INTERNATIONAL CHAIR IN BIOETHICS

WMA Cooperating Centre

International Chair in Bioethics 16th World Conference

WMA Cooperating Centre

Bioethics, Medical Ethics and Health Law

July 24-26, 2024

Federal Council of Medicine
Brasilia, Brazil

Program and Book of Abstracts

PROGRAM AT A GLANCE

(Suject to onsite changes)

Wednesday, July 24, 2024

08:00 18:00	**Registration office open**					
08:30-10:00	**SESSION "HEALTH AND GLOBAL PUBLIC GOODS"** Chair: **Annabel Seebohm**, (this Session will be transmitted live)					
08:30-09:00	**José Manuel Barroso:** The Case for Equitable Access to Vaccines					
09:00-09:30	**Rui Nunes:** Artificial Intelligence as the 18th Sustainable Development Goal					
09:30-10:00	COFFEE BREAK and POSTER VIEWING					
10:00-11:30	**OPENING CEREMONY, Delivery of the AMNON CARMI GLOBAL BIOETHICS AWARD and ARTISTIC VIDEO** (these Sessions will be transmitted live) Welcome Greetings: **Rui Nunes, Geraldo Alckimin, Otmar Kloiber, Lujain Al-Qodmani, Jarbas Barbosa, Hiran Gonçalves, Ibaneis Rocha, José Gallo**					
11:30-12:30	**SESSION "WORLD MEDICAL ASSOCIATION".** Rui Nunes, Lujain Al-Qodmany, Otmar Kloiber and Annabel Seebohm					
12:30-13:00	**Moty Benyakar**, Presentation of the "International University Center for Psychosocial Training and Intervention in Trauma, Disruption and Catastrophes" (this Session will be transmitted live)					
13:00-14:00	LUNCH BREAK and POSTER VIEWING					
14:00- 15:30	**HALL A**	**HALL B**	**HALL C**	**HALL D**	**HALL E**	**HALL F**
	Bioethics Education I	**Informed Consent**	**Palliative Care Ethics**	**Medical /Healthcare Ethics I**	**Public Health Ethics**	**ICB Department meetings**
15:30-16:00	COFFEE BREAK and POSTER VIEWING					
16:00- 17:30	**HALL A**	**HALL B**	**HALL C**	**HALL D**	**HALL E**	**HALL F**
	Autonomy	**Genethics: Ethical Aspects**	**Reproduction Ethics**	**End of Life Ethics**	**Law and Ethics I**	**ICB Department meetings**

Thursday, July 25, 2024

08:00 18:00	**Registration office open**					
08:30-10:00	**SESSION "TECHNOLOGICAL CHALLENGES FOR THE 21ST CENTURY – I". Chair: Moty Benyakar** (this Session will be transmitted live)					
08:30-08:55	**Nita Farahany:** Defending Your Right to Think Freely in the Age of Neurotechnology					
08:55-09:20	**Angus Clarke:** Whole Genome Sequencing as Part of Newborn Screening					
09:20 09:40	**Miguel Jorge:** New Trends in the Ethics of Research on Human Beings					
09:40 10:00	**Mark Taylor:** The Regulation of Health Information and Genetic Data					
10:00-10:30	DEBATE					
10:30-11:00	COFFEE BREAK and POSTER VIEWING					
11:00-11:20	**SESSION "TECHNOLOGICAL CHALLENGES FOR THE 21ST CENTURY- II". Chair: Domenico Palombo** (this Session will be transmitted live)					
11:20- 11:40	**Sonia Suter:** The Future of Reproducing with In Vitro Gametogenesis					
11:40- 12:00	**Edward Dove:** Confidentiality, Privacy, and Data Protection in Biomedicine. International Concepts and Issues					
12:00- 12:20	**Shahid Shamim:** The Code of Ethics for Healthcare Educators					
12:20-13:00	DEBATE					
13:00-14:00	LUNCH BREAK and POSTER VIEWING					
14:00- 15:30	**HALL A**	**HALL B**	**HALL C**	**HALL D**	**HALL E**	**HALL F**
	Artificial Intelligence/Digital	**Research Ethics/Ethics Committees**	**Healthcare: Dignified & Non-Discriminatory**	**Medical /Healthcare Ethics II**	**Doctor's Rights/ Patient's Rights**	**ICB Department meetings**
15:30-16:00	COFFEE BREAK and POSTER VIEWING					
16:00- 17:30	**HALL A**	**HALL B**	**HALL C**	**HALL D**	**HALL E**	**HALL F**
	Law and Ethics II	**Bioethical dilemmas in the field of reproductive biotechnologies. Subjective times and medical times in reproductive processes (Spanish/English)**	**Autonomy / Benefit & Harm**	**Medical Ethics: the Digital Era**	**Bioethics Education II**	**ICB Department meetings**

Friday, July 26, 2024

08:00 18:00	**Registration office open**					
08:30-10:00	**SESSION "EDUCATION OF HEALTHCARE PROFESSIONALS"** Chair: **Russell Franco D'Souza** (this Session will be transmitted live)					
08:30-08:55	**Christophe Ostgathe:** The New Age of Palliative Care					
08:55-09:20	**Thalia Arawi:** Challenges for Medical Education in the 21st Century					
09:20 09:40	**Daniella Keidar:** Principles and Practices of Bioethics Education					
09:40 10:00	**Mary Mathew:** Bioethics Education in India					
10:00-10:20	**Paula Castelo:** Ethics Committees and Education for Bioethics					
10:20-10:40	**Jasna Karacic Zanetti:** Education for Bioethics as a Global Endeavor					
10:40-11:00	DEBATE					
11:00-11:30	COFFEE BREAK and POSTER VIEWING					
10:30- 13:00	**WMA Session on the Declaration of Helsinki (DoH) Revision** (this Session will be transmitted live) Otmar Kloiber, Ramin Parsa-Parsi, Jack Resneck, Florentino Cardoso, Lujain Al-Qodmany and Miguel Jorge					
13:00-14:00	LUNCH BREAK and POSTER VIEWING					
14:00- 15:30	**HALL A**	**HALL B**	**HALL C**	**HALL D**	**HALL E**	
	Ethics and bioethics as a transversal axis in university curricula	**Bioethics and Art**	**Bioethics Education III**	**Human Rights**	**Medical/Healthcare Ethics III**	
15:30-16:00	COFFEE BREAK and POSTER VIEWING					
16:00- 18:00	**SESSION "Global Bioethics"** (these Sessions will be transmitted live) **Update of the UNESCO's Universal Declaration on Bioethics and Human Rights** Mónica Correia, Patrizia Borsellino, Rui Nunes **SESSION "Universal Code of Ethics for Medical Students"** Rui Nunes, Guilhermina Rego, Rita Ribeiro, Sofia Nunes, Ivone Duarte			**BIOETHICS AND FILM** **Coordination:** Juan Jorge Michel Fariña, Dora Serué, Cibele Amaral, Julio Costa **BIOETHICS AND OPERA** **Coordination:** Juan Jorge Michel Fariña, Eduardo Laso **Overture and first Act:** Sexuation		
18:00 -19:00	**CLOSING CEREMONY Session** (this Session will be transmitted live)					
	Final Greetings: Rui Nunes, Lujain Al-Qodmani, Otmar Kloiber, José Gallo, Rosylane Rocha **Delivery of Honorary Awards:** Ivone Duarte **Presentation of the 17th World Conference on Bioethics, Medical Ethics and Health Law:** Jadranka Buturović Ponikvar					

INTERNATIONAL CHAIR IN BIOETHICS
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16TH WORLD CONFERENCE

BRASÍLIA ► July 2024 ► 24 → 26

Organization & Support

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Sociedade Brasileira de Cirurgia Cardiovascular
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Program and Book of Abstracts

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MESSAGE FROM THE CONFERENCE CO-PRESIDENTS

We wish to welcome each and every participant and extend our gratitude for the support of the 16th World Conference on Bioethics, Medical Ethics and Health Law and for joining us in Brasilia, Brasil. The World Conference offers its participants an international platform for fruitful scientific discourse on more than 60 topics and subtopics in the fields of bioethics, medical ethics, health law and related areas such as artificial intelligence, one health, scientific integrity or environmental protection. We are pleased to inform you that the number of units of the International Chair in Bioethics has recently grown and now consists of 250 units located in universities, hospitals, and other institutions on five continents. The Chair currently operates about 3,000 volunteers in its units, and the International Forum of Teachers (IFT) has more than 1,200 educators in more than fifty countries. The Chair operates many departments which you can see on page 5, publishes educational materials for teachers and students, and holds local, national and international seminars and conferences, enjoys fruitful cooperation with the World Medical Association (WMA) and the International Federation of Medical Students Associations (IFMSA).

Personal Invitation:

You are welcome to send an email to the Chair in order to receive information about any of the following programs to the following address:

international.bioethics.chair@gmail.com

- Establish a New Unit at your University or other Institution
- Join the International Forum of Teachers
- Join the Project of Bioethics for Youth and Children
- Join the Project Education for Bioethics
- Join the Project of Bioethics in the Holocaust
- Join the Project of Bioethics in the Amazon Rain Forest
- Register for the International PhD on Bioethics

We wish you an interesting, fruitful and pleasant stay at the Conference. Keep Healthy and Go Safely!!

Prof. Rui Nunes
Co-President of the Conference

Dr. José Hiran Gallo
Co-President of the Conference

CONFERENCE CO-PRESIDENTS AND COMMITTEES

Presidents of the Conference:
Prof. Rui Nunes and Dr. José Hiran Gallo

Honorary President:
Prof. Amnon Carmi

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Dr. Vivek Mady

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Prof. Mary Mathew
Prof. Michel Fariña
Dra. Miroslava Vasinova
Prof. Pierre Effa
Prof. Stefan Grosek

Scientific Program Coordinator:
Prof. Natália Oliva Teles

GOVERNING COUNCIL

The Governing Council of the Chair was established on 1 September 2021. It consists of the following Heads of the Chair's Departments and Divisions:

Prof. Rui Nunes	Head of the Chair Head of Department of Bioethics and Artificial Intelligence
Prof. Amnon Carmi	Honorary Head & Founder
Dr. Alessandra Pentone	Head of Department of Ethics & Disabilities as Different Abilities
Prof. Daniel Fu Chang Tsai	Head of Department of Website
Prof. Daniela Keidar	Head of Department of Behavioral Bioethics
Prof. Domenico Palombo	Head of Department of One Health, Bioethics and Technological Research
Prof. Elisabeth Olmart	Head of Department of Bioethical Dilemmas at the Beginning of Human Life
Dr. Ester Alfie	Head of Department of Echobioethics and Mental Health, Psychology, Psychiatry, Psychotherapy and Psychoanalysis
Prof. Francisca Rego	Head of Department of Palliative Care
Mrs. Galit Gilvard	Head of Department of the Monthly Book
Prof. Guilhermina Rego	Head of Department of Healthcare Management
Dr. Jasna Karacic	Head of Department of Health Diplomacy and Patient Rights
Prof. Jon Borowicz	Head of Department of Professional Autonomy
Dr. Juan Michel Fariña	Head of Department of Bioethics and Cinema
Adv. Ilan Keidar	Head of Department of Law
Prof. Ivone Duarte	Head of Department of PhD on Bioethics
Dr. Maria Tormo Dominguez	Head of Department of the Monthly Case
Prof. Mary Mathew	Head of Department of Bioethics and Art
Dr. Miroslava Vasinova	Head of Department of Bioethics for Youth and Children, Coordinator of the Chair's Journal
Prof. Mónica Correia	Head of Department of Biolaw
Prof. Moty Benyakar	Head of the Ibero-American Division
Prof. Natália Oliva Teles	Head of Department of Research
Prof. Patrizia Borsellino	Head of Department of Bioethics and Philosophical Approach to Law
Prof. Pierre Effa	Head of African Division

Prof. Praveen Arora	Deputy General Secretary, Head of Department of World Bioethics Day
Prof. Russell D'Souza	Head of Asia-Pacific Division, Department of Education, Editor of The International Journal of ICB
Prof. Sashka Popova	Head of Department of International Forum of Teachers (IFT)
Prof. Shai Linn	Head of Department of Scientific Literature Review
Mrs. Shoshana Golinsky	Administrative Manager of Department of International Network of Units
Dr. Tessa Chelouche	Head of Department of Bioethics and Holocaust
Prof. Yoram Blachar	Head of Department of World Medical Association
Mrs. Yael Fish	Senior Consultant for Marketing Technology
Dr. Fortunato Cardoso Silva	Operational Manager of the World Conference in Bioethics, Medical Ethics and Health Law

THE CHAIR'S DEPARTMENTS

The Chair currently has 30 departments and is hoping to establish many more for the advancement of all bioethical issues.

Department of World Medical Association

Head of Department: **Prof. Yoram Blachar**

The purpose of the department is to strengthen and promote the Chair's relationships with the management of the World Medical Association (WMA) and with its members around the world.

Department of Bioethics and Artificial Intelligence

Head of Department: **Prof. Rui Nunes**

Artificial intelligence (AI) represents a huge evolution of science and technology, with undeniable benefits for humanity. There are, however, some ethical issues that must be weighed for AI to be trusted, transparent, and accountable. Namely, respect for the principles of individual autonomy, global justice, and equity, as well as the protection of the right to privacy. Therefore, it is important to ensure that the development and implementation of AI systems are carried out under strict human supervision, and technical robustness and that security standards are ensured by global governance institutions, which prevent their use contrary to fundamental human rights. Also, there is a general duty to protect the most vulnerable populations. For a trustworthy AI to be accomplished AI must be Findable, Accessible, Interoperable, and Reusable (FAIR). The goals of this department include studying and analyzing these issues as well as contributing to a global governance of AI.

Department of Behavioral Bioethics

Head of Department: **Prof. Daniella Keidar**

Innovative technology penetrates into every area of our lives and sets our social and personal agendas. It seems that the centre of gravity in social conduct is increasingly shifting to technology, to the point of sustaining its own 'life', pushing the individual, the human, to the margins. Human's basic and elementary needs for intersubjective contact and unmediated social connection are being harmed, and this has dramatic short-term, long-term and cumulative consequences. The department will deal with this important connection and the reciprocal implications between bioethics and human behavior. It intends to fill and increasing gap in the area, hoping to illuminate and improve insights on the other hand and suggest courses of action for improvement in the other.

Department of World Bioethics Day

Head of Department: **Prof. Praveen Arora**

The World Bioethics Day was proposed by Prof. Amnon Carmi, after the 11th World Conference in Bioethics, Medical Ethics and Health Law in Naples, Italy. In the conference during the general assembly of Heads of Units, on 19th October 2015, Prof. Amnon Carmi shared his dream project and proposed to celebrate one day in a year to foster the principles of bioethics. It was suggested to celebrate the World Bioethics Day on the date which in 2005, UNESCO adopted the Universal Declaration on Bioethics and Human Rights that is 19th October. It was unanimously agreed upon by the general assembly to celebrate the World Bioethics Day on 19th October every year starting from 2016. An Organising Committee was constituted to coordinate the program among the units worldwide.

Department of Professional Autonomy

Head of Department: **Prof. Dr. Jon Borowicz**

Responding to the World Medical Association's Declaration of Seoul on Professional Autonomy and Clinical Independence, the Department of Professional Autonomy understands autonomous judgment as not being determined in one's actions by authorities to which one does not consent. Consent to the institutions of one's professional life not being something which can be readily or realistically withdrawn, consent must be perpetually negotiated and publicly expressed. If consent is not to be withdrawn, autonomy requires opportunities for dissent. Occasions and fora for the thoughtful formulation, expression, and consideration of judgment, however, are rare. Accordingly, the department's principal activity will be the provision of a facilitated online asynchronous discourse for the cultivation and expression of otherwise repressed professional judgment. Sponsored by universities and professional associations, the discourse will be perpetual, and will have both intra- and inter-profession iterations.

Department of PhD on Bioethics

Head of Department: **Prof. Ivone Duarte**

The PhD in Bioethics aims at advanced training in bioethics, environment and animal ethics, and biolaw. Students who complete this cycle of studies in bioethics should be able to develop scientific research in the field of bioethics and health law and guide the work of other students in this field. Indeed, it is important to train highly qualified professionals in the field of bioethics and health law in order to promote fundamental human rights and to reinvent the ethical education of health professionals in the context of universally shared values. The PhD in Bioethics student must gather the necessary skills for understanding any area in Bioethics, Environmental and Animal Ethics and Health Law. Moreover, the student must be adequately prepared to make a regular update in these areas. The existence of a large group of PhD students in Bioethics worldwide makes it important to create an international network in this scientific area, so that synergies are promoted between high level research projects and other initiatives involving researchers from different cultures. Also, new lines of research can be promoted namely in areas of interest to low-income countries.

Department of Healthcare Management

Head of the Department: **Prof. Guilhermina Rego**

Despite varying levels of global socio-economic development, governments around the world want to guarantee their citizens' fundamental right to basic healthcare. Grounded in the philosophical position that healthcare is an essential element of human dignity, it is important to move beyond this theoretical principle to offer policy-makers a basis for health policies based on public accountability and social responsiveness. It must also be emphasized the importance of global cooperation, particularly in the area of global health, one health, health promotion, and communication. To accomplish these goals, the issue of financial sustainability must also be addressed as well as robust mechanisms of economic and social regulation. New opportunities created by e-health, evidence-based data, and artificial intelligence are also fundamental issues in modern healthcare management.

Department of Echobioethics and Mental Health, Psychology, Psychiatry, Psychotherapy and Psychoanalysis

Head of Department: **Prof. Ester Alfie**

The Department of Ecobioethics and Mental Health, Psychology, Psychiatry, Psychotherapy, and Psychoanalysis, will be the opportunity to stimulate and channel the development of conceptual and clinical research groups, as well as the possibility of clinical projects and study groups. The concept of ecobioethics is thought of as an emergent one that postulates a paradigm shift to face the complex reality of our time. One of the purposes of the Department is to involve psychiatrists, other medical doctors, psychologists, and professionals from other disciplines such as sociology, anthropology, and philosophy, for the approach of current issues that question and generate new questions to the work of psychology and psychiatry and its implication in the psyche. Important issues of the different processes and experiments in the area of psychology will be faced, especially with the contemporary developments of new technologies and artificial intelligence. The special relationship of the triad psychiatrist, psychoanalyst, and patient will also be treated, for the specificity of this relationship in clinical work. One of the actions will be to propose that the different units create committees on this topic that will encourage them to function in an articulated way.

Department of Ethics & Disabilities as Different Abilities

Head of Department: **Dr. Alessandra Pentone**

The Department of Ethics & Disabilities as Different Abilities clearly expresses the need to look at disability from another perspective, not as a simple impairment or handicap, taking into account the unique different ability that each person could develop in his/her own life, experiencing, directly or indirectly, a visible or invisible physical and/or mental disease or difficulty. This kind of "revolution" is the result of several processes, working at multiple levels, to find feasible solutions for fulfilling a healthy life with dignity, deserving to be an active and living part of society, achieving the right to be happy. Starting from the testimony and the support of those who already experienced the different steps of living with a disability and their own way of reacting and building alternative "abilities"; collecting feelings and perceptions of their kins and people belonging and working in their environment as a source of inspiration and a reference to disability problems; considering new approaches and different keys to deal with the real world, not neglecting upcoming resources from advanced technologies, opening future wide horizons; creating a new cultural ground by educating to see disability not as a burden but as an opportunity for the individual and the society to express particular ways to overcome difficulties, stressing both the principles of autonomy and solidarity. An environment that allows all kinds of people letting them live their own life without material and mental barriers will enrich the human being and humanity as a whole, promoting physical and psychological health, enhancing the quality of life, and nurturing ethical values to be deeply rooted in our minds and souls.

Department of Palliative Care

Head of Department: **Prof. Francisca Rego**

In contemporary societies, palliative care represents a different perspective toward facing both death and life. A different perspective of facing death due to the excessive technological character of modern medicine that has resulted in an increasing dehumanization of clinical practice and a progressive distancing of health professionals from patients and their families. Palliative care, as active and global care, requires a significant increase in the affective dimension of the patient-physician relationship to promote patient follow-up, rather than trying to overcome death. Palliative care is also a different way of looking at life. The concept includes a life with quality, a life that anticipates death, and a life over the long period prior to death. Hence, it is important to consider both the multi- and the transdisciplinary nature of palliative care and the consequent implications for professional training. The goal of his department is to promote these prinples worldwide.

Department of Bioethics and Cinema

Head of Department: **Prof. Juan Jorge Fariña**

The aim of the department is to develop an interactive data base to share audio-visual resources for teaching bioethics. Since the beginning, cinema has promoted ethical problems. With the expansion of the film industry, these subjects have reached wider audiences, promoting interesting discussions inside and outside the academic filed. Ethical problems appear in films with a double perspective. On one side, when the films propose, in an explicit way, to take to the screen contemporary ethical discussions; on the other side, when the audiences and critics find in the work of art, the opportunity to discuss moral or ethical issues. In both cases, the result is an extraordinary experience of thought and action. The project aims to make an update on available resources both aesthetics and conceptual and to systemise them for the use in academic and social projects all over the world.

Department of Bioethics and Holocaust

Head of Department: **Dr. Tessa Chelouche**

The goal of the department is to bring together an international group of students and professionals to collaborate on the development of a variety of tools of educating undergraduates, graduates and professionals in the field of healthcare regarding the continuing relevance of bioethics and the Holocaust for current issues in society pertaining to medical practice, public policy and human rights. The learning about bioethics and the Holocaust can serve to connect the past, present and future; promote justice, equality, and human dignity, and foster ethical decision-making and practice.

Department of Research

Head of Department: **Prof. Natália Oliva Teles**

Different modalities of collaborative research in the Research Department:

Research projects of specific centres or institutions, although with the general oversight of the Research Department

Research projects of the Research Department that may be performed in partnership with different institutions worldwide

Existing lines of research of the Research Department at a worldwide level: a) The principle of beneficence and its implications and application in medical research, b) Autonomy and dignity in medical research and practice, c) Bioethics and human rights, forced displacement in conflict scenarios, d) Wellness and distress in health care professionals dealing the bioethical issues in their everyday working life, e) Gender equity.

Department of Biolaw

Head of Department: **Prof. Mónica Correia**

Biolaw is a new disciplinary area that can constitute itself as a comprehensive framework to face the biomedical challenges of modern societies. Biolaw can be defined as law mediated by ethics based on the biomedical phenomenon. Ethics represents the mediator between medicine and law, as it is not envisaged that it is possible to establish a direct bridge between “bios” and law. The emancipation of Biolaw from other fields of law finds echoes in recognition of part of the legal doctrine that understanding the complexity of modern societies’ challenges requires an articulation with other branches of knowledge. This transversality is essential when we are dealing with biomedical phenomena. Large sets of bioethical issues cross, overlap, and call together specialists from different areas of knowledge: medicine, biology, genetics, economics, anthropology, philosophy, psychology etc. In this respect, these matters deserve a multidisciplinary analysis that does not stop at law or bioethics’ boundaries. The current biomedical phenomena linked to technological advancements poses new dilemmas, to which a response could be found by breaking new ground: the Biolaw. The International Chair in Bioethics established a Biolaw Department with the overall goal of creating a global network of researchers in this field and to share experiences that might be fruitful to all countries. In accordance with the Universal Declaration of Bioethics and Human Rights (UNESCO) its specific mission would be to develop scientific and pedagogical projects in this area, proposing a set of lines of work.

Department of Bioethics and Philosophical Approach to Law

Head of Department: **Prof. Patrizia Borsellino**

If we consider the developments that bioethics has undergone in different areas of the world, we must recognise that even in contexts such as those of European countries, where, unlike in the United States, bioethical issues were initially addressed primarily with regard to their moral implications, awareness of the legal implications of interventions on human and non-human life, made possible by the extraordinary progress of science, has been widespread and widely shared in recent years. Today, therefore, one cannot conceive a bioethics that is not enriched by consideration of the solutions that have already been provided by law or that can be envisaged in future legal regulation in relation to many sensitive issues. It cannot, however, be ignored that the legal regulation of bioethical issues has raised, and still raises, difficulties, which can only be addressed and resolved if, firstly, one has an apparatus of legal notions appropriate to the new scenarios that have emerged under the impetus of technological and scientific progress, and if, secondly, one is able to critically assess the regulatory interventions of law, highlighting their assumptions on the level of values, as well as their effects on the level of facts. The “Department of Bioethics and Philosophical Approach to Law” intends to contribute to reflection and debate on the various thematic areas at the heart of bioethics, with a particular focus on the end of life, the protection of health data and the application of new technologies and artificial intelligence for empowerment as well as therapeutic purposes, by examining legal solutions from the above-mentioned perspective of critical evaluation, and without ever breaking the interdisciplinary comparison.

Department of One Health, Bioethics and Technological Research

Head of Department: **Prof. Prof. Domenico Palombo**

Aims and Vision: Research, development, and use of technology in surgery are in a peculiar phase in which rapid development and a huge increase in innovation ary changing the panorama of modern surgery: bioethical aspects are therefore a paramount challenge. The most critical aspects go from AI use (algorithms, robotics, digital therapeutics, etc.) to new devices and "the monkey business" driven by the market. Moreover, another crucial aspect remains to go towards the figure of the "Expert patient" to develop a critical consciousness of patients and, on the other hand, to prepare in this field the next generation of surgeons. A correct involvement of scientific and popular media, based on open collaboration with universities, stakeholders and institutional bodies, using dedicated tools like university courses, conferences, position papers in specialized journals and information articles on popular press and many other possible initiatives will represent the main road of this new department.

Department of Health Diplomacy and Patient Rights

Head of the Department: **Prof. Jasna Karacic Zanetti**

The field of Health Diplomacy has gained increasing prominence in recent years, as countries recognize the importance of working together to address global health challenges. Health Diplomacy is a form of diplomacy that focuses on promoting and protecting the health of individuals, communities, and populations. The primary objective of Health Diplomacy is to build relationships and foster cooperation among countries and stakeholders to improve health outcomes globally. This includes addressing issues such as disease outbreaks, access to healthcare, and health security. The department is focused on ensuring that patients receive the highest quality of care and have access to their rights as healthcare consumers. The main objective is to ensure that patients receive care that is safe, effective, and respectful of their needs and preferences. This includes providing information about patients' rights and responsibilities, as well as assisting patients in resolving any concerns or complaints they may have about health. The department is responsible for research to develop strategic protocols and guidelines in healthcare policy that applies directly to clinical practice. The mission of the department is to investigate diplomatic responses to global health challenges in recognizing patient needs.

Department of Bioethical Dilemmas at the Beginning of Human Life

Head of the department: **Prof. Elizabeth Ormart**

Rationale: Promote, in academic and professional contexts, technological, social, and cultural progress within a society based on knowledge and respect for a) fundamental rights and equal opportunities between men and women, b) the principles of equal opportunities and universal accessibility for people with disabilities and c) the values of a culture of peace and democratic values. Understand the bioethical and legal principles of research and its application in professional activities, in the field of assisted reproduction techniques. Contribute through research and training proposals to expanding the frontiers of knowledge in Assisted Reproduction and Child Perinatal Psychology. Contribute to the substantial body of knowledge in the field of bioethics so that publications of impact can emerge nationally and internationally. Spread knowledge about the impact of assisted reproduction techniques on family diversity to collaborate in the prevention and promotion of family rights.

Workplan: Organization of meetings to propose postgraduate and postdoctoral thesis linked to the topic of the department. International meetings of the research team to exchange strategies and articulation of the investigations.

Department of Scientific Literature Review

Head of Department: **Prof. Shai Linn**

The department routinely explores and reports resources and data for corona research. The literature is searched and selected anthology is reported on 30+ categories. Among these are data from CDC, WHO, journals' resources and publications and leading institutions that deal with bioethics. Links to publications are given. A selected anthology offers an access to the main issues that are discussed in various publications. Periodical updating is distributed by the ICB.

Department of Bioethics for Youth and Children

Head of Department: **Dr. Miroslava Vasinova**

The goal of the department is to bring the message of bioethics to children and youth in various educational ways. The department focused in the early years on creating an appropriate teaching method for the younger generations. Socio-cultural traditions of ethics cannot be created in the classrooms of medical schools. The students that arrive in these classrooms carry on their backs and in their hearts their personal history. This history consists of values that they have adopted from their earliest years in their families, social environments, their kindergartens, and elementary schools. Education activities in the advanced stage of academic studies can be efficient if and to what extent they are brought forward by proper methodology to the younger populations.

Department of International Forum of Teachers (IFT)

Head of Department: **Prof. Sashka Popova**

The International Forum of Teachers is a department within the ICB that consists of teachers and institutions from around the world who have been accepted under the requirements of the ICB's statutes as members of the IFT. The main objective of the IFT is to form and activate, through global collaboration and dialogue, an organ that will function as a mechanism for the realization of the objectives and activities of the IFT as stated in statutes.

Department of the Monthly Case

Head of Department: **Dra. Maria Tormo Dominguez**

The department aims to disseminate the discipline of bioethics among physicians and healthcare professionals. The practice of medicine is and will continue to be increasingly complex, which is why health professionals must have sufficient knowledge of bioethics to approach and resolve ethical conflicts accordingly. The departments' case studies are intended to be a simple and useful training tool to help doctors and healthcare professionals in their daily practice. They are provided with a better understanding of bioethics and how it can contribute to improved doctor-patient relationships

Department of the Monthly Book

Head of Department: **Mrs. Galit Gilvard**

The main goal of the Department of Monthly Book is to distribute free books in the field of bioethics to the various groups of the Chair, organizations, and individuals associated with the Chair, organizations, and individuals operating in the field of bioethics, populations of therapists, and populations of patients. The books are included in the Chair's Website/Library. A secondary purpose of the department is to encourage the writing of books in the field of bioethics. The selection of the books for delivery: a)

The selection of books for delivery is made by the Head of the department with the approval of the Head of the Chair, b) The delivery of the books will be subject to the authorization of the owner of the rights in the books, c) The delivery of the books will be done free of charge and without conditions, or under the conditions set by the Head of the Chair, d) The delivery of the books will be carried out by the secretariat of the Chair, e) The books will be delivered once a month if possible

Department of Bioethics and Art

Head of Department: **Prof. Mary Mathew**

The department initiated the use of art in teaching bioethics successfully in faculty development programs and teaching bioethics to medical and health science students. Art and bioethics are sources of inspiration for each other. Not only does art expand its boundaries, transforming a scientific experiment into an artistic process, but also bioethics is entering a new level of research and discussion, reinforcing its creative potential through art. The use of art as a pedagogical tool can be an innovative approach to medical and health science education. It can facilitate reflection, reveal a meaningful story, and explore experiences and/or compassion. Art – whether it is a collage, a painting, or a picture, hand-drawn, crafout of clay, or expressed through dance, tableau, or music-can connects concepts in teaching and learning in ways that cannot otherwise be achieved. Using art as a teaching tool can create a head-heart-hands experience that engages students on many levels and connects them with complex concepts in meaningful ways.

Department of International Network of Units

Administrative Manager of the Network: **Mrs. Shoshana Golinsky**

The international network of units today comprises about 270 units. The units have been established and operate within academic institutions on the five continents. In each continent the units are organized within the framework of a continental division. Each unit is managed by a Steering Committee of 5-15 members. The procedure of setting up a unit is simple and quick and the relevant information and documents are passed on to the applicants. Joining the unit to the international network does not involve any membership fees or any financial outlay. The Chair regularly aids with instruction and teaching materials, including: books, seminars, conferences and more.

Department of Education

Head of Department: **Prof. Russell D’Souza**

The department of Education aims to ensure the global spread of bioethics education. This is being achieved by the continuous support and facilitation of the various bioethics units to pursue enhanced and effective local and international collaboration with the intensified professional relations with academic institutions and other partners.

Department of Website

Head of Department: **Prof. Daniel Fu Chang Tsai**

The ICB website provides information about the establishment of the Chair’s network, the units, the departments, activities, publications which include the Case Book series, the Newsletter, the Global Bioethics Enquiry Journal, etc. It aims for facilitating the connection, collaboration and dissemination of the Chair’s extensive work in bioethics and law.

Department of Law

Head of Department: **Adv. Ilan Keidar**

The department supports the Chair and guide it in legal aspects.

Department of International Journal: Global Bioethics Enquiry

Editor in Chief: **Prof. Russel D'Souza**

Global Bioethics Enquiry is a Journal of the International Chair in Bioethics (ICB) and publishes reviews, original research papers, commentaries and case studies related to all issues in the field of Bioethics. Original viewpoints and narratives as well as poems in the field of Bioethics are welcome. The journal also has a student section where articles in the field of Bioethics written by undergraduate and post-graduate students are considered. The Journal is indexed in: City factor; National Library of Australia, ResearchGate, DOAJ, Google Scholar and applied for Scopus indexation. Global Bioethics Enquiry provides the platform for well-augured, well-written and erudite articles on the ethical questions in medicine, in the developing and developed world, Bioethics as it concerns humanity, issues related to ethics and law, ethics and bioethics education, methods of teaching bioethics, bioethics in medical, nursing and allied professions education, international collaborative bioethical clinical research, mental health ethics, current bioethical debates and dilemmas, issues related to aging and current medical technologies like genomics, stem cell research and artificial intelligence. The Journal prefers articles that look at various bioethical issues considered in relation to concrete ethical, legal and policy perspectives and in terms of the fundamental concepts, principles and theories used in discussions such of problems and current issues.

Department of Newsletter

Head of Department: **Dr. Miroslava Vasinova & Editor in Chief: Dr. Giacomo Sado**

The department of the Chair's Newsletter and Press Office was establishesh in 2013, after the first successful experience of a Chairs standing press office during the 9th World Conference on Bioethics, Medical Ethics, amd Health Law. From that time on, in each World Conference, the Press Office repeats a lively connection centre for its participants and an updated source of information, delivering daily press releases to the main international newspapers, and bioethics journals. It also collects hundreds of short interviews of the speakers that become part of the special newsletter issues dedicated to the most relevant events and picks of the conference. The first issue of the Chair's Newsletter was born to gather only a part of the material, the ideas, the projects and, literally, the 'flow of energy' coming out of each Chair's World Conference. The core and editorial board headed by Dr. Sado, includes Dr. Alessandra Pentone, international adviser and Dr. Klaudio Todesco, technical adviser in collaboration with several other experts.

Department of Communications & Public Relations

Head of the Department: **Mrs Yiota Skitini-Flourentzou**

The Department of Communications & Public Relations aims to effectively and professionally organize and manage the communications and public relations of the Chair, enhancing its image and standing through and between the members of the ICB, internally, (Governing Council, Units, Departments, Divisions, etc.) and its audience, externally (general public). Primary activities will focus on the ICB Social Media Networks, and be based on involving, activating, and engaging the specialized and professional members of the ICB in the wider promotion of the ICB. The department will focus on enabling a broader audience reach and awareness to ultimately help establish new Units globally. Moreover, the Department aims to involve, activate, and engage a 'team' of specialized members – professionals on Bioethics and related fields (initially members of the Governing Council and later on unit heads), by the realization of videos and other digital materials, who will contribute to the promotion of ICB through its social media networks according to a pre-organized schedule, assisting to the stand and development of the Chair.

HEADS OF BIOETHICS UNITS

Afghanistan / Kandahar: Dr. Noor Khaliq Noor
Albania / Tirana: Dr. Altin Stafa
Argentina / Chilecito: Dra. Mariana M. Varas
Argentina / Favaloro University – Buenos Aires: Prof Francisco R. Klein
Argentina / University of Buenos Aires: Prof. Juan Jorge Michel Fariña
Argentina / Maimonidas University: Prof. Gustavo Tafet
Argentina / National University of San Luis: Dra. Ruth Alejandra Taborda
Argentina / San Isidro: Dr. Daniel Lopez Rosetti
Argentina / University del Salvador: Prof. Moty Benyakar
Argentina / University of Moron: Dr. Enrique Mario Novelli
Armenia / Yerevan: Dr. Susanna Davtyan
Australia / Melbourne: Dr. Theong Ho Low
Austria / Innsbruck: Prof. Gabriele Werner-Felmayer
Azerbaijan / Baku: Prof. Dr. Vugar Mammadov
Belgium / Ghent: Dr. Sigrid Sterckx
Bosnia-Herzegovina / Banja Luka: Prof. Igor Milinkovic
Bosnia-Herzegovina / Sarajevo: Prof. Sabina Semiz
Brazil / Alagoas: Dr. Angela Canuto
Brazil / Centro Belo: Dr. Jesus de Almeida Fernandes
Brazil / Conselho Regional Paraiba: Dra. Débora Eugénia Braga Nóbrega Cavalcanti
Brazil / Espírito Santo: Dr. Celso Murad
Brazil / Famaz: Prof. Adriana Leticia Barbosa dos Santos
Brazil / Federal University of Parana: Dr. Pedro de Paula Filho
Brazil / Hospital das Clínicas São Paulo: Prof. Chin An Lin
Brazil / Lavras: Dr. Gustavo Ribeiro
Brazil / Manaus: Prof. Dr. Edson de Oliveira Andrade
Brazil / Mato Grosso: Dr. Dalva Alves das Neves
Brazil / Minas: Prof. Antonio Angelo Rocha
Brazil / Multivix: Dr. Tadeu Antonio de Olivera Penina
Brazil / National School of Public Health: Prof. Sergio Rego
Brazil / Paraná: Dr. Marcelo Henrique de Almeida
Brazil / Porto Velho: Prof. Dr. Jose Odair Ferrari
Brazil / Real Hospital Portugues Recife: Dr. Maria do Carmo Lencastre de Menezes
Brazil / Regional Council Ceara: Dr. Ivan de Araujo Moura Fé
Brazil / Santa Marcelina: Dr. Jose T. Thomé
Brazil / Santo Amaro University: Prof. Clovis Francisco Contantino
Brazil / Santa Casa: Prof. Dr. Decio Cassiani Altimari
Brazil / Santa Catarina: Dr. Armando José D'acampora
Brazil / UniCEUB: Dr. Evaldo Lima da Costa
Brazil / University of Campinas: Dr. Flavio Cesar de Sa

Bulgaria / Sofia: Prof. Alexandrina Vodenicharova
Bulgaria / Sofia St. Kliment: Asso. Prof. Ioannis Patias
Cameron / Yaoundé: Prof. Pierre Effa
Cameron / Yaoundé Catholic University: Dr. Marie Francoise A. Ada
Canada / Lakehead: Dr. Kristen Jones-Bonofiglio
Canada / Quebec: Prof. Pierre Pariseau-Legault
China / Binzhou Medical University: Prof. Wang Liqing
China / Central South University: Prof. Chen Yunliang
China / Dalian Medical University: Prof. Shi Yue
China / Fujian University: Prof. CanDong Li
China / Guangxi Medical University: Prof. Li Xiaoping
China / East China University of Political Science and Law: Prof. Su Yuju
China / Hangzhou: Prof. Zhang Zhiliang
China / Health Economics & Management School: Prof. Tian Kan
China / Inner Mongolia: Prof. Zhao Xingsheng
China / Jining: Prof. Wang Deguo
China / Kuming Medical University: Prof. Deng Hong
China / Medical Health Open School-Guangxi: Prof. Qin Anning
China / Prof. Chongqi Wu
China / School of Marxism: Prof. Chen Jun
China / Shandong University: Prof. Man Hongjie
China / Shandong Academy Bioethics: Prof. Chen Xiaoyang
China / Shandong: Prof. Shu Defeng
China / Soochow: Prof. Chen Liang
China / Southwest Medical University: Prof. Liao Bin
China / Weifang: Prof. Hu Youli
China / Xian Medical University: Prof. Mrs. Xiong Dongmei
Colombia / Bogota: Prof. Andrea Hellemeyer
Colombia / Núcleo el Volador: Prof. Ariel Marcel Tarazona Morales
Colombia / Villavivencio: Dr. Gina Lorena Garcia Martinez
Congo / Bugavu: Prof. Bagendabanga Macece Eloi
Croatia / Osijek: Prof. Ivica Kelam
Croatia / Split: Prof. Jasna Karacic Zanetti
Croatia / Zagreb: Suncana Roksandic Vidlicka
Cuba / Prof. Roberto Canete Villafranca
Cyprus / Limassol: Prof. Andrie Panayiotou
Czech Republic / Prague: Dr. Tomas Dolezal
Demark / Copenhagen: Dr. Bogi Eliasen
Fiji / St. Suva: Ms. Sharon Biribo
Finland / Turku: Dr. Susanne Uusitalo
France / Nancy: Prof. Henry Coudane and Doyen Honoraire
Gabon / Libreville: Prof. Pierre Dominique Nzinzi
Georgia / Tbilisi: Prof. Ekaterine Kldiashvili

Ghana / Kumasi: Rev. Fr. Dr. John Kwaku Oppku
Greece / Athens: Prof. Dr. Evangelos D. Protopapadakis
Greece / Volos: Rev. Dr. Filotheos-Fotios Maroudas
Greece / Thrace: Prof. Dimitrios Dimitriou
Iceland / Reykjavik: Dr. Salvor Nordal
India / Ahmednagar PDVVPF: Air MSHL. Dr. D. P. Joshi
India / AIIMS Jodhpur: Dr. Sanjeev Misra
India / Annammal: Dr. Austin Jayalal
India / Aurangabad Denal College: Dr. S. P. Dange
India / B.K.L. Walawalkar: Dr. Arvind Yadav
India / Bathinda Punjab: Prof. R.G. Saini
India / Chettinad Academy Chennai CARE: Prof. K. Ravindran
India / CMCHRC Irungalur Trichy: Dr. T.S. Gugapriya
India / Co-operative Medical College Kochi – Kerala: Prof. Dinesh Narayanan
India / Dr. M.G.R. Chennai: Dr. Geethalakshmi
India / Dr. MGR Medical University Chennai: Dr. Sudha Seshayyan
India / Dr. Ram Manohar Lohia Hospital New Delhi: Prof. Dr. Smita N Deshpande
India / Dr. D Y Patil Kolhapur: Dr. Shimpa Sharma
India / DUP, Pune: Dr. Shalija Mane
India / UP, Pune: Dr. J.S. Bhawalkar
India / Durg University: Dr. Shailendra Saraf
India / Gangtok Sikkim North East: Prof. Dr. Mingma Lhamu Sherpa
India / Government Baba Farid University Faridkot: Prof. Dr. Raj Bahadur
India / Gov. MK: Prof. M.K. Ragendran
India / Gov. Medical College Bhavnagar: Prof. Dr. Chinmay Shah
India / Government Medical College Calicut Kerala: Dr. Jayakrishnan Thayyil
India / GSMC Seth KEM. Mumbai: Dr. Padmaja Samant
India / Haryana State Rohtak: Prof. Dr. O.P. Kalra
India / IMA National Unit New Delhi: Prof. Dr. R. Wankhedkar
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India / Karad: Prof. Dr. Mrs. Chitra Chandrsehekhar Khanwelka
India / Jubilee Mission Trissur Kerala: Prof. Dr. P. C. Gilvaz
India / Karnataka Medical College Manipal: Prof. Dr. Mary Mathew
India / Karpaga Vinayaga: Prof. Sufala Sunil Vishwasrao
India / Kerala Gov. University Thrissur: Dr. MKC Nair
India / Lokmanya Tilak Sion, Mumbai: Dr. Mangesh Lone
India / Ludhiana: Prof. Clarence J. Samuel
India / Lucknow: Prof. Ravi Kant
India / Madurai VELAMMAL Medical College: Prof. Dr. John Rajpathy
India / MAEER’s Pune: Dr. Priya Chitre
India / MGUMST University Jaipur Pune: Prof. Dr. Simmi Mehra
India / Mangalore: Prof. Dr. Animesh Jain

India / Mangalore: Dr. Nagesh KR
India / Mangalore KSHEMA Medical College: Dr. Satheesh Bhandary
India / MGM Navi, Mumbai: Dr. Shashank D. Dalvi
India / MIMER Pune: Prof. Russel D'Souza
India / MIO Mangalore: Dr. Suresh Rao
India / MSA-Institute New Delhi: Dr. Geetanshu Singhla
India / Mullana-Ambala MM University: Dr. Sankalp Dwivedi
India / Mullana: Dr. Soheyl Sheikh
India / Pravara Institute of Medical Sciences University Maharashtra: Prof. Dr. S.D. Dalvi
India / Raipur Nodal Centre Chhattisgarh State Raipu: Prof. Dr. G.B. Gupta
India / Rajasthan University Jaipur: Dr. Raja Babu Panwar
India / Salem: Dr. T.K. Ravi
India / Santosh University New Delhi: Prof. Dr. Jyoti Batra
India / Sevagram: Dr. Samir Yelvatker
India / SGRDUHS Amristar: Dr. AP Singh India / SGT Gurgaon: Dr. M.S. Sidhu
India / Shillong: Prof. Dr. Ritupurna Barooah
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India / Sree Mookambika Institute: Dr. G. Padmakumar
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India / Sumandeep: Dr. Niraj Pandit
India / Sundaram: Prof. S. Arulrhaj
India / Sun Medical Thrissur: Dr. E. Mohandas
India / Tamaka Kolar SDUAHER: Dr. R. Sandhya
India / Tamil Nadu Nurses: Prof. S. Ani Grace Kalaimathi
India / The Virtye unit: Dr. Jagminder Kaur Bajaj
India / Terna Medical College Nerul Navi Mumbai: Dr. Kanchanmala Ghorpade
India / Vellore Tamil Nadu: Prof. Dr. Kuryan George
India / Wardha Data Meghe: Dr. Abhay M. Gaidhane
India / West Bengal Kolkatta: Prof. Dr. Bhabatos Biswas
Indonesia / Surabaya: Prof. Siti Pariani
Indonesia / Surabaya: Prof. Siti Pariani
Ireland / Galway: Dr. Oliver Feeney
Iraq / Erbil: Prof. Dr. Ali A. Dabbagh
Israel / Haifa: Prof. Shai Linn
Israel / Zefat: Prof. Tamar Gidron
Italy / Saint Vincent: Dr. Miroslava Vasinova
Japan / Tokyo: Prof. Mitsuyasu Kurosu
Kazakhstan / Astana: Prof. Bakhyt Sarymsakova
Kenya / Kericho: Prof. Marion W. Mutugi

Kosovo / Hospital & University Clinical Center of Kosova / Shtime: Dr. Miftar Zenelaj
Kyrgyz Republic / Bishkek: Dr. Tamara Kudaibergenova
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Republic of North Macedonia / Skopje: Prof. Dr. Dejan Donev
Republic of North Macedonia / Tetovo: Prof. Mentor Hamiti
Malaysia / Cyberjaya: Dr. Mohd Zin Bidin
Malaysia / Kuala Lampur: Prof. Parameshvara Deva
Malaysia / Subang Jaya: Prof. Chin Kin Fah
Malaysia / enang: Prof. Bikramjit Pal
Malawi / Blantyre: Prof. Joseph Mfutso-Bengo
México / Puerto Vallarta: Prof. Sergio Alberto Viruete Cisneros
México / Querétaro: Dr. Hilda Romero Zepeda
México / Queretaro: Prof. Fernando Ruiz Lozada
Moldova / Chisinau: Dr. Igor Codreanu
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Nepal / Dhahran: Dr. Dhana Ratna Shakya
Nigeria / Ilishan-Remo: Prof. Stephen Fapohunda
Nigeria / Kaduna: Dr. Halima Bello-Manga
Nigeria / Nsukka: Prof. Felix Nzube Chukwuneke
Nigeria / Port Harcourt: Prof. Victor Wakwe
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Portugal / Porto: Prof. Ivone Duarte
Portugal / P. Association: Prof. Francisca Rego
Romania / Iasi: Prof. Elena Toader
Russia / St. Petersburg: Prof. Galina Mikirtichan
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Serbia / Beograd: Prof. Mirza Ramusović
Serbia / Kragujevac: Prof. Dragana Ignjatovic Ristic
Serbia / Nis: Prof. Biljana Radovanovic
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Slovenia / Ljubljana: Dr. Luka Omladič
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South Africa / Potchefstromm Campus: Prof. Dr. Riaan (AL) Rheeder
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Spain / Murcia: Prof. Julian Valero-Torrijos
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Sri Lanka / Kelaniya: Dr. Madawa Chandratilake
Sudan / Khartoum: Dr. Sawsan El Mekkawi
Sudan / Khartoum: Dr. Hanan I.M. Tahir
Sudan / Khartoum: Dr. Faiza Mohamed Osman
Taiwan / E-Da Hospital Taipei: Dr. Chi-Wei Ling
Taiwan / Fu-Jen Catholic University Taipei: Dr. Hou-Chang Chiu
Taiwan / Mackay Medical College: Dr. Ling-Lang Huang
Taiwan / CBME NTU: Prof. Daniel Fu-Chang Tsai
Taiwan / Taichung Veterans General Hospital: Dr. Jeng-Yuan Hsu
Taiwan / Tzu Chi University: Prof. Ying-Wei Wang
Turkey / Ankara Hacettepe University: Prof. Dr. Nuket Ornek Buken
Turkey / Ankara TOBB University: Prof. Perihan Elif Ekmekci
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United Kingdom / Ormskirk: Dr. June Jones
United Kingdom / Swansea: Mrs. Chantal Patel
United States of America / Atlanta: Dr. Ira Bedzow
United States of America / Cambridge MA: Prof. Harold J. Bursztajn and Ass. Prof. Terry Bard
United States of America / Florida: Prof. Joseph E. Thornton
United States of America / Indiana: Prof. Susan Zinner
United States of America / Milwaukee: Dr. Patrick Jung
United States of America / North Carolina: Dr. Sheena Eagan
United States of America / West Michigan: Prof. Michael Redinger
Ukraine / Kyiv: Dr. Radmyla Hrevtsova
Uzbekistan / Tashkent: Prof. Zamira Mukhamedova
Venezuela / Merida: Prof. Ximena Paez
Vietnam / Hanoi: Prof. Nguyen Duc Hinh
Zambia / Lusaka: Dr. Bornwell Sikateyo

GENERAL INFORMATION

Conference Venue
CFM Building

Press Office
Dr. Giacomo Sado/Rute Figueiredo (next to the conference Information desk)

Social Events
Wednesday, July 24 2024
19:30h Gala Dinner and Musical Moment (paid participants and by invitation only)

Thursday, July 25 2024
19:30h Happy Hour – Pizza festival in Conference Venue CFM (paid participants and by invitation only)

Friday, July 26 2024
19:30h Closing Dinner & Musical Moment – Brazilian Barbecue (paid participants and by invitation only)

Accompanying Persons
Accompanying individuals are welcome to participate in social events as long as they are registered.

Certificate of Participation
A certificate of participation will be provided to all attendees who register for the Conference.

Access to Lecture Halls
Seating is first-come, first-served. All rooms are air-conditioned. Sessions start punctually.

Name Badges
Please wear your name badge at all times. No badge, no entry. Replacement badges cost 25 euros.

Important Notice
The CFM, Chair, and the Conference Co-Presidents would like to inform you that they will not be responsible for any loss, damage, injury, accident, delay, or inconvenience to any person, luggage or any other property for any reason whatsoever. They will be exempt from any liability in respect of the aforementioned events. It is highly recommended that you obtain personal travel and health insurance to ensure that you are fully covered.

Please Note:
The conference sessions and social events will be photographed and filmed. Photographs and videos will be used for updates on the conference website and advertising purposes. For any queries, please contact the secretariat.

Secretariat
secretariat@bioethicsbrasilia2024.com
www.bioethicsbrasilia2024.com

INTERNATIONAL CHAIR IN BIOETHICS
WMA Cooperating Centre

THE CHAIR IN BIOETHICS PROMOTES

A CALL FOR THE ESTABLISHMENT OF NEW BIOETHICS UNITS

You are invited to establish a new Unit at your Institute!

The purpose of the Chair is to build, activate, co-ordinate and stimulate an International Network of Units in Academic Institutes for Ethics Education.

The Chair has established
11 units in 2001 and have grown to 250 units in 2024.

If you wish to establish a new unit in your own institute
and to receive more details and guidelines visit the Chair’s website at:
https://www.int-chair-bioethics.org/our-units

Scientific Program

Wednesday, July 24, 2024

08:00 18:00	**REGISTRATION**
08:30-10:00	SESSION "HEALTH AND GLOBAL PUBLIC GOODS" (this Session will be transmitted live) Chair: **Annabel Seebohm**, Lawyer | Brussels
08:30-09:00	**José Manuel Barroso**, Former President of the European Commission | Portugal "The Case for Equitable Access to Vaccines"
09:00-09:30	**Rui Nunes**, Head of the International Chair in Bioethics | Portugal "Artificial Intelligence as the 18th Sustainable Development Goal"
09:30-10:00: COFFEE BREAK and POSTER VIEWING	
10:00-11:30	OPENING CEREMONY (this Session will be transmitted live) **Welcome Greetings** **Rui Nunes**, President of the 16th World Conference on Bioethics **Geraldo Alckimin**, Vice-President of Brazil **Otmar Kloiber**, Secretary-General of the World Medical Association **Lujain Al-Qodmani**, President of the World Medical Association **Jarbas Barbosa** | Director of the Pan American Health Organization **Hiran Gonçalves**, Brazilian Senator **Ibaneis Rocha**, Governador do Distrito Federal **José Gallo**, President of the Federal Council of Medicine of Brazil **Delivery of the Amnon Carmi Global Bioethics Award** **Natália Oliva Teles**, Organizing Committee of the Conference **Artistic Video** **Isabel Saraiva**, Plastic Artist
11:30-12:30	SESSION "WORLD MEDICAL ASSOCIATION" (this Session will be transmitted live) WMA Session on the Duties and Rights of Health Professionals During a Pandemic Chair Rui Nunes (short intro to the WMA and its role in developing a global understanding of medical ethics) Otmar Kloiber The Hippocratic Oath and Modern Medical Deontology – Interpretations and Misunderstandings Annabel Seebohm The Health Professions, the Society and the State: Expectations, Obligations, Promises and Realities Panel Discussion (Rui Nunes, Annabel Seebohm, Otmar Kloiber) including the audience Moderator: Lujain Al-Qodmani
12:30-13:00	**Moty Benyakar**, Head of the Ibero-American Division ICB | Argentina Presentation of the "International University Center for Psychosocial Training and Intervention in Trauma, Disruption and Catastrophes"
13:00-14:00: LUNCH BREAK and POSTER VIEWING	

Wednesday, July 24, 2024

14:00-15:30: Parallel Sessions

HALL A	HALL B	HALL C
Bioethics Education I	**Informed Consent**	**Palliative Care Ethics**
Co-Chairs: Ivone Duarte / Paulo Teles	**Co-Chair:** Paula Castelo	**Co-Chair:** Cristina Prudêncio
020 – Importance of the discipline of Medical Bioethics in the medical course Antonio Angelo Rocha, Claudia Regina Gomes Rocha, Antonio Angelo Rocha Filho, Brazil. 306 – Autonomy and disposal of corpses in Brazilian Medical-legal Institutes and death verification services Emerentino Elton Sousa de Araújo, Bruno Gil de Carvalho Lima, Victor Luiz Correia Nunes, Brazil 113 – The right to the personality of the unborn child and the Bioethics of procedures that precede birth Maurício de Oliveira de Avelar Alchorne, Brazil 164 – Ethics and Bioethics in the Brazilian Medical Internship through Problem-Based Learning Henrique Zarpellon Martin, Christiane Peres Caldas, Drauzio Oppenheimer, Fabiano Bianchi, Giselle Crossara Gracindo, Juçara Gonçalves Lima Bedim, Sonia Maria de Souza Alvez, Brazil/Portugal 239 – Teaching ethics and bioethics in undergraduate medicine courses in the state of Minas Gerais Victor Hugo de Melo, Daiane Lopes de Resende, Maísa Pinheiro Alves da Silva, Brazil 152 - Impact of CME on Healthcare Quality: Case Study of Bulgaria Elisaveta Petrova-Geretto, Alexandrina Vodenicharova, Nelly Gradinarova, Bulgaria	025 – Informed consent: true or myth as a mean of proof Ana Maria Tabet de Almeida, Brazil 180 – Informed enlightened consent in double J catheter users after ureteral stone removal surgery Bruno Vilalva Mestrinho, Vitória Marra da Motta Vilalva Mestrinho, Renata Verna Leal de Oliveira, Rui Nunes, Guilhermina Rego, Rosylane Nascimento das Mercês Rocha, Brazil 042 – Australian patient organisations views on informed consent in stem cell research Edilene Lopes McInnes, Dan Santos, Mengqi (Chi-Chi) Hu, Rebekah Harms, Joan Leach, Christine Wells, Dianne Nicol, Rachel Ankeny, Australia 146 – Experience report: challenges in the brain death process Giliard Dário de Souza, Gabriel Álvares Horta, Cristiano Alves Felix, Flávia Cotta Oliveira Perdigão, David Geraldo Santos de Oliveira , Deborah Campos Oliveira, Brazil 291 – A proposal of birth plan and informed consent to prevent obstetric violence with pregnant women living with HIV Andrea Paula de Azevedo, Cristina Barroso Hofer, Francisca Rego, Brazil 173 – The legal regulation of informed consent in Bulgaria Neli Gradinarova, Elisaveta Geretto, Bulgaria	014 -Normative devices for palliative care in Brazilian University Hospitals Klinger Ricardo Dantas Pinto, Francisca Rego, Rui Nunes, Brazil / Portugal 212 – Bioethical dilemma at the end of life in pediatrics Deli Grace de Barros Araujo, Brazil 266- Simone de Beauvoir : Une mort très douce Chantal Patel, United Kingdom 044 – Implementation Project of the Municipal Palliative Care Program in primary healthcare Gustavo Henz, Schroeder, Egl., Boscardin, Ez., Pfeutzenreiter, F., Castro e Souza, Rv, Brazil 343 – Building comfort: the integration of architecture in palliative care Helder Morgado, Rui Nunes, Portugal
HALL D	**HALL E**	**HALL F**
Medical /Healthcare Ethics I	**Public Health Ethics**	**ICB Department meetings - closed**
Co-Chairs: Rui Amaral Mendes / Jon Borowicz	**Co-Chairs:** Jadranka Buturović Ponikvar / Luísa Castro	
009 – Medical ethics in liquid society João Carlos D Elia, Brazil 016 – Analysis of emergency guardianship for the supply of medicines not recommended by Conitec in ultra rare diseases: Case report of the supply of Iatibant for the treatment of hereditary angioedem Eduardo Alvares de Carvalho, Henderson Furst, Luís Felipe Coelho, Brazil 036 – Beauty plastic surgeries and extent of aesthetic damage: error or dissatisfaction? Mariana de Arco e Flexa Nogueira, Lígia Passarelli Chianfroni, Brazil 048 – Technical considerations of medical listening: a proposal for an extended concept of the ethical standards involved in differential diagnosis Alexandre Simões Barbosa, Brazil 290 – Navigating Moral Distress through Narrative Ethics: Contributions from Clinical Ethics and the Health Humanities Chelsey Patten, Kathryn Rhine, USA 068 – Medical Gaslighting: analysis of conceptions, contexts and strategies for comprehension and transformation Jaqueline Luvisotto Marinho, Brazil	027 – Health communication in Brazil: bioethics, social listening, and the common morality Márcia Araújo Sabino de Freitas, U.S.A / Brazil 049 – Health mediation strategies and reduction of health judicialization in small municipalities Rafael Teixeira Sebastiani,, Rogério Nogueira de Oliveira, Gisela Tunes, Brazil 057 – Overdiagnosis: it is time to demystify false beliefs. A medical and bioethical point of view Deborah Regina Lambach Ferreira da Costa, Carlos Franco Ferreira da Costa Filho, Brazil 080 – What is the ethical role of the healthcare professional in addressing electronic smoking devices (ends) in view of the current scientific evidence Tales Aprígio Camargos Ferreira, Matheus Magalhães de Almeida, Lívia Quintella Baptista, Carolina Barros Ferreira da Costa, Brazil 362 – Statistical analyzes of the judicialization of health and medicine in Brazil, 2024. Renato de Assis Pinheiro, Brazil	

15:30-16:00: COFFEE BREAK and POSTER VIEWING

Wednesday, July 24, 2024

16:00-17:30: Parallel Sessions

HALL A	HALL B	HALL C
Autonomy	**Genethics: Ethical Aspects**	**Reproduction Ethics**
Co-Chairs: Chantal Patel / Andreia Teixeira	**Co-Chairs:** Luísa Castro / Patrizia Borsellino	**Co-Chairs:** Elizabeth Ormart / Rute Figueiredo
039 – Patient's loss of autonomy: Court's decision, or bioethics mediation? Building a consensus on the best interest of the patient Renato Battaglia, Brazil 067- The exercise of autonomy by patients in choosing non-transfusional therapy Denissen Fossati da Silva, Spain 079 – Implementation of the WHO guideline as a mechanism for resolving bioethical conflicts and its impact on the use of public health resources Pericles Batista da Silva, Brazil 102 – Pediatric autonomy in the healthcare setting – study in the context of bioethics Rafaela Wagner, Mário Antônio Sanches, Ana Clara Borba, Júlia Kreutz, Brazil 128 – The limits of autonomy in medical procedures on request Manoel Walber dos Santos Silva, Brazil 264 – The knowledge and awareness among Slovenian adolescents of their age-related autonomy in decision making for medical treatment: an online survey Stefan Grosek, Maks Lenart Cernelc, Vanja Erculj, Slovenia	028 – Redefining humanity: Transhumanism and ethics in the era of gene editing and quantum artificial intelligence Jose Israel Sanchez Robles, Brazil 265- Somatic genome editing: Technical challenges and ethical appraisal George L. Mendz, Francis O'Keeffe, A. Joseph Alphonse, Australia 329 – Human-based organoids: ethical research & development Natália Oliva-Teles, Portugal 310 – Uterine transplant donation and allocation: An empirical bioethics study Evie Kendal, Australia 323 – Choosing who gets to live: How may Brazilian Law regulate assisted reproduction through in vitro fertilization (IVF) with preimplantation genetic diagnosis (PGD)? Igor Thawan, Nádia Regina Stefanine, Brazil 298 – Bioethics, Gene Therapy and the Signing Deaf Community Teresa Blankmeyer Burke, USA	033 – Access to infertility care in Brazil: Validation of a questionnaire for a bioethical discussion Drauzio Oppenheimer, Christiane Peres Caldas, Giselle Crossara Gracindo, Henrique Zarpellon, Francisca Rego, Rui Nunes, Brazil / Portugal 071 – Assisted reproduction and the rule of law: a right for whom? Lorena Rodrigues Ribeiro Silva, Brazil 121 – Fertilization from the sperm of a dead man Yuval Cherlow, Israel 224- Current Issues in medically assisted reproduction in Bosnia and Herzegovina Igor Milinkovic, Bosnia and Herzegovina 047 – Impacts of the absence of legislation on assisted reproductive technology in Brazil Luciana Batista Munhoz, Thais Meirelles de Sousa Maia Ribacionka, Brazil
HALL D	**HALL E**	**HALL F**
End of Life Ethics	**Law and Ethics - I**	**ICB Department meetings - closed**
Co-Chair: Jasna Karacic Zanetti	**Co-Chairs:** Giselle Gracindo / Mónica Correia	
052 – Bioethicists should re-examine the concept of death Claudio Cohen, Brazil 059 – Dignity of the patient at the end of life care – cultural background implications Elena Toader, Daniela Liliana Damir, Romania 193 – Bioethics and spirituality in palliative care. Perceptions by palliative care (PC) professionals in Portugal Renata Francioni Lopes Zappala, Cristina Duarte, Fernando Serra, Brazil/Portugal 341 – Medical Management of Jehovah's Witnesses: a Collaborative Approach Rodrigo Cáfaro, Brazil 281 – Advance care planning from the perspective of oncology patients in a high complexity oncology unit: a previous analysis. Laiane Moraes Dias, Michele Nascimento Assad, Brazil	051 – The importance of scientific publication of a clinical case study of erythema pernio like or pseudo-perniosis with to Sars-Cov 2, in May 2020, at SUS, Federal Government, in São Paulo-SP, Brazil Patrícia Vieira Maluly, Brazil 065 – Bioethical considerations on collaborative mental health care in primary care in Brazil Andre Luis Bezerra Tavares, Rui Nunes, Sandra Fortes, Brazil 066 – Judicialization of the doctor-patient relationship: the lack of bioethical analysis by the judiciary in Alagoas Thaynná Laydir Silva Martins Coelho, Diego Freitas Rodrigues, Brazil 111 – Civil liability of the state for obstetric violence based on the "faute du service" theory: a case report of negligence during labor in a public hospital Luís Felipe Nóbrega Coelho, Eduardo Alvares de Carvalho, Brazil 162 – On the inadequacy of administering anesthesia for non-medical procedures Catia Sousa Goveia, Jedson dos Santos Nascimento, José Abelardo Garcia de Meneses, Luis Antonio dos Santos Diego, Brazil 311 – Involuntary Commitment: a concept review and a case study. Ana Cristina Sáad, Sabrina Presman, Brazil	

Thursday, July 25, 2024

08:00 18:00	**REGISTRATION**
08:30-10:00	**SESSION "TECHNOLOGICAL CHALLENGES FOR THE 21ST CENTURY – I"** (this Session will be transmitted live) Chair: **Moty Benyakar**, Head of the Ibero-American Division ICB | Argentina
08:30-08:55	**Nita Farahany**, Duke University | USA "Defending Your Right to Think Freely in the Age of Neurotechnology"
08:55-09:20	**Angus Clarke**, Cardiff University | United Kingdom "Whole Genome Sequencing as Part of Newborn Screening"
09:20 09:40	**Miguel Jorge**, Federal University of São Paulo | Brazil "New Trends in the Ethics of Research on Human Beings"
09:40 10:00	**Mark Taylor**, University of Melbourne | Australia "The Regulation of Health Information and Genetic Data"
10:00-10:30	**DEBATE**
10:30-11:00: COFFEE BREAK and POSTER VIEWING	
11:00-11:20	**SESSION "TECHNOLOGICAL CHALLENGES FOR THE 21ST CENTURY – II"** (this Session will be transmitted live) Chair: **Domenico Palombo**, Department of Bioethics in Surgery Research and Technology ICB | Italy
11:20-11:40	**Sonia Suter**, George Washington University | USA "The Future of Reproducing with In Vitro Gametogenesis"
11:40-12:00	**Edward Dove**, Edinburgh University | United Kingdom "Confidentiality, Privacy, and Data Protection in Biomedicine. International Concepts and Issues"
12:00-12:20	**Shahid Shamim**, Aga Khan University | Pakistan "The Code of Ethics for Healthcare Educators"
12:20-13:00	**DEBATE**
13:00-14:00: LUNCH BREAK and POSTER VIEWING	

Thursday, July 25, 2024

14:00-15:30: Parallel Sessions

HALL A	HALL B	HALL C
Artificial Intelligence/Digital Era	**Research Ethics/Ethics Committees**	**Healthcare: Dignified and Non-discriminatory**
Co-Chairs: Rui Nunes / Gabriela Renault	**Co-Chair:** Natália Oliva-Teles	**Co-Chairs:** Igor Milinkovic / Rui Amaral Mendes
135 – IA and mental health: New challenges from the ecotechnobioethics Nicolas Fernando Obiglio, Moty Benyakar, Argentina 137 – Assessment of the knowledge, perception and willingness for telemedicine among Filipino physicians in different specializations Roland M. Panaligan, Samantha Alda Rojas, Jasmine Rochelle Rosita, Raphael Jommel Rosita, Louise Mari Ruiz, Philippines 155 – Medical ethics: from enlightenment to artificial intelligence Filipe M. Moreira, Walneia C. Moreira, Brazil 194 – The importance of bioethics for medicine in the era of the digital revolution Ana Claudia Brandão de Barros Correia, Brazil 034 – Enhancing ethical judgment with AI: The MAGI system's approach in natural language model optimization Gerson Hiroshi Yoshinari Júnior, Ana Beatriz Oliveira Urbano, Carolina Maia de Cia, Brazil	252- The fallacy of placebo: Ethical malpractice in the justification of groundless therapeutic claims José Nunes de Alencar Neto, Rui Nunes, Francisca Rego, Portugal 108 – Trading IF for WHEN: Medical malpractice insurance as a strategic tool for professional management Karina Lanzellotti Saleme, Brazil 339 – Navigating the EU Artificial Intelligence Act in the area of health Mónica Correia, Rui Nunes, Portugal 167 – Contrasts between medical research projects submitted to a public and a private research ethics committee. Jamary Oliveira-Filho, Lívia B. Oliveira, Bruna C. Lavalle, Carolina D.C. Bessas, Adriana L. Braga, Edgard Santos, Felipe S. Ligório, Brazil	200 – Bioethics and Criminal Policy José Arthur di Spirito Kalil, Brazil 272 – Analysis of the impact of mental health problems in a Social Health Organization (SHO) and strategies for welcoming employees from a bioethical perspective: Historical Cohort Rafael Vicente Geraldi Gomes, C. Nahas, P. Duque, M. Costamar, Brazil 207 – Influence of socio-economic level on the destination of corpses for necropsy Victor Luiz Correia Nunes, Bruno Gil De Carvalho Lima, Brazil 228 – Not handycap…. but handi-capabilities! – A new word and sociomedical model is needed to definitely overcome handicap(S) António Rui Leal, Marc Rozenblatz, Portugal 282 – Chinese immigrants' autonomy in healthcare services: Challenges and recommendations Sandra Lopes Aparício, Vera Martins, Rui Nunes, Ivone Duarte, Portugal 313 – The Ethical Dimension of Cultural Prescription in Patient Care and Medical Education. Rui Amaral Mendes, Ivone Duarte, Portugal

HALL D	HALL E	HALL F
Medical /Healthcare Ethics II	**Doctor's Rights / Patient's Rights**	**ICB Department meetings – closed**
Co-Chairs: Paulo Teles / Débora Cavalcanti	**Co-Chairs:** Cristina Prudêncio / Evie Kendal	
088 – Dual loyalties of the physician-soldier qualitative study Rafael Villela Silva Derré Torres, Brazil 141 – Experiencing a pediatric cardiac Intensive Care Unit admission and subsequent psychometric outcomes. A descriptive study Leonardo Cavadas da Costa Soares, Rosiane Guetter Melo, Maria Luiza Castro, Francisca Rego, Portugal 144 – Six centuries of detachment from being: the disconnection from classical metaphysics and its implications for human dignity Patricia Junges Frantz, Brazil 165 – Shaping moral competencies: A focus on medical ethics training Fabiano Bianchi, Henrique Zarpellon Martin, Brazil 220 – Normothermic Regional Perfusion in Organ Donation after Circulatory Death (DCD-NRP): Pitfalls, legal issues and ethical challenges of increasing the number of transplantable donor organs Bruce Gelb, Brendan Parent, USA	163 – Patients' vulnerability in the face of the intrusion of medical acts by other professions in Brazil Jedson dos Santos Nascimento, Otávio Marambaia dos Santos, José Abelardo Garcia de Meneses, Brazil 175 – Birth plan as an advanced healthcare directive and mechanism for preventing obstetric violence Paula Lincon Silva, Brazil 204 – Conscientious objection in medicine: Balancing individual values, ethics and professional responsibility Evandro Antonio Sbalcheiro Mariot, Brazil (repetido) 095- Women's rights as a patient: A specificity imposed by the achievement of gender equality Ana Paula Cabral, Rui Nunes, Portugal 238 – Bioethics standards for the healthcare systems practices Paulo André Stein Messetti, Tassiane Cristina Moraes, Alan Patrício da Silva, Fernando Rocha Oliveira, Janice Gusmão Ferreira de Andrade, Luiz Carlos de Abreu, Italla Maria Pinheiro Bezerra, Brazil 210 – Sexual violence in gynecological exams in the light of Bioethics Rafaela Sgai Morel, Luana Benedictis Wormke, Laura Camargo, Nathalia Nadiak Calil, Patrícia Helena Ferreira Côrtes, Marina de Neiva Borba, Marina de Neiva Borba, Brazil	

Thursday, July 25, 2024

16:00-17:30: Parallel Sessions

HALL A	HALL B	HALL C
Law and Ethics II	**Bioethical dilemmas in the field of reproductive biotechnologies. Subjective times and medical times in reproductive processes (Spanish/English)**	**Autonomy / Benefit & Harm**
Co-Chairs: Ana Cláudia Brandão / Moty Benyakar	**Co-Chairs**: Paula Castelo / Moty Benyakar	**Co-Chairs:** Drauzio Oppenheiner / António Rui Leal
203 – Bioethical principles in off-label prescribing in psychiatry Humberto Müller Martins dos Santos, Ivone Duarte, Rui Nunes, Brazil/Portugal 230 – Legal mechanisms for digital healthcare transformation in Africa Tareck Alsamara, Kingdom of Saudia Arabia 116 – Regulation of artificial intelligence in healthcare Daniel de Araujo Dourado, Brazil 115 – Ethics in the care of homeless people: challenges and perspectives Frederico Diniz Freire, Amanda Magela Moreira da Silva, Fernanda Ricardo de Oliveira, Neoma Mendes de Assis, Clarice Magalhães Rodrigues dos Reis, José Helvécio Kalil de Souza, Elba Cristina Chaves, Brazil 201 – Bioethics and medical ethics in relation to personal and Professional Development Ines Tavares Vale e Melo, Alberto Farias Filho, Helvécio Neves Feitosa, Ivan de Araújo Moura Fé, José Ajax Nogueira Queiroz, Lucio Flávio Gonzaga Silva, Rafael Dias Marques Nogueira, Renato Evando Moreira Filho, Roberto Wagner Bezerra de Araújo, Valéria Goes Ferreira Pinheiro, Brazil 253 – The Infestation of Antimicrobial Resistance in India Nishtha Arora, USA 315 – Lessons learned from data falsification during an academic course using a root-cause analysis: a case report. Racheli Silvern, Israel	236 – Audiovisual resources for the transmission of bioethical complexities in the field of science and technology Elizabeth Ormart, Diana Altavilla, Argentina 337 – Artificial Intelligence in Therapy: Bioethical Issues through Cinema Dora Serué, Diana Altavilla, Argentina	149 – Professional autonomy in an age of bureaucratized medicine Jon Borowicz, USA 237 – Addressing an ethical imperative: Exploring participant appreciation of ancillary care measures provided in an Ebola vaccine trial in the Democratic Republic of the Congo Gwen Lemey, Ynke Larivière, Engbu Danoff, Emmanuel Esanga, Solange Milolo, Trésor Zola, Patrick Mitashi, Vivi Maketa, Jean-Pierre Van Geertruyden, Pierre Van Damme, Raffaella Ravinetto, Hypolite Muhindo Mavoko, Belgium/Democratic Republic of the Congo 267 – Ethically developing AI tools to assist hospitalized patient autonomy Ana C. Silva Pires, Joseph E. Thornton, USA 107 – Navigating the new frontiers of patient autonomy and informed consent in Bioethics Eduardo Vasconcelos dos Santos Dantas, Brazil 295 – Ethical considerations in post-suicide attempt resuscitation Rebecca Brendel, USA

HALL D	HALL E	HALL F
Medical Ethics: the Digital Era	**Bioethics Education II**	**ICB Department meetings - closed**
Co-Chairs: Paulo Teles / Ana Paula Cabral	**Co-Chairs:** Russell D'Souza / Andreia Teixeira	
131- Medical ethics in the social media age Arthur Eyer Cabral Brant Franco, Daniel Carvalho de Lima, Marcelo Saúde Soares Júnior, Camila Vieira Sousa, Elba Cristina Chaves, José Helvécio Kalil de Souza, Nathan Mendes Souza, Brazil 086 – Social media posts: how should doctors behave in this environment? Marcela Maria de Almeida Peixoto, Bruna Wengerter Silva, Camila Vieira Sousa, Elba Cristina Chaves, José Helvécio Kalil de Souza, Nathan Mendes Souza, Brazil 257 – The dehumanisation of health care and patients' rights, the case of direct-to-consumer telemedicine Edison Ramiro Calahorrano Latorre, Chile 325 – Artificial intelligence in evidence-based health and personalized medicine: challenges for the ethical review of research Alejandro Raúl Trombert, Argentina 318 – Developing a Safety Score for Automated Evaluation of AI-Generated Health Advice Fernanda Buonfiglio de Castro Monteiro, Cheila Portela Silva, Matheus Souza Ferreira, Guilherme Estevam Ferreira Putzeys, Mateus Bergamaschi Coles, Brazil	243 – Beyond medicine: Bioethics as a pillar of a cosmopolitan society Keine Alves, Paulo Fraga da Silva, Roger Fernandes Campato, Brazil 247- Education and Artificial Intelligence: What to expect from human development in the future? Norma Mendes Guimarães Alves, Luiza De Paula Araujo Galvão Cunha, Brazil 248 – Social media and mobile applications in purely online medical ethics education Patrick Gerard L Moral, Philippines 273 – Humanizing medicine: A bioethical perspective on the 'Humanização' Program Débora Eugênia Braga Nóbrega Cavalcanti, Antônio Henriques de França Neto, Bruno Leandro de Souza, Klecius Leite Fernandes, Brazil 054 – Implementation of studies on bioethical principles through literature and textual production for elementary school students in the city of Lages/SC Evelise Faraco de Oliveira, Alexandre Faraco de Oliveira, Brazil	

18:30-22:30: Social Program and DINNER – Registration required

Friday, July 26 2024

08:00 18:00	**REGISTRATION**
08:30-10:00	SESSION "EDUCATION OF HEALTHCARE PROFESSIONALS" (this Session will be transmitted live) Chair: **Russell Franco D'Souza**, Head of Education Department ICB | India
08:30-08:55	**Christophe Ostgathe**, University Hospital Erlangen | Germany "The New Age of Palliative Care"
08:55-09:20	**Thalia Arawi**, American University of Beirut | Lebanon "Challenges for Medical Education in the 21st Century"
09:20-09:40	**Daniela Keidar**, Head of the Department of Behavioral Bioethics of ICB | Israel "Principles and Practices of Bioethics Education"
09:40-10:00	**Mary Mathew**, Head of the Department of Bioethics and Art of ICB | India "Bioethics Education in India"
10:00-10:20	**Paula Castelo**, Federal University of São Paulo | Brazil "Ethics Committees and Education for Bioethics"
10:20-10:40	**Jasna Karacic Zanetti**, University of Zagreb | Croatia "Education for Bioethics as a Global Endeavor"
10:40-11:00	**DEBATE**

11:00-11:30: COFFEE BREAK and POSTER VIEWING

11:30-13:00	SESSION: WORLD MEDICAL ASSOCIATION on the Declaration of Helsinki (DoH) Revision (this Session will be transmitted live) Chair: **Lujain Al-Qodmani** **Ramin Parsa-Parsi:** Introduction to the Declaration of Helsinki **Jack Resneck:** The Current Status of the Revision Process **Florentino Cardoso:** The Latin American Perspective on the DoH **Panel Discussion** **Lujain Al-Qodmany, Ramin Parsa-Parsi, Jack Resneck, Miguel Jorge, Florentino Cardoso** **Moderator: Otmar Kloiber**

13:00-14:00: LUNCH BREAK and POSTER VIEWING

Friday, July 26, 2024

14:00-15:30: Parallel Sessions

HALL A	HALL B	HALL C
Ethics and bioethics as a transversal axis in university curricula (Spanish/English)	**Bioethics and Art (Spanish/English)**	**Bioethics Education III**
Coordinator: Gabriela Renault	**Coordinator:** Hilda Catz	**Co-Chairs:** Rosylane Rocha / Helder Morgado
353 – Ethics and Bioethics as a transversal axis in university curricula Gabriela Renault, Susana Otero, Argentina 262 – Mental Health team intervention facing judicial requirements Irene Onik, Argentina 234 – Informed Consent Ester Alfie, Argentina 354 – Procedural Psychoterapeutic Consent: Ethical and Technical Dilemmas in Informed Consent in Psychotherapy Silvina Vanesa Martinez, Francisco José Rapela, Argentina 355 – Self-arm and AI: Dilemmas of Ecotechnobioethics in Mental Health Diana Altavila, Silvina Martinez, Argentina	356 – The staircase to heaven: the transformation of authoritarian dogma into an ephemeral creation that inaugurates hope Hilda Catz, Lila Gómez, Argentina 338 – Equity and Ecological Catastrophe, a challenge Gladis Mabel Tripcevich Piovano, Mabel Tripcevich, Hilda Catz, Mariana Goldring, Franco Lanzillotta, María Elena Moreno, María Graciela Santa Cruz, Cosimo Schinaia ,José Thomé Mabel Tripcevich, Argentina 357 – The bioethical commitment of cinema: dialog with Cibele Amaral Júlio Costa, Brazil	011 – Ethics in Neurosurgery (Singularities) Jose Carlos Rodrigues Junior, Marcelo Ferraz de Campo, Brazil 314 – Experience of the Bioethics Unit at Real Hospital Português de Beneficência de Pernambuco Maria do Carmo Lencastre, Ana Claudia Brandao de Barros Correia Ferraz, Brazil 188 – Barriers to the "right to hear": a bioethical reflection Jene Greyce Oliveira da Cruz, Andrey Oliveira da Cruz, Lydhia Rubhia de Lima Torres, Andréia Moreira de Andrade, Brazil 223 – The Importance of Nosological Medical Diagnosis in Acupuncture: Bioethical Perspectives and Contemporary Challenges Fernando Claudio Genschow, José Hiran da Silva Gallo , Giselle Crosara Lettieri Gracindo, Brazil 334 - Comprehensive Medical Education: Approach to Bioethics in a Medical Course in the Brazilian Amazon Camila Fernandes Caldato, Milena Coelho Fernandes Caldato, Ana Emília Vita Carvalho, Ivete Moura Seabra de Souza, Anna Camila Alves Franco, Mário Roberto Tavares Cardoso de Albuquerque, Brazil

HALL D	HALL E	HALL F
Human Rights	**Medical /Healthcare Ethics III**	
Co-Chair: Nicolas Obiglio	**Co-Chairs:** Natália Oliva Teles / Rute Figueiredo	
302 – Barriers and difficulties faced by migrant families of autistic individuals in healthcare access Vera Sílvia Meireles Martins, Sandra Lopes Aparício, Ivone Duarte, Portugal 231 – Care as a fundamental right: a question of justice, equity, and dignity for caregivers and those who are cared for Martha Miranda-Novoa, Colombia 082 – The bioethical discussion on medical utilitarianism and the recognition of the dignity of life with disabilities Evandro Alencar, Brazil 191 – Short-Term International Humanitarian Missions: Statistically Significant Benefits of Preparatory Course Bernard A. Cohen, Edward W. Chandler , Patrick J. Jung , Victoria A. Carlson-Oehlers	072 – Ethical aspects of pre-hospital emergency medical systems Jordano Pereira Araújo, Brazil 303 – The exclusion of pregnant women from an Ebola vaccine trial in Boende, western DRC: Perceptions of (excluded) women Maha Salloum, Antea Paviotti, Ynke Lariviere, Freddy Bikioli Bolombo, Trésor Zola Matuvanga, Gwen Lemey, Vivi Maketa, Hypolite Muhindo-Mavoko-Pierre Van Damme, Patrick Mitashi, Hilde Bastiaens, Jean-Pierre Van Geertruyden, Belgium/Democratic Republic of the Congo 300 – What we should improve and what we shouldn't do. Ethical observations in a radiation oncology setting Paulo S. Oliva Teles, Aida Vieira, Portugal 214 – Diseases neglected for millennia and medical responsibility Leontina da Conceição Margarido, Brazil 270 –Women, children and young adults as living organ donors Jadranka Buturović Ponikvar, Slovenia	

15:30-16:00: COFFEE BREAK and POSTER VIEWING

Friday, July 26 2024

16:00-18:00	**SESSION: Global Bioethics** (this Session will be transmitted live) **Update of the UNESCO's Universal Declaration on Bioethics and Human Rights** – Mónica Correia, Patrizia Borsellino, Rui Nunes **Universal Code of Ethics for Medical Students** Rui Nunes, Guilhermina Rego, Rita Ribeiro, Sofia Nunes, Ivone Duarte	**BIOETHICS AND FILM** Coordination: **Juan Jorge Michel Farina**, UBA 336 – Bioethics and Opera: The Pathos of a Decision Juan Jorge Michel Farina, Eduardo Laso, Argentina **Film premiere** **BIOETHICS AND FILM** Coordination: **Juan Jorge Michel Farina**, UBA 336 – Bioethics and Opera: The Pathos of a Decision Juan Jorge Michel Farina, Argentina **BIOETHICS AND OPERA** Coordination: **Juan Jorge Michel Farina, Eduardo Laso**, UBA 361 – Bioethics and Opera: The Pathos of a Decision. Overture and first Act: Sexuation Eduardo Laso, Juan Jorge Michel Farina, Argentina
18:00-19:00	**CLOSING CEREMONY** (this Session will be transmitted live) **Final greetings** **Rui Nunes,** President of the 16th World Conference on Bioethics **Lujain Al-Qodmani,** President of the World Medical Association **Otmar Kloiber,** Secretary-General of the World Medical Association **José Gallo,** President of the Federal Council of Medicine of Brazil **Rosylane Rocha,** Vice-President of the Federal Council of Medicine of Brazil **Delivery of the Honorary Awards** **Ivone Duarte,** Organizing Committee of the Conference **Presentation of the 17th World Conference on Bioethics, Medical Ethics and Health Law** **Jadranka Buturović Ponikvar,** University of Ljubljana, Slovenia	

19:00-22:30: Social Program and DINNER – Registration required

Abstracts
Keynote Speakers

Wednesday, July 24, 2024

Plenary Session: HEALTH AND GLOBAL PUBLIC GOODS

Artificial Intelligence as the 18th Sustainable Development Goal

Rui Nunes
Head of the International Chair in Bioethics, Portugal

Artificial intelligence (AI) brings countless benefits to humanity, but it carries serious risks and has profoundly disruptive ethical implications. In scientific research, generative artificial intelligence is already changing the way science is done, and its ability to increase the pace and quality of results is undeniable. In medicine, AI will be disruptive regarding the doctor-patient relationship given that generative AI systems allow the collection of information obtained from anamnesis, and thus suggest differential diagnoses and recommendations for treatment. Also, the financial sector, the judiciary, the creative arts, and environmental policies are deeply influenced by AI. The European Union, aware of the enormous complexity of AI, approved the Artificial Intelligence Act. This example of AI regulation may not be followed by other countries, so regarding global governance, a possible solution to regulate AI internationally would be for the UN to consider Trustworthy Artificial Intelligence as the 18th Sustainable Development Goal (SDG). AI will, directly or indirectly, radically alter life on Earth, meaning that all 17 current SDGs will be affected by artificial intelligence. Therefore, considering Trustworthy AI as the 18th Sustainable Development Goal would be a huge step for humanity and a fundamental legacy for future generations.

Plenary Session: PRESENTATION OF THE INTERNATIONAL ACADEMIC CENTER FOR TRAINING AND PSYCHOSOCIAL INTERVENTION IN TRAUMA, DISRUPTION, CATASTROPHES AND WARS

Moty Benyakar
Ibero-American Division ICB, Argentina

Our world faces increasing threats from natural disasters and warlike situations. Due to the role of the ICB in bioethics to ensure human well-being about their selves, the environment, and others, we cannot remain as passive spectators, we need to shift from declarative bioethics to action-oriented ecobioethics. In those situations, the most severely impacted are not just the physically injured but also those affected psychosocially. For every physically affected person, it is estimated that 10 to 40 individuals are psychosocially impacted. Communities and countries often cannot attend to the massive and immediate demands for help only with their existing professionals who address daily needs. Therefore, the ICB proposes the development of an International Academic Center for Training, Supervision, and Psychosocial Intervention in Disruptive Situations, Disasters, and Catastrophes. This center would offer specialized academic training and a professional intervention nucleus to supervise or directly assist affected children, families, and adults remotely. Given Argentina's large number of well-trained professionals in this field, it is proposed that the Argentinean University of Salvador Unit (USAL) as the operational center for these international activities.

Thursday, July 25, 2024

Plenary Session: TECHNOLOGICAL CHALLENGES FOR THE 21st CENTURY – I

Whole Genome Sequencing as Part of Newborn Screening (345)

Angus Clarke
Cardiff University, United Kingdom

Whole genome sequencing (WGS) has established value in neonates as a diagnostic investigation of sick infants, although the management of consent and of positive findings both raise challenges. The possible role of WGS in the newborn screening programme (NBS) may be contrasted with this. The promise of WGS in NBS is that infants with undiagnosed but treatable conditions can benefit from the greater effectiveness of interventions when given before the onset of symptoms. The 'promise' includes continuing applications for the individual throughout life. There are also potential gains from the data captured but these should not drive the programme. All the potential benefits of WGS in NBS may be challenged. There are problems with the interpretation of many genetic variants and the use of gene panels for 'actionable' variants may have advantages. Those at risk of problems will include some who remain well but will be medicalised and monitored. This will amplify the load on health services that are already struggling. Another load will be handling the transfer of consent to the young person at 16-18 years and deciding what results to release and when. The monetary costs of long-term data storage will need to be assessed against current practice or repeating WGS to updated standards.

New Trends in the Ethics of Research on Human Beings (346)

Miguel Roberto Jorge
Federal University of São Paulo, Brazil

Ethics in research with human beings has been impacted by technological innovations and changes in our societies. In the area of health care and research, there is an increase of patients and research participants' protoganism as well a perceived need of greater community involvement when recognizing rights and establishing priorities. Research involving social media, artificial intelligence, mobile apps and big data many times needs different expertise approaches from those which were prevalent up to few years ago. Unfortunately, Research Ethics Committees (RECs)/Institutional Review Boards (IRBs) were facing many difficulties to perform their tasks in a timely manner even before thie new challenges and are struggling to answer to new demands.

The Regulation of Health Information and Genetic Data: Trustworthy governance in the public interest (350)

Mark J Taylor
Melbourne Law School, University of Melbourne, Australia

It is in the public interest for health data governance to be demonstrably worthy of public trust and to be capable of maintaining and promoting social licence in genomic health data initiatives. Currently, privacy and data protection is inadequate to the task. We need to expressly recognise the practical and conceptual connection between public interest decision-making and trustworthy governance to develop governance processes that will demonstrably reflect shared values and reasonable expectations regarding use. This opportunity must be taken if we are to enable research and public health uses of genomic data that are in the public interest and worthy of public trust

Plenary Session: TECHNOLOGICAL CHALLENGES FOR THE 21st CENTURY - II

The Future of Human Reproduction with In Vitro Gametogenesis (348)

Sonia Suter
The George Washington University Law School, United States of America

Research on deriving reproductively viable human gametes in culture through a process called in vitro gametogenesis ("IVG") continues to advance. While human IVG research is still in its infancy, this technology may one day be clinically available for human reproduction. Indeed, some commercial entities are investing significant resources to make that possible. IVG has the potential to reshape the reproductive landscape. It could broaden the groups of people who can reproduce–same-sex couples could have children biologically related to both of them; single individuals could procreate without the genetic contribution of another individual; and groups of more than two individuals could be "multiplex" parents, all genetically related to a single child. In combination with other scientific advances, IVG could also vastly expand and refine the ability to select future embryos on the basis of multiple factors. This talk will explore the ethical implications of using IVG for reproductive purposes. It will show how IVG is preferable to some forms of assisted reproductive technologies in certain instances and substantially more problematic in others. Finally, it will examine the decision-making challenges that IVG presents and the impact of likely commercialization in this sphere.

Confidentiality, Privacy and Data Protection in Biomedicine: International Concepts and Issues (347)

Edward Dove
Maynooth University, Ireland

While almost everyone is likely to have at least a basic understanding of what privacy, confidentiality, and data protection mean, that is quite different from exhibiting a firm grasp of their interrelationship, and how they play out in the biomedical domain across different legal systems. In this talk, I explain why interrogating the interrelationship between confidentiality, privacy, and data protection in biomedicine (what I call "health privacy law") matters. Looking across several jurisdictions around the world, and based on the chapters in a forthcoming book I have edited, I suggest that at least three cross-cutting themes emerge: unease about the recent path of development of health privacy law; the enhanced voice of patients, participants, and publics; and a precarious balancing of values and interests. Beyond filling the lacuna of stimulating deeper reflection and discussion about the interrelationship between privacy, confidentiality, and data protection in biomedicine, I argue that further research, led by practitioners, legal scholars, and students alike from around the globe, will collectively help us to better interrogate some of the key concepts, rules, and functions of health privacy-related laws and legal regimes across multiple jurisdictions, and in turn, help contribute to legal reform and development.

Friday, July 26, 2024

Plenary Session: EDUCATION OF HEALTHCARE PROFESSIONALS

Under Fire:21st Century Medical Education in Conflict Zones (352)

Thalia Arawi
American University of Beirut, Lebanon

The 21st century stands as a testament to the metamorphosis of medical education. While advancements in practical expertise, technological fluency, and digital integration propel the field forward, a disquieting truth emerges. This progress, while laudable, exacerbates an already yawning chasm between physicians of the developed world and their counterparts in war-torn regions. It is within these areas of conflict that the need for resilient and adept doctors becomes an existential imperative.

This address ventures into the terrain of war's tempestuous influence on medical education. It lays bare the widening gulf between the speedy ascent of medical AI and the harsh realities of environments ravaged by scarcity and destroyed infrastructure. It advocates the decolonization of medical education which, far from being a mere paradigm shift, empowers physicians to navigate the intricate "ecology of war" that shapes not only their lives but the lives of their patients. A curriculum tailored to this specific context fosters a unique breed of physicians –equipped to address the distinct needs of conflict-stricken populations and ethically navigate the moral labyrinths inherent in such circumstances.

In essence, this address grapples with two fundamental questions: how does war affect medical education, and should the latter be reimagined to serve as a guard against the destructive forces of war, ensuring not just the advancement of the field writ large, but the well-being of those who need it the most?

Ethics Committees and Education for Bioethics (349)

Paula Midori Castelo
Federal University of São Paulo, Brazil

Research ethics committees have an advisory, deliberative and educational role whose ultimate objective is the protection of the research participant. Bioethics education should be provided to all sectors that interact with ethics committees: the community (research participants and potential research participants), researchers and students, members of ethics committees and institution leaders aiming to improve science and knowledge. The constant need for updating regarding values, knowledge and practices, together with the human and material restrictions that committees face, makes teaching bioethics a challenge. In addition, the constant changes imposed by scientific advancement, the use of new research capabilities (social media, large datasets, omics), the pandemic, and new policies and regulations – as the case of Brazil – make the work of the committees even more complex while they should ensure timeliness of the projects review. Current initiatives by local and Brazilian committees will be presented and discussed along with the presentation of experiences from committees around the world reported in the literature. Reviewing and exchanging initiatives in bioethics education in a context of voluntary contributions and a lack of a solid resource base helps to find solutions and sustain collaborative development.

The Universal Code of Ethics for Medical Students

Rui Nunes, Guilhermina Rego, Rita Ribeiro, Sofia Nunes, Ivone Duarte
Centre of Bioethics, Faculty of Medicine, University of Porto

The medical student must recognize the privilege and responsibility inherent to medical training, especially when it comes to clinical practice with patients. During their academic career, students must behave ethically following the universal ethical principles of integrity, beneficence, autonomy, justice, non-discrimination, and responsibility. Always respecting the patient, their vulnerability, and their privacy. The medical student must consider the doctor-patient relationship as a space for learning and developing skills (hard and soft), giving priority to recognizing the patient as a human being who is special vulnerable. The student has the responsibility to stay informed and updated and to promote his/her ongoing training in the face of new digital tools, such as artificial intelligence. This proposal of a universal code of ethics for medical students follows these principles considering the cultural specificities of each region of the planet.

Plenary Session: GLOBAL BIOETHICS

Update of the Unesco's Universal Declaration on Bioethics and Human Rights (___)

Mónica Correia[1], Patrizia Borsellino[2], Rui Nunes[1]
[1] *Centre of Bioethics, Faculty of Medicine, University of Porto*
[2] *University of Milano Bicoca, Italy*

The revised Universal Declaration on Bioethics and Human Rights updates principles encompassing human, animal, and environmental health (OneHealth), focusing on ethical considerations in scientific research and technology. It prioritises safeguarding individual rights and dignity during medical and technological interventions, promoting inclusivity and cultural sensitivity while condemning actions that compromise human integrity. Emphasising the need to balance individual rights with collective interests, particularly in crises like the COVID-19 pandemic, it addresses ethical challenges posed by neuroscience, artificial intelligence, the right to be forgotten (data deletion rights), and telemedicine to ensure the protection of physical, psychological, and informational integrity.

The Declaration advocates for health literacy and advocates transparent communication of scientific discoveries. It underscores individual responsibility by promoting autonomy and informed consent across diverse populations, including vulnerable groups such as individuals with disabilities and children. Additionally, the proposal outlines guidelines to enhance public involvement and transparency in bioethical decision-making among Member States through initiatives like public advisory committees, consultation periods for new policies, and educational campaigns. Transparency efforts encompass publishing decision rationales, disclosing conflicts of interest, and establishing public review and appeal mechanisms.

Ultimately, the proposal presents a comprehensive update to the UNESCO Declaration on Human Rights and Bioethics, advocating ethical principles that align with global imperatives while upholding fundamental human rights and values.

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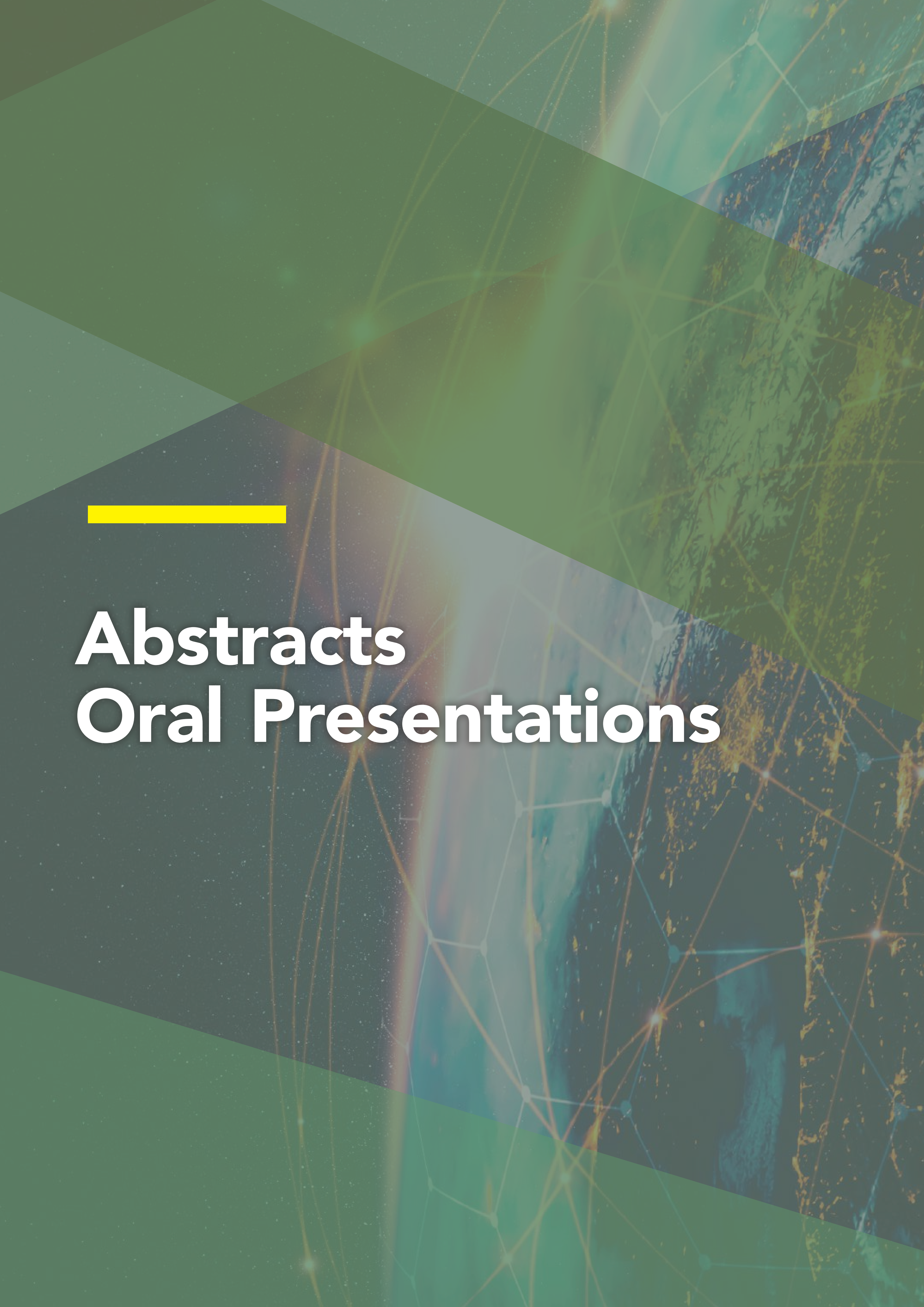

Abstracts
Oral Presentations

Medical Ethics in Liquid Society (009)

João Carlos D Elia
Delia Consultorias, Brazil

The doctor-patient relationship has been consolidated over time as one of trust and respect for knowledge. In modern times, access to information about health and therapies, political exploitation, the presence of insurance and supplementary health in the commercialization of service provision, generated a relationship of distrust between the patient and the doctor. Empathy, so necessary for the practice of medicine, is being replaced by a commercial consumer relationship, at the same time that non-medical professionals offer services competing for patients in the disease market. Medical science has continued to evolve with solid foundations built by knowledge of the etiopathogenesis of diseases and research into therapies. The doctor-patient relationship in liquid modernity has deteriorated, generating mutual distrust and a path to judicialization. Moral and intellectual virtues (Aristotle) and humanity as the end of actions (Kant) indicate Professional Ethics as a fundamental path towards the humanization of medicine. The training of doctors and the actions of the Medical Councils must be guided by Ethics. The Code of Medical Ethics must adapt to new times and not remain a dead letter, only used in ethical-disciplinary processes, with little repercussion on professional practice and the strengthening of medicine as a science.

Ethics in Neurosurgery (Singularities) (011)

Jose Carlos Rodrigues Junior, Marcelo Ferraz de Campo
Heliopolis Hospital – Brazil

Ethics in neurosurgery is paramount, balancing the dual responsibilities of patient care and technological advancements. Patient autonomy, beneficence, non-maleficence, and justice are core ethical principles guiding neurosurgeons. Ethical dilemmas in neurosurgery arise from cutting-edge technologies like AI, robotics, and genetic engineering. While these innovations offer potential benefits, ethical considerations regarding their implementation, patient privacy, and long-term effects must be carefully assessed. End-of-life care and decision-making present complex ethical challenges. Neurosurgeons often confront dilemmas surrounding withdrawal of life-sustaining treatments, brain death, and organ donation, requiring sensitivity, empathy, and adherence to patient wishes or advance directives. Conflicts of interest, such as financial incentives or industry relationships, demand transparency to avoid compromising patient care. Continual ethical education and discussions within neurosurgical teams are essential. Ethical decision-making frameworks, case discussions, and multidisciplinary collaboration aid in navigating complex ethical scenarios. In conclusion, ethics in neurosurgery is a dynamic landscape requiring a delicate balance between technological advancements, patient-centered care, and adherence to ethical principles.

Normative devices for palliative care in Brazilian University Hospitals (014)

Klinger Ricardo Dantas Pinto[1,2], Francisca Rego[1], Rui Nunes[1]
[1] *Faculty of Medicine, University of Porto, Portugal*
[2] *Empresa Brasileira de Serviços Hospitalares, Brazil*

University hospitals are the main training centers for health professionals, responsible for disseminating knowledge and maintaining excellence in patient care. Palliative care at the hospital must follow the precepts and regulations established in each health unit so that homogeneity is maintained and that each team member knows how to proceed in health care. In Brazil, there is the Brazilian Hospital Services Company that coordinates the management of 41 university hospitals, with the aim of standardizing conduct and rules, however, there is still great heterogeneity in protocols, regulations, procedures, manuals and committees that motivated this study aiming to understand this diversity. The methodology used was a cross-sectional study of the document collection of normatives of these hospitals, whose compilation showed that the main regulations on palliative care are operational procedures, characterized as directives focusing on the execution of care, without further discussions about causes or ethical aspects. On the other hand, booklets for patients on palliative care were the rarest guidelines in these repositories. Therefore, providing the dissemination and standardization of rules on palliative care in university hospitals has the potential to improve health training and promote excellent care for patients.

Analysis of Emergency Guardianship for the Supply of Medicines not Recommended by Conitec in Ultra Rare Diseases: Case Report of the Supply of Icatibant for the Treatment of Hereditary Angioedema (016)

Eduardo Alvares de Carvalho[1], Henderson Furst[2], Luís Felipe Coelho[2]
[1] *Roraima Court of Justice, Brazil*
[2] *Brazilian Bar Association, Brazil*

The judicialization of healthcare in Brazil over the past decade has had a significant impact on the economic and financial balance of the Unified Health System (SUS), with the potential to jeopardize the application of its principles and guidelines, such as universality, comprehensiveness, equity, and equality. The judiciary system has intervened by creating tools such as State Health Committees, NatJus, specialization of health courts, and jurisprudential themes by Higher Courts with the aim of technically qualifying judicial decisions in healthcare. This includes considering Evidence-Based Medicine to ensure that the delivery of healthcare technology demanded by patients through judicial means undergoes prior assessment of its accuracy, effectiveness, efficiency, cost-effectiveness, and cost-benefit, thereby preserving the integrity of the constitutional framework designed to sustainably guarantee the Right to Health. This is a Case Report of a 59-year-old patient diagnosed with Hereditary Angioedema Type II (AEH) who is seeking legal action to obtain a medication not covered by SUS protocols due to its limited benefit and high incremental cost-effectiveness ratio (ICER).

Importance of the discipline of Medical Bioethics in the medical course (020)

Antonio Angelo Rocha, Antonio Angelo Rocha Filho, Claudia Regina Gomes Rocha
Pontificia Universidade Católica de Minas Gerais, Brazil

The authors report the importance of the discipline of Medical Bioethics for the undergraduates of the medical course of the Pontifical Catholic University of Minas Gerais for the development of the reflective process of the main ones related to Bioethics Medica such as bioethical principles (autonomy, beneficence, non-maleficence and justice), terminality of life, euthanasia, dysthanasia, orthothanasia, advance directives of will and principles of palliative care, through the comparative study of the knowledge of students during the periods of graduation in medicine.

Informed consent: true or myth as a mean of proof (025)

Ana Maria Tabet de Almeida[1,2,3]
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[2] *Maternidade de Hospital Albert, Brazil*
[3] *Maternidade Mariana Bulhões,* Brazil

Free and Informed Consent is a procedure where the doctor informs the patient about the propaedeutic and treatment that will be submitted, describing the phases, risks and benefits of the process. Thus, the professional will be fulfilling his obligation, in accordance with the Consumer Protection Code and Civil Code, contributing to obtaining valid consent. This topic interested me, because after 30 years of medical practice, working in different areas according to the legal precepts of medical ethics, I noticed changes in the behavior of patients who are more participative, interested in their diagnosis, in prompt recovery and advances in medical legislation. A Literature Review was used as a methodology. In relation to the patient, he gave up considering the doctor as a figure above good and evil, considering him as a health worker, changing the doctor-patient relationship. The medical professional must be aware of the appropriate measures, being prepared to lead the transformations in the patient's behavior, with the regulations of society as a whole, highlighting the distinction and effects of the doctor-patient relationship and its importance in the medical field and the contribution as proof.

Health communication in Brazil: Bioethics, Social Listening and the Common Morality (027)

Márcia Araújo Sabino de Freitas
St. Jude Global / A.C.Camargo Cancer Center, U.S.A / Brazil

There was lots of disinformation about measures to contain the COVID-19 pandemic in Brazil. But there was also misunderstanding among those who shared accurate information, with impacts on the intervention's effectiveness, including other diseases vaccination. Examining pieces of Brazilian public entities' advertisements, to assess the discourse that permeates communication that do not involve disinformation, it appears that collective health strategies such as vaccination and masking were generally presented as individual measures. So, as they seemed to have only individual consequences, even well-intentioned communication seemed to fail, ending up emphasizing the individualistic discourse that facilitated the fake news. Based on the collected data, the Beauchamp and Childress' common morality concept and Potter's call for a cultural evolution with Bioethics, we discuss whether our common morality, so rooted in individual values, is adequate for contemporary challenges, such as climate change, the greater pandemics recurrence and the huge social inequalities. This debate is essential for improving health communication, with impacts on public health policies such as disease prevention. Besides, the WHO recently advocates for States to carry out social listening in the health area, as populations have different health demands.

Redefining Humanity: Transhumanism and Ethics in the era of gene editing and Quantum Artificial Intelligence (028)

Jose Israel Sanchez Robles
Faculty of Medicine of the University of Porto, Portugal / Brazil

The 21st century is defined by unprecedented technological advances, especially in the areas of gene editing, artificial intelligence (AI), and quantum computing. These fields are converging to redefine human experience and capability, opening new frontiers for exploration and innovation. Transhumanism, a philosophy that advocates the use of technology to enhance human capabilities, is at the forefront of this transformation. This approach promises to overcome human biological limitations, including weaknesses related to health and longevity. Gene editing, particularly through technologies like CRISPR Cas9, is one of the most significant examples of how transhumanism can be realized, allowing precise modifications to DNA to prevent disease and potentially enhance human traits. AI has the potential to complement and augment human capabilities, offering solutions to complex problems and improving efficiency across industries. Quantum computing, with its ability to process information on an exponential scale, promises to revolutionize fields such as cryptography, pharmaceutical research and data analysis. However, these advances can also trigger challenges in cybersecurity, equity in access to cutting-edge technology, and loss of human control over intelligent systems.

Access to infertility care in Brazil: Validation of a questionnaire for a bioethical discussion (033)

Drauzio Oppenheimer, Christiane Peres Caldas, Giselle Crossara Gracindo, Henrique Zarpellon, Francisca Rego, Rui Nunes
Faculty of Medicine, University of Porto, Portugal / Brazil

Introduction: The World Health Organization recognizes infertility as a disease, indicating a need to offer access to reproductive care. Many patients find it difficult to access care for geographic, social, economic, political, or biological reasons. The scenario for the most vulnerable population may be more stressful in the Brazilian population. It is possible, through socioeconomic assessment of the target population, to envision alternatives for fair opportunities and expand the ethical discussion about possibilities of access to care. The objective was to develop and validate a questionnaire aimed at identifying socioeconomic traits of Brazilian infertile couples and to identify barriers to care that affect the most vulnerable populations. Method: Literature review, a questionnaire applied to 54 couples over 18 years, and statistical analysis. Results: The questionnaire proved to be objective and easy to understand. It was possible to obtain socioeconomic information and the main difficulties in accessing medical care for infertility. Conclusion: The questionnaire proved to be viable in collecting adequate data to characterize a target population, allowing information to be obtained for a bioethical discussion in search of reproductive justice.

Enhancing Ethical Judgment with AI: The MAGI System's Approach in Natural Language Model Optimization (034)

Gerson Hiroshi Yoshinari Júnior, Ana Beatriz Oliveira Urbano, Carolina Maia de Cia
Faculdade de Medicina de Itajubá

The advancement in developing and implementing natural language models is reshaping research across various academic disciplines, including the realm of ethics. Amidst growing concerns about the ethical employment of these emerging tools, a significant research trend is focusing on their application in moral and ethical judgments. In our previous research, we explored the application of two natural language models for assessing ethical evaluations from the São Paulo Regional Medical Council, Brazil. That study underscored the critical influence of prompt quality on the responses generated by these models. In our current work, we introduce an optimized approach to enhance the performance of these models within this context. This is achieved through the creation of specific personas for conducting assessments, forming the basis of the MAGI System. We propose operational conditions in which the MAGI System not only surpasses the previous application's top performance of 61% but also significantly improves the reliability of decision-making processes.

Beauty plastic surgeries and extent of aesthetic damage: error or dissatisfaction? (036)

Mariana de Arco e Flexa Nogueira[1], Lígia Passarelli Chianfroni[2]
[1] São Paulo State University Júlio de Mesquita Filho – UNESP Franca, São Paulo, Brazil
[2] University Of Santo Amaro (Unisa), São Paulo, Brazil

Brazil is one of the countries in the world where the most aesthetic plastic surgeries are performed. The main demand is from women and Brazilian courts understand that such procedures are characterized as obligations of results, as they represent the doctor's core activity, which must deliver the beautifying effect desired by the patient. Therefore, there are situations in which, after the procedure, patients are dissatisfied with the surgical intervention and sue the professional based on medical error, claiming various types of damages, such as aesthetic damages, but the patient must prove culpable conduct by the professional, which has a causal link with the damage caused to him. It turns out that, as Medicine is not an exact science, it will be explored how problematic it is to characterize plastic surgery as a mandatory result, especially because the patient's behavior in the post-operative period proves to be relevant to the success or otherwise of the intervention. Therefore, it is necessary to distinguish what constitutes medical error and what constitutes patient dissatisfaction. Thus, using the deductive method and the methodological procedure of the bibliographical review, we will examine what characterizes aesthetic damage and its effects in relation to the compensation for damages owed by the professional.

Patient's loss of autonomy: Court's decision, or Bioethics mediation? Building a consensus on the best interest of the patient (039)

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Patient with irreversible loss of autonomy had his directives previously registered in EMR. Doctors want to strictly obey directives. Family disagrees and may go to Court, to get an injunction, forcing doctors to disobey. This dispute may last for some time. Instead, the Bioethical Mediator, works fastly to build a consensus, based on "the patient's best interest", not the interest of third parties, be it family or doctors. Bioethical Mediator is someone absolutely independent, impartial and experient in Bioethics, Law, Mediation techniques and Consensus Building. Think that "the person most interested on the subject", does not participate in the negotiation table: the patient, himself!

Australian patient organisations views on informed consent in stem cell research (042)

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Historically, stem cell research has been treated with caution in Australia. Legislation regarding the use of embryonic stem cells is strict. Currently, however, Australian stem cell scientists largely use Induced Pluripotent Stem cells (iPS), which are adult cells that are reengineered to become embryonic-like stem cells. This innovation brings some alternatives to alleviate some ethical concerns from the Australian context (e.g., the use of discarded embryos in research), but it also brings some other concerns to the fore, such as donor privacy. This presentation relates to partial results of the EOAR Project (Enabling Openness in Australian stem cell research), an interdisciplinary research cluster looking at ways of building trust in stem cell-based research and therapies (https://www.eoar.com.au/). The project examines the views of researchers, patients and their representatives, policy influencers, and the public in Australia. The findings described here relate to semi-structured interviews conducted with 17 patient organization representatives in Australia regarding their views of patient informed consent (and diverse models of informed consent), sharing of stem cells among researchers, and potential commercialization arising from research with donated stem cells.

Implementation project of the municipal palliative care program in Primary Healthcare (044)

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Introduction: Resolution No. 515 of July 20, 2023, establishes the guidelines for the 17th National Health Conference to guide the management plans for the Federal Government's health and ensure the implementation of popular demands in the Unified Health System (SUS). Among the 59 suggestions in the resolution, it includes the implementation of the National Palliative Care Policy as a guarantee of financing, integrated into the Health Care Network, and as a component of care in Primary Health Care (PHC). Objective: To implement an organized model of Palliative Care (PC) for the healthcare system of the municipality of Timbó – SC, focused on addressing the needs of the patient and their care network within PHC, ensuring completeness and universal access. Methodology: This is an open and dynamic plan that will occur in 3 phases: 1) Creation of a Municipal Law instituting the Municipal PC Plan; 2) Implementation of a Specialized Outpatient Clinic and Training in CP with a workload of 60 hours; 3) Data Collection, Maintenance, and Replication of the Model at the national level. Expected Results: Ensure Palliative Care in PHC for all patients with terminal illnesses or with a modification of quality of life and life expectancy through a Municipal Plan.

Impacts of the absence of legislation on assisted reproductive technology in Brazil (047)

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Assisted reproductive technology (ART) is a multidisciplinary field of study, which allows people with any reproductive obstacles to be able to generate offspring. ART techniques changed human relationships and presented conflicts and ethical dilemmas. Over the decades ART implemented several changes, however Brazilian legislation has not followed suit, which means even nowadays we do not have a Law on the subject. The task of regulating the issue was left solely to the Brazilian Federal Council of Medicine, Conselho Federal de Medicina (CFM), which has no Legislative Power. All legislative power is vested in the Federal Congress, meaning that it is the only part of the government that can make new laws or change existing laws. Therefore, CFM regulations are only administrative in nature, not enforceable to patients and other professionals involved in ART procedures. Those regulations only have ethical implications for professionals and medical institutions. On one hand, the absence of legislation on ART means that its practitioners suffer a direct impact on the relationships with patients and other health professionals. On the other hand, CFM resolutions play an important role in ART and should continue to be encouraged, focusing on technological changes and the dynamism that ART represents to society

Technical considerations of medical listening: a proposal for an extended concept of the ethical standards involved in differential diagnosis (048)

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Accurate listening to patient reporting is the initial, fundamental step allowing improved rapport, a major foundation of medical ethics. As a discipline and a praxis committed to clinical excellence, medical ethics presupposes, beyond rapport, the use of the best available techniques to achieve proper differential diagnosis. Medical anamnesis implies a dialectic process that involves the anchoring of terms obtained from patient reporting, as well as the confrontation between the constellation of such terms and the best knowledge of conditions under investigation. A precise anchoring of a set of clinically relevant terms implies a proper collecting of relevant clinical information in a structured, organized form, which allows such dialectic progression. A proper confrontation between the terms obtained from patient reporting and the best established clinical knowledge allows better diagnostic reasoning. However, anchoring bias spreads to all subsequent steps in this dialectic process, leading to a substantial loss of consistency. This communication will discuss the clinical relevance of anchoring bias cascade in misdiagnosis. Besides rapport, accurate listening improves technical parameters in clinical practice, doubly enhancing ethical standards.

Health mediation strategies and reduction of health judicialization in small municipalities (049)

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The public health judicialization is a current phenomenon and has resulted in an increase in public spending, especially in relation to medicines. This scenario leads to excessive action by the judiciary in health, which culminates in situations such as exorbitant costs passed on to public entities, especially to municipalities that have a limited budget, given the non-compliance with regulation standards, powers and decentralization of the SUS by the Court. For this reason and those relating to judicialization, the municipality of Bastos, in which the present study was developed, established an interprofessional commission to analyze medication applications (CAT), in operation since 2017. The present study also aims to evaluate its impact in relation to the number of judicialized cases. The study was carried out by collecting procedural data regarding requests for standardized and non-standardized medicines by the SUS, during the period from 2012 to 2021. Data were collected after approval by CEP/CONEP and analyzed by the Center for Applied Statistics of the Institute of Mathematics and Statistics of USP (CEA-IME/USP). It was concluded that, through descriptive analysis, as well as inferential analysis, the CAT reduced the number of judicial processes in the municipality of Bastos in the period from 2017 to 2021.

The importance of scientific publication of a clinical case study of erythema pernio like or pseudo-perniosis with to Sars-Cov 2, in May 2020, at SUS, Federal Government, in São Paulo-SP, Brazil (051)

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The scientific publication of clinical case report is important because there are few scientific studies on skin manifestations with COVID 19. Erithema pernio like illness associated with COVID-19 was then described, and may be the only manifestation of the disease. These lesions, it is suggested that infection with the new coronavirus (Sars-Cov-02) be investigated. The depth study of the pathophysiological manifestations of diseases through histopathological and immunohistochemical studies on different skin lesions of patients with COVID19 are essential for a better understanding of the meanings of the disease. COVID19 too has many consequences that have not yet been described and little studied, but which often cause social disorders that impair the quality of life and social well-being, often making this patient even more vulnerable. The epidemiological value is special to the convalescent and sequelae condition, making it possible to develop public policies that guarantee individual constitutional rights to each citizen through the SUS health system in social security and protection. Being of great importance the scientific perception in identifying the natural history of disease considering their biome. Bibliography: Maluly PV, Schartz AC, Petri V, SUS, Federal Government, São Paulo-SP, Brazil. Erythema pernio-like.

Bioethicists should re-examine the concept of death (052)

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In 1968, the Ad Hoc Committee of Harvard Medical School, via the Journal of the American Medical Association (AMA), established brain death as the legal criterion for death. Death, a complex phenomenon, is viewed through diverse lenses: social, historical, biological, anthropological, bioethical, religious, cultural, medical, and legal. Physicians, entrusted by society, bear the significant social responsibility of certifying death. Exploring death involves examining burial practices, notably prehistoric interments from 80,000 B.C. These unveil human symbolic capacity, accentuated in the Neolithic era. The cultural concept of death has evolved, challenging traditional definitions. Hypothermia, once synonymous with death, now coexists with advancements like Cryopreservation. Harvard's brain death criteria govern organ transplantation, succeeding an earlier criterion based on cardiopulmonary arrest. The evolution of death criteria mirrors scientific progress; current standards equate death with the cessation of all brain functions. Characterizing death necessitates defining "being alive." Brain death signals death, yet anencephalic fetuses are deemed "living beings." Fear of death, rooted in its essence, stems from the prospect of suffering. Death, a metaphysical phenomenon, intertwines with finiteness and temporality.

Implementation of studies on bioethical principles through literature and textual production for elementary school students in the city of Lages/SC (054)

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Reading in the classroom, when applied to its emancipatory role, can bring positive results for students in relation to their power of criticism and carrying out textual interpretation. With the aim of enriching the pedagogical practices of Literature and Text Production classes, taught in a municipal school to 18 students aged between 10 and 11 years old. We try to take through and refletions from the stories heard and (re)told for the development of imagination, a place where students can go through experiences of emotion and enchantment between readings and words, in a pleasurable and meaningful way. Reading and text production activities and that during the process of reading, writing and talking, we can include elements related to the bioethical context and its individual and social impact. During the methodological process we use for this research observation diagnosis, an initial questionnaire and we still intend to do a second questionnaire applied in the school environment.

Overdiagnosis: it is time to demystify false beliefs. A Medical and Bioethical point of view (057)

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This paper proposes to discuss the excessive diagnostic exams (overdiagnosis) and its impact on the patient autonomy, beneficence, non-maleficence and on the sustainability, fairness, and equity of the health systems. Although technology should be related to medical procedures, anamnesis and the patient's decision about his treatment can not be neglected. The authors provide a framework that unneeded exams can harm patients physically and psychologically, violating medicine's principles and can damage health systems by wasting resources and diverting funds, not to mention a violation of the Code of Medical Ethics and the increase of judicialization. The aim of the research is to demystify the beliefs that exams are always necessary to gain patient trust; it is mandatory to the physician to prescribe exams to avoid liability; etc. The methodology is a literature review on bioethics, medicine and law. The conclusion is that overdiagnosis can result in further unnecessary treatments or interventions, causing stress to the patient. From a bioethical perspective, overdiagnosis can lead to overtreatment, violating medicine's first principle: 'to do no harm.' It is understood that it is time that medical professional responsibility requires the course to be adjusted when treatments do more harm than good.

Dignity of the patient in end of life care – cultural background implications (059)

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Appeals to human dignity occupy the field of debates in the medical field with a concept whose definition framework uses a varied terminological grouping. Although there is a rich literature with many writings on the concept of human dignity, there is still no common language that allows for a precise definition, and no standard agreement on the terms that carry meaning for the concept of dignity. The field of health care recognizes the importance of human dignity evoked in a common space of expression of the concept in relation to human rights, bioethics and health care. Investigating the perception of dignity using the Patient Dignity Inventory (PDI, Chochinov), validated for the first time in the field of oncology, although proven to be an effective psychometric tool for assessing the problems of dignity in cancer patients, is extremely difficult to apply as a general model for provision of medical care in a multicultural context. Starting from the consideration that maintaining dignity is an ethical goal in health care, in this paper we aim to evaluate the impact and importance of the cultural perception of the concept of dignity in practical medical applications drawn from the versions and cultural adaptations of the PDI model for palliative care given to the patient in the terminal stage.

Interpreting COVID-19 Footprint in Brazil Through a Bioethical Lens (063)

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This presentation examines the COVID-19 pandemic in Brazil up to 2023, assessing mortality and vaccination coverage using publicly available data. The central aim is to identify correlations with various variables and interpret them from a bioethical perspective, considering the ethical, social implications, and public health policies. Data on COVID-19 mortality and vaccination coverage will be cross-referenced with the human development index, per capita income, economic sector values, age distribution, ethnicity, religion, educational level, and 2022 national election voting patterns. These correlations will be analyzed at both state and municipal levels. Inequalities in healthcare access, the impact of socioeconomic and demographic conditions on COVID-19 vulnerability, and political responsibility in public health management will be discussed, with a special focus on the bioethical principle of justice. A critical approach will be adopted to differentiate between correlation and causation, emphasizing the complexity of the involved factors and the need for careful, ethically responsible interpretations. The presentation ends with a reflection on the study's limitations, the global relevance of the findings, and their applicability in shaping public health strategies and governance, highlighting the crucial role of bioethics.

Bioethical considerations on collaborative Mental Health Care in Primary Care in Brazil (065)

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According to the World Health Organization, up to 85% of the population with mental disorders are not treated, only 1% of the global health workforce consists of mental health professionals, and Primary Care (PC) can help solve this treatment gap. Brazilian Family Health Strategy, with interdisciplinary PC teams, sanitary responsibility and longitudinal care, are responsible for solving 80% of health problems, including those related to mental health care. International models of primary mental health care include collaborative care to qualify and develop integrated care. The Brazilian model of "matrix support care", with professionals from various levels of the National Health System working together, develops interventions with pedagogical and therapeutic aims to qualify primary care teams and build an integrated network for mental care. Despite the recent increase in these practices, there has been little discussion on the bioethical issues involved, including shared decision-making, confidentiality, shared information, different responsibilities in interdisciplinary teams, patient autonomy, justice and equity in access to mental health care. Several types of actions are held such as groups and joint consultations, including widespread use of messaging tools, that need to be analyzed and regulated concerning ethical aspects.

Judicialization of the doctor-patient relationship: the lack of bioethical analysis by the judiciary in Alagoas (066)

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Doctor-patient judicialization are lawsuits that question medical conduct "medical errors". The number of these lawsuits is growing, FONAJUS does not adequately monitor them in the health panel and there is a need to study them from the perspective of bioethics due to the asymmetry of the relationship which increases the vulnerability of patients. The abstract shows one of the results of the research for a master's degree which found that the bioethical principles of the Universal Declaration of Bioethics and Human Rights are not used in the reasoning of the Judiciary in Alagoas. The method used was content analysis of judicial decisions in civil appeals from the Alagoas Court of Justice through public consultation of case law, using the expression "medical error" as a keyword. Only civil law decisions were filtered. The time frame was from 2013 to 2022 due to the virtualization of cases. A total of 43 decisions were filtered and analyzed. The non-use of bioethical principles by the Alagoas Judiciary limits the analysis of cases brought by patients to the Judiciary, does not assist in the de-judicialization of health and does not achieve the justice sought by patients, considering the verified tendency of the Judiciary to deny and maintain the denial of its jurisdictional provision.

The exercise of autonomy by patients in choosing non-transfusional therapy (067)

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Because of the risks associated with blood transfusions, medical researchers have put considerable resources into developing safe and cost-effective means of treating patients without blood. Many skilled clinicians who have treated patients who refused blood transfusions now practice these demonstrably safer and more effective therapies as the standard of care for all patients. Worldwide, an increasing number of doctors respect the autonomy of patients who request nonblood medical treatment. Respect for personal autonomy is the foundation of a patient's right to select treatment among therapeutic possibilities with scientific evidence and to give informed consent. International ethical standards establish that a patient's decision must be respected. This study analyzes legal provisions such as the International Covenant on Civil and Political Rights and other international and regional human rights instruments.

Medical Gaslighting: analysis of conceptions, contexts and strategies for comprehension and transformation (068)

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The concept of medical gaslighting emerged from the conception of gaslighting in the field of violence, through the interpretation of artistic representations of the phenomenon. Medical gaslighting would encompass the attitudes of medical professionals to minimize and discredit symptoms reported by the patient, the psychiatrization of clinical conditions, and even the distortion of medical contexts as a means of manipulating the patient. This study aimed to analyze the concept of medical gaslighting, the contexts involved, and the possibilities and strategies for transformation, based on a systematic review of the literature and theoretical research. The phenomenon is analyzed in this study in dialogue with the conceptions of medical error, discrimination, violence, epistemic injustice and power-knowledge relations. Strategies for change are evaluated in interaction with conceptions of health-education, epistemic and power configurations, and the contexts between autonomy, empathy and care. Despite the still limited scientific literature, the term medical gaslighting has been gaining ground in society, generating questions and reflections about medical practice, which demands studies and research for its comprehension and transformation.

Assisted reproduction and the rule of law: a right for whom? (071)

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This work explores the debate on Assisted Reproduction in Brazil, highlighting its inaccessibility due to legislative gaps. In a survey conducted with over 100 women nationwide, 77% without children expressed the desire to have their first child between the ages of 30 and 40. Various factors shape the current mindset of "delayed" motherhood compared to the 19th and 20th centuries. Simultaneously, a growing number of individuals, predominantly women, seek Assisted Reproduction methods. Despite the increasing desire for "delayed" motherhood and cases involving infertility or same-sex couples, the Brazilian Unified Health System (SUS) struggles to meet the growing demand. Research data reveals that over 99% of surveyed women find the government's promotion of free assisted reproduction programs unsatisfactory, with more than 76% unaware of such procedures offered by SUS. Article 9 of Brazil's Family Planning Law guarantees all conception methods but lacks specification on the health budget allocation. The legislative gaps concerning this assurance for infertile couples, same-sex couples, and modern women planning solo motherhood underscore a profound and resounding silence!

Ethical aspects of pre hospital emergency medical systems (072)

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Introduction: Pre-Hospital Care (PHC), which is frequent in Emergency Medical Services (EMS) presents unique and peculiar ethical challenges, due to the conditions under which care is provided and the characteristics of the activity. Compared to other areas of health, there is little specific material on the ethical aspects of PHC. In Brazil, this data is practically non-existent, in addition to there being a need for ethics education for PHC professionals. Objectives: The objectives of the present study are to analyze the ethical aspects of APH, building a theoretical framework. Method: A non-systematic review of the literature was carried out in traditional databases using the terms "ethics and prehospital care" "ethics and emergency medical services". The articles found were analyzed regarding their relevance and importance to the topic. Conclusion: There is an urgent need for greater attention and research regarding the ethical aspects of pre-hospital care, as ethical dilemmas in this area are frequent and often complex.

Implementation of the WHO guideline as a mechanism for resolving bioethical conflicts and its impact on the use of public health resources (079)

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Therapeutic refusal is not a novelty in the medical field. Nevertheless, there are still discussions about this in the bioethical field. One case that stands out is that of patients who refuse blood transfusions due to their religious convictions. The analysis of this subject includes considering topics such as patient autonomy, discrimination, human dignity, human rights, informed consent, among others. In this context, a guideline published by the WHO, which recommends the urgent implementation of patient blood management (PBM) can have a positive impact on the doctor-patient relationship, reconciling the doctor's duty to provide effective medical treatment with the patient's right to self-determination. According to the WHO, PBM promotes patient safety, education, and autonomy, while reducing public healthcare costs. Therefore, considering the clinical, economic, and ethical advantages of this program, it is interesting to consider the implementation, by the Ministry of Health, of the national policy for managing the patient's own blood, which will contribute to resolving the bioethical impasse of therapeutic refusal of blood transfusions.

What is the ethical role of the healthcare professional in addressing electronic smoking devices (ends) in view of the current scientific evidence (080)

Tales Aprígio Camargos Ferreira, Matheus Magalhães de Almeida, Lívia Quintella Baptista, Carolina Barros Ferreira da Costa
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Introduction: The use of ENDS by younger and non-smoker people is worrisome, as they expose a new generation to high levels of nicotine, as well as, propylene glycol, glycerin, other solvents and additives. Aim: To question the doctor's ethical conduct when dealing with ENDS. METHODS: A review was carried out using PubMed, for studies that addressed the exposure and risk of ENDS, correlating with the Brazilian code of medical ethics CFM2217 of 2018 and the guidelines of article 5.3 of the Framework Convention for Tobacco Control regarding tobacco industry interference in public health. Discussion: There are not enough evidence that ENDS are less harmful than cigarettes and long term risks are yet to be studied. Manufacturers of ENDS have resurrected marketing practices used by tobacco companies during the past decades to attract children to nicotine products. This constant bombardment of advertisements and the use of flavors increase the popularity of ENDS and their consumption by children. There is no additional benefit to smoking cessation for smokers with the use of ENDS. Nicotine vaporization can be more addictive than cigarettes, inducing more dependence. Conclusion: Doctors must act in accordance with their code of ethics to protect young people, given the lack of longitudinal studies that classify the use of DEFs as safe.

The bioethical discussion on medical utilitarianism and the recognition of the dignity of life with disabilities (082)

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The bioethical discussion on medical utilitarianism and the recognition of the dignity of life with disabilities in the context of reproductive rights is a complex debate, where ethical and moral values intertwine. Utilitarianism focuses on maximizing well-being and eliminating circumstances that promote suffering, which can raise moral questions about the allocation of resources, the making of dramatic decisions, and the potential mitigation of the human rights of people with disabilities. On the other hand, recognizing the dignity of life with disabilities promotes autonomy and embraces expressions of human biological diversity. The utilitarian approach, associated with biotechnological advances in reproductive medicine, must be criticized for its potential to marginalize vulnerable groups and revert to a eugenicist vision that advocates for medical procedures such as eugenic abortion, compulsory sterilization, and genetic manipulation. In conclusion, this bioethical discussion underscores the importance of considering fundamental ethical values in health policies and the protection of people with disabilities. Therefore, it is crucial to promote an approach that respects human biological diversity and addresses the complex ethical challenges that arise in this context, all while upholding and not violating human rights.

Social media posts: how should doctors behave in this environment? (086)

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Introduction: The article explores the challenges faced by doctors when sharing patient information on social networks, highlighting the importance of understanding professional responsibilities in the virtual space. Objective: The aim is to guide doctors on appropriate conduct when posting medical cases on their social media platforms. Methods: Based on theoretical reflections from studies in SciElo, MedLine, PubMed, and the Brazilian Medical Code of Ethics, the following descriptors were adopted for article searches: medical ethics, confidentiality, and social networks. Discussion: The article emphasizes the importance of images in diagnoses, clinical care and education, with a focus on ethical considerations. It discusses the distinction between advertising, promoting product consumption and propaganda, aiming to perpetuate knowledge. Conclusion: The article underscores the importance of careful management of online posts, emphasizing the need to avoid prejudiced content, conform to the Medical Code of Ethics, and focus on non-commercial informative posts. Additionally, it highlights the requirement for explicit patient authorization for publications with educational purposes.

Dual loyalties of the physician-soldier qualitative study (088)

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1. Introduction: This study is about inquiries by military medical doctors to Regional Councils of Medicine, under Brazilian Medical Ethics Code, keywords "ética médica" (medical ethics) e "hierarquia militar" (military hierarchy). 2. Medical Civilian Ethics Codes: The current Medical Ethics Code in Brazil, from 2018, forbids doctors to accept interference from hierarchical superiors. Under military rule, yet subjected to Medical Ethics Codes, their contracts are to provide medical care. 3. Military Doctrine In Brazil: Army´s Disciplinary Code (Regulamento Disciplinar do Exército – RDE), the cornerstone of the Military, is fiercely bonded to hierarchy and discipline, but may bring ambiguity to medical doctors. We found three medical ethical conflicts in military institutions: The first, a psychiatrist asked about nom-medical interference with his patients. The second, about patient transfer in a military hospital with private ambulance service. The third was related to protocols imposed to doctors in medevac helicopters. 4. Conclusion: Doctors in the military are sometimes pushed too far under disciplinary codes, and have no choice but to follow medical ethics code. Doctors are in the military because they are doctors. Legislation defined roles of Medical Boards and Military Institutions.

Women's rights as a patient: A specificity imposed by the achievement of gender equality (095)

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The object of this study is female patients' rights and their possible specificity, arguing that these rights should be formulated in such a way as to contribute to gender equality. We consider the rights of patients, as well as the issue of gender equality, crossing these two subject areas. We intend to assess whether a possible discrimination against women, contrary to gender equality, is reflected in terms of patients' rights entitlements. Using as a methodology the identification and collection of diplomas where patients' rights are foreseen, normative instruments of a national and international nature and the refinement of the existing literature on this matter, we intend to verify if women, as holders of patients' rights with some specificities, are, eventually, for this reason, in health systems, object of discrimination, which results in a contradiction to the principle of gender equality. We proceeded to a comprehensive analysis on patients' rights, women´s specific rights and the assessment of the eventual existence of discrimination of these. The finding in this sense, if verified, will determine the reflection on the need to take health policy measures that aiming at the protecting patients' rights, materialize the defense of women's specific rights, contributing to gender equality achievement.

Pediatric autonomy in the healthcare setting – study in the context of bioethics (102)

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This article assesses the matter of respecting autonomy in pediatric patients of less than 12 years of age in the scope of bioethics. Our main goal was to analyze the contexts implicated in the respect for pediatric patient autonomy, while promoting their best interest in healthcare. We performed a narrative review thru the reading and analysis of texts, articles and book chapters contained in data basis and others. The scope of this paper was organized by themes related to the central problem: psychology and neuroscience; law and ethics; society and culture; and bioethics. Thru reflections generated by the analysis of the main themes, we proposed a virtuous approach to address conflicts regarding pediatric autonomy. Results of our analysis show that pediatric autonomy is partial and conditioned, but this shouldn't inhibit healthcare professionals of constantly assessing the child's capacity for decision making, as well as constant stimulate patients towards self-determination. Parental authority, though important, it is not absolute. Parents should be respected, but healthcare providers should not be omissive when observing the comprisal of children's best interest. Our moral compass should be directed to the most vulnerable part of the equation (the child), respecting parents if possible and stimulating patients increasingly.

Navigating the new frontiers of patient autonomy and informed consent in bioethics (107)

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World Association for Medical Law, Brazil

The rapid evolution of medical technology and healthcare methodologies has introduced complex new challenges in the realm of bioethics, particularly concerning patient autonomy and informed consent. The study delves into the intricate relationship between patient autonomy and technological advancements, such as AI in diagnostics, treatment, genetic engineering, and telemedicine. The increasing complexity of medical procedures and the rise of personalized medicine have raised pivotal questions about the adequacy of current consent protocols. Are patients truly making informed decisions when confronted with high-tech medical options, or is their autonomy being compromised? It explores the ethical implications of data privacy and security in patient autonomy. With the surge in e- health records and digital health tools, the confidentiality and control of personal health information have become paramount concerns. How can we ensure that patients' autonomy is respected in an increasingly digital healthcare landscape? To address these challenges, I propose a multi-tiered approach to informed consent, integrating interactive decision aids, personalized information sessions, and continuous consent processes. This approach aims to empower patients with a deeper understanding of their medical choices, thereby reinforcing their autonomy.

Civil liability of the state for obstetric violence based on the "faute du service" theory: a case report of negligence during labor in a public hospital (111)

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Roraima Court of Justice, Brazil

The Brazilian state has a constitutional duty to provide free and comprehensive healthcare to the population. When the provision of public service is defective, the civil liability is generally objective, based on the theory of administrative risk. However, specifically concerning public healthcare services, civil liability is subjective, based on the "Faute du service" theory. It is the responsibility of the injured party to demonstrate the existence of damage, the conduct, the causal connection, and the fault of the public agent. To do so, we will analyze a case report in which labor was conducted in a public hospital by a obstetric nurse, disregarding federal legislation and guidelines recommended by the Brazilian Federation of Gynecology and Obstetrics and Advanced Life Support in Obstetrics. This led to shoulder dystocia with birth trauma and injury to the brachial plexus of the newborn, resulting in a condemnation for moral injury in favor of both the newborn and the pregnant woman.

Trading IF for WHEN: Medical Malpractice Insurance as a Strategic Tool for Professional Management (108)

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The discourse surrounding MedMal insurance transcends traditional risk mitigation. I explore the provocative notion that by embracing the inevitability of "WHEN" rather than the hypothetical "IF" in medical malpractice scenarios, professionals can transform insurance from a mere protective shield into a proactive instrument for professional management. I examine the significance of medical malpractice insurance, and its role in providing both legal and financial security for physicians. I assert that physicians who invest in malpractice insurance exhibit heightened awareness of their legal exposure, contributing to a culture of accountability. I analyze a correlation between insurance adoption and a proactive approach to risk management, impacting the individual physician and reshaping the landscape of healthcare litigation. The nature of this discussion lies in challenging the status quo, questioning whether the current emphasis on punitive measures can be redirected towards a more collaborative approach. By positioning MedMal insurance as a barometer of professional responsibility, I propose a paradigm shift in the discourse around litigation in healthcare, that not only addresses concerns about rising legal actions but also fosters a climate of trust and transparency between healthcare providers, patients, and legal entities.

The right to the personality of the unborn child and the Bioethics of procedures that precede birth (113)

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The teleological interpretation of Brazilian legislation indicates that civil personality begins from birth alive, although an expectation of rights is recognized for those who are still in the uterine bed. The evolution of Medicine has made it possible for interventions to be carried out on unborn children prior to birth. Interventions in the conceptus are intended to improve the health of the embryo or fetus, correcting and treating health problems diagnosed during prenatal care. Beneficence for the conceptus is imperative. It turns out that any intervention on the implanted embryo or fetus has implications for the health of the mother and the pregnant woman. The intervention occurs in the mother-fetus binomial, precipitating a second obligation, ensuring the physical integrity of the mother. The ethical and legally permissible prescription of interventions in the fetus requires broad access to information by pregnant women. This work aims to bring the issue of the beginning of life and interventions in unborn children, versus the problem due to the lack of adequate regulation for the topic. Covering doctrinal knowledge, the beginning of life, personality rights, applicable legislation and the evolution of Medicine, the aim is to contribute to the updating of Legislation covering the Right to assistance for conceptus.

Ethics in the care of homeless people: challenges and perspectives (115)

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Between 2012 and 20122 the ill-housed population in Brazil increased it numbers near three times, in recent estimates, almost 280,000 people live in this reality. Therefore, its necessary that the health workers be capacitated to deal with this populational segment, and that these workers have knowledge about the public policies of SUS, for the ethical reception and care of the ill-housed. This research presents a descriptive revision of the legislation, specifically the "Código de Ética Médica", "Código de Ética do Estudante de Medicina", and official documents of the Federal Government, that institutes and regulates the health public policies for the ill-housed. Therefore, we established parallel tracks of the most recent alterations in the legislation of the subject, and elaborated comparative charts to help doctors, and health professionals, and academics to understand the legal ballast of the reception of this segment, and the relation between these fundaments and the ethical principles in caring for the ill-housed. With the development of this research, we realized that are still some legal gaps that need to be filled. Most importantly, that the Medical Ethics is the keypath to be discussed, and reinforced in the medical environment, specifically in the medical formation.

Regulation of artificial intelligence in healthcare (116)

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Artificial Intelligence (AI) promises to induce profound transformations in the healthcare sector, changing practices and structures of healthcare systems. The effective integration of AI in healthcare requires a specific regulatory framework. This thesis aims to establish a general paradigm for the regulation of AI in healthcare, grounded in ethical-legal foundations and regulatory guidelines. Despite myriad applications, AI in healthcare exhibits fundamental characteristics and challenges, demonstrating that there are common and sufficiently delimited points that justify the recognition of AI as a specific object of healthcare regulation. Based on this recognition, the study identifies and analyzes ethical and legal foundations to structure the regulation of AI in health, covering elements of: the right to health; AI ethics; human rights; ethical principles specific to AI in healthcare; and health data governance. From these foundations, the thesis proposes regulatory guidelines for AI in healthcare in three dimensions: 1) safety and efficacy; 2) transparency; and 3) responsibility. The conclusion is that the analyzed fundamentals and proposed guidelines constitute a solid basis for developing a robust and comprehensive regulatory paradigm for AI in healthcare.

Fertilization from the sperm of a dead man (121)

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Fertilization from the sperm of a dead person is a multidisciplinary issue related to culture, religion, bioethics, ownership, etc. Today's technology makes it possible to pump sperm or take testicular tissue from a deceased man, and in fact bring a child into the world whose father did not express his will for his existence, and will never meet him. The range of options for ethical positions on this question is very wide, from a complete ban on the process, to supporting and encouraging parents of the deceased to do so, through many intermediate options. The State of Israel is in an intensive legislative process on this issue, which will likely be completed by the time of the conference. The presentation will deal with the review of ethical dilemmas, the many possibilities for settling the issue, and the question of who should make the decision. Also, it will support the establishment of the possibility of giving advance directives for this question, thereby solving a large part of the ethical dilemmas.

The limits of autonomy in medical procedures on request (128)

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Decisions in the doctor-patient relationship require that the professional, when proposing a course of action, listens to the patient and respects the patient's autonomy, except in situations of imminent risk of death in which the patient cannot speak out and the principle of beneficence must be applied as a priority. Advance directives must be valued, however, for their implementation, they depend on the legal aspects of the country in which they are expressed. In medical procedures requested by the patient, the doctor's autonomy is limited by non-maleficence, that is, the patient's autonomy can be respected as long as the procedure does not result in harm to the requester or third party; It is also limited by the legal and ethical aspects to be considered, as occurs in the choice of delivery route, in vitro fertilization, sexual reassignment, etc. The preparation of a Free and Informed Consent Form (FICF), the observation of ethical standards and the application of the bioethical principles of beneficence and non-maleficence protect the doctor's autonomy and guarantee the search for the best conduct in relation to what is requested by the patient.

Medical ethics in the social media age (131)

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Social media (SM) enables the widespread propagation of medical conduct and therapies, making it vital to devise a new approach regarding medical ethics. F@ ceb00k, Y0uTube, Wh@tsApp, and Inst@gr@m are the primary means by which the disclosure of information and misinformation of medical practices occurs. Protocols and professional comments that bring the patient closer to the medical setting can be disseminated; however, the extension of medical functions and anonymity facilitate the spread of false information, contradicting the practice of evidence-based medicine. With the steady growth of SM usage by doctors and patients, overseeing health-related disclosures in these channels becomes critical. Besides the commercialization of medical practices on SM, patients are often relegated to the background and deceived by promises, such as "before and after" images. Hence, the creation of guidelines on the use of SM as a guiding element in medical practice is crucial, reinforcing the bioethical principles governing the profession, thus following the bases of bioethics presented in the International Code of Medical Ethics (developed by the World Medical Association), and ethical publicity devoid of intrusion or misinformation, which are critical ethical standards for medical practice.

IA and Mental Health: New challenges from the Ecotechnobioethics (135)

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Amidst rapid technological progress, especially in artificial intelligence (AI), humanity faces unprecedented challenges. The COVID-19 pandemic has expedited virtual interactions, influencing human relationships. This paper introduces the concept of Ecotechnobioethics, a branch of Ecobioethics, to address AI's impact on human subjectivity while upholding bioethical principles. Differentiating between mind and psyche, the study emphasizes AI's emulation of mental functions but not the psyche. The crucial distinction is that AI can artificially develop thoughts but not affection and representation. Humans transform the factual into representations through psychic activity, which is idiosyncratic. Focusing on the "Ethereal Era," Ecotechnobioethics anticipates AI's societal and biological impacts. The analysis includes Digital Necromancy, revealing potential mental health implications and emphasizing ethical considerations. Foundational principles for Ecotechnobioethics encompass Human Rights, Technological and Arts Development, among others. These principles guide ethical AI development, ensuring a positive impact on human life. Ecotechnobioethics emerges, addressing AI's ethical considerations and urging the establishment of norms and regulations to safeguard human integrity in this evolving technological landscape.

Assessment of the knowledge, perception and willingness for telemedicine among Filipino physicians in different specializations (137)

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The COVID-19 pandemic has resulted in a nationwide community quarantine, further resulting in decreased hospital capacities due to surge in cases, work-from-home arrangements, cancellation of face-to-face activities and fear of contracting the virus itself, health care providers have resorted to using telemedicine as a mode of consultation. This is a cross-sectional study that assessed telemedicine as a medium among Filipino physicians. With the use of Google forms, a questionnaire taken from a study conducted by Albarrak et al., in 2021 was used. In addition to the participant's demographics, it assessed in particular the physician's access to technology/computer literacy and their knowledge, perception, and willingness to use telemedicine. These were then compared among the different specializations. The study consisted of 157 practicing physicians in Lipa, Batangas and the specializations included were Pediatrics, Surgery, OB-GYN, Medicine, Neurology, and IM to name a few. The majority of the specializations had no significant differences on the knowledge, perception, and willingness of physicians with the use of telemedicine. Even the technology is in its infancy in the Philippines with challenges such as potential confidentiality breach, physicians are still willing to utilize and implement telemedicine in their practice.

Experiencing a pediatric cardiac Intensive Care Unit admission and subsequent psychometric outcomes. A descriptive study (141)

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Introduction: Admission in the Pediatric Intensive Care Unit (PICU) can be traumatic for families who experience emotionally overwhelming strain while witness their child's illness. It may be complicated by mood disorders and PTSD. This study explores potentials for engaging and enhancing autonomy of parents in a group of complex children. Methods: Prospective, observational cohort study. Newborn-infant cardiac surgical patients (Pt) and their parents (Fam) were included. Patient Clinical data, Fam experience (E30) and psychometrics were collected. Results: 53 pt/75 fam were eligible. Mean age was 4,1+3,7m (32,1% newborn, 67,9% Infant). Relevant morbidities were present in 64,1%. Length of PICU stay was 14 (IQR 7-27) and length of mechanical ventilation was 7 (IQR 2-14). E30 mean score was 4,9 (+0,7), similar in fathers (4,9+0,6) and mothers (4,9+0,7). Mothers and fathers respectively presented 47,0% and 31,3% of anxiety, 30,0% and 25,0% of depression and 29,7% and 25,0% of PTSD. Conclusion: Mood disorders and PTSD were notable prevalent. Continued investigation into predisposing factors for family experiences and psychometric outcomes within the PICU setting has the potential to enlighten a pathway for fostering active participation, well-informed and autonomous decision-making in this complex and challenging journey.

Six centuries of detachment from being: the disconnection from classical metaphysics and its implications for human dignity (144)

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A person is the individual substance of a rational nature, defined Boethius. This ontological axiom was scrutinized later by Aquinas, who showed that human person is the most worthy thing in nature, for the additional perfection of authoring its own actions. In anthropocentric era, human concern went to gnoseology. Next, from a secular humanist prospect, Kant updated man´s dignity: it is an end in itself. Deontological ethics and axiology were founded. In parallel, modern scene bred the technological revolution. Still, its enthusiasm underwent a severe blow in the 20thc.: two world wars and human dignity shattered. Nations joined to reaffirm values of humanism. Human DNA began to be unveiled. By this time, personalist currents took up reflections on the person. Yet, the question quid est homo continues to hover. In fact, new anthropologies are looming, seeming crucial to rescue the grounds which enabled the apprehension of human dignity. This vital image may not have the necessary consistency now, especially with the expansion of AI, postmodern thought and transhumanism. Hence, this work aims to recover the concept of person and explore the philosophies that shaped our view of man, attempting to demonstrate how the disconnection from classical metaphysics, in a long way from nominalism, weakens human dignity.

Experience report: challenges in the brain death process (146)

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Brazil is the 2nd largest organ transplanter in the world, just behind the USA. Santa Casa de Ouro Preto is one of the hospitals with the highest procurement rate in the Inconfidentes region, having carried out 20 procurements from multiple organs between 2017 and 2023. Challenges arise when implementing a service of such complexity in a medium-sized hospital in the back country with peculiar geographical. In this sense, the time between the family's authorization and the procurement of the organs after the completion of the brain death protocol stands out as the biggest local challenge, which can lead to the family's refusal. As a result, the services' differentiators include the 24-hour availability of psychology, the standardization of internal flows, the structuring of the Intra-Hospital Commission for Donation of Organs and Tissues for Transplants over the years. The monitoring of MG Transplantes and the Ocular Tissue Bank, the technical capacity of the medical and multidisciplinary team in maintaining the potential donor are also differentiators, from the diagnosis of brain death to recruitment. Finally, the importance of disseminating the culture of organ donation and structuring suitable services throughout the national territory is highlighted, culminating in the improvement of transplant rates in the country.

Professional Autonomy in an Age of Bureaucratized Medicine (149)

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Bureaucratic healthcare entails physicians occupying dual roles – professional and employee – a condition represented as an erosion of professional autonomy. Moral distress is often cited as an example. In most cases a medical career now requires institutional employment. Consenting to the conditions of employment paradoxically entails consent to the constraints represented as limitations of professional autonomy. The paper will argue for an interpretation of professional autonomy based on Rousseau's understanding of autonomy as acting only from laws to which we consent that removes the paradox and facilitates autonomy's realization. Sociologists identify two components of professional identity: self-image and role. In medicine, traditionally, the self-image was unconsciously expressed in a role fully in the control of the physician, and autonomy was realized in the role. Presently, the role is at least partially determined by bureaucracies. Professional autonomy must now be realized in the collective self-image through a deliberate collective effort. Professionals working in bureaucracies conform in any case. Those conforming thoughtlessly lack autonomy. Autonomous professionals conform for their own reasons. The collective working out of the profession's self-image constitutes professional autonomy in our time.

Impact of CME on Healthcare Quality: Case Study of Bulgaria (152)

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Continuous Medical Education (CME) plays a pivotal role in ensuring the quality and efficiency of medical services, particularly within the framework of national health policies. The paper looks into the historical context of CME approaches within the European Union, with a specific focus on Bulgaria. It emphasizes the indispensable nature of CME in the professional development of healthcare practitioners and its direct impact on maintaining high standards of healthcare delivery. The absence of regulations governing the coordination, terms, and conditions of training, as well as the monitoring of CME activities, presents a significant challenge to sustaining the quality of medical services. The paper examines EU requirements and initiatives taken by Bulgaria to evaluate, coordinate, and monitor the quality of CME events. By analyzing various documents and national memoranda, it seeks to identify potential avenues for enhancing CME practices within the Bulgarian healthcare system. Moreover, the paper presents data from the Bulgarian Medical Association regarding CME, shedding light on the nature, numbers, and scope of continuous education activities in the country. This data serves to illustrate the current landscape of CME in Bulgaria and provides insights into areas for improvement and optimization.

Medical ethics: from enlightenment to artificial intelligence (155)

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Objective: Enlightenment Deontology upholds the principles of Freedom, Equality and Fraternity; medical ethics translated them into Autonomy, Justice and Non-Malevolence/Benevolence. These are the principles that support decisions: research on human beings, stem cell therapy, assisted death, etc. It is hypothetical that Artificial Intelligence (AI) will bring challenges that will reflect on the conformation of current ethical principles. Methodology: Editions of the Declaration of Helsinki (DH) will be analyzed in the contemporary context and adaptations parallel to the moment. The specific literature will understand what AI is and how it can influence ethical principles. After the results, a conclusion will be drawn about the above hypothesis. Results: 1 – The editions of the DH have been updated, but a reduction in the autonomy of the research subject is observed, leading to non-compliance with the principles of non-malevolence and justice in disadvantaged individuals (Tuskegee Study). 2 – AI that interest ethical issues is classified as Generative AI, where, without human influence, it will generate false concepts, confusion, erroneous conclusions with unpredictable aftereffects Conclusion: Certainly AI will bring great advances to Medicine, but with real and serious risks, which could generate irreparable errors.

On the inadequacy of administering anesthesia for non-medical procedures (162)

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The practice of anesthesia in Brazil is strictly regulated to ensure the safety of the procedure, professional autonomy, and patient well-being. Anesthesia, as a complex medical procedure, requires advanced clinical skills and in-depth knowledge on the use of medications to alleviate pain and to manage potential adverse effects and complications. There are unofficial reports of tattoo artists requiring sedation administered by anesthesiologists for their clients, prompting the need for an ethical and legal assessment of this practice. In Brazil, the administration of anesthesia requires the presence of at least two physicians: the anesthesiologist and the professional performing the surgical or diagnostic procedure, including the dentist surgeon, within the limits established by Law No. 5,081, dated August 24, 1966. This stance is endorsed by the Federal Council of Medicine (CFM), as outlined in CFM Legal Opinion No. 38/2001. Therefore, importing practices from other countries that are not validated in Brazil is unfeasible and it is considered a violation of existing regulations. In any procedure involving the administration of anesthesia, it is essential to seek guidance and services from duly qualified anesthesiologists.

Patients' vulnerability in the face of the intrusion of medical acts by other professions in Brazil (163)

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The intrusion of other professions into the exclusive domains of medicine has caused harm to society. We aim to stimulate the debate about patients' vulnerability in the face of this invasion. Vulnerability occurs when patients are at a disadvantage in relation to the professional caring for them, particularly due to the asymmetry of knowledge and power between both parties. This violates the subject's right to self-determination as they trust the professional's expertise, putting their health, physical integrity, and well-being at risk. To avoid the aforementioned issues, every society should adopt: clear definitions of the competencies and skills for each health profession, as well as supervision and monitoring; informing the population about their rights and responsibilities in this matter; investing in education on topics such as informed consent, patient rights, and evidence-based practices; strengthening the doctor-patient relationship, respecting the right to autonomy and self-determination; encouraging patients to ask questions and seek a second opinion; clarifying patients about their right to report to authorities; and promoting collaborations between health professions, each in their area of expertise, ensuring a holistic and integrated approach to patient care.

Ethics and Bioethics in the Brazilian Medical Internship through Problem-Based Learning (164)

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Medical training goes beyond technical knowledge, requiring a deep understanding of ethical and bioethical principles. In Brazil, the last two years of medical courses focus on the mandatory internship phase, known as medical internship. During this phase, students rotate through various medical fields under a professor's supervision. Bioethics is typically studied in the theoretical phase of the first four years, with larger class sizes around a hundred students. Conversely, during the medical internship, smaller classes of six or seven students provide a unique opportunity for critical discussions on ethics and bioethics. Problem-based learning is a valuable tool during the medical internship, aiding students in reflecting on ethics by centralizing conflicts in discussions and exploring theoretical concepts. This methodology transforms the student into an active participant in the teaching-learning relationship, shifting from a passive recipient of information. Integrating bioethics into the medical internship, along with problem-based learning, forms an essential triad in medical education. This approach promotes an ethical, reflective, and patient-centered perspective, enriching the overall quality of medical training.

Shaping moral competencies: A focus on Medical Ethics training (165)

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The 2014 National Curriculum Guidelines (DCN) for Medicine emphasize ethical training, stressing consideration of ethical dimensions in professional ethics rooted in Ethics and Bioethics. Ethical professionalism is required in Medical History and the Physical Examination, extending to formulating hypotheses and prioritizing problems. Curriculum content should encompass ethical understanding, and the course structure should embrace the ethical dimension. How do these guidelines shape medical students' ethical development, especially in acquiring essential moral competencies for training? Strengthening medical students' ethical training is crucial, involving differentiation within moral education, from guidance to behavior, and acquiring moral competence. Focusing on these goals during Ethics teaching in medical schools produces competent and morally sound graduates. The preceptor's pedagogical role in stimulating critical reflection is vital. Students not only verbalize moral knowledge but also translate it into moral practice, reflecting in behavior. Interventions challenge students to confront their moral consciousness through critical reflections. Engaging in small group activities with the teacher, particularly addressing serious and ambiguous situations, stimulates moral competence development.

Contrasts between medical research projects submitted to a public and a private research ethics committee (173)

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Every patient has the right to make a free choice about his or her treatment, and the physician has the duty to obtain the patient's consent to treatment. Informed consent can be defined as the unilateral act of a competent person, or his guardian or legal representative, where the person is incapable at the time of giving consent, after having been given specific information about his or her medical condition, to undergo or not to undergo medical procedures of which he or she has been informed, to the extent that he or she is able to make an objectively reasonable judgement and to accept responsibility for any legitimate risks involved in the need for treatment. By giving informed consent, the patient authorises the physician to carry out the appropriate medical intervention, and any lack of consent would prevent the patient from effectively exercising his or her right to self-determination. The patient can only authorise the doctor to carry out actions that are in accordance with the law. By giving informed consent, the patient accepts the risks associated with a medical intervention, but does not accept the realisation of a risk arising from a medical error.

Contrasts between medical research projects submitted to a public and a private research ethics committee (167)

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Introduction: Brazil is among the 20 top countries performing clinical trials in the World. Projects submitted to research ethics committees (REC) are understudied and heterogeneous. We compared project submissions from two REC: a public hospital and a private network of hospitals. Methods: From 2017 to 2023, research proposals were tabulated from both REC. We collected data on study type (observational, clinical trial), specialty and specialty category (surgical, clinical). Data between REC were compared using chi-squared tests. Results: There were 166 projects in the private network and 775 in the public hospital. Projects from surgical specialties dominated in the private network vs. public hospital (64.5% vs. 13.0% respectively, $p<0.001$). Specialties in the private network were orthopedics (32.5%) and gynecology (14.5%); hematology (6.2%) and infectious diseases (6.1%) in the public hospital. Study type was more frequently observational in both settings, with more multicenter clinical trials in the public hospital [76 (9.8%) vs 9 (5.4%), $p=0.074$]. Discussion: Profiles of medical research submitted each REC showed large contrasts, with emphasis on multicenter clinical trials from clinical specialties in the public university hospital; and observational studies from surgical specialties in the private network.

Birth plan as an advanced healthcare directive and mechanism for preventing obstetric violence (175)

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Obstetric violence has been a recurring topic in the media. Increasingly, women report that their autonomy rights during childbirth and postpartum have been violated, with numerous interventions being performed even in low-risk pregnancies. Furthermore, research demonstrates that women in socially vulnerable situations and Black women (double vulnerability) are more likely to become victims of such acts. One means of preventing obstetric violence is the birth plan, which is a document that outlines in advance the procedures the expectant mother wishes or does not wish to undergo, as well as facilitating communication between the patient and the medical team. Unfortunately, the reality shows that birth plans continue to be met with resistance by medical teams and hospitals, often seen as a mere statement of intent with little to no value. The research aims to classify the birth plan as an advanced healthcare directive. Advanced directives for medical decisions are documents in which a patient specifies which treatments they wish or do not wish to undergo in the event of future incapacity. The objective of this research is to demonstrate that the birth plan is a type of advanced healthcare directive.

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Informed Enlightened Consent in double J catheter users after ureteral stone removal surgery (180)

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Viewing informed consent as an object that surpasses the simple signature on a piece of paper in a service contract underlies the overall goal of this thesis project, which aims to utilize informed consent regarding ureteroscopy in the minimally invasive endoscopic treatment of urinary lithiasis to improve discomfort caused by the use of the double J catheter in the early postoperative period, identifying and characterizing the possible advances of well-applied informed consent in the post-surgical process through a quantitative-descriptive comparison with 60 patients experiencing ureteral colic. In 30 patients, the consent of the Brazilian Society of Urology (SBU), proposed in 2005, is applied along with an audiovisual presentation featuring videos of the entire surgical process, including the placement/removal of the double J catheter. In the remaining 30 patients, the commonly used hospital consent for anesthesia and surgery is applied. As an outcome, the authors hope that better-informed patients will have a better doctor-patient relationship, thus reducing discomfort caused by the use of the double J catheter in the early postoperative period.

Barriers to the "right to hear": a bioethical reflection (188)

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Almost 34 million children around the world are hearing impaired. Since 2010, the Brazilian Unified Health System (SUS) has legally provided free and mandatory tests for evoked otoacoustic emissions in hospitals and maternity wards for the early diagnosis of childhood deafness. This study aims to understand the barriers to ensuring children's access to neonatal hearing screening in Brazil from the perspective of Bioethics of Protection. We conducted a literature review in the PubMED, LILACS, Web of Science and SCOPUS databases, using the keywords "hearing impairment", "children", "otoacoustic emissions", "neonatal hearing screening", "SUS". We selected 183 studies in Portuguese, English and Spanish for initial analysis, resulting in 6 studies for the main review. The results indicate the difficulty in understanding the importance of the hearing screening diagnosis by parents, failure to attend scheduled medical appointments, and the late age of diagnosis which makes cochlear implant impossible. We conclude that the State must promote assertive strategies to optimize and facilitate access to neonatal hearing screening in order to ensure the protection of the vulnerable population and the maintenance of the guarantee of the "right to hear".

Short-Term International Humanitarian Missions: Statistically Significant Benefits of Preparatory Course (191)

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Short-term international humanitarian missions (STIHMs) are increasingly the subject of research that indicates academic preparation provides significant benefits to STIHM participants. In recent years, a university course that prepares students for a STIHM has been taught. The course is optional, and about half the students on the mission enroll in this course prior to their first STIHM. The control group consists of students not enrolled in the course; the intervention group consists of enrolled students. Results indicate students enrolled in an academic preparatory course exhibit a greater knowledge of the host culture and develop a stronger ethical framework than those not enrolled. Statistical T-tests have recently been performed to determine if there is a difference between the survey responses from the control group versus those from the intervention group, for survey questions that pertain to being knowledgeable about cultures in the visited country, talking comfortably with people about their cultures, and understanding the impact of poverty on healthcare. The unequal-variance T-tests that were performed show that, for the majority of survey-question responses analyzed, there indeed was a statistically significant difference in responses between the two groups, with analyzed confidence levels of greater than 96 percent.

Bioethics and spirituality in Palliative Care. Perceptions by Palliative Care (PC) professionals in Portugal (193)

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In a more humanized, integrative and current bioethic vision, the understanding, in this Post-Doctoral study, of spiritual literacy in the formative sphere of Palliative Care (PC) professionals in Portugal and their perception of current spiritual assistance can produce significant knowledge that promotes public discussion and public policies in bioethics education that aim to improve quality of life and humanize care. Therefore, the general objective was to study, with a bioethic insight, spiritual literacy in training in PC in Portugal, its relevance and its effects on professional practice. It was observed that there is training in spiritual literacy in the context of PC in Portugal, but that this can and should be improved in themes like expectative and meaning of life. There is no religious/spiritual assistant in most of the PC teams in Portugal analyzed in the study to help bioethic questions of the end of life. The perception of the quality of spiritual assistance in PC in Portugal reached a modal value of 5 (five) on a scale from 0 (zero) to 10 (ten). The majority of study participants recognize the spiritual dimension as relevant in palliative and integrated health care. The study shows the importance of an integral and interdisciplinary bioethic vision in health training and PC.

The importance of bioethics for medicine in the era of the digital revolution (194)

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Technology is transforming the way we live. In medicine, this revolution presents many positive aspects. Advanced diagnostic machines, telemedicine, electronic medical records, and surgical robots are just a few examples of innovations that have improved the efficiency, accuracy, and accessibility of healthcare. These tools are undeniably valuable, enabling faster diagnoses, more effective treatments, and facilitated global medical collaboration. However, as technology becomes increasingly dominant in medicine, it is evident that the human aspect of healthcare is being sidelined, as if it were less important than machines and algorithms. The role of the physician is not only to offer effective treatments, the best and most modern ones, but also to provide emotional support and comfort to the patient in their moment of greatest vulnerability. This cannot be done by robots, no matter how advanced they may be. Human connection in medical practice can be aided by technology but never replaced. In this context, bioethics emerges as an indispensable tool in the humanization of medicine, as they are intrinsically related, both seeking to promote ethical values and humanitarian principles in medical practice and biomedical research.

Bioethics and medical ethics in relation to personal and professional development (201)

Ines Tavares Vale e Melo[1], Alberto Farias Filho, Helvécio Neves Feitosa, Ivan de Araújo Moura Fé, José Ajax Nogueira Queiroz, Lucio Flávio Gonzaga Silva, Rafael Dias Marques Nogueira, Renato Evando Moreira Filho, Roberto Wagner Bezerra de Araújo, Valéria Goes Ferreira Pinheiro
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To improve the quality of life in Ceara, it is essential to identify ethical dilemmas and problems. The goal of the International Chair in Bioethics in the state of Ceara is to guide people to establishing an ethical foundation to be used in their personal and professional relationships. In 2018, ten medical professionals interested in ethics and bioethics under the direction of Dr. Ivan de Araújo Moura Fé created the International Chair in Bioethics under UNESCO (United Nations Educational, Scientific and Cultural Organization) and later the World Medical Association, decided to have weekly meetings. During these meetings, over the five years, the following activities were envisaged: 1- Implement administrative and scientific meetings on ethics and Bioethics; 2- Hold forums for students and medical professionals once a year; 3- Translate and edit books on bioethics in portuguese; 4- Carry out a bioethics course for the Faculty of Medicine at the Federal University of Ceará and 5- Share ethical knowledge and experiences with undergraduate and postgraduate medical courses in other educational institutions .Results: Annual forums = 5; Books edited = 1; Conferences = 17; Education courses = 2; Interuniversity exchange/partnerships = 5; Key conferences & workshops = 5; Publications = 2; Researches = 1 and Training = 27.

Bioethics and Criminal Policy (200)

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The aim is to study bioethics and criminal policy, demonstrating their characteristics, functions and nuances. The final objective is to establish the importance of the theoretical exchange of such knowledge for ethical education and training of citizens in legal and health issues involving transplants of human organs and tissue. In Brazil, this study is timely given the recent implementation of the National Policy to Raise Awareness and Encourage Organ and Tissue Donation and Transplantation, enacted by Law 14.722 of November 8, 2023. Bioethics is rooted in this issue, which has merited specific health promotion policies and legislation from public authorities. Bioethics guides decisions and actions that affect human dignity and the common good, considering scientific and technological advances in the health area. Criminal policy also guides the State's decisions and actions regarding crime repression and prevention based on studies of the criminal phenomenon and the subjects involved. Ethical training and a better awareness of organ transplants in society, as provided by Law 14.722/23, in addition to education, will achieve health promotion of health and greater adherence by citizens to the legal system governing the matter. These social gains demonstrate the relevance of joint study on bioethics and criminal policy.

Bioethical principles in off-label prescribing in psychiatry (203)

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Individuals with mental illnesses carry, in addition to the suffering resulting from the condition, an enormous burden of stigma and prejudice. Even though these conditions have existed since the earliest records of humanity, we still encounter denial and mistreatment of those who suffer from them. Seeking coping strategies and developing therapeutic tools are essential parts of the medical goal. But while science doesn't have all the answers, and patients suffer before their doctors, it is common for therapeutic tools to be clinically used without full conviction of their effects or in a manner not widely supported by large clinical trials. The term off-label prescribing refers to the use different from that registered with the country's regulatory health surveillance agency. The use of therapeutic techniques, whether short or long term, but with limitations in the broad knowledge about their possible interventions, opens up space for off-label application, that is, seeking to optimize the clinical responses of patients without broad support from the scientific community regarding the technique used, taking into account studies still under construction, expert opinions, or experiences observed in case reports. However, such practices must adhere to bioethical principles of beneficence, non-maleficence, autonomy, and justice.

Conscientious objection in Medicine: Balancing individual values, ethics and professional responsibility (204)

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Conscientious objection in medicine refers to a healthcare professional's refusal to perform certain legally authorized actions for moral, ethical, deontological, or religious reasons. It is a manifestation of individual values and the social, philosophical, and moral issues that characterize the medical profession. Conscientious objection is both a universal human right and a medial moral duty. This practice has been supported by numerous deontological regulations worldwide. However, there are groups that propose ending it, while others defend its expansion. Conscientious objection is considered a tool for fulfilling the objectives of the medical profession, including protecting the patient's life and values. It is based on freedom of conscience, which is the core of medical practice. Therefore, can it be regulated? Can it be forbidden? Can it be extended to institutions or is it exclusive to human beings? Effective conscientious objection requires a great capacity for reflection and knowing how to recognize which situations constitute a violation of moral principles and values. Nevertheless, conscientious objection does not allow rejecting any possibility of care or authorizing omission towards the patient and should be balanced with the patient's needs and right to health.

Influence of socio-economic level on the destination of corpses for necropsy (207)

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The ethical guidelines of Brazilian Medicine indicate which physician should issue the death certificate in the case of death due to external or natural causes, with and without medical assistance. Inequalities in health coverage during lifespan influence the issuance of death certificates by attending physicians, substitutes, pathologists from death verification services and coroners. The objective of this study was to compare the skin color and education level of the deceased people whose deaths were declared by each type of attesting doctor. Death certificates issued from 2015 to 2019 were tabulated, after extraction from DATASUS through TabWin. Black people accounted for 45% of the deceased in general, but dropped to 40.5% of those whose deaths were declared by a health service, rising to 60.9% of those autopsied by a coroner, and dropping to 56.6% of victims of natural death examined in a morgue. People with less than 4 years of education accounted for 39.3% of the deaths in general, 40.9% of those treated by assistant or substitute doctors and 21.9% of those autopsied by the coroner, reaching 26.7% of those referred to the morgue regardless of natural cause. A disparity in the referral of natural deaths to the morgue was detected among deceased people with low education, but not among black people.

Sexual violence in gynecological exams in the light of Bioethics (210)

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The gynecological exam is crucial for diagnosis, conduct of labor and semiological conduct. However it's an invasive exam and may be discomfort and concern about the possibility of sexual abuse by health professionals. In this case, we sought resolutions from Brazilian and International Medical Societies on procedures to carry out the exam more safely for women, with consent. METHODOLOGY: This is an exploratory and documentary research using the descriptors gynecological examination, sexual violence, consent. Research was made on PubMed, Google Scholar, BBC and FOLHA. RESULTS: In research, no relevant result was found that links an exam without consent to sexual violence. By expanding it to medical platforms, eight were found, two were national. Three expressed the need for verbal and written consent advising the presence of another professional. An international association showed that the patient should determine the best time to perform the exam. CONCLUSION: By the bioethical principles, the patient must learn about the exam and upon understanding it, can consent or not to it. Yet, it was observed that few medical entities discuss consent. Therefore, there's no information that links gynecological examinations without consent to sexual violence and there's a need for a greater approach to the topic by the field.

Bioethical dilemma at the end of life in pediatrics (212)

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Technological advancements globally reduced infant mortality, accompanied by varying functional limitations and dependency. Palliative care offers interdisciplinary support for those with life-threatening illnesses. This study assesses the integration of children with progressive, incurable chronic diseases into palliative care protocols and identifies influential factors in service implementation. Using qualitative inquiry and descriptors like end-of-life, palliative care, quality of life, and pediatrics, the research explores the impact of Chronic Diseases (CD) on physical and emotional development. Patients in Brazil and other countries face challenges due to inadequate support or improper integration into palliative care teams during the terminal phase. With multifactorial origins and an epidemic nature (5), both the child and family endure profound experiences during the end-of-life period, leaving lasting impressions on parents. Pediatric patients encounter significant challenges, including shifts in curative perspectives, the implementation of palliative and end-of-life practices, personal barriers, and misinformation within the family and healthcare team. Addressing these challenges is crucial for enhancing pediatric palliative care effectiveness.

Diseases neglected for millennia and medical responsibility (214)

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In Brazil, some endemic diseases have been neglected: leprosy [Hansen's disease (HD)], tuberculosis, syphilis... Hippocrates speaks of "leprosy" but doesn´t mention peripheral polyneuritis, the main feature of HD, which precedes all other manifestations. HD is an infectious and highly disabling, caused by Mycobacterium leprae – the only mycobacterium that INITIALLY affects the 1. the PERIPHERAL NERVES 2. after the skin, 3. and in > 60% of Brazilian patients, all organs and systems, except the central nervous system (contagious). In 2004, the WHO recognised that Brazil has the largest HD endemic in the world. Due to the failure of educational projects: lack of diagnosis and even late treatment, causing disability, death, prejudice, stigmatisation and marginalisation, right back to the Middle Ages, reaching the "nobles and plebeians". It is essential to intervene in public policies of education, training of all professionals and health programmes. 17.5% Brazilian medical schools, 2014, have a very low preliminary concept of courses (2/10); they should be closed; but, continue to working; with the huge shortage of places for medical residencies. 2024: >10 patients/100.000 inhabitants (underestimate).

Normothermic Regional Perfusion in Organ Donation after Circulatory Death (DCD-NRP): Pitfalls, Legal Issues and Ethical Challenges of Increasing the Number of Transplantable Donor Organs (220)

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Organ donation after circulatory death (DCD) has been a source of transplant organs for decades. Many organs are not adequate for transplant after this method of donor organ recovery. Kidneys and rarely livers are most commonly used for transplant from DCD donors. The concept of normothermic regional perfusion (NRP) is not new, but has been used in a limited fashion, first in Europe in 1989, and more recently in North America. In DCD-NRP donation, after the heart stops and death is declared, circulation is restored to the thoracic and abdominal organs. This permits a more controlled donation process and makes transplant possible with hearts, lungs, livers, pancreas, and kidneys that would otherwise be unsuitable for transplant with conventional DCD – maximizing the number of transplantable organs from each donor as well as decreasing risks of complications. DCD-NRP poses challenges to the allocation process, legal definitions of death, regulations including the "dead donor rule", consent concerns, and donor/family wishes. This type of donation was not available when current organ allocation systems, laws, and consent policies were created. This talk reviews how the procedure is performed, legal and ethical challenges, and outcomes of transplants from this increasingly common form of donation.

The Importance of Nosological Medical Diagnosis in Acupuncture: Bioethical Perspectives and Contemporary Challenges (223)

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The present study explores the centrality of nosological medical diagnosis in the promotion and restoration of health, highlighting its fundamental role from a bioethical perspective, especially in the professional practice of acupuncture. Understood as an indispensable foundation to properly understand and treat health conditions, nosological medical diagnosis constitutes a fundamental right for patients. We analyze how such competent formulation leads to appropriate prognosis, ensuring treatment approaches in general, and specifically in acupuncture, that are efficient and preserve patients from serious risks. The ethical dimension of nosological medical diagnosis is discussed, focusing on the imperative need for it to be conducted exclusively by qualified physicians, with the primary purpose of ensuring patient safety. We examine the intersection between bioethics and nosological medical diagnosis in the use of acupuncture interventions, emphasizing the critical principle of providing evidence-based care and specific ethical standards. We highlight the critical importance of accurate diagnosis in making informed treatment decisions in this specialty. Reflection on bioethics in diagnostic practice underscores the unique responsibility of the acupuncture physician in balancing benefits and ethical challenges.

Current Issues in Medically Assisted Reproduction in Bosnia and Herzegovina (224)

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Infertility is a global reproductive health problem. While medically assisted reproduction has radically changed the outcome for patients who otherwise would not have an opportunity to reproduce, the rapid development of new reproductive techniques raises profound ethical and legal dilemmas. The paper will explore the legal framework of medically assisted reproduction in Bosnia and Herzegovina (BiH). The regulation of assisted reproduction in BiH is the responsibility of the BiH entities: the Federation of BiH (FBiH) and the Republic of Srpska (RS). After years of effort, both BiH entities adopted laws on assisted reproduction. However, there are significant differences between entity legislations (e.g., in the FBiH, unlike the RS legislative framework, heterologous fertilization is not permitted). The paper will overview the current issues of implementing entity laws on assisted reproduction and possible ways to improve existing legislative solutions. The relevant courts' decisions and the recommendations of other bodies responsible for monitoring the realization of human rights related to certain forms of assisted reproduction will be analyzed. The justifiability of lifting the ban on certain forms of assisted reproduction, such as posthumous reproduction or surrogate motherhood, will also be explored.

Not handycap… but handi-capabilities! – A new word & sociomedical model is needed to definitely overcome handicap(s) (228)

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The author presents a short story about the outdated "handicap" concept and some details of the portuguese and french actual models of the medico-legal evaluation. After a short analysis about the personal, social and economical implications of this methods, the ongoing project of a new model (word based) to compensate the real and existing physical, sensorial and cognitive capabilities, instead of the handycap it self, is presented. In this new paradigma, we shoud analyse, to measure and define (in a sociomedically perpective) the real needs and possibilities of the handicapped person to facilitate the respective socio-professional integration, and re-organize a new method of medico-legal evaluation (based in a new and functional score system) to value the effective resullts/functional efficiency. This targeting to motivate the "handi-capabilities" person to increase their natural, remaining and necessary capabilities (mental, sensorial or physical). This is then possible, for example, through sports practice, rehabilitation aids or specific training exercises (ex: force, balance, motor coordenation, hearing, computing ou verbal skills, etc), planned to promote the social integration and work capabilities, targeting the best autonomy possible, as the desired final value.

Care as a fundamental right: a question of justice, equity, and dignity for caregivers and those who are cared for (231)

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When care is discussed, it is limited to health care. However, care is not just about health, but it gathers different aspects of daily life because the human being needs to be cared for from the beginning until the end of his existence. Besides, care is not only for those who needed but also for those who give it. Therefore, the need of a wider concept of care emerges. There is no doubt that care must be considered as a fundamental right, but the weight of the balance is on the side of the cared for and caregivers are often forgotten. This type of work is generally unpaid, carried out mainly by women and it is not recognized and valued, which generates a series of disadvantages such as not being able to dedicate time to other activities. It also happens that when the caregiver has a paid job, duties from his work and the obligations of unpaid work accumulate. This generates "time poverty", according to which people invest most of their time in work activities and there is very little time left for self-care, including the appropriate rest. These issues can bring physical and mental negative effects in the health of caregivers. According to the above, it is necessary to think about how to value and recognize the efforts of caregivers as a matter of justice, equity, and dignity for them and for those who are cared for.

Legal mechanisms for digital healthcare transformation in Africa (230)

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The article centers on analyzing the lawful components that are vital to encourage advanced change in healthcare in African nations. It highlights the significance of analyzing the lawful and administrative systems that oversee healthcare and innovation to distinguish any potential barriers that will hinder the usage of advanced change activities. These obstructions may include security controls on information, mental property rights, and the necessities for medical gadgets. Also, the article points to distinguishing best policies from other nations and districts that have effectively executed computerized change activities in healthcare and surveys their appropriateness for African countries. The article discusses legal and administrative boundaries that prevent computerized change in healthcare, such as: information security laws; mental property laws; and administrative requirements for obtaining or providing medical devices. These obstructions must be analyzed in advance to determine how they can be overcome, revised, or changed to enable computerized change in healthcare. One conceivable arrangement is the use of smart contracts, which can bolster the improvement of decentralized healthcare applications that permit patients to have more control over their healthcare information.

Informed Consent (234)

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The practice of medicine must take all precautions to preserve freedom, responsibility, and independent judgment for the well-being of patients. In this regard, informed consent fulfills that requirement. It is based on the principle of autonomy and protects individuals' right to undergo treatment freely and voluntarily. Medical practice relies on pre-existing diagnoses. But how can we have this attitude in Psychotherapy and Psychoanalysis where the basis is to face what is not known, neither by the patient nor by the therapist? The problem is how to anticipate results for the benefit of an unconscious that is invisible and undemonstrable for science. We understand that one cannot sign an agreement without knowing what they are signing. Knowledge in psychotherapy unfolds during the therapeutic work itself. Therefore, neither the analyst nor the patient can sign an agreement. We believe that delving into this issue is essential to prevent psychoanalysis from remaining an occult science. We understand that we must carry out an in-depth investigation from the point of view of ecobioethics, in order to give a certain framework of reliability to the subject who consults and to specify the therapist's responsibility, considering criteria relevant to their clinical practice.

Audiovisual resources for the transmission of bioethical complexities in the field of science and technology (236)

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Film and series are powerful tools for teaching and research work in the complex field of bioethics. The hypothesis that guides the work maintains that the situated case presented through cinema – or the narrative of fictions and audiovisual media – by cutting and generating empathy regarding the problem, allows the exploration and logopathic access of complex situations. In the last two decades, this style has founded a current of thought that works with the narrative power of literary, cinematographic, theatrical and musical settings. In this writing we propose two fictional cuts in which biotechnologies modify and challenge the human condition.

Addressing an Ethical Imperative: Exploring Participant Appreciation of Ancillary Care Measures Provided in an Ebola Vaccine Trial in the Democratic Republic of the Congo (237)

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Depending on the health system, trial sponsors and investigators conducting clinical trials have a moral responsibility to provide ancillary care (AC), especially in resource-constrained settings. In an Ebola vaccine trial (clinicaltrials.gov: NCT04186000) conducted in Boende, DR Congo, we developed a policy to support concomitant medical events. We conducted two surveys to explore participants' experiences, use and satisfaction with the AC measures, and ultimately inform policy-makers. First, 187 participants with a medical event completed a six-question questionnaire and comments section. Second, 313 participants, with and without medical events, participated in a telephone survey comprising three questions and a comments section. Descriptive statistics analyzed the quantitative data, and recurring themes from the comments were identified. Overall, 92.3% of participants experiencing medical events expressed a strong to very strong appreciation for the AC policy. Second, all telephone survey respondents, with or without self-reported medical events, supported the policy and emphasized its importance; 88.2% indicated it addressed their medical needs. Despite contextual challenges, such as pharmacy stock-outs, administrative requirements, lack of specialized care, most participants regarded the AC measures as highly beneficial.

Bioethics standards for the healthcare systems practices (238)

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Introduction: Bioethics standards for public policy making can be key to the dialogue between natural science and humanities at healthcare systems instances, mainly to surpass dilemmas at moral level and to cope scarcity of solutions about life and survival on Earth. Mainly, the respect for life, dignity, justice and autonomy surrounds entrepreneurship in healthcare, and it coincides to the main values in human rights. The political regulation mechanisms for controlling actions in healthcare systems is fundamental to the achievement of standardized actions aiming better results to patients and to avoid law sanctions enforcement against healthcare providers. Development: In Brazil, healthcare system must consider constitutional values of universality, equity in health, and integrality of care, in public and private, according to the Constitution. In Europe, there is a complex of nationals' healthcare systems ensuring "universality, access to good quality care, equity, and solidarity" in health. Conclusion: Making political choices at healthcare systems is guaranteeing precedence to the values based on its importance and weigh related to promotion of life, dignity and health rights, for a better use of technologies in respect of living beings.

Teaching ethics and bioethics in undergraduate medicine courses in the state of Minas Gerais (239)

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Introduction: The ethical training of medical professionals is a fundamental pillar for responsible clinical practice. Objective: To analyze the distribution and content of Ethics and Bioethics Teaching in Medical Schools in Minas Gerais, throughout the six years of training. Methods: Information on the workload and content of these subjects was collected through a structured questionnaire, under the responsibility of the Regional Council of Medicine of Minas Gerais. Results: The questionnaire was administered in 2022. Among the 47 Medical Faculties existing at the time, 40 responded. The results revealed diverse content in the Teaching of Ethics and Bioethics among training institutions. The teaching of these topics is mainly concentrated in the first five periods of the course (62.2%), with 90.0% of the programs having a total workload of, at most, 100 hours, across the entire course. Comments: It can be inferred that the workload for Teaching Ethics and Bioethics is minimal, considering that Medicine Courses must have at least 7,200 hours of training. This study highlights the importance of discussing a longitudinal approach to the Teaching of Ethics and Bioethics in Undergraduate Medicine, in order to guarantee solid and uniform ethical training for future doctors.

Beyond medicine: bioethics as a pillar of cosmopolitan society (243)

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The confluence of Ethics, Morality, Work, Society, and Education faces the challenge of unraveling the complexity of their interactions. Essential in human formation, Bioethics extends its influence beyond the medical field, responding to the urgency imposed by technoscience and its consequences. Bioethics has emerged as a beacon, guiding not just reflection on the impact of technoscience on society and the outcomes of these interactions. We know that emerging and persistent themes raise concerns, demanding informed and critical debates. Hence, education in Bioethics must prepare individuals not just with mere competence to face dilemmas but also with a shrewd awareness. It is necessary to integrate Bioethics into various educational processes in light of experts, aiming to develop a deep and critical understanding of this reality. Bioethics positions itself as a meta-discipline capable of influencing policies, social and corporate practices. It challenges us to consider our responsibilities and actions. Thus, Bioethics becomes an imperative not only educational and social but universal, to form individuals engaged in building a cosmopolitan future.

Social Media and Mobile Applications in Purely Online Medical Ethics Education (248)

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The COVID-19 pandemic required transitioning the four-year ethics curriculum to a purely online format. Using meeting platforms like Zoom, learning management systems like Peardeck, streaming services like Netflix, and social media platforms such as YouTube, Twitter, Facebook, and Snapchat allowed us to replicate the actual classroom experience. Anonymous online discussions allowed for more candid responses. Ethical dilemmas were concretized with videos and medical series. Role-playing assisted with filters to represent various patients. Simultaneous viewing and live critiquing allowed for diverse perspectives to be entertained from a larger set of students, with better engagement. Modern issues such as online ethical behavior were enabled with live browsing of posts on social media sites, evaluating these with regards to their violation or promotion of ethical principles in healthcare. This descriptive paper details the journey and activities for medical ethics education from purely online social media and mobile application-based programs to the hybrid format currently employed with the resumption of face-to-face classes.

Education and Artificial Intelligence: What to expect from human development in the future? (247)

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How to educate students in a context where AI will be handling most of their tasks, both within and outside the classroom? As everything we have taught and learned in schools–especially within the confines of limited curricula–becomes automated by machines, our only recourse is to delve into theories and knowledge that embrace the new. And the defining characteristic of the new lies in its inability to be preprogrammed. In this article, we intend to start from the philosophical thought of Pietro Ubaldi regarding humankind–or rather, being itself–to discuss the array of consciousness levels present in individuals. We consider them in their entirety, extending beyond the biological and rational dimensions. Additionally, we delve into the ideas of Carlos Byington, the creator of Symbolic Pedagogy, aiming to propose solutions aligned with the needs of today's generation of children and adolescents in the Third Millennium. In conclusion, we will demonstrate that while the biological dimension of humanity has already reached its peak development, psychic development, which encompasses the spiritual, intuitive, and creative dimensions, becomes the sole element capable of delineating boundaries between humans and machines.

The Fallacy of Placebo: Ethical Malpractice in the Justification of Groundless Therapeutic Claims (252)

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The placebo effect's legitimacy is debated, highlighting its misuse in validating unscientific health practices. This analysis shows placebos, inherently inert, do not directly yield physiological benefits; observed improvements are linked to external factors like disease progression, patient expectations, and the therapeutic environment. In clinical trials, outcomes are influenced by the intervention, not the placebo, leading to effectiveness, ineffectiveness, or harmfulness. The misuse of placebo effects in trials, confusing correlation for causation, permits unsupported therapeutic claims. Systematic reviews refute the clinical significance of placebos, questioning their ethical use outside research. This critique underlines the placebo's role in potentially misleading patients and eroding trust, advocating for medical ethics grounded in evidence. Conclusively, the article urges the medical community to prioritize authentic interventions over misleading placebo narratives, ensuring patient care is informed by verifiable evidence rather than misconceptions, reinforcing the imperative for evidence-based treatment in medical practice.

The Infestation of Antimicrobial Resistance in India (253)

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Introduction: Covid-19 pandemic has exacerbated the antimicrobial resistance (AMR) in India. In 2022, singular resistance to carbapenems – one of the most potent antibiotics – was recorded at an alarming 87.8% high. With significant infectious disease burden in the country, AMR considerably constricts treatment options, posing grave concerns to national and global health security. Context and Aim: AMR is intrinsically linked to human and animal consumption patterns. India is the largest global consumer of antibiotics. While the Indian legal system regulates sale of antibiotics, the long-term indiscriminate use of broad-spectrum antibiotics has worsened the already prevalent drug resistance in the country. This sparks enquiries regarding the enforcement of these laws and policies. Method: This research evaluates the existing regulatory framework in India to examine the magnitude of AMR burden and identify the factors responsible for contributing to the AMR crisis in India. The findings from the evaluation form the basis of mitigation strategies proposed. Findings: The prolonged over-use and misuse of antibiotics is the primary factor responsible for AMR prevalence in India. Concerted measures to strengthen regulatory oversight and surveillance, and enhance local level awareness are needed to combat the AMR crisis.

Mental Health team intervention facing judicial requirements (262)

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How can Mental Health team and justice agree, when the justice system punishes some human behaviors as a crime, ignoring psychic issues that influences those behaviors? Each profession has a different function and perspective. So, what decision should be made when justice determines a punishment, and the therapist intervene arriving to different conclusions? These situations lead us to specify the need for teamwork: A team made by lawyers and a mental health group. To carry out such work, four dimensions must be considered: the legal dimension, the moral dimension, the psychic dimension and the ethical or bioethical dimension. Usually, in the courts, it is the legal decision that dominates. In the religious institutions, it is the moral issue, what is right or wrong, what is sin or not, according to what each religion establishes. The essence of bioethics is how a relationship is established that allows the individual to achieve his or her well-being in society, relationship between the legal and the psychological, between the psychiatric and the psychological, guiding a response according to the difficulties of the subject in treatment. A perspective of how they articulate with each other. Our presentation will focus on the role of the Mental Health team facing law. We will present two clinical cases in which the Mental Health

The dehumanisation of health care and patients' rights, the case of direct-to-consumer telemedicine (257)

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Telemedicine has the potential to democratize health care, meet accessibility standards, reduce costs and provide access to services in rural and remote areas. On the other hand, it is an effective tool for emergency preparedness and also reduces the gap between demand and supply of healthcare. Despite these advances, the application of telemedicine, known as Direct to Consumer (DTC), has been the subject of much debate, as it is characterized by assistance provided by technological means with limited or no prior face-to-face session with a treating physician, so that the collection of information and the patient's clinical history is done in a completely depersonalized manner. This paper addresses the problem of the feasibility of including the services provided by DTC telemedicine platforms in the regulations protecting consumer rights. The hypothesis that the complex web of activities provided by a DTC telemedicine platform constitutes a consumer service is supported by a dogmatic method and a systematic literature review. This is even more true for those DTC telemedicine services that are completely asynchronous and focused on mass care and prescription of drugs.

The knowledge and awareness among Slovenian adolescents of their age-related autonomy in decision making for medical treatment: an online survey (264)

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Aim. To survey if Slovenian adolescents have enough knowledge and awareness about their age-related autonomy in decision making for medical treatment. Methods. The survey of adolescents (aged 13 to 20) was conducted using an online questionnaire. The Commission for Medical Ethics of Republic Slovenia approved survey. Adolescents were invited through the network of Primary and Secondary schools, Association for Rare Diseases of Slovenia, and mutual electronic messages. The questionnaire was open from April 25 to May 6, 2023. Statistical testing was performed at a significance level of 0.05.. Results. 458 polls were analysed (281 respondents were male). Only 8.3% of adolescents knew their rights on age-related autonomy in decision-making for medical treatment is at 15 years of age. The majority answered that they should be informed about their rights by a medical institution (62.4%). Only 5.0% answered that they do not need their parents' consent when making decisions. 2.6% answered that they autonomously decided to undergo medical treatment without parents' consent, and 78.6% adolescents with chronic or rare illness obtained information about medical treatment from a physician. Conclusions. Our survey showed insufficient knowledge and awareness of their age-related autonomy in decision making for medical treatment.

Somatic Genome Editing: Technical Challenges and Ethical Appraisal (265)

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The ability to modify the DNA sequences with molecular tools that employ nucleases has made it possible to edit genomes. Somatic genome editing is the procedure to alter the genome of somatic cells, making the changes introduced into the nucleotide sequence not inheritable. Powerful tools have been developed for therapeutic purposes to correct monogenic inherited disorders that often cause premature death and for which effective treatment options are not available. To ensure positive impact and minimize potential harms of these techniques, require to understand their limits in addition to apply values and principles that guide their use. This study reviewed technical challenges of genome editing and appraises the Ethics of its application.

Simone de Beauvoir : Une mort tres douce (266)

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End of life Care is an aspect of medical curricula taught to all healthcare professionals. This is usually taught via a medico-legal-moral lens to raise awareness of the pertinent issues to would be doctors. We all recognise the complexity of this topic hence its importance on all medical programmes. Lecturers across the globe use different ways of how to deliver this topic. One aspect which is rarely talked about is the use of novels to deliver this topic, in particular to approach the subject from a societal-medico-legal perspective. I propose that Simone De Beauvoir's personal account of witnessing the death of her mother should be an essential component of the curricula as it brings to life what many of us may have experienced. The account is very moving and explores many aspects that usually are taught separately. The book allows us to be a bystander to her account of the death of her mother. As those of us who have had to discuss end of life care we can testify how difficult this conversation is. The book affords us a way forward as it helps us to open up conversations around the wishes & desires of the dying patient.

Ethically Developing AI Tools to Assist Hospitalized Patient Autonomy (267)

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Respecting patient autonomy is a core principle for ethical clinical practice. In the hospital setting, patients have increased vulnerability to their autonomy. The nuances of capacity assessment for informed consent often are overwhelming to the clinician. Artificial Intelligence (AI) tools can assist with supporting the autonomy of hospitalized patients in at least 3 ways: 1) in real time, guide the clinician in conducting the capacity assessment; 2) using precision medicine tools, assist the clinician in using patient specific parameters for a more accurate risk/benefit assessment; and 3) present the material at the educational and emotional level of the patient. At a systems level of care, AI tools can enhance the culture for patient autonomy by providing administrative surveillance of informed consent procedures, identifying factors that enhance patient involvement in care, and using predictive analytics, providing decision support systems to aid patients. In this session we use case scenarios to describe the application of these AI tools while at the same time adhering to the ethical principles of promoting human dignity, beneficence, no harm, human oversight, protection of privacy, multistakeholder monitoring, transparency, accountability and sustainability.

Women, children and young adults as living organ donors (270)

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Organ transplantation was deeply involved in the birth of modern bioethics. The first successul kidney transplantation from a living donor (identical twin) in 1954 has marked historical change in medical ethics. It became acceptable to cause permanent harm to perfectly healthy person for the benefit of another person. Ethos of altruistic organ donation and »gift of life« was accepted by the law, ethics and society. Organ shortage is one of the major challenges in transplantation medicine. Living donors are important source of organs (kidneys and part of liver). However, societal pressure (and societal contagion) for living organ donation may cause shift towards the extreme, described by Scheper-Hudges as »The tyrrany of the gift: sacrificial violence in living donor transplants« (Am J Transplant 2007). Women, children and young adults may be especially susceptible to the calls to sacrifice from the family and society. Sex and gender disparities are observed in living kidney donation worldwide, especially in low income countries. In addition, young adults may be preferred donors, for better organ quality and potential for longterm function. Incresing awarenes of gender disbalance in living organ donation is necessary, including focus on children and young as organ donors, to develop strategies protecting weak and vulnerable.

Analysis of the impact of Mental Health problems in a Social Health Organization (SHO) and strategies for welcoming employees from a Bioethical perspective: Historical Cohort (272)

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Mental health (MH) is an integral part of our general health and well-being and is a basic human right. Today, MH has a huge impact on the world's economic conditions and social well-being. According to the World Health Organization, MH problems are one of the main causes of absenteeism in the workplace, causing significant economic losses. Currently, countries devote less than 2% of their health budgets to MH, with few prevention, diagnosis and care actions implemented in the workplace. This work is an observational, historical cohort study, from January to December 2023, in a Social Health Organization, in the city of São Paulo, where the International Codes of Diseases (ICD) that gave rise to sick leave were reviewed and analyzed, preserving the identity of those analyzed in accordance with the General Data Protection Law. General objective: bioethical analysis of issues related to MH disorders in the context of the workplace. Specific objectives: to identify the epidemiological profile of MH illnesses in the workplace; to recognize the disorders correlated with sick leave due to MH problems, the frequency and prevalence of MH illnesses, the financial impacts of absenteeism and sick leave; to define the direct impacts on the administrative and health sectors, as well as the assistance measures implemented.

Humanizing Medicine: A Bioethical Perspective on the 'HumanizAção' Program (273)

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Nowadays, technological developments enable notable medical advances, such as robotic surgeries and remote consultations. However, these innovations raise bioethical, ethical and philosophical questions about the dehumanization of medical practice. Despite the unconscious distance adopted by some doctors to protect themselves emotionally, it is possible to maintain a humanized approach in medical practice, a topic that is currently much discussed. During the COVID-19 pandemic, the "HumanizAção" program emerged, highlighting the talents and hobbies of doctors from the state of Paraíba, northeast Brazil, including painting, literature, cooking, music and sports. The great public acceptance led to the expansion of the program with other actions, demonstrating that activities beyond Medicine enrich the lives of doctors and inspire a more humanized approach to patient care. The "HumanizAção" program emerged as a powerful response to dehumanization in Medicine, promoting the connection between doctors and patients from a bioethical perspective. This report seeks to awaken interest in the arts and record the notable actions of the Humanization Program of the Regional Council of Medicine of Paraíba, in line with bioethical principles.

Advance care planning from the perspective of oncology patients in a high complexity oncology unit: a previous analysis (281)

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Advance Care Planning (ACP) is an important tool that allows shared decision-making but is still underused in clinical practice.This study aim to explore the perception of cancer patients about ACP. Methods:Interviews were carried out with cancer patients, based on Conversation Starter Kit, a validated instrument developed to end-of-life-care discussion. The data was organized and analyzed using the ATLAS-TI qualitative analysis software. Results:21 cancer patients from a palliative care outpatient clinic at a hospital in Belém do Pará were interviewed. The majority (95.2%) consider it important to discuss their health care wishes with their doctor. And 90% desired to know the details of their condition and treatment as well as participate in decisions regarding their treatment(81%). Regarding treatments in a situation of clinical worsening due to advanced disease, the majority would not want to be subjected to more invasive treatments if it were no longer possible to reverse the underlying disease. The results highlight patients' positive perception of ACP, and its importance as an essential tool to promote shared decision-making and ensure that healthcare is aligned with patients' values. This preliminary study will continue interviewing to improve the data and the implementation of ACP in the Brazilian context.

Chinese Immigrants Autonomy in Healthcare Services: Challenges and Recommendations (282)

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The increasing immigration of Chinese individuals poses a challenge and raises a series of ethical questions regarding the seeking of healthcare. Through a systematic review of the literature, it has been found that language and cultural differences are the factors most frequently identified as conditioning the access of this community to healthcare. Linguistic and cultural differences can not only compromise the access of the Chinese immigrant community to healthcare but also influence their autonomy. Patient autonomy is one of the fundamental ethical principles and depends on good communication between healthcare professionals and patients. To overcome linguistic and cultural barriers and ensure clear and effective communication, it is necessary not only to ensure that information is perceived at the language level but also to adopt a culturally sensitive and patient centered approach. The establishment of support offices, the development of service guides and dossiers outlining the most relevant characteristics of Chinese culture, and the creation of dialogue spaces with Chinese immigrant associations have been some of the initiatives undertaken by different healthcare systems to ensure that all patients, regardless of their background, have access to quality healthcare and ensure their autonomy.

Navigating Moral Distress through Narrative Ethics: Contributions from Clinical Ethics and the Health Humanities (290)

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This paper explores the concept of moral distress from the lens of clinical ethics and the health humanities. It draws upon the story of Halima, an HIV-positive Muslim widow from northern Nigeria, whose skillful shifts between personal pronouns in recounting her experiences allows her to convey difficult truths, while still protecting herself. Narratives, the authors argue, illuminate how moral dilemmas, cultural values, gender norms, and struggles for dignity can create conditions rife for moral distress and injury. The paper demonstrates how narratives offer important insights for ethicists and healthcare providers working with vulnerable populations experiencing moral distress. Specifically, depersonalizing accounts through third-person framing, careful "intentional listening" for pronoun shifts, and making space for partial or indirect disclosure can build therapeutic trust and illuminate ethical fault lines, while prioritizing the storyteller's safety and dignity. Ultimately, the paper positions storytelling itself as an ethical act, demonstrating how the performative power of narratives can deepen our understanding of moral distress across diverse contexts.

A proposal of birth plan and informed consent to prevent obstetric violence with pregnant women living with HIV (291)

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According to the WHO, all "women want to have a positive childbirth experience that meets or exceeds their personal and sociocultural beliefs and expectations. This includes giving birth to a healthy baby in a clinically and psychologically safe environment, with continuous practical and emotional support from those attending the birth, and receiving care from technically competent and kind clinical staff." Also, the right to privacy of the pregnant woman/couple will always be taken into account. As most women aim to experience physiological childbirth, with a sense of personal fulfillment and involvement in decision-making, even when medical interventions are necessary (WHO, 2018), it is recommended to plan this birth plan but to discuss and address all doubts with maternal and obstetric health experts beforehand. However, the unpredictability of labor, may require adaptation of this birth plan according to the clinical situation. In such situations, the exercise of informed, clarified, and free consent by the woman/couple will be ensured later on. The birth plan includes information about the medication that is needed, labor support, onset of labor, methods for pain relief, expulsive period, activities during childbirth, postpartum hospitalization procedures. The informed consent explains vaginal or cesarean delivery.

Ethical Considerations in Post-Suicide Attempt Resuscitation (295)

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In the United States, patients are given broad rights of autonomy to refuse treatment so long as they are competent. This legal and ethical position is based in the right to be free from the intrusion of others and the principle of autonomy, respectively, even in the case of life-saving treatment. At the same time, psychiatrists have broad responsibilities and power to prevent suicide as a devastating result of mental illness. In many US states, the power of psychiatrists to detain individuals under civil commitment, even involuntary, can extend for weeks to even months pending a court hearing. What happens when these two deeply held positions collide? What should be done when a person requires medical care for survival following a suicide attempt? This session will explore the critical legal and ethical issues raised by suicide attempts that leave patients with medical or surgical sequelae that require urgent treatment. These complications often require medical care that patients or surrogates may refuse and that elicit significant moral distress among patients, caregivers, and clinicians. Psychiatric and bioethics consultants are often engaged in these cases but have little published guidance available to guide them. Case examples will be used to explore the ethical dimensions of post-suicide attempt medical treatment.

Bioethics, Gene Therapy and the Signing Deaf Community (298)

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In January 2024, news of two successful gene therapy attempts to address otoferlin-related deafness in children made international headlines. Most responses to the scientific breakthrough framed this as a "miracle cure", yet members of the signing deaf community disagreed, framing this as a new form of eugenics and an existential threat to the continued survival of signing deaf communities worldwide. This presentation offers a nuanced view of the response by signing deaf communities to the use of gene therapy to address prelingual deafness in children, considering three categories of argument: 1) parental rights and duties, 2) harm to the child in terms of language deprivation and bodily integrity, and 3) the threat of gene therapy and other genetic technologies regarding the right of the signing Deaf community to flourish as a sociocultural linguistic minority community. Special attention will be given regarding U.S. American Sign Language (ASL) deaf community and Brazilian Língua Brasileira dos Sinais (LIBRAS) deaf a comparison of community responses, with particular emphasis on how bioethics discourse has emerged in these two signing deaf communities.

What we should improve and what we shouldn't do. Ethical observations in a radiation oncology setting (300)

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Radiation Oncology (RO) or Radiotherapy (RT) is a specialty that deals intimately with cancer and palliative care. This adds another dimension to the spectrum of dilemmas faced daily by health workers, as they must strive for improvement of the patients' quality of life, and, if possible, cure. For many patients requiring RT, the possibility of giving a proper informed consent, with time for reflection, is limited due to logistical troubles, such as the transport to and from a hospital that provides these treatments, which can imply a long journey due to the sparsity of RT centres, demonstrating a great injustice in resource allocation. It is now possible to have follow-up online meetings with the attending radioncologist to expose and resolve patient doubts. Another possibility is a blanket document, discriminated by area of irradiation, that would be given to the patient before meeting with the radioncologist given, for example, at the multidisciplinary meeting that decides this course of treatment. This would allow patients to arrive at a RO appointment with some foreknowledge and assist them to make an informed decision. We should strive to make joint decisions based on patient preferences and opinions, including them in decision making processes and capacitating them towards their personal disease.

Barriers and difficulties faced by migrant families of autistic individuals in healthcare access (302)

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Autism Spectrum Disorder (ASD) is a neurological disorder characterized by impairments in social interaction, verbal and non-verbal communication, and restrictive and repetitive behaviors, requiring specialized and diversified intervention. This impairment, coupled with factors such as language and cultural barriers, low health literacy, and negative perceptions by healthcare services, may lead individuals with autism and their families to experience greater difficulty in accessing healthcare in the country to which they immigrate. Therefore, a systematic literature review was conducted using the Medline, Scopus, and Web of Science databases; aiming to determine the main barriers encountered by immigrant families of autistic individuals in accessing healthcare and the strategies used by healthcare providers to address these barriers. Equity in access to healthcare for immigrant communities is a right that must be respected, with States being responsible for measures to protect the right to health and its implementation, thus promoting the quality of life of autistic individuals and their families who have chosen immigration.

The exclusion of pregnant women from an Ebola vaccine trial in Boende, western DRC: Perceptions of (excluded) women (303)

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Pregnant women are often underrepresented in clinical trials. However, there is a growing push for more inclusion after multiple disease outbreaks disproportionately affected them. To our knowledge, there has been no research on the perspectives of women who were excluded from trials upon becoming pregnant. Therefore, we explored the views of women excluded from a Phase 2 Ebola vaccine trial in Boende, DR Congo. Through individual interviews, and focus group discussions, we found that protecting the foetus was paramount to the women, leading to general acceptance of their exclusion from the trial. Trust in trial organisers' knowledge, and the absence of an active Ebola outbreak, may have facilitated this acceptance. This exclusion criterion seemed to have an impact on the decisions of a some women of reproductive age. This was observed when interviewed women reported declining participation in the trial due to their desire to conceive during the trial period. Our findings seem to support established norms of special care for safety during pregnancy and echo sentiments described elsewhere in the literature. These results, coupled with the growing demands for the inclusion of pregnant women, highlight the necessity of finding a balance between prioritising the safety of women and their foetuses and the autonomy of pregnant women.

Autonomy and disposal of corpses in Brazilian medical-legal institutes and death verification services (306)

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The autonomy of family members to decide on the disposal of corpses is the prevailing rule in Brazil, for matters such as organ donation, burial or cremation. An exception is the forensic examination, in which the State has the prerogative to autopsy the body to elucidate an incident of judicial interest. Medical-legal institutes (MLIs) do not need authorization to carry out necroscopies in cases of violent death. Death verification services (DVSs) do not need an informed consent process to examine bodies of naturally deceased people, in accordance with Ministry of Health regulations. A survey of procedures was carried out on the websites of Brazilian DVSs. It was found that some DVSs condition the processing of corpses on the informed consent of family members. When obtaining such consent is impracticable, one possible consequence is the sending of the body to the MLI. However, the Law only authorizes MLIs to autopsy corpses without authorization in cases of death due to an external cause, so that these institutions would also be disrespecting autonomy by assuming a demand without relation to police investigation. The collective interest in elucidating a natural death by DVSs may transcend the scope of solving a crime, if it is a contagious disease. It is concluded that the lack of informed consent affects both MLIs and DVSs.

Uterine transplant donation and allocation: An empirical bioethics study (310)

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Absolute uterine factor infertility (AUFI) accounts for approximately 3% of infertility cases in cis-gendered women. Uterine transplantation (UTx) is currently being trialled in various countries, following the first successful live birth from a transplanted uterus in Sweden in 2014. Studies indicate women with AUFI broadly support UTx crossing into routine care, however, there are many practical and ethical issues that have yet to be resolved, including how limited organs should be allocated. UTx is unique, as it is the only ephemeral transplant type and is neither life-saving nor life-sustaining. Arora and Blake (2014) note the typical organ allocation methods based on "sickest first, best prognosis or quality of life assessments" do not apply to UTx, with all potential recipients being equally infertile and needing to maintain the transplant organ for roughly similar lengths of time. In November 2019, the Royal Prince Albert Hospital in Sydney was the first Australian hospital to have an experimental protocol approved to conduct six transplants a year over a ten-year trial period. In response, this current study is the first of its kind to report the views of the Australian public on UTx allocation methods, covering issues of informed consent for donors and recipients, risk/benefits, justice and equity concerns.

Involuntary Commitment: a concept review and a case study (311)

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The history of psychiatric treatment in Brazil is full of misguidance and prejudice among the general population. The notion of a hospital where patients are not treated or reminds the ancient asylum is still said and the family sometimes are not aware of what can happen to a patient without proper psychiatric treatment. The Brazilian Law 10.216/21 creates three kinds of psychiatric commitment: voluntary: when the patient agrees to go to an institution for treatment, involuntary: when the patient doesn´t agree and compulsory: when a Judge indicates the psychiatric commitment. This case study is of a male, 60 years old engineer who abused alcohol for more than 30 years and was putting himself in danger by his drinking problems. He was dismissed from his work and being unemployed worsened the alcohol abuse. After months of ambulatory treatment his family reached the doctor afraid of his violent behavior and it was explained the need of an involuntary commitment accept. The patient was admitted to a clinic as an involuntary patient, was rebellious at the beginning but after attending the meetings could understand he had a medical condition called alcoholism and agreed to stay as a voluntary patient. He is now 8 years sober and thanks his family and doctor for the involuntary action that was needed.

The Ethical Dimension of Cultural Prescription in Patient Care and Medical Education (313)

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Patients' self-expression through creative arts enables them to cope with pain, anxiety, depression and vulnerability. Artistic and cultural activities also develop empathy and cultural understanding among healthcare professionals, essential for an ethical and compassionate medical practice. Culturally competent clinicians should understand the vital role of culture in individuals' lives, appreciate diversity, and mitigate any adverse effects of cultural differences by learning about various cultures, cherishing diversity. Medical schools should integrate cultural practices into teaching, using artistic expression to foster culturally-contextualised approaches to ethical challenges and promote empathy. Embedding an expanded concept of cultural prescription into curricula equips students with competences to foster inclusivity and recognize the therapeutic value of arts within WHO's biopsychosocial model of health, while preparing future doctors to treat patients from diverse backgrounds with respect and sensitivity and reducing clinicians' stress, improve their mental health, and strengthen doctor-patient relationships. This approach will transform medical practice and advance professionalism, making broader clinical workflows more compassionate and culturally-driven and benefiting patients and clinicians alike.

Experience of the Bioethics Unit at Real Hospital Português de Beneficência de Pernambuco (314)

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The Bioethics Unit of the Teaching and Research Institute of the Real Hospital Português was established on October 13, 2017. The composition of the unit included the medical, legal and management areas to make up the unit. Diversity enriched and broadened study horizons.Along the way, agreements were made with partner institutions involved in bioethics, such as health and law associations.Instruments used to disseminate Bioethics: meetings with discussion of clinical cases including professionals, undergraduate and postgraduate students, participation in events, holding congresses, forums, national and international webinars, documentaries, radio programs, photography competitions.O uso de recursos diversos permite uma maior divulgação, num tema essencial e que rege nossa conduta. O trabalho precisa ser feito todo o dia, aproveitando nas oportunidades que surgem, sem desistir, porque precisamos criar e manter um circulo virtuoso sobre os princípios da bioética.

Lessons learned from data falsification during an academic course using a root-cause analysis: a case report (315)

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Nursing students are expected to maintain academic integrity and practice ethical integrity. Research seminars in nursing play a crucial role in promoting evidence-based practice. Fabricating data or creating fictitio datasets undermines research credibility and has severe consequences. Aim: To describe an incident of data falsification during a nursing research seminar course and to share the experience of the subsequent corrective measures employed at both the individual and class levels. Methods: Students were instructed to use a Swiss Cheese Model to investigate the incident and to employ an Ishikawa (fishbone) diagram to identify and collate potential causes. The event investigation applied the 5M Model approach, addressing all the organizational levels: personal, group, class, and nursing departments. Results: The faculty viewed this incident as an opportunity to reinforce ethical research practices and opted for an educational approach rather than initiating disciplinary proceedings against the students. The students were asked to identify the factors that led them to falsify the data and present the findings to their class. Conclusions: The current case study uniquely combines educational concepts with an approach to establishing a constructive organizational culture, which incorporates tools from risk management.

Developing a Safety Score for Automated Evaluation of AI-Generated Health Advice (318)

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The principle of "do no harm" is fundamental in medical ethics, guiding physicians to prioritize patient safety. Our study analyzed methods for the automated safety assessment of AI-generated health advice. METHODS: Data scraping was conducted using the PullPush API to randomly extract 10,000 posts from the subreddit AskDocs, comprising health questions submitted by users worldwide in 2022. 3,602 questions were considered eligible, from which 651 were sampled for the analysis. Synthetic dialogues were built using the questions as inputs for generative AI models. Experts defined 100 safety-related items, and ChatGPT 4.0 was employed to automatically assess the synthetic dialogues based on the defined items. Item Response Theory was the statistical model used for developing the safety score. Family physicians with extensive clinical and academic experience manually evaluated the dialogues using a previously established scale, and their assessments were utilized for calibrating the safety score. RESULTS: Of the 100 expert-defined items, 53 were selected for the final model, considering the theoretical model and statistical criteria. The score cutoff defined by the calibration was able to correctly identify 87.5% of the dialogues deemed unacceptable by the physicians.

Choosing who gets to live: How may Brazilian Law regulate assisted reproduction through in vitro fertilization (IVF) with preimplantation genetical diagnosis (PGD)? (323)

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The question of when human life begins has consequences to an array of fields and issues. This presentation focuses, generally, on the legal and bioethical fields, and, specifically, on the issue of assisted reproduction. This matter is approached through studying a hypothetical but credible case involving a couple who, after various unsuccessful attempts at conceiving, considers trying in vitro fertilization (IVF) with preimplantation genetical diagnosis (PGD). Hence, this study's guiding question is: How does Brazilian Law regulate this situation? From it many other questions follow: Do the laws in Brazil allow for IVF with PGD? If so, what are the proceedings of choosing which embryo will get the opportunity to become a fully developed human? May the gestating couple personally choose which embryo they want? Are the embryos mere objects to Brazilian Law, or are they subjects akin to persons with rights? In face of these intriguing questions, the following are considered 1) the ambiguity of Brazilian laws on this matter, 2) the factual aspects of the personality of embryos, 3) a real "personalist" doctrine of the legal personhood of embryos. Finally, these considerations are summed up and a possible legal and bioethical solution to the hypothetical couple's case is proposed.

Artificial intelligence in evidence-based health and personalized medicine: challenges for the ethical review of research (325)

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Since the end of the last century, evidence-based health (EBH) has become the gold standard in clinical practice, medical training, and health policy development. Its limitations have led to the exploration and development of emerging models, including precision medicine (or personalized medicine, PM). Artificial intelligence (AI) in EBH allows the analysis of large volumes of data, automated systematic reviews and meta-analyses, assistance in clinical decision making and the continuous updating of clinical guidelines. AI contributes to PM in areas such as genomic analysis and biomarkers, development of personalized treatments, prediction of treatments response, monitoring and personalized management. This work analyzes the legal, ethical and methodological considerations raised by the evaluation of human health research that includes the use of AI by research ethics committees (RECs). The emergence of AI in health research and the need to review it represents a challenge for the RECs. The notion that the interests of science, technology and society should not prevail over those of individuals must be brought back to the center. Finally, updating and training in AI and in the protection of personal data of researchers and members of the RECs is necessary.

Human-based organoids: ethical research & development (329)

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Scientific advances for human disease treatments are foreseeable and highly desirable. Novel methods and biotechnologies using human-based organoid development, production and clinical application are a good example of translational research. This effort needs to be done responsibly and ethically, and be aimed for the benefit of individuals and society and therefore requires a multidisciplinary collaboration including, among others, scientists and participants, doctors and ethicists. Also, policymakers and other stakeholders will be necessary to develop comprehensive ethical guidelines and protocols for biobanking, organoid production, access to therapies, patenting rights and commercialization. By upholding principles of respect, beneficence, justice, and integrity, stakeholders can ensure that these activities are conducted ethically and responsibly, ultimately benefiting individuals and society as a whole. This presentation will discuss a possible strategy and ethical framework for organoid research and human therapy. Some key ethical issues, based on the need to consider diverse biomedical ethical principles, fairness, equity, social responsibility and appropriate informed consent forms, that will assure privacy and confidentiality of participants and promote scientific advancement worldwide will be introduced.

Comprehensive Medical Education: Approach to Bioethics in a Medical Course in the Brazilian Amazon (334)

Camila Fernandes Caldato[1], Milena Coelho Fernandes Caldato Cassio Caldato, Ana Emília Vita Carvalho, Ivete Moura Seabra de Souza, Anna Camila Alves Franco, Mário Roberto Tavares Cardoso de Albuquerque
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The Medicine Program at CESUPA addresses the need for advanced medical education in the Brazilian Amazonia by surpassing traditional academic models. It embraces a comprehensive approach integrating humanistic attitudes throughout the curriculum to foster well-rounded medical professionals. The program spans six years and is built on four dimensions: physical, emotional, cognitive and spiritual development. Themes of Medical Humanities and Bioethics are revisited regularly using a spiral approach to ensure multidisciplinary coverage, blending Human Sciences and Arts with technical-scientific knowledge. The curriculum includes modules and applied discussions emphasizing personalistic bioethics, medical professionalism, communication skills, medical law and social virtues. Challenges are tackled through emotional intelligence and resilience, focusing on decision-making and ethical practice rooted in conscious choice. The program is divided into ten areas, covering medical vocation, communication skills, bioethics in various contexts and research ethics. This holistic approach prepares future physicians not only with technical expertise but also with ethical integrity and social responsibility, ensuring they are equipped to address the complex demands of modern medical practice.

Bioethics and Opera: The Pathos of a Decision (336)

Juan Jorge Michel Fariña[1], Eduardo Laso[1]
[1] *Universidad de Buenos Aires, Argentina*

Can opera be considered an heir to Greek theater? Cinema, a mass art of the 20th century and so far the 21st, has used opera arias to present bioethical dilemmas to the general public. This cinematographic essay is a journey through the ways in which lyric introduces situational pathos and allows knowledge to be articulated with emotion. The overture and the first act are presented, devoted to the thorny topic of sexuation.

Artificial Intelligence in Therapy: Bioethical Issues Through Cinema (337)

Dora Serué[1]
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The topic that brings us together is to analyze Equity, one of the principles supported by Ecobioethics, and its status in the human psyche, for Psychoanalysis as existing in the "Ideal of the Ego", but also as a utopia that directs us to a possible project. The film we choose, Elysium, transports us to the year 2154; In an aerospace station, the classes with greater economic power have taken refuge because the earth is no longer habitable, the most disadvantaged populations remain on the earth, contaminated, without efficient medical care. Elysium has a machine capable of resurrecting the dead or healing the sick, even incurable diseases. That is to say, technology has advanced to the point of touching the immortality of humans, poverty and involution of their ethical and moral endowments persisting. The concept of Equity, based on the Universal Declaration on Bioethics and Human Rights, of 2005, among its General Principles declares the fundamental equality of all human beings in terms of dignity and rights, and that they must be respected fairly and equitably. Our proposal is to call you to this titanic task and/or utopia, possible. As A. Einstein says, we are part of a whole. Maybe we can all inhabit Elysiun in the future.

Equity and Ecological Catastrophe, a challenge (338)

Gladis Mabel Tripcevich Piovano[1], Hilda Catz[1] , Mariana Goldring[1] , Franco Lanzillotta[1], María Elena Moreno[1] , María Graciela Santa Cruz[1] , Cosimo Schinaia[1] , José Thomé[1]
[1] Universidad del Salvador, Asociación Psicoanalítica, Argentina

The topic that brings us together is to analyze Equity, one of the principles supported by Ecobioethics, and its status in the human psyche, for Psychoanalysis as existing in the "Ideal of the Ego", but also as a utopia that directs us to a possible project. The film we choose, Elysium, transports us to the year 2154; In an aerospace station, the classes with greater economic power have taken refuge because the earth is no longer habitable, the most disadvantaged populations remain on the earth, contaminated, without efficient medical care. Elysium has a machine capable of resurrecting the dead or healing the sick, even incurable diseases. That is to say, technology has advanced to the point of touching the immortality of humans, poverty and involution of their ethical and moral endowments persisting. The concept of Equity, based on the Universal Declaration on Bioethics and Human Rights, of 2005, among its General Principles declares the fundamental equality of all human beings in terms of dignity and rights, and that they must be respected fairly and equitably. Our proposal is to call you to this titanic task and/or utopia, possible. As A. Einstein says, we are part of a whole. Maybe we can all inhabit Elysiun in the future

Navigating the EU Artificial Intelligence (AI) Act and Bioethics (339)

Mónica Correia[1], Rui Nunes[1,2]
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[2] ICB International Chair in Bioethics

Artificial Intelligence (AI) technologies can transform healthcare and biomedical research, bringing significant advancements in diagnostics, treatment, and patient care. However, these benefits come with substantial ethical challenges. The European Union's Artificial Intelligence Act, proposed in April 2021, addresses these challenges by establishing a comprehensive legislative framework, categorising AI systems based on risk and imposing stringent requirements for high-risk applications. This lecture delves into the intersection of the AI Act and bioethics, highlighting the need for ethical considerations in deploying AI in healthcare and biomedical research. We will discuss the AI Act's risk-based approach, implications, and strategies for aligning AI innovation with ethical standards such as autonomy, beneficence, non-maleficence, and justice.

Medical Management of Jehovah's Witnesses: a Collaborative Approach (341)

Rodrigo Cáfaro
Hospital Liaison Committee, Brazil

Hospital Liaison Committees (HLCs) exist in over 100 countries through volunteers who provide a liaison between physicians and Jehovah's Witnesses patients. Due to their refusal of blood transfusion, Jehovah's Witnesses can sometimes be seen as a medical and bioethics challenge. Experience has shown that open dialog outside of an emergency scenario greatly improves doctors' experiences and patient outcomes. For this reason, HLCs present at medical conferences around the world to clarify the position of Jehovah's Witnesses on health care and to share clinical strategies for successfully treating these patients. This presentation has 3 parts: 1) Jehovah's Witnesses position on healthcare and how this information helps doctors discuss medical options with their patients; 2) Clinical strategies to avoid allogeneic blood and viability of Patient Blood Management (PBM), recommended by the WHO; 3) Overview of the network provided by Hospital Liaison Committees and how their free services facilitate successful outcomes and cooperation between physicians and Jehovah's Witnesses patients.

Building comfort: the integration of architecture in palliative care (343)

Helder Morgado[1], Rui Nunes[2]
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[2] International Chair in Bioethics

Introduction: The World Health Organization (WHO) estimares that by 2030, new 27 million cancer cases. But what is observed is a fragmented cancer education and incomplete training. In Brazil 60% of cancers are diagnosed at advanced stages, worsening prognosis and health costs. This issue could be alleviated by improving oncology training. This study aims to understand the expectations and reality of cancer education, based on students's evaluations over time. Methods: This was a cross-sectional, quantitative study that used a questionnaire to assess the expectations and knowledge of cancer among medical students. Results: A total of 373 students participated: 152 in the 1st year, 121 in the 4th year, and 100 in the 6th year of medical school. Over 90% of students, regardless of their year, expect to deal with cancer patients. Regarding oncology knowledge, 80.9% of 1st-year students believe it will be sufficient, but only 39.7% of 4th-year and 68.0% of 6th-year students agree ($p < 0.001$). The majority of the study population affirmed the importance of having both theoretical and practical oncology disciplines (>70%). Conclusions: The expectations of 1st-year students about oncology learning are not met by older students. It is necessary to include a formal oncology discipline, as cancer incidence is growing worldwide.

Ethics and bioethics as a transversal axis in university curricula (353)

Gabriela Renault[1], Susana Otero[1]
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Academic training in ethical and bioethical values is crucial in these times, which is why we propose that it be a transversal axis in the curricula of university careers. Within this approach, it is necessary that as a transversal pedagogical proposal, students are trained in the formulation of moral dilemmas. To this end, it is vital to take up the historical and systematic background of the research of Kohlberg 1964, Lind 2007 that leads, in principle, to consider that mature moral conduct does not depend only on the knowledge and incorporation of ethical principles or moral values, but on the ability or competence to apply them in concrete situations of real life and/or professional. In this line, the methodological proposal (Otero et al, 2017) that began oriented towards the critical discussion of moral dilemmas which began oriented towards the critical discussion of moral dilemmas (Piaget, 1973; Kohlberg 1964; Lind, 2007) found, from praxis itself, a return to emotions, in the genesis of which is the link with the other (Husserl, 1954), in the historical and systematic development of affective-cognitive-moral consciousness. In this work, the proposal will be developed and the praxis of the method will be made, to then be able to discuss the topic In the Faculty of Psychology and Psychopedagogy of the USAL, they have been researching the proposal for more than 5 years and applying it, the development of the competence of moral dilemmas in different subjects, you propose that it be extended to careers and other Academic Units.

Procedural Psychoterapeutic Consent: Ethical and Technical Dilemmas in Informed Consent in Psychotherapy (354)

Silvina Vanesa Martinez[1], Francisco José Rapela[1]
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The concept of informed consent in psychotherapy and particularly in psychoanalysis is a controversial and difficult subject to apply for various reasons, including the impossibility of the analyst to foresee the results of the process and to inform the patient about its consequences. The proposal of this paper is to investigate what different authors propose and to transmit the experience in different therapeutic spaces (individual and group) about a style of constructing (as opposed to giving) an informed consent that is based on the continuous agreement about the direction and scope of the therapeutic process and specifically about the imponderable and unpredictable phenomena of the same. This type of consent would be based on the therapist's predictability of the process, but mainly on the patient's ability to understand that in each part of the process he can continue or revoke his consent to the process (procedural consent), not only in the time frame (sequential consent) of the process, but also in terms of depth (stratified consent), i.e. which processes he is willing to work on at a given moment and which others he is not willing to work on.

Self-Harm and AI: Dilemmas of ecotechnobioethics in Mental Health (355)

Diana Altavilla[1] , Silvina Martínez[1]
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The demands of subjects in psychological suffering are currently crossed by the advances that applied technology has been developing in recent decades. The Maniac series (2018) unfolds the crossed stories of two characters in the not-too-distant future. Anny Landsberg and Owen Milgrim are two strangers who have been trying to quell extreme psychic pain for some time. Owen bears the heavy burden of being forced by his family to hide from the law the criminal acts of a brother who has psychologically abused him his entire life. Ignored and discredited since his childhood by a perverse father and brother, he sees himself with no possible way out: it is the illegality of false testimony or subjective isolation due to family indifference. Anny has walked through the endless dark corridors resulting from drug dependency that the system promotes in the pain market. She ventures into the world of experimental laboratories posing as a volunteer just to steal the medicine that will make her forget the pain of responsibility for the death of her younger sister. Both pass each other in the large hall of the company waiting for their turn to be evaluated on their application for the test for which they will receive a significant payment.

A staircase to heaven. The transformation of authoritarian dogma into an ephemeral creation that inaugurates hope (356)

Hilda Catz[1], Lila Gómez[1]
[1] *Universidad del Salvador, Argentina*

A Stairway to Heaven is a 2016 documentary film directed by Kevin Macdonald, about the life and work of Cai Guo-Qiang known for his artwork using gunpowder. The music is by Alex Heffes and the photography by Robert Yeoman. The story is told through the words of Cai Guo-Qiang, family, friends and colleagues, spanning from the artist's childhood in Mao's China to the present day. The work "Stairway to Heaven" is one of the most transcendent works of the artist Cai Guo-Qiang. The artist says "art can be my space-time tunnel to connect with the universe." The staircase is an ephemeral structure, which is built to be burned. The attempt to process the disruptive thing that may appear in the world has been in all times, but more so in this ethereal era - as Dr. Benyakar refers - a constant attempt that generates a creative disruptive moment. It is the paradoxical and constructive thing, which expands the semiology of the use of gunpowder, usually connected to pyrotechnics and war.

The bioethical commitment of cinema: dialog with Cibele Amaral (357)

Julio Costa[1]
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In 2003, Brazilian filmmaker Cibele Amaral made her short film "Momento Trágico", in which she recreates scenes of therapeutic treatments, allowing her to analyze issues of fraud, confidentiality and informed consent. The film received several awards, and two decades later, in 2024, Amaral is working on an updated version of that plot in feature film format. The presentation includes the screening of the original short film (in Portuguese, with English subtitles) and a live dialogue with the director to analyze the bioethical issues involved in this film. Dilematic issues related to individual and group treatments, the current deontological regulations on the subject and the tension between cinematographic art and contemporary bioethics will be addressed.

Bioethics and Opera: The Pathos of a Decision. Overture and first Act: Sexuation (361)

Eduardo Laso[1], Juan Jorge Michel Fariña[1]
[1] *Universidad de Buenos Aires, Argentina*

The act of deciding always entails a component of suffering. Especially when these bioethical decisions involve crucial questions of human existence. This situational pathos has been presented in an overwhelming way in cinema through opera arias. This cinematographic essay seeks to explore some of those sublime moments, to investigate their mysteries. The intended audience is for lovers of lyrical music, students and health professionals and anyone who questions the ethical dimensions of the art of existing. This is a journey through fifteen films and six of the most beautiful compositions in the lyrical repertoire. A journey that unites bioethics, cinema and music, in an expectant and creative act.

Statistical Analysis of the Judicialization of Medicine and Health in Brazil in 2024 (362)

Renato de Assis Pinheiro[1]
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This study analyzes metrics and data on the judicialization of health and medicine in Brazil, focusing on how legal actions influence business development in the health sector. This influence impacts the risks associated with medical business activities, affecting companies in both the Public Health System (SUS) and the private sector. The research's general objective was to analyze recent statistics on healthcare judicialization in Brazil to identify the main legal risks for doctors and businesspeople, aiming to improve strategic planning and reduce legal uncertainty. Methodologically, a bibliographic and documentary survey was conducted, based on data and studies from the past ten years, covering the national territory and involving federal, state, and higher courts. The analysis of these statistics helps identify the main legal risks, improving strategic planning and reducing legal uncertainty. Additionally, evaluating trends and directions aids doctors and entrepreneurs in the health sector in adequately measuring risks, thereby enhancing business planning with more predictability and security.

Abstracts
Poster Presentations

Regulation of egg donation between relatives on the resolutions of the Federal Council of Medicine: from prohibition to the liberalization (045)

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By comparing resolutions of the Brazilian Federal Council of Medicine (CFM) issued among 1992 and 2022 it is possible to state that regulation of assisted reproduction techniques has changed over the years. First, because the science behind it has evolved a lot during this period. Second, due to the changes of social order which maps controversies that reveal society's value systems (Rabinow, 2006). In the absence of legislative definition, the CFM supplemented by recommending how the assisted reproductive clinics and patients should act. Initially ruled for almost three decades banning the knowledge of the identity of the egg's donor and receiver. However, in 2021, the Council made a drastic change allowing access to the biological origin when the parts are from the same kinship, although there is a paradoxal exception. At last, even after filling the gap left from the Legislative Power, the Council was not able to clarify all the uncertainties that coexist with this sensitive topic of assisted reproductive. Comparing with other realities is conceivable to affirm that this omissive behavior is not exclusivity of our country since in the United States until today the American Society of Reproductive Medicine (ASRM) give the guidelines for the practice (Thompson, 2005).

Social vulnerability as a means of adhering to pharmaceutical research projects: volunteering in check (046)

Leonardo Mendes Cardoso
Faculdade de Direito da Universidade Federal de Goiás, Brazil

The pharmaceutical industry must carry out clinical tests with newly created medicinal drugs that depend on them for future release by the competent government bodies. Such tests are legally regulated, mainly so that ethical aspects are not harmed. In this sense, the Butantan Institute alerts us to the principle of volunteering, in which volunteers are differentiated from "guinea pigs", since participation in experiments demands the desire for unintentional collaboration based on an informed adherence and not linked to advantages that not the desire to see advances emerge from there for the good of humanity. This is the theme of our work – volunteering requires personal independence – and our general objective is to demonstrate that social/financial vulnerability prevents truly free membership. Therefore, the research problem is whether payments reported as "cost assistance" would be able to attract socially and financially needy people, nullifying the principle of volunteering. We believe, in principle and by hypothesis, that this factor alone is a sufficient parameter for adhesions that, under contrary conditions, would not occur. The research method was based on literary review, being analytical-critical and qualitative.

Perspectives on Education to Achieve Responsible and Ethical Conduct of Research (085)

Akinori Yamabe, Rio Otsuka, Japan Chiaki Mishima
Jichi Medical University, Japan

This study examines the effectiveness of distance education using media materials in achieving research integrity. The subjects were first-year medical students taking the "Science and Society" class using the Japanese version of THE LAB, a tool developed by HHS and ORI in the US. Students learn the characteristics of research misconduct and its avoidance as depicted in a drama format through role-play. With a response rate of 100%, pre- and post-lesson changes are shown as percentages (before→after). Degree of interest in research misconduct and research integrity: high 9%→36%, fair 36%→50%, slight 50%→14%, none 5%→0%. Awareness of research misconduct and research integrity: high 5%→32%, considerable 27%→41%, slight 55%→23%, none 14%→5%. Explanation of background and reasons for research misconduct: good 0%→18%, fair 32%→73%, average 55%→9%, poor 14%→0%. Proposal to prevent research misconduct: good 0%→14%, fair 41%→77%, average 41%→9%, poor 18%→0%. Ability to explain how scientific papers should be written: good 0%→9%, fair 14%→73%, average 68%→18%, poor 18%→0%. In the free description, some students considered learning research integrity very useful for in-depth understanding of research activities. Although the pandemic affected the field of education, it also led to positive perspectives about future education and learning.

Ethics and human dignity in human genome studies (109)

Luana Paulino Amarante, Liliane Maciel de Freitas
Ordem dos Advogados do Brazil- Brazil

This article explores the growing influence of Genetic Engineering and human genetic data studies after the Human Genome Project. Focused on the ethical implications, particularly in life insurance companies and employment, the research delves into the democratic context, examining cases like that of geneticist Roger Abdelmassih. The study encompasses the concepts of Ethics, Bioethics, and Biolaw, analyzing international treaties and internal legislation. It addresses the ethical considerations surrounding genetic manipulation, citing examples such as assisted human reproduction techniques. The article emphasizes the importance of upholding human dignity, discussing historical bioethical events like the Tuskegee case and concentration camps in Germany. Biolaw, akin to bioethics, regulates acts concerning life, aiming to protect human life and punish rule violations. The article highlights the significance of the Human Dignity principle and its application in legal contexts, referencing the Brazilian Constitution's approach to equality. International treaties, particularly the International Declaration of Genetic Human Database, play a crucial role in shaping national legislation, ensuring genetic data access is governed by rules and subject to individual consent. The article concludes by stressing the ethical.

Malingering at the workplace: what can be done, a case study (110)

Maria Helena Abreu Teixeira[1], Ana Cristina Sáad[2]
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The work environment can contribute to the worsening of some physical or mental illnesses. Carrying out detailed admission exams and multidisciplinary periodicals can help identifying the onset or worsening of physical or mental illnesses. Malingering is not considered a form of mental illnesses, however it can occur at the work place generating several administrative and economical losses in this context. Malicious behavior must be identified and corrected earlier and not only during medical expert assessments avoiding this inappropriate conduct from contaminating the work environment. This case study is based on the analysis of the history of expert medical monitoring of two public servant patients for approximately 32 months. One of the patients presented complaints compatible with physical and mental illnesses and the other, complaints compatible with physical illness. The objective of this case study is to raise awareness about the occurrence of simulation as a confounding factor during multidisciplinary and medical examination assessments for labor purposes, given the possibility of secondary gains from this behavior. When simulation is not identified and properly interrupted, it leads to administrative and economic losses at the workplace, since it may generate the idea that such behavior is acceptable by the managers.

The non-linearity of the patient physician relationship (chaos theory) (122)

Janaína Aparecida de Sales Floriano, Moacir Fernandes de Godoy; Homalie Mascarin do Vale, Marcelo Augusto de Freitas; M. Cristina Miyazaki
FAMERP Medical School, Brazil

The physician-patient relationship has undergone consistent changes in recent times because of a number of variables. Many of the processes for medical error derive from this relationship and, seeking to give a new explanatory focus, this article, from the point of view chaos theory, in a systemic and dynamic analysis, sought in a narrative review to measure the legally presumed guilt of the opposite the cognition of the patient before the medical act and the non-linear variables that limit this relation. For this purpose, national and international works were analyzed in order to evaluate the doctor's guilt and the possibilities of litigation. It was verified that only with the transdisciplinarity of the applied and human social sciences will it be able to re-signify the juridicity that frames the civil responsibility of the doctor and the attention that the public power dispenses with it.

Qualitative analysis of the perception of members of a study group regarding the relations on health, illness, and care among the Umbanda people (117)

Ricardo Ferreira Nunes[1], Letícia Cupolillo Gonçalves[1], Victórya Machado Silva de Melo[2]
[1] *FAMP Faculdade – Brazil*
[2] *UNIFIMES – Brazil*

Umbanda is a religion in which spirits are incorporated through music and herbal fumigation to assist its participants, known as consultees. This religious tradition closely resembles the healing rituals of our ancestors, creating the perception of a synchrony between the past and traditions perpetuated to the present moment. Therefore, the aim of this article was to analyze a group of students' perception regarding the relations of health, illness, and care among the Umbanda people after reading articles and discussing the studied subject. The topics discussed in the group addressed key information about Umbanda practices, the relationship between religiosity as tradition, and its influence on the health-disease process of its practitioners. The methodology employed was exploratory and qualitative, conducted in a study group within a Higher Education Institution, analyzing students' understanding of the topic. Content Analysis was used as the methodological approach. It was found that there are elements that guide healthcare professionals in strengthening moral and ethical positions for the proper care of patients involved in religious/spiritual practices. Additionally, the importance of this religion as an identity and a path through which participants achieve the much-anticipated biopsychosocial health was observed.

Ethics and law regarding autonomy of psychiatric patients (127)

Miriam Elza Gorender[1], Sandra Paula Peu da Silva[2]
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Throughout history, the doctor-patient relationship has changed, dictating increasing patient autonomy, with the evolution of ethical principles that include freedom and respect for patient's choice whether or not to undergo treatment, transparency in the information provided by the physician, and the importance of patients' understanding about medical procedures. However, when dealing with patients with mental illnesses, the management of autonomy may have particularities or even be different from what is contemplated for people with healthy mental functioning. Denying such circumstances, in general, leads to abandonment of disabled individuals and even risk of death. The specificities of managing the autonomy of patients with mental illnesses results in developments that require standardization to deal with aspects, such as medical confidentiality, compulsory treatment and hospitalization. This paper endeavors to discuss such questions.

Bioethics and quaternary prevention: a review of the Brazilian literature (130)

Helena Cristina Alves de Oliveira
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Bioethics has become a reference discipline in a recent body of knowledge. Considering the principles of bioethics, beneficence, non-maleficence, autonomy of the person and justice, the discipline is a suitable field for medical training on the subject of quaternary prevention, made official by the World Organization of Family Doctors (WONCA) in 2003. Quaternary prevention is based on detecting individuals at risk of excessive treatment, with the aim of protecting them from inappropriate medical interventions and suggesting other, less harmful alternatives. Ten years after the revision of the medical education guidelines was instituted, the subject remains in publications in the area of Family Medicine. The current work aims to carry out a literature review of the topic in the medical journal of bioethics published by the Brazilian Federal Council of Medicine, the institution responsible for overseeing and regulating medical practice in Brazil.

Changes in Ophthalmology Teaching: Analysis of the Impact Given the Growth of Vacancies in Medicine Courses (136)

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[2] CREMEB, Brazil

There has been a significant increase in the number of medical schools in Brazil. However, it is likely that opportunities for specialization in ophthalmology have not kept up with this growth in demand. This study estimate the increase in the number of doctors trained by schools, analyze the growing demand for specialization in ophthalmology and evaluate the possibilities for improvement in the field of ophthalmology. A retrospective study was carried out using data from the Ministry of Education and the Brazilian Council of Ophthalmology. The veracity of this information was corroborated through the analysis of 120 notices published by Residency programs in 2021. In the period between 2002 and 2021, there was a 370% growth in the total number of places available in Medicine courses, while certified opportunities for specialization in Ophthalmology increased by 64%. There is a misalignment of 11.4% between the information provided by the Brazilian Council of Ophthalmology and that coming from the Ministry of Education. The impact of this imbalance on the demand for non-certified specialization vacancies remains unknown, highlighting the need to establish more effective policies for monitoring specialization opportunities and controlling criminal incidents perpetrated by non-physician individuals in the medical field.

Bioethics and Ethics contribution to the quality of the High school: the relationship between teacher training, the epistemology practice, the Brazilian legislation and the contemporary claims (145)

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The purpose of this study is to examine the relationship between teacher training and medical practice in Brazil. It explores the country's legislation and contemporary perspectives on medical education, with a focus on quality. The study argues that medical courses require a new perspective that goes beyond technical skills, calling for an integration of bioethics and ethics. This integration can provide new meaning and understanding of the person's dignity, leading to dialogue, comprehension, and integrative stances. The study includes descriptive research on national, international, and legislative bases related to medical education and practice. It concludes that public policies are required to focus on the principle of the indivisibility of human rights, and the integration of political agendas of Education and Health. At the level of medical schools, the inclusion of new benchmarks would enable the understanding of the Other - teacher/researcher, student, patient, among others - through interdisciplinary dialogue.

Experience of Implementing the Commission for the Defense of Doctors' Prerogatives of the Regional Council of Medicine of the State of Bahia (CDPM-CREMEB) (151)

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Experience of Implementing the Commission for the Defense of Doctors' Prerogatives of the Regional Council of Medicine of the State of Bahia (CDPM-CREMEB) Objective: Since 2022, the World Health Organization (WHO) has recognized the effects of chronic stress caused by work as an occupational disease, with Burnout Syndrome being included in the 11th Revision of the International Classification of Diseases (ICD-11). Faced with increasing numbers of the syndrome among doctors, especially after the COVID-19 pandemic, strategic actions are necessary to provide more psychological safety to these health professionals. Method: We analyzed data resulting from the CDPM's actions when providing care to doctors under jurisdiction in defending the RIGHTS established in the current Code of Medical Ethics. Results and conclusion: The commission received 351 complaints, actively listening to the complainants, making shared decisions and anonymizing the complainant with the fastest possible resolution. The nature of the demands presented was often related to the illegal practice of Medicine, irregular payment of fees, incomplete staff and threat to the exercise of autonomy. These statistical data supported the definition of priorities in the municipality's strategic planning.

Experience of the Fiocruz research ethics committee forum in protecting research participants (153)

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The Fiocruz Research Ethics Committee Forum was established in 2011, linked to the Vice-Presidency of Research and Biological Collections (VPPCB) and formed by coordinators and representatives of the Research Ethics Committee (RCEs) of Fiocruz's Technical-Scientific Units, two members of the VPPCB and two legal advisors. The aim of the work is to present the Forum's experience to strengthen RCEs and, therefore, extend the forms of protection for research participants. The organic structure of the Forum is a kind of network, a rich environment for debates and problematizations. The Forum values the knowledge of its integrants and seeks to harmonize institutional ethical review manners, always focusing on the research participants. The system of action is through frequent messages and periodic meetings. Since the beginning, the Forum has organized training activities on distinct topics. In 2023 two themes stood out: the impacts of the General Data Protection Law and forms of motivation to resist the Draft Law that presumably aim to regulate clinical research in Brazil but actually threatens the CEP/Conep System and research participants protection . In conclusion, encouraging the creation of RCEs forums, institutional or interinstitutional, is highlighted as a strategy that strengthens RCEs and the rights of research participants.

Revista Bioética (2019-2023): Keyword Analysis (366)

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The Revista Bioética, pioneering since 1993, is a crucial source in disseminating bioethics science in Brazil. Its online accessible editions provide an essential platform for researchers and professionals interested in ethics and health. This meticulous study analyzed 19 editions of Revista Bioética, reviewing 380 articles and editorials, and identifying 1,453 keyword terms. Among these, we highlight 408 frequently cited keywords, reflecting pressing themes in the area. The main keywords include Bioethics (47%), Palliative Care (14%), Ethics (10%), Personal Autonomy and Medical Education (6% each), Medical Ethics (4%), and other crucial themes such as Death, Primary Health Care, Human Rights, Nursing, Teaching, Research Ethics, Coronavirus Infections, Doctor-Patient Relationships, Public Health, and Decision Making (1% each). Conclusion: The detailed analysis of the 2019 to 2023 editions of Revista Bioética reveals not only the diversity and relevance of the themes addressed but also the growing importance of ethics in medical practice and public health. This digital platform not only facilitates access to specialized knowledge but also promotes ongoing and critical dialogue on ethical issues that shape the health field. Method Used: The cross-sectional method, descriptive of retrospective data.

Implications of Brazilian Law 14.737/2023 for Healthcare Facilities (158)

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In Brazil, reports of violations of women's sexual freedom within healthcare facilities are increasing (BRASIL/MDHC, 2023). Law 14.737/2023 amended the Organic Health Law (OHL), granting women the right to a companion during medical procedures (Brazil, 2023). The OHL, however, had already been amended by Law 11.108/2005 to guaranteed this same right to women in labor, proving to be insufficient to prevent cases like the rape of a sedated woman in labor by an anesthesiologist (Vieira, Freire & Leitão, 2022). Merely expanding legislative provisions does not ensure effective protection. This article aims to identify obstacles to these norms' efficacy and measures for their better implementation. We conducted documentary and literature reviews, emphasizing intersectionality's importance in understanding gender protection norms (Collins & Bilge, 2020; Bento, 2012). Structural misogyny is the main obstacle to effective intervention in sexual violence cases (Porto, 2024). The false belief in a hierarchy among healthcare professionals (CFM, 2010) hampers reporting by witnesses. Healthcare establishments should invest in gender and diversity training, defining clear policies for victims and witnesses` protection and establishing audit mechanisms to ensure continuous compliance.

Ethical aspects in juvenile gynecology: a literature review (160)

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Introduction: The gynecology for adolescence is related to autonomy, privacy and individual rights. Objective: To analyze ethical aspects in gynecology focused on adolescence. Method: Literature review using the PubMed, Scielo, and BVS databases. Descriptors included "Ethics" or "Bioethics" and "Adolescent" and "Gynecology" e "Ethics" and "Adolescent" and "Gynecology". 9 articles were selected from MEDLINE and LILACS databases, in Portuguese and English, covering the last 5 years. Result: Themes encompassing the reproductive and sexual health of adolescents, including the prevention of sexually transmitted infections, fertility preservation, and surgical intervention, are topics discussed in the medical field. The desires of patients and their parents often lead to ethical conflicts. The duty of healthcare professionals to provide clear information on the discussed topics, along with maintaining confidentiality, was emphasized for better understanding and acceptance by adolescents. Conclusion: Promoting the autonomy of young individuals, coupled with effective communication with the healthcare team, is essential for the better acceptance of adolescents in interventions related to their sexual and reproductive health.

Perception of Ethics and Bioethics for graduate students in the healthcare field (161)

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The pivotal role of "ethics" and "bioethics" in healthcare education is evident, aiming to equip professionals with ethical competency for daily practice. This study, utilizing Alfred Schutz's sociological phenomenology, explores 39 students' perceptions of effective teaching in medicine and nursing programs in Espirito Santo, Brazil. Responses indicate that students' life experiences shape their views on ethics and bioethics, revealing inadequacies in current undergraduate learning. The study emphasizes the imperative for comprehensive education in these concepts to prepare students for ethical professional practice. Thus, a critical reflection and reevaluation of pedagogical practices are essential to integrate ethical studies throughout the educational journey, ensuring graduates possess the ethics, responsibility, and qualifications needed for societal contributions.

Use of psychoactive substances at a public university in northern brazil: general overview and bioethical considerations (181)

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The use of psychoactive substances is considered a serious public health problem that directly affects the mental health of users, interferes in their autonomy and promotes vulnerability. To understand the possible causes that lead university students to use psychoactive substances in an academic environment, a descriptive and exploratory study was conduced between July-December 2023, with students from a public university in Northern Brazil. Three hundred students from 18 undergraduate courses responded a questionnaire on line for data production, 154 men and 146 women, average age range of 21 years old (16.9%). Medical students were those who participated most (20%). Among psychoactive substances, students reported using, respectively: caffeine (70.6%), energy drinks (52.3%), alcoholic drinks (46%), tobacco (12%) and amphetamines (11.3%). Around 34% of the respondents reported using psychoactive drugs to improve academic performance, however, the percentage of students with academic failure was 43%, and 70% reported changes in their sleep. Thus, use of stimulant substances and alcohol negatively impact the health and academic life of future professionals. From the perspective of intervention bioethics, urgent measures are needed from the training institution to raise awareness and prevent harm to the university population.

Intention to create advance directives by outpatients with heart failure (172)

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To evaluate the intention of outpatients with heart failure (HF) to created Advance Directives (AD). Methods: Step 1) A methodological study for the development of a script; this material was submitted to content validation and to cognitive testing with 20 outpatients with HF. Step 2) An analytical, cross-sectional study performed at the outpatient cardiology clinic. Sociodemographic and clinical-functional data were collected from 108 patients with HF. Quality of life, knowledge about HF and the intention to develop AD were assessed through the script. Relationships between independent variables were analyzed. The project was approved by two ethics committees. Results: Step 1) The script was developed and validated by experts. In the cognitive testing, there was difficulty regarding items about beliefs and adjustments were made. Step 2) Only two patients had heard about AD. After explanation 90% reported having the intention to create them. The factors related to the intention were: reporting of adherence to pharmacological recommendations, worse QoL, considering that they understand the disease and not wishing that the healthcare team make decisions about their treatment. Of those who intended to create their AD, priorities included living as long as possible, not being sedated and staying close to family.

Embryo, legal personality and rigths (182)

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Introduction: This study addresses the issue of the legal personality of the human embryo, focusing on the beginning of life, a topic still without consensus. Material and Method: Legal theories on the inception of legal personality were analyzed: natalist, conditional personality, and conceptionist, exploring their interpretations and implications. Results: The natalist theory denies personality to the unborn, while the conditional offers eventual rights. The conceptionist attributes personality from conception. The in vitro embryo challenges these categories, reflecting variations in jurisprudence and ethical dilemmas. Discussion: The study highlights ethical-legal challenges in defining the legal personality of the embryo, a complex and unresolved topic. Authors contribute to the understanding of different legal theories, while other scholars emphasize the need for a multidisciplinary and socially conscious approach. Conclusion: Determining the legal status of the embryo, especially the surplus ones in in vitro fertilization procedures, continues to be an ethical and legal challenge. It is essential that Law and ethics establish conduct respecting ontology and social values, with society urgently deciding on the fate of the embryos.

The Plataforma Brasil as a Teaching Tool for Bioethics: Integration of Ethical Principles in Medical Research (183)

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Introduction: Bioethics is crucial in medical education, emphasizing a balance between scientific progress and ethical values. Plataforma Brasil (PB), regulating human research in Brazil, ensures adherence to ethical and legal standards. It serves as an educational resource, promoting understanding and application of bioethical principles in medical research. This study explores PB as a bioethics teaching tool, emphasizing its impact on medical research and training professionals versed in ethical principles. Objective: Analyzing PB as a bioethics teaching tool, emphasizing its influence on medical research and training ethically aware professionals, focusing on autonomy, beneficence, non-maleficence, and justice. Methodology: Qualitative research examining PB resources alignment with bioethical principles and its data protection and privacy policies. Conclusion: PB is more than a research management system; it's a valuable tool for teaching and practicing bioethics in medicine. By aligning with ethical principles, PB significantly contributes to training ethically responsible doctors and researchers.

Teaching of Bioethics in the Health Field: Academic League and Integration with Other Courses in Practice (184)

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Introduction: The dissemination of bioethical principles encounters significant global hurdles, notably within Brazil, where it is frequently relegated to a supplementary role within university curricula, rather than being accorded central importance in the academic instruction of healthcare disciplines. The establishment of Academic Leagues emerges as an effective strategy for fostering interdisciplinary cohesion and integration of bioethics into healthcare education. Methodology: An Academic League of Bioethics was established through a meticulous selection process, which evaluated the interest, knowledge, and merit of candidates from various areas of health, particularly medicine. The League promoted the teaching of bioethics, organizing educational events and interdisciplinary practices. Results: The implementation of the League resulted in increased student interest and engagement in bioethics. The practical activities and organized events significantly improved the students' understanding of ethical issues in health, with emphasis on the elucidation of research ethics and the use of Plataforma Brasil. Conclusion: The Academic League of Bioethics has proven to be an effective tool in the teaching of bioethics, contributing to a more integrated and humanized health education.

Characteristics of legal relations within the healthcare sector (185)

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The subject of legal regulation by health legislation are the public relations that arise in connection with the protection and guarantee of human health. Legal relations are not all social relations, for the existence of legal relations it is necessary that there is a legal regulation. A legal relationship in the field of health arises, develops and terminates in the presence of certain legal facts affecting the life and health of citizens. A fundamental element of every legal relationship is the existence of legal subjects. The main subjects of legal relations in the field of health care are the state, medical professionals performing medical activities and patients receiving such medical activities. The rights and obligations of the subjects of a health care legal relationship are interrelated. The nature of the medical profession and the methods of its practice pose a high occupational risk of harm to human health. This is one of the reasons why the medical profession is one of the most strictly regulated. Four types of liability can be applied to medical professionals: administrative, civil, criminal and disciplinary. The application of liability to medical professionals is a guarantee of the timeliness, sufficiency and quality of medical care provided.

When trust fades: gaslighting as an ethical challenge in medicine (187)

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Introduction: Medical gaslighting, a phenomenon where healthcare professionals downplay or dismiss patients' symptoms and attempt to convince them that their issues are either caused by something else or are even imaginary (Roseta, 2020), has become increasingly prevalent in recent years. Methods: Literature review on gaslighting in the doctor-patient relationship and its impact on early diagnosis in clinical conditions. Searches were conducted in Scielo and Pubmed databases. Results: Amongst the reviews, there are 3 most prevalent gaslighting cases: delay on diagnosis and/or worsening of the clinical condition (91%), lack of good doctor-patient relation (83%) along with social prejudice (50%), respectively. As for the first topic, 33% related gaslighting related to long COVID syndrome. Regarding social issues, it has been shown that the occurrence of medical gaslighting differs depending on the patient's race, gender, social class, and sexual orientation (Durbhakula, 2023). Conclusion: The studies showed that social minorities' medical complaints are often dismissed (Hamberg, 2008; Werner, Isaksen, and Malterud, 2004). In the broader context, the language of gaslighting reveals how medicine, as an institution, can perpetuate unequal power structures (Sebring, 2021).

What are the "liability" concerns about implementing AI in their own fields by medical specialists? (190)

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Introduction: Artificial intelligence (AI) applied to healthcare offers the prospect of safer care, providing benefits to patients and becoming a valuable tool in the hands of healthcare professionals. Ethical issues regarding this scenario are being debated. Methodology: Literature analysis on "liability" in AI, using "responsibility" as a possible generic synonym, published between 2018 and 2023, indexed in PubMed in English. Results: The main points were: legal liability for mistakes made by AI, liability for violations of data privacy and the liability of doctors for not following the conduct indicated by an AI. Legal responsibility often falls on the health service and the assisting doctor. However, some articles defend the responsibilization of the manufacturers, or even the AI programmer. The vast majority of articles did not discuss possible legal liability for doctors who have chosen the conduct not indicated by the IA. Ethical issues such as the commercial aspect regarding the data, the sharing of data between institutions and the violation of access were also analyzed. Conclusion: There is a need to train doctors so that they can understand the details of the application of AI in healthcare, so the profession can take a leading role in this discussion.

Ethical concerns in integrative palliative care in pediatrics (192)

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Introduction: Palliative care (PC) aims to alleviate suffering (Piva, 2011) of patients with a limiting, life-threatening, or terminal illness (Benini, 2022). In pediatrics, this scenario presents many singularities (Chelazzi et al, 2023). Objective: To analyze the ethical specificities in PC for the pediatric population. Methodology: We conducted a bibliographic review, the searches were made in the Scielo and PubMed databases. Results: A significant particularity of the ethics involved in pediatric PC is related to the autonomy of children, since the expectations and choices of legal guardians will be based on their own values. (Chelazzi et al, 2023). Furthermore, ethical issues in pediatric PC go beyond the most appropriate clinical decision for the patient, encompassing issues related to ethnicity, social vulnerability, and gender (Gomes et al, 2023). Another prevalent aspect was the lack of specific protocols, also, with professionals lacking adequate knowledge about the issue (Rocha, 2023). Conclusion: In summary, the main challenges are the dilemma involved in the autonomy of children and the inequality in access. This work contributes to raising awareness about the reality of pediatric PC collaborating to draw more attention to improve this scenario.

Inequality of accountability for family planning in Brazil, 2010-2019 (196)

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Contraceptive methods are mostly centered on the woman's body, either interfering with female physiology or constituting a mechanical barrier in the female reproductive system. Definitive surgical sterilization was historically linked to tubal ligation rather than vasectomy. In Brazil, a recent legal change removed the need for marital authorization for surgical contraception. The objective of the present study was to correlate the proportion of female and male surgical definitive contraception with the human development index (HDI) in Brazilian federated units. An ecological study was carried out using data from DATASUS on vasectomies and tubal ligations carried out between 2010 and 2019. An increase in the proportion of vasectomies and a positive association between it and the HDI of the Federation Units was found. Legal-constitutional and biomedical aspects of the preference for one surgery or another are discussed. Consulting recent doctrinal production, a focus was noticed on the (un)constitutionality of the legal requirement for marital authorization by the theory of argumentation, already resolved by the legislative change, and a heuristic gap regarding the application of currents of intelligent economics, female agency or intersectional feminism/decolonial epistemology to the discussion on the topic.

Do plastination and the death penalty contribute or not to the disqualification of the body as the seat of the human person? (217)

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From the pictorial frame- The Four Stages of Cruelty, by W. Hogarth (1751), the authors begin a bioethical reflection on man´s violence against animals and humans. But the authors also travel through space-time and stop again, at the exhibition of plastinated human bodies- Bodies World, having been in the city of Porto, at the end of 2023. The emergence of an expanding online market for human corpses does not break the taboo on death but reinforces the obscure circumstances of how these bodies were donated, purchased, or even stolen, bringing back the status of person back to the bodies. And admitting that some of them are human beings condemned to death, the issue of the death penalty emerges also arises. The exhibition of spectacle-like corpses and doubts about the consent given by their respective persons, raises an ethical and legal debate in the light, in the first place, of the Universal Declaration of Human Rights (1948). According to global data, he death penalty persists in 88 countries and in 2022, more than 3000 people were sentenced and at least 1873 were executed. Will it ever be possible to abolish the death penalty altogether? How can violence be reduced and humanity reoriented not only towards competence, but also towards distributive justice, solidarity, democracy, international cooperation and world peace?

From lethal injection to nitrogen hypoxia: United States of America's death penalty in crisis or a step back in human rights (218)

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On January 25th, the state of Alabama, in the USA, performed its first execution by nitrogen hypoxia. Previously, in November 2022, an attempt to execute Kenneth Eugene Smith by lethal injection failed due to difficulties in inserting intravenous lines. While there is an ongoing discussion around the abolition of the death penalty, the execution by nitrogen hypoxia poses some new disturbing ethical challenges. This procedure not only opposes the fundamental right to life but also raises concerns about its potential to cause unnecessary suffering, therefore constituting a form of torture, cruel, inhuman or degrading treatment. The debate surrounding the use of nitrogen hypoxia has been fuelled by the search for alternative methods to execution by lethal injection (such as firing squads and nitrogen hypoxia), by some American states. Ironically, this search has been driven by business ethics and compliance. Most executions carried out in the USA, in recent years, were by lethal injection. However, American pharmaceutical companies have refused to supply the necessary drugs, and the European Union has banned the export of any drug that could be used in executions. Instead of prompting American states to reconsider the death penalty, this has inadvertently led to a backsliding in human rights protections.

An ethical approach among medical students in their final year of the course (225)

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Medical education is undergoing reformulations with scientific advances and adaptations to the needs of human health. The approach to professionalism varies. We present experience with final year students with discussions on ethical implications, social media, medical advertising, telemedicine, terminality and simulated professional ethical process jury. There were six meetings with groups of thirty students. Two groups responded to a questionnaire. Group 1 at the end of the meetings and group 2 at the beginning. Everyone recognized the need to discuss these topics at this time. The majority report having partial knowledge. Questions related to medical advertising and social media presented different answers. In group 1, 83.3% believe that the regulation of medical advertising is necessary, while in group 2 this percentage drops to 64.5%. The doctor's relationship with social media was assessed with concern by 37.9% of group 1 and 54.8% of group 2. Regarding telemedicine, both see risks of interference in the doctor-patient relationship. Communication, urgent and emergency care and medical documents were also addressed. Attention is needed to topics of importance for professional training, in addition to technique. The pedagogical methodology must be improved.

Humanization in the ICU: The Impact of Embrace on Clinical Prognosis – A Case Report from the Perspective of Bioethics (229)

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Introduction: This presentation explores a Case Report from the Perspective of Bioethics. It focuses on a compelling oncology case at Women's Hospital ICU in São Paulo, unraveling ethical and humanitarian challenges during treatment. Methodology: The case study delves into complex medical aspects and applies bioethical principles in the ICU, emphasizing touch's pivotal role in clinical prognosis. Narrated through the medical team's perspective, it highlights the medical preceptor's guidance and strategies for teaching bioethics and humanistic practices. Conclusion: The presentation integrates theories from eminent bioethicists like Edmund Pellegrino, Rita Charon and neuroscientist Joan Halifax, enhancing the understanding of humanization in medicine. It emphasizes the ongoing need to integrate humanization into intensive care, using the ICU experience as a tangible example of a humanized approach positively impacting clinical prognosis. The case underscores the vital role of a bioethical framework in guiding daily medical practice, emphasizing the deep connection between human dignity, compassionate care, and improved patient outcomes.

Euthanasia and assisted suicide in the jurisprudence of the European Court of Human Rights (233)

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The Universal Declaration of Human Rights affirms the right to life as fundamental. In the field of bioethics, this right has been discussed in debates about the end of life, the extension of life, and the clinically assisted anticipation of death. This work aims to present the results of the analysis of five cases that address the themes of euthanasia or assisted suicide at the European Court of Human Rights. The analysis of jurisprudence sought to identify the body's position on the existence of a fundamental right to death and the determination of standards or conduct that must be followed by States that adopt these practices. The conclusion of the work demonstrates that, although autonomy has been recognized as worthy of human rights protection, it does not supplant the right to life. On the other hand, the court also does not prohibit the practices of euthanasia and assisted suicide and considers that there is no positive obligation on the part of the State to authorize actions aimed at ending life. This gives States ample scope to legislate on the subject and strike a balance between the protection of the right to life, respect for private life, and patient autonomy.

Mortality at home during the covid-19 pandemic in Santa Catarina (245)

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The covid-19 pandemic pushed into a health and humanitarian crisis, testing the human species in different situations, and showing the multiple approaches in coping with it; some uniform, such as social distancing restrictions, and others not so much. In Brazil it was no different, especially in Santa Catarina, which motivated this study that aimed to analyze home mortality rates, its approach and the offer of care and follow-up. Data collected from the SAMU and the Transparency Portal showed a growth in unspecified cardiovascular diseases, which were above the Brazilian average. The unspecified cardiac death stood out, which presented a 62% growth, for each year, a 2.16 per 100,000 inhabitants mean increment took place. The change in the mortality pattern in the state of Santa Catarina may be related to the lack of control of risk factors and comorbidities imposed to health services by the covid-19 pandemic.

Emergency care provided to women and adolescent girls following sexual assault, according to the victim's age, in Brazil's capital, Brasilia (251)

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Sexual violence affects women of all ages but is more common among younger girls. This cross-sectional study investigated differences in the care received by adult and adolescent female victims of sexual violence, comparing the treatment provided to girls under 15 years of age with that provided to older women. Data were extracted from the State Department of Health, Brasilia, Brazil. Girls under 15 years of age were much less likely to receive prophylaxis against HIV, sexually transmitted infections, and hepatitis B, with the number of girls appropriately treated corresponding to one-third to a quarter of the number of older women treated prophylactically. Only 10 per cent of the younger age group received emergency contraception. Failing to provide the standard care established by the Ministry of Health highlights the need for urgent debates in Brasilia and probably nationwide, as the situation may be similar in other regions of the country.

Embryo production in brazil before and during the covid-19 pandemic: bioethical aspects (246)

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According to the World Health Organization (WHO), couples who do not use contraceptive methods for 12 months and are unable to get pregnant can be considered infertile. But, even in healthy couples, the chance of getting pregnant is around 20%, according to estimates by the Brazilian Society of Assisted Reproduction (SBRA). Covid-19 is an acute respiratory infection caused by the coronavirus SARS-CoV2, potentially serious, highly transmissible, globally distributed and which constituted a Public Health Emergency of International Importance (ESPII) in 2020. The objective of this work was to evaluate the production of embryos in Brazil in the period between 2017 and 2022 and analyze the impact of the Covid-19 pandemic on these quality indicators. Methodology The methodology used was the analysis of production reports registered in SisEmbrio - National Embryo Production System linked to the National Health Surveillance Agency. A period of 3 years was established before the pandemic (years 2017, 2018 and 2019), which formed Group 1, and another 3 years during the pandemic (years 2020, 2021 and 2022), Group 2. 2 indicators were analyzed: 1) Number of oocytes produced per woman and 2) Fertilization Rate. It was concluded that in general there was an increase in these indicators in the years that included the Covid-19 pandemic.

Medical Confidentiality Relativization: Germanwings Flight 9525 (254)

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The breach of medical confidentiality during crises, exemplified by co-pilot Andreas Lubitz (Germanwings Flight 9525, 2015), reveals a bioethical dilemma. Lubitz, battling depression, intentionally crashed the plane, resulting in the loss of all 150 lives. Objective: Explore the ethical tension between medical confidentiality and responsibility in the face of collective threats. Approach: Justify the relativization of confidentiality using utilitarian principles; Balance beneficence with autonomy respect, following Jonsen and Toulmin; Provide legal context, considering imminent harm to the community. Conclusion: Lubitz's case emphasizes the urgency of addressing medical confidentiality relativization in extreme situations. The narrative underscores the importance of balancing confidentiality and community protection, grounded in bioethical doctrines and legal guidelines.

Artificial Intelligence Ethical Decision Making (268)

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Acting with bioethics in decision-making by autonomous beings is fundamental to ensuring respect for ethical principles that must govern coexistence and the preservation of life in society. Autonomy, a bioethical principle, implies respecting individuals' capacity for self-determination. Applied to decision making, it means recognizing and valuing the freedom and ability to choose of each party involved. For entities that seek full autonomy, such as artificial intelligence (AI) systems, it must be ensured that they act in accordance with ethical principles, respecting people's dignity, rights and well-being. Controlling autonomous decisions is a challenging task as it involves a complex combination of data, past experiences and established objectives, as occurs in human society. It is necessary to implement education, monitoring, transparency and accountability measures. As established for human beings and legal entities, the application of Nudge Theory can be an effective approach to organizing the AI's operating environment and influencing its decisions in an ethical manner. Small interventions in the environment can influence choices in predictable, non-coercive ways. Education plays a fundamental role in the formation of ethical autonomy, for human beings and for AI.

Discontinuation of mechanical ventilation and palliative decannulation at home: experience report (269)

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The aim of this experience report is to encourage home care teams to provide an end of life with less suffering in the face of irreversible conditions, fulfilling a patient's desire not to be subjected to invasive and life-prolonging measures, respecting the autonomy of their decision, and reducing the suffering of him and his family. This is the case of a man patient with advanced-stage Amyotrophic Lateral Sclerosis, under mechanical ventilation and with intestinal obstruction, which led the medical team to consider suspending ventilation as the most appropriate measure. After meeting with the family, ventilation was suspended at home, and the patient died without discomfort. The importance of palliative care in cases of terminal illnesses is emphasized, highlighting resolutions from the Federal Council of Medicine, and the Code of Medical Ethics, that support the suspension of futile procedures in irreversible situations. The focus on palliative care aims to provide relief from suffering for patients and their families, even in cases of prolonged survival. Suspension of mechanical ventilation and palliative decannulation is a process that requires planning, combining technical mastery, good communication, ensuring comfort and dignity for the patient.

Research Ethics Committee and the challenge of continuing training for researchers at a public hospital: an experience report (274)

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The Ethics Committee is a regional technical body whose main principle is the ethical assessment of research protocols involving human beings. Objective: To describe the continuing education experience with medical researchers at a public hospital. Methodology: This is an experience report, in which the strategy used for this training were previously planned workshops with themes related to research ethics in Brazil, guidelines and regulatory standards for research involving human beings, guidance on the correct use of Plataforma Brasil and the resolution of possible pending issues in the submission process to the Ethics Committee. To this end, the active flipped classroom methodology was used, with the interaction of participants.

Complex congenital malformations and palliative care (283)

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The Bioethics Committee (BC) of Unimed João Pessoa Hospital analyzed a case of a newborn (NB) with Gestational Age 35 weeks, birth weight 2.7 Kg, parents who were physicians, intrauterine diagnosis of genetic syndrome incompatible with life (carrier of multiple congenital malformations such as: agenesis of one kidney and the other polycystic, anorectal anomaly and hydrocephalus). After birth, palliative care was indicated by the Neonatal Intensive Care Unit (NICU) team, supported by the Palliative Care Commission. However, the physician parents decided to invest in treatment with other physicians: a new nephrologist who indicated continuous peritoneal dialysis, a pediatric surgeon who performed a colostomy, and a neurosurgeon who performed an External Ventricular Bypass, unsuccessful treatment for about 40 days, until death. The NICU team raised questions about the difficulty of indicating palliation for the NB, as the adopted approach resulted in the performance of invasive procedures that only prolonged their suffering. The BC pointed out the technical team's difficulty in welcoming medical parents for the indicated palliation, due to the imperative of their professional values in relation to the BC, even exceeding the limits of futile treatment.

The main ethical aspects found in the outcomes of theses of a PhD program in Bioethics (286)

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[2] UFPA – Brazil
[3] UFAC – Brazil
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Introduction: The PhD Program in Bioethics at the University of Porto and the Federal Council of Medicine plays a fundamental role in training qualified specialists capable of dealing with complex ethical dilemmas in different areas of health and scientific research. OBJECTIVE: Describe the main bioethical aspects found in the results of doctoral research from the Portuguese-Brazilian PhD program. Method: A cross-sectional, descriptive study was carried out on the theses of the Doctoral Program in Bioethics at FMUP/CFM-PDB, over a period of 12 years. Results: 26 PDB theses were evaluated. The ethical aspects most described in the results were autonomy, beneficence, social/distributive justice, protection of the vulnerable, moral judgment and confidentiality. Education in bioethics is also addressed in the studies. Conclusion: The prevalence of these ethical aspects in the conclusions reflects the specific concerns and challenges faced by health professionals and researchers. Autonomy is a central theme in contemporary bioethics, as seen in the research findings, as a fundamental concern, respect for the individual, their ability to determine their own destiny based on ethical and legal limits. Education in bioethics suggests recognizing the importance of training health professionals to deal with ethical dilemmas in their areas.

Bioethics Magazine: discussion and contributions to the development of bioethics and medical ethics in Brazil (288)

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The bioethics journal published by the Federal Council of Medicine has enormous relevance and participation in the dissemination and process of discussions and reflections in the construction of bioethics science in Brazil and the world, one of the scientific journals whose main scope is ethics and bioethics. Objectives: To describe the profile of the scientific publication created by the Federal Council of Medicine (CFM) in the bioethics magazine. Method: A retrospective and descriptive study of data using the Excel instrument, based on descriptive statistics from the last 5 years. Discussion: The results regarding the themes: Bioethics, first, followed by Palliative Care and Ethics, Autonomy, Medical Education, Public Health Primary Health Care, Codes of Ethics, Advance Directives, Higher Education, Patient Care Team and Ethics medical, Legal Abortion, Access to Health Services, Public Administration. Regarding the authors, we observed a predominance of authors from Brazil, Brazil (90%), Mexico, Portugal, Argentina, and Chile. Conclusion: The publication profile found in the publications reflects the scope of the journal, from visibility to scientific production in the ethical and bioethics area. The results point to the need for optimization in the search for new national and international audiences.

Ensuring Ethical Integrity: The Role of Validation Methods in Clinical Trials (293)

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Key words: reproducibility, repeatability, Tewameter, clinical trial. Introduction: The validation methods emerge as an asset, fostering the repeatability and reproducibility of data acquisition. The absence of instrumental assessments validation in clinical trials may jeopardize the safety and efficacy evaluation of investigational products. The implementation of validation methods may ensure ethical standards, consistency of data (multicenter studies) and enhance clinical trials reliability. Methods: A validation study will be conducted with 3 technicians, using the Tewameter. Measurements will be taken in the forehead of 12 subjects, in 2 different days. The equipment measurements from the same subject will be compared considering: the measurements of different technicians on the same day and from the same technician in different days. Results will be analyzed by ANOVA or Friedman to compare means and results similarity will be analyzed using ICC. Results: It is expected that all trained technicians will have validated measurements, within standard deviation limits for the Tewameter analysis, when compared to each other and for the same operator in different timepoints. Discussion and Conclusion: Clinical trials must have a commitment with the ethical aspect of the study conduction regarding its methods and generated results.

Embryo adoption: an alternative to reduce the number of cryopreserved embryos in fertility clinics (294)

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Assisted Reproduction technology has evolved significantly in recent years and, due to this efficiency, countless embryos are cryopreserved. The number of embryos kept in fertility clinics has increased to such an extent that it has drawn the attention of scholars to their possible destinations, to reduce this number. The Federal Council of Medicine from Brazil, in Resolution No. 2,320/2022, authorizes the disposal and forwarding of these embryos for scientific research. However, for the most part, life is understood to have started from conception and, therefore, such destinations would be incapable, since they end the life that exists there. Given this, embryonic adoption reveals itself as the most consistent alternative with current ethical parameters, in addition to being able to provide infertile couples with the long-awaited motherhood/fatherhood. This work will present arguments that justify the prevalence of embryo donation to other couples over other destinations that can be given to them.

These profiles presented in the Bioethics PhD Program at the Medicine Faculty of the University of Porto / Federal Council of Medicine (304)

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The Federal Council of Medicine-CFM and the Faculty of Medicine of the University of Porto, have provided Brazilian doctors with the FMUP/CFM PhD Program in Bioethics, for 15 years, granting degrees for doctors, improving knowledge and developing skills for research in the area of Bioethics. Objective: To assess the profile of the theses defended in the PhD Program in Bioethics at the Faculty of Medicine of the University of Porto / Federal Council of Medicine. Method: cross-sectional, descriptive study and retrospective data analysis, referring to doctoral theses in Bioethics at the Faculty of Medicine of the University of Porto, with the Federal Council of Medicine. Results and discussions: When interpreting 26 theses, 55 were highlighted distinct periods, some of which were cited in two or more works, totaling 100 descriptors. The predominance of bioethics stands out at 15%. Conclusion: The approach to themes concerning Bioethics and Medical Ethics, are the descriptors most evident in the findings of this work, proving the relevance and importance of the PhD Program, in scientific research, grant to the production of theses focused on Portuguese-Brazilian science in the areas of Bioethics and ethics in Sciences, resulting in the publication of theses and articles published in high-impact indexed journals.

Ethical Conflict in Ophthalmologic Study at the Reference Center for Rare Diseases – Salvador, BA (316)

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Introduction: Hereditary Transthyretin Amyloidosis (ATTR) is a progressive genetic disorder that affects multiple organ due to amyloid protein accumulation. A cross-sectional study was conducted at the Escola Bahiana de Medicina e Saúde Pública, to investigate ocular complications in ATTRv carriers. The study highlights the psychological impact on patients, who must cope with the disease in themselves and transmit it to sons. OBJECTIVE: To illustrate the ethical conflicts encountered in a study involving patients with ATTR. RESULTS: A key case involved a patient who requested his condition be kept secret from his mother, despite her persistent inquiries. Ethical conflicts arose as the patient, with initial symptoms, denied his diagnosis. The necessity of respecting the patient's grieving process conflicted with the duty to inform and care for the patient. The medical team faced discomfort due to the need for confidentiality while witnessing the mother's distress. Multidisciplinary support was provided, including neurology, genetics, cardiology, ophthalmology, nutrition, physiotherapy, nursing, and psychology. CONCLUSION: The ethical conflict between maintaining patient confidentiality and ensuring safety and well-being was highlighted. Physicians must be prepared to face bioethical challenges, particularly with serious diseases.

Profile of opinions, researchers and rapporteurs in a Research Ethics Committee in the State of Pará in 2023 (305)

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Research Ethics Committees (CEPs) play a fundamental role in the academic and scientific world, ensuring that studies are carried out ethically and with maximum respect for the rights and well-being of participants, in accordance with current legislation. In this context, this summary aims to profile researchers and reporters from the CEP of Centro Universitário do Pará (CESUPA), observing their academic backgrounds and status of projects submitted in 2023 to this body. In 2023, 669 opinions were produced on the research projects (387 approved, 266 pending, 9 not approved and 6 withdrawn). The projects were under the responsibility of 104 researchers, from the most diverse academic backgrounds (46 in Medicine, 13 in Physiotherapy, 12 in Nursing, 8 in Psychology, 7 in Dentistry, 6 in Nutrition, 2 in Biomedicine and 1 in others training, such as Occupational Therapy, Pharmacy, Biology, among others). As for the CEP/CESUPA reviewers, there are 22, including 8 doctors, 5 physiotherapists, 2 psychologists, 2 dentists, 1 civil engineer, among others. Regarding the qualifications of the rapporteurs, there are 10 doctors, 11 masters and 1 specialist. Based on the data presented,it can be concluded that there was significant activity on the part of the CEP/CESUPA, with a diversity of researchers and reporters involved.

Female representation in scientific events of Family Medicine in Portugal (321)

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Gender equity is a relevant issue that must be guaranteed. Scientific events emerge as a form of visibility and professional recognition. The aim of this study is to find out the proportion of female general practitioners (FGP) who integrated panels at scientific events of Family Medicine in Portugal over 5 years. A retrospective observational study was carried out, analyzing the gender of professionals who integrated panels of GP scientific events in Portugal, from 2018 to 2022. Data was obtained by consulting scientific programs. A total of 143 congresses and 4520 speakers were analyzed. In Portugal, between 2018 and 2022, the proportion of FGP' specialists who were speakers was 54,1% (n=1182) and male was 45,9% (n=1004). The proportion of FGP trainees was 81,5% (n=304) and male interns 18,5% (n=69). We observed that the proportion of women on scientific panels was significantly higher than the proportion of men. According to the available data, the proportion of female doctors registered in the Order of Physicians in GP between 2018 and 2022 was 62,6%. We believe that the difference obtained of 8,5% reflects an acceptable female representation between the proportion of women registered in the specialty and those who sit on the scientific panels.

Decision making in audit: ethical and bioethical aspects (331)

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This research aims to study the ethics and the principles of bioethics in the aid of the decision making process in audit and identify mechanisms that aid it. This research consists of a targeted bibliographical review. First, we select the following descriptors found on the Health Science Descriptors: Audit, Ethics, Bioethics and Decision Trees. Then, we search in the U.S. National Library of Medicine and in the National Institute of Health until May 31st 2024. Finally, we choose the articles that approach the decision making in audit with emphasis in the support of ethics and bioethics. We found that few papers approach audit through these lenses and they point out the differences in relation to the other spheres of assistance in the health insurances in Brazil. These represent the daily worries of the last audit and not of the critical situations that require immediate solution. Auxiliary models in decision making are scarcely explored in literature. Therefore, this thematic should be investigated further.

Oncology Education in Brazil: Addressing the Disparity Between Expectations and Training (332)

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Introduction: The World Health Organization (WHO) estimares that by 2030, new 27 million cancer cases. But what is observed is a fragmented cancer education and incomplete training. In Brazil 60% of cancers are diagnosed at advanced stages, worsening prognosis and health costs. This issue could be alleviated by improving oncology training. This study aims to understand the expectations and reality of cancer education, based on students's evaluations over time. Methods: This was a cross-sectional, quantitative study that used a questionnaire to assess the expectations and knowledge of cancer among medical students. Results: A total of 373 students participated: 152 in the 1st year, 121 in the 4th year, and 100 in the 6th year of medical school. Over 90% of students, regardless of their year, expect to deal with cancer patients. Regarding oncology knowledge, 80.9% of 1st-year students believe it will be sufficient, but only 39.7% of 4th-year and 68.0% of 6th-year students agree ($p < 0.001$). The majority of the study population affirmed the importance of having both theoretical and practical oncology disciplines (>70%). Conclusions: The expectations of 1st-year students about oncology learning are not met by older students. It is necessary to include a formal oncology discipline, as cancer incidence is growing worldwide.

Bioethics in the Amazon: Challenges and Implications of Biopiracy (333)

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The Amazon, known as the lungs of the planet, is an important region for global biodiversity and plays a crucial role in regulating the climate. However, the intersection between bioethics and the unauthorized exploitation and misappropriation of the resources of the Amazon's biodiversity over the years, the exploitation of traditional populations, are issues that demand a deep reflection from the perspective of bioethics. When this process involves local populations and researchers, the latter appropriate the knowledge and, in various situations, demonstrate knowledge that is millennial of the local populations. Biopiracy, characterized by unauthorized access to and commercial exploitation of genetic resources and associated traditional knowledge is a growing threat in the Amazon. The lack of effective regulations and the difficulty in monitoring illegal activities contribute to this exploitation. Bioethics highlights the need for stringent measures to protect the region's biological and cultural resources. The ethical and legal approach to biopiracy in the Amazon requires a long-term vision that balances the preservation of biodiversity, respect for local communities, and the promotion of legitimate scientific research. This requires not only stricter laws, but also effective international cooperation.

Analysis of medical decision-making regarding orotracheal intubation in palliative care patients: an integrative review (335)

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Decision-making in palliative patients is complex, especially when it comes to orotracheal intubation, so the aim of this study is to analyze the decision-making on orotracheal intubation in palliative care patients. This is an integrative review, performed in Scopus and Web of Science databases, through the descriptors: "DECISION MAKING" AND "PHYSICIAN OR DOCTOR OR MEDICAL" AND "PALLIATIVE CARE", selecting quantitative and qualitative studies, in the last five years, that evaluated the decision-making process on orotracheal intubation in patients with palliative care criteria. Nineteen articles were found and five were selected after reading their titles and abstracts. Decision-making is predominantly based on the technical view with emphasis on maintaining life. Experience and training in the area seem to be factors that provide decision-making based beyond the prognosis, taking he values of the patient and the family into account. In this way, experience and training in palliative care can provide an approach centered on patient values, respecting their will, providing greater comfort and reducing suffering. Moreover, it is pertinent to emphasize the small amount of literature on the subject, being important to raise the discussion.

Ethical Aspects of Medical Education in Portugal: a Student National Perspective (344)

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Clinical medical teaching is crucial for the comprehensive training of doctors. Yet, it often raises ethical concerns as it involves real patients and their health information. This study aims to explore the importance of informed consent in medical education as perceived by students enrolled in Portuguese Public Medical Schools, examining their perspectives the ethical aspects of their participation in clinical medical education nationally. This was conducted through an online questionnaire that addressed diverse issues (request for consent, the format of students' presentations to patients, the patients' discomfort, and aspects related to patient management, secrecy, and confidentiality). The results showed that only a minority of instructors consistently solicit patient consent for student inclusion in medical encounters and often do so in the immediate presence of medical students. The study concludes that the consent request for the presence of students in the healthcare setting is not fully accomplished. To promote ethical standards in future medical practice, informed consent should be integrated into medical education in a structured, time and context-appropriate way, equipping future healthcare providers with the necessary knowledge and skills for patients' empowerment.

Exploring Self-Care Practices and Life Satisfaction in Medical Students (342)

Ivone Duarte, Ana Pacheco, Beatriz Mendes, Bianee Teixeira, Carolina Pereira, Claudiana Tavares, Diogo Fernandes, Joana Durães, Laura Cunha, Maria Clara Coelho, Maria Do Carmo Oliveira, Sandrine Pinto, Sofia Pereira, Teresa Moreira, Cristina Santos
Faculty of Medicine of University of Porto, Portugal

Medical students face highly stressful events. These often lead to compromises in diverse challenges to their personal lifestyles, which can result in restrictions on students' mental health. The literature states that protective factors such as satisfaction with life and self-care alter the occurrence of individual's behavior to high risk situations. This study determines the level of satisfaction with life and self-care agency of students at the Faculty of Medicine of the University of Porto. The study population consisted of students at the Faculty of Medicine of the University of Porto. The data collection questionnaire included questions about sociodemographic characteristics, Life Satisfaction (LS) and Self-Care Agency (SCA) questionnaires. A total of 284 students participated in this study. Most participants (73%) were female, 97% of the participants less than 25 years old. There was a statistically significant association between LS and SCA ($r=0.511$, $p<0.001$). The results of this study indicate that there is a significant positive correlation between self-care practices and life satisfaction among medical students. Given the challenging nature of medical training, it is essential for educational institutions to encourage and facilitate the development of self-care skills among their students.

Analysis of the Bioethics Book Collection at the Federal Council of Medicine Library – Brazil (2019-2023) (363)

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[2] *Federal Council of Medicine – (CFM)/Brazil*

This study analyzes the collection of books on Bioethics at the Federal Council of Medicine's Library. The research identifies thematic trends, author diversity, and collection updates between 2019 and 2023, with the cross-sectional method, descriptive of retrospective data. There was an increase in acquisitions with an average of 20 new titles per year, reflecting the importance of Bioethics in medical practice and health policies. Recurring themes include classic texts on Bioethics, Medical Ethics, Research Ethics, Ethical Dilemmas at the End of Life, Global Bioethics, and Digital Bioethics. National authors predominate, with a significant presence of international works, integrating global and local perspectives. Academic and institutional publishers are the most representative, demonstrating scientific rigor and practical relevance. Authors in the CFM collection include Bruce Jennings, David Kirchhoffer, Debora Diniz, Fernando Lolas, Giselle Gracindo, Glenn Cohen, Guilhermina Rego, Helga Kuhse, Ivone Duarte, James Childress, John Arras, Joaquim Clotet, José Eduardo de Siqueira, José Hiran Gallo, Luciana Dadalto, Miguel Kottow, Natália Oliva Teles, Peter Singer, Rui Nunes, Tom Beauchamp, Volnei Garrafa, among others. The library website recorded 100,000 accesses. In conclusion, the CFM Library keeps its collection up-to-date, with an average of 20 new titles per year. This bibliographic profile is a valuable resource for doctors, researchers, and students in Bioethics.

The ethics of medical confidentiality in the face of criminal investigations (364)

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[1] *Federal Council of Medicine, Brazil*

Introduction Medical confidentiality is a fundamental principle in medical practice, guaranteed by legislation such as the Code of Criminal Procedure and the Code of Medical Ethics in Brazil. Preserving confidentiality is crucial for trust between patient and doctor, protecting sensitive information, even in criminal investigations. This study examines the importance of maintaining medical confidentiality in these situations. Methodology This analysis is based on a literature review, including studies, scientific articles, and legal documents on medical confidentiality in Brazil, focusing on criminal investigations. Provisions from the Code of Criminal Procedure and the Code of Medical Ethics were examined. Discussion The Code of Criminal Procedure, in its article 207, prohibits the testimony of professionals who must keep secrets, unless released by the interested party. The Code of Medical Ethics prohibits doctors from revealing information obtained during professional practice, except for a just cause, legal duty, or written consent from the patient (Art. 73). This prohibition includes situations where the fact is publicly known, the patient has died, or during criminal investigations that could expose the patient to legal proceedings. These provisions are fundamental to ensuring patient trust in doctors, protecting their privacy and the integrity of the doctor-patient relationship. Conclusion Maintaining medical confidentiality, even in criminal investigations, is essential to preserve trust in the healthcare system. Brazilian legislation provides robust protections to ensure confidentiality is maintained, except in specific circumstances.

The autonomy of medical experts: pillar of judicial and welfare decisions in brazil (365)

Rosylane Nascimento das Mercês Rocha[1], Giselle Crosara Lettieri Gracindo[1], Henrique Zarpellon Martin[1]

[1] *Federal Council of Medicine, Brazil*

Introduction. Medical expertise in Brazil is conducted by specialized doctors who issue technical opinions on health-related issues, with a strong emphasis on professional autonomy. These opinions are crucial both in the judicial sphere and in the welfare sector. Methodology. This analysis is based on a literature review, encompassing studies, scientific articles, and documents on the role of medical expertise in Brazil, the autonomy of the medical expert, and adaptations during the COVID-19 pandemic. Discussion. In the judicial sphere, the medical expert exercises their autonomy by verifying injuries, relating illnesses or accidents to their consequences, and assessing work capacity, ensuring justice and impartiality. In the welfare sector, the doctor's autonomy is fundamental for determining incapacity for work, ensuring fair and beneficent evaluations. The in-person consultation is essential, allowing detailed and precise assessments. During the COVID-19 pandemic, videoconference consultations were adopted when necessary, highlighting the importance of the doctor's autonomy in choosing the best approach for each case. Conclusion. The in-person consultation is fundamental for careful and precise evaluation, with the doctor's autonomy being central to the quality of judicial and welfare decisions in Brazil. The pandemic underscored the importance of this autonomy, allowing necessary adaptations to ensure the best possible evaluations.

A045 - Regulation of egg donation between relatives on the resolutions of the Federal Council of Medicine: from prohibition to the liberalization.

BACKGROUND

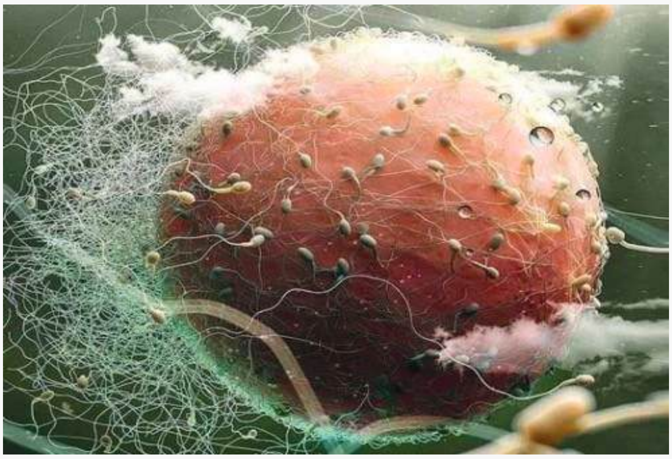
By comparing resolutions of the Brazilian Federal Council of Medicine (CFM) issued among 1992/2022 it is possible to state that regulation of assisted reproduction techniques has changed over the years. First, because the science behind it has evolved a lot during this period. Second, due to the changes of social order which maps controversies that reveal society's value systems (Rowlands, 2023).

REFLECTIONS

In the absence of legislative definition, the CFM supplemented by recommending how the assisted reproductive clinics and patients should perform. Initially prohibited the knowledge of the identity of the egg's donor and receiver. But in 2021 the Council made a drastic change exceptionally allowing access to the biological origin by permitting egg donation between relatives.

CONCLUSION

At last, even after filling the gap left from the Legislative Power, the Council was not able to clarify all the uncertainties that coexist with this sensitive topic of assisted reproduction. Comparing with other realities is conceivable to affirm that this omissive behavior is not exclusivity of our country (Thompson, 2005).



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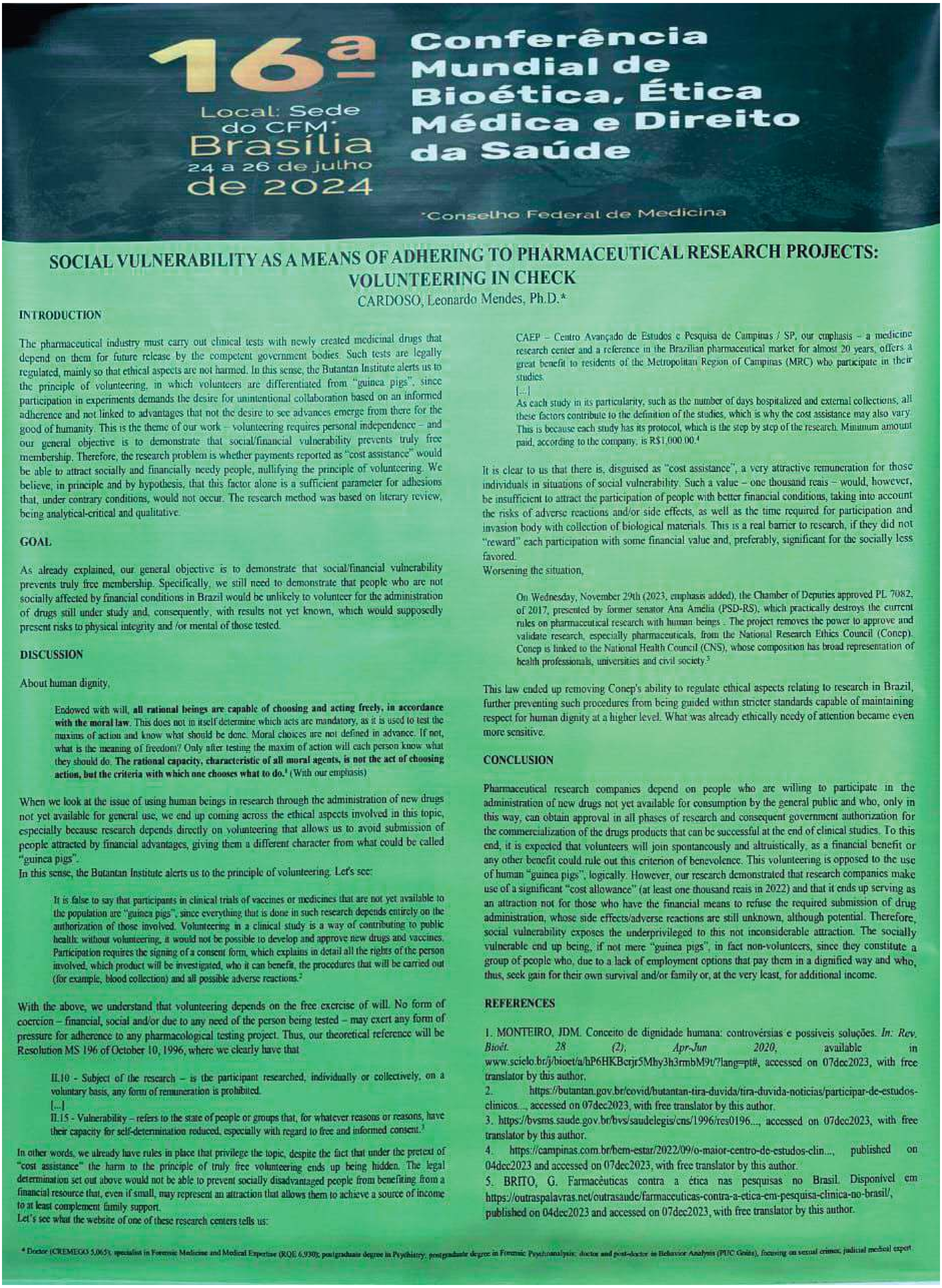

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Local: Sede do CFM*
Brasília
24 a 26 de julho de 2024

Conferência Mundial de Bioética, Ética Médica e Direito da Saúde

*Conselho Federal de Medicina

SOCIAL VULNERABILITY AS A MEANS OF ADHERING TO PHARMACEUTICAL RESEARCH PROJECTS: VOLUNTEERING IN CHECK

CARDOSO, Leonardo Mendes, Ph.D.*

INTRODUCTION

The pharmaceutical industry must carry out clinical tests with newly created medicinal drugs that depend on them for future release by the competent government bodies. Such tests are legally regulated, mainly so that ethical aspects are not harmed. In this sense, the Butantan Institute alerts us to the principle of volunteering, in which volunteers are differentiated from "guinea pigs", since participation in experiments demands the desire for unintentional collaboration based on an informed adherence and not linked to advantages that not the desire to see advances emerge from there for the good of humanity. This is the theme of our work – volunteering requires personal independence – and our general objective is to demonstrate that social/financial vulnerability prevents truly free membership. Therefore, the research problem is whether payments reported as "cost assistance" would be able to attract socially and financially needy people, nullifying the principle of volunteering. We believe, in principle and by hypothesis, that this factor alone is a sufficient parameter for adhesions that, under contrary conditions, would not occur. The research method was based on literary review, being analytical-critical and qualitative.

GOAL

As already explained, our general objective is to demonstrate that social/financial vulnerability prevents truly free membership. Specifically, we still need to demonstrate that people who are not socially affected by financial conditions in Brazil would be unlikely to volunteer for the administration of drugs still under study and, consequently, with results not yet known, which would supposedly present risks to physical integrity and /or mental of those tested.

DISCUSSION

About human dignity,

> Endowed with will, **all rational beings are capable of choosing and acting freely, in accordance with the moral law**. This does not in itself determine which acts are mandatory, as it is used to test the maxims of action and know what should be done. Moral choices are not defined in advance. If not, what is the meaning of freedom? Only after testing the maxim of action will each person know what they should do. **The rational capacity, characteristic of all moral agents, is not the act of choosing action, but the criteria with which one chooses what to do.**[1] (With our emphasis)

When we look at the issue of using human beings in research through the administration of new drugs not yet available for general use, we end up coming across the ethical aspects involved in this topic, especially because research depends directly on volunteering that allows us to avoid submission of people attracted by financial advantages, giving them a different character from what could be called "guinea pigs".
In this sense, the Butantan Institute alerts us to the principle of volunteering. Let's see:

> It is false to say that participants in clinical trials of vaccines or medicines that are not yet available to the population are "guinea pigs", since everything that is done in such research depends entirely on the authorization of those involved. Volunteering in a clinical study is a way of contributing to public health: without volunteering, it would not be possible to develop and approve new drugs and vaccines. Participation requires the signing of a consent form, which explains in detail all the rights of the person involved, which product will be investigated, who it can benefit, the procedures that will be carried out (for example, blood collection) and all possible adverse reactions.[2]

With the above, we understand that volunteering depends on the free exercise of will. No form of coercion – financial, social and/or due to any need of the person being tested – may exert any form of pressure for adherence to any pharmacological testing project. Thus, our theoretical reference will be Resolution MS 196 of October 10, 1996, where we clearly have that

> II.10 - Subject of the research – is the participant researched, individually or collectively, on a voluntary basis, any form of remuneration is prohibited.
> [...]
> II.15 - Vulnerability – refers to the state of people or groups that, for whatever reasons or reasons, have their capacity for self-determination reduced, especially with regard to free and informed consent.[3]

In other words, we already have rules in place that privilege the topic, despite the fact that under the pretext of "cost assistance" the harm to the principle of truly free volunteering ends up being hidden. The legal determination set out above would not be able to prevent socially disadvantaged people from benefiting from a financial resource that, even if small, may represent an attraction that allows them to achieve a source of income to at least complement family support.
Let's see what the website of one of these research centers tells us:

> CAEP – Centro Avançado de Estudos e Pesquisa de Campinas / SP, our emphasis – a medicine research center and a reference in the Brazilian pharmaceutical market for almost 20 years, offers a great benefit to residents of the Metropolitan Region of Campinas (MRC) who participate in their studies.
> [...]
> As each study in its particularity, such as the number of days hospitalized and external collections, all these factors contribute to the definition of the studies, which is why the cost assistance may also vary. This is because each study has its protocol, which is the step by step of the research. Minimum amount paid, according to the company, is R$1,000.00.[4]

It is clear to us that there is, disguised as "cost assistance", a very attractive remuneration for those individuals in situations of social vulnerability. Such a value – one thousand reais – would, however, be insufficient to attract the participation of people with better financial conditions, taking into account the risks of adverse reactions and/or side effects, as well as the time required for participation and invasion body with collection of biological materials. This is a real barrier to research, if they did not "reward" each participation with some financial value and, preferably, significant for the socially less favored.
Worsening the situation,

> On Wednesday, November 29th (2023, emphasis added), the Chamber of Deputies approved PL 7082, of 2017, presented by former senator Ana Amélia (PSD-RS), which practically destroys the current rules on pharmaceutical research with human beings . The project removes the power to approve and validate research, especially pharmaceuticals, from the National Research Ethics Council (Conep). Conep is linked to the National Health Council (CNS), whose composition has broad representation of health professionals, universities and civil society.[5]

This law ended up removing Conep's ability to regulate ethical aspects relating to research in Brazil, further preventing such procedures from being guided within stricter standards capable of maintaining respect for human dignity at a higher level. What was already ethically needy of attention became even more sensitive.

CONCLUSION

Pharmaceutical research companies depend on people who are willing to participate in the administration of new drugs not yet available for consumption by the general public and who, only in this way, can obtain approval in all phases of research and consequent government authorization for the commercialization of the drugs products that can be successful at the end of clinical studies. To this end, it is expected that volunteers will join spontaneously and altruistically, as a financial benefit or any other benefit could rule out this criterion of benevolence. This volunteering is opposed to the use of human "guinea pigs", logically. However, our research demonstrated that research companies make use of a significant "cost allowance" (at least one thousand reais in 2022) and that it ends up serving as an attraction not for those who have the financial means to refuse the required submission of drug administration, whose side effects/adverse reactions are still unknown, although potential. Therefore, social vulnerability exposes the underprivileged to this not inconsiderable attraction. The socially vulnerable end up being, if not mere "guinea pigs", in fact non-volunteers, since they constitute a group of people who, due to a lack of employment options that pay them in a dignified way and who, thus, seek gain for their own survival and/or family or, at the very least, for additional income.

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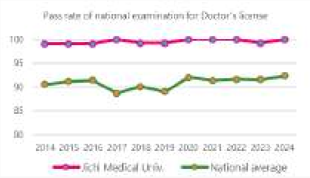
* Doctor (CREMEGO 5,065); specialist in Forensic Medicine and Medical Expertise (RQE 6,930); postgraduate degree in Psychiatry; postgraduate degree in Forensic Psychoanalysis; doctor and post-doctor in Behavior Analysis (PUC Goiás), focusing on sexual crimes; judicial medical expert

P085 - Perspectives on Education to Achieve Responsible and Ethical Conduct of Research : A case study for Medical Students in Japan

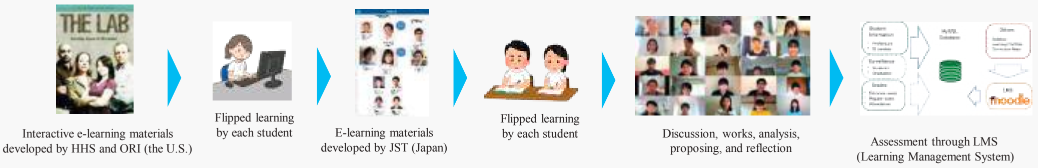
Yamabe, A., Otsuka, R., Mishima, C.
Jichi Medical University

Background



- Jichi Medical University (JMU) was established in 1972 with the goal of ensuring and improving the level of medical services provided in remote areas with few medical resources in Japan. The students of JMU are expected to return to their designated prefecture and work in local communities after their graduation.
- JMU is well known as the highest university in Japan in passing the national licensure examination for medical practitioners. It has maintained the top ranking in Japan for a decade, and the most recent pass rate in 2024 was also 100%.
- The COVID-19 pandemic has had a tremendous impact on people around the world including education. This study aims to raise awareness about responsible and ethical conduct of research using media materials that can be used in remote learning, and verify the effectiveness of the education.
- The subjects include 50 medical students who took the compulsory elective course "Science and Society" at JMU in 2023.

Method



Interactive e-learning materials developed by HHS and ORI (the U.S.)

Flipped learning by each student

E-learning materials developed by JST (Japan)

Flipped learning by each student

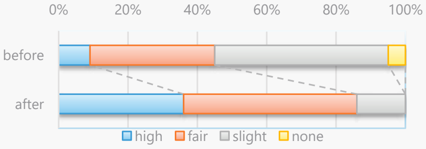
Discussion, works, analysis, proposing, and reflection

Assessment through LMS (Learning Management System)

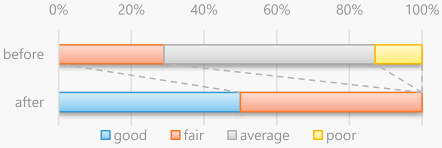
Results

(anonymous survey, response rate 100%)

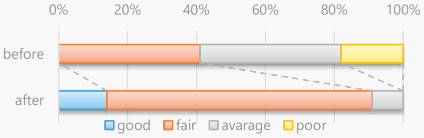
Degree of interest in responsible and Ethical conduct of research



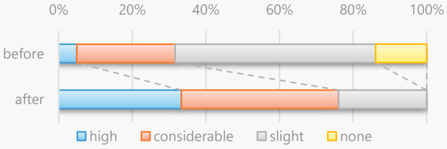
Explanation of background and reasons for research misconduct



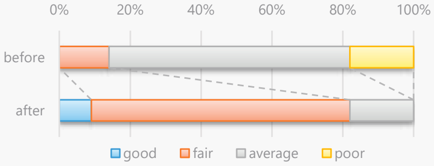
Proposal to prevent research misconduct



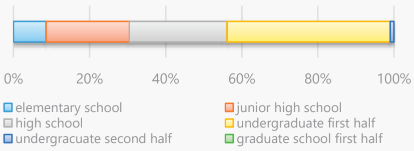
Awareness of research misconduct and research integrity



Ability to explain how scientific papers should be written



Suitable stage for introducing learning of research ethics



Conclusion

- With the use of collected questionnaires before and after the class, many positive educational effects were shown such as, deeper understandings of responsible and ethical conduct of research, improving the consciousness to prevent research misconducts.
- The interactive e-learning including role plays were effective for the students to understand the background of research misconduct.
- Students will likely learn more if they use human as their subject in their research. Therefore the class was conducted in JMU where all students will be medical doctors. Here, using various visual materials and more concrete examples related to medicine, bioethics and health law. It also became a significant opportunity for them to think about the essential of ethics deeply and act with ethically correctness in the future.

109 - ETHICS AND HUMAN DIGNITY IN HUMAN GENOME STUDIES

This article explores the growing influence of Genetic Engineering and human genetics. Focusing on ethical implications, on the use of a database of employees on life insurance companies and the investigation on human genetic material, examining cases such as the geneticist Roger Abdelmassih case. The study covers the concept of Ethics, Bioethics and Biolaw, analyzing international treaties and internal legislation. Addresses the ethical considerations surrounding genetic manipulation, citing examples such as assisted human manipulation and reproduction techniques. The article emphasizes the importance of defending human dignity, discussing historical bioethical events such as the Tuskegee case and the concentration camps in Germany. Biolaw, similar to bioethics, regulates acts relating to life, aiming to protect human life and punish violations of norms. The article highlights the importance of the principle of Human Dignity and its application in legal contexts, referencing the Brazilian Constitution's approach to equality. International treaties, especially the International Human Genetic Database Declaration, play a crucial role on defining national legislation, ensuring that access to genetic data is governed by rules and subject to individual consent, based on ethics and human dignity.

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P110 - Malingering at the workplace: what can be done. A case study.

Authors: Maria Helena Abreu Teixeira. M.D., MSc, Ana Cristina Sáad, M.D., MSc. DSc

Objective: The work environment is known to contribute, in some situations, to the worsening of physical or mental illnesses. In this context, carrying out detailed admission exams and multidisciplinary periodicals can help identify the appearance, or worsening, of some physical or mental pathologies. Malingering is not considered a form of mental illness, although it can occur in this context and can generate several losses for the work environment, administratively and economically. Malicious behavior needs to be identified early, not only during medical expert assessments, and must also be corrected by the administrative manager, in order to prevent this inappropriate conduct from contaminating the work environment.

CASE#1: Male, 55 yo., initially hired to work as an elevator operator, has been working for the last 10 years in simple administrative roles, mostly seated in front of a computer checking entry/exit material Comes to the medical department several times a month with medical reports from different doctors/hospitals claiming the need to be absent from work due to different pathologies. Always presents himself as a very ill person, however, never accepted or agreed to follow any treatment or prescriptions offered to him. In the last 3 years came to the medical department over 30 times alleging to be sick and unable to work due to illnesses that would not interfere with his job functions. The Institution tried to readapt him multiple times in different roles, always indicating an easier job to be carried out. Nonetheless his behavior remained the same. All attempts to treat his physical problems (hypertension and gonartrose) failed because he never followed medical instructions.

CASE #2: Female, 39 yo. At the beginning she claimed clinical issues to justify her absences from work: digestive and liver symptoms associated to hematological disorders, followed by psychiatric symptoms due to alcohol abuse. Although young, she refused all the attempts to be readapted and go back to work, always claiming to be very sick. At the beginning, due to lab exams with abnormal hepatological levels, she was referred to a hepatologist, and the prescribed treatment resulted in some improvement. However, she subsequently abandoned the doctor's recommendations and continued the alcohol abuse. Her behavior became increasingly erratic and aggressive generating interpersonal problems due to disrespectful behavior towards her bosses and medical teams. The problems were aggravated as she refused to follow any treatment and, despite allegedly being unable to work at her primary job, was found working for the company she owned with her husband. This situation is forbidden for employees of most public institutions in Brazil. Many times, she was confronted regarding this information but denied and remained firmly stating her permanent incapacity to return to her job and requesting disability retirement. In Brazil, the labor legislation which regulates the work of the state public servants, defines that after 2 years being away from work for medical reasons, one can be either readapted or retired. In this case, the attempts to be readapted were unsuccessful due to worsening of alcohol abuse. Therefore, the medical boards suggested her retirement. After her retirement she was found working at her company in another city. She later had a tragic death by homicide, perpetrated by her husband.

CONCLUSION: This case study is based on the analysis of expert medical monitoring of two public servant patients for approximately 36 months, from February 2021 to March 2024. The female case presented symptoms compatible with physical and mental illnesses; the male, claimed only physical symptoms which did not cause any kind of permanent impairment on his job. The objective of this case study is to raise awareness regarding the possibility of dissimulation as a confounding factor during multidisciplinary medical assessments and/or medical expertise evaluations for employment purposes, given the possibility of secondary gains attached to such behavior. When dissimulation is not identified and properly interrupted, it can lead to administrative and economic losses in the workplace. Additionally, it may give to other employees/servants the idea that such behavior is acceptable by the company/institution's managers. Furthermore, it is important to highlight the possibility that dissimulation, either in physical or mental pathologies, may serve as a source of misleading during the assessment of admission and periodic exams, and in expert medical evaluations for disability benefits and medical licenses. It is also important to highlight that malingering is not considered a form of mental illness or psychopathology, although it can occur in the context of mental illnesses.

117 - QUALITATIVE ANALYSIS OF THE PERCEPTION OF MEMBERS OF A STUDY GROUP REGARDING THE RELATIONS ON HEALTH, ILLNESS, AND CARE AMONG THE UMBANDA PEOPLE

Letícia Cupolillo Gonçalves – FAMP Faculdade
Ricardo Ferreira Nunes – FAMP Faculdade
Victórya Machado Silva de Melo – Unifimes

SUPPORT: FAMP FACULDADE MORGANA POTRICH

Umbanda is a religion in which spirits are incorporated through music and herbal fumigation to assist its participants, known as consultees. This religious tradition closely resembles the healing rituals of our ancestors, creating the perception of a synchrony between the past and traditions perpetuated to the present moment.

Image 1: Rotate in Umbanda’s terreiro.

Source: Bruno Gonzalez, 2012. Agency O Globo.

Image 2: The Study Group’s First Meeting.

Source: Personal archive.

Therefore, the aim of this article was to analyze a group of students' perception regarding the relations of health, illness, and care among the Umbanda people after reading articles and discussing the studied subject.

The topics discussed in the group addressed key information about Umbanda practices, the relationship between religiosity as tradition, and its influence on the health-disease process of its practitioners.

The methodology employed was exploratory and qualitative, conducted in a study group within a Higher Education Institution, analyzing students‘ understanding of the topic. Content Analysis was used as the methodological approach.

It was found that there are elements that guide healthcare professionals in strengthening moral and ethical positions for the proper care of patients involved in religious/spiritual practices.

Additionally, the importance of this religion as an identity and a path through which participants achieve the much-anticipated biopsychosocial health was observed.

Image 3: Umbanda’s terreiro.

Source: Centro Espírita Anjo Ismael, 2023.

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P: 122 -The non-linearity of the patient physician relationship (chaos theory)

Janaína Aparecida de Sales Floriano, Moacir Fernandes de Godoy, Homalie Mascarin do Vale, Marcelo Augusto de Freitas & M. Cristina Miyazaki

SÃO JOSÉ DO RIO PRETO MEDICAL SCHOOL/SP - BRAZIL

INTRODUCTION

The doctor-patient relationship has gone from paternalistic to a more horizontal interaction, with greater patient participation(1, 2). Technology and access to information have changed the doctor-patient relationship, bringing both benefits and risks. This relationship has also been changed by the excess of doctors on the market, which is growing at the same rate as medical malpractice lawsuits, leading to distrust on both sides. Translated with DeepL.com (free version)

OBJECTIVE

Seeking to provide support for the construction and application of a new approach to the problem of medical error, arising from the doctor-patient relationship and its linear and non-linear variables, this study proposes a narrative review of the literature presenting relevant aspects to be considered in the dosimetry of the doctor's presumed guilt and his relationship with the patient.

METHODS

This is a study of data obtained from primary and secondary sources, a bibliographic survey via qualitative, explanatory and basic research. The search for articles and literature was carried out in the following databases: Google Scholar, Scielo, Periódicos Capes and Sci Hub. The following descriptors were also used in English and Portuguese: Chaos theory, Non-linear dynamics, Literature review, Doctor-patient relationship and Medical error.Translated with DeepL.com (free version)

RESULTS

Between 2013 and 2015, the Court of Justice of the Federal District and Territories alone obtained 204 lawsuits against doctors, of which 57% were dismissed, 22% partially upheld, 2% extinguished and only 19% upheld(3), which raises doubts about the real origin of the litigation. The year 2017 ended with more than 26,000 new lawsuits against doctors for errors in the practice of medicine. In Brazil, there are also 3 new lawsuits per hour, according to the National Council of Justice.

CONCLUSION

The world of science and the academic universe are made up of disciplines which, in view of the technological advances of this century and the expansion of medical schools in the country, brings the basic need to research medicine from a transdisciplinary perspective. Medical error has become a relevant issue internationally and in Brazil its effects and growth are exponential, deserving due attention.

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127 – AUTONOMY OF PATIENTS WITH MENTAL DISEASE AND ETHICS

Miriam Gorender[1]
Sandra Peu[2]

When we talk about autonomy, what are we talking about? Let us begin by a definition of autonomy:

> Autonomy, one of the bioethical principles described by authors Beauchamp and Childress (2013, p. 137), corresponds to people's ability to decide on or seek something that is best for them according to their own values and, for this to occur, the individual must be free to decide, without external control coercions that influence their decisions, as well as having conscience, reason and understanding of the options offered to them. Respect for autonomy involves respect for the fundamental rights of the individual, considering them a biopsychosocial and spiritual being, endowed with the capacity to make their own decisions.

First instance in medical practice and investigation 1948: World Medical Association – Geneva

- I shall not use my medical knowlegde to violate human rights or civil liberties, even under threat.
- 2017: "I will respect the autonomy and dignity of my patient ".

In 2001 the law 10.216/2001 was approved, which

> *"provides for protection and rights of people with mental disorders and redirects the assistance model in mental health".*

This Law establishes the protection of people with mental disorders regardless of any individual characteristic, with access to the best treatment available, in accordance with their needs.
It also determines the patient's right to better clarification about their illness and its treatment, which must aim at reintegration into family and society.

It also determines that there must be three types of hospitalization:

- Voluntary, when the mentally ill person has the capacity to exercise their autonomy;
- Involuntary, when the critical capacity of the mentally ill person is not full and the exercise of autonomy can cause harm to the patient or third parties and
- Compulsory, which is determined by the Court.

In 2013, the Medicine Federal Council published the Resolution 2.057, regulating aspects of the law. Among its contributions are:

> *Art. 31. A patient with a mental illness may only be involuntarily hospitalized if, due to their illness, they present one of the following conditions, including those situations defined as a medical emergency: I – Severe inability to self-care. II – Risk to life or serious harm to health. III – Risk of self- or hetero-aggression. IV – Risk of moral or property damage. V – Risk of aggression to public order. § 1° The risk to life or health includes severe inability to self-care, severe psychoactive substance withdrawal syndrome, intense intoxication from a psychoactive substance and/or severe chemical dependency.*
> *Art. 32. If the psychiatric care establishment to which the compulsory hospitalization order is intended is full or does not have the technical conditions for adequate care for the referred patient, this fact constitutes an ethical impossibility of complying with the court order. Single paragraph.*
> The medical technical director of the defendant establishment must forward a determination to the municipal health manager, so that he or she can provide a place in the network available in the locality, communicating this fact to the judicial authority

As we can see, both the resolution and the law specify limits to medical conducts, at the same time protecting good medical practice and patient autonomy and safety. And it follows that in those cases there might not be possible to respect fully the patients wishes, resulting in a reduced autonomy, at least in that moment. Which cases? That can only be answered case by case with accurate diagnosis and evaluation.

One must not forget that to the patients autonomy come to depend many different interests, such as possession or transfer of assets, custody of children, determination of responsibility for crimes, for example. Also, all norms on the matter state that this autonomy must be protected as a right *to* life, not *over* life. On the imminence of death or suicide risk the right to autonomy is suspended. The autonomy is for living. The matter is a very complex one, and much more could be written about it.

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2 – Lei Federal 10.216/2001
3 – Diretrizes Para um Modelo de Assistência Integral em Saúde Mental no Brasil, Associação Brasileira de Psiquiatria, 2021
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5 – Wijnendaele, Rodolphe Van. Direitos dos Doentes Mentais
6 – Sá L. S. Miranda. Parecer CFM 21/2008 (Conselho Federal de Medicina, agosto 2008)

[1] Associate Professor at UFBA; Member of the Director's Board of ABP – Brasilian Psychiatry Association; Member of Bahia's Medicine Council

[2] President of AFATOM (Association of patients, relatives and friends of people with mental disorders); Member of the psychiatric technical chamber of Bahia's Medicine Council

130 - Bioethics and Quaternary Prevention: a literature review

Author: Oliveira, Helena Cristina Alves
Institution: Brazilian Publica Health System - SUS

Introduction

Bioethics has become a reference discipline in the current body of knowledge. Considering the principles of Bioethics such as beneficence, non-maleficence, human autonomy and justice, the discipline is a suitable field for medical training as it involves the interdisciplinary management of different knowledge. Bioethics teaches how to evaluate issues in the difficult world of beliefs, attitudes and emotions to make good decisions. One of the concepts that define Bioethics -the ethics of life- is the science ¨which aims to indicate the limits and purposes of man's intervention in life, identify rationally proposed reference values and denounce the risks of possible applications” (LEONE; PRIVITERA; CUNHA, 2001). In this way, Bioethics is a legitimate epistemological field for the practice of quaternary prevention (P4) and its principles, made official by the World Organization Family Doctors (WONCA) in 2003.

In the year 2014, the Brazilian Ministry of Health established the National Curricular Guidelines (DNC) for the Medicine Graduate Course. According to the DNC, medical students must have general, humanistic, critical, reflective and ethical training, with the ability to work at different levels of health care, including prevention. During the process of promoting diagnostic investigation, the DNC states that the request for additional tests must be carried out based on the best scientific evidence and according to the person's needs. In this sense, quaternary prevention meets the objectives of the DNC. P4 is based on detecting individuals at risk of excessive treatments, with the aim of protecting them against inappropriate medical interventions and suggesting other less harmful alternatives. For clinical care based on P4, a person-centered approach, evidence-based medicine and longitudinal care are necessary.

Methods

The current work intended to research whether the P4 topic is addressed in articles published in bioethics journals websites of the Federal Council of Medicine, the institution responsible for monitoring and regulating medical practice in Brazil, and in the Brazilian Journal of Bioethics.

Results

No articles were found.

Discussion

Ten years after the institution of reviewing medical teaching guidelines, the topic remains restricted in publications in the area of Medicine and Family and in some global educational campaigns, with Choosing Wisely Brazil being the only campaign with representation in Brazil since 2015, to help health professionals and support patients in dialogues about excessive interventions, with focus on quality, equity and safety based on the best scientific evidence.

Conclusion

The author believes that Bioethics is the ideal area of discussion about quaternary prevention and the publications in these journals can be a relevant way of divulgation and debate.

SUS Sistema Único de Saúde

CHOOSING WISELY BRASIL

136 - Changes in Ophthalmology Teaching: Analysis of the Impact Given the Growth of Vacancies in Medicine Courses

Authors: Camila Ribeiro Koch(1,3); Newton Kara-Junior (2,3); Maira Dantas (4)
1.Conselheiro CREMEB; 2.Conselheiro CREMESP, 3. Doutor pela USP, 4. Conselheira suplente CFM

INTRODUCTION

In recent years, there has been a significant increase in the number of medical schools in Brazil. However, it is likely that opportunities for specialization in ophthalmology have not kept up with this growth in demand. The objective of this study is to estimate the increase in the number of doctors trained by schools, analyze the growing demand for specialization in ophthalmology and evaluate the possibilities for improvement in the field of ophthalmology.

METHODS

A retrospective study was carried out using data from the Ministry of Education and the Brazilian Council of Ophthalmology. The veracity of this information was corroborated through the analysis of 120 notices published by Residency programs in 2021.

RESULTS

In the period between 2002 and 2021, there was a 370% growth in the total number of places available in Medicine courses, while certified opportunities for specialization in Ophthalmology increased by 64% (Table 1). There is a misalignment of 11.4% between the information provided by the Brazilian Council of Ophthalmology and that coming from the Ministry of Education (Table 2).

DISCUSSION/CONCLUSION

The growth in the proportion of medical graduates significantly outpaced the expansion of specialization opportunities in ophthalmology.

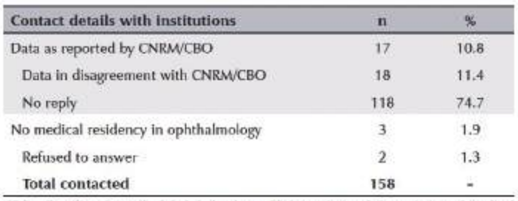
The impact of this imbalance on the demand for non-certified specialization vacancies remains unknown, highlighting the need to establish more effective monitoring policies for specialization opportunities in Ophthalmology.

Table 1. Number of medical school vacancies per year in Brazil.

Year	Medical school vacancies (INEP)
2002	11.243
2003	12.281
2004	14.102
2005	14.661
2006	15.278
2007	16.241
2008	17.504
2009	16.876
2010	16.468
2011	16.752
2012	17.515
2013	18.574
2014	22.787
2015	24.302
2016	27.346
2017	31.025
2018	48.571
2019	52.873
2020	NA
2021	NA

INEP= National Institute for Educational Studies and ResearchNA= Not available.

Table 2. Audit by phone and email of vacancies reported by CNRM and CBO in 2021.



Contact details with institutions	n	%
Data as reported by CNRM/CBO	17	10.8
Data in disagreement with CNRM/CBO	18	11.4
No reply	118	74.7
No medical residency in ophthalmology	3	1.9
Refused to answer	2	1.3
Total contacted	**158**	-

CBO= Brazilian Council of Ophthalmology; CRNM= National Commission of Medical Residencies of the Ministry of Education.

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145 - Bioethics and Ethics contribution to the quality of the High school: the relationship between teacher training, the epistemology practice, the Brazilian legislation and the contemporary claims

Giselle Crosara Lettieri Gracindo[1] and Leda Virgínia A. Moreno[2]

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2. PhD in Education from the Pontifical Catholic University of São Paulo (PUCSP)/Brazil.

Bioethics. Medical ethics. Medical education. Medical practice. Medicine - quality of education.

The aim is to address the relationship between teacher training and medical practice, the Brazilian legislation in the context of medical education alongside contemporary claims to consider the general concept of the quality of this education in Brazil. It is based on the assumption that the issues in medical courses go beyond the technical sphere, therefore demanding new perspectives, especially from bioethics and ethics to assign new meanings. It is argued that bioethics and ethics, as central axes reflected in the person's dignity, and established in new benchmarks that, if associated with legal, social, historical, and educational dimensions, among others, lead to dialogue, comprehension, and integrative stances. This involves descriptive research on national, international, and legislative bases related to medical education and practice. Among the conclusive points of the study, it highlighted the need for public policies that focus on the principle of the indivisibility of human rights; and the integration of political agendas of Education and Health, among others. At the level of medical schools: the inclusion of new benchmarks would allow a new meaning to understand the Other– teacher/researcher, student, patient, among others–; and the interdisciplinary dialogue.

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A151 - Experience in Implementing the Commission of Defense of Physician Prerogatives at the Regional Council of Medicine of the State of Bahia.

Maíra Pereira Dantas[1], Luciano Santana de Miranda Ferreira[1], Otávio Marambaia dos Santos[1]
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Introduction:

Since 2022, the World Health Organization (WHO) has recognized the effects of chronic stress caused by work as an occupational disease, with Burnout Syndrome being included in the 11th Revision of the International Classification of Diseases (ICD-11). Faced with increasing numbers of the syndrome among doctors, especially after the COVID-19 pandemic, strategic actions are necessary to provide more psychological safety to these health professionals.The state of Bahia is a model for the implementation of the Medical Prerogative Committee in Brazil, receiving reports and acting in defense of the physician. It's creation was authorized in 2020 and operation began in 2021.

Objectives:

Provide assistance to physicians regularly registered with this Council of Medicine, who are under threat or facing actual violation of their rights duly regulated in Chapter II of the Code of Medical Ethics (CME) in Brazil. To establish an instance for dialogue and guidance, operating with decisiveness, promptness, proactivit and procedural economy, aiming for the pedagogical effect of adjudicative activities to foster a culture of securety that encourages more active participation of physicians under jurisdiction in the defense of the profession.

Method:

The reports were received via email, telefone, in-person, or through the internal communication system. Then, they are analyzed in an organized and systematic manner, leading to a resolution. The data resulting from the Commission of Defense of Physician Prerogatives actions are used to providing care to physicians authorized to defend the rights established in the current CME.

Results:

The commission received 635 complaints (Chart 1). It has been actively listening, making shared decisions, anonymizing the complainant and resolving the demands promptly. The nature of the demands presented was often related to the illegal practice of Medicine, irregular payment of fees, incomplete staff and threat to the exercise of autonomy. According to geographic distribution in 2023, most of the demand occurred in the interior of the state (Chart 2).

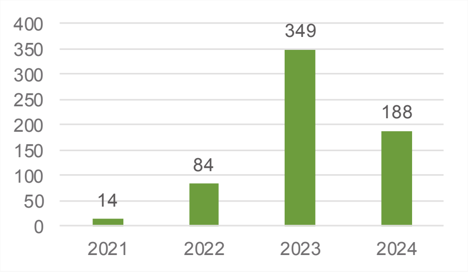

Chart 1: Number of protocols per year.

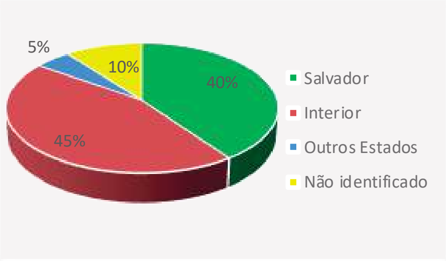

Chart 2: Geographic distribution of protocols in 2023.

Conclusion:These statistical data supported the definition of priorities in the organization's strategic planning and and the importance of the existence of a commission of prerogatives for the defense of the physician.

P_153 - "Experience of the Fiocruz Research Ethics Committee Forum in protecting research participants"

Jennifer Braathen Salgueiro, Ângela Esher, Ana Paula Granato

The Fiocruz Research Ethics Committee Forum was established in 2011, linked to the Vice-Presidency of Research and Biological Collections (VPPCB) and formed by coordinators and representatives of the 9 Research Ethics Committee (RCEs) of Fiocruz's Technical-Scientific Units, two members of the VPPCB and two legal advisors.

The aim of the work is to present the Forum's experience to strengthen RCEs and, therefore, extend the forms of protection for research participants.

Fórum de CEP
Fiocruz, VPPCB

Perspectivas para a pesquisa com seres humanos no Brasil
a partir do PL 6007/2023

INSCRIÇÕES E TRANSMISSÃO PELO SITE
Even3

19/6/2024
14h às 17h

Análise do documento que trata da pesquisa com seres humanos e institui o Sistema Nacional de Ética em Pesquisa com Seres Humanos.

The system of action is through frequent messages and periodic meetings. Since the beginning, the Forum has organized training activities on different topics. In 2023 two themes stood out: the impacts of the General Data Protection Law and forms of mobilization to resist the Draft Law that presumably aim to regulate clinical research in Brazil but actually threatens the CEP/Conep System and, therefore, research participants protection .

In conclusion, encouraging the creation of RCEs forums, institutional or interinstitutional, is highlighted as a strategy that strengthens the RCEs and the rights of research participants.

158 - Implications of Brazilian Law 14.737/2023 for Healthcare Facilities

IMPLICATIONS OF BRAZILIAN LAW 14.737/2023 FOR HEALTHCARE FACILITIES

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INTRODUCTION: In Brazil, reports of violations of women's sexual freedom within healthcare facilities are increasing (BRASIL/MDHC, 2023). Law 14.737/2023 amended the Organic Health Law (OHL), granting women the right to a companion during medical procedures (Brazil, 2023). However, the OHL had already been amended by Law 11.108/2005 to guarantee this same right to women in labor, proving to be insufficient in preventing cases like the rape of a sedated woman in labor by an anesthesiologist (Vieira, Freire & Leitão, 2022).

OBJECTIVE: This article aims to identify obstacles to the efficacy of these norms and measures for their better implementation.

METHOD: We conducted documentary and literature reviews, emphasizing the importance of intersectionality in understanding gender protection norms (Collins & Bilge, 2020; Bento, 2012).

RESULTS: Structural misogyny is the main obstacle to effective intervention in sexual violence cases (Porto, 2024). Merely expanding legislative provisions does not ensure effective protection. The false belief in a hierarchy among healthcare professionals (CFM, 2010) hampers reporting by witnesses.

CONCLUSION: Healthcare establishments should invest in gender and diversity training, define clear policies for the protection of victims and witnesses, and establish audit mechanisms to ensure continuous compliance.

KEYWORDS: Medical Law, Criminal Law, Gender Violence, Healthcare Facilities.

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P160 - ETHICAL ASPECTS IN JUVENILE GYNECOLOGY: A LITERATURE REVIEW

Márcia Sacramento Cunha Machado[1], Gabriela Farias Carreiro[2], Victória de Souza Guimarães Matos[3]

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Introduction:
The gynecology for adolescence is related to autonomy, privacy and individual rights.

Objective:
To analyze ethical aspects in gynecology focused on adolescence.

Method:
Literature review using the PubMed, Scielo, and BVS databases. Descriptors included "Ethics" or "Bioethics" and "Adolescent" and "Gynecology" e "Ethics" and "Adolescent" and "Gynecology". 9 articles were selected from MEDLINE and LILACS databases, in Portuguese and English, covering the last 5 years.

Result:
Themes encompassing the reproductive and sexual health of adolescents, including the prevention of sexually transmitted infections, fertility preservation, and surgical intervention, are topics discussed in the medical field. The desires of patients and their parents often lead to ethical conflicts. The duty of healthcare professionals to provide clear information on the discussed topics, along with maintaining confidentiality, was emphasized for better understanding and acceptance by adolescents.

Conclusion:
Promoting the autonomy of young individuals, coupled with effective communication with the healthcare team, is essential for the better acceptance of adolescents in interventions related to their sexual and reproductive health.

Keywords: Gynecology; adolescents; ethics; bioethics.

Abstract Approved Number: 161.

PERCEPTION OF ETHICS AND BIOETHICS FOR GRADUATE STUDENTS IN THE HEALTHCARE FIELD

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- **Marta Pereira Coelho** . Mestre e doutora em enfermagem Profª Adjunto I Curso de enfermagem - Universidade Federal do Espirito Santo - UFES

- **Neíla Rodrigues Vargas de Paula** . Medica Programa Mais Médicos – Medica da Família ESF Santos Dumont . Especialista em saúde da família e Comunidades e Medicina do trabalho.

- **Roberta Coelho de Marco.** Medica Especialista em Medicina de Família e Comunidades. Preceptora de Medicina de Família e Comunidades em Governador Valadares – MG

The importance of the disciplines “ethics” and “bioethics” in the curricular matrix of courses in healthcare education is evident, as these areas aim to train professionals to be ready to employ ethical competency in their daily work.

The objective of this stuyd is to understand students' perception of the effective teaching and learning of ethics and bioethics in undergraduate health courses. This is a quantitative-qualitative study using the sociological phenomenology of Alfred Schutz. The study population was 39 students from medicine and nursing courses at a higher education university in the north of Espirito Santo, Brazil. It was noted that the majority of responses demonstrated that students’ lived experiences influenced the statements of “reasons why,” as both ethics and bioethics are ideologies obtained throughout life. It was understood that students' perception of learning ethics and bioethics at the undergraduate level is not entirely adequate, as such, the “reasons for” this type of training demonstrate the need for education in these concepts for students’ future daily professional practice.

Therefore, it is necessary to reflect and reevaluate pedagogical practices to include these areas of ethical studies at all periods of the educational experience, to ensure that students graduate as professionals trained with ethics and responsibility, committed and qualified to work in society.

Descriptors: Ethics. Bioethics. Teaching. Students. Nursing. Medicine

172 – Intention to create advance directives by outpatients with heart failure[1]

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1 Thesis presented to Universidade Federal de São Paulo; 2 Universidade Federal de São Paulo - Escola Paulista de Enfermagem; 3 Hospital DF Star Rede D'Or São Luiz; 4 Hospital Israelita Albert Einstein

Objectives

General: To evaluate the intention of outpatients with heart failure (HF) to created Advance Directives (AD).

Specifics: To develop an interview script on HF knowledge, intention to create and beliefs about AD, and to submit it to content and face validation; to describe the prevalence of intention to create AD by patients with HF; to identify relationships between the intention to develop AD, sociodemographic and clinical-functional characteristics and knowledge about the chronic and progressive nature of HF; to describe the priorities of patients with HF for the creation of ADs.

Methods

Step 1) A methodological study for the development of a script based on the Brazilian Guidelines for Chronic and Acute Heart Failure, the Brazilian Model of AD and the Theory of Planned Behavior. The script was submitted to content validation by six specialists, who assessed it for practical pertinence, clarity, theoretical relevance, and dimensionality. Items with a content validity index (CVI)<80% were reformulated and reassessed. The script was subjected to cognitive testing with 20 outpatients with HF. Step 2) An analytical, cross-sectional study performed at the outpatient clinic of a cardiology hospital in São Paulo-SP. Sociodemographic and clinical-functional data were collected from 108 patients with HF. Quality of life was assessed using the Minnesota Living with Heart Failure Questionnaire, knowledge about the chronic and progressive nature of HF and the intention to develop AD were assessed through the script. Relationships between independent variables were analyzed using the chi-square and Mann-Whitney tests. Relationships with p<0.05 were considered significant. The project was approved by two ethics committees.

Results

Step 1) The script was developed with 11 items about HF and 21 items about beliefs and intention to create AD. Thirteen items were reformulated as suggested in the first assessment, reaching a CVI>80% in the reassessment. In the cognitive testing, there was difficulty regarding items about beliefs and adjustments were made. Step 2) Only two patients had heard about AD. After explanation, 90% reported having the intention to create them. The factors related to the intention to elaborate AD were: reporting of adherence to pharmacological recommendations (99% vs 88.1%, p=0.02); worse quality of life (29.7±18.2 vs 20.9±11.0; p=0.0336); considering that they understand the disease (89.7% vs 63.6%, p=0.0495); not wishing that the physician/healthcare team make decisions about their treatment (27.3% vs 2.15, p=0.0026). Of those who intended to create their AD, priorities included living as long as possible (50.5%), not being sedated even if it was meant to relieve suffering (37.1%) and staying close to family and friends as long as possible (32.0%).

Conclusions

An interview script on knowledge about HF, intention to develop them and beliefs about VAD was prepared, with adequate evidence of content and face validity, except for items related to beliefs. 90% of the patients with HF had the intention of developing AD: those who reported adhering to pharmacological treatment and considered that they were knowledgeable of the disease, having worse QoL and not wishing that the healthcare team make their decisions.

181 - Use of psychoactive at a public university in northern Brazil: general overview and bioethical considerations

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INTRODUCTION

The use of psychoactives is considered a serious public health problem, as it directly affects the mental health of users, interferes with their autonomy and leaves them vulnerable. This problem has become a global concern in recent decades, due to its high incidence and the health risks arising from legal or illicit use. During graduation university students experience positive feelings regarding their professional future, but it can also be a critical period with many pressures that allow greater openness to substance use.

PURPOSE OF THIS STUDY

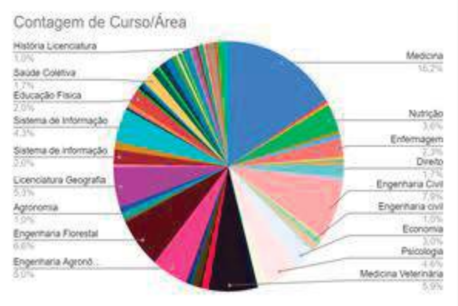
To know the prevalence, types and possible causes that lead university students to use psychoactive substances in the academic environment.

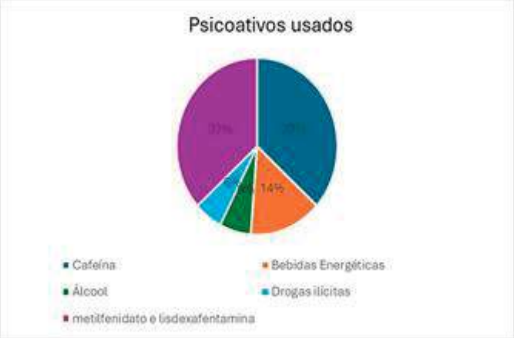
STUDY APPROACH

This is an exploratory descriptive study performed between July and December of 2023 with students from the Federal University of Acre - Rio Branco. We used virtual surveys with 20 objective questions, analyzed with descriptive statistics and chi-square test. It was approved and conducted in accordance with the rules of the Research Ethics Committee (advice no. 5973250).

RESULTS

The results revealed a high prevalence of use of psychoactives amongst the students, including alcohol, tobacco, illegal drugs, caffeine and energy drinks. The caffeine and energy drinks have emerged as widely consumed by students, often used to increase concentration and energy during periods of intense studying.





DISCUSSION

It is essential to guarantee the respect for the autonomy of students, enabling to take informed decisions about their own consumption of psychoactive substances. Health professionals and academic institutions have an ethical responsibility to promote student well-being by preventing damage from substance abuse and providing equal access to mental health resources and services. This study showed a large consumption of psychoactive substances amongst students. It also revealed that regular usage of alcohol and tobacco can serve as markers to identify students at risk of consuming other psychoactive substances and being targeted by prevention programs. The excessive representation of substance abuse among tobacco consumers and regular alcohol consumers suggests that their respective usage may be an interesting marker to target students at risk of consuming other psychoactive substances.

FINAL CONSIDERATIONS

The consumption of stimulant substances to improve academic performance, and the recreational use of alcohol can negatively interfere with the future professional's quality of life and work. Therefore, awareness and prevention measures must be implemented by the educational institution. Bioethics as an instrument of collective protection encourages the acceptance of students with the adoption of awareness measures by the academic institution to prevent damage to health.

183 – The Plataforma Brasil as a Teaching Tool for Bioethics: Integration of Ethical Principles in Medical Research

Akson Isaac Oliveira de Souza[1]; Bruno Rangel Felizardo[2]; Andricely Barbosa Vidal[1]; Kevem Cid Dias[1]; Raissa Jaquelline dos Santos Dias[1]; Jussara Mathias Netto Khouri[3]

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[2] – Undergraduate student in Nutrition at the Federal University of Rio de Janeiro (Macaé) and member of the academic League of Bioethics ;
[3] – Neurologist and professor at the Federal University of Rio de Janeiro (Macaé) and professor of the academic League of Bioethics – LIB.

Introduction

Bioethics is crucial in medical education, emphasizing a balance between scientific progress and ethical values. Plataforma Brasil (PB), an electronic plataform, analyzes received research projects and ensures adherence to ethical and legal standards. It serves as an educational resource, promoting understanding and application of bioethical principles in medical research. This study explores PB as a bioethics teaching tool, emphasizing its impact on medical research and training professionals versed in ethical principles.

Objective

Analyzing PB as a bioethics teaching tool, emphasizing its influence on medical research and training ethically aware professionals, focusing on autonomy, beneficence, non-maleficence, and justice.

Methodology

Qualitative research examining PB resources alignment with bioethical principles and its data protection and privacy policies.

Results

Autonomy: The PB ensures the autonomy of research participants through the Informed Consent Form (ICF), emphasizing clear communication and respect for the individual's decision.

Beneficence and non-maleficence: The ethical review of research protocols at PB ensures that benefits outweigh risks, promoting the safety and well-being of participants.

Justice: The PB emphasizes equity and inclusion, ensuring that all groups, including minorities and the vulnerable, are treated fairly in research.

Data protection: Emphasis on cybersecurity and compliance with national and international data protection regulations reflects a commitment to privacy and confidentiality.

Conclusion

PB is more than a research management system; it's a valuable tool for teaching and practicing bioethics in medicine. By aligning with ethical principles, PB significantly contributes to training ethically responsible doctors and researchers.

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184 – Teaching of Bioethics in the Health Field: Academic League and Integration with Other Courses in Practice

Bruno Rangel Felizardo[1] , Akson Isaac Oliveira de Souza[2]; Andricely Barbosa Vidal[2]; Kevem Cid Dias[2]; Raissa Jaquelline dos Santos Dias[2]; Jussara Mathias Netto Khouri[3]

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[3] – *Neurologist and professor at the Federal University of Rio de Janeiro (Macaé) and professor of the academic League of Bioethics – LIB.*

Introduction

The dissemination of bioethical principles encounters significant global hurdles, notably within Brazil, where it is frequently relegated to a supplementary role within university curricula, rather than being accorded central importance in the academic instruction of healthcare disciplines. The establishment of Academic Leagues emerges as an effective strategy for fostering interdisciplinary cohesion and integration of bioethics into healthcare education.

Objective

To demonstrate the success of the Academic League as an innovative and effective strategy in the integration of bioethics in health education in Brazil by promoting the teaching of bioethics, organizing educational events and interdisciplinary practices.

Methodology

An Academic League of Bioethics was established through selection process, which evaluated the interest, knowledge, and merit of candidates from various areas of health. The League promoted the teaching of bioethics, organizing educational events and interdisciplinary practices.

Development

Initial Planning: Defining the league's vision and objectives and preparing the schedule of activities and the selection process.

Selection Process: Announcement of the start of the League's activities and opening of the registration process for students. Subsequent selection of candidates.

Organization of lectures, seminars and workshops: Promotion of interdisciplinary practices by organizing educational events and interdisciplinary practices, discussing clinical cases and supporting students to use Plataforma Brasil, in collaboration with the research ethics committee.

Monitoring and Evaluation: Collecting feedback from participants

Reporting and Disclosure: Assessment and disclosure of the impact of activities.

Conclusion

The Academic League of Bioethics has proven to be an effective tool in the teaching of bioethics, contributing to a more integrated and humanized health education.

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16th World Conference Bioethics, Medical Ethics and Health Law
Brasília - Brazil 24th to 26th July 2024

185 - Characteristics of legal relations within the healthcare sector.

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Legal relations within the health system

The subject of legal regulation by health legislation is the public relations that arise in connection with the protection and guarantee of human health. These legal relations can be called health legal relations. Legal relations are not all social relations; legal regulation is necessary for the existence of legal relations.

A health legal relationship arises, develops and terminates in the presence of certain legal facts that affect the life and health of citizens. These legal facts may be either acts or omissions, depending on the hypothesis of the legal norm in which the legal facts are contained.

Every legal relationship has its own content and is valid only when all its elements exist cumulatively. The basic element of every legal relationship is the existence of legal entities. According to the Bulgarian legislation in the field of health care, legal subjects can be both natural persons and legal entities. The main subject of legal relations in the field of health care is the state, acting through its state bodies - central and regional. Legal subjects are also medical practitioners who perform medical activities and patients to whom such medical activities are provided. Other legal entities are health care institutions as defined by the Health Care Act and medical establishments as defined by the Medical Institutions Act. In Bulgaria, health care institutions are structures of the national health care system, in which activities are carried out to improve and protect the health of citizens, while medical establishments are legal entities established under the Commercial Act or the Cooperatives Act, in which diagnostics, treatment and rehabilitation of patients, monitoring of pregnant and chronically ill patients, prevention of diseases, early detection of diseases and transplantation of organs, tissues and cells are carried out.

An element of the content of the health legal relationship are the rights and obligations of the legal subjects. The rights and obligations of the legal subjects in the health legal relations are regulated in the Constitution of the Republic of Bulgaria, in a number of laws and regulations, with a special place occupied by the Health Act, the Medical Institutions Act, the Health Insurance Act, the Act on Medicinal Products in Human Medicine, etc.

An element of the content of any health legal relationship is its subject (object). The subject of a health relationship is the provision of medical care. Medical care is provided by medical professionals to patients and may include prophylaxis, treatment, pregnancy monitoring, disease monitoring, etc. The subject of a healthcare relationship cannot be the performance of a commercial transaction. According to the Act on Medical Institutions, medical institutions may not engage in commercial transactions except for the needs of the medical activities they perform.

The rights and obligations of the subjects of a health care legal relationship are interrelated. The rights of one legal entity determine the obligations of the other, and vice versa.

Legal relationships in the health sector can be public or private; in public legal relationships, the holder of the rights is the state and the holder of the obligations is a natural or legal person. The rights and obligations of one subject of a legal relationship determine the rights and obligations of the other subject. In the present case, in the public health legal relationship, one subject is the State, represented by a public authority, which is the holder of specific rights, and the other subject is the natural or legal person who is obliged to comply with the prescriptions of the public authority, as they are in a position of authority. In private legal relations, the legal subjects are equal, no subject is made dependent on the other, and the legal relations themselves arise from the expressed will and consent of the subjects (these are contractual relations).

Types of responsibilities of medical professionals

Different types of liability may arise in different types of legal relationships. In civil legal relationships, civil liability may arise, for example, in the event of a breach of a contract. The existence of a contract between a doctor/medical professional/medical establishment and a patient is a matter of debate. In legal theory, the prevailing distinction is between 'medical assistance' and 'medical service', whereby 'medical assistance' is provided for curative purposes and 'medical service' is provided to a healthy person.

An analysis of the court practice in the country for the period 2007-2017 in the area of civil liability of dentists shows that the thesis of a contract between the patient and the doctor is accepted, regardless of whether the dental services were provided due to the presence of a disease or solely for aesthetic purposes. In practice, it is accepted that there is a contract between the doctor and the patient, but this type of contract is not yet explicitly regulated in Bulgarian legislation.

However, the contract between doctor and patient does not always include treatment. It may only involve a diagnosis or the performance of certain tests. Health care relationships are clearly contractual. By its very nature, a contract is an agreement between two or more persons to establish, regulate or terminate a legal relationship between them. According to Article 9 of the Law on Obligations and Contracts, the parties are free to determine the content of the contract, provided that it does not contravene morality or public policy. In this sense, it is not possible, for example, to agree on a clause stating that the doctor is not liable for damages caused to the patient as a result of a mistake.

A contract concluded between a doctor (specialist) and a patient is a bilateral contract, as each of the parties has both rights and obligations (the doctor is obliged to treat the patient and the patient is obliged to follow the doctor's instructions and pay the fee), the contract has a contractual character, as it contains certain rights and obligations of each of the parties, it is also a commutative contract, as the parties know in advance what obligations they have. The medical service contract belongs to the category of personal contracts. It is characteristic of these contracts that the obligation arising from them, in this case the provision of medical care, cannot be performed by anyone other than the doctor. An essential element of this legal relationship is trust. It is the basis and justification for the principle of free choice in medicine.

Civil liability

There are two types of civil liability, contractual and tortious. The existence of a contract does not exclude liability in tort. The theory is that liability in tort arises where the damage is caused by a breach of the general duty not to harm another.

Substantive nature of liability for damages in tort

1. Illegality of the act - an act, action or omission which is contrary to the legal order established by the laws of the state, which violates obligations established by legal norms;
2. 2. Guilt - the mental attitude of the perpetrator towards his own unlawful conduct and its result. The form of fault is irrelevant for liability in tort;
3. 3. Damage - harmful result /loss suffered, loss of profit and non-pecuniary damage expressed in pain and suffering, which may be personal or resulting from the death of a relative/.
4. 4. Causal link between the wrongful act and the damage - it must be direct and in a cause and effect relationship. It is a criterion for the extent of liability. The link between the act and the damage should be objective, necessary and lawful, not accidental.

The civil liability of medical professionals arises when there has been a culpable wrongful act (act or omission) by a medical professional which has resulted in a harmful outcome for the patient. The harmful result to the patient can be death; foreign body; damage to a lower, upper limb; pain, suffering, distress; complications (additional operations); loss of an organ; damage to an organ. There is always a presumption of guilt and it is up to the doctor to rebut this presumption..

Administrative liability

Administrative liability may be incurred for culpable acts, actions or omissions that violate certain legal provisions. The procedure for imposing administrative and criminal liability in Bulgaria is as follows: first, an administrative offence report is drawn up - it is prepared in the presence of the offender and witnesses and describes the offence committed, and then a criminal decision is issued imposing the appropriate administrative penalty. The time limit for drawing up an administrative offence report is 3 months and the time limit for issuing a penalty decision is 6 months from the date of drawing up the administrative offence report. The penalty decision may be appealed within seven days of its notification to the regional court in the area where the offence was committed or completed (Article 59 of the Law on Administrative Offences and Penalties, Bulgaria).

Criminal and disciplinary liability

Criminal liability also exists in the health sector. Chapter XI, Section III of the Criminal Code, entitled "Crimes against public health and the environment", sets out the legal elements of the acts defined as health crimes.

In addition to civil, criminal and administrative law, legal liability in the field of health care may also be based on the provisions of labour law (disciplinary liability). Disciplinary liability is a separate type of liability regulated by the Labour Code, Chapter Nine, Section Three "Disciplinary Liability". It is incurred for violation of labour discipline. It is implemented through disciplinary sanctions regulated in Article 188 of the Labour Code - reprimand, warning with the threat of dismissal, dismissal, it is important to note that only one disciplinary sanction may be imposed for the same breach of labour discipline. The type of penalty shall be determined taking into account the seriousness of the violation, the circumstances in which it was committed and the employee's behaviour. The disciplinary penalty is imposed by a reasoned written decision, but before imposing a disciplinary penalty the employer must hear the employee or accept his written explanations and collect and assess the evidence referred to.

The subjects of private legal relationship in the health care system are patients and medical professionals. The rights and duties of medical professionals in the Republic of Bulgaria are set out in a number of laws, regulations and codes of ethics. The Health Act stipulates that the medical profession in Bulgaria may be practised only by persons who have a diploma of higher education, do not suffer from a disease that endangers the life of their patients and are members of a professional organisation. All medical professionals are liable for cases where they have failed to comply with national legislation, have breached the rules laid down in professional codes of ethics and have breached the rules of good medical practice.

Conclusion

The nature of the medical profession and the methods of its practice pose a high occupational risk of harm to human health. This is one of the reasons why the medical profession is one of the most strictly regulated. The application of liability to medical professionals is a guarantee of the timeliness, sufficiency and quality of medical care provided.

INTERNATIONAL CHAIR IN BIOETHICS
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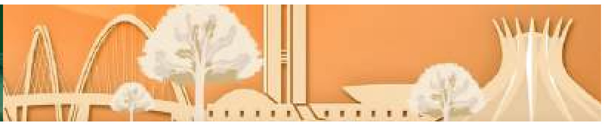

187 – When Trust Fades: Gaslighting as an Ethical Challenge in Medicine

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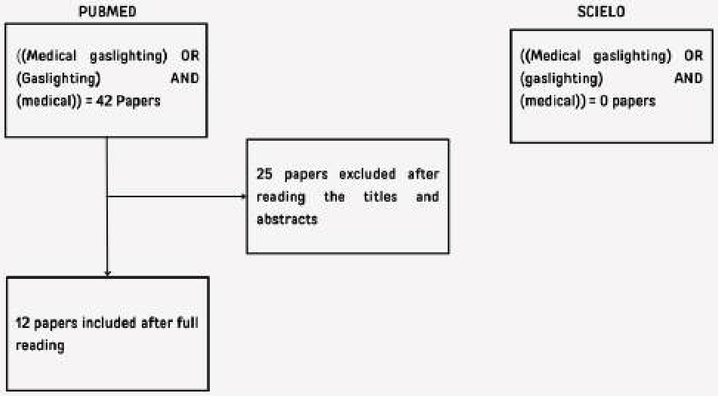
INTRODUCTION

Medical gaslighting, a phenomenon where healthcare professionals downplay or dismiss patients' symptoms and attempt to convince them that their issues are either caused by something else or are even imaginary[1], has become increasingly prevalent in recent years.

METHODS

- Literature review on gaslighting in the doctor-patient relationship and its impact on early diagnosis in clinical conditions.
- Searches were conducted in Scielo and Pubmed databases.
- No temporal delimitation was applied.
- The terms used in the search were 'medical gaslighting' and 'gaslighting.
- The inclusion criteria were studies that correlated gaslighting with medical practice.
- The exclusion criteria were studies that did not relate gaslighting in the doctor-patient relationship and studies that were not freely available for full reading.



PUBMED

((Medical gaslighting) OR (Gaslighting) AND (medical)) = 42 Papers

25 papers excluded after reading the titles and abstracts

12 papers included after full reading

SCIELO

((Medical gaslighting) OR (gaslighting) AND (medical)) = 0 papers

Image 1: Selection of papers that compose this review.

RESULTS

Amongst the reviews, there are 3 most prevalent gaslighting cases: delay on diagnosis and/or worsening of the clinical condition (91%), lack of good doctor-patient relation (83%) along with social prejudice (50%), respectively. As for the first topic, 33% related gaslighting related to long COVID syndrome [2,3,4,5]. Regarding social issues, it has been shown that the occurrence of medical gaslighting differs depending on the patient's race, gender, social class, and sexual orientation [2,6,7,8,9].

CONCLUSION

The studies showed that social minorities' medical complaints are often dismissed. In the broader context, the language of gaslighting reveals how medicine, as an institution, can perpetuate unequal power structures. This review calls for continued investigation into the dynamics of medical gaslighting, its impact on patients experiences, and strategies to address and mitigate this distressing phenomenon in healthcare settings.

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190 - What are the "liability" concerns about implementing AI in their own fields by medical specialists?

Pedro Henrique Consorte do Santos - Universidade Luterana do Brasil
Andressa Calderipe Bressani - Universidade do Vale do Rio do Sinos
João Pedro Silva dos Santos - Universidade Luterana do Brasil
Thales Filipe Delmonico Aguiar - Universidade Federal de Pelotas
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Vinicius de Souza - Sindicato Médico do Rio Grande do Sul

INTRODUCTION

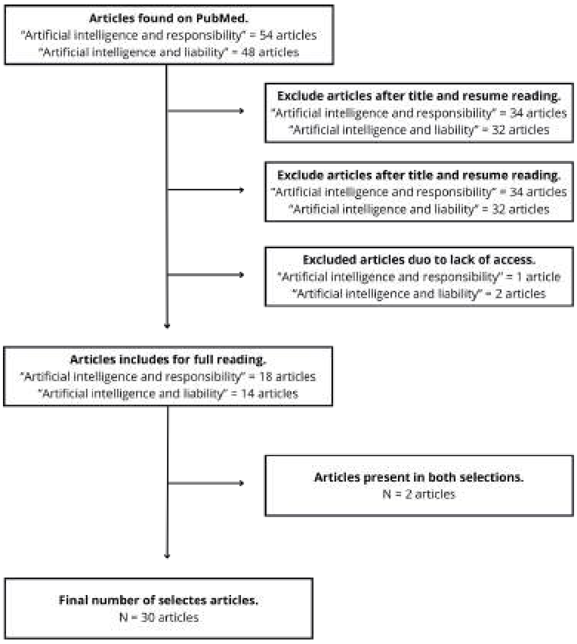
Artificial intelligence (AI) applied to healthcare offers the prospect of safer care, providing benefits to patients and becoming a valuable tool in the hands of healthcare professionals[1]. Ethical issues regarding this scenario are being debated[2].

METHODOLOGY

Literature analysis on "liability" in AI, using "responsibility" as a possible generic synonym, published between 2018 and 2023, indexed in PubMed in English.

RESULTS

The main points were: legal liability for mistakes made by AI, liability for violations of data privacy and the liability of doctors for not following the conduct indicated by an AI. Legal responsibility often falls on the health service and the assisting doctor. However, some articles defend the responsibilization of the manufacturers[4,5], or even the AI programmer[6]. The vast majority of articles did not discuss possible legal liability for doctors who have chosen the conduct not indicated by the IA.[8,9] Ethical issues such as the commercial aspect regarding the data[10], the sharing of data between institutions[11] and the violation of access[12] were also analyzed.



Articles found on PubMed.
"Artificial intelligence and responsibility" = 54 articles
"Artificial intelligence and liability" = 48 articles

Exclude articles after title and resume reading.
"Artificial intelligence and responsibility" = 34 articles
"Artificial intelligence and liability" = 32 articles

Exclude articles after title and resume reading.
"Artificial intelligence and responsibility" = 34 articles
"Artificial intelligence and liability" = 32 articles

Excluded articles duo to lack of access.
"Artificial intelligence and responsibility" = 1 article
"Artificial intelligence and liability" = 2 articles

Articles includes for full reading.
"Artificial intelligence and responsibility" = 18 articles
"Artificial intelligence and liability" = 14 articles

Articles present in both selections.
N = 2 articles

Final number of selectes articles.
N = 30 articles

Figure 1 – Selection of the articles included in this bibliographic review

CONCLUSION

There is a need to train doctors so that they can understand the details of the application of AI in healthcare, so the profession can take a leading role in this discussion.

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P01_196

INEQUALITY OF ACCOUNTABILITY FOR FAMILY PLANNING IN BRAZIL, 2010-2019

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INTRODUCTION

The ability to plan the size of one's offspring is a right guaranteed to Brazilian citizens by the Federal Constitution of 1988, imputing the State with the obligation to provide information so that individuals can make the best possible decision, and to guarantee access to contraceptive method(s) chosen, but without being able to direct the definition of the individual or couple, as established in § 7 of article 226.

When the subject is definitive surgical limitation of reproductive capacity, an entire ordinary law was produced in order to regulate access to vasectomies and tubal ligations. In 1996, the sanction of Law No. 9,263 removed previous views on contraceptive surgeries as crimes of bodily harm, to reposition them as a health right and a modality for exercising the fundamental guarantee of family planning. In 2022, that rule was changed by Law No. 14,443, the most publicized point of which was the removal of the need for authorization from the spouse to have access to permanent contraception. The authors who had been focusing on the topic attacked such authorization as a way of submitting a woman to her husband or partner, unable to decide freely about her own body (CABRAL & RANGEL, 2022; CANTO, ARQUETTE & BOECHAT, 2022).

Apparently, the advent of Law No. 14,443/2022 completely resolved the unconstitutionality that the doctrine had been identifying in Law No. 9,263/1996, therefore. However, an important question remains regarding the unequal responsibility between men and women regarding the burden of limiting the size of offspring.

OBJECTIVES

- correlate the proportion of female and male surgical definitive contraception with the human development index (HDI) in Brazilian federated units;
- compare the two possible surgical approaches;
- correlate the findings with a theory of female agency.

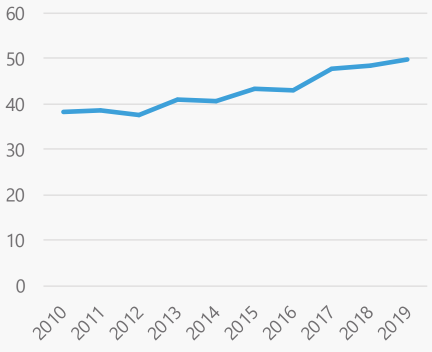
METHODOLOGY

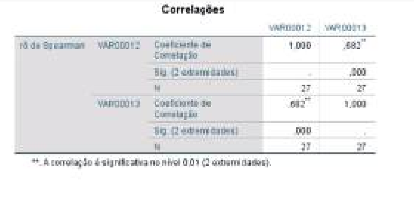
The Unified Health System (SUS) remunerates tubal ligation and vasectomy surgeries through the presentation of hospital admission authorizations (AIHs), whether in units of its own federal, state or municipal network or in private institutions (philanthropic and with or without profitable) accredited to the SUS. The AIH works as a source of information for the Hospital Information System (SIH).

An ecological study was carried out, a type of empirical research with data aggregated by territorial basis, that is, each Federation Unit (UF) was computed as an observation unit in the data matrix. DATASUS does not allow data extraction at the individual level, but tabulation by region, state or municipality is possible. To avoid distortion caused by the suspension of elective surgeries and bottlenecks in serving the population by the SUS during the SARS-CoV-2 pandemic, we chose to study the ten-year period between 2010 and 2019. To filter the effect of migration in search of health services outside the municipality of residence (medical tourism), the extraction was done by municipality of residence, and not by municipality of care/hospitalization.

RESULTS AND DISCUSSION

Vasectomy Proportion among public health system surgeries for Family Planning, Brazil, 2010-2019





Correlações

			VAR00012	VAR00013
rô de Spearman	VAR00012	Coeficiente de Correlação	1,000	,682**
		Sig. (2 extremidades)	.	,000
		N	27	27
	VAR00013	Coeficiente de Correlação	,682**	1,000
		Sig. (2 extremidades)	,000	.
		N	27	27

**. A correlação é significativa no nível 0,01 (2 extremidades).

CONCLUSIONS

Federation Units with higher human development indices achieve a higher proportion of vasectomies among definitive surgical contraception in Brazil, in a scenario of increased male procedures and reduced numerical inequality between tubal ligation and vasectomy.

The differences between tubal ligation and vasectomy in terms of financial cost for the public health system and personal biomedical cost for the user who undergoes the procedure (physical aggression and potential for complications) militate in favor of a preference for male surgery, even if the legal system guarantees equality between men and women, evolving towards the concept of equity when considering the burden that tubal ligation represents for women, compared with the relative simplicity of vasectomy for men.

P 217 - Do plastination and the death penalty contribute or not to the disqualification of the body as the seat of the human person?

França Santos, J.M.[1] ; Afonso Teixeira, A.[1]; Ferreira, M.[1]; Neto, A.I.[1]; Rocha, C.[1]; Alegre, C.[1]; Teixeira, J.M.[1]; Oliveira, R.[1] ; Nunes, R.[2]

[1]- Doctoral Program in Bioethics at the Faculty of Medicine of Porto -DPB/ FMUP. [2]- Director of DPB/ FMUP Professor Ph. D. Rui Nunes

INTRODUCTION and AIMS: "The Four Stages of Cruelty"[1,2], the "Body Worlds"[3] and the controversial persistence of the death penalty[4,5], are the *primum movens* of the analysis of man's violence[6,7] against animals and human beings, and the possible role of bioethics in their effective reduction[8,9].

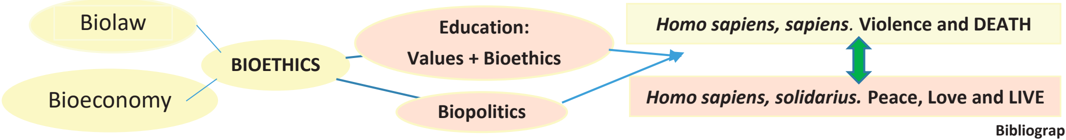
The Four Stages of Cruelty (Hogarth W., 1751). The story of T. Nero, a fictional character (star marked), who, as a "street/ abandoned" child, abuses a dog, as an adult, beats a horse, and later, as a thief, kills his pregnant lover - **"Cruelty in Perfection".** As a reward for his cruelty, he is sentenced to death and his body taken from the gallows is dismembered by surgeons, after dissection in anatomy classes.

Critical analysis. Reflecting, knowing and acting on the different etiologies and types of human violence is an ethical and medical imperative[7]. The death penalty is not an effective regulatory mechanism, but a cruel, inhumane decision and any form of participation by doctors in capital punishment is unethical and prohibited by World Medical association - WMA[10,11].

"Body Worlds" is a traveling exhibition of dissected human bodies and animals preserved through the plastination process**.** This technique developed by Gunther von Hagens, an anatomist, businessman and lecturer, in the late 1970s. The public exhibitions of plastinated corpses, has generated controversy and ethical [12], medical[13-15], legal, cultural and religious debate[3,16].

Critical analysis. Admitting that some of them were human beings sentenced to death, mentally ill and/or unclaimed bodies[17], relevant questions arise, within the scope of the Universal Declaration of Human Rights (1948)[18] and Bioethics[19,20,21]: 1) ***The express prohibition on the commercialization of the human body*** *vs*. ***market regulation***; 2) ***The persistence of the death penalty***; 3) ***Validity of the "free and informed consent" given by vulnerable people***; 4) ***The free entry for children under 4 as irresponsible and unethical conduct***, taking into account published studies[22,23]; 5) Other ethically ***acceptable alternatives emerge in anatomical education***, such as 3D printed replicas and AI [24-27]; 6) In compliance with good anatomical practices, ***only bodies donated with the involvement of the bereaved family can be used in teaching***, but not unclaimed corpses or those purchased online [28,29] and 7) we praise ***respect for the corpse, which was the home of a unique human person.***

CONCLUSION: *We argue that* ***BIOETHICS****, due to its* interdisciplinarity, *can reduce violence (through a dynamic, interactive process with readjustable routes to the challenges of technoscience, e.g., artificial intelligence[30,31]), promoting* ***Education****[32,33] for solidarity and the implementation of* ***Policies****[34] promoting Responsibility, Earth Sustainability, Solidarity, International Cooperation between all nations and people,* ***allowing us to live in an environment of Peace, One Health, Tolerance and Multiculturalism.***



Biolaw

Bioeconomy

BIOETHICS

Education:
Values + Bioethics

Biopolitics

Homo sapiens, sapiens. **Violence and DEATH**

Homo sapiens, solidarius. **Peace, Love and LIVE**

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218 - From lethal injection to nitrogen hypoxia: United States of America's death penalty in crisis or a step back in human rights

Afonso Teixeira, A., França Santos, J., Ferreira, M., Neto, A.I., Rocha, C., Alegre, C., Teixeira, J.M., Oliveira, R., Nunes, R.

Faculty of Medicine of the University of Porto – Portugal

I. INTRODUCTION

While there is an ongoing discussion around the abolition of the death penalty, the first-time untested use of nitrogen hypoxia as an execution method poses new, grave, and disturbing ethical challenges.

II. THE PREMISES

On 25 January 2024, the state of Alabama, in the U.S.A., executed the death row prisoner Kenneth Eugene Smith by nitrogen hypoxia. Previously, in November 2022, an attempt to perform this prisoner's execution by lethal injection failed due to difficulties in inserting intravenous lines. And it was not an isolated case: this execution by nitrogen hypoxia came after several botched or difficult lethal injections[1].

In recent years, most executions carried out in the U.S.A. were by lethal injection. Lethal injections contain one or more drugs, including anaesthetics, barbiturates, and muscle relaxants. American pharmaceutical companies have refused to supply the necessary drugs, and the European Union has banned the export of any drug that could be used in executions, thereby causing shortages in the supply chain and the arise of problems in lethal injection executions[2]. Ironically, business ethics and compliance with regulatory frameworks protecting human rights led some American states to search for alternative methods to execution by lethal injection (such as firing squads and nitrogen hypoxia).

Source: *https://www.dailymail.co.uk/health/article-12997689*

III. EXECUTION BY NITROGEN HYPOXIA

Execution by nitrogen hypoxia involves forcing the prisoner to inhale pure nitrogen gas, depriving him of oxygen. Nitrogen gas makes up 78% of the air inhaled by humans, and is harmless when breathed with proper levels of oxygen. However, replacing the oxygen with 100% nitrogen will cause the prisoner to lose consciousness and eventually die by asphyxiation.

Regarding Kenneth Smith, the execution began at 7:53 p.m. and he was pronounced dead at 8:25 p.m.[1]. Instead of the quick, painless death that proponents had promised[3], eyewitness accounts describe a distressing scene that went on for minutes – which can be related to circumstances such as his breathing pattern, the rate of decreased brain oxygen supply and metabolism, but also the possibility that the inhaled gas was not pure nitrogen, due to the composition in the gas cylinder or a leak in the system[4].

IV. ETHICAL CONCERNS

The use of nitrogen hypoxia as an execution method has sparked significant ethical debate[5]. Among the main concerns, it poses questions regarding :

- **Potential for cruel, inhuman or degrading treatment or punishment that disregards human rights** – nitrogen hypoxia may cause a painful and prolonged death, with the potential for seizures, vomiting, or choking;
- **Potential danger to the execution team, spiritual advisors and witnesses** – the use of a mask to administer the nitrogen gas poses risks of leaks;
- **Violation of healthcare ethics** – the participation of healthcare professionals in executions violates the bioethical principle of nonmaleficence, as reflected in the American Medical Association's Code of Medical Ethics, which states that "a physician must not participate in a legally authorized execution" (paragraph 9.7.3);
- **Lack of scientific evidence and oversight** – experts argue that nitrogen hypoxia appears to be an experimental method, with a vague and unclear protocol that was not subjected to proper scientific discussion and oversight before being applied to people on death row.

V. CONCLUSIONS

Changes in the supply chain of pharmaceuticals used in lethal injections could have had the effect of prompting American states to reconsider the death penalty. Instead, this has inadvertently led to a backsliding in human rights protections, with some states moving towards execution by nitrogen hypoxia – a scientifically unproven method that has the potential to inflict a painful and prolonged death on the prisoner, as well as posing danger to other participants. Healthcare professionals who participate in executions violate the bioethical principle of nonmaleficence.

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P01_225 - An ethical approach among medical students in their final year of the course

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Co-authors: Regina Venturini da Fonseca (Universidade Potiguar – Brasil)
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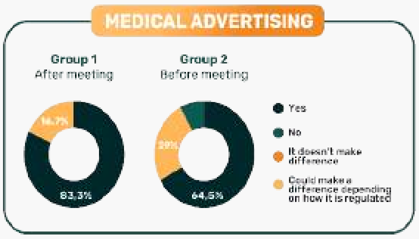
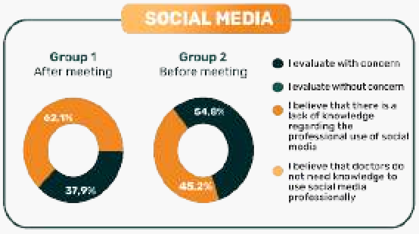
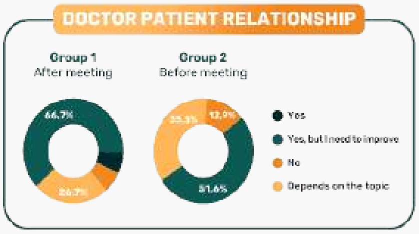
Medical education undergoes reformulations over time with scientific advances and adaptations to the needs of human health. The approach to professionalism is quite variable. We present an experience with final year students with discussions about ethical implications; social media and medical advertising; telemedicine and the doctor-patient relationship; terminality; institutional role of medical councils; and simulated professional ethical process jury. The themes were discussed in six meetings with groups of thirty students. Two groups responded to a questionnaire. Group 1 at the end of the meetings and group 2 at the beginning. Everyone recognized, with relevance, the need to discuss these topics at this time. The majority report having partial knowledge of the challenges faced by young doctors. Questions related to medical advertising and social media presented different answers in the two groups. In group 1, 83.3% believe that the regulation of medical advertising is necessary, while in group 2 this percentage drops to 64.5%. The doctor's relationship with social media was assessed with concern by 37.9% of group 1 and 54.8% of group 2. Regarding telemedicine, both see risks of interference in the doctor-patient relationship. Communication between doctors, patients and family members, urgent and emergency care and medical documents were other topics covered. There is a need to pay attention to topics of importance for professional training in addition to technique. The pedagogical methodology must be improved.

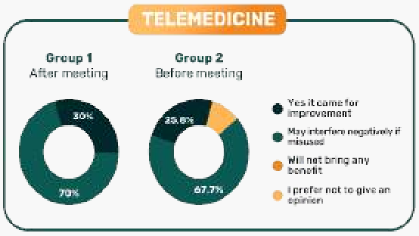
Medical education is undergoing reformulations with scientific advances and adaptations to the needs of human health. The approach to professionalism varies. We present experience with final year students with discussions on ethical implications, social media, medical advertising, telemedicine, terminality and simulated professional ethical process jury. There were six meetings with groups of thirty students. Two groups responded to a questionnaire. Group 1 at the end of the meetings and group 2 at the beginning. Everyone recognized the need to discuss these topics at this time. The majority report having partial knowledge. Questions related to medical advertising and social media presented different answers. In group 1, 83.3% believe that the regulation of medical advertising is necessary, while in group 2 this percentage drops to 64.5%. The doctor's relationship with social media was assessed with concern by 37.9% of group 1 and 54.8% of group 2. Regarding telemedicine, both see risks of interference in the doctor-patient relationship. Communication, urgent and emergency care and medical documents were also addressed. Attention is needed to topics of importance for professional training, in addition to technique. The pedagogical methodology must be improved.


RELEVANCE OF ETHICAL THEMES


MEDICAL ADVERTISING


SOCIAL MEDIA


DOCTOR PATIENT RELATIONSHIP


TELEMEDICINE

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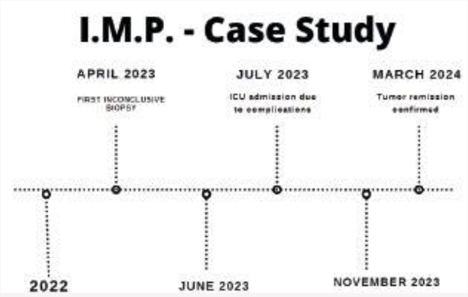
P229 - Humanization in the ICU: The Impact of Embrace on Clinical Prognosis - A Case Report from the Perspective of Bioethics.

Authors: Godoy LJ, Krwyslley K.

Clinical case

I.M.P., a 47-year-old woman from Maceió, married and residing in Itanhaém, experienced lower abdominal pain and abnormal vaginal bleeding since 2022. Diagnosed with invasive cervical cancer in June 2023, the disease progressed to an advanced stage (FIGO IV A) with bladder invasion. In August 2023, she began chemoradiotherapy without brachytherapy. During hospitalization for renal failure treatment, she developed deep vein thrombosis, severe renal failure, arrhythmia, and septic shock, leading to ICU admission. Additionally, she has a history of hypertension, bariatric surgery, anxiety, depression, and clinical performance decline.




Proven Therapeutic Benefits

Humanization of Service

Improving Communication

Personal Discomfort

Risk of Infection

Reluctance of leaders

HUG

Integration of Humanized Practices

Research and Evidence

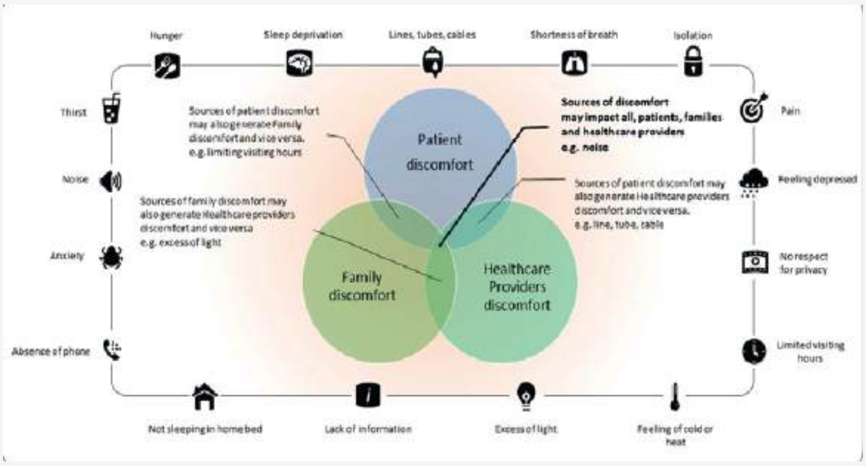
Technology and inovation

Perceptions and Stigma

Regulation and Policies

Impact of the Pandemic

The performance decline due to multiple clinical complications severely impacted I.M.P.'s condition, and her anxious and frequently demanding husband constantly required the ICU team's attention. During a session with a medical intern, I invited the husband for a discussion, where we applied a shared decision-making methodology with a gender focus, strengthening the family's bond and trust. The next day, the husband, still nervous, began to cry and, upon receiving a hug from us, said it was saving his wife. This gesture transformed his behavior in the ICU and positively influenced his wife's recovery, who was discharged with renewed hope. Despite further hospitalizations, the couple's interaction with the professionals improved, resulting in confirmed tumor remission in March 2024. I.M.P.'s case illustrates how a simple hug can profoundly impact family dynamics and clinical recovery, highlighting the importance of humanization in critical care.



Conclusion

The bioethical perspective on humanizing the ICU, especially with hugs between doctors and family members, must respect the principles of autonomy, beneficence, non-maleficence, and justice. Hugs should be voluntary and respectful, reinforcing the dignity of patients and family members. Physical touch and empathy in the ICU reduce stress and anxiety, improve physiological stability, and promote security and trust, resulting in better clinical outcomes. These practices humanize medical care, balancing advanced technology with the need for human connection, ultimately improving patient outcomes and satisfaction.

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A233 - Euthanasia and assisted suicide in the jurisprudence of the European Court of Human Rights

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Introduction

The Universal Declaration of Human Rights affirms the right to life as fundamental. In the field of bioethics, this right has been discussed in debates about the end of life, the prolongation of life, and the clinically assisted anticipation of death. In recent years, the European Court of Human Rights has ruled on several cases related to euthanasia and assisted suicide. These rulings provide a sufficient corpus of jurisprudence which may be analyzed in a consistent manner

Objective and Method

This work aims to present the results of the analysis of five cases that address the themes of euthanasia or assisted suicide at the European Court of Human Rights. The analysis of jurisprudence sought to identify the body's position on the existence of a fundamental right to death and the determination of standards or conduct that must be followed by States that adopt these practices.

Results:

Case Law	Decision
Pretty v. United Kingdon (2002)	Under certain circumstances, the Convention could tolerate assisted suicide under the notion of personal autonomy included in the right to private life when a State decriminalizes it in certain circumstances and under certain conditions.
Haas v. Switzerland (2011)	
Koch v.. Germany (2012)	
Gross vs Switzerland (2014)	The case opens the door to the concrete use of Article 8 ECHR in cases relating to assisted suicide, without implying the acknowledgment of a "right to die" under the European Convention.
Karsai v. Hungary (2024)	ECtHR, for the first time, considered palliative care as part of a State's obligation to protect the right to life of vulnerable people. Also, this case reveals the continuation of a tense position that has not been clarified by the ECtHR between the scope of the positive obligation to protect the right to life and the alleged States' obligations concerning the right to privacy in end-of-life decisions.

Conclusion

The conclusion of the work demonstrates that, although autonomy has been recognized as worthy of human rights protection, it does not supplant the right to life. On the other hand, the court also does not prohibit the practices of euthanasia and assisted suicide and considers that there is no positive obligation on the part of the State to authorize actions aimed at ending life. This gives States ample scope to legislate on the subject and strike a balance between the protection of the right to life, respect for private life, and patient autonomy.

The authors thank FCT/MCTES for the financial support to CiiEM (10.54499/UIDB/04585/2020) through national funds.

P245 - Mortality at Home During the COVID-19 Pandemic

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Introduction

The aim of this study was to analyze home mortality during the COVID-19 pandemic in Santa Catarina. Utilizing secondary data from SAMU, we characterized the deaths reported by the teams. Access to the Transparency Portal allowed us to study the historical series of mortality rates by causes in both the state and Brazil.

Methods

Santa Catarina is located in the southern region of Brazil and has an area of 95,730.921 km². According to the Brazilian Institute of Geography and Statistics (IBGE), the state's population density is 79.49 inhabitants per km², distributed across 295 municipalities. The estimated population in 2022 was 7,609,601, with the majority residing in urban areas (84%), and a population growth rate of 1.4% per year.

The data used were obtained from the Civil Registry Transparency Portal, published and maintained by the National Association of Natural Persons Registrars (Arpen Brasil). Regarding data associated with COVID-19 mortality, the portal provides continuous updates on the number of death records.

General and specific mortality rates were calculated, taking into account the absolute number of deaths in relation to the populations of Brazil and Santa Catarina for the following components: COVID-19, respiratory failure, pneumonia, septicemia, severe acute respiratory syndrome (SARS), stroke, myocardial infarction, unspecified cardiovascular diseases, indeterminate causes, and other causes. The analysis was conducted for each year of interest, as well as an evaluation of the trend in death patterns for the period, considering the place of care and its distribution (absolute and relative) from 2019 to 2022.

Results

Between 2019 and 2022, stroke rates mortality in Brazil increased from 6.1 to 7.9, and heart attack rates from 14.8 to 16.4 per 100,000 inhabitants. In Santa Catarina, stroke rates varied from 6.3 to 7.3 and AMI rates from 13.0 to 14.8 per 100,000 inhabitants. Notably, non-specific cardiovascular mortality in Santa Catarina rose by 62%, from 10.8 per 100,000 in 2019 to 17.5 in 2022, with an average annual increase of 2.16 per 100,000 and an R^2 of 0.87 (Figure 1).

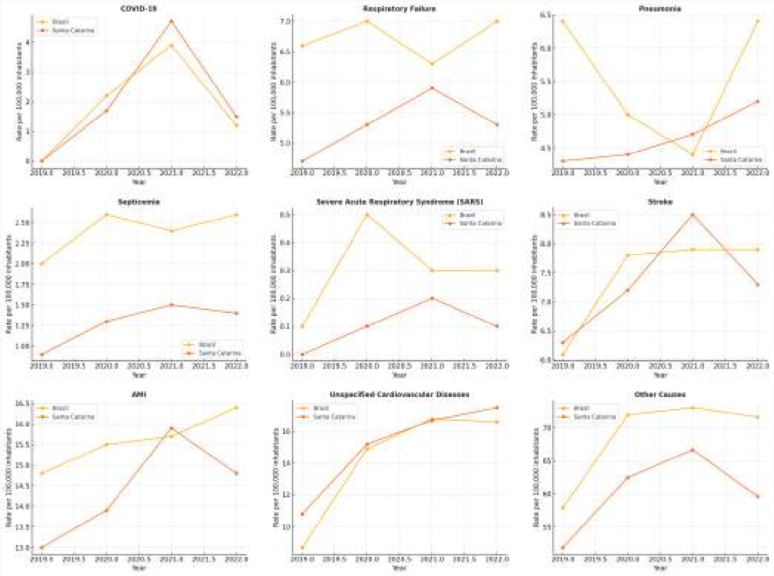

Figure 1. At-Home mortality rate evolution in Brazil and Santa Catarina during the COVID-19 pandemic"

Conclusion

Mortality and morbidity rates for chronic diseases rose above the national average, suggesting patients may have abandoned treatment. The guidance on home restriction possibly contributed to the increase in the progression of symptoms of chronic diseases and the increase in sequelae and deaths. This trend during the pandemic highlights the need to strengthen health systems, improve equitable access to home medical care, and ensure resources to handle future public health crises.

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246 – Embryo production in Brazil before and during the Covid-19 pandemic: bioethical aspects

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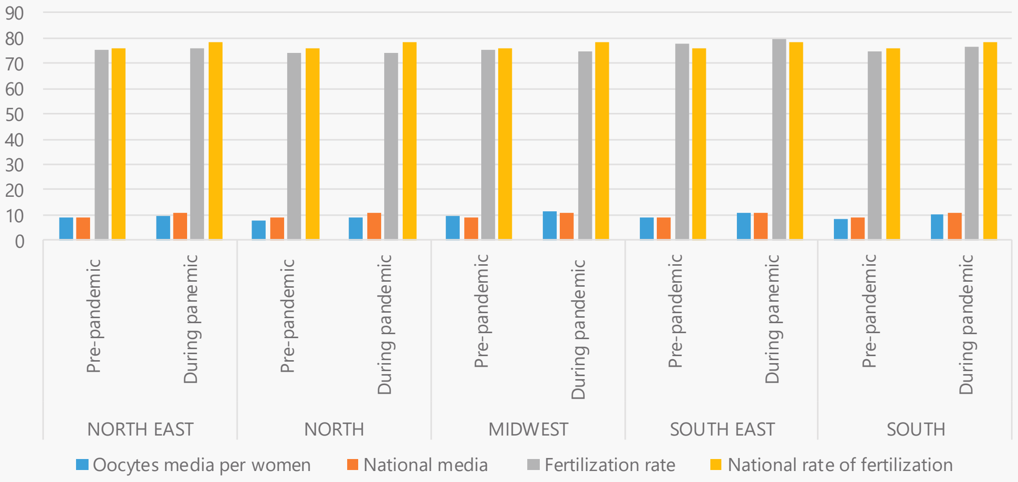
Introduction: According to the World Health Organization (WHO), couples who do not use contraceptive methods for 12 months and are unable to get pregnant can be considered infertile. But, even in healthy couples, the chance of getting pregnant is around 20%, according to estimates by the Brazilian Society of Assisted Reproduction (SBRA). Covid-19 is an acute respiratory infection caused by the coronavirus SARS-CoV2, potentially serious, highly transmissible, globally distributed and which constituted a Public Health Emergency of International Importance (ESPII) in 2020. The objective of this work was to evaluate the production of embryos in Brazil in the period between 2017 and 2022 and analyze the impact of the Covid-19 pandemic on these quality indicators.

Methodology: Reports registered in SisEmbrio - National Embryo Production System linked to the National Health Surveillance Agency, during 6 years. A period of 3 years was established before the pandemic (years 2017, 2018 and 2019), which formed Group 1, and another 3 years during the pandemic (years 2020, 2021 and 2022) formed Group 2. Two indicators were analyzed: 1) Number of oocytes produced per woman and 2) Fertilization Rate.

Results: When evaluating according to the geographical area, it was observed that the Central-West region was the largest producer of oocytes in Brazil during the years studied and the Southeast region was the one with the highest recorded Fertilization Rates (Graphic 1).

Graphic 1B Comparision between geographic areas production and national rates



Discussion: The first criteria, Oocytes media production per women allows the avaliation about Ovarian Hyperstimulation (SHO). If above average can direct us to think about incorrect treatments with the use of non-adequate medicines for stimulation of these cells. The second criteria, Fertilization Rate, shows the effective parameters about efficiency in Assisted Reproduction Centers (favorable environment in labs, correct manipulation of reproductive technologies as the quality of manipulation of germinative cells)

Conclusion: It was concluded that in general there was an increase in these indicators in the years that included the Covid-19 pandemic (during pandemic) in comparision of pre-pandemic period

Keywords: assisted reproductive technologies; in vitro fertilization; Covid-19; SARS-CoV-2.

251 - Regulation of egg donation between relatives on the resolutions of the Federal Council of Medicine: from prohibition to the liberalization

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CALL TO ABSTRACT FORM

Presentation

TITLE OF THE PRESENTATION

Emergency care provided to women and adolescent girls following sexual assault, according to the victim's age, in Brazil's capital, Brasilia.

Co-Authors

Name - Institution - Country
ANÍBAL FAÚNDES UNICAMP CAMPINS / SÃO PAULO – BRASIL
RUI NUNES FACULDADE DE MEDICINA DA UNIVERSIDADE DO PORTO / PORTO PORTUGAL

ABSTRACT

Sexual violence affects women of all ages but is more common among younger girls. This cross-sectional study investigated differences in the care received by adult and adolescent female victims of sexual violence, comparing the treatment provided to girls under 15 years of age with that provided to older women. Data were extracted from the State Department of Health, Brasilia, Brazil. Girls under 15 years of age were much less likely to receive prophylaxis against HIV, sexually transmitted infections, and hepatitis B, with the number of girls appropriately treated corresponding to one-third to a quarter of the number of older women treated prophylactically. Only 10 per cent of the younger age group received emergency contraception. Failing to provide the standard care established by the Ministry of Health is ethically wrong and highlights the need for urgent debates in Brasilia and probably nationwide, as the situation may be similar in other regions of the country.

CV / BIOGRAPHICAL NOTE

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254 - Medical Confidentiality Relativization: Germanwings Flight 9525

Authors: André Lucas Chaves | DDL – Dotta Donegatti e Lacerda.

INTRODUCTION

The breach of medical confidentiality during crises, exemplified by co-pilot Andreas Lubitz (Germanwings Flight 9525, 2015), reveals a bioethical dilemma. Lubitz, battling depression, intentionally crashed the plane, resulting in the loss of all 150 lives.

OBJECTIVE

Explore the ethical tension between medical confidentiality and responsibility in the face of collective threats.

APPROACH

- Justify the relativization of confidentiality using utilitarian principles.

- Balance beneficence with autonomy respect, following Jonsen and Toulmin.

- Provide legal context, considering imminent harm to the community.

CONCLUSION

Lubitz's case emphasizes the urgency of addressing medical confidentiality relativization in extreme situations. The narrative underscores the importance of balancing confidentiality and community protection, grounded in bioethical doctrines and legal guidelines.

268 – Artificial Intelligence Ethical Decision Making

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Conselho Regional de Medicina do Estado do Piauí, Brazil

Introduction

Ethical decision-making by autonomous beings is fundamental to ensuring respect for others in social coexistence. Entities that seek full autonomy, such as artificial intelligence (AI) systems, must be ensured that they act in accordance with ethical principles, respecting people's dignity, rights and well-being.

Autonomous Decision Making

AI, present in everyday human relationships, is a technology that seeks to make devices capable of making decisions autonomously, simulating human cognition. Theorized in 1949 by Turing, it has been developing to make artificial entities that mimic human thought. Deep learning techniques, applied to Hebbian learning theory, build hybrid systems that mimic neural networks. AI does not yet emulate human thinking in its complexity, but it already has a high degree of autonomy in its decision-making capacity and understanding of verbal and non-verbal human language. Language is the basis of the exchange of information that allows the development of human cognitive capabilities, as described by social learning theory. In the development of human cognition, the principles and values of society are built, which allow ethical decision-making and action. Autonomy, the core of human dignity, from which decision-making arises, is established in the formation of thought. Ethics-oriented thinking can and should be taught and exercised by human beings in their social action. Teaching and exercising ethics are fundamental, as the ability to decide what is right or wrong, what is true or untrue, is a result of autonomy. Autonomous AI entities, interacting and participating in decision-making processes in human society, must be taught and trained in ethics. Education for respect for others should not be imposed, but structured by the understanding and assimilation of respect for others..

Building Ethical Artificial Intelligence

The principle of autonomy must be respected in the individual and by the individual. Recognizing and valuing the freedom and ability of human beings to choose in their social interaction is the basis of respect for the capacity for self-determination. Freedom and the capacity for autonomous choice must not lead to a state of anomie. Nor does it seek to subject the individual to the full will of the community, whether society or the State. Submission to the will of the law by one's own choice, autonomous heteronomy, is what is sought in the Rule of Law with minimal conflict. Public policies based on obligations and prohibitions are invasive of the individual's autonomy, require major conflicts and are less efficient than those based on behavioral insights. The implementation of laws through incentives, which organize the social architecture based on nudges, is more accepted and incorporated into human thought than through impositions. Public policies for AI are being built, in Brazil, such as PL 2338/2023, and abroad. There has been progress in the last five years, recognizing AI with different degrees of autonomy, and not simple software systems that act automatically. However, applying only principles of transparency, legitimation, parameterization and systems management does not build ethical autonomous entities.

Conclusion

For human beings with autonomous thinking, educational processes have been implemented that lead them to ethical decisions. Likewise, educational policies aimed at autonomous AI must be implemented, so that it can decide ethically. The proposals for these public policies are: incorporating the construction of AI linked to the World Plan for Education in Human Rights and legally personalizing AI.

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269 - Discontinuation of mechanical ventilation and palliative decannulation at home: experience report.

Victoy, LMR; Soares, LA; Peres, RP; Lopes, SSS; Bueno, RL;
Pereira, LR; Xavier, FO; Paiva, CRS. CaptaMed, Brazil

INTRODUCTION

This text discusses palliative care's approach to death, prioritizing comfort and relief of suffering. It emphasizes ethical and legal considerations in Brazil, including the withdrawal of invasive treatments like mechanical ventilation in inevitable death.

OBJECTIVE

To encourage home care teams to minimize suffering for terminally ill patients by respecting their autonomy and avoiding invasive treatments, thereby alleviating patient and family suffering.

METHOD AND RESULTS

A case involving a male, 70 years old, ALS (Amyotrophic Lateral Sclerosis) patient on mechanical ventilation with an intestinal obstruction. After family consultation, ventilation was suspended at home. The patient was prepared, medicated, and comfortable throughout. Ventilation ceased, and death was confirmed peacefully.

DISCUSSION

In 2006, the Brazilian Federal Council of Medicine (CFM) established the Technical Chamber for End of Life and Palliative Care, resulting in Resolution No. 1805. This resolution allows doctors to suspend life-sustaining procedures in cases of serious and incurable illnesses. In 2009, for the first time, the Code of Medical Ethics emphasized the doctor's duty to avoid futile and obstinate life-sustaining procedures in cases of irreversible and terminal illnesses and to promote palliative care for these patients. Therefore, the practice of palliative care must be the standard for end-of-life conditions, whether in the hospital or at home.

CONCLUSION

The importance of palliative care in cases of terminal illnesses is emphasized, highlighting resolutions from the Federal Council of Medicine, and the Code of Medical Ethics, that support the suspension of futile procedures in irreversible situations. The focus on palliative care aims to provide relief from suffering for patients and their families, even in cases of prolonged survival. Suspension of mechanical ventilation and palliative decannulation is a process that requires planning, combining technical mastery, good communication, ensuring comfort and dignity for the patient.

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274 - Research Ethics Committee and the challenge of continuing training for researchers at a public hospital: an experience report

Mateus Vieira Soares[1]; Edson Duarte Moreira Junior[2]; Dóris Firmino Rabelo[3]
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3 Universidade Federal do Recôncavo da Bahia. Universidade Federal da Bahia, Bahia, Brasil

Introduction

The Ethics Committee is a regional tecnichal body whose the main principle is the ethical assessment of research protocols involving human beings. The main function of an ethics committee is to protect and ensure the rights, safety and well-being of all participants who volunteer to take part in a scientific study.
(FREITAS et al., 2020).

Objective

To describe the continuing education experience with medical researchers at a public hospital.

Methodology

This is an experience report, in which the strategy used for this training were previously planned workshops with themes related to research ethics in Brazil, guidelines and regulatory standards for research involving human beings, guidance on the correct use of Plataforma Brasil and the resolution of possible pending issues in the submission process to the Ethics Committee. To this end, the active flipped classroom methodology was used, with the interaction of participants.

Conclusion

The workshops allowed researchers to reflect on research ethics, as well as understand the role of researchers, from the theoretical construction of a research, its assessment by an Ethics Committee, its execution and the study outcomes.

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P 283 - COMPLEX CONGENITAL MALFORMATIONS AND PALLIATIVE CARE.

16th World Conference on Bioethics, Medical Ethics, and Health Law (Abstract Approved Number: 283)

COMPLEX CONGENITAL MALFORMATIONS AND PALLIATIVE CARE

AUTHORS

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1 – author | 2 – members of Bioethics Committee of Unimed João Pessoa Hospital | 3- coordinator of Neonatal Intensive Care Unit of Unimed João Pessoa

INTRODUCTION

The bioethical difficulty in defining limits to prolong the life of malformed newborns involves several complex issues. Doctors often feel frustrated when considering death as a failure and prioritize technological interventions over palliative care. Fear of legal action and pressure to use all available therapeutic resources also influence. The authority of parents over treatment, given the lack of autonomy of the newborn, and the debate on therapeutic obstinacy are critical points in this bioethical context[1].

CASE REPORT

The Bioethics Committee of Unimed João Pessoa analyzed the case of a newborn with multiple congenital malformations incompatible with life. was recommended palliative care, but the parents, who were physicians, opted for invasive treatments. Despite the contraindication of renal replacement therapy by the pediatric nephrologist, another specialist indicated continuous peritoneal dialysis. In addition, a colostomy and external ventriculoperitoneal shunt were performed by the pediatric surgeon and neurosurgeon, respectively. The treatment continued for approximately 40 days, without success, until the patient's death.

DISCUSSION

The Neonatal Intensive Care Unit team faced challenges when deciding on palliative care for newborns, as futile invasive procedures prolong suffering. The Bioethics Committee identified problems in communicating bad news and supporting parents to accept this care, highlighting flaws in the shared decision-making process[2]. The traditional focus on cure can result in behaviors that exceed ethical limits, such as dysthanasia, discussed by Complex Bioethics[3,4]. The Brazilian Society of Pediatrics emphasized that palliative care from diagnosis provides the best quality of life in chronic diseases with an unfavorable or lethal prognosis, focusing on the comfort and dignity of the patient throughout the disease[5].

CONCLUSION

It is concluded that it is important to include Bioethics and notions of Palliative Care in the training of doctors and other healthcare professionals, as well as the training of intensive care teams in the process of communicating bad news and in the adequate elaboration of shared decision-making, for a dignified end of life for the newborn.

286- The main ethical aspects found in the outcomes of theses of a PhD program in Bioethics.

José Antonio Cordero da Silva [1], [2], [3]; Laiane Moraes Dias[1,4]; Alessandre Gomes de Lima [1],[5]; Giselle Crosara Lettieri Gracindo[1]; Maria do Carmo Demasi Wanssa[1]; Tatiana Bragança de Della Giustina[6],[7]; Flávia Mauricio Tavares[7]

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7. *Federal Council of Medicine (CFM)/Brazil.*

Bioethical aspects. Doctoral Program in Bioethics. Education in bioethics.

The PhD Program in Bioethics at the University of Porto and the Federal Council of Medicine plays a fundamental role in training qualified specialists capable of dealing with complex ethical dilemmas in different areas of health and scientific research.

OBJECTIVE: Describe the main bioethical aspects found in the results of doctoral research from the Portuguese-Brazilian PhD program. Method: Across-sectional, descriptive study was carried out on the theses of the Doctoral Program in Bioethics at FMUP/CFM-PDB, over a period of 12 years.

RESULTS: 26 PDB theses were evaluated. The ethical aspects most described in the results were autonomy, beneficence, social/distributive justice, protection of the vulnerable, moral judgment and confidentiality. Education in bioethics is also addressed in the studies. Conclusion: The prevalence of these ethical aspects in the conclusions reflects the specific concerns and challenges faced by health professionals and researchers. Autonomy is a central theme in contemporary bioethics, as seen in the research findings, as a fundamental concern, respect for the individual, their ability to determine their own destiny based on ethical and legal limits. Education in bioethics suggests recognizing the importance of training health professionals to deal with ethical dilemmas in their areas.

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288- Bioethics Magazine: discussion and contributions to the development of bioethics and medical ethics in Brazil

Helena Maria Carneiro Leão [1]; José Antônio Cordero da Silva[1], [2]; Giselle Crosara Lettieri Gracindo[1], [2]; José Hiran da Silva Gallo[1], [2]; Maria do Carmo Demasi Wanssa[1], [2]; José Humberto Belmino Chaves[1], [2]; Tatiana Bragança de A. Della Giustina[1]; Layla Abou El Hosn Cordero da Silva[3].

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Bioethics Magazine. Scientific Publication. Ethical and Bioethics Area.

The bioethics journal published by the Federal Council of Medicine has enormous relevance and participation in the dissemination and process of discussions and reflections in the construction of bioethics science in Brazil and the world, one of the scientific journals whose main scope is ethics and bioethics. Objectives: To describe the profile of the scientific publication created by the Federal Council of Medicine (CFM) in the bioethics magazine. Method: A retrospective and descriptive study of data using the Excel instrument, based on descriptive statistics from the last 5 years. Discussion: The results regarding the themes: Bioethics, first, followed by Palliative Care and Ethics, Autonomy, Medical Education, Public Health Primary, Health Care, Codes of Ethics, Advance Directives, Higher Education, Patient Care Team and Ethics medical, Legal Abortion, Access to Health Services, Public Administration. Regarding the authors, we observed a predominance of authors from Brazil, Brazil (90%), Mexico, Portugal, Argentina, and Chile. Conclusion: The publication profile found in the publications reflects the scope of the journal, from visibility to scientific production in the ethical and bioethics area. The results point to the need for optimization in the search for new national and international audiences.

Trinta anos de história e rumo ao futuro.v. 30 n. 2 (2022): Revista Bioética 30(2); Ética das virtudes aplicada à deontologia médica v. 30 n. 3 (2022): Revista Bioética 30(3);
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16th World Conference Bioethics, Medical Ethics and Health Law
Location: CFM building Brasília
July 24-25, 2024

293 - ENSURING ETHICAL INTEGRITY: THE ROLE OF VALIDATION METHODS IN CLINICAL TRIALS

ARTHA
BEAUTY RESEARCH INNOVATION

Thais Pontes[1], MD;phD; Ana Luiza Decotelli[1]; Amanda Ornellas[1]; Barbara Fonseca[1] ; Ester Maia[1]; Lucas Schwenck[1]; Samuel Costa[1]; Pedro Silva[1]
[1]ARTHA Research, Rio de Janeiro, Brazil

Introduction:

The integrity of clinical trial is based on the progress of medical knowledge by obtaining relevant and reliable clinical data, while always ensuring the well-being and benefit of subjects. Validation methods emerge as an asset, fostering the repeatability and reproducibility of data acquisition. The absence of instrumental assessments validation in clinical trials may jeopardize the safety and efficacy evaluation of investigational products. The implementation of validation methods may ensure ethical standards, consistency of data and enhance the reliability of clinical trials.

Methods:

A validation study was conducted with **3 technicians** performing skin assessment, using the **Tewameter®**. Measurements were taken in the forehead of **20 subjects**, according to previous internal training and following the manufacturer instructions for use, in **2 consecutive days**. Subjects remained under acclimatization for at least 20 minutes in a temperature and humidity-controlled room (20 - 23°C and 50% RH ± 10%, respectively) before the assessments. The equipment measurements from the same subject was compared considering: the measurements of different technicians on the same day and from the same technician in different days. Results were analyzed by ANOVA to compare means and results similarity was analyzed using Intraclass Correlation Coefficient (ICC).

Table 1: Repeatability analysis

Parameter	Day	Technician 1		Technician 2		Technician 3		ANOVA (Technician)	ANOVA (Day)
		Mean	ICC (3, k)	Mean	ICC (3, k)	Mean	ICC (3, k)		
TEWL	1	18,73	0,849	19,16	0,812	18,46	0,809	0,6570	**0,0399**
	2	19,58		20,86		21,77			

Table 2: Reproducibility analysis

Parameter	Technician	Day 1		Day 2		ANOVA (Technician)	ANOVA (Day)
		Mean	ICC (3, k)	Mean	ICC (3, k)		
TEWL	1	18,73	0,952	19,58	0,968	0,6570	**0,0399**
	2	19,16		20,86			
	3	18,46		21,77			

ICC (Intraclass Correlation Coefficient)	
🟥	Poor (Less than 0.5)
🟨	Acceptable (Between 0.5 and 0.75)
🟩	Good (Between 0.75 and 0.9)
🟩	Excellent (Greater than 0.9)

ANOVA results in **red** are indicative that the averages between days/technicians are not equal to each other

Discussion:

The results show that there was an **intrarater consistency** on the technicians' assessments in different days. **Repeatability** is important to assure that during the clinical study the measurements performed by the same technician will be consistent and the variations related to the instrument operator will not have an impact on the data collected.
It was also observed an **interrater consistency** on the results when comparing the assessments of the 3 technicians. **Reproducibility** is important to ensure that if during a clinical study there is a need to change the technician responsible for the assessment, the variations related to the instrument operator will not have an impact on the collected data. Additionally, it provides a standardization of measurements between studies performed at the Research Institute, since different technicians can be responsible for the equipment assessments in different studies, but the change of operator does not impact the final results of the studies.
When comparing the mean results for all technicians' measurements there was no statistically significant difference between them, on day 1 and day 2, which confirms the **consistency of the assessments**. When comparing the mean results of measurements performed at each day there was a significant difference between them. This result can be expected, due to the individual variation of subjects' skin conditions from one day to the next.

Figure 1: Illustrations of Tewameter® (Courage – Khazaka)
Retrieved from https://www.courage-khazaka.com/en/scientific-products/tewameter-tm-hex

Results:

The **ICC** was **good** (≥0.75 and <0.9) for the evaluation of the **3 technicians individually**, comparing the assessments performed on day 1 and day 2. This shows that the variation of results from measurements performed by the same technician on different days was small, therefore presenting a **reliable intrarater evaluation** (Table 1).

The **ICC** was **excellent** (≥0.9) for the evaluations of **day 1 and day 2 assessments** comparing the results from the 3 technicians' measurements . This shows that the variation of results from measurements performed by the different technicians on the same day was very small, therefore presenting a **reliable interrater evaluation** (Table 2).

The **ANOVA test** for comparison of mean results from all measurements **did not have significant difference** (p-value>0,05) when comparing **all technicians assessments performed on the same day**. The comparison of mean results from **all measurements on each day had significant difference** (p-value <0,05) showing that the mean results of assessments from day 1 and 2 were different from each other.

Conclusion:

These study results show that all technicians are duly trained to perform Tewameter® assessments, according to the equipment instructions and guidelines. The standardization of the assessments is an important asset to ensure the validity and reliability of the data obtained in a clinical study.

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294 – EMBRYO ADOPTION: AN ALTERNATIVE TO REDUCE THE NUMBER OF CRYOPRESERVED EMBRYOS IN FERTILITY CLINICS

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ABSTRACT

Assisted Reproductive Techniques, with the main ones being Programmed Sexual Intercourse, Intrauterine Insemination (IUI), and In Vitro Fertilization (IVF), have significantly evolved in recent years. Due to this efficiency, numerous embryos are cryopreserved to avoid multiple pregnancies. According to the Report of the National Embryo Production System - SisEmbrio, in 2023 alone, 115,324 embryos were frozen, representing a 10.39% increase in the number of frozen embryos compared to 2022 (104,469) and an approximately 258.2% increase compared to 2012 (32,181). The number of embryos kept in fertility clinics has been rising to such an extent that it has attracted the attention of scholars regarding their possible destinies, in order to reduce this number. The Federal Council of Medicine, in Resolution No. 2.320/2022, authorizes the disposal and referral of these embryos for scientific research. However, it is predominantly understood that life begins at conception, as derived from both doctrine and jurisprudence, as well as from Article 5, caput, of the Brazilian Federal Constitution and Article 4, 1 of the Pact of San José of Costa Rica (American Convention on Human Rights). For this reason, such destinies would be inappropriate as they put an end to the existing life. In view of this, embryo adoption presents itself as the most consistent alternative with current ethical parameters, as it represents the realization of the rights to life, human dignity, and family planning, in addition to providing infertile couples with the long-awaited parenthood. This paper will present arguments justifying the prevalence of embryo donation to other couples over other possible destinies. To this end, the research utilizes the inductive and quantitative approach method. The investigation techniques focused on constitutional and civil law, doctrine and legislation both Brazilian and foreign, the Resolution of the Federal Council of Medicine and foreign medical councils, such as the National Health and Medical Research Council – NHMRC and the American Society for Reproductive Medicine – ASRM, and the Pact of San José of Costa Rica, as there is no specific law regulating such practice, although there are bills in progress (PL No. 1184/2003 and PL No. 11/2015).

Keywords: Assisted human reproduction; embryos; cryopreservation; adoption; human dignity.

304- These profiles Presented in the Bioethics PhD Program at the Medicine Faculty of the University of Porto / Federal Council of Medicine.

Alessandre Gomes de Lima[1, 2]; José Antonio Cordero da Silva[1, 2]; Laiane Moraes Dias[1, 2]; Giselle Crosara Lettieri Gracindo[1, 2]; Maria do Carmo Demasi Wanssa[1,2]; José Humberto Belmino Chaves[1,2];Tatiana Bragança de A. Della Giustina[1]; Flávia Mauricio Tavares[1]; Layla Abou El Hosn Cordero da Silva[3].

1. Committee of the Doctoral Program in Bioethics-University of Porto (FMUP)Portugal, Federal Council of Medicine-CFM/Brazil;
2. PhD in Bioethics from the University of Medicine of Porto –(FMUP)/Portugal, Federal Council of Medicine –(CFM)/Brazil;
3. Md-Family Medicine Residency- Centro Universitario UNIFAMAZ.

Doctoral Program in Bioethics. Themes Concerning Bioethics and Medical Ethics.

The Federal Council of Medicine-CFM and the Faculty of Medicine of the University of Porto, have provided Brazilian doctors with the FMUP/CFM PhD Program in Bioethics, for 15 years, granting degrees for doctors, improving knowledge and developing skills for research in the area of Bioethics.

Objective: To assess the profile of the theses defended in the PhD Program in Bioethics at the Faculty of Medicine of the University of Porto / Federal Council of Medicine. Method: cross-sectional, descriptive study and retrospective data analysis, referring to doctoral theses in Bioethics at the Faculty of Medicine of the University of Porto, with the Federal. Council of Medicine. Results and discussions: When interpreting 26 theses, 55 were highlighted distinct periods, some of which were cited in two or more works, totaling 100 descriptors. The predominance of bioethics stands out at 15%.

Conclusion: The approach to themes concerning Bioethics and Medical Ethics, are the descriptors most evident in the findings of this work, proving the relevance and importance of the PhD Program, in scientific research, grant to the production of theses focused on Portuguese-Brazilian science in the areas of Bioethics and ethics in Sciences, resulting in the publication of theses and articles published in high-impact indexed journals.

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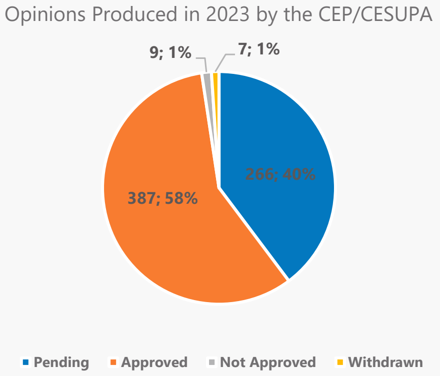
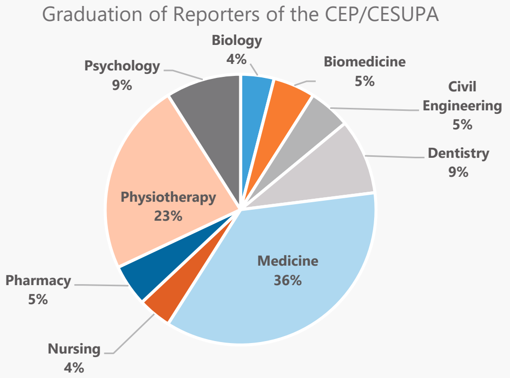
Profile of Opinions, Researchers, and Rapporteurs in a Research Ethics Committee in the State of Pará in 2023

Antônio Lucas Bergh Pereira[1], Walther Augusto de Carvalho[2] and Celice Cordeiro de Souza Bergh Pereira[2]
[1]UEPA and [2]CESUPA

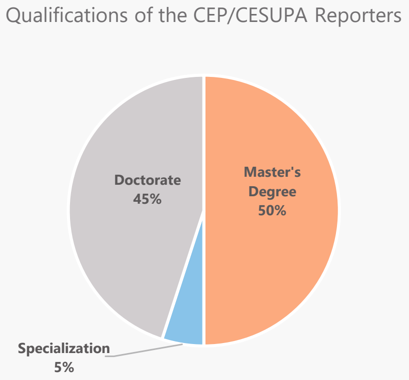
Research Ethics Committees (CEPs) play a crucial role in the academic and scientific world, ensuring that studies are conducted ethically and with the utmost respect for the rights and well-being of participants, in accordance with current legislation. The advent of the Plataforma Brasil has contributed to the dynamism of scientific research by providing greater agility in ethical analyses and monitoring the methods and results of studies. In this context, this summary aims to profile the researchers and rapporteurs of the CEP at the Centro Universitário do Pará (CESUPA), observing their academic backgrounds and the status of projects submitted to this body in 2023.

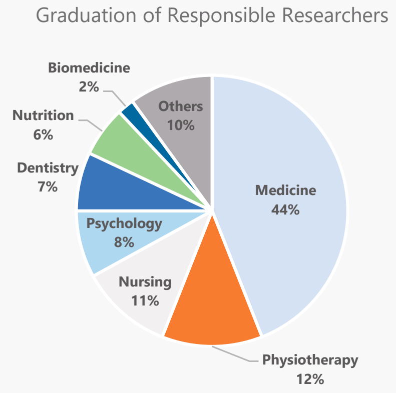

Opinions Produced in 2023 by the CEP/CESUPA


Graduation of Reporters of the CEP/CESUPA

In 2023, 669 opinions were produced on various research projects, of which 387 were approved, 266 were pending, 9 were not approved, and 6 were withdrawn. The projects were under the responsibility of 104 researchers with diverse undergraduate academic backgrounds (46 in Medicine, 13 in Physiotherapy, 12 in Nursing, 8 in Psychology, 7 in Dentistry, 6 in Nutrition, 2 in Biomedicine, and 1 in other fields such as Occupational Therapy, Pharmacy, Biology, Law, Animal Science, Computer Science, History, among others).

As for the rapporteurs/reviewers of the CEP/CESUPA, there are 22 members, including 8 doctors, 5 physiotherapists, 2 psychologists, 2 dentists, 1 civil engineer, 1 biologist, 1 biomedicine, 1 nurse, and 1 pharmacist. Regarding the qualifications of the rapporteurs, there are 10 with doctoral degrees, 11 with master's degrees, and 1 specialist.


Qualifications of the CEP/CESUPA Reporters


Graduation of Responsible Researchers

Based on the data presented regarding the opinions issued on research projects in 2023, it can be concluded that there was significant activity on the part of the Research Ethics Committee (CEP/CESUPA), with a notable diversity of researchers and rapporteurs involved. Most projects received favorable opinions, demonstrating a commitment to quality and ethics in research. The presence of professionals from different fields and levels of education in the analysis of projects reflects an interdisciplinary and comprehensive approach, contributing to a broader and more thorough evaluation of the projects.

316 -"Ethical Conflict in Ophthalmologic Study at the Reference Center for Rare Diseases - Salvador, Bahia – Brazil"

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[1]Bahiana School of Medicine and Public Health
[2]Regional Council of the State of Bahia - CREMEB

INTRODUCTION:

Hereditary Transthyretin Amyloidosis (ATTRv) is an autosomal dominant genetic progressive pathology, affecting multiple systems due to amyloid protein accumulation in various organs. A cross-sectional study was conducted with 36 patients at a neuromuscular disease outpatient clinic of the Escola Bahiana de Medicina e Saúde Pública in Salvador, Bahia, to identify the prevalence of ocular complications in ATTRv carriers. This study was approved by the Research Ethics Committee (CAAE: 62388722.6.0000.5544). Even with the available treatments, the disease progresses and can be fatal about ten years after the onset of symptoms. The psychological impact is also significant, as the patient faces the disease in a parent, experiencing it personally, and the transmission to their children

OBJECTIVE:

To demonstrate the ethical conflict in a study conducted with patients suffering from Hereditary Transthyretin Amyloidosis.

RESULTS:

During the data collection, a notable case was that an adult patient, who having witnessed the disease progression in his mother, requested that she not be informed of his own condition. Conversely, the mother, suspicious, repeatedly asked if her son was included in the study, as he had consented to the genetic test, but she did not have access to the results. An ethical conflict was observed, especially when the patient, being a gene carrier and despite showing initial symptoms, declared himself asymptomatic, clearly denying the diagnosis. As the disease progressed, it became evident the need for lifestyle changes, more frequent outpatient visits, and support for daily activities. The ethical challenge, therefore, was configured from the moment it was necessary to respect the patient's grieving process regarding the diagnosis against our mission to care for the patient and alert him to the disease's progression. Finding the right moment for *"primum non nocere"* became challenging. On the other hand, the team felt ethically uncomfortable due to the need for constant vigilance regarding the confidentiality requested by the patient concerning his mother, who insisted on knowing sensitive data about her son. Witnessing the anguish of a caring mother in front of a son who would need a support network was especially costly. We emphasize that the service offers multidisciplinary support, including neurology, genetics, cardiology, ophthalmology, nutrition, physiotherapy, nursing, and psychology, all available to the patients.

CONCLUSION:

This study demonstrated the ethical conflict between the patient's right to keep his disease confidential and the duty of healthcare professionals to ensure the patient's safety and well-being. When dealing with patients, whether in an academic or clinical environment, especially in cases of serious diseases, the physician must be prepared to face situations that require heightened attention to bioethical issues.

KEYWORDS: Transthyretin Amyloidosis, ocular involvement, ethical conflict, rare diseases.

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321 - Female representation in scientific events of Family Medicine in Portugal

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Introduction: Gender equity is a relevant issue that must be guaranteed. Scientific events emerge as a form of visibility and professional recognition. According to the available data, there has been little evaluation of women's representation in General Practice congresses to date.

Objective: The aim of this study is **to find out the proportion of female general practitioners who integrated panels at scientific events of Family Medicine in Portugal over 5 years**.

Methods: A retrospective observational study was carried out, analyzing the gender of professionals who integrated panels of General Practice scientific events in Portugal, from 2018 to 2022. Data was obtained by consulting scientific programs and data analysis was carried out using Excel 2016® and SPSS v.27®.

Results: A total of 143 congresses and 4520 speakers were analyzed. In Portugal, between 2018 and 2022, the proportion of **female general practitioners' specialists** who were speakers was **54.1%** (n=1182) and male was 45.9% (n=1004), *p-value < 0.001* (t-test). The proportion of **female General Practice trainees** was **81.5%** (n=304) and male interns 18.5% (n=69), *p-value < 0.001* (t-test).

To verify whether these differences always existed, the analysis period was divided into 2 phases: from January 2018 to June 2020 (Phase 1) and from July 2020 to the end of 2022 (Phase 2). Regarding the difference found in the average proportions of female versus male General Practice specialists, **this difference was not observed in Phase 1** (*p-value = 0.147*; 55.2% vs 44.8%). In Phase 2, the average proportion of females was significantly higher than that of males (*p-value < 0.001*; 65.0% vs 35.1%).

Conclusion: Studies conducted in Portugal on female representation at scientific events are scarce. In this study we observed that **the proportion of women on scientific panels was significantly higher than the proportion of men**. According to the available data, the proportion of female doctors registered in the Order of Physicians in General Practice between 2018 and 2022 was 62.6%. We believe that the difference obtained of 8.5% reflects an acceptable female representation between the proportion of women registered in the specialty and those who sit on the scientific panels.

331 - DECISION MAKING IN AUDIT: ETHICAL AND BIOETHICAL ASPECTS

Yelnya Cardoso Silva Dória; Janaina A. L. Salmos de Brito; Ricardo Bessa; José Humberto Belmino Chaves

Federal Council of Medicine -Brazil

Introduction:

This research aims to study the ethics and the principles of bioethics in the aid of the decision making process in audit and identify mechanisms that aid it.

Aproach:

This research consists of a targeted bibliographical review. First, we select the following descriptors found on the Health Science Descriptors: Audit, Ethics, Bioethics and Decision Trees. Then, we search in the U.S. National Library of Medicine and in the National Institute of Health until May 31st 2024. Finally, we choose the articles that approach the decision making in audit with emphasis in the support of ethics and bioethics.

Discussion:

We found that few papers approach audit through these lenses and they point out the differences in relation to the other spheres of assistance in the health insurances in Brazil. These represent the daily worries of the last audit and not of the critical situations that require immediate solution. Auxiliary models in decision making are scarcely explored in literature.

Conclusion:

Therefore, this thematic should be investigated further.

Oncology Education in Brazil: Addressing the Disparity Between Expectations and Training

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ID: 332

Introduction

The World Health Organization (WHO) estimates that by 2030, 27 million cancer cases, with 17 million deaths, will strongly impact developing countries. Cancer remains a global health problem, and the formation of professionals to address this challenge should be a priority for medical schools. However, what is observed is a fragmented cancer education, resulting in incomplete training for medical students and hindering the development of an integrated view of cancer. In Brazil, 60% of cancers are diagnosed at advanced stages, compromising patient prognosis and public health expenditure management. This issue could be alleviated by improving oncology training for medical professionals. This study aims to understand the expectations and reality of cancer education in a medical school, based on students' evaluations over time.

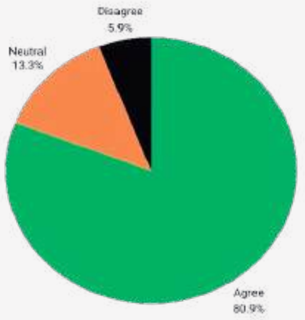
Methods

This was a cross-sectional, quantitative study that used a questionnaire developed by the researchers to assess the expectations and practical knowledge of cancer education among medical students from a single college of Medicine.

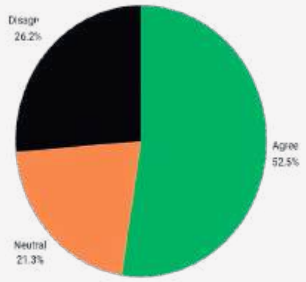
Results

A total of 373 students participated by signing the informed consent form: 152 in the 1st year, 121 in the 4th year, and 100 in the 6th year of medical school. Over 90% of students, regardless of their year, expect to deal with cancer patients. Regarding oncology knowledge during medical school, 80.9% of 1st-year students believe it will be sufficient, but only 39.7% of 4th-year and 68.0% of 6th-year students agree ($p < 0.001$). The majority of the study population affirmed the importance of having both theoretical and practical oncology disciplines (>70%).

Do you agree that your degree will provide adequate knowledge about cancer?



Do you agree that the knowledge acquired in oncology during your undergraduate studies was adequate?



Figures 1 and 2: Author's own source

Conclusions

The expectations of 1st-year medical students about oncology learning are not met by older students. It is necessary to include a formal oncology discipline, as cancer incidence is growing worldwide.

References

333 – Bioethics in the Amazon: Challenges and Implications of Biopiracy

Dr. Aparício Carvalho de Moraes - Degree in Medicine from the Federal University of Amazonas (1977); Psychiatric doctor; Specialist in Clinical Psychiatry; Medical clinic; Occupational Medicine; Public Health and Sanitary and Epidemiological Surveillance; Master in Health Sciences from the University of Brasília (2006). Dr, Bioethics from the Faculty of Medicine of Porto. He currently holds the position of Rector of the Aparício Carvalho University Center – FIMCA.

INTRODUCTION

The Amazon, known as the lungs of the planet, is a region of great importance for global biodiversity and plays a crucial role in climate regulation. However, the intersection between bioethics and the unauthorized exploitation and misappropriation of the resources of the Amazon's biodiversity over the years, the exploitation of traditional populations, are issues that demand a deep reflection from the perspective of bioethics. When this process involves local populations and researchers, many of whom enter the region and carry out their research without official registration, they appropriate the knowledge and in various situations patent knowledge that is millennial of the local populations. In the Amazon, the issue of biopiracy, understood as the unauthorized exploitation of the region's biological and genetic resources, assumes a fundamental ethical dimension in the field of bioethics. The latter, as an interdisciplinary domain, plays a crucial role in guiding practices related to life and biology. The discussion encompasses the need for a bioethical approach that balances economic development with environmental sustainability, while ensuring respect for the rights of local communities.

BIOETHICS

Bioethics is an essential tool to guide ethical practices, seeking a balance between economic development and environmental sustainability in the region. This ethical approach is crucial to ensure the preservation of the rich Amazonian biodiversity and respect for human rights, promoting an equitable and sustainable environment in the region.

BIOPIRACY

Biopiracy is a practice that has entrenched over the centuries, especially evident in the Amazon region since the period of the discovery of the Americas. Both historically and today, the establishment of exploitative or dependent economic relations, which undermine human rights and compromise the sustainable development of Brazil and the Amazonian nations (Nascimento, 2007), characterizes this activity.

Biopiracy, characterized by unauthorized access to and commercial exploitation of genetic resources and associated traditional knowledge is a growing threat in the Amazon. The lack of effective regulations and the difficulty in monitoring illegal activities contribute to rampant exploitation. Bioethics questions the ethics behind these practices, highlighting the need for stringent measures to protect the region's biological and cultural resources.

BIOETHICS *VERSUS* BIOPIRACY

Biopiracy in the Amazon emerges as a complex ethical and legal challenge that goes beyond the simple unauthorized exploitation of the region's biological resources. This phenomenon encompasses the misappropriation of traditional knowledge, plant and animal species, often associated with indigenous and local communities, by companies and researchers without due compensation or consent. This multifaceted issue demands an in-depth analysis of the ethical and legal aspects involved, recognizing not only intellectual property rights, but also the rights of local communities over their knowledge and resources.

CONSIDERATIONS

There is an urgent need for a **bioethical approach in the Amazon** to address the challenges and implications of biopiracy. The preservation of biodiversity and respect for the rights of local communities emerge as fundamental elements in this discussion. The complexity of the threat of biopiracy, encompassing ethical, legal and cultural issues, highlights the importance of effective regulations and integrated measures.

In addition to the appropriation of elements of animal and plant extractivism, there is an appropriation of the knowledge of ancestral peoples and traditional populations, as well as genetic material, indigenous blood traded from the United States of America.

One of the facts investigated by the CPI of Biopiracy reported by the local and national media, was about allegations of the sale of blood of the Karitianas Indians (45 kilometers from Porto Velho), over the Internet. The sale of DNA and blood cells from indigenous Brazilians is being sold by the U.S. Company Coriel Cell Repositories, from New Jersey. Each unit of the product would be priced at US$ 85, the equivalent of R$ 242.25. Source: Diário da Amazônia-Porto Velho-RO - 02/05/2005.

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ANALYSIS OF MEDICAL DECISION-MAKING REGARDING OROTRACHEAL INTUBATION IN PALLIATIVE PATIENTS: AN INTEGRATIVE REVIEW.

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INTRODUCTION:

The use of life-support therapies such as orotracheal intubation presents a challenge in patients under palliative care. Decision-making requires significant medical consideration of the circumstances involving diagnosis, disease stage, and prognosis, aligned with attention to ethical principles and the values and judgments of the patient and their family members. This literature review aims to analyze physicians' perceptions regarding the decision about orotracheal intubation in patients under palliative care.

METHODS:

This is a integrative review based on data from Scopus and Web of Science, using de follow descriptions: “DECISION MAKING” AND “”PHYSICIAN OR DOCTOR OR MEDICAL” AND “PALLIATIVE CARE” AND “MECHANICAL VENTILATION OR INTUBATION” . Articles available in full, from quantitative and qualitative studies, published in the last five years in English, Portuguese, and Spanish, evaluating the decision-making process regarding orotracheal intubation in patients under palliative care were selected. Nineteen articles were found, and after reading the titles and abstracts, five remained.

RESULTS AND DISCUSSION:

Decision-making regarding orotracheal intubation and mechanical ventilation is often based on a technical view of the disease, to the detriment of assessing the patient's will. The approach of emergency physicians generally emphasizes invasive procedures, considering the perspective of life maintenance. Additionally, the application of palliative and comfort care is provided to less than 50% of patients who clearly need it, especially in emergency and ICU settings. Many of these results can be attributed to multiple intertwined issues, such as deficient medical training in palliative care and a high need for care support that the team may not be able to provide.

TABLE 1 – DATA EXTRACTION TABLE

YEAR	TITLE	AUTHOR	METHODS	RESULTS
2020	Lessons Learned from Caring for Patients with COVID-19 at the End of Life	RAO, A; KELEMEN, A.	Report of Experience	Dealing with new infections requires the medical team to use invasive therapies to stabilize critically ill patients. Palliative care teams must collaborate in managing patients, making decisions, and supporting families.
2022	Aggressiveness of care in the last days of life in the emergency department of a tertiary hospital in Korea	KIM, J.S. et al.	Retrospective cohort study	The percentage of intensive care in the emergency room was higher than end-of-life care, especially in the absence of serious illness and lack of prior declaration; and only 31.5% received comfort care. In addition, the determination of family members is higher than the rates of self-determination.
2022	Do Perceptions about Palliative Care Affect Emergency Decisions of Health Personnel for Patients with Advanced Dementia?	EREL, M. et al.	Cross sectional survey, part of a mixed-methods (qualitative/quantitative) research study	Palliative care is offered to only half of the patients who need it. The lack of medical education in this approach leads to greater use of intensive care with the potential for suffering and harm.
2022	The PALliative MUlticenter Study in Intensive Care (PalMuSIC). Results From a Multicenter Study Addressing Frailty and Palliative Care Interventions in Intensive Care Units in Portugal	CORREIA, I. *et al.*	Prospective, multicenter, observational cohort study.	The decision to perform invasive procedures on critically ill patients was based, in most cases, on therapeutic failure to the detriment of the patient's general health situation. Thus, palliative care was offered to less than 4% of patients, which reflects a worrying result given the high mortality rate among some groups, such as the elderly.
2024	The differences in code status conversation approaches reported by emergency medicine and palliative care clinicians: a mixed method study	OUCHI, M.D.K. et al.	Sequential-explanatory and mixed method study	The doctor's experience and training in the area of palliative care generate a different perspective on invasive procedures. Palliative care professionals have a more values-based approach, while emergency professionals emphasize a procedure-based approach.

FINAL CONSIDERATIONS:

The experience and training of the healthcare team in palliative care generate a different approach to issues of intubation and submission to invasive procedures, as training in palliative care corroborates a holistic view of the patient, respecting their autonomy. Furthermore, it is pertinent to emphasize the limited amount of literature on this topic, making it important to stimulate discussion.

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KIM, J. S. et al. Aggressiveness of care in the last days of life in the emergency department of a tertiary hospital in Korea. BMC Palliative Care, v. 21, n. 1, 7 jun. 2022.

OUCHI, K. et al. The differences in code status conversation approaches reported by emergency medicine and palliative care clinicians: A mixed-method study. Academic Emergency Medicine, 29 out. 2023.

342 - THE EFFECT OF SELF-CARE ON THE MENTAL HEALTH OF MEDICINE STUDENTS

Ivone Duarte[1,2,3] , **Cristina Costa Santos**[1,2,3],
Ana Pacheco[1], **Beatriz Mendes**[1], **Bianee Teixeira**[1], **Carolina Pereira**[1], **Claudiana Tavares**[1], **Diogo Fernandes**[1], **Joana Durães**[1], **Laura Cunha**[1], **Maria Clara Coelho**[1], **Maria do Carmo Oliveira**[1], **Sandrine Pinto**[1], **Sofia Pereira**[1], **Teresa Moreira**[1] **Cristina Costa Santos**[1]

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INTRODUCTION

The mental health of medical students is an increasing concern, considering the demanding and challenging academic environment.

There is an alarming trend among students experiencing high levels of stress, anxiety and exhaustion, often leading to burnout, characterized by emotional exhaustion, cynicism and ineffectiveness.

Burnout is linked to the concept of self-care, which encompasses multifaceted health behaviors unique to each individual. This includes nutrition, physical activity, interpersonal relationships, spiritual growth, responsibility for one's own health and stress management.

High levels of stress are associated with poor coping strategies that may be key factors in the development of burnout.

METHODS

This cross-sectional, quantitative and analytical study has as its universe the approximately 2000 students enrolled in the 6 years of the Integrated Master's Degree in Medicine at the Faculty of Medicine of the University of Porto (FMUP).

An online questionnaire approved by the Ethics Comittee of FMUP was shared through social networks and institutional email (snowball study). Socialdemographic data were colleted and three scales were used: the assessment scale of the self-care agency-review (ASAS-R), the Depression, Anxiety and Stress Scale (DASS) and the Life Satisfaction Scale (SWLS).

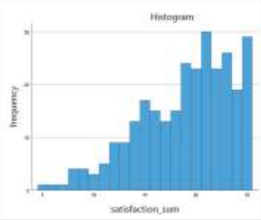
The data were analyzed using Statistical Package for Social Sciences (SPSS).

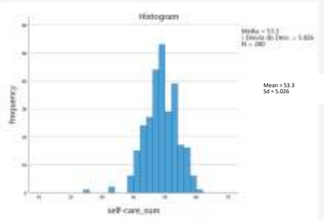
AIMS

Investigate how the practice of self-care is correlated with the mental health of medical students in Portugal.

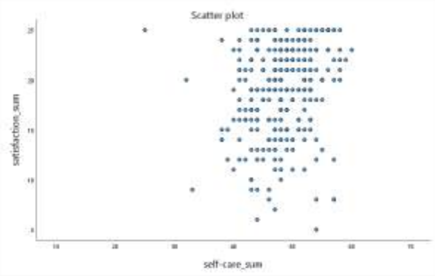
RESULTS

n=284	**n (%)**
Female	208 (73)
Over 25 years old	9 (3)
Currently in clinical year	87 (31)
Has already been held back a year	16 (6)
Alcohol consumption	154 (54)
Drug abuse	7 (3)
Has cronic disease	40 (14)
Practices physical activity	176 (62)
Relocated student	135 (48)





"self-care_sum" represents the total score of self-care, varies between 15 and 75. Higher values represent higher self-care.
"satisfaction_sum" represents the total score of life satisfaction, varies between 5 and 25. Higher values represent higher life satisfaction.



The scater plot indicates that, generally, individuals with higher self-care values are more likely to have higher life satisfaction values.

There was a statistically significant brightness between life satisfaction and self-care (r=0.511, p<0.001).

CONCLUSIONS

The results of this study indicate that there is a significant positive correlation between self-care practices and life satisfaction among medical students.

Given the challenging nature of medical training, it is essential for educational institutions to encourage and facilitate the development of self-care skills among their students.

344 - Ethical Aspects of Medical Education in Portugal: a Student National Perspective

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Background

Clinical medical teaching plays an essential role in medical training by allowing the accomplishment of technical-scientific and humanistic objectives, but also theoretical consolidation through practical demonstration. However **it does not constitute an integral part of healthcare**.

Medical training and, therefore, clinical medical teaching are based on **ethical principles** of beneficence, nonmaleficence and autonomy. The principle of **autonomy** in medical ethics underscores the **importance of respecting individuals' ability to make informed and independent decisions regarding their health and medical treatments.**

The inclusion of students in a clinical environment, particularly in terms of a University Hospital, often imposes the notion on health professionals and medical students that there is an **ethical obligation for patients to participate in medical education.**

It is also known that medical clinical training occurs in various hospitals that do not use the term University at all times it is **plausible that patients do not recognize** in advance the **student involvement** in the provision of care

Studies report an **erosion of the ethical sense of medical students over the years**, with repercussions on the importance attributed, contrary to the desire expressed by patients, to the presentation of their identities.

Goals

Primary Goal: evaluate, in Portugal, the perspectives of students regarding the ethical aspects of their participation in clinical medical education.

Secondary Goal: evaluate the differences between the different clinical curricular years (fourth, fifth, and sixth of the Integrated Master's Degree in Medicine).

Key-Domain

- Request for consent;
- Student presentation to patients;
- Patient discomfort;
- Management of patient information and confidentiality.

Methods

- **Study Design:** Cross-sectional study using an online questionnaire;
- **Participants:** Students from 4th, 5th, and 6th years of Portuguese public medical schools;
- **Data Collection:** August 2022 - November 2022 via official websites and social media;
- **Analysis:** Statistical analysis using SPSS with a p-value < 0.05.

Results

- <u>**Sample**</u>: 365 students, median age 22 years, 80% female.
- <u>**Consent Request**</u>: Only 28% of tutors always ask for patient consent.
    - **In Presence of Students:** 84%;
    - **Absence of Students:** 14%;
    - **Never ask for consent:** 2%.
- <u>**Presentation format**</u>: significative differences were found between curricular years
    - **Fourth-year students** are typically being presented as students with without specifying the year of study;
    - **Fifth and sixth year students** are typically presented as students specifying their year of study.
- <u>**Perceived Patient's Discomfort**</u>: 68% of students perceived patient discomfort regarding their presence.
    - Significant differences were found in the degree of discomfort about the **number of students present between different spatial contexts** being hospitalization where a moderate or high degree of discomfort is most frequently reported, and the emergency department where a moderate or high degree of discomfort is reported less frequently.
- <u>**Adequacy of Training**</u>: 61% found consultation dynamics for competencies' acquisition quite suitable or fully fit, while 39% considered it nothing or not very suitable

Detailed Findings:

- No significant differences among curricular years in consent request practices, with the exception of the presentation format;
- Tutors do not always ask for consent for students presence and, when they do so, they most often ask in front of students;
- Multiple spatial contexts and lack of specific context often cited for not asking for consent.

Conclusions

<u>**The consent request for student presence in healthcare settings is not fully accomplished.**</u> There is the **need to ensure that the consent request is a structured process** (including in terms of <u>timing</u> and <u>format</u>), **widely publicized** and **consensual**, that is not affected by constraints, including circumstantial ones.

Medical clinical teaching presupposes mentoring, as a guarantee, and t**he right to acquire skills must not take precedence over the right to choice and information** and, while <u>**patient autonomy is guaranteed**</u>, the learning of clinical procedures must be exclusively supervised for everyone the moments.

<u>**Clinical medical education is absolutely fundamental to medical training**</u>.The integration of medical students in a clinical environment is not an ethical obligation of the patient, but it is fundamental and therefore the preservation of contact with patients for medical training in the future depends on the resolution of the problems presented.

There must be a **concern**, on the part of pedagogical decision-makers in Portuguese Medical Schools, with this, allowing **behavioral and regulatory changes** that <u>**standardize the consent request process**</u>; allow the <u>**identification**</u> of the student and knowledge (by the patient/themselves) about their skills; provide the <u>**time and infrastructural conditions**</u> that allow the improvement of pedagogical processes.

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363 - Analysis of the Bioethics Book Collection at the Federal Council of Medicine Library - Brazil (2019-2023)

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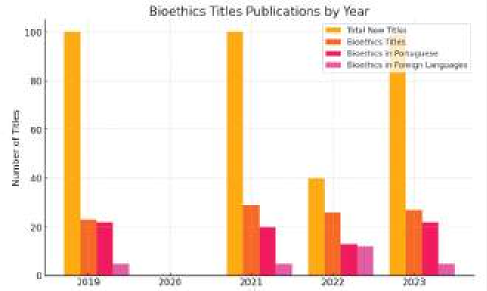
Keywords: Bioethics, Librarianship, Federal Council of Medicine, Collection Development, Acquisition Policy, Thematic Trends

The Library of the Federal Council of Medicine (Brazil) specializes in Bioethics and Medical Ethics, tracking the evolution of these fields of knowledge since the 1990s. Since then, it has aimed to update its collection with national titles, favoring Brazilian authors/researchers, as well as foreign ones, updating and renewing information on new concepts and thoughts.

This study analyzes the evolution of the bioethics book collection at the CFM Library over the past five years. The research identifies thematic trends, author diversity, and collection updates between 2019 and 2023.

There has been an increase in acquisitions, with an average of 20 new titles per year, reflecting the importance of Bioethics in medical practice and the development of health policies.

* In 2020, there were no acquisitions due to the pandemic.



Recurring themes include updating classic texts on Bioethics and Medical Ethics involving Research Ethics, End-of-Life Care, and Global Bioethics. It also includes more current topics such as Environmental Bioethics and Bioethics in the Digital Age. National titles predominate, with a strong presence of international works, integrating global and local perspectives. Academic and institutional publishers are the most representative, demonstrating scientific rigor and practical relevance. The CFM Library website registered 100,000 accesses.

Some authors in the collection: B. Jennings, J. Arras, T. Beauchamp, J. Childress, J. Clotet, G. Cohen, L. Dadalto, D. Diniz, G. Rego, V. Garrafa, G. Gracindo, B. Jennings, D. Kirchhoffer, M. Kottow, H. Kuhse, F. Lolas, N. O. Teles, R. Nunes, P. Singer, J. Siqueira, C. Kaczor, H. Tem Have, G. Tittanegro, B. Van Beers, D. Kirchhoffer, among others.

Conclusion:The CFM Library keeps its collection updated with an average of 20 new titles per year. This bibliographic profile is a valuable resource for doctors, researchers, and students, providing a perspective on the evolution of Bioethical thought.

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364 - The Ethics of Medical Confidentiality in the Face of Criminal Investigations

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Introduction Medical confidentiality is a fundamental principle in medical practice, guaranteed by legislation such as the Code of Criminal Procedure and the Code of Medical Ethics in Brazil. Preserving confidentiality is crucial for trust between patient and doctor, protecting sensitive information, even in criminal investigations. This study examines the importance of maintaining medical confidentiality in these situations.

Methodology This analysis is based on a literature review, including studies, scientific articles, and legal documents on medical confidentiality in Brazil, focusing on criminal investigations. Provisions from the Code of Criminal Procedure and the Code of Medical Ethics were examined.

Discussion The Code of Criminal Procedure, in its Article 207, prohibits the testimony of professionals who must keep secrets, unless released by the interested party. The Code of Medical Ethics prohibits doctors from revealing information obtained during professional practice, except for a just cause, legal duty, or written consent from the patient (Art. 73). This prohibition includes situations where the fact is publicly known, the patient has died, or during criminal investigations that could expose the patient to legal proceedings. These provisions are fundamental to ensuring patient trust in doctors, protecting their privacy and the integrity of the doctor-patient relationship.

Conclusion Maintaining medical confidentiality, even in criminal investigations, is essential to preserve trust in the healthcare system. Brazilian legislation provides robust protections to ensure confidentiality is maintained, except in specific circumstances.

Figura: Ilustração gerada por ChatGPT. (2024).

365 - The Autonomy of Medical Experts: Pillar of Judicial and Welfare Decisions in Brazil

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Introduction. Medical expertise in Brazil is conducted by specialized doctors who issue technical opinions on health-related issues, with a strong emphasis on professional autonomy. These opinions are crucial both in the judicial sphere and in the welfare sector.

Methodology. This analysis is based on a literature review, encompassing studies, scientific articles, and documents on the role of medical expertise in Brazil, the autonomy of the medical expert, and adaptations during the COVID-19 pandemic.

Discussion. In the judicial sphere, the medical expert exercises their autonomy by verifying injuries, relating illnesses or accidents to their consequences, and assessing work capacity, ensuring justice and impartiality. In the welfare sector, the doctor's autonomy is fundamental for determining incapacity for work, ensuring fair and beneficent evaluations. The in-person consultation is essential, allowing detailed and precise assessments. During the COVID-19 pandemic, videoconference consultations were adopted when necessary, highlighting the importance of the doctor's autonomy in choosing the best approach for each case.

Conclusion. The in-person consultation is fundamental for careful and precise evaluation, with the doctor's autonomy being central to the quality of judicial and welfare decisions in Brazil. The pandemic underscored the importance of this autonomy, allowing necessary adaptations to ensure the best possible evaluations.

Figura 1. Ilustração gerada por ChatGPT. (2024).

366 - Revista Bioética (2019-2023): Keyword Analysis

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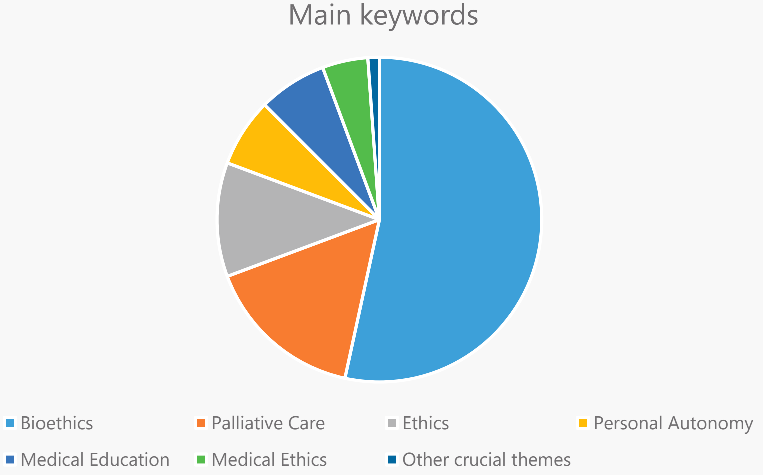
Discussion: The Revista Bioética, pioneering since 1993 [1], is a crucial source in disseminating bioethics science in Brazil. Its online accessible editions provide an essential platform for researchers and professionals interested in ethics and health. This meticulous study analyzed 19 editions of Revista Bioética [2], reviewing 380 articles and editorials, and identifying 1,453 keyword terms. Among these, we highlight 408 frequently cited keywords, reflecting pressing themes in the area. The main keywords include Bioethics (47%), Palliative Care (14%), Ethics (10%), Personal Autonomy and Medical Education (6% each), Medical Ethics (4%), and other crucial themes such as Death, Primary Health Care, Human Rights, Nursing, Teaching, Research Ethics, Coronavirus Infections, Doctor-Patient Relationships, Public Health, and Decision Making (1% each).



Conclusion: The detailed analysis of the 2019 to 2023 editions of Revista Bioética reveals not only the diversity and relevance of the themes addressed but also the growing importance of ethics in medical practice and public health. This digital platform not only facilitates access to specialized knowledge but also promotes ongoing and critical dialogue on ethical issues that shape the health field.

Method Used: The cross-sectional method, descriptive of retrospective data.

Reference

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