

IAB NEWS

**The Newsletter of the
International Association of
Bioethics**

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President's Column

The 6th world Congress on Bioethics was held in Brasilia from 30 Nov – 3 December under the auspices of the Brazilian Association of Bioethics and the IAB, with the generous support of the Brazilian Ministry of Health and many organisations. About 1300 participants from 62 countries attended (a record attendance for these World Congresses on Bioethics) and participated in a highly successful congress in which bioethicists from developing countries had ample opportunity to express their concerns from a different perspective than usually articulated within the more privileged western world. The congress theme - "Bioethics: Power and Injustice" - was highly relevant at this distinctive time in world history when living conditions for billions remain appalling despite many decades of so called development.

An elaborate opening ceremony for the World Congress, presided over by the Vice President of Brazil, gave a high profile to the IAB and clearly reflected the Brazilian

Government's interest in the growing field of Bioethics.

Plenary sessions were held every morning followed by 5 simultaneous round-table sessions each afternoon, and 17 simultaneous free presentations sessions in the early evening. All plenary and round-table sessions were simultaneously translated into English, Portuguese and Spanish. The topics of the daily keynote addresses were, "Bioethics, power and injustice" (Giovanni Berlinguer, Italy), "Bioethics, vulnerability and protection" (Ruth Macklin, USA), "Genomics, the value of life and human rights" (John Harris, UK), "Power and injustice in research with human beings" (Dirceu Greco, Brazil). Our Brazilian colleagues were most gracious and generous hosts and regular social events allowed many opportunities to interact with participants. No attempt will be made here to summarise this highly successful congress – the abstracts are available from me for anyone who would like to see these.

Four meetings of the Board of Directors of the IAB during and after the Congress, and an Annual General Meeting dealt with IAB activities over the past two years.

The Global Forum on Research Ethics (held at PAHO Headquarters) prior to the Congress dealt with the implications of Genomic medicine for the health of individuals and populations. Presentations ranged from optimistic to more conservative estimates of the impact such advances could have on health and what policies should be developed.

The Global Summit of National Bioethics Commissions (hosted by the UK Nuffield Council on Bioethics) followed the Congress. Its work was focused on research on human stem cells. Three perspectives were presented in lecture format - by Alexander Capron (WHO), Mette Hetlev (Danish Council of Ethics) and Wybo Dondorp (Health Council of the Netherlands). Representatives from 27 countries and all continents then participated in five breakout sessions on: the use of biological samples; pharmacogenetics; patenting of DNA; the role of the media in publication for health; and cell and DNA databases. Reports from each group were presented at a plenary session. At the end of the meeting the participants released a communiqué on the potential for decisions taken by National

Bioethics Commissions to affect other nations.

A modified version of my opening address as IAB President is reproduced below

***Presidential Address
Reflections on Bioethics, Power and Injustice***

The shift from centuries old traditional medical ethics to the new bioethics took place a mere forty years ago. The context that shaped such change included both increasing applications of costly new life-prolonging technologies and growing respect for the rights of patients to participate in medical-decision making. Today, at the threshold of the new genetic biotechnology era and in the face of threats from new infectious diseases and environmental degradation, bioethics, broadly defined as ethics about all aspects of life, is even more important.

Ethics is about relationships and as relationships involve considerations of power, there is an intimate link between ethics and power. Power is generally conceived of as influence over others. In health care this has meant the power of physicians to make decisions on the balance of harms and benefits to which patients might be subjected, and to decide who might live and who might die through access to life saving technologies. The nature of power in health care is of

additional particular concern because it relates to having access to intimate knowledge about people that can be used to expose and exploit vulnerability. All of us are vulnerable and can be hurt by others. When information about our bodies or our minds is made public we are particularly vulnerable. Hence the importance of confidentiality and trust in the encounter with professionals.

The thrust of developments in bioethics towards reducing physicians' power and increasing the power of patients, nurses and other health care workers has profoundly affected the lives of many – most often for the better. However, despite such progress, the distribution of power within health care continues to give some people and institutions advantages over others. New forms of power becoming available through new knowledge have the potential to aggravate this power imbalance. The challenge for bioethics is to find ways of sharing power in ways that could optimise advantages for patients and sustain professional integrity.

Extending the ethics discourse to include population health

The understandable focus on ethical issues at the interpersonal level has undoubtedly eclipsed ethical issues that need to be addressed in dealing with public health issues. The HIV pandemic and possibilities for improving health that are opening through

new genetic biotechnology remind us of the need to extend our perspective beyond individual health to include the health of whole populations. In a globalising world in which boundaries are becoming blurred and the lives of geographically disparate people are more intimately interconnected than ever before, we need to re-evaluate traditional ideas of what it means to be an ethical professional.

Achieving improvements in human life and health globally will require a broader moral agenda that includes, but goes beyond, interpersonal ethics and civil and political rights. Extension of the ethics discourse beyond the doctor-patient relationship requires considerations of order and fairness within institutions that serve the communities in which individuals are socially embedded and in which medical practice is 'constructed.' The responsibility of physicians here must be viewed more broadly to include concern for equitable access to health care, for improved public health and for the allocation of scarce resources in ways that promote the common good. The work of Norman Daniels on priority setting in health-care illustrates how power sharing in resource allocation can be achieved through appropriate representation on decision-making bodies and through transparency, accountability, enforceability and the provision of a mechanism for appeals.

Achieving an improved balance between the needs and rights of individuals and the requirements for advancing public health will require shifting the way we think - a shift away from exclusive and often selfish individualism and towards respect for individuality that is combined with a strong sense of duty, community and civic citizenship.

In a world in which individual health is increasingly linked to population health, both within countries and between countries, new ways of thinking could be promoted constructing a coherent language of Public Health Ethics. Such a language for scholarly discourse on public health ethics is as yet inadequately developed but a start has been made and eloquent arguments have been offered in favour of a language of public health that "speaks to the reciprocity and interdependence that characterise community." Considerations of justice, the 'social contract' and conflicts of interest will clearly impact on the physician/patient relationship as the ethics discourse is broadened to encompass the ethics of public health and of professional responsibilities to society.

This raises the perennial problem of how to strike a balance between the rights (and needs) of individuals and the common good of societies. While the focus on individual rights is vital and

necessary for the well being of individual persons such focus is not sufficient for the achievement of improved public health.

The dilemmas facing public health ethics will be greatest for those societies that are intolerant of any infringement of individual liberties in the name of the common good. The challenge for societies more oriented towards the common good will be to avoid excessive infringements of individual rights in the pursuit of public health goals. Realistically a middle ground will have to be forged because the choice is not between polar extremes but rather about achieving an optimal balance between competing goods.

Grotesquely widening disparities in wealth and health and the implications of consumption patterns that damage the environment on which all are dependent suggest that we live in an amoral world. We could perhaps even conclude that we live in a morally depraved world, one that promotes preference for continuing economic growth and the acquisition of luxuries for a small proportion of the world's population over ensuring the production of and access to essential subsistence requirements for the majority. Our modern world system with its excessive emphasis on market values and on bureaucratic processes promotes economic slavery, tolerates gross abuses of basic human rights and

even turns a blind eye to genocide. It also discounts the importance of a safe environment for future generations. Such a world, characterised by an unstable economic system, the potential for political and other terrorism, the threat of infectious diseases and other biological hazards, as well as environmental degradation poses threats to the self-interest of us all globally.

It is against this background that the bioethics discourse should be further extended to include considerations of global security and the environment. This would require conceiving of individuals as autonomous persons sharing equal rights with all other citizens in the world, in a relationship of interdependence in which the rights of some should not be acquired at the expense of the rights of even distant others. With a deeper understanding of the impact of adverse forces shaping the wealth and health of nations, we need to appreciate how we are all deeply implicated in the lives of others. We cannot hide, with moral credibility, behind the barrier of physical distance while billions of people live impoverished lives.

Altruism and reparations aside, the importance of physical and moral interdependence is so great that long-term self-interest alone should be sufficient to drive policies toward sustainable development. Some degree of humility, and empathy are

essential ingredients for progress. Jonathan Glover in his book "Humanity: a moral history of the 20th century" has revealed how difficult this will be to achieve. However, it should be noted that unless such progress is made the prospects seem bleak for dealing adequately with such threats as the HIV/AIDS pandemic. Empathy and consequent 'justice without borders' is the challenge for the future. The level of complexity here is much greater because of the way in which the foreign policies of some countries may covertly enhance the lives of their own citizens through exploitation of unseen persons elsewhere.

In summary I am proposing that our moral perspective should be extended from 'interpersonal morality' to 'civic morality' and to an 'ethics of international relations,' that has dimensions intimately linked to political, military, cultural and economic issues. These ideas are consistent with the identification of medical practice and health as social constructs and of bioethics as an activity that falls within the realm of social philosophy.

Power

I should now like to turn to some further considerations about power. First we should remember that there are different forms of power. 'Hard power,' defined as military power, is the power to use military might directly or indirectly to ensure maximum

advantage for those who wield such power. Military power has clearly played a major role in world history and in the acquisition of wealth. Today economic power remains intimately linked to military power and to the weapons industry. It is likely however, that the role of military power will diminish in the 21st century because of the emergence of new threats that cannot be overcome with such power. For example the threats of biological weapons, and in particular the deliberate spread of infectious diseases, will neither be dependent on classical weapons of mass destruction nor on the enormous resources required to produce these. In addition the social instability resulting from mass poverty poses major security threats to the health and lives of all globally, and calls for new approaches to the use of power.

Two 'softer' forms of power are likely to become more important. The first is financial power. The other is the power of knowledge. The economic system is increasingly driven by use of sophisticated knowledge and the ability to use modern communication technology to manipulate vast sums of money across international borders. The recent exposure of how some people in powerful positions have used inside information to make money fraudulently and at disabling costs to others who are vulnerable – for example Enron, WorldCom etc - reveals the extent to which

corruption is not merely a problem of the Third World. Such examples also expose the covertly corrupt manner in which the global economy operates to enrich some people, nations and corporations at the expense of some of the most vulnerable people in the world.

It is necessary to understand that the generation of wealth has become so important to some that they are willing to sacrifice the lives and well being of millions of others to achieve their narrow materialistic goals. Trade protectionism, inside trading, the weapons trade, the way in which international debt is generated and sustained, and the use of intellectual power and knowledge (for example through excessive use of patents and intellectual property rights) provide only short term advantages. When carried to excess over prolonged periods, leading to disparities that are obscene, perpetrators lose their moral bearings and in the process devalue their own lives in the eyes of the deprived. This is a recipe for anarchy and chaos.

In relation to so-called development practices, an examination of international financial development aid reveals that the magnitude, the motives and the impact of aid expenditure vary widely. For some, 'aid' is a means of controlling others in the name of development that is actually exploitative and anti-development. Others have a

genuine desire to make real contributions to development and capacity building in order to ensure that recipients do not remain forever in states of dependency. It is sad to note that overall development aid has both been falling in recent decades and increasingly directed away from development towards humanitarian aid. Thankfully the tide may slowly be turning with what seems to be growing sensitivity to the need for meaningful progress that could be sustained.

The soft power of money and knowledge should not be under-emphasised. The growth of the global economy over recent decades could usefully be turned towards production and sharing of global goods through a more moral global economic system. The thoughtful deliberations of such scholars as Joseph Stiglitz, Richard Falk and others on this topic provide some hope that such progress could be made.

Yet another form of soft power, one with a relatively low profile is moral power. The extent to which such power can reshape the world is revealed in the struggle against such practices as slavery and apartheid, and more recently the adverse effects of economic globalisation. John Kane, in his book "The Politics of Moral Capital," has described moral capital through an expanded definition of 'capital' that includes

'knowledge, skills and social relations,' and the use of such social capital through social networks of trust that serve broad and beneficial functions. Moral capital goes beyond being good, being respected and having good intentions. It includes the political ability to put good intentions to effective use. Such moral capital inspires trust, belief and allegiance and when used by individuals, institutions and societies provides valued returns. Inspirational examples set by people such as Abraham Lincoln, Mahatma Gandhi, Nelson Mandela and Vaclav Havel illustrate the power of moral capital. Conversely the erosion of moral capital within the US Presidency in recent decades, as described by John Kane, undermines the ability of that great country to use its influence to benefit both its own citizens and those of many other countries.

Making progress

It is clear that the use of soft forms of power has been both underplayed and undervalued. I suggest that in a world in which the use of hard power will yield diminishing returns it will become increasingly necessary to wield the soft power of money, knowledge and moral capital to shape a better world. This will require a shift in political leadership and indeed changes in political philosophy. We can no longer afford to talk about the world using an 'exhausted political vocabulary whose terms were coined many generations ago

in a world quite different from the one we live in today.'

As difficult as such change may be we should be encouraged by the fact that much has been achieved through the bioethics discourse in reshaping the power balance between doctors and patients. It is rational to believe that even more could be achieved if we were to consider power relations in health and bioethics within the broader socio-economic context that has such a major influence on population health.

I conclude by reminding us that achieving improved health at the population level will be less dependent on new discoveries or on technological advances than on achieving greater social justice through moral progress. Making such moral progress will require recognition of the extent to which contemporary applied ethics is impoverished by failure to acknowledge the extent to which it is parochial. Allen Buchanan has eloquently described how the limitations of contemporary bioethics could be diminished through greater understanding of how social practices and institutional functions facilitate or impede the formation, preservation and transmission of morally relevant beliefs required for the proper functioning of the virtues.

We are free to make choices that could dramatically improve the lives of billions of people – and in

the process all of our lives. Acknowledging interdependence and the need to respect cultural diversity, as well as our stewardship role, add further levels of complexity. Political leadership, moral capital and the development of international strategic alliances utilising varied expertise and multiple spheres of influence - in the public and private sectors will require promotion of a greater degree of global consciousness among leaders and ordinary citizens. Moral reasoning and attention to human psychology are essential for this process. The mutuality of politics and ethics will have to be acknowledged in a world in which globalisation has resulted in changing material realities and new referents for justice are appearing.

These are the challenges for Bioethics in the 21st century.

Solomon R Benatar. Department of Medicine and Bioethics Centre, University of Cape Town.

New health-literacy site on the web

A new website <www.health-literacy.org> has been established in order to collect material on lay health education in different countries and to further bioethical and educational discussion on basic health education for the lay. The material collected presents different approaches to lay health education and surveys existing

educational material, including pictorial material for the less educated and the emerging e-health websites for the internet-literate. Cultural and attitudinal approaches in various countries will determine the future of lay health literacy programs.

Papers presented or submitted to the special session on health-literacy at the 6th World Congress of Bioethics last November will be included at the opening of the site. Classical and contemporary sources and reports from European, Islamic, Asian countries and from South America can be found on the site.

The website is a joint project of the Center for Medical Ethics at Ruhr University in Bochum, Germany, and the Research Center for Bioethics of the Chinese Academy of Medical Sciences and the Peking Union Medical College in Beijing, China; the project is sponsored in part by the German Research Council [DFG].

Contributions, i.e. papers as well as comments and letters, are welcome and should be directed to Ilhan Ilkic PhD MD <ilhan.ilkic@uni-tuebingen.de>, the coordinator of the site, Hans-Martin Sass <sasshm@aol.com> or Xiaomei Zhai <xmzhai@hotmail.com>

The language problem

Although the Congress in Brasilia was a wonderful trilingual event – with talks in Portuguese, Spanish, and English – the IAB has a language problem. I want to reflect on this problem and offer a few suggestions.

We probably all share two values. One the one hand, we value the social and intellectual resources that are available because the world is multicultural and multilingual. And we recognize how closely language is connected to issues of identity and modes of thinking. On the other hand, we value the mutual understanding that is attainable by using a common language. We simply cannot use professional interpreters in all our exchanges. So what do we do? We often use English.

There is nothing inherently special about English. Other languages have served, at various times in various places, as common languages. But for complex historical reasons, English has become the most widely used common language. There are now about 1.5 billion people throughout the world who are competent in English. This number includes people who learn English as a first language, people who learn it as a second language because it has official status in their country, and people who learn it as a foreign language.

So what's the problem? One problem is a matter of fairness.

Some of us enjoy an advantage simply because of where and when we were born, while others are put at a disadvantage because of where and when they were born. And there are important differences among those who must learn English as a foreign language. Some begin learning English at a young age in excellent schools and get to spend time abroad. Others must begin on their own in midlife. (I'm thinking of a Chinese friend who first began to learn English when she was forty years old.)

The second problem has to do with goodness. Because some IAB members cannot communicate as well in English as in their native languages, we all miss good things. We miss insights into issues, solutions to problems, and accounts of experience that people have to share. We probably miss more than we realize.

But what can we do? Let me suggest three things. First of all, every native speaker of English should make an effort to learn a foreign language. This would have many benefits. And it would give English speakers a real sense of what it is like to express oneself in a foreign language.

The second thing we should do is to speak more slowly when we use English as a common language. Some people speak too quickly for an international audience. I know the temptation. You have a substantial paper to read, and then the organizers tell you that you are limited to 15 minutes. You are tempted to read quickly so you can

include everything. We all need to resist that temptation.

The third thing that English speakers can do is to offer to help. Many IAB members need to write papers, submit abstracts, and make presentations in English. Some of these members would like a native speaker to answer a few questions or review their papers. So I propose that every English speaker volunteer to help with one paper per year. I'll start. If you think I can be of help, please contact me.

James Dwyer
email: jdwyer@pitt.edu

***A research project on
informed consent
in clinical studies in China***

As Chinese cultural and religious traditions and attitudes have profound differences to western attitudes and expectations, assumptions implicit in a Western individual autonomy-based approach to research procedures and bioethical reasoning might not be shared by many Chinese people and might not provide a basis valid enough for conducting research involving human beings.

Respecting the culture should be one of the implications of the fundamental principle of respecting for persons.

The Research Center for Bioethics of the Chinese Academy of Medical Sciences and of the Peking Union Medical College, with the cooperation and support of the

Ethics Program of the Harvard School of Public Health, is undertaking a one-year empirical research project to study the practice of clinical studies and the use of informed-consent practices in China.

The project will combine empirical studies and reviews with cultural and ethical analysis. Beijing and Nanjing will be the main centers for conducting the survey. A training course, a pilot test meeting, also two discussion meetings, including representatives of health care institutions in China will be part of the project. Results of the study are expected in the fall of 2003 and will be summarized in a handbook. The handbook will include survey questionnaires and evaluation forms. Prior to publication, this handbook will be evaluated in a course-type workshop, open to experienced researchers, ethicists, regulators and policy makers, in order to review and eventually revise some chapters of the report.

Xiaomei Zhai, PhD
<xmzhai@hotmail.com>
Director, Research Center for Bioethics
Chinese Academy of Medical Sciences
Peking Union Medical College

The European 6th Framework Programme for Research (2002-2006) Integrating the ethical, legal, social, and wider cultural aspects into research in the Life Sciences and Biotechnology

As the life sciences and biotechnology develop, they contribute considerably to securing welfare on the personal and societal levels as well as to creating new opportunities for our economies. At the same time, the general public is increasingly concerned about the social and ethical consequences of these advances in knowledge and techniques as well as about the conditions forming the choices made in these fields. Indeed a certain public reluctance to support these developments seems to exist at times, and there are still significant European differences in national attitudes towards specific techniques and areas of research in this field. Nevertheless, there is growing agreement in Europe on the need to regulate these developments, seeking a balance between assuring the freedom of research and the protection of the individual.

Our democratic societies should offer the necessary safeguards and channels of dialogue to ensure that the development and application of the life sciences and biotechnology take place respecting the

fundamental values recognised by the European Union in the Charter of Fundamental Rights (http://ue.eu.int/df/docs/en/EN_2001_1023.pdf)

Thus, an effective societal scrutiny, an ongoing public dialogue, and an integration of ethical and social aspects in the early phase of research, before the technology is ready for use by society, are key preconditions for harvesting the potential of biotechnology (ref. The European Commission communication on “Life science and biotechnology – a strategy for Europe” published January 2002, http://europa.eu.int/eur-lex/en/com/cnc/2002/com2002_0027en01.pdf).

Under the 6th Framework Programme for Research (2002-2006), the European Commission has taken the responsibility of ensuring that the ethical, legal, social, and wider cultural aspects are taken into account at the earliest possible stage of Community-funded research in the life sciences and biotechnology. The ethical and social debate needs to become a natural part of the research and development process, involving the general public to the greatest extent possible.

In order to achieve this goal, the ethical, legal, social, and wider cultural aspects will be addressed at several levels:

- I. by promoting the integration of the analyses of the ethical, legal, and social aspects into research projects;
- II. by encouraging public dialogue and the participation of stakeholders in research projects;
- III. by fostering ethical awareness and foresight attention in research;
- IV. by supporting specific actions to promote the debate on ethical, legal, social, and wider cultural aspects of the life sciences and biotechnology, as well as the monitoring and evaluation of their consequences.

I. Promoting the integration of the analyses of the ethical, legal, and social aspects into research projects

Research in bioethics will be an integrate part of research projects funded under the 6th Framework Programme (2002-2006), in particular in relation to:

Priority 1: “Life Sciences, genomics and biotechnology”
and
Priority 5 “Food Quality and Safety”

Experts in ethics and social sciences should, whenever relevant, participate in research projects in areas such as genetic testing, stem cell research, biobanking, clinical trials, pharmacogenetics, population genetics, brain research, food safety, development of functional foods, sustainable production and

food quality, and other related areas.

The integration should be achieved in the following ways:

- by facilitating the identification and analysis of ethical and social issues at the earliest possible stage of the research phase and before the technologies are ready for use by society, in particular, to avoid that products are not accepted when brought to the market;
- by allowing mutual education and dialogue, in the context of each contributing discipline and its inherent approaches, as well as by seeking mechanisms to integrate ethics into the training of scientists and into their subsequent research and other fields of activities.
- by ensuring that ethicists have the means to continually assess the societal relevance and adequacy of scientific analyses and evaluations;
- by ensuring that due account is taken of the ethical and social concerns raised by research and developments in Europe, with special attention paid to our obligations towards future generations and those towards other regions of the world;
- by ensuring that the general public is sufficiently informed about, and may actively engage in, the decision's forming in life sciences and biotechnology in order to anticipate any problems that cannot be properly addressed by concentrating exclusively on scientific and economic objectives.

II. Encouraging public dialogue and participation of stakeholders in research projects

The participants in research projects will be encouraged to engage in an interactive dialogue involving all stakeholders (scientists and physicians, patients, consumers, industry, farmers, animal welfare organisations, ethicists, lawyers, and others) and the public at large. It will provide at the European level a bottom-up approach to help the process of consensus forming around best ethical conduct involving academia, professional networks and societies, industry, and as other stakeholders.

III. Fostering ethical awareness in research and foresight attention in research

All applicants will be requested to address, in the application form, the potential ethical aspects of the proposed research regarding its objectives, methodology, and possible implications of the results. This should justify the research design, explain how ethical requirements will be fulfilled, and indicate the relevant national legal and/or regulatory requirements in the country(ies) where the research will take place.

An ethical assessment will take place for all proposals with the aim to evaluate the level of awareness among the applicants to the ethical and social implications of the research. Experts in ethics and

social science will participate in the evaluation process.

A specific ethical review will be implemented for proposals dealing with specific and sensitive issues, such as the use of banked or isolated human embryonic stem cells in culture, human foetal tissue or cells, non human primates, or animal cloning as well as (whenever recommended) following the ethical assessment during the scientific evaluation.

IV. Supporting specific actions to promote the debate on ethical, legal, social, and wider cultural aspects of life sciences and biotechnology, as well as monitoring and evaluating their consequences

Support will be provided for conferences, studies, information, and communication initiatives which may contribute to the implementation of the Action Plan on "Life Sciences and Biotechnology – A strategy for Europe" and the European Research Area (ERA). It will include foresight studies on ethical, legal, social, and wider cultural aspects of the life sciences and biotechnology, alongside with wider information and communication initiatives to inform about the analyses of the ethical issues at European level, further development of training programmes in bioethics, and the development of ethical guidelines in areas such as genetic testing,

pharmacogenomics, biobanks, and the use of animals in research.

Further information and reading about calls, proposal submission etc:

<http://www.cordis.lu/rtd2002/>
helpdesk e-mails:
rtd-genomics-biotech@cec.eu.int;
rtd-diseases@cec.eu.int;
rtd-food@cec.eu.int

Additional information:

<http://www.cordis.lu/life/>
http://biosociety.cordis.lu/Home_Bioethics.cfm
<http://europa.eu.int/comm/biotechnology/>
http://europa.eu.int/eur-lex/en/com/cnc/2002/com2002_0027en01.pdf
http://europa.eu.int/comm/european_group_ethics/index_en.htm
http://europa.eu.int/comm/research/life-sciences/egls/index_en.html

This article expresses the personal opinion of the author and does not necessarily reflect the official opinion of the European Commission.

Line Matthiessen-Guyader
European Commission, DG
Research, Directorate E:
Biotechnology-Agriculture-Food,
Strategic and Policy Aspects
e-mails: line-gertrud.matthiessen-guyader@cec.eu.int

Geographical issues in IAB membership and board representation

The IAB was intended to represent global bioethics, so it is important to have broad representation from around the world. The membership comes from a number of countries, but still a majority of members are from North America and European countries (See Table1). In order to encourage greater membership from developing countries differential fees were introduced in 2000. Another mechanism is holding conferences in different regions of the world, and the trends in attendees from 1996 to 2002 are illustrative of regional bias that occurs in different forums. This is healthy in the sense that persons working in bioethics from around the world can be encouraged by linking with those in other countries. It can lead to temporal trends in IAB membership in different regions, and it will be interesting to see what occurs after the Brazilian World Congress, which had 851 attendees from Brazil alone.

The Board is meant to represent the global nature of the IAB membership in its 21 members, and the current makeup is skewed by the recent migration of 3 Board members to the UK (see Table on the last pages of the Newsletter). This led the Board to decide in its 2002 meeting that members could stand by the country of nationality or residence, chosen by the

nominated Board member. There is a constitutional limit of 3 persons from any country of the world.

In the 2001 Board meeting I proposed extra board seats be reserved for India, China and Central America, under the Constitution, based on global population representation. This would increase the number of fixed geographical regions from 9 to 12. This idea was rejected as only 3 Board members voted for it. As a representative of East Asia on the Board I have shared concerns with the Board that Asian members do feel left out of IAB. The Board is going to wait to the results of the 2003 Board elections to see whether the issue needs some further measures, as for the past three elections no member from India or China has been elected.

In the IAB membership trends in the Table, the drop in membership between 1998 and 1999 was due to the removal of members who did not pay their dues from the membership lists. By 2001 the numbers from each country are almost all higher than 1998. A similar change will occur in 2002, with some members being deleted and other newly joining at the 2002 Congress.

The Board would welcome your comments, but the most effective way will be to support the candidates to the Board from your region in the forthcoming elections. The IAB will place a copy of the voting procedures and methods for

counting these on the IAB web site before the elections.

We hope that you will consider the gender and geographical balance of the Board in your election choices, but note that a number of countries will not have Board members anyway, so there is still a need for members who are not Board members to work actively for the IAB to globalize the dialogue on these issues so all are enriched.

Daryl Macer

A comment from the Editor in his role as a Danish board member

When Daryl Macer lists 5 board members from the UK in the table on the following pages this is only partly true. I am one of these five people, because I was elected when I still lived in Denmark, but have since moved to the UK. This has, however, not made me into a UK person. I still feel deep Danish stirrings when I hear the Danish national anthem, I still contribute to the Danish debate about bioethics, I still consider Danish as my mother tongue and the language I write best etc. etc. It is therefore not true that the UK has 5 members on the board. I am not from the UK, and I definitely do not intend ever to become a subject of her Britannic Majesty!

Søren Holm

Table: Geographical trends in IAB Congresses and Membership

Country	1996 SF (USA)	1998 Tokyo	2000 London	2002 Brazil	Jan. 1998 member	1999 member	2001 member	2001 Total %	October 2002 Board
Argentina	3	3	9	36	7	9	14	2.041	1
Australia	9	16	31	7	41	30	48	6.997	1
Austria	0	1	1	0	0	0	1	0.146	
Bangladesh	0	2	1	0	1	6	7	1.02	1
Belgium	3	2	17	7	2	1	11	1.603	1
Bolivia	0	0	0	1	0	0	0	0	
Brazil	5	5	29	85	12	14	32	4.665	1
Bulgaria	2	1	3	0	1	0	0	0	
Cameroon	0	1	2	2	1	2	6	0.875	1
Canada	36	8	25	10	23	15	32	4.665	
Chile	2	1	5	11	1	0	3	0.437	
China	6	20	7	2	19	5	54	7.872	
Colombia	0	2	1	36	1	3	3	0.437	
Croatia	1	2	1	0	1	2	2	0.292	
Cuba	2	1	0	2	1	0	0	0	
Denmark	4	3	8	2	7	6	5	0.729	
Dominican Republic	0	0	0	7	0	0	0		
Equador	0	0	0	4	0	0	0		
Egypt	1	1	2	0	0	2	2	0.292	
El Salvador	0	0	0	1	0	0	0		
Estonia	0	0	0	1	0	0	0		
Finland	3	3	8	9	2	3	5	0.729	
France	3	2	8	4	4	2	10	1.458	
Germany	2	9	20	8	5	4	9	1.312	1
Greece	0	1	0	0	0	2	2	0.292	
Grenada	0	0	2	0	1	0	2	0.292	
Guatemala	0	0	0	2	0	0	0		
Guinea (Republic)	0	0	1	0	0	0	0	0	
Hong Kong	0	2	1	0	1	0	1	0.146	
Hungary	1	1	0	0	9	7	5	0.729	
Iceland	0	0	0	1	0	0	0		
India	1	16	7	2	0	11	11	1.603	
Indonesia	0	1	0	0	1	1	1	0.146	
Iran	0	1	1	0	0	0	0	0	
Ireland	0	2	5	2	0	4	5	0.729	
Israel	2	4	9	3	3	7	9	1.312	1
Italy	3	4	15	9	8	15	14	2.041	

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Ivory Coast	0	0	0	0	0	1	1	0.146	
Jamaica	0	0	0	0	0	1	1	0.146	
Japan	3	196	15	3	12	13	24	3.499	1
Kenya	0	0	0	2	0	0	0		
Korea	0	9	7	2	1	12	13	1.895	
Kuwait	4	1	0	0	0	0	2	0.292	
Latvia	0	0	1	0	0	0	1	0.146	
Lithuania	0	0	1	1	0	0	0	0	
Macedonia	0	0	0	0	0	0	1	0.146	
Malta	0	0	1	1	0	0	1	0.146	
Malaysia	0	1	1	0	1	1	2	0.292	
Mexico	1	1	5	12	6	3	8	1.166	
Nepal	0	1	2	0	0	1	1	0.146	
The Netherlands	13	8	31	10	13	19	29	4.227	1
New Zealand	9	4	7	1	8	6	7	1.02	
Nicaragua	0	0	0	1	0	0	0		
Norway	0	1	4	1	2	2	1	0.146	
Pakistan	0	1	1	1	0	0	1	0.146	
Panama	0	0	0	3	0	0	0		
Peru	1	1	0	2	0	0	0	0	
The Philippines	1	15	8	2	1	3	5	0.729	1
Poland	0	1	4	0	0	1	2	0.292	
Portugal	0	1	10	11	1	2	4	0.583	
Puerto Rico	0	0	0	8	1	2	2	0.292	
Russia	0	3	3	2	1	1	5	0.729	1
Singapore	0	0	0	0	2	0	0	0	
Slovak	0	0	1	0	1	0	0	0	
Slovenia	2	1	2	0	2	1	2	0.292	
South Africa	1	4	8	10	2	3	5	0.729	1
Spain	0	2	9	7	7	7	10	1.458	
Sweden	5	9	14	6	4	6	12	1.749	
Switzerland	4	5	11	6	5	5	9	1.312	
Taiwan	0	3	1	0	0	2	2	0.292	
Tanzania	0	0	0	0	0	0	1	0.146	
Turkey	0	2	6	6	0	4	4	0.583	
UAE	0	1	1	0	0	0	0	0	
Uganda	0	0	0	1	0	0	0		
UK	11	16	122	22	23	20	77	11.22	5
Ukraine	0	1	1	0	0	0	1	0.146	
Uruguay	0	1	1	1	1	1	2	0.292	

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USA	344	57	123	49	220	73	156	22.74	3
Venezuela	0	0	0	3	0	0	0		
Zimbabwe	0	0	1	0	0	0	0	0	
Total	492	461	733	1194	466	341	586	<i>tot %</i>	21

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Editor:

Søren Holm
Institute of Medicine, Law
and Bioethics
University of Manchester
Oxford Road
Manchester M13 9PL
UK

Tel: +44 161 275 7014
Fax: +44 161 275 7704
E-Mail: Soren.Holm@man.ac.uk
S.Holm@medphil.ku.dk

Associate Editor:

Leocir Pessini
St. Camillus University Center
Av. Nazaré, 1501
Ipiranga
04263-200 São Paulo - SP
Brazil

Tel: +55 112 726 077
Fax: + 55 112 152 361
E-Mail: Pessini@scamilo.br

**From April 2003 the Editor of the Newsletter will be Dr. Mike Parker
(michael.parker@ethics-and-communication-in-health.oxford.ac.uk),
Leocir Pessini will still be Associate Editor
Thank you to all who have contributed to the Newsletter the last years
Yours, Søren Holm**