Urology and Transplantation in Karachi, Pakistan. She is also Fellow, Institute of Practical Ethics, and Visiting Professor, Centre for Humanism in Medicine, University of Virginia, USA. She served on the Board of Directors (2009-2014) of the International Association of Bioethics and is currently a member of the WHO Ebola Ethics Working Group. In the past, she was Professor and Founding Chairperson, Department of Surgery, and Associate Dean, Postgraduate Medical Education, in the Aga Khan University, Karachi.

A/PROF AINSLEY NEWSON is Associate Professor of Bioethics in the Centre for Values, Ethics and the Law in Medicine at the University of Sydney, Australia. Ainsley has a multidisciplinary background, including Bachelor degrees in science and law; and a PhD in Bioethics. Her research encompasses emerging genomic and biotechnologies and clinical ethics and she has published widely and gained research funding in these areas. Her work also includes academic scholarship and editorial work, membership of clinical ethics and policy committees and clinical ethics support service development. Ainsley is also very experienced in public engagement around ethical issues.



PROF JEREMY SUGARMAN MD, MPH, MA is the Harvey M. Meyerhoff Professor of Bioethics & Medicine, professor of medicine, professor of Health Policy and Management, and deputy director for medicine of the Berman Institute of Bioethics at Johns Hopkins University. He is internationally recognized as a leader in biomedical ethics with particular expertise in applying empirical methods and evidence-based standards for evaluating and analyzing bioethical issues. His contributions to both bioethics and policy include his work on the ethics of informed consent, umbilical cord blood banking, stem cell research, international HIV prevention research, global health, and research oversight.



DR DANIEL FU-CHANG TSAI is a family physician and bioethicist. He earned his PhD in bioethics from the University of Manchester, U.K. in 1999, and is currently a professor in the Department & Research Institute of Medical Education & Bioethics, National Taiwan University College of Medicine. He is also an attending physician in the Department of Medical Research, Chairman of the Research Ethics Committee, and Executive Secretary of the Clinical Ethics Committee at National Taiwan University Hospital, and Director of the Center for Biomedical Ethics at National Taiwan University. He was elected Vice President of International Association of Bioethics in 2016.

PROF JJM VAN DELDEN is full professor of medical ethics at the Julius Center for Health Sciences of the medical school of Utrecht University. Ever since working as a house officer at an intensive care ward he is highly interested in medical ethics. He wrote a thesis on the medical and ethical aspects of Do Not Resuscitate orders. Also, he was one of the principal researchers of the study of medical decisions concerning the end of life for the Rummelink committee. After his education as a nursing home physician he has worked in several nursing homes for 15 years (until May 2011). Currently he is President of the International Bioethics Committee (IBC) of UNESCO.



DR MATTHEW WYNIA is an internal medicine and infectious diseases specialist whose career has focused on the intersections of professional ethics and health policy. He moved to Denver from Chicago in July 2015 to assume full time leadership of the University of Colorado's Center for Bioethics and Humanities. In Chicago, Dr. Wynia directed the Institute for Ethics at the American Medical Association for more than 15 years, leading projects on understanding the ethical climate of health care organizations, communication and team-based care, physician professionalism and self-regulation, ethics and epidemics, medicine and the Holocaust, and inequities in health and health care.

List of Oral Presenters

DATE	ORAL PRESENTER	TOPIC
05/27/17 11.20am-11.40am	Ramesh P AACHARYA Tribhuvan University Nepal	Ethics in humanitarian services: reflection from the earthquake in Nepal
05/26/17 11am-12pm	George AGICH Bowling Green State University United States	A comparison of clinical ethics consultation methods and their grounding values.
05/26/17 4.50pm-5.10pm	Silviya ALEKSANDROVA-YANKULOVSKA Medical University-Pleven Bulgaria	Exercising autonomous choices
05/27/17 11am-11.20am	Kyle ANSTEY Alberta Health Services Canada	Professional Courtesy, Equity & Partiality
05/27/17 11.20am-11.40am	Shampa BANERJEE GHOSH University of Calcutta India	Is Consumerism A Fetter On Medical Ethics
05/27/17 11am-12pm	Virginia BARTLETT Cedars-Sinai Medical Center United States	Alfred Schutz, The Stranger, and the Unending Challenge of Engaging Ethics in Clinical Contexts
05/25/17 3.50pm-4.10pm	Virginia BARTLETT Cedars-Sinai Medical Center United States	An Actual Advance in Advance Directives: Moving from Patient Choices to Patient Voices in Advance Care Planning
05/26/17 3.30pm-4.30pm	Nancy BERLINGER The Hastings Center, New York United States	From Clinic to Community: Teaching and Doing Ethics in Care Work
05/25/17 11am-12pm	Pablo G. BLASCO SOBRAMFA-Medical Education & Humanism Brazil	Using Humanities to promote empathy and encourage ethical attitudes: A Faculty Development Symposium.
05/26/17 12pm-12.20pm	Pablo G. BLASCO SOBRAMFA-Medical Education & Humanism Brazil	Using Movie clips to teach Medical Ethics: From emotions to attitudes through Reflection
05/27/17 11am-12pm	Mark BLITON Kaiser Permanente Los Angeles Medical Center United States	Alfred Schutz, The Stranger, and the Unending Challenge of Engaging Ethics in Clinical Contexts
05/25/17 11.20am-11.40am	Whitny BRAUN Loma Linda University United States	A Mother's Benevolent Deception: One Mother's Request to Keep her 16-year-old HIV Positive Son Ignorant of His Medical Status
05/25/17 12pm-12.20pm	Whitny BRAUN Loma Linda University United States	Moral heuristics in End of Life Treatment
05/26/17 4.10pm-4.30pm	Daima BUKINI Muhimbili University of Health & Allied Sciences Tanzania	Assessment of clinical ethics oversight in Tanzania
05/25/17 11.40am-12pm	Alexander CAPRON University of Southern California United States	What Can Ethics Consultation and Committees Contribute to the Development of Appropriate Standard for Physician Participation in Assisted
05/26/17 3.30pm - 4.30pm	Kris CATRINE Children's Minnesota United States	No one Should Die Alone": A Discussion on Neonatal End of Life Practices when Parents are Absent"
05/26/17 12.20pm-12.30pm	Helen CHAN The Chinese University of Hong Kong Hong Kong S.A.R., China	Applying Motivational Interviewing in End-of-life Care Planning: A pilot study
05/26/17 3.30pm-4.30pm	Jacqueline CHIN National University of Singapore Singapore	From Clinic to Community: Teaching and Doing Ethics in Care Work
05/25/17 11am-12pm	Jacqueline CHIN National University of Singapore Singapore	Overcoming professional and system barriers to achieving patient-centred informed consent

DATE	ORAL PRESENTER	TOPIC
05/27/17 11.30am-12pm	M. Murat CIVANER Uludag University School of Medicine, Bursa Turkey	Pitfalls and potentials of a new clinical ethics consultation service: An experience from Turkey
5/26/2017 4.50pm-5.10pm	Emma COTTLE Centre for Children's Health Ethics and Law, Children's Health Queensland, Australia	Clinical Ethics Services in Tertiary Paediatric Hospitals in Australia & New Zealand: A Survey of Presence & Function
05/26/17 11am-12pm	Geert CRAENEN UatB Center for Clinical Ethics & Humanities in Health Care, United States	A comparison of clinical ethics consultation methods and their grounding values.
05/25/17 3.30pm- 4.30pm	Jana CRAIG Kaiser Permanente Northern California United States	Aid-in-Dying Session
05/26/17 12pm-12.10pm	Philip CROWELL BC Children's Hospital Canada	To Treat or Not Treat Without Legitimate Consent: Challenges of Cancer Patients with Mental Illness and Changing Capacities
05/27/17 11.40pm-12pm	Jayanta DAS Dillons Kidney Foundation India	Do doctors over-investigate patients for their own incentives? A prospective, 'randomised' data survey in an Indian metropolis.
05/25/17 4.50pm-5pm	Clare DELANY Royal Children's Hospital Children's Bioethics Centre, Australia	Ethically important moments in newborn screening for cystic fibrosis
05/25/17 3.30pm- 4.30pm	Theresa DROUGHT Kaiser Permanente Southern California United States	Aid-in-Dying Session
05/25/17 12pm-12.20pm	Alex DUBOV Loma Linda University United States	Moral heuristics in End of Life Treatment
05/26/17 3.30pm-4.30pm	Michael DUNN The Ethox Centre, School of Public Health, University of Oxford, United Kingdom	From Clinic to Community: Teaching and Doing Ethics in Care Work
05/25/17 3.30pm-4.30pm	Marleen EIJKHOLT Davidson College, Charlotte Medical Center United States	A cross cultural examination of pain: conceptual, practical and clinical ethical challenges
05/25/17 4.30pm-5pm	Marleen EIJKHOLT Davidson College, Charlotte Medical Center United States	Clinical neuroethics: Cracking brains and health care systems
05/26/17 4.30pm- 4.50pm	Margot EVES Cleveland Clinic United States	Bridging the gap: e-ethics joins other specialties in medicine to provide distance consultation
05/27/17 11am - 11.20am	Jeffrey S. FARRONI University of Texas Medical Branch at Galveston United States	Providing Care for Patients Without Documentation: An end-stage renal disease case study
05/27/17 11am-12pm	Stuart FINDER Cedars-Sinai Medical Center United States	Alfred Schutz, The Stranger, and the Unending Challenge of Engaging Ethics in Clinical Contexts
05/25/17 3.50pm-4.10pm	Stuart FINDER Cedars-Sinai Medical Center United States	An Actual Advance in Advance Directives: Moving from Patient Choices to Patient Voices in Advance Care Planning
05/26/17 11am-11.20am	Véronique FOURNIER Assistance Publique-Hôpitaux de Paris France	How do cancer patients face the approach of death? What do they ask then to medicine?
05/25/17 3.30pm-4.30pm	Daniel FU-CHANG TSAI National Taiwan University College of Medicine, Department of Medical Research, Taiwan	A cross cultural examination of pain: conceptual, practical and clinical ethical challenges
05/26/17 12.20pm-12.30pm	Giuliana FUSCALDO University Hospital Geelong, Barwon Health Australia	Ethical Issues in Clinical Practice: A survey of Clinicians' Experiences and Views about Clinical Ethics Support

5. How many MRT stations are currently in operation (not including those under construction)?

- A. 92 C. 105
B. 102 D. 76

DATE	ORAL PRESENTER	TOPIC
05/26/17 4.10pm-4.30pm	Monica GERREK Case Western Reserve University United States	The Ethics of Living Skin Donation
05/27/17 12pm-12.30pm	Lynn GILLAM University of Melbourne & Royal Children's Hospital Australia	Case discussion- an adolescent requesting removal of IUD without parental involvement
05/25/17 4.10pm-4.30pm	Marin GILLIS Herbert Wertheim College of Medicine at FIU United States	Developing Medical Student Entrustment in Advance Care Planning: Challenges and Lessons Learned
05/25/17 12pm-12.20pm	Pollyana GONTIJO Federal University of Minas Gerais Brazil	Development and deployment of a National online Supplement in Research Ethics: A Brazilian experience
05/27/17 12pm-12.20pm	Laura GUIDRY-GRIMES MedStar Washington Hospital Center United States	What Kind of Neutrality? Keeping the Ethics in Ethics Consultation
05/26/17 3.30pm-4.30pm	Michael GUSMANO The Hastings Center, New York United States	From Clinic to Community: Teaching and Doing Ethics in Care Work
05/26/17 11.20am-11.40am	Maaïke HAAN IQ healthcare, Radboud University Medical Center, Nijmegen, Netherlands	Impact of moral case deliberation in contemporary healthcare institutions: an integrative review
05/26/17 4.30pm-4.50pm	Kenji HATTORI Gunma University School of Medicine Japan	Difficulty to approach individuality in clinical ethics
05/26/17 11am-11.20am	Marit Helene HEM University of Oslo, Faculty of Medicine, Centre for Medical Ethics, Norway	Family members' experiences with and views on coercion in mental health care and the possible role of clinical ethics support
05/25/17 11am-12pm	Sucharita HOTA National University Hospital Singapore	Overcoming professional and system barriers to achieving patient-centred informed consent
05/25/17 4.30pm- 4.50pm	Kim JAMESON University of British Columbia Canada	Sowing the 'SEED' for a Supportive Decision Making Model
05/26/17 4.50pm-5.10pm	Melanie JANSEN Centre for Children's Health Ethics and Law, Children's Health Queensland, Australia	Clinical Ethics Services in Tertiary Paediatric Hospitals in Australia and New Zealand: A Survey of Presence and Function
05/26/17 12pm-12.20pm	Jenny JONES Metro South Health, Brisbane, Australia Australia	Slow ethics ...2 years on!
05/26/17 3.30pm-4.30pm	Heidi KAMRATH Children's Minnesota United States	No one Should Die Alone": A Discussion on Neonatal End of Life Practices when Parents are Absent"
05/25/17 12.20pm-12.30pm	Sabin KATPATTIL Yenepoya University India	Awareness, Attitude, Understanding and Perceptions towards Informed Consent among patients attending Tertiary care hospital in
05/26/17 11.40am-12pm	Anjay KHANDELWAL Institute of Burn Ethics, MetroHealth Medical Center United States	Ethics of health related quality of life influencing end-of-life decision making and futility of care in burn patients
05/25/17 12pm-12.20pm	André KIDSZUN Department of Pediatrics, University Medical Center Mainz, Germany	Ethical choice architecture? a framework for neonatal life/death decision making
05/25/17 4.50pm-5pm	Sarah KLEINFELD Medstar Georgetown University United States	Who makes the decision? Assisting clinicians when advanced directives conflict with surrogate decision makers
05/26/17 12pm-12.30pm	Nicholas KOCKLER Providence Center for Health Care Ethics United States	Ethics Consultation Involving Potentially Unsafe Discharges: Use of an Ethics Rubric for Assessing Discharge Readiness





DATE	ORAL PRESENTER	TOPIC
05/26/17 11am-12pm	Jos KOLE Radboud Universiteit Nijmegen Netherlands	A comparison of clinical ethics consultation methods and their grounding values.
05/26/17 11.40am-12pm	Jos KOLE Radboud Universiteit Nijmegen Netherlands	Virtues of moral case deliberation moderators
05/26/17 11.40am-12pm	Zohar LEDERMAN National University of Singapore Singapore	Defending The Right to Starve: Hunger Strikers and The Right to Refuse Treatment in Israel
05/26/17 4.30pm-4.50pm	Sigal LEVY The Academic College of Tel-Aviv - Yafo Israel	Why do ethical standards drop among interns in medical settings? Ethical erosion in medical psychology as a test case for other medical
05/25/17 3.30pm-4.30pm	Yonghui MA Xiamen University, Medical School China	A cross cultural examination of pain: conceptual, practical and clinical ethical challenges
05/26/17 4.30pm-4.50pm	Yonghui MA Xiamen University, Medical School China	Ethical and social issues in fecal microbiota transplantation
05/25/17 11am-12pm	Peter George MANNING National University Hospital Singapore	Overcoming professional and system barriers to achieving patient-centred informed consent
05/25/17 11.40am-12pm	Rosalind MCDUGALL University of Melbourne Australia	The ethics of fertility preservation for prepubertal children: should clinicians offer procedures where efficacy is not proven?
05/25/17 3.30pm-3.50pm	Farid MD SHAIKH The University of Hong Kong Bangladesh	Gamete Donation: Islamic Sunni and Shia Perspective
05/25/17 4.30pm-4.50pm	Sumytra MENON National University of Singapore Singapore	The weight of expectation: challenges in implementing advance care planning
05/26/17 12pm-12.20pm	Eleanor MILLIGAN Griffith University, Gold Coast, Australia Australia	Slow ethics ...2 years on!
05/27/17 11am-11.30am	Keymanthri MOODLEY Stellenbosch University South Africa	TBC
05/26/17 11.20pm-11.40pm	Jessica MOORE UT MD Anderson Cancer Center United States	Are Palliative Care Patients Too Vulnerable to Participate in Research? Perspectives on an Ethical Dilemma
05/25/17 11am-12pm	Graziela MORETO SOBRAMFA- Medical Education and Humanism Brazil	Using Humanities to promote empathy and encourage ethical attitudes: A Faculty Development Symposium.
05/26/17 12pm-12.20pm	Graziela MORETO SOBRAMFA- Medical Education and Humanism Brazil	Using Movie clips to teach Medical Ethics: From emotions to attitudes through Reflection
05/27/17 11.40pm-12pm	Krishnendu MUKHERJEE Dillons Kidney Foundation India	Do doctors over-investigate patients for their own incentives? A prospective, 'randomised' data survey in an Indian metropolis.
05/25/17 4.10pm-4.40pm	Shrijit NAIR St Vincents University Hospital Ireland	Jehovah's Witness and Liver transplant : Ethical dilemma
05/27/17 12pm-12.20pm	Kanny OOI Medical Council of New Zealand New Zealand	A doctor in the house - Ethical considerations when doctors treat themselves and those they are close to
05/25/17 3.30pm- 4.30pm	Matthew PAULEY Kaiser Permanente Northern California United States	Aid-in-Dying Session

DATE	ORAL PRESENTER	TOPIC
05/25/17 3.50pm-4.10pm	Daryl PULLMAN Memorial University Canada	Decisional capacity and autonomous choice with regard to the Jehovah's Witnesses blood policy: A study in justified paternalism.
05/25/17 11.40am-12pm	Sunita PURI Keck Medical Center of USC United States	What Can Ethics Consultation and Committees Contribute to the Development of Appropriate Standard for Physician Participation in Assisted
05/26/17 4.30pm-4.50pm	Rebecca REICHER-ATIR The Academic College of Tel-Aviv - Jaffa Israel	Why do ethical standards drop among interns in medical settings? Ethical erosion in medical psychology as a test case for other medical
05/27/17 11am-12pm	Stella REITER-THEIL University Hospital Basel Switzerland	Alfred Schutz, The Stranger, and the Unending Challenge of Engaging Ethics in Clinical Contexts
05/26/17 11.20am-11.40am	Stella REITER-THEIL University Hospital Basel Switzerland	Evaluation by case-series: top themes of ethics consultations in psychiatry as compared to somatic medicine
05/26/17 12.10pm-12.20pm	Amy SALAPAK WA Department of Health Australia	Healing Conflict? Mediation in End-of-Life Care
05/26/17 3.50pm -4.10pm	Heikki SAXÉN University of Tampere Finland	Personalized Medicine Challenges Boundaries Between Research and Care: Could Ethics Consultation Provide Answers?
05/26/17 3.50pm-4.10pm	Salla SAXÉN University of Tampere Finland	Personalized Medicine Challenges Boundaries Between Research and Care: Could Ethics Consultation Provide Answers?
05/26/17 3.30pm-3.50pm	Owen SCHAEFER National University of Singapore Singapore	Incidental Findings and Data Sharing: From Perspectives to Consensus Policy
05/26/17 3.50pm-4.10pm	Kurt SCHMIDT Center for Medical Ethics at the Agaplesion Markus Hospital, Germany	Explaining Ethics Consultations in a Video
05/26/17 11am-12pm	Nneka SEDERSTROM Children's Minnesota United States	A comparison of clinical ethics consultation methods and their grounding values.
05/25/17 3.30pm-4.30pm	Nneka SEDERSTROM Children's Minnesota United States	A cross cultural examination of pain: conceptual, practical and clinical ethical challenges
05/25/17 12.20pm-12.30pm	Nneka SEDERSTROM Children's Minnesota United States	Balancing Compassion and Honest: A Case Study in Communicating Difficult and Unwanted News in Pediatric Medicine
05/26/17 3.30pm-4.30pm	Nneka SEDERSTROM Children's Minnesota United States	No one Should Die Alone": A Discussion on Neonatal End of Life Practices when Parents are Absent"
05/26/17 3.30pm-4.30pm	Carolyn SERIE Children's Minnesota United States	No one Should Die Alone": A Discussion on Neonatal End of Life Practices when Parents are Absent"
05/25/17 11am-11.20am	Linda SHEAHAN SESLHD Australia	Exploring the Interface between Palliative Care & Physician Assisted Death: Growing tensions between Policy, Ethics & Clinical Practice
05/25/17 12.20pm-12.30pm	Maurice SHOLAS Children's Minnesota United States	Balancing Compassion and Honest: A Case Study in Communicating Difficult and Unwanted News in Pediatric Medicine
05/25/17 4.40pm-5pm	Shahla SIDDIQUI Khoo Teck Puat Hospital Singapore	Should brain death certification be hastened in a presumed consent system for organ donation?
05/26/17 3.30pm-3.50pm	Shahla SIDDIQUI Khoo Teck Puat Hospital Singapore	When the bosses do not like your ethics consult recommendations

6. The Singapore Zoo has more than ___ animals representing over ___ species
- A. 2,400 animals, 450 species C. 2,800 animals, 300 species
B. 2,500 animals, 350 species D. 3,000 animals, 500 species

List of Posters Presenters

POSTER PRESENTER	TOPIC
Ramesh P AACHARYA Tribhuvan University Nepal	Utilizing principles of biomedical ethics for end-of-life decisions during cardiopulmonary resuscitation
Silviya ALEKSANDROVA-YANKULOVSKA Medical University Pleven Bulgaria	Normativity in ethical case analysis
Silviya ALEKSANDROVA-YANKULOVSKA Medical University Pleven Bulgaria	Human rights' perspective on end-of-life care in Bulgaria
Atanas ANOV Medical University Pleven Bulgaria	Normativity in ethical case analysis
Helen CHAN The Chinese University of Hong Kong Hong Kong S.A.R., China	Planning ahead: Preparing older people and people with chronic progressive diseases and their carers to plan for end-of-life care
Philip CROWELL BC Children's Hospital Canada	Moral Climate Change: Medical Assistance in Dying (MAiD) in Canada
Jayanta DAS Dillons Kidney Foundation India	Patient autonomy and informed consent in developing nations: are we blindly copying the west?
Dr. Umashankar G K M. R. Ambedkar Dental College and Hospital India	"Walking a Tight-Rope in Dentistry... Are Our Budding Dentists Empathically & Morally Skilled?"
Vijaya HEGDE A.J Institute Of Dental Sciences India	Ethical perspectives regarding End Of Life decisions among doctors belonging to Allopathic medicine and Ayurvedic medicine in India.
Fernando HELLMANN Universidade Federal de Santa Catarina Brazil	Sedation palliative in cancer care: analysis the process of decision making from a health team
Do Kyong KIM Dong-a University South Korea	The Korean law on terminal care
Sarah KLEINFELD Medstar Georgetown University United States	Assessing Geriatric Psychiatrists' Participation in End-of-Life Care Discussions
Akira NAKAZAWA Graduate School of Medicine, Gunma University Japan	The role of creativity in clinical ethics
Soyoung PARK KyungHee University Pulmonary & Critical Care Medicine South Korea	End-of-life care decision making in the intensive care unit: A Comparison Between Korea, Japan and China
Mathew PAULEY Kaiser Permanente Northern California United States	Personality Type Preferences within High Conflict Hospital Care Conferences
Hiroko SAKURAI Tokyo University of Pharmacy & Life Sciences Japan	End-of-life for infants born with congenital diseases in Japan
Asmin SHA Al Iqbal Hospital and Research Centre India	Knowledge and Attitude towards HIV Vaccine Trial Concepts among Youth of Mangalore City

7. What is the highest natural point in Singapore?

A. 150m B. 15m C. 347m D. 164m

POSTER PRESENTER	TOPIC
Majmin SHEIKH HAMZAH Universiti Kebangsaan Malaysia Malaysia	Family Medicine Postgraduate Trainees' Perception on Ethics and Communication Workshop
Majmin SHEIKH HAMZAH Universiti Kebangsaan Malaysia Malaysia	Ethical Sensitivity: The Readiness to handle Informed Consent among Medical Undergraduates
Kseniia RATUSHNA National University of Pharmacy Ukraine	Urgent problems of open visiting policy implementation in immediate care units in Ukraine
Owen SCHAEFER National University of Singapore Singapore	Presenters or patients? A crucial distinction in Individual Health Assessments
Yoshiyuki TAKIMOTO The University of Tokyo Japan	Ethical support provided by the patient relations office at the University of Tokyo Hospital.
Sandra THIERSCH Institute for Ethics, History & Theory of Medicine, Munich Germany	Implementation of an outpatient ethics consultation in Germany
Takuya UBUKATA Gunma University Japan	Clinical ethics and the Levinas' concepts of subjectivity and the Other
Yukari YAMAMOTO Department of Biomedical Ethics, Graduate School of Medicine, The University of Tokyo. Japan	Ethical support provided by the patient relations office at the University of Tokyo Hospital.
Huso YI Centre for Bioethics, The Chinese University of Hong Kong Hong Kong S.A.R., China	Public Health as Moral Imperative: A Case Study of Development of A Normative Paradigm on Inner-City Poverty in Hong Kong
Huso YI Centre for Bioethics, The Chinese University of Hong Kong Hong Kong S.A.R., China	Hong Kong Undergraduate (MBChB) Medical Students' Experiences and Views of Learning Bioethics: A Mixed-Methods Evaluation Study



8. How many ships pass through Singapore each year?
 A. 60,000 ships B. 20,000 ships C. 130,000 ships D. 85,000 ships

Ethical and Legal Debates in End of Life Care in Japan

Hitoshi ARIMA

Yokohama City University

Japan

Recent public debate on the ethics of terminal care in Japan was triggered by a number of incidents that occurred during the first decades of the 21st century. Important court cases and incidents that were widely reported during these years, and the guidelines that were later published by the government and medical associations, will be introduced in this talk. All of these guidelines allow doctors to withdraw life-sustaining treatments from some patients, and the focus of the debate today is whether we should be content with the present situation or whether we should move on to legalization. The controversy over the legalization will be reviewed, with some emphasis on the concerns voiced from the vulnerable populations (e.g., disability groups).

Delivering Primary Palliative Care in the Hospital: A New Pathway to Guide Professional Practice

Nancy BERLINGER

The Hastings Center

United States

Palliative care is integral to good outcomes for seriously ill people, yet the limited size of the specialist palliative care workforce constraints access and hampers integration into standard care. Primary palliative care has emerged as a new strategy for meeting palliative care needs that do not require specialist consultation. Key domains of primary palliative care described by Timothy Quill and Amy Abernethy (NEJM 2013) include discussion of prognosis and goals of care, symptom management, and psychosocial support. Professional societies in medicine and nursing in the US have undertaken focused work to consider how to integrate primary palliative care into treatment for seriously ill patients in different settings. The Hastings Center and the Society of Hospital Medicine (SHM), representing hospital-based internists (“hospitalists”) responsible for the care of patients in medical wards, have collaborated to develop a primary palliative care pathway for discussions about prognosis and goals of care from admission through hospitalization and discharge planning. Nancy Berlinger, the co-director of this collaboration, will present the pathway, practice standard, and implementation tools. She will discuss how the values of hospital medicine informed the development of practical guidance for clinicians who are not palliative care specialists, and how the pathway presents clinical ethics consultation as a potential resource for these clinicians. She will offer reflections on the pathway’s potential usefulness to efforts outside the US to improve serious illness care and to engage clinicians beyond palliative care specialists.

Knowing When is Enough: A Policy to Promote Ethical Management in End-stage Organ Failure

CHIN Jing Jih

Tan Tock Seng Hospital

Singapore

Medical futility and the withdrawal/withholding of inappropriate interventions are generally discussed in the context of intensive care unit (ICU). Ironically, the inappropriate imposition of aggressive interventions in general non-ICU settings with the sole intent of achieving survival in patients with limited life expectancy and functional abilities due to advanced end-stage organ failures tends to be less questioned. The goals of care of many such patients are assumed by default to be survival from the acute illness and quantity of life. Consequently, many such patients spend the final 6 to 12 months of their lives mostly in acute hospitals, undergoing multiple rounds of invasive investigations and interventions which incur inevitable trade-offs in their already marginal quality of life, as well as limited lifespan. This paper discusses the ethical and professional imperative to achieve beneficence and best interests for these patients, and a policy-based practice framework to ensure its systematic application in acute hospitals. This will involve consultation with patients and their families, transparent guidelines for decision-making, and adequate opportunity to obtain independent clinical opinion and ethics consultation. The paper will also discuss the critical and practical importance of such structured protocols in helping to bridge and translate ethical principles advocating beneficence for patients at end-of-life with routine and consistent application in acute hospitals where the principal focus tends to be on survival and prolonging life at all cost.

International Migration of Human Resources for Health: Clinical Consequences and International Responsibilities

Leonardo D. DE CASTRO

University of the Philippines

Philippines

This presentation offers an assessment of the roots and impact of HRH migration across countries based on statistical data and selected case studies. It also seeks to explain why analyses rooted in the brain drain paradigm fail to deal with the injustices associated with HRH migration and why a reduction of the ethical issues to economic considerations ignores significant social responsibilities as well as other commitments relating to the noble ends of medicine and health care. In the end, the presentation points out that while the impact of HRH migration is something that needs to be addressed by policy makers nationally and across national boundaries, it is also something that must be seen as an urgent concern to be addressed by health care providers directly in the clinics where the consequences are experienced.

Working Well with Less? Considering Ethical Responses to Diminishing Health Care Budgets

Vikki ENTWISTLE

University of Aberdeen
United Kingdom

Socioeconomic changes of various kinds impact the provision and use of health care in a number of ways. In recent years, some relatively wealthy countries have experienced significant economic downturns. Their health service budgets have been cut, and the resources available to many households have diminished. In this presentation I will illustrate some of the practical and ethical challenges these situations can raise for clinicians. I will start to explore how clinicians should respond when people become less able to bear the costs of professional health services and to engage in personal health care work that might benefit them. I will highlight the importance of discussing and developing shared understandings of what constitutes good (ethical) clinical practice in increasingly constrained circumstances.

Cultural Competence and Its Ethical Implications for Cross-Border Healthcare

Ilhan ILKILIC

Istanbul University Faculty of Medicine
Istanbul

Worldwide migration has led to a situation where intercultural healthcare situations have become a regular part of medical everyday practice in many countries. Treating patients with a migration background raises a number of ethical issues in medical routine. An adequate provision of healthcare services, including an appropriate solution to these ethical problems, requires cultural competence. The concept of cultural competence includes skills and abilities facilitating the realization of potential conflicts and the understanding of their background in an intercultural context, allowing for an ethically appropriate action orientation as required by the situation. These capabilities include cultural knowledge, culturally sensitive communication, critical tolerance, and avoidance of stereotyping. This talk will describe and critically discuss the importance, ethical implications, and limitations of these abilities in the context of a multicultural healthcare service.

Changing Concepts of Personhood in Geriatric Oncology

Lalit KRISHNA

Division of Palliative Medicine, National Cancer Centre
Singapore

How we conceive personhood or “what makes you, you” impacts many elements of our daily lives. Within the confines of oncology the conception of ‘what makes you, you’ has been largely defined by local sociocultural beliefs that maintain the primacy of familial identity and their responsibility in leading care determinations and provisions. Interviews with elderly patients within a local oncology center suggests that younger (<65yrs old) oncology patients perceive themselves as individuals who value their independence and autonomy whilst elderly patients (>65 years old) valued their familial ties and familial identity underlining continued faith in familial determinations. Subsequent vignette studies on end of life decision making revealed most patients accept the primacy of the family in care determinations. Drawing on these 7 large local studies, the impact of familial determinations in end of life care remain dominant and have a significant implication upon how we should educate our clinicians and how we should engage the family in care determinations and even Advanced Care Plans.

Addressing Stigma: Lessons for Clinical Ethics Committees

LEE See Muah

Ng Teng Fong Hospital

Singapore

Stigma can affect ethical decision making in health care. Stigma can arise as an unintended consequence because of potentially modifiable personal lifestyle factors associated with diseases, such as Diabetes Mellitus. Stigma can influence the way choices are made by patients as well as the way care is delivered by providers. Clinical ethics deliberation should be sensitive to stigma as a contextual feature, impacting on autonomy and justice in care decisions.

Limits of Patient Autonomy and Vulnerability in Clinical Innovation

Tamra LYSAGHT

National University of Singapore

Singapore

Clinical innovation offers the promise of new therapies for patients suffering with chronic and incurable diseases. Innovative therapies are particularly attractive to patients who have not responded to standard of care treatments and/or have exhausted all other options. Yet patient access to innovative treatments is often restricted to the context of clinical research until scientific evidence demonstrates that the therapy is safe and effective for use in patient care. Demands for improved access to innovative therapies have generated a discourse claiming that, as an exercise of personal autonomy, patients have rights to choose treatments that may be beneficial, even if evidence that demonstrates the safety and efficacy of the therapy is lacking. This rights-based discourse is grounded in assertions that claim third parties, such as hospital ethics committees, ought to not interfere with the free choices of patients and clinical decision-making. Drawing on a case example involving autologous hematopoietic stem cell transplantation as an innovative treatment for multiple sclerosis, I scrutinize these arguments to defend the ethical permissibility of interference in contexts where the uncertainty of benefit and potential for harm creates vulnerabilities that undermine patient capacity for self-determination. Set against the backdrop of an emergent global industry that exploits vulnerable patient populations with the provision of unproven stem cell-based therapies in innovative contexts, I argue that patients do not have rights to demand treatments that are unlikely to benefit. Interference in these contexts is ethically defensible and necessary to decrease patient vulnerability and protect patients from unjustified and potentially harmful innovative interventions.

9. "Universal brotherhood and equality of man" is one of the principle symbolized by one of the components of Singapore flag. Which component symbolize it?

- A. The five stars
- B. The red color
- C. The white color
- D. The waxing crescent moon

From the Abstract to the Real: Through the Lens of Living Related Kidney Donation in Pakistan

Farhat MOAZAM

Sindh Institute of Urology and Transplantation
Pakistan

In the initial years, the donation of an organ by one person for transplantation into another aroused awe and wonder but this field is now routinized, merely one surgical procedure among many others. The two common motifs that have come to define ethical organ donation globally are “altruism” (selfless act without expectation of any personal gain) and the “gift of life” (a supererogatory act which is praiseworthy but optional). In their influential book, *Principles of Biomedical Ethics*, philosophers Tom Beauchamp and James Childress present these concepts as universally applicable and believe that ethical organ donation rests on autonomous decisions of individuals without “emotional, social, and family pressures.” My presentation is based on ethnographic research in a Pakistani institution involving live, related kidney donors and physicians involved in their care. I will argue providing examples that within family centered societies in which members are profoundly interdependent socioeconomically and draw moral guidance from religion, considering these motives and motifs as universal is a reductionist approach to the ethical complexity of human lives and illnesses. Moreover, within the context of countries with large burden of kidney disease and insufficient/inaccessible health systems, it can be shortsighted to interpret the intricate field of organ transplantation as merely an encounter between a patient and a physician.

Clinical Ethics Support: A Useful ‘Ethical Scaffold’ for Innovation in Health

Ainsley NEWSON

University of Sydney
Australia

Innovative treatments and modes of health service delivery can be sources of clinical, ethical and regulatory uncertainty. Even if a research and development phase has been completed, it is often not until a novel health intervention is scaled up that more certainty can emerge. Further, ethical dilemmas can remain even if aspects such as clinical facts have been resolved. In this paper I will use the examples provided by my co-panellists to reflect on what clinical ethics support (CES) can offer when health innovation is being implemented or contemplated. The talk will comprise three parts: In Part 1, I will synthesise existing debate over the division between research and clinical care and its implications. Innovations can put pressure on this distinction. Part 2 will pick up on this pressure by describing innovative treatment committees and how these could fit with CES as more typically understood. Finally, in Part 3 I will make a wider and potentially more contestable claim: that CES structures are currently under-utilised in the innovation pathway. By their very construction, CES offers an interdisciplinary, knowledge-rich forum for deliberation, partnership and support for those implementing innovation (or receiving it, for that matter) in health. They are adept at handling complex problems, dealing with important contextual features and complex reasoning. Clinical Ethics Support can and should play a greater role in the innovation pathway; offering an ‘ethical scaffold’ for appropriate technology use. That said, I will also deal with some potential counter-claims to this view, including issues in CES scope, pragmatic applicability, expertise and the risk of inappropriate ‘pigeon-holing’.

Responsible and Irresponsible Medical Innovation with Stem Cells

Jeremy SUGARMAN

Johns Hopkins University

United States

Medical and surgical innovations have unquestionably contributed greatly to providing important treatments for patients. For example, umbilical cord blood transplantation was largely developed under an innovation pathway and is now considered to be an acceptable treatment option for an array of malignant and non-malignant conditions. However, innovations may pose substantial risks to individual patients who are among the first to receive them. Moreover, populations of patients could be harmed if innovations are not promptly and properly evaluated. Here, a paradigmatic example is the use of autologous bone marrow transplantation and high dose chemotherapy for breast cancer, which was delivered to thousands of women before data from randomized clinical trials demonstrated that this burdensome treatment was not beneficial. In order to help minimize such ethical concerns, the International Society for Stem Cell Research has offered guidelines for stem cell-based medical innovation. Under these guidelines, innovation in a small number of patients is permissible provided that there is: 1) a written plan; 2) peer-review and approval; 3) the patient is not eligible for a trial; 4) institution is accountable; 4) personnel are qualified; 5) informed consent; 6) an action plan for adverse events; 7) resources for complications; and 8) a commitment to contribute to generalizable knowledge. While it is unclear how well this particular approach to governance of medical innovation works in practice, a formalized approach to medical innovation is warranted.

The Rise and Fall of Clinical Ethics in Taiwan

Daniel TSAI

National Taiwan University College of Medicine

Taiwan

Clinical Ethics committees and ethics consultation have become growing interests and challenge to hospital practice in the past 15 years in Taiwan. Apart from increased social expectations for better ethical standards in health care services, some factors also facilitated such development, which include ethical requirements in the “organs transplantation act” (1987), the “hospice and palliative care act” (2000), and the “patient self-determination act” (2016), as well as the hospital accreditation standards (2002) to require specific mechanisms and functions of medical ethics committees, ethics education and ethics case consultation. The medical ethics committee in the Ministry of Health has once led an important role in promoting medical ethics policy establishment and clinical ethics network development which supported hospital ethics committee operations for about 10 years. However, such support was not properly maintained due to governmental party change and lack of awareness in changing leadership. In this presentation, the speaker will examine the social and cultural factors which are relevant to the development of clinical ethics and ethical consultation in Taiwan, and share the experience and reflection of developing ethics committee and ethics consultation in National Taiwan University Hospital. The speaker will point out that the awareness of and commitment to institutional ethics in leadership is essential to successful development of clinical ethics.

Pitfalls and Potentials of a New Clinical Ethics Consultation Service: An Experience from Turkey

M. Murat Civaner, MD PhD

Uludag University School of Medicine

Department of Medical Ethics

Although it has been a routine component of healthcare in North America and European countries for a couple of decades, it is almost 'unborn' for the other countries. It could be claimed that as of the year 2010 clinical ethics consultation (CEC) was almost absent in Turkey reserving for some sporadic examples. Considering this problem, it was aimed to establish a CEC service in Uludag University Centre for Health, Practice and Research (UU-CHPR), located in Bursa, the fourth most populated city of Turkey. In the first phase, a cross-sectional survey was conducted to determine the quantity and quality of CEC needed. It was found that there was a substantial unmet need for CEC services, and the majority of clinicians stated that they would use it in a variety of situations. In the light of this needs assessment, a Hospital Ethics Committee (HEC), comprised of 11 members, was established in 2012 within the UU-CHPR. It has a directive about its structure and functions, which states its main functions as "Case consultation, Policy review, and Education." Three years after the establishment of the Committee, a retrospective research on the applications was conducted to examine how the Committee was utilized by the healthcare workers and patients, and what were its effects on guidance on dilemmas and improving healthcare. Two-thirds of the applicants are patients and the issues largely related to right to health, patient rights, and claims of infringement of professional obligations in the context of specific cases. Applications involving CEC request, on the other hand, have a share of only 6.1% in total.

Since the Committee members have not undergone any specific training in ethical analysis in general, they are prone to making mistakes in both spotting the existence of ethical problems and determining the justifiable option with due regard to relevant rights and obligations when confronted with a range of options. The members, who are mostly clinicians, may adopt a paternalistic angle, and tend to protect their colleagues. The absence of healthcare workers other than physicians in the Committee as well as patient representatives makes it difficult to express different views and have these views taken into account. Prioritization of legislation in processes of decision making shifts the weight to existing legislation in case of any mismatch between ethics and legislation. In addition to these, perhaps the most important problem source is giving priority to economic considerations in decision-making. In spite of difficulties mentioned, the Committee still has a meaningful role to play in improving healthcare and reducing cases of violation of rights. In this sense, primary objectives should include a) increasing applications, or more correctly utilization of the HEC, b) ensuring continuous improvements in HEC decision making processes, and c) strengthen the implementation of decisions of HEC policy / guideline development. Promoting HEC as a consultancy service by organizing activities to inform clinicians and patients will boost awareness. Besides, it may be rewarding to train clinicians in recognizing and finding solutions to ethical problems in their daily practice. Ensuring participation of all parties into moral deliberations as much as possible could provide more accountability and trust, and therefore increase applications to HEC. There is a need for conducting researches, preferably qualitative ones, in order to gain insight about clinicians' mind set, expectations and the conditions surrounding them, and to develop initiatives accordingly. In addition, what must be done in order to prevent the emergence of many problems is to promote, in longer term, a culture that integrates CEC into all available services. It can be envisaged at this point that health policies would play a crucial role besides institutional support.



This award recognises the most exceptional abstracts that were submitted, based on the judging criteria of the Scientific Review Committee. The following two abstracts (in alphabetical order) have both been awarded “Best Abstract for ICCEC 2017”.

Personalized Medicine Challenges Boundaries Between Research and Care: Could Ethics Consultation Provide Answers?

Salla SAXÉN

University of Eastern Finland

Finland

Heikki SAXÉN

University of Tampere

Finland

Personalized medicine, sometimes labeled as a “new paradigm for healthcare,” refers to the tailoring of care according to patients’ individual attributes, especially in relation to their genetic and molecular profile. In practice, this personalization means moving toward treatments that have been targeted to small patient groups, potentially sub-categorizing the patients into ever smaller groups as understanding and technologies improve. In order to personalize treatment according to patients’ genetic profiles, patients would have to go through much closer genetic screening during the span of their treatment. For example, since the genetic profile of cancer cells changes as the disease develops, a need to constantly analyze patients’ genetic profile is raised. How does this affect the traditional roles of different kinds of professionals involved? Should scientists’ findings routinely influence treatment? These scenarios challenge traditional boundaries between research and care, as typically the lines have been drawn between scientific advancement and individual health benefit. Even though participating in research may have potential to lead to individual health benefit for patient-research subjects, health benefit should not be the reason to participate in medical research. Blurring the lines between treating a patient and carrying out scientific research raises many ethical questions, for example, concern for potential hidden conflicts of interest as it may be harder for outsiders to distinct treatment goals from research interests. As personalized medicine brings clinicians and scientists closer to each other, flexible structures may be needed to allow free flow of communication, moving between the IRBs, clinical ethics committees, patients, clinicians and scientists in cases that raise conflict or concern. We suggest that the bridging of communication and identifying ethical issues when visible, traditional lines are blurred, may be a role suited for ethics consultation services.

Reconciling the Science of Medical Advancements at the End-of-life with the Art of Dying Well: Advocating for the Introduction of Legislation on Advance Decisions in Malaysia.

Mark TAN KIAK MIN

St. Mary's University, Twickenham, London
Malaysia



End-of-life care decision-making in Malaysia is difficult because of the multi-cultural and multi-religious aspects of its population. This becomes even more challenging as most patients rarely communicate their wishes for treatment beforehand. How can we know what treatment patients want and how can we be sure that we are really acting in their best interests? The answer lies in planning for our death, which firstly requires patients to have a conversation with someone else about this topic, and secondly to have it in some recorded form. In attempting to advocate for the introduction of legislation on Advance Decisions (AD) that is currently lacking in Malaysia, this presentation first explores some different forms of ADs currently available including Living Wills, Advance Directives, Lasting Powers of Attorney and the Physician Orders for Life-Sustaining Treatment form. This is followed by a brief consideration of current AD legislations in the United Kingdom and Singapore, and also some other relevant Malaysian legislations and guidelines. The presentation subsequently highlights some of the current medical, legal, ethical and social aspects of end-of-life care in Malaysia that will help determine the best possible approach to implementing AD legislation here. A step-wise approach is then suggested to overcome this problem. The first step of this approach entails encouraging people to talk about their wishes and life values, and the second simultaneous step involves improving the communication skills of all parties involved in end-of-life care. These need to be done before the third step of legislating provisions for ADs can take place. We conclude by identifying and examining how legislating ADs may subsequently impact decision-making practices on end-of-life issues in Malaysia, This includes the possibility of changing current consultation practices to implement a shared decision-making approach, and the prediction of an increase in demand for palliative care services.





NATURE & WILDLIFE

Singapore has more species of trees than the entire North American continent. In 2016, Singapore's oldest garden became the country's first UNESCO World Heritage Site.

MULTICULTURALISM

Built in 1843, Singapore's oldest Hindu temple sits in the heart of Chinatown, and serves as a sign of racial harmony and peaceful coexistence.



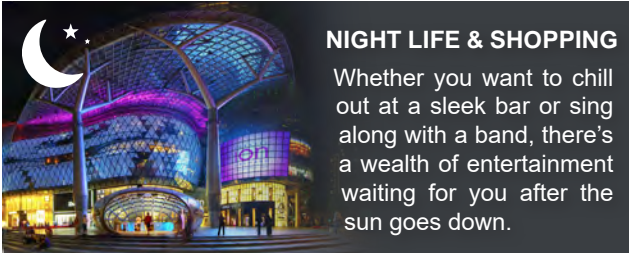
ARCHITECTURE

From skyscrapers, Art Deco shophouses and public housing, you'll find a unique mix of architectural styles, and the juxtaposition of colonial-era structures alongside modern shopping complexes.



MUSEUMS & GALLERIES

Singapore museums are world-class, having the largest collection of modern and contemporary Southeast Asian artworks, and a constantly changing line-up of famous and historical exhibitions.



NIGHT LIFE & SHOPPING

Whether you want to chill out at a sleek bar or sing along with a band, there's a wealth of entertainment waiting for you after the sun goes down.

FAMOUS LOCAL CUISINE



Singapore offers a delicious melting pot of diverse cultures, from acclaimed restaurants to possibly the cheapest Michelin meal you can get in the world.

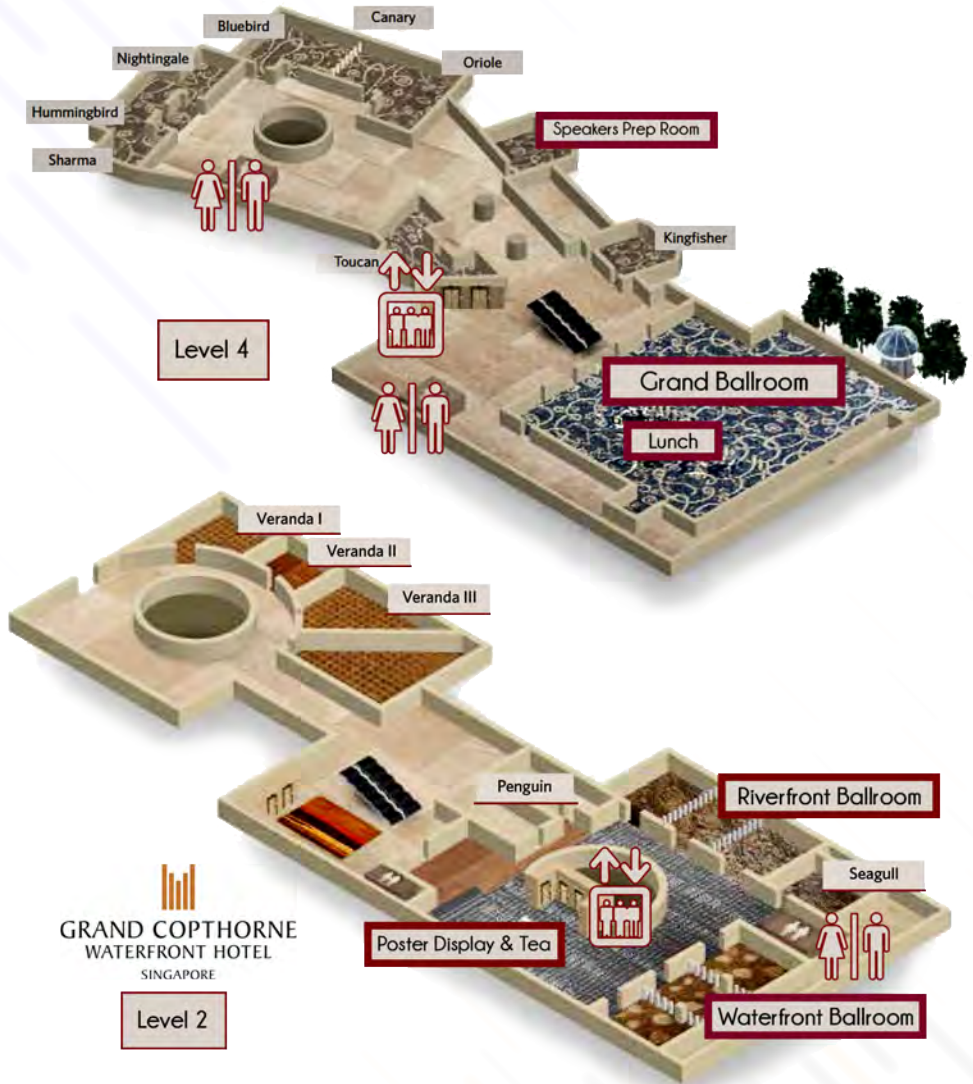


THEATRE

The Esplanade (AKA the Durian) is Singapore's premier performing arts centre.



Resources: Hotel Map



Useful Numbers

Police
999
Ambulance & Fire
995



Flight Information
1800 542 4422
Tourist Hotline
1800 736 2000



Grand Copthorne
Waterfront
6733 0880



FREE WIFI in Singapore

Register for free public Wi-Fi service with your foreign mobile number at any Wireless@SG hotspot across Singapore, and receive your login details via an SMS message (overseas charges may apply).

Singapore Visitor Centres



MRT & LRT Train Map



FOOTNOTE:

- * Thomson East Coast Line (TEL): Their station names, schematic profiles as well as end-destination numbers are subject to confirmation.
- * Downtown Line (DTL): Their schematic profiles as well as end-destination numbers are subject to confirmation.
- * North-South Line Extension to NS12 Causeway*: The station along North-South Line is under construction and is subject to confirmation.
- ** Denote stations which are currently not in operation along existing lines

CHINATOWN

2 Banda Street (Behind Buddha Tooth Relic Temple and Museum)
9am-9pm daily



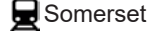
ION ORCHARD

Level 1 Concierge, 2 Orchard Turn
10am-10pm daily



ORCHARD

216 Orchard Road (Next to orchardgateway@emerald)
8.30-9.30pm daily



Main Sponsor



MINISTRY OF HEALTH
SINGAPORE

Platinum Sponsors



Gold Sponsors

Ng Teng Fong General Hospital



A member of the NUHS

Silver Sponsors



INSTITUTE
of MENTAL
HEALTH



Khoo Teck Puat
Hospital
Alexandra Health



National Cancer
Centre Singapore
SingHealth



NUH
National University
Hospital



Tsao Foundation
Longevity is Opportunity

Supporter



Taylor & Francis Group
an informa business

ICCEC 2018 will be hosted by the Institute of Medical Ethics in the United Kingdom.

The 14th Annual
International Conference
on Clinical Ethics Consultation

SEE YOU

NEXT TIME



Venue: Oxford, UK

Date: June 21 - 23, 2018

Theme:

Clinical Ethics in
Translation - Linking Practice with
Research, Learning and Policy

Sub-themes:

- Ethical challenges in the clinic: an impetus for research and education
- Theoretical foundations and conceptual frameworks of clinical ethics support
- Empirical ethics research: emerging from and informing clinical ethics practice
- Translating clinical ethics across global contexts
- Translating clinical ethics into advocacy and policy

This programme booklet is sponsored in part by



Taylor & Francis
Taylor & Francis Group

Visit us at
www.bioethics.net

Top Titles in Clinical Ethics from Taylor & Francis



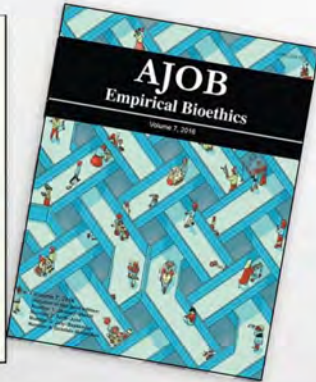
AJOB NEUROSCIENCE
Volume 8, 2017 • 4 issues/year
Print ISSN: 2150-7740
Online ISSN: 2150-7759
Editor-in-Chief:
Paul Root Wolpe, PhD
Emory University

www.tandfonline.com/UABN



THE AMERICAN JOURNAL
OF BIOETHICS
Volume 17, 2017 • 12 issues/year
Print ISSN: 1526-5161
Online ISSN: 1536-0075
Editor-in-Chief:
David Magnus, PhD
Stanford University

www.tandfonline.com/UAJB



AJOB EMPIRICAL BIOETHICS
Volume 8, 2017 • 4 issues/year
Print ISSN: 2329-4515
Online ISSN: 2329-4523
Editor-in-Chief:
Holly Taylor, PhD, MPH
Johns Hopkins Berman Institute of Bioethics

www.tandfonline.com/UABR

NOTES

ICCEC 2017 Condensed Programme

Full programme on **page 6**

For programme updates, visit www.pigeonhole.at and enter EVENT CODE: "ICCEC2017"



Day 1 - Thursday 25 May 2017

8:30	Welcome Address			
9:00	Plenary 1: Clinical Ethics & Changes in Healthcare			
9:30	Plenary 1: Clinical Ethics & Changes in Healthcare			
10:00	Plenary 1: Clinical Ethics & Changes in Healthcare			
10:30	Plenary 1: Clinical Ethics & Changes in Healthcare			
10:30	Tea break			
11:00	Informed Consent	End of Life & Assisted Dying	Education	Pediatrics & Adolescents
11:30	Symposium	Oral Presentations	Symposium	Case Study & Oral Presentations
12:00	Oral Presentations	Oral Presentations	Oral Presentation	Oral Presentations
12:30	Lunch			
1:00	Lunch			
1:30	Lunch			
2:00	Plenary 2: Clinical Ethics Support for Changing Healthcare Practices & Contexts			
2:30	Plenary 2: Clinical Ethics Support for Changing Healthcare Practices & Contexts			
3:00	Plenary 2: Clinical Ethics Support for Changing Healthcare Practices & Contexts			
3:30	Tea break			
4:00	Neuroethics	Clinical Ethics & Contexts	Religion & Policy	Advance Care Plans
4:30	Symposium	Symposium	Case Study & Oral Presentations	Oral Presentations
5:00	Case Study	Oral Presentations	Oral Presentations	Oral Presentations
5:30	Cocktail Reception (Complimentary drinks and nibbles from 5pm to 6pm)			
6:00	Cocktail Reception (Complimentary drinks and nibbles from 5pm to 6pm)			

Day 2 - Friday 26 May 2017

9:00	Plenary 3: Changing Attitudes to End of Life Care			
9:30	Plenary 3: Changing Attitudes to End of Life Care			
10:00	Plenary 3: Changing Attitudes to End of Life Care			
10:30	Plenary 3: Changing Attitudes to End of Life Care			
11:00	Tea break			
11:30	Clinical Ethics Support	End of Life	Mental Health	Ethical Deliberation
12:00	Symposium	Oral Presentations	Oral Presentations	Oral Presentations
12:30	Case Presentation	Oral Presentations	Oral Presentations	Oral Presentations
1:00	Lunch			
1:30	Lunch			
2:00	Plenary 4: Using Innovative Treatments & Modes of Health Service Delivery			
2:30	Plenary 4: Using Innovative Treatments & Modes of Health Service Delivery			
3:00	Plenary 4: Using Innovative Treatments & Modes of Health Service Delivery			
3:30	Tea break			
4:00	Clinical Ethics Challenges	Care	Innovation	Ethics Support
4:30	Symposium	Symposium	Oral Presentations	Oral Presentations
5:00	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations

Day 3 - Saturday 27 May 2017

9:00	Plenary 5: Globalisation, Migration & Cross-Border Healthcare			
9:30	Plenary 5: Globalisation, Migration & Cross-Border Healthcare			
10:00	Plenary 5: Globalisation, Migration & Cross-Border Healthcare			
10:30	Plenary 5: Globalisation, Migration & Cross-Border Healthcare			
11:00	Tea break			
11:30	International Perspectives	Difficult Decisions	Contact of Interest	Migration & Humanitarianism
12:00	Oral Presentations	Symposium	Oral Presentations	Case Study & Oral Presentations
12:30	Pediatrics	Oral Presentations	Oral Presentations	Oral Presentations
13:30	Case Study	Oral Presentations	Oral Presentations	Oral Presentations
1:00	Awards Closing Ceremony Lunch			
1:30	Awards Closing Ceremony Lunch			
1:50	Awards Closing Ceremony Lunch			
2:10	Awards Closing Ceremony Lunch			