MEDICAL UNIVERSITY OF PLEVEN
FACULTY OF PUBLIC HEALTH

DAY OF BIOETHICS

19.04.2018

PROGRAMME

Hall "Ambroise Pare", Telecommunication Centre, MU-Pleven

9:00 – 9:15	**Opening**
9:15 – 10:30	**Moral challenges of medical machines** ***Speaker: Prof. Dr. Kenneth Goodman,*** Founder and Director of the University of Miami's Bioethics Programme; Founder of the American Medical Informatics Association Working Group on Ethical, Legal and Social Issues; Co-founder of the North American Center for Ethics and Health Information Technology. ***Moderator:*** *Prof. Dr Silviya Aleksandrova-Yankulovska*
10:30 – 10:45	**Coffee break**
10:45 – 12:00	**Ethics and Information Technologies** ***Speaker: Prof. Dr. Kenneth Goodman,*** Founder and Director of the University of Miami's Bioethics Programme; Founder of the American Medical Informatics Association Working Group on Ethical, Legal and Social Issues; Co-founder of the North American Center for Ethics and Health Information Technology. ***Moderator:*** *Prof. Dr Silviya Aleksandrova-Yankulovska*
12:00 – 13:00	**Lunch break**
13:00 – 14:30	**When cultural values influence informed consent: case report** *Ashraf Darwish – medical student 3d year, Medical University-Pleven* *Assitant prof. Atanas Anov, PhD, MU-Pleven* **Is it time for revising the ethics of placebo?** *Assoc. Prof. Dr. Diana Pendicheva, MD, PhD, MU-Pleven* **Bioprinting and Bioethics** *Assistant prof. Atanas Anov, PhD, MU-Pleven* ***Moderator:*** *Prof. Dr Silviya Aleksandrova-Yankulovska*
14:30	**Closing**

Organizer of the Day of Bioethics
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When cultural values influence informed consent: case report

Ashraf Darwish[1], Atanas Anov[2]

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The **aim** of this poster is to present a case study about informed consent and to demonstrate how cultural values influence the idea of informed consent.

Methodology: the case will be analysed by applying an original four step model for ethical analysis, developed in Medical University - Pleven.

The case is of 33 old women with sacral Myeloma. She is with three children; the youngest one was 3 years old. Though the patient is autonomous, she and her family are coming from a country where the husband is more superior within the family and the husband is able to decide on his wife's behalf when it comes to health care decision-making.

The patient was supposed to stay in the hospital for a couple of days for recovering from the chemotherapy treatment but her husband wanted her to be discharged home. Her older sister who raised her up would not accept this option; she wanted her to stay in the unit, in hope that she would get better.

In this case there are two moral conflicts: 1) respect for autonomy conflicts with justice; 2) there is conflict in principle of beneficence: medical good conflicts with social good.

The fist conflict involves the presumption that due to patient's cultural background she is autonomous even when her husband is making health care-decisions. This is in conflict with justice because social context demands to treat everyone equally. In terms of justice this means that autonomous patients should make health-care decisions on their own and not be influenced by others. If the patients demands assistance in decision-making this should be satisfied.

The second conflict demonstrates how family members' understanding and decisions can influence further treatment of patients. The problem within social good is that different family members have different opinion on what would be good for the patient. If medical experts are aware of cultural values involved in moral dilemmas they can use them resolve the issue.

Conclusion: Cultural values influence the decision-making and they can create problems for obtaining valid informed consent from patients. Yet, cultural values can help medical experts with this problem.

Is it time for revising the ethics of placebo?

Diana Pendicheva

Associated professor, MD, PhD, Department of Pharmacology and Toxicology, Faculty of Pharmacy, Medical University – Pleven

Since the first its official introduction into the medical science, the placebo phenomenon has constantly been in the scope of discussions regarding the ethics of its application to humans in randomized clinical trials on one side and in clinical reality from the other. During the last decade, the translational studies have challenged clinicians with fast-growing knowledge about "placebome" genes and their association with inherited biological pathways of placebo response. The controversy over placebo conceptualization has triggered a serious scientific debate among both researchers and medical professionals on its eligibility and therapeutic significance and has also reflected on reassessing the principles of informed consent created in compliance with international documents on human rights. After the last seventh revision of the Declaration of

Helsinki in 2013, its 33 paragraph on placebo has brought back to national authorities the uncertainty about its acceptance, interpretation and moral implementation. What is wrong and why not all consumers react equally? This paragraph recommends as acceptable the use of placebo “where no proven intervention exists”, but it leaves open the questions about both “methodological reasons” and “serious harm”, and also the correct understanding the nature of cares to be taken to prevent abuse of such an option.

The present study aimed to elucidate current debates on ethical use of placebo and to reflect recent findings in its implementation into different areas of medicine. Herein, we also analyzed latest information on practicing placebo among physicians and discussed on obtaining informed consent in a way to optimize communication ethics regarding both placebo and nocebo phenomena.

Bioprinting and Bioethics

Atanas Anov

Assistant Professor, PhD, Department of Public Health Sciences, Faculty of Public Health, Medical University – Pleven

Bioprinting technology, though it has not created a problem yet, is something that bioethics should examine carefully. It could solve the problem of shortage of organs for transplantation by creating human organs from human cells. Yet, the sole idea of creating human organs from organic materials seems disturbing.

The **aim** of this report is to present and discuss emerging bioethical problems of bioprinting.

Methodology: Review, analysis and philosophical reflection on literature.

Discussion: Three-dimensional bioprinting creates human organs by printing human cells layer by layer, instead of using ink. The new organ can be used for transplantation or cosmetic correction. Time in the waiting list for getting suitable organ for transplantation is shortened to "printing time".

The bioethical issues that emerge from bioprinting will be organized into two sections: justice and accessibility, and social problems. The first section discusses the issue of equal access to this new technology on different levels. On the web there are companies that sell 3D-printers. This technology gives hope to many people waiting for organ transplantation. Do they have access to it? Are there any boundaries? Treatment cost creates financial boundaries for many patients making 3D bioprinting hard to access. The social section will discuss concerns with loss of personal identity: If we use printed organs are we still human being; the humanness problem – what will happen to our moral character if we stop organ donation (if we put an end to organ donation, will we lose our humanity?), personalized medicine does not have only financial dimension but also moral one: is it selfish if I print an organ suitable only for myself. The second section will discuss the problem of human enhancement as well. Are people with printed organs physically better than other people? Are those people with printed organs upgraded human beings or just “better” at being humans?

Conclusion: Sooner or later, on way or another 3d bioprinting will become part of our lives. So let’s get ready for it.