

EACME Newsletter

European Association of Centres of Medical Ethics

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Number 38 – December 2014

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EDITORIAL

... going beyond the boundaries of individual societies!

We look back on an exciting EACME conference in Lille, while already planning the next conference. In September 2015, we will meet on the subject of clinical ethics in Cagliari, Sardinia. Moreover, this year has brought some very pleasant developments in the European bioethics scene, about which I would briefly like to inform you in my editorial today.

As most of you know, there is a second European society for biomedical ethics next to the EACME, namely the ESPMH (European Society for Philosophy of Medicine and Healthcare). The ESPMH mainly works with individual members, the EACME consists of linked Centres of Medical Ethics. It is important to note that both societies are not competitors. Quite the contrary, the goal is the same: For over 25 years, both the EACME and the ESPMH have been campaigning for the development and professionalization of Biomedical Ethics in Europe. To illustrate our common goals and ideals, the board of the ESPMH and the board of the EACME have decided to develop an agreement, signing it mutually. Herewith the boards of both societies agree on a statement of collaboration in order to responsibly and sustainably design the future of the academic field of Biomedical Ethics in Europe. This collaboration results from the strong belief that a common interest in a successful development of professionalized Biomedical Ethics should go beyond the boundaries of individual societies.

I think this is a great step. And, I am proud to announce it here. Thus, I would like to thank the entire Board of ESPMH and in particular Prof. Bert Gordijn. You will find the document "statement of collaboration"

on the main page of our EACME website:
www.eacmeweb.com

Enjoy this newsletter!

Yours,

Rouven Porz
Editor, General Secretary EACME

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LETTER OF THE PRESIDENT

EACME, as the umbrella organization of European centers for medical ethics, will celebrate its thirtieth anniversary in 2016. This means that for almost thirty years, healthcare ethicists from all over Europe have been gathering during the annual EACME conferences in order to present their scientific work and to strike up conversation with one another. This is exactly what happened in Lille during the successful EACME conference 'Frailty, vulnerability and social participation: ethical, social and political challenges for an inclusive society'. This conference proved to be the perfect opportunity for all of us to broaden our view on concepts such as frailty, vulnerability, disability and care as we learned about the concretisation of these general normative notions in different settings and countries. The conference was particularly special this year, as it celebrated the thirtieth anniversary of the Centre d'éthique médicale of Lille. The programme of the conference and its large number of participants showed that the Centre of Lille has developed a line of research that is highly appreciated in the world of healthcare ethics. During all these years, the Centre has put itself on the academic map, both on a national and international level.

During the last ten years, EACME has profiled itself more and more as a platform for academic dialogue and networking. In this context, networking within EACME can be a successful tool for career development of young academic ethicists. The internationalization of scientific research urges academics to develop relationships with colleagues from other universities and countries and acquire the necessary experience. With this in mind, EACME might be an ideal source of information, advice and support uniting senior and junior members of the healthcare ethics community. EACME, for instance, developed specific tools to support young scholars in establishing an international network: the EACME prize, the EACME Scholarship Exchange Programme, the EACME Newsletter, EACME News, and last but not least, the annual EACME conferences. Let us join forces in the further development of these information and networking tools and let us make

frequent use of them so they can flourish.

Chris Gastmans
President EACME

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NEW EACME BOARD MEMBERS



Ruth Horn (PhD), new EACME board member on behalf of The Ethox Centre, Nuffield Department of Population Health, University of Oxford, UK

I am a Wellcome Trust Society and Ethics Fellow at The Ethox Centre, Oxford University. As a sociologist, I have a particular interest in understanding the contexts in which (legal, cultural, socio-historical) ethical questions in medicine emerge in the public space, and how they are treated in different countries. My work on end-of-life decisions in England, France and Germany has shown that even within the small continent of Europe, there are significant differences between countries with regard to values and practices. The variety of values and national particularities explain why it is so difficult to implement guidelines on a European level. If we want to improve the implementation of common guidelines as a sign of a stronger Europe, we need to develop guidelines that take into account national differences. Organisations such as the EACME make an important contribution to a better understanding of the different value systems across Europe and the development of comprehensive normative standards, and I am truly grateful that I can represent The Ethox Centre as a member on the EACME board.

The Ethox Centre is a multidisciplinary bioethics research centre in the University of Oxford's Nuffield Department of Population Health. It aims to improve ethical standards in healthcare practice and in medical research through education, research, and the provision of ethics support to health professionals and medical researchers. The Ethox Centre aims in all its activities to be close to practice and seeks to engage with ethical issues faced by real world actors in real world settings. An implication of this is that the Centre places particular value on approaches to research

bringing together empirical social science research and ethical analysis. The Centre's research activities focus on four areas: clinical ethics; research ethics; global health ethics; and population health ethics. Ethox has a strong international focus. It leads the Global Health Bioethics Network which conducts ethics research and builds ethics capacity across the Wellcome Trust's Major Overseas Programmes (MOPs) in Kenya, Malawi, South Africa, Thailand-Laos, and Viet Nam. As an EACME member, the Centre regularly welcomes EACME visiting fellows from all over Europe. Ethox also offers visiting fellowships to international scholars from Europe and elsewhere through its Caroline Miles Scholarship Scheme.

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Bert Molewijk (RN, MA, PhD), new EACME Board member on behalf of the Department of Medical Humanities at VUmc, Amsterdam

I work as Associate Professor in Clinical Ethics at both the Free University Medical Centre in Amsterdam and the Centre for Medical Ethics in Oslo. I am also the co-founder and coordinator of the European Clinical Ethics Network (ECEN). I am happy to be a member of the EACME Board and I am looking forward to strengthen further both EACME and the professionalization of the field of clinical ethics (support) in Europe. I would like to do this by means of, among others: 1) stimulating international comparative evaluation research with respect to what ethicists and centers for medical ethics do and aim for (such as the current European study on outcomes of moral case deliberation); 2) stimulating the discussion on quality, methods, education and expertise within clinical ethics (support); and 3) starting concrete projects with European colleagues. An example of the latter is the organization of the ECEN Open Forum Day at the 16th of September 2015, just before the start of the EACME conference at Thursday the 17th in Sardinia. Another example is the possibility of hosting one of the future EACME conferences in our great city of Amsterdam.

The Department of Medical Humanities has been an active member of EACME for five years. The core staff of the Department has been involved in EACME for more than fifteen years. The Department, with

approximately 40 multidisciplinary staff members, is one of Europe's largest centers for medical ethics. It coordinates teaching in medical ethics and philosophy in various educational settings (from BA to PhD, as well as postdoctoral training), both in the university and in health care institutions. The research is organized in two research lines: Clinical Ethics and Philosophy on the one hand, and Patient Participation and Diversity on the other hand. In the area of medical ethics, research focuses on clinical ethics, clinical ethics support, moral case deliberation, empirical ethics, end-of-life issues, genetics and ethics, and mental health care ethics. The Department of Medical Humanities has an active international network, and is involved in editorial boards of ethics journals, scientific committees of ethics conferences, and the coordination of collaboration in ethics (such as the European Clinical Ethics Network).

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NEW EACME MEMBERS

FULL MEMBER

Victor Grifols I Lucas Foundation (Barcelona, Spain)

Dear colleagues,

It's an honour for us to become a new full member of EACME and we would like to introduce our centre to you.

The Víctor Grifols i Lucas Foundation was created in 1998 with a mission to promote bioethics through dialogue between specialists in a range of areas. The Foundation seeks to foster ethical attitudes in organizations, companies and individuals active in the field of human health. To achieve this, it offers a discussion platform which provides a forum for the exchange of different perspectives on the ethics of life. The Foundation mainly works on topics related to clinical ethics, research ethics and ethics and society.

To carry out this mission, one of the most important activities that the foundation works towards each year is the organization of conferences, seminars and workshops which raise awareness of and explore the ethical issues which are constantly raised by life and medical sciences. By producing publications and other documents related to bioethics, we disseminate and bring related issues to bioethics professionals and all those who are interested. The Foundation works with organizations, universities and other educational institutes to conduct research work and to produce publications which contribute to a deeper

understanding of the ethics of life. In addition, the Foundation launches three different categories of awards and grants, promoting research in specific areas of bioethics. Besides this, it is involved in the assessment of ethics committees, in clinical and research fields, and collaborates with hospitals and biomedical research centres in Catalonia. At the same time, some members of the Foundation are part of the National Bioethics Committee in Catalonia.

You can find more information on our website (www.fundaciogrifols.org)

Thanks for your trust!

Núria Terribas
Victor Grifols I Lucas Foundation – Executive Director

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ASSOCIATED MEMBER

Clinical and Experimental Medicine and Medical Humanities Ph.D., Insubria University (Varese, Italy)

The Ph.D. course is structured in three different and interconnected curricula: Pharmacology and Clinical and Experimental Therapy, Medicine and Human Science and Sociology and Symbolism of the Psychopathologies.

The Medicine and Human Science curriculum aims to train graduated students (especially from Medicine and Philosophy) into the study of Bioethics and Clinical Ethics.

During the first year, the student starts to learn a research method in Bioethics and he shadows his mentor during the Clinical Ethics Consultation at the Hospital.

Students begin with full-time research activities, working directly with their mentors and research teams to complete an original research project. The research activity is partitioned in two fields: the strictly individual research and the shared discussion of ethical issues emerging from clinical cases with the mentor and the other scholars.

The second year is characterized by a training period in a specific hospital department. The Ph.D. student follows the clinician's activity for a few months as a bioethicist in training. This experience aims to improve the competencies in the Clinical Ethics Consultation.

The student is trained to become an independent researcher, gaining expertise in the specialty field in which he is working (i.e. Clinical Ethics Consultation, End of Life Issues, Neuroethics or History of Medicine). In the third year of the Ph. D. Course, a 3-6 months residency-training period at a foreign academic and/or non-academic institution is a preferential requisite to

obtain the Ph.D. degree, and it is supported by the participation of the faculty members to an international collaborative network.

The research project culminates with writing a Ph.D. dissertation and an oral defense of the project. The publication of the research in peer-reviewed scientific journals is expected from all students.

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“AGING AND DISABILITY” WORKSHOP

XX General Assembly Pontifical Academy for Life Vatican City, 20–21 February 2014

The “Aging and Disability” workshop held on the occasion of the twentieth General Assembly of the Pontifical Academy for Life (Vatican City, 20–21 February 2014) aimed to promote a reflection on the ethical, social and cultural implications of the aging of the population, a phenomenon that poses a challenge for the twenty-first century and at a global level.

Session I *Disability and the Human Condition*

Session One was opened by Prof. A. Pessina (Milan, Italy) with the lecture “The Cultural Problem of Disability”. The speaker illustrated the dominant mental framework behind the understanding of mankind as a paradigm that values *productivity over wisdom*. In the case of the aged who are no longer in the position to enjoy themselves in a consumer-hedonistic sense (the capacity to maintain work, hobbies, recreation, etc.), this leads precisely to the idea that it is simply better for these persons to die. Old age remains a *proper time in the life of mankind*. It is not, then, a time void of hope and without future, nor is it a time in which it makes no sense to live through until the end, or that one has to search for activities parallel to those undertaken in youth or adulthood. It is, rather, a time in which one seeks to engage in dialogue with oneself and come to appreciate one's finitude in the truth of existence as a whole.

The second presentation, “Anthropology and Fundamental Ethical Values”, was given by Prof. M. J. Thiel (Strasbourg, France). Here, disability was approached in light of relation, and it addressed how today disability is placed within a perspective of “human rights” that begins with the idea of a common human dignity. Such a perspective, however, may yield unsatisfactory results if it is not incorporated into an ethics that seriously considers the human condition

and “fills” these rights with solidarity, responsibility and justice.

The third talk of this session belonged to Msgr. O. Memes de Almeida of the Secretariat of State in Vatican City, Section for Relations with States, entitled “International Documents and National Politics”. The objective of the speaker was above all to explain why the Holy See did not formally adhere to the Convention of the United Nations on the Rights of Persons with Disabilities (2006), which today has been ratified by 141 states. For the most part the content of the Convention is of positive value—and certainly in what pertains to education, the important role played by the family and the articulation of the right to life in article 10. The Convention in question nevertheless also constitutes the first international normative document that acknowledges the right to obtain an abortion, a true transgression with respect to the dignity of any person with disabilities.

Session II Aging and Disability: The Facts and the Problems

Session Second began with Prof. M. Leonardi’s (Milan, Italy) paper on “Definitions, Classifications, Epidemiology: Aged Persons and Disability”. In order to define the condition of old age, it seems that today it is more appropriate to utilize a further expectation of life rather than a reflection of the years already lived. It is furthermore important to keep in mind that aging can no longer be considered a phenomenon of wealthy countries, but now touches poor countries where old age is primarily associated with a condition of disability. In this session there were talks presented by Prof. V. Di Lazzaro (Rome, Italy), “Disability After a Stroke”; Prof. S. Krajcik (Bratislava, Slovakia), “Disability in Chronic Illness”; and Prof. R. Buchanan (Austin, Texas), “Disability Through Cognitive Decline and Dementia”. In these papers medical data relevant to the ethical reflections on this theme was provided. In particular, attention was given to the Alzheimer, one of the most prevalent causes of dementia in the aged as well as already being one of the main causes of death in individuals over the age of sixty-five.

Prof. R. Colombo (Milan, Italy), spoke on “Research and Clinical Medicine Pertaining to Aging and Disability”. Colombo emphasized the multiple successes in medicine in the last century both in relation to the identification of pathogenic mechanisms at play in senility, as well as in relation to certain developments above all on account of bioengineering, prosthetic instruments and electronic devices capable of compensating for motor, sensory and communicative disabilities.

The address entitled “The Aged Person with Disabilities in Society: How To Understand and Manage the Problem” by Prof. M. Petrini (Rome, Italy), alerted attention to the slogan that incites a kind of

“dynamism” in the aged (“active aging”, “successful aging”, etc.) as if this were the only meaningful manner of living this stage of life, while discriminating against the elderly person who cannot help but experience his or her own fragility.

Prof. A. Borovecki (Zagreb, Croatia) spoke on the topic “A Challenge For Healthcare Systems: Ethical Principles and Answers”. The aging of the population leads to at least three different challenges for public European healthcare systems: accessibility, quality and sustainability of services. There is a risk of developing a “solidarity of interest”, which does not imply the recognition of the unity between individuals and the acceptance of the consequences of such unity, but the alliance in view of a mutual interest which necessarily needs to be accomplished with reciprocity.

A paper entitled “The Paradigm of Care” was presented by Prof. E. Pérez Brét (Madrid, Spain). Care as defined in this perspective represents one of the human activities that might to the largest extent enrich the human individual who practices it, for it not only requires an adequate human preparation but a broad interior richness as well.

The session was concluded by Rev. Prof. J. J. García (Cuyo, Argentina) and his discussion of “The Condition of the Elderly and Disabled Person: Theological Perspectives”. From the perspective of faith, suffering cannot be a degrading experience, a line of thinking that is transmitted by society beginning in Nietzsche.

Session III Aging and Disability: Ethical Questions and Proposals for Action

This session was initiated with Prof. F. Caretta’s (Rome, Italy) “Educational efforts”. One crucial aspect of education pertains to the risk that among healthcare workers in the field of geriatrics there might be instilled an attitude of routine, that work in this sphere is of little importance and qualification with respect to other branches of medicine that aim more directly at “curing”, and at times even work that is considered a fall-back, a reflection of society’s current dominant attitude toward elderly persons.

Prof. A. Sereni (Santiago, Chile) addressed “Autonomy, Consent and Cognitive Decline”. The idea of autonomy and cognitive capacity of the patient constitute key concepts in medical ethics and contemporary culture, yet one observes a scarce understanding of the anthropological complexity of these concepts in favor of an interpretation that is purely focused on procedure and is content with an attempt to simply list the formal criteria of validity of “informed consent”.

A paper on “Various Specifically Ethical Problems” was given by Prof. R. Dell’Oro (Los Angeles, California), which critically reviewed different “existential modalities” through which one today faces

death and which encourage certain ethical attitudes in the wake of medical technology. The dominating perspectives presuppose a full censure of the anthropological meaning of death, establishing normative criteria of what makes for a good death though remaining silent as to what death might represent for mankind or what is his existential value. In other words, the ethical question cannot fully separate itself from a metaphysics that provides a certain comprehensive, final attitude of things when confronted with what things mean.

This was followed by the personal testimony of Paolo Marchiori (Brescia, Italy) on "The Aged and Disabled Person and Spirituality". Suffering from Amyotrophic Lateral Sclerosis, Marchiori spoke of the intense interior journey that one may embark upon at the onset of a situation of a grave and worsening disability.

The closing presentation of the workshop centered on the topic "The Church and Aged Persons with Disabilities" and was given by S. E. Msgr. Z. Zimowski, President of the Pontifical Council for Healthcare Workers. The elderly are the riches of the Church and indeed of all of humanity. If it is true that the youth open society to the future, the aged will enrich it with their experience and wisdom.

At the Conclusion of the Workshop, a Final Declaration was formulated as follows in eight points: "1. We wish to reaffirm the intrinsic and inalienable dignity of all human beings, regardless of their age, health or existential condition; 2. The unfortunate existence of a "throw-away culture", as emphasized by Pope Francis, is increasingly widespread and can only be countered by an attitude of mutual acceptance; 3. First of all, it is necessary to promote and sustain mutual relationships within families, sustaining, according to the principle of subsidiarity, the needs which each family manifests with regard to their helpful support of aged and disabled persons; 4. This would be translated into real solidarity only if it finds social and institutional support regarding places and opportunities for relationships, relief and comfort; 5. In particular, we encourage the efforts of doctors and all other health care workers, and of those who work in the areas of bioethics and legislation, to discover appropriate responses to the urgent problem of the abandonment of elderly disabled persons, mostly in cultures of wellbeing and opulence but also in other societies; 6. We reaffirm the ethical-professional obligation of doctors and health-care institutions not to deprive elderly people of necessary health care, but always to offer treatments considered appropriate according to the criteria of ethical-clinical proportionality; 7. There is an urgent need to favor an accepting culture for the elderly, which views preparation for death not as an end, but as the accomplishment of existence for which old age allows for a more mature preparation; 8. The light of faith

helps us to understand the reality of disability, in order to find meaning and hope in every condition of life and sustain the care and assistance required from families and health-care institutions"¹.

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PREVENTING COERCION WITH THE USE OF FAMILY GROUP CONFERENCES

Reflections on moral challenges and values

Authors: Elleke Landeweer, Marjolein van Dijk, Ellen Meijer, Gideon de Jong, Gert Schout².

In psychiatry one of the major ethical issues is the use of coercion regarding patients. Although it is sometimes perceived as the only option to stop dangerous behavior caused by a psychiatric disorder, it is often also experienced as harmful, traumatic and detrimental for the patient as well as professionals (Landeweer, 2011). Despite the moral reluctance to use coercion, the number of coercive admissions in the mental health institutions in the Netherlands has increased over the last 25 years (Van der Post, 2013). All the more reason to search for alternative preventive strategies that are less harmful for patients.

One of the alternative strategies to prevent coercive admissions is the use of family group conferencing (FGC). Referring to the promising outcomes in youth care settings (Berzin et al, 2008; Wang et al, 2013) and public mental health care (De Jong et al, ND), it is suggested FGC might be beneficial to prevent involuntary treatments in psychiatry. Our research group in Amsterdam (VU University, department of Medical Humanities) therefore started a major evaluative study within three mental health care institutions regarding the question if and how the use of FGC could be helpful in preventing involuntary admissions. While this study is still running, we will present in this contribution some preliminary reflections on the moral value as well as challenges.

¹ <http://www.academiavita.org/articles/1086863743-conclusive-declaration-2014.php>.

² The authors are part of the research group Family Group Conferencing that is affiliated with the Department of Medical Humanities of the VU University Medical Centre, Amsterdam. The Netherlands.

What is FGC?

A family group conference is a structured meeting between members of a social network invited by one of them who wants to ask for support regarding a major problem (s)he experiences. This person is referred as the central person and could for example ask for help regarding how to avoid an involuntary admission in psychiatry. FGC aims to empower persons to deal with their problems by sharing it with their own (chosen) social network including for example relatives, friends and/ or neighbors and develop solutions together with their important others. During the meeting the participants will search for solutions regarding the problematic situation and compose a (preliminary) action plan how to deal with the situation. Although professional caregivers are involved during the preparations towards the actual meeting and share information regarding their roles within the network during the start of the meeting, an important feature of FGC is that it is not characterized by a professional setting. In the end the central person together with his or her social network develops its own plan and solutions how to deal with the experienced difficulties without external persons. The central person is supported in this process by an independent FGC facilitator, who is not affiliated with the mental health care institute or any other professional care organization. (S)he helps the central person to approach significant others and guides how to structure the actual meeting and the developed outcomes.

The intervention of FGC intends to bridge the-worlds of the professional setting and the personal lives of people. Persons who suffer from an illness are part of both worlds. In the institutionalized world of professionals a person is identified as a patient, while within personal lives people can have many roles. The aim of FGC is to promote self-management of persons regarding their problems and to optimize informal social support. It stimulates to overcome shyness and promote openness with networks with the idea that it will make persons stronger and less dependent on professional care.

Our research project

To explore the efficiency of FGC in psychiatry to prevent and reduce involuntary admissions, we monitor and evaluate 60 family group conferences in three regions in the Netherlands using a qualitative responsive research methodology based on field notes, interviews and focus groups with stakeholders one month after the conference and follow-up meetings after 6-12 months. Conditions of our research were that the central person of FGC was a patient confronted with involuntary treatments or a

close relative or friend and the FGC was initiated with the intention to reduce and prevent coercion. As we are entering now the last phase of data collection, we are already able to reflect on some of the moral challenges that spring from the use of FGC in this context.

Moral challenges and value of FGC

From the start of our study including patients in our research was difficult. We asked professionals to initiate a conference to patients who had been involuntary admitted or who are threatened with an involuntary admission. Professionals were reluctant to participate. The hesitance to stimulate and support a conference for their patients can be understood from a moral perspective as for professionals some of their central values are put on the line. To understand what is at stake from their outlook we consider the work of Hilde Lindemann useful. She compares health care ethics to family ethics and analyses the differences (2007). She differentiates two systems of ethics – the professional health-care system and the larger system of health care delivery that consists of the family/ personal network of persons. These two systems seem to follow different logics and could conflict when they interact. According to Lindemann, traditional health care ethics uses several doctrines that do not correspond to family ethics. In traditional health care ethics, for example, the relationship between the professional and patient is not reciprocal but patient-centered, while within family ethics it is equal; everybody counts. A second difference is that within health care ethics the patients' autonomy is viewed individualistically, while often in families autonomy is relational and constructed within a shared context. Third, while for professionals nothing may be done to or for the patient without his or her free and informed consent, in families, trust and faith is often more important than actual approval.

The logic of professionals in psychiatry makes them hesitant to suggest and motivate a patient to organize a family group conference. Their moral responsibilities become blurred. Normally they take care of patients, while in a conference the patient is stimulated to take care of him or herself with the help of its personal network. To let go and put the patient in charge, feels uncomfortable to professionals. They are insecure about their roles and responsibility within these processes. Also, professionals often do not have a clear view on the logics of the personal network of their patients or think the family logic might burden their patients too much. What if the aims of family members have other interests besides the good of the patient? Should the professional protect the patient against ulterior motives?

Bridging the two worlds with the use of FGC is challenging for both health care workers and families. There are several arguments why it is nevertheless worthwhile to connect both logics. First, personal relationships are important for human beings. They are valuable for instrumental reasons, as it benefits the wellbeing of patients. Further it is suggested that when people are embedded within warm networks they will be able to deal with their psychiatric vulnerabilities in a better way (De Silva et al, 2005). It relates to resilience and empowerment of patients (Durkheim, 1951). From that perspective, individual patients could benefit from attuning to relatives and fostering relational ties. The FGC intervention creates opportunities to strengthen the ties between networks, which therefore should be on the list of professionals. Besides the instrumental value of personal relations, relationships are also considered as intrinsically valuable. Personal networks could be seen as ends in themselves, worth on their own, meaning it is worthwhile to strive for. This means that also broken networks or small networks are valuable, when patients cherish these relationships. A second argument to bridge the chasm is that the moral logic within families often exists implicitly as it is a naturally construct of histories, narratives and identities that are intertwined. Dialogue on mutual expectations and prejudices might reduce certain tensions that were developed in the past. Professionals can contribute within FGC in creating openings to discuss subjects that have been hidden and experienced as taboo, related to psychiatric illness. For patients, openness on their psychiatric issues could be thrilling and confronting, yet it could also reduce existing prejudices within networks. Third, in several cases of our research we see that the use of FGC creates opportunities to reduce coercive measures that have not been tried before. Patients experience a stronger motivation when their personal relationships are involved. They feel supported and more self-confident when they have the support of their networks to prevent involuntary admissions.

Our research project encourages us to think more closely on how to connect the two systems of ethics as the patient lives in both worlds. Verkerk and others propose to renegotiate responsibilities against the backdrop of personal networks (Verkerk et al, 2014). We suggest that FGC as an intervention is helpful for personal networks as well as for professionals as it creates a platform for sharing and distributing responsibilities of the patients in their personal network. The moral challenges that are experienced from both sides are important ingredients for the dialogue on how to bridge the two worlds into a strong collaboration that prevents the use of coercion in psychiatry and fosters resilience and self-management.

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A COURSE OF "MEDICAL HUMANITIES" IN PADUA

The Fondazione Lanza - Center of Advanced Studies in Ethics and Bioethics in Padova - in collaboration with the Chair of History of Medicine at University of Padova and the Chair of Medical Humanities at the University of Marmara of Istanbul, has recently completed the first English edition of the Summer Course in "Medical Humanities - Italian Perspectives", held in Padua from Sunday 7 to Friday, September 12, 2014.

Medical Humanities

Medical Humanities is an untranslatable and often misconstrued term, born in the United States in the 60s, along with Bioethics, in the context of what is known as the “contemporary crisis in medicine”, encompassing the idea of offering to health practitioners, cultural and cognitive tools allowing them to establish a better, “more human”, and trusting relationship with the patients and their illness. The effort of “re-humanizing” medical education and practice emphasizes the concepts of human vulnerability, individual autonomy, empathy, and responsibility for the other as part of the basic identity of human beings.

As described In the New York University School of Medicine website, the term «Medical Humanities» concerns the relationship between humanities (literature, philosophy, ethics, history and religion), social sciences (anthropology, psychology, sociology), arts (literature, painting, sculpture, theater and cinema), and medicine. Humanities and arts provide important information about the human condition, suffering, and our responsibility towards each other and together they offer a historical perspective on medical practice. The focus on literature and the arts aims at developing and consolidating the skills of observation, analysis, empathy and self-reflection, all essential in medical care. Social sciences help us to understand how bioscience and medicine move within different social and cultural contexts and how culture interacts with the individual's experience of illness and the ways in which medicine is practiced. (<http://medhum.med.nyu.edu/>)

To face present and future medical issues, it is crucial to regain that relationship, lost and neglected over the last centuries, that exists between the human condition and spirituality, between charity and suffering, between life and death.

Why a Course on Medical Humanities?

At a time when medicine demonstrates an increasing and almost exclusive reliance on scientific and technological progress, it is necessary to restore and promote the important relationship that always existed between medicine and the arts. Our recently concluded course proposed an integrated and interdisciplinary approach to analyze and interpret the human experience of illness, disability, health care, and medical intervention in order to try to return health care practice back to its original purpose: ‘to be a medicine for the person’.

Italian and international experts in painting, sculpture, literature, cinema, forensic science, psychiatry, bioethics, and history of medicine offered their qualified observations, proposing a ‘humanistic’ reflection on illness, medicine, the role of physicians and nurses. All

contributions were intended to overcome a reductive conception of treatment practices that explain illness only according to bio-molecular reactions. The humanities have always offered a fundamental contribution to the aspiration of gaining a more complete picture of illness, improving medical care and our assistance to the sick. Instead of finding a clinical explanation, the humanities offer a deeper understanding of the human side of illness, both personal and social, that can encourage a greater empathic understanding of self, the other, and the therapeutic process.

Why in Padua?

As described by Henry Sigerist, medical historian, Padua is the birthplace of modern medicine. Here, Giovanni Battista De Monte (1489-1551), teaching for the first time at the patient's bedside, developed clinical medicine; Andreas Vesalius (1514-1564) taught anatomy at the students of the University of Padua; William Harvey developed here his first insights on blood circulation; and Gabriele Falloppio (1523-1562) discovered the uterine tubes. In Padua, Hieronymus Fabrici d'Acquapendente (1533-1619) and Giovanni Battista Morgagni (1682-1771) wrote their masterpieces of pathological anatomy. Workplace Medicine also saw its beginnings in Padua thanks to Bernardino Ramazzini (1633-1714). Most notably, at the same university, Galileo Galilei taught for 18 years, developing his scientific method.

Concurrently, as William Shakespeare wrote in his play *The Taming of the Shrew*, Padua was also the “nurse of Arts”. From the fourteenth through the sixteenth century, the city expressed an impressive and extraordinary artistic culture thanks to artists such as Giotto, Donatello and Titian, among others.

Finally, Padua, city of St. Anthony, is a place that has always demonstrated a strong religious feeling oriented towards charity. For these reasons, the history of the city is closely tied to the history of its hospitals, the first of which, the Saint Francis Hospital, was established in 1414.

These are some of the reasons that led the Fondazione Lanza to choose to speak of Medical Humanities; from a place where medicine, arts, and religion have found an extraordinary synthesis.

In order to clarify the ethical values represented by the arts in the field of medicine, the Fondazione Lanza's course was structured with morning lectures followed by afternoon visits to important artistic and historical sites of the city (School of Charity, Scrovegni Chapel with Giotto's frescoes, the Ancient Building of the University, Botanical Garden, Palazzo della Ragione, the Baptistery, Caffè Pedrocchi). To this was added a full day in Venice with lectures on Tintoretto and “The Spirit of Glass” (Murano glasses) and visits (Chiesa

della Salute, Scuola Grande di San Rocco, Church of Saint Pantaleon).

All participants, who came from nine countries throughout the world (Australia, United States, Canada, Colombia, Ireland, Norway, the Netherlands, Turkey, Switzerland) all with different professional backgrounds (hospital doctors, University professors, researchers) expressed a very positive evaluation of both the high quality of the course content and the organizational structure. This encouraging feedback inspired the Fondazione Lanza to promote a continuing offer of a Course drawing on the artistic, cultural, and bioethical heritage of Padova and the Fondazione itself. The next Course is scheduled for September 2015 (for more information visit the Fondazione Lanza website at <http://fondazionelanza.it/medicalhumanities> or contact dr. Lucia Mariani at info@fondazionelanza.it).

Renzo Pegoraro, Lucia Mariani (Fondazione Lanza, Padova, Italy)

NEW BOOK

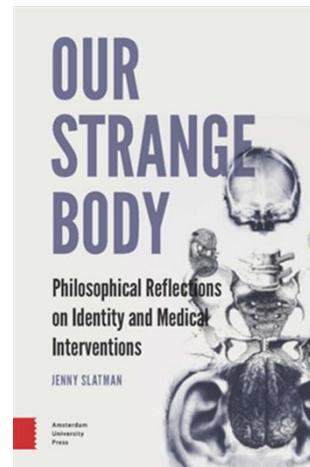
Jenny Slatman (2014). Our Strange Body. Philosophical Reflections on Identity and Medical Interventions Amsterdam: Amsterdam University Press

For readers of the EACME newsletter, this book is available at a special price of €14,95 from www.aup.nl (Please use code STRANGEBODY2014 when placing your order)

Contemporary medical technologies increase the possibilities of (re)shaping the human body. Interventions such as organ and tissue transplantation, and high-tech reconstructive surgery and prosthetics have evolved into standard treatments in current medicine and health care. Suspending the obvious question of whether these kinds of interventions are morally desirable or not, this book analyzes in what ways these interventions put into question our sense of individual identity. Based on a careful if unconventional reading of various philosophers and theorists, Jenny Slatman develops the thesis that what we call our own body (*corps propre*) always entails a strange dimension. Interspersed with the philosophical arguments in this study, Slatman discusses relevant and elucidating examples from popular culture, sports, art and literature, as well as from state-of-the-art medical and life sciences.

Jenny Slatman is associate professor of philosophy in the department of Health, Ethics and Society, CAPHRI,

Maastricht University. Her current work involves philosophical analyses of bodily identity and integrity in disfigurement and disability (with a specific focus on cases of disfiguring and disabling cancer).



DEADLINE NEXT NEWSLETTER

Deadline for the first edition of 2015:

April, 1st 2015

If you wish to promote your event, or to inform your EACME-colleagues about the results of your work, descriptions of projects, book reviews etc.

Any good ideas for upcoming editions?

Don't hesitate to contact our editor Rouven Porz or Angelique Heijnen: rouven.porz@insel.ch or a.heijnen@maastrichtuniversity.nl

SPECIAL EDITION NEWSLETTER

Dear Readers

The **second issue of the EACME Newsletter for 2015** will part from our usual tradition and will be the **second special issue** completely devoted to one discrete topic.

We are seeking to explore the theme "Clinical Ethics, past, present and future". Ralf Jox will be Guest Editor for that upcoming edition.

Deadline: August 15, 2015

It suits perfectly to the topic of the 2015 annual conference.

We will advertise the call for papers as an EACME Friday News.

ANNOUNCEMENT

CALL FOR ABSTRACTS

**EACME ANNUAL CONFERENCE
17-19 SEPTEMBER, 2015
“CLINICAL ETHICS: PAST, PRESENT AND FUTURE”**

The Mediterranean Center of Clinical Bioethics (MCB) – Sardegna Ricerche, Pula, Italy, the Department of Public Health and Molecular Medicine, University of Cagliari, Italy and the European Association of Centres of Medical Ethics (EACME) will host the EACME annual conference in 2015

Abstracts addressing ethical dimensions in the following topics can be submitted:

HISTORY AND NATURE OF CLINICAL ETHICS: ETHICS, BIOETHICS AND CLINICAL CONSULTATION:

- Historical development of clinical ethics
- Cultural context of clinical ethics
- New challenges in clinical ethics: genetics, personalized medicine, transcultural medicine
- Relationship between Bioethics and Clinical Ethics

CLINICAL ETHICS SUPPORT AND ETHICS CONSULTATION: LEGAL, ORGANIZATIONAL AND EDUCATIONAL ASPECTS

- Education, training and implementation of clinical ethics support
- Models of clinical ethics support (ethical committees, bioethical services, ethical consultation)
- Legal frameworks and clinical ethics
- Clinical Ethics, Biopolitics and Public Health

ANTHROPOLOGICAL AND PHILOSOPHICAL FOUNDATIONS OF CLINICAL ETHICS

- European philosophical perspectives
- Ethics of care
- Decision-making processes at the bedside
- Human dignity and clinical ethics

CLINICAL ETHICS AND END-OF-LIFE CARE

- End-of-life in neonatology
- Care for older people

- Ethical issues in oncology
- Palliative care

The program of the conference includes plenary sessions as well as parallel sessions. People wishing to present papers at the conference are invited to submit an abstract addressing one of the conference topics (500 words maximum) before **MARCH 1, 2015**. Papers will be selected from the abstracts by the Conference Program Committee. Please send abstracts to: info@eacme2015.org

Contact details and further information:

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SEASONAL GREETINGS

Seasonal greetings from the EACME Daily Board to you and your loved ones.



May 2015 be full of prosperous ideas, academic exchange and success!

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