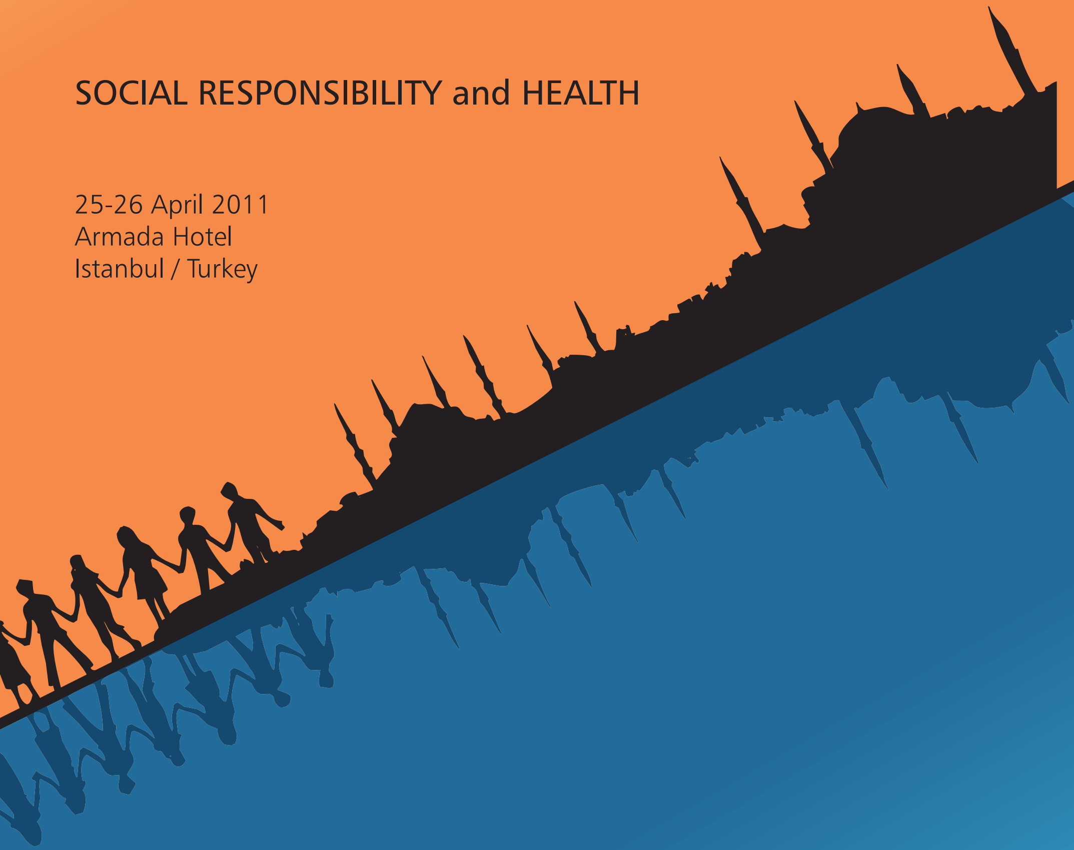
United Nations
Educational, Scientific and
Cultural Organization
Turkish National Commission

WORKSHOP

UNIVERSAL DECLARATION on BIOETHICS and HUMAN RIGHTS

SOCIAL RESPONSIBILITY and HEALTH

25-26 April 2011
Armada Hotel
Istanbul / Turkey



BIOETHICS COMMITTEE
TURKISH NATIONAL COMMISSION for UNESCO

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Foreword

Dear Guests,

I welcome you all and hope that everyone will enjoy the program of the workshop . As the Bioethics Committee of the Turkish National Commission of UNESCO we have been organizing education seminars and awareness raising activities in the area of Bioethics in various cities in Turkey. This is the fourth meeting that have been organized by the high motivation and dedication of the members of the Bioethics Committee under the heading of “Anatolian Bioethics Seminars.” I wish that the current workshop may play a role in initiating a will to transform this national event into a regional seminar series.

UNESCO with 193 member states is the only agency within the UN system with a mandate in science and bioethics is an area of priority within the UNESCO programs, (www.unesco.org)

UNESCO’s mandates are carried out by five major sectors of Social and Human Sciences, Education, Natural Sciences, Culture, Communication and Information. Bioethics program is part of the Division of Ethics of Science and Technology within the Social and Human Sciences Sector. The program houses two advisory bodies; International Bioethics Committee (IBC) and Intergovernmental Bioethics Committee (IGBC). Briefly the Program has the mission of providing the background of an intellectual forum where reflection on the ethical issues arising from technological developments in the field of life sciences takes place and guidelines are drawn and standard setting documents such as Declarations are prepared that can be used by States as guiding documents in policy making and implementation. The Program is aslo instrumental to assist in setting up of national ethics committees, information centres and such bodies that will increase the capacity of member states to incorporate bioethical norms in decision making in areas like health care delivery and health research. Lastly education and awareness raising is another major goal of the Program where specialists as well as the general public and decision makers are targeted.

Universal Declaration on Bioethics and Human Rights, a standard setting document prepared by the IBC was adopted by the General Conference of UNESCO in 2005. This legal but non binding document is addressed to States as it acts as a guidance document for solving ethical issues arising in the fields of medicine and life sciences where human beings are concerned in the applications of new and emerging technologies in biomedical practices. The Declaration contains articles that cover basic principles such as human dignity and human rights, benefit and harm, consent, autonomy, privacy and confidentiality . It also contains a very important article on social responsibility and health. This article addresses the inequalities in the health care systems and draws attention to the bioethical approach in health care policies.

Article 14 of the Declaration; Social Responsibility and Health states that:

1- The promotion of health and social development for their people is a central purpose of governments that all sectors of society share.

2- Taking into account that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social condition, progress in science and technology should advance :

a. access to quality health care and essential edicines,especially for the health of women and children because health is essential to life itself and must be considered a social and human good;
b. access to adequate nutrition and water;
c. improvement of living conditions and the environment;
d. elimination of the marginalization and the exclusion of persons on the basis of any ground;
f. reduction of poverty and illeteracy.

As the Bioethics Committee of the UNESCO National Commission we are very happy today to host this workshop that is indended to create an atmosphere of debate on the issue of Social Responsibility and Health against the background of bioethics and human rights. The lecture topics were selected to set the background for the elaboration of the contents of Article 14 of the Declaration The list of speakers are from a range of geographic areas in Europe and the Middle East and we hope that during the days of the workshop this diversity will add color and energy to our discussions.

We are all aware of the disparities between peoples, societies and nations when it comes to access to health care and enjoyment of the full benefits of advances in science and technology. Eradication of poverty, gender equality in education, safe water and food chains are only a few of the concerns when left unsolved lead to social conflicts that may grow to engulf large regions and create vulnerabilities that become very volatile. What we are experiencing these days in some of the Middle Eastern and Mediterranean countries reflects the strong desire of individuals for basic human rights and governance systems that respect human dignity. As societies and as individuals we should be aware of the value of an education system that allows the development of minds capable of bioethical reflection and that can learn to respect diversity within an universal system of ethical norms.

I welcome you once again and sincerely hope that this meeting in Istanbul may spark the will to sustain dialog and collaboration among us all.

I wish to take this opportunity to thank the members of the Executive Committee and the Secretariat of the National Commission and also the Turkish Airlines for their travel support to the meeting.

Meral Özgüç
Member of Executive Board and
Chair of Bioethics Committee
Turkish National Commission for UNESCO

WORKSHOP PROGRAM

Monday, 25 April 2011

8:30-9:30	**Registration**

Session I

9:30-10:00	**Opening and Introductory Remarks** ***Meral Özgüç*** Member, IBC* of UNESCO Chair, Bioethics Committee, TNCU** Faculty of Medicine Hacettepe University, Ankara, Turkey
10:00-10:30	**Ottoman Health System in Perspective: Social Responsibility Through Charitable Endowments** ***Mehmet Akif Kireççi*** Department of History, Bilkent University, Ankara, Turkey
10:30-10:45	Coffee Break

Session II	
Chair	**Berna Arda**
10:45-11:15	**Social Responsibility and Health-Philosophical Background in Approaches of Human Rights and Responsibility** *Stefano Semplici* Member, IBC of UNESCO Faculty of Philosophy, University of Rome tor Vergata Scientific Director, Lamaro Pozzani College, Rome, Italy
11:15-11:45	**Awareness Raising in the Public for Emerging Technologies in Biomedicine and Related Bioethical Issues** *Mehmet Öztürk* Former member, IBC of UNESCO Director, BilGen Genetics and Biotechnology Research Center of Bilkent University, Ankara, Turkey Research Director, Institut Albert Bonniot, Grenoble, France
11:45-12:00	Discussion
12:00-14:00	Lunch Break

Session III

Chair	**Uygar Tazebay**
14:00-14:30	**Financing Research in a Small Country of the European Union** ***Toivo Maimets*** Member, IBC of UNESCO Director, Institute of Molecular and Cell Biology, University of Tartu, Estonia Director, National Center of Excellence for Gene and Environmental Technologies, Estonia
14:30-15:00	**Bioethics Committees and Public Policy Implementation** ***Hakan Orer*** Bioethics Committee, TNCU Director, Institute of Health Sciences, Hacettepe University, Ankara, Turkey
15:00-15:30	**Bioethics Education in Turkey** ***Berna Arda*** Bioethics Committee,TNCU Dept. of Medical History and Medical Ethics Faculty of Medicine, University of Ankara, Ankara Turkey
15:30-15:45	Discussion
15:45-16:00	Coffee Break

Session IV	
Chair	**Hakan Orer**
16:00- 16:30	**Education of Women and Children in a Multicultural Society** ***Salwa Saniora Baassiri*** Member, IGBC*** of UNESCO General Secretary, Lebanon National Commission for UNESCO Chair, Arab Ethics Committee for Science and Technology, Lebanon
16:30-17:00	**UN Millennium Goals and Universal Declaration on Bioethics and Human Rights** ***Nüket Örnek Büken*** Bioethics Committee,TNCU Dept. of Medical Ethics and History of Medicine, Faculty of Medicine, Hacettepe University, Ankara, Turkey

Tuesday, 26 April 2011

Session V	
Chair	**Stefano Semplici**
9:30-10:00	**Megacities, Environmental Problems, Citizen Health and Social Responsibility** ***Kumru Arapgirlioğlu*** Bioethics Committee,TNCU Dept. of Urban Design and Landscape Architecture, Bilkent University, Ankara, Turkey

10:00-10:30	**Social Responsibility and Health and Obligations of the State: a Legal Framework** ***Özge Yücel Dericiler*** Center for Research and Application of Human Rights, Maltepe University, Istanbul, Turkey
10:30-10:45	Coffee break
10:45-11:15	**Turkish Bioethics Society and Activities on Social Responsibility and Health** ***Yeşim Işıl Ulman*** President, Turkish Bioethics Society Dept. of Medical History and Ethics, Faculty of Medicine, Acıbadem University, İstanbul, Turkey
11:15-11:45	**Role of Ethics Committees as Advisory Bodies** ***Christiane Druml*** Member, IBC of UNESCO Director, Ethics Committee of the Medical University of Vienna, Austria President, Austrian Bioethics Commission, Austria
11:45-12:00	**Closing remarks**

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* *International Bioethics Committee*
** *Turkish National Commission for UNESCO*
*** *Intergovermental Bioethics Committee*

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PRESENTATIONS

Akif Kireççi

Prof. Akif Kireççi has been teaching at the department of history at Bilkent University, Ankara, Turkey since the fall of 2008. A graduate of Ankara University, Prof. Kirecci obtained his Ph.D. from the University of Pennsylvania in Near Eastern Languages and Civilizations. His studies include modernization history and politics of the Middle East, Orientalism and comparative studies of politics and civilizations. Prof. Kirecci thought at the University of Pennsylvania before he was hired by the Stevens Institute of Technology, where he developed Middle Eastern Studies program with Prof. Edward Foster.

Dr. Kirecci is the recipient of the Marie Curie International Reintegration Grant (2009) from the European Community Scientific Panel for his project DEBIWIST (the Debate between Islam and the West in Science and Technology). His recent publications include: *Istanbul: Metamorphosis of an Imperial City* (Talisman, 2011); and a study of Einstein's theories by the late Ottoman and early Republican scientists *Einstein Nazariyesi – Ahmet Refik* (Grafiker 2011). Prof. Kirecci is the co-editor of the *Contemporary Turkish Culture*.

Ottoman Health System in Perspective: Social Responsibility through Charitable Endowments

Akif Kireççi
Department of History,
Bilkent University, Ankara, Turkey

Ottomans are usually known in the outside world with their wars of conquests, military and political institutions or with their too famous *Harem*. Recent studies on the Ottoman Empire (1289–1923), in and outside Turkey, highlight a unique and innovative multi-cultural, multi-lingual and multi-religious society; and the ways in which this society functioned in a harmonious way arouses more interest than ever. A relatively new discovery for historians and historians of science has been Ottoman medical practices and institutions. Prior to the coming of modern Western medical sciences to the Empire in the 19th century, Ottomans were able to develop a high level of consciousness about health, and complex institutions through which health services were offered to the public at large.

Following a brief background about the methods of the production of medical knowledge and practices, I highlight how the rich and elite in Ottoman society participated in acts of benevolence to demonstrate that they care about the well being of society. Especially female members of the royal family, along with other notables, pioneered the foundations of *bimar-hane*s, *dar'u-ssifa*s, *sifa hane*s (houses of healing), *cuzzamhane*s (lepers' lodge) and *hastahane*s (hospitals) starting from the 12th and 13th centuries until the very end of the Empire. Serious amounts of incomes were dedicated to ensure that health services provided to the needy would continue for generations.

Founders of these institutions of health aimed to achieve two things. One was to observe an Islamic principle that even if one dies his/her good deeds will continue to be recorded until the last day on earth provided that s/he is the founder and funder of a charitable institution. The other one is such acts of benevolence expanded the realms of legitimacy on the part of the elite and the rich that they remained within the parameters of social responsibility no matter how strong and rich they grew in society.

The legal framework concerning the day to day operations of (healing houses) health institutions was provided under the rubric of *waqf* (pl. *awqaf*) charitable endowments, a legal practice which is very similar to the foundations of private universities in the United States. No political authority would be able to interfere against the dedicated purposes of such institutions; the government was left only with a duty of overseeing annually whether the purposes of dedicator (founder of the *waqf*) are in fact properly met. Archival records demonstrate that *waqfiyyes* (the directives of charitable institutions) clearly detail every step in the services provided to the public; among them are qualifications of doctors, their payments, number of the pharmacists to be employed, medicines to be used to heal specific diseases, formulations of such medicines, types of music to be used to heal certain diseases, attendants of the buildings, kinds of meals to be provided to the patients, qualities of persons who are in charge of purchasing the equipment, cleaning orders of the building and so on.

Stefano Semplici

Stefano Semplici is a member of the International Bioethics Committee of Unesco and professor of Social Ethics at the University of Rome “Tor Vergata”. He’s editor of the journal «Archivio di filosofia/Archives of Philosophy» and associate editor of «Medicine, Health Care and Philosophy». He is also the scientific director of the University College «Lamaro-Pozzani» in Rome and fellow of the «Internationale Hegel-Vereinigung» and of various editorial and scientific boards. His main topics of research are bioetichis, business ethics and philosophy of religion. Among his most recent books: *The subject of irony* (*Il soggetto dell’ironia*, Padova, Cedam, 2002), *Bioethics. Questions, conflicts, laws* (*Bioetica. Le domande, i conflitti, le leggi*, Brescia, Morcelliana, 2007), *Eleven thesis on bioethics* (*Undici tesi di bioetica*, Brescia, Morcelliana, 2009) and, as editor, *The justice of market and the ethics of civil society* (*Il mercato giusto e l’etica della società civile*, Milano, Vita e pensiero, 2005).

Human Rights and “Social” Responsibility for Health.

A Philosophical Background

Stefano Semplici

University of Rome “Tor Vergata”

The International Bioethics Committee of Unesco has published in 2010 a Report on *Social Responsibility and Health*. The Report aims at providing an in depth analysis of the content of Article 14 of the *Universal Declaration on Bioethics and Human Rights*, which reads as follows:

1. The promotion of health and social development for their people is a central purpose of governments that all sectors of society share.

2. Taking into account that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, progress in science and technology should advance:

> a) access to quality health care and essential medicines, especially for the health of women and children, because health is essential to life itself and must be considered to be a social and human good:
>
> b) access to adequate nutrition and water;
>
> c) improvement of living conditions and the environment;
>
> d) elimination of the marginalization and the exclusion of persons on the basis of any grounds;
>
> e) reduction of poverty and illiteracy.

The Article is very complex and broadens the traditional agenda of bioethics. The enjoyment "of the highest attainable standard of health" (already mentioned as a "right of everyone" in the *International Covenant on Economic, Social and Cultural Rights* of 1966) is defined "one of the fundamental rights of every human being" and the commitment to effectively confront the various causes of exclusion or discrimination, addressing the *social* determinants of health, is strongly emphasized. I will focus on two aspects: a) the consequences of defining the object of social responsibility in terms of a *fundamental* human right; b) the use of this concept as a means not only to blur the traditional distinction between civil and political rights on the one hand and economic, social and cultural rights on the other, but also to call on "all sectors of society" to share the purpose of promoting health and social development.

A *fundamental* human right is not just a matter of solidarity

John Rawls's two well-known principles of justice can help clarify the *institutional* framework implied in Article 14 of the *Universal Declaration on Bioethics and Human Rights*. The first principle is a principle of *equality*: "each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others". The second principle is a principle of *difference*, although balanced and *fair*: "social and economic inequalities are to be arranged so that they are both a) to the greatest benefit of the least advantaged and b)attached to offices and positions open to all under conditions of fair equality of opportunity". The question that arises is quite simple and clear: is the issue of health and health care to be dealt with according to the principle of equality or to the principle of difference? Rawls's approach is often interpreted as an attempt to balance the ideal of full equality and dignity of every human being with the experience of insuperable and to a certain extent even useful inequalities. The list of the basic liberties whose scheme everyone has the same indefeasible right to is easy to draw up. We are speaking of the very standard civil rights: political liberty, the right to vote and to hold public office, freedom of speech and association, liberty of conscience, freedom of religion and thought, the right to be treated in accordance with the rule of law, and so on. The second principle aims at fairly managing rather than overcoming inequalities, specifying two conditions that make them acceptable: the equality of opportunity and the test of their outcome, that should promote the greatest benefit of the least-advantaged members of society. A liberal conception of justice needs to be neither egalitarian nor libertarian. It is not egalitarian, because it limits the principle of strict equality within the scope of civil rights and interprets its social inflection in terms of opportunity. It is not libertarian, because it refuses to accept that there is no *political* obligation to ensure through adequate public intervention and resources that every citizen be guaranteed with the essential means he needs to effectively make use of their basic liberties. The responsibility to guarantee the availability of these means cannot be considered as just a *moral* issue, even though this obligation has its own limits. As Rawls points out, primary goods such as health and vigor, intelligence and imagination, are natural goods. Therefore, they are not simply "at the disposition of society" and "although their possession is influenced by the basic structure, they are not so directly under its control".

This conception seems to be and probably is the most plausible candidate in order to provide a coherent institutional framework based on the priority – in terms of strictness and even justiciability, if necessary – of the so called civil and political rights. Nonetheless, this priority cannot be confused with a lack of recognition of the other rights. When Rawls himself deals with the definition of the essential features of a *decent* society, the right to life, interpreted as the right to have guaranteed the means of subsistence and security, comes unmistakably as first, before the right to liberty, to property and to formal equality as expressed by the rules of natural justice (that is, that similar cases be treated similarly). The right to life comes as first not simply in the *negative* sense that every human being enjoys a right not to receive harm by others or to be killed, but exactly in the sense emphasized in Article 11 of the *International Covenant on Economic, Social and Cultural Rights*, i.e. in the sense that everyone enjoys a *positive* right "to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions". Article 11, in the Covenant, comes immediately before the one devoted to the right to enjoy the highest attainable standard of health. It couldn't be different: every time that life itself is at stake, life comes first. When either the necessary means of subsistence or the appropriate and available health care are not guaranteed, the claim for civil individual liberties is nothing but hypocritical. I make just an example. The *Venice Statement on the right to enjoy the benefits of scientific progress and its application* is the document elaborated and adopted by a group of experts, who met in Venice in July 2009. In this document it is clearly stated that "where there is a direct threat to fundamental rights, most notably the rights to life, health and food", the right to *share* is not to be predicated on whatever other right such as intellectual property. There are situations where the "prioritization of profit for some over benefit for all" is simply unacceptable.

This is the reason why we necessarily have to speak of a *fundamental* human right. Michael Sandel, in his recent book on *Justice. What's the right thing to do?*, points out that there are three different categories of moral responsibility: natural duties, that are universal and we owe to human beings as such; voluntary obligations, such as contracts; obligations of solidarity, that are particular and involve responsibilities we owe to those with whom we share and *feel* to share a particular history or identity. The commitment to make it possible for every human being to enjoy the highest attainable standard of health should be conceived as a universal obligation independent of any specific condition or relation. It is a matter of justice and not of beneficence. It has to do with the first and most important of all *basic* goods. Therefore, even if we have to acknowledge that there are natural limits that no institutional framework could overcome, we have to deeply reshape our institutions and not just our good will and our hearths, in order to achieve the maximum of equality as "the ultimate goal", to quote the Report of the International Bioethics Committee. However, the reality remains quite different. We continuously come face to face with huge inequalities both at the international level and within the states, including the rich ones. This fundamental right is not to be guaranteed to everyone in the world overnight. Beyond that, scientific research and technological progress keep moving forward the limit of what is "attainable". And solidarity itself play an important role, although not in the sense of the group conception of it underpinned by Sandel.

The wide scope and the many actors of social responsibility

The concept of “social responsibility”, as the Report correctly points out, has come into use only recently. The expression “appeared in the context of the ethics of private companies and institutions, as the way of defining the moral duties these companies have with the societies in which they are rooted, beyond the constraints and obligations determined by law”. Probably, many people will keep fastening on the idea that the respect, protection and fulfillment of a *fundamental* right should be guaranteed through the coercive power of the law. Whether or not worth wishing, this coercion remains in any case not fully attainable. The case for social responsibility stems from two different perspectives, that I will develop referring to Thomas Pogge’s book *World poverty and human rights*, published in 2008.

The first point is about the relationship between *moral* and *legal* rights and duties. Pogge says that a human right to X should not be merely conceived as a kind of meta-right, a moral right to an effective *legal* right to X. The problem with this conception, which considers “juridification” as the keystone of the capacity to observe and enforce all human rights, is that we need in any case something more. Of course, legal rights are an effective means (maybe the most immediately effective). The postulate of a right to X entails however a broader and most challenging demand: not only the fundamental legal texts and the judicial system as a whole, but any social institutions, inasmuch as they may impinge upon the enjoyment of that right, should be so designed “that all human beings affected by them have secure access to X”. Law is not the only coercive institution we have to live with and not everything that is influential and whose effects we are confronted with is *coercive* to the same extent. What happens, for example, when a patient dies, in a country where public and free health care system is not provided, because of a disease that required an expensive medical treatment that he could not afford? Are we facing or not a violation of the right to life? The lack of a strict legal obligation doesn’t imply giving up our personal responsibility as well as, in certain circumstances, the right or even the *duty* to indignation: “a valid complaint against our social institutions – so Pogge goes on – can be presented by all those whose physical integrity is not sufficiently secure, not by all those who happen to suffer an assault. This is why it makes more sense, on my institutional understanding, to speak of non-fulfillment or underfulfillment rather than violation of human rights. A human right to life and physical integrity is fulfilled for specific persons if and only if their security against certain threats does not fall below certain thresholds”. In order to prevent from falling below these thresholds “non-legal practices – such as a culture of solidarity among friends, relatives, neighbors, compatriots – may also play an important role”. This is where the concept of social responsibility also steps in. Good and inclusive non-legal practices may anticipate or implement what is legally binding. Especially when we have to go across the boundaries of the states to protect a right which ought to be considered as a matter of belonging to humankind and not of citizenship.

The second and even more challenging issue concerns exactly this relationship between the domestic and the international level. The enjoyment of the highest attainable standard of health is one of the fundamental rights of *every* human being. However, is it realistic to assume that governments, peoples and individuals feel this responsibility and act according to it without any reference to their particular identities and solidarities? Beyond that: what are the means we can rely on at the global level, where the constraints of law, if any, are weak and the resources available are so different? Pogge affirms that we miss the very crucial point of every theory of *global* justice when we assume that all or at least most inequalities in the international arena should be considered as the outcome of strategies and decisions made at the domestic level. Of course, factors such as endowment of natural resources, cultural traditions, education, widespread moral integrity and commitment to public good (especially in the case of the individuals who have the responsibility of the government) are important. Nonetheless, it would be quite unacceptable if we would not go on to address the suffering and exploitation that directly arise from the distribution of power at the international level.

The Report of the Bioethics Committee of Unesco emphasizes – as we have seen – the priority of the principle of equality: "the enjoyment of the highest attainable standard of health and access to quality health care without distinction – among others – of economic conditions, are obligatory goals for governments". However, this is true at the domestic level, whereas "in the transnational context the states retain their freedom to choose what to do". We have three conceptual frameworks to address this burning issue.

According to the first one, universal justice is simply God's responsibility. In other words: it is not *our* responsibility, at least not in the sense that we should and could feel ourselves committed to promoting the well-being of all mankind on the footing of the principle of equality. The obligations of solidarity, inasmuch it relies on a specific tradition and identity and therefore does not overlap with the obligations we owe to human beings as such, tend to become a standard of asymmetry, if not of indifference. Adam Smith's principle of sympathy, to make an authoritative example, explicitly entails such asymmetry. In *The theory of moral sentiments*, he unmistakably states that "the state or sovereignty in which we have been born and educated, and under the protection of which we continue to live, is, in ordinary cases, the greatest society upon whose happiness or misery, our good or bad conduct can have much influence". And it is not just a question of influence, of effectiveness. For the same reason, it is, by nature, the scope that we think of as most strongly recommended to us: "the administration of the great system of the universe, however, the care of the universal happiness of all rational and sensible beings, is the business of God and not of man. To man is allotted a much humbler department, but one much more suitable to the weakness of his powers, and to the narrowness of his comprehension; the care of his own happiness, of that of his family, his friends, his country".

Of course, Adam Smith does not deny that we share a general concern and respect for all our fellows. A duty of assistance – this is the second and probably, nowadays, most widespread approach – could be accepted together with the limit of a *cut-off point*. Following Rawls, there is indeed an obligation to give aid to burdened societies so that the poor of the world be lifted to the condition of free and equal citizens of a reasonably liberal *or* of a decent hierarchical society. Once this goal has been attained, however, the respect for every people's self-determination imposes to refrain from any other intervention, even if that people still remains a poor one. The question whether or not we should be satisfied with such a solution when a fundamental human right is at stake is likely to remain open. By this way, the responsibility to provide every human being with the necessary means to attain the highest possible and not just a reasonable standard of health could appear as in principle dismissed. Furthermore: who is entitled to draw the line and decide that a medical treatment is beyond that line? Who is entitled to make a decision in the case of conflict between the right to life and other rights and legitimate claims, such as the claim for protection of intellectual property?

The last and more demanding solution is the cosmopolitan solution. Individuals and not peoples are the ultimate reference of moral concern and consequently entitled to equal consideration regardless of their citizenship. The obligation to fulfill is the obligation to fairly distribute the resources available on a global scale looking at the well-being of individuals rather than at the "decent" justice of societies. The principles of economic justice should not be constrained by the boundaries of the states, not more than fundamental political and civil rights. This approach easily appears to be unrealistic. Not to run the risk, it often converges, in terms of concrete proposals, with the cut-off point solution. We keep looking for the best, but we can never dismiss our *minimal* obligation to guarantee a threshold of dignity.

Probably, the long-term most effective strategy implies an effort to boost social and cultural networks as well as institutional cooperation among states and governments. It remains true that a shared solidarity is the unavoidable premise to the willingness to share resources. It is not the solidarity that draws borders between separate narrative identities. It is the solidarity that encompasses the universal basic conditions for human life and flourishing. The last paragraph of the *Conclusions* of the *Report* of Unesco emphasizes that meeting the aspirations highlighted in Article 14 requires a strong ability to foster “our common humanity” in all its various aspects and a “profound and active acceptance of our inter-connectedness”. This is not just an exercise of philosophical edification. This is a very concrete political commitment.

Mehmet Öztürk

Prof. Dr. Mehmet Öztürk has graduated from Gazi University Faculty of Pharmacy, and then obtained a PhD degree in biochemistry from Paris XI University in 1985. From 1995 to 1992, he performed research on liver cancer in Harvard Medical School affiliated Massachusetts General Hospital in Boston. He became Assistant Professor of Biochemistry at Harvard Medical School in 1989. He was then invited to create a molecular oncology unit at the Leon Berard Cancer Center in Lyon in 1992. He worked as an INSERM Research Director at this institution between 1992-1995. Upon invitation from Bilkent University, he moved to Ankara to create the Department of Molecular Biology and Genetics at this university. He worked as department head at Bilkent University until 2007, when he decided to take his present joint appointment position. The Department he created was awarded in 2004 by Koç Foundation for its outstanding contributions to life sciences in Turkey. Currently, Prof. Dr. Öztürk is a faculty member the Department of Molecular Biology and Genetics, Director of Bilkent University Bilgen Genetics and Biotechnology Research Center in Ankara, and in the meantime he is jointly affiliated with INSERM-UJF U832 Research Center, France, as a Research Director. Prof.Dr. Mehmet Öztürk's current research is focused on genetic and biological foundations of cancer. He was awarded TUBITAK-TWAS Science Award, and elected as a member to Turkish Academy of Sciences, European Molecular Biology Organization and TWAS, The Academy of Sciences for the Developing World. He served as a UNESCO International Bioethics Committee Member between 1998-2001. He is married and has two daughters.

Awareness Raising in the Public for Emerging Technologies in Biomedicine, and Related Bioethical Issues

Mehmet Öztürk
Bilkent University BilGen Genetics and Biotechnology Research Center, Ankara & Institut Albert Bonniot INSERM-UJF U823 Research Center, Grenoble.

Emerging technologies in biomedicine

The fundamental understanding of biology achieved during the last 50 years opened to way to revolutionary advances in biology-based technologies including biomedical technologies. Starting in 1980s with the production of recombinant human insulin in the laboratory, biomedical technologies are now encompassing a large spectrum encompassing many techniques for the prediction, diagnosis, prevention, therapy and follow-up of diseased or unhealthy conditions. DNA-, RNA-, protein- or cell-based therapies, regenerative use of stem cells including embryonic stem cells, and the development of "synthetic organisms" are the most known examples of these emerging biomedical technologies. There is not doubt that these technologies have already yielded a level of innovation rarely seen in human history. All these achievements also raise complex and controversial issues because of their inherent benefits and risks.

Related bioethical issues

The emerging biomedical technologies have a large array of social implications. The discovery of novel biomedical technologies by scientists, their transformation into commercially accessible products by private sector, their health benefits to the general public, as well as their potential risks to the humanity or the environment implicate a series of ethical issues. According to recently drawn reports, it is recommended that these ethical issues have to be addressed by a few principles such as public beneficence (with maximum public benefits and minimum public harm), responsible stewardship (prudent vigilance), intellectual freedom and responsibility (with regulatory parsimony, but highest security and safety), democratic deliberation (collaborative decision making by all concerned partners), and justice and fairness in the distribution of benefits and burdens across society.

Awareness raising

The education of the public with regard to emerging biomedical applications and their related bioethical issues is necessary, but appears to be a great challenge in the major part of the World. These technologies, as well as their potential benefits and risks are known almost exclusively by scientists, engineers and physicians directly involved in their development and applications. Other shareholders such as government officials, regulatory authorities, lawyers, NGOs and religious leaders are usually misinformed, yet develop their own opinions. Finally, the consumers of these technologies are also misinformed, and may be guided or misguided by people and organizations concerned with these technologies. In order to be successful in the awareness raising, the governments need to develop special actions and create institutional bodies for public awareness raising. It is important to establish a highly transparent risk-benefit evaluation system for new technologies and products and make data available to the public. The general public, as well as specific groups such as government employees, journalists, students need to be educated for the benefits and risks of new biomedical technologies, as well as for related bioethical issues. A broader action aided by international institutions such as UNESCO and WHO would be quite helpful for an harmonious and generalized education of the world populations about these matters.

Toivo Maimets

Toivo Maimets (born 1957, Estonia) graduated form the University of Tartu as a biologist-geneticist in 1980 and after that he joined the Laboratory of Molecular Biology in Tartu. He got his *cand.sci.(kandidat nauk)* degree from Moscow State University in 1984 for the studies on molecular mechanisms of bacterial protein synthesis. In 1995-1999 he was a British Council student and research scientist at the Marie Curie Cancer Research Institute (United Kingdom), where he started to study the genetics of cancer and the role of tumor suppressor genes in cell cycle regulation. In 1991 he received PhD degree for studies of human oncoprotein p53 (University of Tartu) and became Professor of Cell Biology at the same university in 1992. His research involves characterization of intracellular signal transduction pathways responsible for cell cycle regulation, DNA damage control and tumorigenesis. More concretely, his lab studies the coordinated interactions of p53, CD43, mdm2, ATM/ATR and Arf and other regulatory proteins in these processes. His group is also developing methods for screening low-molecular weight compounds to modulate protein-protein interactions *in vivo*. In 2006-2007 he was Visiting Professor of University of Newcastle, UK, where he started to study the p53-dependent signaling in human embryonic stem cells and now also is interested in the cell cycle regulation in embryonic stem cells.

Professor Toivo Maimets is member of several international research organisations, including *Academia Europaea*, European Molecular Biology Conference (president), European and American Associations for Cancer Research, UNESCO International Bioethics Committee (vice-president) and others. He is also member of the European Medicines Agency Committee of Advanced Therapies and European Science Foundation Governing Council.

He has occupied numerous administrative posts with responsibilities in research and education, including Dean of the Faculty (1993-1995), vice-rector of the University of Tartu (1995-1998), director of the Institute of Molecular and Cell Biology (1999-2003 and from 2008) and Minister of Education and Research (2003-2005). Since 2009 he is Chairman of Estonian Science Foundation. In 2001-2007 he was the director of National Centre of Excellence for Gene and Environmental Technologies.

He has been PhD supervisor for several students and also PhD examiner both in Estonia and abroad. His list of publications includes about 50 papers in international research journals as well as many articles in local press to enhance public understanding of science. His research has been supported by numerous grants from Estonia and abroad.

Financing Research in a Small Country of the European Union

Toivo Maimets
Professor of Cell Biology,
University of Tartu and President,
Estonian Science Foundation.

I am not a professional ethicist. Therefore, my view at Article 14 – Social responsibility and health – comes from my position as a University teacher, scientist and a person responsible for national research financing. Nevertheless, it is clear that an important aspect of promotion of health and access to quality health care is how we teach and train our future medical doctors (and public in large). This is done at higher education institutions.

Here I would like to address mainly the issues of quality and availability of higher education. In an ideal world, excellence and availability of education do not exclude each other and the availability of excellent education should be the ultimate aim. That would be a ’no-harm’ scenario. The real world, however, does not look like an ideal one. Two types of problems are worth of exploring here.

The first problem comes from tight connections between excellent research and excellent education. In more general terms we could ask, what is the role of research in society, why should any society pay for research at all? The first answer, most probably, is that research is a basis for innovation and hence economical well-being. Then, of course, research creates fundamentally new knowledge. Here we can emphasize the importance of scientific research process and argumentation for the whole culture of the society as well as the possible usefulness of these discoveries for the innovations in future. But the third role of research for any society has been, I think, so far largely underestimated – although it works every day for the society and therefore is the main channel of ‘payback’ to the society for its investments into research. This is the role of research as a basis for higher education. It is impossible to imagine good-level higher education without good-level research. That’s why we speak about research-based higher education. The best lecturers able to engage and motivate young talents are the ones active in research themselves. Only the universities with active high-level research can organize education through the process of ‘learning-by-doing’. I think this role of research in society has been so far heavily underestimated in many ways.

Now, this brings us to another problem, the problem of ‘excellence’. When we speak about financing of universities, research topics or particular scientists, we all agree that excellence should be the major criterion for deciding, who gets supported and who not. This is wonderful that there is at least one issue, where everybody involved can agree. But this is where this consensus ends. When we start asking questions like “how you measure the excellence?” or “what actually is excellence?” we immediately start getting many different opinions and disagreements. We have different rankings of the universities, we have bibliometric criteria like *citation index* and *Hirsch index*, but we all know that all these ‘measuring instruments’ have their own big problems. All these evaluation methods can be distorted and have been distorted and in the end of the day you get what you measure – papers with big number of authors (sometimes justified, sometimes not) and agreements on cross-citation networks, for example.

For big countries with many universities and faculties covering the same disciplines in different parts of the country this problem is not always so acute. Statistics ‘works’, when the number of samples is big enough. If any area in one university cannot be financed because of low citation of its research and teaching staff, there will be another university gaining from this and doing the work instead. The problem in small countries is that the numbers are small and these results are translated into “yes-or-no” rather than “more-or-less” decisions. The resources (human, but also financial) are limited and obvious political need to keep higher education going in local languages makes the field of possible choices even smaller. For example, our university, University of Tartu, is the only one in Estonia with Medical faculty. The only university in Estonia, where medical doctors are taught and trained. I am not saying that its research potential is low, but if it was, and we would like to keep ‘excellence-based’ financing without exceptions, we should close it down and stop teaching medicine in the Estonian language (once again, I underline that this is only a theoretical construction). This is not realistic and therefore trade-offs and compromises are unavoidable. Now the issue is, how do you make exceptions in your ‘excellence-based’ principles and still keep the whole system and justification of allocation of resources uncompromised? This can be probably done only at *ad hoc* basis, when we recognize the problems and clear actions and deadlines to fix them. If we can find transparent and clearly justified procedures for that, we could achieve a ‘minimal harm’ scenario.

This is a problem for small countries, where because of low numbers the ‘statistics’ does not work and we have to make it clear also at the international level. And certainly this is not only the function of the size of the country – there can be other (historical) reasons, why the number of excellent research centres in a country is not very big. If we do not pay attention to these differences, we are in a risk that our scientific research and innovation, and certainly after that the higher education, will develop with two different speeds in different regions of Europe and the World indeed. Here’s where we should underline the word “universal” in the Declaration of Bioethics and Human Rights.

Hakan S. Orer

Prof. Hakan S. Orer graduated from Hacettepe University Medical School (Ankara) in 1986, and received a PhD degree in Pharmacology from the same institution in 1992. Following a post-doctoral training period in Michigan State University, he joined the Department of Pharmacology at Hacettepe University School of Medicine as Faculty in 1995. He received TUBITAK (Turkish Scientific and Technic Research Council) junior scientist award in 1998. He has served as member of Ministry of Health Central Ethics Committee for Clinical Trials, and has been involved in the preparation of different legislative regulations. He is also active in the field of laboratory animal ethics and a member of the Central Ethics Committee for Animal Experiments at the Ministry of Environment and Forestry. Besides, he is currently the chair of the Animal Experiments Local Ethics Committee, member of the University Senate Ethics Commission and Director for graduate studies in allied health sciences at Hacettepe University.

Bioethics Committees and Public Policy Implementation in Emerging Countries

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Hakan S. Orer

Director, Institute of Health Sciences,
Hacettepe University, Ankara, Turkey

In an intricately connected world shaped by the molecular biology revolution, any critical medical decision could be associated with unprecedented ethical considerations. However, many factors, such as culture, religion, income, human development status, affect the repercussion of bioethical issues in a given society. Here, problems related to the assimilation of bioethical principles by the general public and the evolution of ethical decision-making bodies were discussed by taking Turkey as a reference for emerging countries.

Transition from a manufacture-driven to innovation-driven economy bears difficulties for so-called emerging or newly industrializing economies[1]. Rapid economic growth brought wealth and resulted in rural exodus, which created social and cultural challenges as well as major health problems. These countries need to be more innovative to solve their specific problems related to rapid development. Although the momentum for change has shifted from west

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[1] Newly industrializing countries include: Argentina, Brazil, China, India, Malaysia, Mexico, Turkey and South Africa. [Newly industrializing country. (2011). In Encyclopædia Britannica. Retrieved from http://www.britannica.com/EBchecked/topic/412983/newly-industrializing-country]

[2] Knowledge, Networks and Nations. Global Scientific Collaboration in the 21st Century (2011). RS Policy Document 03/11. Royal Society London.

to east, they are still far from being a scientific research powerhouse and stall in innovation[2]. In the short run, rather than becoming leaders, they will remain “follower” countries. In a manufacture-driven economy, public opinion is eager to discuss the measures to prevent and protect individuals from immediate risks than to discuss risks associated with new technologies. Overt or measurable health hazards such as heavy metal contaminated water may easily find a place in public debate with some bioethical flavor. However, when it comes to other issues, such as fertility or stem cell therapy, public attention is mainly directed by prejudices and individual interests. Ethical problems related to new discoveries are considered remote, though acceptance and penetration rate of the novelties are high. As a result, bioethics is seen as a collection of either simple or complex decisions based on individual morality. In many instances, the desire for transformation at no cost prevails over bioethical considerations. Alternatively, there is also the risk for rejection -based on prejudices- as social polarity increases during volatile times brought by rapid growth and social mobility. Yet, large masses that have recently become a part of the urban culture fail to grasp bioethical principles and could easily be victims or perpetrators of human rights abuses.

Let’s ask a simple question: as new methods allow parents to determine the sex of their child, is it acceptable to be able to manipulate gender distribution across new generations to meet the will of the parents-to-be? The answer is obviously different from different standpoints. Such is the impact of scientific discovery on cultural or even societal aspects of daily life. Moreover, different societies with different socio-cultural backgrounds give usually different answers to questions of this nature. How can we, human beings, implement bioethical principles that meet the needs of different societies without compromising ethical standards? How can awareness of bioethics be diffused deeper into the layers of the general public irrespective of the advancement level of the society? Regarding parenthood, in societies where anti-natalistic policies are in rigor, many people travel abroad just to be able to give birth to a boy –as tradition dictates- and they consider this right to choose to be ethical. However, the encounter of age-old local traditions with groundbreaking technologies may have an irreversible impact on the society –albeit, at the expense of the traditions- unforeseen immediately by individuals. Scientists have the duty to inform the society so that the public opinion is formed without any bias by incorporating new technologies and bioethical principles. In that sense, bioethics should not be confined to an isolated academic milieu. However, the implementation of bioethical principles into daily life still remains thorny. A thorough discussion on this subject can be found elsewhere[3].

During the last two decades, as mobility keeps increasing and the development of information technologies ease the flow of ideas, establishment of commissions and/or committees to address bioethical issues have begun to spread. The so-called leading or central countries in the Western Hemisphere where most of the novelties come from, set the stage for new regulations. Topics as diverse as protection of human subjects, human/patient rights, laboratory animal use, genome analysis and stem cell therapy are now in the scope of review by these relatively recently

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[3] The President's Council on Bioethics: Choosing Sex of Children (2003), *Population and Development Review*. 29(4), 751-60

established bodies elsewhere in the globe. A major development was the establishment of International Committee on Harmonization (ICH) in 1990. ICH made the drug regulatory processes easier across the North America, Europe and Japan by harmonizing the rules, allowing compatibility of clinical trials and marketing medicinal products. Such incentives have also been encouraged by the World Health Organization and have facilitated the globalization of the ICH guidelines[4]. However, there is also a need for harmonization and integration across disciplines as well as cultures. In this regard, a quick look to the European Union (EU) policy on ethical review of clinical trials is illustrative. In 2003, the new EU directive on clinical trials granted a pan-European statutory role to independent ethics committees, and treated citizens who participated in clinical trials as European citizens rather than citizens of their respective national states[5]. The idea was to keep ethical pluralism while establishing a common framework. As a result, both centralized and decentralized ethics committee structures in different member countries may be accommodated under the same legislative umbrella. These developments have had a big impact over the globe and many countries have opted to include the guiding principles of these bodies into their national regulations.

In emerging countries, implementation of bioethical principles often results in increased paperwork, rather than

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[4] The Impact of Implementation of ICH Guidelines in Non-ICH Countries. Report of a WHO Meeting, 13-15.09.2001, Geneva.

[5] Directive 2001/20/EC Of The European Parliament And Of The Council Of 4 April 2001 On The Approximation Of The Laws, Regulations And Administrative Provisions Of The Member States Relating To The Implementation Of Good Clinical Practice In The Conduct Of Clinical Trials On Medicinal Products For Human Use.

judicious bioethical analysis. As such, the principal benefit for the general public is reduced to the creation of new practice guidelines. In an environment where social and economic landscape undergoes frequent changes and the development of bioethical awareness is lagging behind, these “copied” guidelines are usually incorporated into local legislation without sufficient intellectual and public debate. General approach to bioethics is roughly utilitarian and authorities may lack the relevant systematic knowledge. The establishment of ethical review committees for clinical trials in Turkey provides a good example. In 1993, the first regulation inspired from European and US systems and based on principlist theory was adopted[6]. According to this, ethical evaluation was a two-step process involving two different ethics committees. Unlike England and Wales, where the establishment of independent ethics committees preceded the establishment of the coordinating body, COREC (Central Office for Research Ethics Committees), the regulators in Turkey wanted a centralized surveillance mechanism from the start, fearing that local committees would not decide appropriately. The first committee was named the “Central Ethics Committee” and was established within the Ministry of Health. As a single entity its main duty was to act as a supervisory body and policy-maker. The second was named the “Local Ethics Committee” and established in research institutions. There were almost as many local ethics committees as the number of research and training hospitals. The central committee has overseen the activities of local committees and has had the authority to approve or reject the decisions made by them. Over the years

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[6] Regulation on Clinical Trials [Turkish], Ministry of Health, Resmi Gazete *(Official Gazette)*, 29/01/1993, No. 21480.

this system has created rather heavy paperwork, which slowed the decision making process and received complaints from all parties, i.e., patients, researchers as well as the industry, which provides the funding. The problem was that the system had taken the basic principles of the ethical review, namely autonomy, non-maleficence, beneficence, and justice[7] from a narrow "literary" angle and decisions were merely reduced to bureaucratic technicalities. The main reason for such a drawback arguably was that there has been little acknowledgment of the philosophical aspect of the bioethical review; yet, an over emphasis on good clinical practice. At the onset, due to limited resource allocation, it was not possible to build an extensive audit-based inspection system. A wiser approach could be initially to constrain the clinical trials to a limited number of institutions and gradually expand the coverage as audit-based system evolves. As the country has become integrated into the global scientific community, several amendments to the initial regulations have been made. Though, reviewing and monitoring of clinical trials are still debated in closed circles and far from reaching the public awareness level. The establishment and evolution of bioethics committees in Brazil bears similarities[8].

Although ethics committees were successful in increasing the awareness among professionals and stakeholders who were involved in clinical trials, their impact was low on the general public and especially on the media, which is crucial in forming public opinion. Besides, media often incited negative public perception of clinical trials for the

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[7] Beauchamp, T. and Childress, J. (2001) Principles of Biomedical Ethics, 5th Ed., Oxford University Press, Oxford.

[8] Diniz, D., Guilhem, D. B. and Garrafa, V. (1999) Bioethics in Brazil, *Bioethics*, 13 (3/4), 245-48.

sake of popularity and rating. The lack of implementation of bioethical principles in the curricula of medical schools also contributed to the low impact of regulatory bodies in increasing the public awareness. Bioethics is limited to the domain of religious beliefs and individual moral values. When it comes to deciding on an uncommon issue, such as sperm banking or embryonic stem cell research, the public turns to the government authorities to find an answer. Governments hence have become the ultimate arbitrator in the absence of such a moral authority. What usually happens after that is just a negotiating process by taking into account common moral values. In that sense, genomic revolution deserves further attention since the pace of development that brings new opportunities as well as risks has created a vacuum in that area. As the cost of an individual genome analysis will soon be reduced to an affordable rate across the globe, not only the data from an individual but also all the data accumulated at community, national and global levels need to be used and preserved responsibly. In that regard, biobanking and associated bioethical problems will rapidly become a major concern. The transfer of genetic material in either biological or other informatics forms is also critical. Most of the time, principlist theory works fine, provided that the decision-making body is impartial.

A distinctive character of the emerging countries is that the public services are not tolerant and the conflicts-of-interests are not defined explicitly. Protection of the “state” rather than the individual is a basic tenet among civil service employees. Bioethical principles could be twisted or misinterpreted for the good of the country. This attitude is reflected even in the composition of ethics committees. For example, in Turkey, chairpersons of central ethics committees for both human subjects and for animal experiments are senior bureaucrats from ministries of health and of environment and forestry, respectively. Under these circumstances, autonomy of the bodies is lost, NGOs cannot have a strong voice and individuals have difficulties whilst getting their voices heard. Another obstacle in the process of implementing bioethical principles is the resolution of conflict-of-interests: because of the lame composition, i.e., lack of autonomy, ethical decision bodies are not strong vis-à-vis the governmental institutions to which they are affiliated with.

Bioethics is largely confined to medical schools and compared to other major medical fields; it is still at an embryonic stage. A major turning point in the development of bioethics as an independent discipline is the foundation of academic departments at universities. Although deontology and meta-ethics have already been institutionalized in medical schools earlier, bioethics as a problem-solving tool was introduced late. The establishment of bioethics departments in most medical schools in North America and Western Europe could only be traced back as early as 1980s. A division of bioethics was founded in 1989 at Harvard Medical School. National Institutes of Health (NIH), the largest research based health care facility in the world, established a Department of Bioethics only in 1996. Considering the fact that the principlist theory as a decision-making tool was formalized after the publication of the Belmont Report[9] in 1979 and the institutional ethics committee system was founded after 1990s, it may still be premature to expect a structured bioethics base in academia. To reach a critical

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[9] The National Commission fort he Protection of Human Subjects of Biomedical and Behavioral Research (1978) The Belmont Report. Ethical Principles and Guidelines for the Protection of Human Subjects of Research, DHEW Publication No. (OS) 78-0012, Washington.

mass, many governments take initiative to set up training programs and to certify professionals who are involved in ethical decision-making processes. However, most of the efforts go to the clinical trials domain since it has become a global operation under the scrutiny of major drug regulatory authorities and the engagement of big pharmaceutical companies. Drug development is a laboratory for bioethical decision-making and has become even more so with the advent of biological/biotechnological products. Public opinion is more inclined towards the protection of volunteers. However, assuring the responsible conduct of researchers as well as the protection of researchers' rights are also important issues, which are interlinked. Frequently, tensions arise when personal, institutional, or even national conflicts seem unresolvable. In academia, it is not uncommon that publication pressure could end up with ethical misdemeanor. Judicious evaluation of each case requires well-grounded bioethical institutions with undisputed authority. This is only possible if bioethics is undertaken in a philosophical context within the governance schemes.

Although no one argues that bioethics occupies the moral high ground, its implementation into public life is still premature in most parts of the world. Not until the end of 2010 that the first guideline on medical ethics committees was issued in China. Regulations aim to forbid and prevent wrongdoing but there is also need for the establishment of institutions (public bodies and/or non-profit organizations) to monitor and collect data about the potential issues related to bioethics. In addition, there is also a pressing need for a national bioethics policy to integrate the fragmented vision of the stakeholders and to guide the policy-makers. A roadmap should be traced towards the development of an all-inclusive public policy to meet these challenges.

Berna Arda

Prof. Berna Arda, a graduate of Ankara University School of Medicine 1987, has medical specialty and PhD degrees, teaches at the Department of Medical Ethics and History of Medicine in Ankara University School of Medicine, Ankara, Turkey. Her main research and publication fields are science ethics, human rights, woman and bioethics, medical law, ethics education and disease concept in history of medicine. Guest professor on the University College of London, History of Medicine Center, between January and June 2008. Founder chairperson of Turkish Bioethics Society (1994-2001), Member of High Disciplinary Committee of Turkish Medical Association (2008-2012), Member of Bioethics Comittee of Turkish National Commission for Unesco(2006-), Governor (2006-) and Vice-president (2010-) of World Association for Medical Law.

Bioethics Education in Turkey

Berna Arda
Dept. of Medical History and Medical Ethics Faculty of Medicine, University of Ankara, Ankara Turkey

In Turkey, within the medical school tradition, duties and responsibilities of the physician have always been a part of the curriculum since the first quarter of the 19th century. Nowadays, it is a **sine qua non** for undergraduate medical education, too. Different names: “History of Medicine and Professional Duties of Physicians” (during 19th and mid of 20th centuries), “Deontology”, “Medical Ethics”(from mid sixties until today) have been used. Different methods: “didactic, advice, classical, integrated …” have been practiced and different contents: “the historical development of the profession, laws and legislation, main points of good medical practice...” have been placed in the curriculum since 19th century.

In 1961, “deontology-history” was accepted as a specialty branch in medicine like the others; Gynecology or Pathology in Turkey (with the statement of October 13, 1962 and number :5/1789; Official Gazette No.10942, Code of the Medical Profession). After 1981 when the legal changes related to the university system of the country took effect, the main characteristics constituted the final transition from the concept of “deontology” to “medical ethics”. Drastic changes have occurred in lecture contents. This was also under consideration for various specialties in medical profession from 1987 to 2002. As a result of this legislative change in 2002, there are only PhD programs in the field of medical ethics in Turkey. Today, any prospective physician receiving his/her training at any medical school in Turkey has to take ‘medical ethics’ and pass. This is also valid for students of dentistry, pharmacy and veterinary medicine schools.

Presenting an example on the ethics education provided by Ankara University, a prestigious medical school established in 1945, may be enlightening. The department of medical history and ethics was established on January 1, 1946. History of medicine, and medical deontology and ethics are included in the medical education curriculum.

In the second year, students take two-hour courses of medical methodology and history of medicine each week for one term. Students are evaluated with a multiple-choice test as a mid-term exam and a final exam.

In the third year, during occupational skills laboratory practices, groups of 25 students take training on obtaining ‘informed consent’ for two hours a week. This is also a mandatory course for medical students. As generally accepted informed consent has become one of the most significant topics in daily medical practice and the process of research. It is defined as acceptance of the medical interventions by the patient who will undergo them after being informed about the content, risks, and benefits of the diagnostic and the treatment methods, and their alternatives. Since obtaining informed consent has become one of the routine activities in medicine, it is necessary to add this subject to the medical curriculum. Due to some specific features of the cultural base in Turkey, such as paternalism and the health system problems, it is difficult for health professionals to learn the subject of ‘informed consent’ only through lectures. As an unique training model, this course lasts 12 weeks in the 3rd year in Ankara University School of Medicine since 2004-2005 academic year and the final exam is conducted with OSCE (“Objective Structured Clinical Examination”). The all students in the third year of medical education, who received training in groups of 10-15 for two hours in each group. A faculty member from our department provided brief theoretical information on the subject beforehand, and ten sample cases were discussed with student groups using previously prepared learning guides. Thus, including the reinforcement of information, the education sessions lasted about four hours for each group. The manual that includes cases collected from various countries by UNESCO was previously translated into Turkish and printed as an education material. OSCE is an evaluation technique that is used for competency based education processes. According to complete learning basis, the student learns a skill in a stepwise fashion, using a checklist, and the student is expected to perform the skill without skipping any of the steps.

In the fifth year of the medical education, students have to take a course on ‘medical ethics, deontology, and law’ for one hour a week throughout one term. Students are evaluated with one mid-term exam and a final exam. The topics of this course are;

- Ethics, bioethics concepts; definition, basic theories.
- Different approaches to ethical evaluation: Principalism.
- Informed consent; from Hippocratic Oath to the 21th century
- Physician – patient relationship
- Respect for privacy in medicine
- Gen – ethics.
- Ethical issues related with the beginning of life; abor-

tion, artificial reproduction.

- Ethical issues related with the end of life: Euthanasia, DNR orders, geriatric patients.
- Organ transplantations and ethics.
- Physician rights and Patient rights.
- Research and publication ethics.
- Human Rights concept and medicine.
- Pediatry and ethics
- Gender issues in medicine
- Medical Deontology Regulation
- Normative systems and etiquette in medicine.

Most of the medical schools in Turkey medical ethics education has the similar topics and this course in different years; 3rd, or 5th ..etc. This course has some bioethics topics in addition to medical law and deontology.

The ethics and science directorate of UNESCO, an organization prioritizing ethics education, has prepared a database study on this subject and through GEOBS (Global Ethics Observatory), it is possible to find the details the all courses related with ethics on the Database3 (www.unesco.org/new/en/social-and-human-sciences/themes/global-ethics-observatory/about-the-geobs/data-collection/database-3/).Totally 35 ethics teaching programs, undergraduate and postgraduate level, have been documented from Turkey; 29 ones related with medical ethics, 4 ones on bioethics, 1 on environmental ethics, 1 on science ethics. In the light of this data, it is possible to say that medical ethics teaching has a central role in Turkey.

This text mainly based on;

- Arda B(2011) : Publication ethics from the perspective of PhD students of health sciences: A limited experience. Journal of Science and Engineering Ethics. DOI: 10.1007/s11948-011-9256-4
- Arda B, Oğuz NY, Sahinoğlu S(2009): Informed consent in medical education: The experience of the medical ethics department of Ankara University Medical School, AUTF Mec.62(4): 143-147.
- Arda B(2004): Human Rights in Medical Ethics Education, Journal of International Association of Medical Science Educators, JIAMSE, 14: 5-7.

Salwa Saniora Baassiri

Career Profile		
Year	**Position**	**Institution**
1998- present	Secretary General	Lebanese National Commission for Unesco
2005- present	Head of the Lebanese National Network	Anna Lindh Euro-Mediterranean Foundation for the dialogue between cultures
1988-1998	Chief, Unit of Program Planning Budget & Finance	Méditerranée Investors Group Beirut- Lebanon
1983-1988	Assistant to the Director General for Students Affairs and Director of the Administration Division	Hariri Foundation Beirut- Lebanon
1972-1982	Senior Researcher in Economics	Economic and Social Commission for Western Asia (ESCWA), United Nations Beirut- Lebanon

Major works and publications	
Title	**Year**
Co-author of the publication “Sixty” that documents the 60-year journey of the Lebanese National Commission for Unesco	2009
Research paper entitled “Environmental Ethics” presented at the Alecso conference on Ethics of Science and Technology (Tripoli, Libya).	2006
Research paper entitled “the Social and Psychological Dimensions of Dealing with the Fetus with Congenital Malformation” Alecso seminar on “Ethics of Science and Technology” (Cairo, Egypt).	2005
Research paper entitled “Women: Partners in Forging the Future”, on the occasion of the Annual Conference of Rene Moawad Foundation (Washington, USA).	1997
Co-author of “The National Report on the status of Lebanese Women” that was presented to the Fourth World Conference on Women (Beijing, China).	1995

Memberships in association(s)		
Name of association (or organization or political party)	**year**	**Role**
The “Lebanese National Consultative Bioethics Committee”	2001- present	Member
The “Arab Ethics Committee for Science and Technology”	2003- present	Chair
Unesco “Intergovernmental Bioethics Committee”	2008- present	Member
Board of trustees “Teach for Lebanon”	2009-present	Member

The consultative committee for “Beirut World Book Capital for 2009”	2008	Member
Board of trustees for the Universal College Aley- Lebanon	2007- present	Member
Board of trustees for the American Community School (ACS)	2004- present	Member
The “Lebanese Management Association”	1995- present	Board member
“Arab Cultural Club”	1995- present	Member
The “National Commission for Lebanese Women”	1994-1998	Member
The Lebanese National Committee designated to prepare for the “Fourth World Conference on Women, Beijing, 1995” and to draft the Lebanese National Report on Women	1994-1995	Member
The “Lebanese Think Tank Association”	1993-1997	Board member

Selected Participations	
	Year
Keynote speaker in the UNESCO Future Forum on Gender Equality: the Missing Link? Session 1: The Strategic Role of Gender Equality in Development	Greece, 2010
Chairperson of the Social and Human Sciences (SHS) Commission at the 35th Unesco General Conference	France, 2009
Chairperson of the Programme Support and External Relations (PRX) Commission at the 34th Unesco General Conference	France, 2007

Education of Women and Children in a Multicultural Society

Salwa Saniora Baassiri
Secretary General
Lebanese National Commission for Unesco

I would like to start by paying tribute to the Turkish National Commission for Unesco, for taking this visionary and timely initiative to organize a workshop around article 14 of the "Universal Declaration on Bioethics and Human Rights", which addresses social responsibility and health. Special thanks go however to professor Meral Ozguc and professor Ygor Tazebay for all the efforts exerted to ensure the success of our meeting.

May I add that it gives me great pleasure to be amongst renowned personalities, coming from different cultural and disciplinary backgrounds, to exchange views and share information around social responsibility, also to explore its high relevance to education in a multicultural society.

As a Lebanese citizen, who comes from a country of diversity and who is a great believer that ethics and education target in the first place to safeguard human dignity, to enhance human security and to ensure sustainable development, I shall attempt to tackle the issue of education of women and children in a multicultural society, considering education to be one of the major determinants of social responsibility towards human security, quality life, gender equality and the enjoyment of human rights, all being part of a global aspiration to eliminate human suffering, to synergize efforts towards an inclusive development, to mobilize partnership and to ensure universal ownership.

It might be beneficial however, before I proceed, to explore the conceptual significance of the three terms that construct my intervention, being multiculturalism, education and social responsibility.

Multiculturalism

Culture, as defined by Unesco, goes beyond art and literature. It encompasses, in addition, a set of distinctive spiritual, emotional, intellectual and material features, which are normally influenced by history, traditions, education, religious beliefs, and the like. Within the same vein, cultural diversity is the manifestation of various cultures that pertain to different social groups or communities. It comprises their respective interpretations of beliefs, traditions and value systems, as being perceived through the prism of the adherents of those cultures and as being shaped by the context in which they live and work. As such cultures don’t transfer in a linear direction. Instead, they evolve continuously, to develop new forms of cultural diversity which, thanks to contacts and mixing flows of people and the values thereof, do exist at the boundaries of each one of us, entailing ever evolving identities.

We are all aware that there is immense cultural diversity in the world, including diverse views about right and wrong, in what we may call cultural relativism. However, article 1 of the Universal Declaration of Human Rights states that “all human beings are born free and equal in dignity and human rights”. This means that the declaration speaks of universalism when it comes to human rights. Or put differently, that some moral duties remain unchanged, despite different respective context. Thus, some may claim that human rights can question cultural activities that are discriminatory. Examples of which could be found in discriminatory treatment of women and children, be it in education or in the social and economic domains. Furtherstill, article 1 of the Universal Declaration may be taken to mean that cultural rights should not infringe upon, or endanger, the human rights of the individual or the society at large, through cultural practices that are in conflict with dignity.

You may agree with me that a controversy seems to arise in this context, knowing that every single human right has a link with culture, namely the rights of freedom of religion and freedom of expression, also right to education, and right to life and health. Also knowing that human rights provide moral and legal framework for promoting cultural diversity. The controversy could be resolved however, in view of the fact that human rights are supposed to safeguard cultural diversity from being misused or abused through discriminatory practices. Also, in view of the fact that human rights cannot be enjoyed without limit. In other words, same rules cannot or should not be imposed the same way in different setups and contexts. So the protection of individual rights must include the protection of cultural diversity, being a source of innovation, creativity and exchange, provided it is not in conflict with human dignity. Accordingly, religious expression, which is a form of cultural expression, should be acknowledged as a source of spiritual meaning, similarly lingual diversity, which is also viewed as a form of cultural expression, should be given a vital role to play in advancing intercultural awareness and in stimulating knowledge and acceptance of difference.

Education

It is widely acknowledged that education is no longer viewed as a mere tool to ensure literacy or to impart knowledge in various disciplines. It is being looked at, in addition, as means to achieve the goal of equality and to address the needs of the whole child. In other words, education has become more of character education that is responsible for shaping the learners' mindset and introducing coherent changes in the social fabric of groups and communities. Such a perception entails that education is a long term process, which is supposed to take into account the major and fast transformations that are taking place around us in almost all aspects of life, in particular those imposed by globalization and advanced science and technology.

Accordingly, education should be approached as a catalyst for interactivity, sustainable development and peace building. But in order to assume a similar function, education is expected to equip learners with multiple skills fit to, orient their destinies, enlighten their choices for a better living and guide their active and meaningful participation in their societies. In addition, education, being the result of a complex interacting influences, is expected to train learners to cope with changing times and to have the skills for, bridging between facts and values, making well thought decisions, balancing benefits and risks and evading, through critical thinking and foresight ability, the risks still optimizing benefits.

In contrast, no education, or low levels of education are linked with ignorance of oneself and the other, associated with vulnerability and marginalization, and related to alienation of the disadvantaged groups. This is normally expressed through less access to, healthcare, employment opportunities and financial resources, thus leading to suffering from low incomes, tensions, lower self esteem, lack of confidence and ultimately low social status, ruled by grudge and violence.

Social Responsibility

"Social Responsibility" as a term has recently come into use. The Unesco report on social responsibility and health indicates that social responsibility as a concept has first appeared in the context of ethics, to be expanded later on from being the concern of individuals to that of groups, communities, and the public at large. Accordingly, states have become accountable, not only to protect their citizens from social threats, mainly poverty, illiteracy, diseases, environmental degradation, violence and so on, but also to contribute significantly to their welfare and human satisfaction.

In actual fact, the wellbeing of individuals and groups has become closely connected with social development and thus has become the concern of all sectors of society.

In view of such understanding, education and health have become classified as basic needs that safeguard human dignity, protect human rights and ensure social stability. But mostly they are considered not to be consumer goods for only those who can afford them. In view of a connotation as such, given to social responsibility, it has become widely acknowledged that the act of improving educational opportunities stands as a priority by its own right and as the best way to combat health or income inequalities. Actually the Unesco report on social responsibility and health singles out five priority areas as key elements for translating social responsibility into policy applications, being; reduction of poverty and illiteracy; access to quality health care, specially health of women and children; access to nutrition and clean water; elimination of marginalization and exclusion and improving of living conditions and environment.

Having set the boundaries for the three interrelated concepts that my intervention is based on, education, multicultural context and social responsibility, I shall proceed to explore the various dimensions of education of women and children in a multicultural context.

But first why is it women and children in particular? The spontaneous answer could be, because they are both entitled, just like all others, to the full fledge array of human rights, while in actual fact, they are discriminated against, marginalized and vulnerable. Also because both are the active actors for making a long awaited transformation. However, while it is true that children are the future actors and the ones to enact social transformation and to carry the social responsibility for the change to happen in line with human rights, it is women, who are the main caretakers of those children and youth, and the ones who are quite influential in impacting and passing their values, positive or negative, to their children, thus playing the role of key change agents. But over and above mostly because women are the under-tapped resources and the dormant potentials that need to be energized and reinforced to optimize the full societal resources.

Several justifications could be volunteered as an explanation to this distorted situation where discrimination rules. They are more often than not economic and financial. However the real explanation should be fetched somewhere else, in the socio-cultural realm, where lack of gender parity persists in almost all societies and in so many areas, in particular in societies with minorities and indigenous population. According to the latest message of the Director General of Unesco on the occasion of woman's day, in March 8, 2011, less than 40% of countries provide girls and boys with equal access to education. Still further, the message estimates that had gender parity been attained in 2008, there would have been additional 3.6 mn girls in school, knowing that out of the 28 mn of the out of school children, 42% live in countries of conflict.

Gender equality has been proclaimed as early as 1945[1], aiming to protect women and child girls from discrimination and marginalization. Impressive number of standard setting instruments, whether conventions, declarations or recommendations, have been initiated to that effect by the UN and the UN specialized agencies. The fact that several member states and leading development organizations have endorsed those instruments, gender equality has become a joint responsibility of all stakeholders and assumes the status of an ethical and political obligation that needs to be attended to by the concerned parties. There might be a need to clarify in this context that gender equality means in the first place that the opportunities, rights, priorities and responsibilities of both men and women ought to be equal-

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[1] Few examples:
- Charter of the United Nations, 1945
- Universal Declaration of Human Rights (UN), 1948
- Convention concerning Equal Remuneration for Men and Women Workers for Work of Equal Value (ILO), 1951
- Convention against Discrimination in Education (Unesco), 1960
- Convention on the Elimination of All Forms of Discrimination Against Women (UN), 1979
- Beijing Declaration and Platform for Action (UN), 1995

ly accounted for, and not be a function of whether they are born male or female.

We may rightly claim that education is the priority for women, being a prerequisite to ensure quality entitlement to employment, health, safe environment, executive power and decision making, all of which being requisites for human dignity and Human Rights in general. However, latest available Unesco statistics indicate that there is 796 million adult illiterate worldwide -2/3 are women, 72 million children out of school -54% are girls, while parity in primary to secondary education is far from being attained.

These worrying percentages indicate that discrimination persists in terms of access to school and that an important sector of people are denied their right to knowledge and life skills.

But what might be more worrying is that quality education is being denied to a much larger sector of people. We mean by quality education that which is linked to the four pillars of Delors report; learning to know, learning to do, learning to be and learning to live together. In other words, that kind of education which prepares the learner to be a rational and a global citizen. The one who is aware of cultural diversity and able to deal with it, knowing that diversity is no longer a choice but a reality across the world, made possible by greater mobility and modern ways of communication. Regrettably however, increasing geographic proximity, has not been translated into better and greater understanding, partly because awareness of cultural diversity is not being introduced into schools at an early age.

So what is looked for, from the perspective of social responsibility is to attain quality education, which is expected to address not multiculturality only, but interculturality as well, which entails interdisciplinarity, multiperspectivity, and mutual respect for cultural diversity. In addition, quality education is expected to create deep awareness of human rights which contribute to the overall development of individuals and to the knowledge of how to interact in a fair and inclusive society. Human rights are viewed within that context to support the objectives of citizenship, security and peace, in as much as to pass on global values, including spirituality, world views and different ways of life. In that sense, education should be dealt with as a dynamic concept that evolves with time and that takes account of the social, economic and environmental context of the place. Besides, education should work to emancipate learners form stereotyping, prejudice and discrimination, in favor of respect, integration, sense of responsibility, sense of purpose and tolerance, knowing that tolerance as an attitude is not enough by itself, it needs to be coupled with engagement in dialogue on the basis of equal dignity and shared destiny.

Having dealt with education of women and children in a multicultural context in general, maybe it is high time for somebody like me, coming from a country of diversity, to give a quick idea about the education of women and children in Lebanon.

The republic of Lebanon is situated on the eastern coast of the Mediterranean sea with a total area of 10,452 km^2, and around 4 mn resident people. The Lebanese resident population is known for its young age structure with around 34.3% under 20 years, excluding the Palestinian refugees who live in camps since 1948.

Lebanon is known to enjoy a parliamentary democracy, as well as freedom of speech and cultural diversity, where 18 different spiritual factions coexist. Noteworthy however, is the fact that the Lebanese population is known to have experienced a stretched history of migration, ending up with around 12 mn people of Lebanese origins in the diasporas, still in touch, in one way or another, with Lebanese country of roots, thus increasing Lebanon's exposure to diversity in all its aspects.

Furtherstill Lebanon, being one of the drafting countries of the Universal Declaration of Human Rights in 1948, which recognizes the inalienable right to education, has been long committed to the achievement of universal primary education for all (EFA).

In actual fact, Lebanon is one of the strongest countries in the region as far as youth and adult literacy rates are concerned. In 2008, literacy rate among those in the age bracket 15-24 has scored 99%, while, in terms of gender equality, parity in school enrollment is almost 99%. Girls fare even better in terms of transition to secondary and tertiary levels, their rate of enrollment is 89% at the second-

Box 1. Facts and Figures about Lebanon

Table 1. School Enrollment Rates per Age Group and Gender

	2004		**2007**	
Age group	Females	Males	Females	Males
5-9	98.9	98.4	99.1	99.1
10-14	96.1	94.4	95.4	95.1
15-19	73.6	68.7	81.3	69.2
20-24	34.7	33.8	41.6	36.9
25-29	5.7	7.9	5.1	7.5

Source: Millennium Development Goals Lebanon, Interim Progress Report, 2010 ary level compared to 83% for boys. Again, they represent 60% of the total student body at the university level.

According to the available statistics of 2009, 32% of the Lebanese student body go to free tuition public schools, while 68% go to private schools, where tuition fees vary from acceptable to prohibitive. The main concern in here however, is that the level of achievement for the public school students is 10% less than that of their counterparts. The widening gap of achievement is strongly linked to high repetition rates (40-60%) in the primary and intermediate cycles, and to high dropout rates (2.7-10.7%) for the two respective cycles. This fact adversely affects the completion of the primary school, thus ending up by feeding, in the long run, the overall illiteracy rate which is estimated at 8.8%, two thirds which relate to women, mainly in the age bracket 60-85. Children and women with disabilities remain the most vulnerable and the poorest, thus facing double deprivation; 50.4% of people with disabilities, are illiterate.

Being aware that education is a social responsibility in the first place, several initiatives are being put in place to improve the quality of education in Lebanon. They vary from the attempt to have education compulsory up to 15 years instead of 11, the way it is now, to professionalize the teaching career, to improve on school buildings for better teaching environment, to review the curriculum in order to ensure that education outputs match the Lebanese social and economic needs and to expand access to early childhood care.

However, being a country of diversity, every religious community has the right to establish its own institution. We find almost every single faction of the 18 ones in Lebanon has its series of private schools where they offer, in ad-

Box 2. Facts and Figures about Lebanon

Table 2. Unemployment Rates

	2004		2007	
Women participation rates	20.4	40.5 (overall)	21	43.4 (overall)
Unemployment	Females	Males	Females	Males
	10.2	8.8	9.6	7.4

Table 3. Economic Participation Rates of Women

	2004	2009
Share of women in wage employment in non-agricultural sector	31.7	28.2
Proportion of women employed as salaried workers	**2004**	**2007**
	83.5	91.5

Table 4. Distribution Rates of Actual Labor Force by Professional Categories and Gender

Status in Work	1997		2007	
	Females	Males	Females	Males
Managers and Directors	6.0	14.4	4.1	14.4
Professionals	24.6	7.5	20.0	7.1
Intermediate professions	16.7	6.6	19.1	6.6
Office employees	15.6	3.8	14.4	5.3
Service workers and sales persons	15.0	8.9	14.1	11.0
Agricultural and fisheries	2.4	5.6	2.8	5.3
Skilled workers	5.6	26.5	5.2	20.6
Drivers	4.1	10.0	0.9	10.8
Unskilled workers	9.8	12.4	19.3	8.7
Armed Forces	0.2	4.2	0.1	10.0

Table 5. Rates of Political Participation of Women

Parliamentary seats	**2005**	**2009**
	3.9	3.2
Seats in the municipal councils	**2004**	**2010**
	1.9	4.68
Ministerial seats	**2004**	**2010**
	6.66	6.66

Source: Millennium Development Goals Lebanon, Interim Progress Report, 2010 dition to the official curriculum, religious instructions. No school however compels students of different conviction to receive inconsistent religious instructions. Nevertheless, there is great concentration of students of the same faction in their respective schools, a fact which deprives students and children from enjoying diversity in their daily instances and obstructs their experimenting, at an early age, the challenges and advantages of knowing about the other who comes from different faiths and beliefs, specially that the successive conflicts in Lebanon have greatly affected the real interactivity among various communities of different factions.

Nevertheless, there exists in Lebanon a number of secular schools that attract students of all faiths and beliefs. Such schools might serve sort of a laboratory for real citizenship, based on openness, interaction and mutual acceptance and respect, though they might end up not knowing much about each others beliefs and convictions. However, in accordance with the Lebanese national curriculum, civics is a must course for the middle school classes. It comprises among other things, details about the various articles of the Human Rights Declaration. In principle that should be conductive to better national and global citizenship, but the worry remains regarding a know-do gap, which is being observed in more than one area at more than one level.

In Lebanon, multilingual education is common in about all schools, with Arabic being the national language. In principle, multilingualism helps a great deal to know about other cultures, and about world views, which the Lebanese are keen to promote and cherish. They are keen as well to have their children master foreign languages, being a bridge to connect with all other different cultures. Noteworthy however is that parents make sure, if any, to have their girls multilingual.

In addition, bioethics education is gaining grounds in several Lebanese universities. While it is at present part of the medical schools curriculum, ethics education has for quite some time been part of philosophy courses offered at the faculties of human sciences. Bioethics, as well as ethics courses, are considered part of a capacity building strategy targeting the young generation in order to impact positively their attitudes and behavior. Such courses would sure offer a wider perspective in looking into world views, values, and morals, prior to passing judgments on others from a restricted and closed cultural perspective. If education were to make a real impact at this level, bioethics should be integrated in school curricula. It is there where we can make a real difference and change the face of the world to be more human and hospitable.

References

- The International Bioethics Committee of Unesco (IBC), Report on Social Responsibility and Health, Unesco Bioethics Section, 2010.
- Unesco International Social Science Journal, Cultural Diversity, Blackwell Publishing limited for Unesco vol. 199, March 2010.
- Marcer., DRJ, Moral Games for Teaching Bioethics, Regional Unit for Social and Human Science in Asia and the Pacific, Unesco Bangkok, Thailand, 2008.
- J. Peter Burgers, Promoting Human Security: Ethical, Normative and Educational Frameworks in Western Europe, Unesco 2007.
- Salwa Saniora Baassiri, Paper on a “Unesco Future Forum, Gender Equality: The Missing Link?”, Athens, Greece, September 2010.
- UNDP, Millennium Development Goals Lebanon, Interim Progress Report, 2010.
- Ministry of Education and Higher Education, Quality Education for Growth- National Education Strategy Framework 2010-2015, Ministry of Education, Lebanon, 2010.
- Division of Ethics of Science and Technology, Bioethics Core Curriculum, Unesco 2008.

Nüket Örnek Büken

Nuket Ornek Buken is medical ethicist in The Hacettepe Univ. Faculty of Medicine, Dept. of Medical Ethics. She obtained her medical doctor degree at Ankara Univ. Medicine Faculty in 1991. She received her PhD degree in Medical Ethics at the same University in 2000. She worked as a researcher in Interdisciplinar Bioethics Project in Yale University (2004-2005). She has been appointed as a full professor to the Dept. of Medical Ethics in 2010.

She is interested mainly in the ethics of biomedical research, patient's rights, genetics, and public health. She is currently leading or collaborating on theoretical and empirical research projects on ethics in epidemiological research; social exclusion; the doctor-patient relationship; gender in medicine, equity and patient choice in waiting list initiatives; European perspectives on public health ethics; and European philosophical methods in medical ethics.

She has been a part of many national and international projects in both national and international levels. She has experience in both qualitative and quantitative research in various topics in medical ethics. She took an active role as a partner in TRAMS (Training and Mentoring of Science Shops) as Turkish part which is an FP-6 EU project under the *"Science and Society"* theme.

Memberships:

- Turkish Bioethics Association
- Member, UNESCO Turkey National Commission Bioethics Specialization Committee
- Member, Executive Board, Women's Research and Implementation Center, Hacettepe University (HUWRIC/ HUKSAM)
- The Society of Medical Ethics and Medical Law
- Turkish Medical Society
- ISHM (International Society of History of Medicine)
- FAB (The International Network on Feminist Approaches of Bioethics)- Country representative
- World Association for Medical Law

Adminitrative Duties: Member of Hacettepe University Animal Ethics Committee, Member of Hacettepe University Senate Ethics Committee, Member of Hacettepe University IRB.

UN Millenium Development Goals and Universal Declaration on Bioethics and Human Rights

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Nüket Örnek Büken

Dept. of Medical Ethics, Faculty of Medicine,
Hacettepe University
buken@hacettepe.edu.tr

The intersections between international human rights, health care and environmental ethics on the one hand, and international law on the other, provide one of the great normative challenges for global health policy as we emerge from the era of corporate globalisation. This is particularly so as we attempt to use such norms to achieve not only just and equitable but sustainable habitats.

As we'll see, these intersections provide a challenging background to the aims and content of provisions in instruments such as the UNESCO Universal Declarations on Bioethics and Human Rights and United Nations Millenium Development Goals.

The Millennium Development Goals (MDGs) provide a new consensus, for development towards 2015. They aim to "address the problems of extreme poverty in its many dimensions - income poverty, hunger, disease, lack of adequate shelter, and exclusion, while promoting gender equality, education, and environmental sustainability". These goals relate to various dimensions of fundamental human rights, as set out by the Universal Declaration of Human Rights and the rights and development frameworks that have subsequently emerged.

Contents of The Bioethics Declaration

The Bioethics Declaration set out to address “ethical issues relating to medicine, life sciences and associated technologies as applied to human beings, taking into account their social, legal and environmental dimensions”. It sought to provide a “universal framework of principles and procedures to guide States in the formulation of their legislation, policies or other instruments in the field of bioethics”. The central provisions of the Bioethics Declaration comprise 15 basic rules, called “Principles”, propounded to define the obligations and responsibilities of the relevant actors in the field of bioethics. The arrangement of the Principles reflects a gradual widening of the objects being addressed. The initial Principles relate to individual human rights (human dignity; benefit and harm; and autonomy and individual responsibility). They then move to consider other relevant human rights (consent; privacy; equality and non-discrimination). Broadening their focus still further, there is a Principle requiring respect for cultural diversity and pluralism and for humanity as a whole (solidarity; social responsibility; and the sharing of benefits). Finally, broadest of all, Principles are stated which address our ethical obligations to all living beings and their environment (protection of future generations; and protection of the environment, the biosphere and biodiversity).

The most innovative features of the Bioethics Declaration include:

- The broadening of the focus of bioethics from the concerns of the human individual to the human community, to humanity generally and to the total environment;
- The attempted synthesis of topics traditional to “med-

ical" bioethics and concepts obviously derived from the now familiar language of international human rights law; and

- The introduction of important new ideas into bioethics, most especially those concerned with notions of universal access to health care and notions of social responsibility, not just individual entitlements, in the framing of bioethical principles.

Probably the most innovative provision of the Bioethics Declaration was the proclamation in **article 14 of the Principle of Social Responsibility and Health**. Relevantly, this Principle states:

1. **The promotion of health and social development for their people is a critical purpose of government that all sectors of society share.**
2. **Taking into account that the enjoyment of the highest obtainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, progress in science and technology should advance:**
    a. **Access to quality health care and essential medicines, including especially for the health of women and children ...;**
    b. **Access to adequate nutrition and water;**
    c. **Improvement of living conditions and the environment;**

d. **Elimination of the marginalisation and exclusion of persons on the basis of any grounds; and**
e. **Reduction of poverty and illiteracy.**

Returning to the question of what possible influence the propounded Principles might have to address the problems enumerated in the MDGs, it can be seen that the Bioethics Declaration shifts the ground of international public discourse on bioethics from a largely medical outlook to one that engages the individual, society and community, members of the human family, and all living beings and the biosphere. Thus, the lens of bioethics has been opened by the Bioethics Declaration.

The affirmative principle of health and social development is pronounced to be a duty. And virtually all of the eight MDGs are reflected in some way in the language of the Bioethics Declaration including poverty; hunger (lack of adequate nutrition and water); illiteracy; the health of women and children; the elimination of marginalisation that is so significant in combating HIV/AIDS; and attention to environmental sustainability that is such a feature of global thinking in the past decade. If the question is asked, does the Bioethics Declaration, of itself, alter the world so as to assure that we attain the MDGs, the answer must be given candidly that it does not. But neither did the UDHR, of itself, ensure universal respect for human rights. Still, its provisions have been greatly influential in the independence constitutions of virtually every post-colonial nation in the world. The principles of the UDHR have spread widely to influence of international and local law and policy.

The machinery of the United Nations, however imperfect, now provides means to submit every country in the world to global scrutiny of its human rights record and to do so on a regular, rotational basis. Special representatives of the Secretary-General and special rapporteurs of the Human Rights Council have provided leadership to the global community on difficult and sensitive ethical questions.

As was intended, the new Bioethics Declarations makes a clear contribution to this global trend. It lifts the eyes of bioethicists from the patient's bedside and the hospital ward to a new insistence on the relevance to the bioethics discipline for society, the community, humanity, all living beings and the biosphere. This expansion of thinking is appropriate to the age of the internet and to the pressing global problems of HIV, malaria, nuclear proliferation and climate change, that present, with the challenge of the MDGs, the greatest bioethical issues of our time.

Particularly important, as we'll see, are norms of technology transfer, benefit sharing and social responsibility in relation to essential medicines that specifically apply to corporations. As I said **Article 14 of the UNESCO Universal Declaration on Bioethics and Human Rights (2005),** perhaps the most innovative article of the Declaration, introduces the principle of social responsibility and health in the field of bioethics, thus opening up perspectives for action that go beyond just medical ethics and affirming the need to place bioethics and scientific progress within the context of reflection open to the political and social world.

Health is definitely everyone's responsibility: from individuals to groups of people organized within societies, educational institutions, public and private sectors, and obviously governments.

When we consider the complexities of the issues surrounding social responsibility and health, and the need to address related public health questions from a bioethical standpoint, this timeframe is hardly surprising and reflects the quite new approach given to public health issue and bioethics by article 14 of the Declaration.

Norms of international human rights, bioethics, medical and environmental ethics are likely to play important roles in developing any new global social contract emerging from such a debate. They might combine, for example, to support the concept of global public goods. These could be defined, not in traditional economic terms, but as providing benefits from whish no individual or ecosystem should be excluded (on criteria of global health care ethics or international human rights), spanning national, cultural and generational boundaries. Examples could include emerging Technologies facilitating clean air, equitable Access to food and energy, peaceful societies, control of communicable disease, transport and law and order infrastructure, as well as sustaineble ecosystems. Related global public goods will require international cooperation for their production.

Both international human rights and global health care ethics carry the promise or enlarging the objects of human sympathy and so the applicable range of foundational virtues, principles and rules available to desicion makers. But even more than this, foundational environmental virtues, such as “sustainability” and “solidarity with endangered species and habitats’ respecting the Earth itself as a self-sustaining entity, must now begin in academic and policy discourse to take their placae alongside “justice” and “equality” in health care debates about the wise use of emerging technologies.

The Millennium Development Goals (MDGs)

The world has been going through tremendous changes and socio-economic and cultural transformation in the 20th and 21st Centuries. The countries and the communities all around the world has been affected in various ways and different rates from these changes. These ways and rates have defined the making of the “first, second and third world countries” of the Cold War era and “developed, developing and under-developed or least developed countries” of today. The disparities and the gap between these clusters of countries have reached to an alerting level in the couple of last decades. Some countries performed well in terms of economic and social development and catching-up, whereas some others lagged behind dramatically, due to various political, historical, cultural or geographic reasons. The disparities are two-folded and complicated in nature. The first is the disparities in socio-economic development among the countries. There are various categories ranging from developed to least-developed countries. The other involves the disparities between the communities/people within a given country. There have been some attempts at global level aiming at alleviation of these disparities. Once predominantly ideological and politicized during the Cold War, these attempts gained vital importance in an environment where the gap between the poor and rich was widening, the isolation of iron curtains came to an end, the world politics has ripped off its sheer ideological perception of international affairs and globalization prevailed.

In the year 2000, representatives of 189 nations, including 147 heads of state and government, convened under the leadership of the United Nations in the historic summit meeting at which the Millennium Development Goals

(MDGs) were adopted. These goals are based on the Millennium Declaration, which aims to eradicate extreme poverty and hunger in the course of the 21st century.

The Millennium Development Goals (MDGs) are eight international development goals that all 192 United Nations member states and at least 23 international organizations have agreed to achieve by the year 2015.

They include eradicating extreme poverty, reducing child mortality rates, fighting disease epidemics such as AIDS, and developing a global partnership for development.

The aim of the Millennium Development Goals (MDGs) is to encourage development by improving social and economic conditions in the world's poorest countries. They derive from earlier international development targets, and were officially established following the Millennium Summit in 2000, where all world leaders present adopted the United Nations Millennium Declaration, from which the eight goals were derived by a group.

The Millennium Development Goals (MDGs) originated from the Millennium Declaration produced by the United Nations. The Declaration asserts that every individual has the right to dignity, freedom, equality, a basic standard of living that includes freedom from hunger and violence, and encourages tolerance and solidarity.

The MDGs focus on three major areas of Human development (humanity): bolstering human capital, improving infrastructure, and increasing social, economic and political rights, with the majority of the focus going towards increasing basic standards of living. The objectives chosen within the human capital focus include improving nutrition, healthcare (including reducing levels of child mortality, HIV/AIDS, tuberculosis and malaria, and increasing reproductive health), and education. For the infrastructure focus, the objectives include improving infrastructure through increasing access to safe drinking water, energy and modern information/communication technology; amplifying farm outputs through sustainable practices; improving transportation infrastructure; and preserving the environment. Lastly, for the social, economic and political rights focus, the objectives include empowering women, reducing violence, increasing political voice, ensuring equal access to public services, and increasing security of property rights. The goals chosen were intended to increase an individual's human capabilities and "advance the means to a productive life". The MDGs emphasize that individual policies needed to achieve these goals should be tailored to individual country's needs; therefore most policy suggestions are general.

The MDGs also emphasize the role of developed countries in aiding developing countries, as outlined in Goal Eight. Goal Eight sets objectives and targets for developed countries to achieve a "global partnership for development" by supporting fair trade, debt relief for developing nations, increasing aid and access to affordable essential medicines, and encouraging technology transfer. Thus developing nations are not seen as left to achieve the MDGs on their own, but as a partner in the developing-developed compact to reduce world poverty.

UN Millennium Development Goals and The Performance of Turkey

In the national domain, Turkey's performance is better than many developing countries. Some of the goals have already been accomplished. Accession process with the EU has been the engine behind the performance. Quick recovery and over-performance of the Turkish economy after the 2001 economic crises gave momentum in the process. There is a synergy between achieving the MDGs and accession to the EU. The MDGs involve the improvement of the conditions of life of human-beings directly. EU accession process would help Turkey to fulfill its commitments for the MDGs.

Over the last two decades, Turkey has overcome critical problems in the fields of human and environmental development. Now, Turkey is on the right track towards meeting the Goals by 2015. Turkey has shown remarkable progress in reducing the gender gap and infant mortality rates. With regard to the universal primary education, combating HIV/AIDS, malaria and other communicable diseases, ensuring environmental sustainability and joining in the international partnerships for development, Turkey has already reached all of the Millennium Development Targets. Although the legislative framework is egalitarian, there are certain problems in the areas such as gender equality and empowerment of women, as well as achieving universal primary education. But there are concerted efforts to overcome these shortcomings through public campaigns and incentives. Maternal and child mortality rates are still high although there are significant improvements, however the Ministry of Health is implementing programs and campaigns, in co-operation with the WHO to further reduce the mortality rates. These campaigns have promising results.

Concerning the commitments for the global domain, Turkey aims at putting particular emphasis on development issues in the Security Council Agenda as the linkage between the two domains has been acknowledged by all parties. As agreed in the UN Millennium Summit, the States have pledged to intensify their efforts towards the achievement of the Millennium Development Goals by 2015. Turkey particularly attaches importance to the eradication of extreme poverty and hunger (1st goal), and developing a global partnership for development (8th goal).

The total Official Development Assistance (ODA) provided by Turkey in 2004 amounts to USD 340 million, and it is expected to be around USD 600 million in 2005. Furthermore, Turkey is committed to do her part in addressing the needs of the Least Developed Countries. In this respect, Turkey is a donor country for the Poverty Reduction and Growth Facility, established by the IMF in 1999.

Turkey supports the international efforts with respect to the infrastructure development and harmonization of transport regulations in the Landlocked Developing Countries, and also the efforts regarding the sustainable development of the Small Island Developing Countries. Turkish International Cooperation Agency is the legal entity to provide technical assistance to the newly independent Central Asian, Caucasus and Balkan countries as well as developing countries in the Middle East and Africa.

Turkey has declared 2006, as the “Year of Latin America”, and 2005, as the “Year of Africa”, with a view to contributing to the international efforts to alleviate the hardships faced by the least developed countries. There is substantial increase in the aid to the LDCs in the last couple of years.

The Way Ahead: What Needs to Be Done

As there are so many challenges to achieve the MDGs, the world community needs to be very creative in devising new strategies and means in their efforts.

Raising money is an important issue and a difficult task but spending them to targeted projects in an effective and efficient manner is more challenging. In kind contributions also can be instrumental if we can set up national and global pools that could bring together offers and needs/ projects that would match. However we should be careful in avoiding bureaucracy which will otherwise consume money and energy.

Donor countries have principal capacity and responsibility in MDGs implementation. Pledges made by the donor countries should be paid timely in order to direct them to MDGs implementation projects and to avoid the disappointment incurred by non-payment on other potential donors and those who take part in implementation processes. Countries should better abstain pledging money unless they are certain that they can materialize them.

At the global level, more effective coordination is needed. Some strategies that would guide the nations in their endeavors would be instrumental. However, one-fits-all strategies will cause waste of source and energy, because each country has its own peculiar dynamics.

The external debt issue should be considered with all its aspects and in an unrestricted manner, so that the promotion of policies for the creation and mobilization of funds to alleviate the debt burden can be properly addressed. The recommendation of the UN Secretary General regarding the debt cancellation for the least developed and developing countries, and the concurrence with them through practical implementation by developed countries is encouraging.

Greater market access to developing countries and enhanced cooperation to increase their capacities and competitiveness in order to scale up their ability to trade is an important, yet controversial goal, however, we should also bear in mind the legitimate concerns of the developing countries if we are to provide immediate duty free and quota free market access for all exports from the least developed countries.

At the national levels, the line ministries and institutions should be aware of their responsibilities and plan their activities accordingly, taking the MDGs as reference points. The private sector and civil society should be encouraged to concert their efforts in the same direction.

In this context, the vital economic role played by the small and medium-size enterprises (SMEs) in the developing countries should be taken into consideration. SMEs should be supported through micro-finance and micro-grant systems in order to help them to be integrated into the cycle of contributions for the realization of the MDGs.

The principles of good governance and accountability at the national level are essential components for development activities. It is necessary to create an entirely transparent public domain to fully adopt the principle of accountability to ensure the means for fast access to information and to effectuate the principles of productivity and effectiveness. This will also give the donor countries and partners the sense that the support they give is well properly utilized.

The private sector, civil society and individuals should be involved in this process through more effective means. But the nature of this engagement shall be voluntary by definition, otherwise it will be counter-productive.

In order to create the "sense of ownership and responsibility" among all donors and stakeholders, mass media campaigns that would familiarize institutions and people to MDGs, would be useful, both at global and national levels.

All in all, we would consider launching a "Global MDGs Mobilization Campaign" where every entity; governments, international institutions, private companies, civil society institutions and even individuals, would find a space to act and contribute.

Conclusion

Therefore, for all its defects of content and drafting, the UNESCO Universal Declaration on Bioethics and Human Rights was an important step in the right direction. Bioethics can never again be divorced from the global concepts of human rights. That alone is a big step forward. It is also a step of reconciliation between the traditions of the health care professions and those of law. Nothing less is acceptable in the organs of the United Nations. All of them, without exception, are bound by international human rights law. Nothing less is acceptable to the people of the world who today judge their governments and each other – sometimes quietly out of fear, often noisily out of assertion - against the criteria of universal human rights. Including, in the health care and bioethical setting. Progress has been made, step by step. It is the duty of this Workshop to take the mind of humanity further along the enlightening path of the universal human rights that we all share.

Rights are mute and invisible, unless spoken for, and thus made actionable. It is only through collective recognition, responsibility and action that the programme of human rights can be realised. The MDGs should be seen as part and parcel of making rights actionable, providing forms of consensus and benchmarks for action. However, attention to the poorest and most deprived must be the central principle. Hence, in order to secure fundamental human rights, people in both developed and developing countries must actively recognise, develop and sustain a commitment to those rights. They must take the initiative on behalf of those rights, with an especial commitment to look first to those who are most deprived.

References

1- Turkey's Millennium Development Goals 2005, Report to the MDGs + 5 Summit (14-16 September 2005) Ministry of Foreign Affairs of the Republic of Turkey.

2- In larger freedom: towards development, security and human rights for all; Report of the Secretary-General of the UN, 2005.

3- OECD/DAC Development Co-operation Report, 2005.

4- Report of the High Level Panel on Threats, Challenges and Change; A More Secure World: Our Shared Responsibility, 2004.

5- WTO Annual Report, 2005.

6- The Millennium Development Goals appear in UNDP, The MDGs Through Socio-Economic Rights: Constitution Making and Implementation Handbook (2009), UNDP.

7- M.D. Kirby, "Human Rights and Bioethics: The Universal Declaration of Human Rights and UNESCO Universal Declaration of Bioethics and Human Rights" Journal of Contemporary Health Law and Policy 309–317 (2009).

Kumru Arapgirlioğlu

Kumru Arapgirlioğlu graduated from Middle East Technical University Turkey from the Department of Urban and Regional Planning in 1983. Finishing her masters in Florida State University USA, and majoring in environmental planning and resource management in 1986, she has come back to her country and worked as a planning consultant for 15 years in Turkey. After she was offered an academic position in 1999, she has started to work as an instructor in the Department of Urban Design and Landscape Architecture Bilkent University Turkey since then. She finished her Ph. D. in 2004 in Ankara University Turkey, her thesis was on environmental ethics and national interests. Her area of interest has always been urban issues and environmental problems together with human behavior and responsibility, and to question them from an ethical perspective.

Megacities, Environmental Problems, Citizen Health and Social Responsibility

Kumru Arapgirlioğlu

> Most persons think that a state in order to be happy ought to be large; but even if they are right, they have no idea what is a large and what is a small state. … To the size of states there is a limit, as there is to other things, plants, animals, implements; for none of these retain their natural power when they are too large or too small, but they are either wholly loose their nature, or are spoiled.[1]
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> **Aristotle, 322 B.C.**

1. As a start:

Through this paper and its topic, I aim to re-read the Declaration[2] and its article 14 that adopts social responsibility within health issues in reference to Megacities and their problems. I will look at this issue from an urban planners' standpoint, and from being a member of Bioethics Committee since 2004. I will follow an outline first defining what a megacity is and what are its related problems in reference to the Metropolitan of İstanbul, and then move on to the accepted principle acts and responsibilities towards having a healthy city and healthy citizens, and finally, I will attempt to correspond these with the principles of the Declaration and its Article 14, seeking for action to be initiated and carried

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[1] D.H.Meadows and others (1972) "The State Of Globel Equilibrium", The Limits to Growth, pp. 161,

[2] Universal Declaration on Bioethics and Human Rights.

out to future by institutions, corporations, groups of people in accordance with the governments of states.

Article 1 of the Declaration reveals that, “This Declaration addresses *ETHICAL ISSUES* related to medicine, life sciences, and *ASSOCIATED TECHNOLOGIES* as applied to human beings, taking into account their *SOCIAL, LEGAL*, and *ENVIRONMENTAL* dimensions.” while Donald Evans[3] summarizes Article 14 by saying that “Article 14 of the UNESCO Universal Declaration on Bioethics and Human Rights (2005) introduces *THE PRINCIPLE OF SOCIAL RESPONSIBILITY AND HEALTH* in the field of *BIOETHICS*.” (Evans, 2010:5), therefore I may raise my own definition of ethics in relation to citizen health and social responsibility.

In general, as Örs[4] explains in his article, ethics in principle deals with the relation between individuals, individuals and society, individuals and state based on the values imbedded in the society and in brief it is “our personal wishes and wills related to human behavior” (Ors, 1997:365), which I will extend this and try to find the main relation with the term bioethics. While broadening this definition to bioethics I usually prefer to refer to the description of V.R Potter[5] , who coupled the word bio with ethics in 70’s of which the roots of his work going back to 1960’s, says “the ultimate goal should not only to enrich individual lives but to prolong the survival of the human species in an acceptable form of society” and he also associates this progress as creating

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[3] Chairperson, UNESCO’s International Bioethics Committee

[4] Professor, former chair of Department of Deontology, Ankara University, Turkey,

[5] An oncology professor in United States.

a “bridge to future”, and in 1988 he used the term global bioethics instead, as bioethics has been widely used in the ethical problems connected with the practice of medicine (Potter, 1992: 5). From then on we will be able to re-define human attitude towards society and environment under the topic of social responsibility and health. By linking them also how to manage the problems of megacities, offering better lives to citizens and how to share responsibility for a sustainable future.

In short, within this framework, bioethics can be defined as moral values put into practice where health of citizens in cities are taken care of/taken into consideration not as a plain duty of the society but to be carried out as a moral insight and taken as a societal responsibility to forward each and every individual to a certain state by related parties, such as municipalities, central government, corporations, related institutions and other groups of people.

2. Megacities, Environmental Problems and Istanbul

Before getting into any discussion on megacities we may first clarify what a megacity is and why we want to discuss this topic under social responsibility and health.

Today almost 50 % of the population lives in cities and many more dreams to live in one. Cities became so big and in the focus of everyone that almost countries’ all economy, the uses of resources has been built upon the happiness of cities and the people who lives in them. Cities have turned into mega structures that exploit all the resources nearby faraway and consume all the rural production that exists in a larger expanse. Planning and designing of the urban environment, allocation of services, density and uses among the city, distribution of resources, curbing environmental problems, participation issues and their reflection on the quality of life are in the core of many political discussions. (Arapgirlioğlu, 2009: 4) As indicated, within fifty years time 75 % of the world population is estimated to live in cities and in 2020 one and a half million people living in megacities, will try to survive under insufficient conditions. (Endless City, 2007) As an unavoidable fact, specialists, local governments, politicians are seeking for appropriate attitude how to curb these problems for a better future and searching for new concepts and signing documents for common interest. The degrading of urban and natural environment as a result of high population and its dynamic motion is in the forefront agenda of the world. With the year 2000 it seems that meetings and discussions related to this topic has been accelerated. Urban Age project that reinforced these issues has been initiated in 2004 and its' results that has been published under the book "The Endless City", examining six megacities of the world, is worthwhile to examine to better understand the problems of megacities and the difficulties that the governors face.

In many references, a megacity is defined as a metropolitan area, a city, with a population that exceeds 10 million people. Some of them also refer for a minimum level of population density (as being at least 2,000 persons/square km). The terms conurbation and agglomeration are two other words that I prefer to use when speaking of megacities. I have learnt about and discussed on those two words as early as 80's when I was at the very beginning of my university education. These words helped me to understand cities like Istanbul that expand along to its limits and started to join with other settlements. According to an internet source today there are 26 megacities including Istanbul in the 22nd rank.[6] Some challenges underlined are: slums, homelessness, traffic congestion, urban sprawl, gentrification and environmental problems.

Thomas Malthus, a British economist was first to address the problem of population growth and its relation to environmental problems, mostly relating to the scarcity of resources and their limits, and to the problems the world will face such as hunger if not handled properly. Mark Lewis in Forbes, citing also to Malthus'us distpic approach, has drawn a new future to Megacities and written:

> Even as the world's overall population eventually stabilizes somewhere between 9 and 10 billion, the megacities will continue their relentless expansion, as the rural poor move to town and become the urban poor. They will keep coming despite the daunting problems that await them in the cities: crime, pollution, crumbling infrastructure, lack of housing. Undeterred, they will pack themselves into crowded shanty towns that lack running water or sewer service, and--amazingly--they will consider themselves better off than if they had stayed in the sticks.

Turkey ranks 17th with its population of 73 million among 230 countries. Six of these countries have more than 500 million population and 23 of them including Turkey has population over 50 million. Istanbul having 13 million people settles 18 % of Turkey's population and it's within the 15 largest cities of the world. Since 1950's İstanbul has a high percentage of the urban population residing in its urban agglomeration (18 – 20 %), the closest cities to İstanbul, Ankara (5-7 %) and İzmir (4-5 %) has lower urban populations compared to İstanbul.[7]

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[6] Th. Brinkhoff: The Principal Agglomerations of the World, 2011-01-01

[7] UNESCO Statistics: Percentage of the urban population residing in each urban agglomeration with 750,000 inhabitants or more in 2007 (%) 1950-2025.

Deyan Sudjic, editor of The Endless City, starts his article “The City Too Big to Fail” about Megacities in the meeting of Urban Age Programme in 2009 Istanbul, “Istanbul is a city as beautiful as Venice or San Fran¬cisco, and, once you are away from the water, as brutal and ugly as any metropolis undergoing the trauma of warp speed urbanization.” When we have visited Istanbul two years ago my twelve year old son had done almost the same validation and said there is nothing different about Istanbul when you go beyond the water. On the other hand, Sudjic ads, “if London is Europe’s first global city, Istanbul sees itself as its sec¬ond. It’s a city whose influence is shaped by both cul¬ture and commerce.” (Sudjic, 2009: 3) On the same conference a remarkable American Sociologist Saskia Sassen states similar but more indispensable characteristics of Istanbul as a megacity, “from a distance, Istanbul is the immutable intersection of vast and diverse mobilities. … It seems to me that developing such capabilities across diverse histories and geographies is a particularity of Istanbul’s deep history”, by mentioning several major trends that give the character of the city limiting to three: flow of capital, in and out flows of people, and political cultural variables, she found these to be important characteristics to be called as a megacity. (Sassen, 2009: 5) Istanbul stands within thirty of such cities on the world as far as the so called trends and with its huge population of 13 million. Istanbul is also among the top ten emerging European Cities being on the fourth rank.[8]

Having many characteristics of a megacity İstanbul offers many stimulus creating activities and services for peo-

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[8] Istanbul The City of Intersections, Urban Age Programme Newspaper, The London School of Economics and Political Science, London

ple who lives in and who seeks to be one, but at the same time Istanbul's life causes many difficulties such as traffic congestion, pollution, density of uses to deal with, not only for individuals but for governors as well. As Frauke Kraas explains megacities in a short and best way "which combine the best and the worst of living" (Kraas, 2008:108). The basic problems to be solved is to provide adequate living conditions starting from housing to job opportunities, essential services as health and education, and to supply services and infrastructure such as clean water, healthy nutrition.

In addition to the above remarks, the most important part of this report to be discussed is the Urban Age City Survey[9] done in Istanbul. It compiles a valuable data to look at. They have asked three questions to the citizens of three cities, İstanbul, London and Sao Paulo. What do people like most about the city? What concerns people most about the city? And what would improve quality of life in the city? According to survey results Istanbul stands forward by people's positive comments on having job opportunities 53%, satisfactory health services 45 %, with choice of schools 40 %. The citizens of Istanbul concern more about traffic congestion 55 %, crime rates 44% and cost of living 42 %. According to citizen's of İstanbul quality of life will improve with more education possibilities 77%, with environmental problems solved 45 % and solution to traffic congestion 41 %. 30 % of the sample said the quality of life would increase if health services improve.

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[9] IPSOS KMG interviewed 1,013 Istanbul residents face to face, in their homes, in summer 2009. Data have been weighted to the known profile of the population.

The same survey also questioned the environmental appraisals of the sample:

> The survey results point to a clear environmental concern in Istanbul's population – almost twice as many people think that efforts to protect the environment are needed to improve quality of life than in London. This may be caused by the fact that 57 per cent of the respondents are aware of the effects of climate change on their city. In terms of environmental concerns, water shortages come in a strong first position, with 81 per cent of the responses. Fears of desertification, extreme humidity and heat waves follow with 68, 63 and 54 per cent respectively. These concerns seem to originate from a desire to keep future generations safe from environmental disasters: 88 percent of the respondents are concerned that the lives of their children and grandchildren will be threatened by the effects of climate change. Close to three quarters are also concerned about environmental threats to their own health. … (Urban Age Survey, 2009:41)

When they are asked, "How satisfied are residents with city services?" 65 % said they are satisfied with public health services, 63 % said they are satisfied with private health services. Again 65 % is satisfied with local government. But still they are concerned about environmental threats to their own health. İstanbul citizens stand more close to San Paulo citizens then Londoners, while listing their wishes and wills to their local government, towards achieving a better quality of life in the city.

Design and planning departments, dealing with urban issues, advocate that improving the quality of the city environment improves the well-being of the society, which helps individuals and the society to be happier. That will also lead to a healthy society and individuals, and lead to a more productive environment as a result of easement of life. To achieve a certain quality of life in cities a list can be prepared under two scales. First on a higher scale: providing basic needs such as nutrition, shelter, jobs, and equal-affordable access to education and health services; fast/

affordable/comfortable accessibility to activities and uses; a clean environment, clean water, clean air, where natural values are safeguarded. In a lower scale, the list provides all the possible technical and social standards an individual should have in a city to the extent that will fulfill/accomplish all universal rights and possibilities, enjoy the variety of life, cause as places of attraction megacities promise people that they will offer many opportunities to them.

So in both scales we are closely interested in two topics of Article 14: access to adequate nutrition and water in an individual basis, and on a higher scale improvement of living conditions and environment of the urban area. These two sub-titles are directly related to with proper management of environmental resources, their allocation, protection and safeguarding human health through creating better quality urban environments.

3. Towards a Healthy Environment, Healthy Society and Healthy Individuals

The report of the International Bioethics Committee of UNESCO "On Social Responsibility and Health" tries to underline the related topics –ethical and legal- special areas of focus –health care, research, industry, education, decision-making processes etc. – to reach a possible higher standard for each individual. "It attempts to address public health policy questions from a bioethical standpoint." (Report, 2010:8)

By article 14 the Declaration "goes beyond just medical ethics and reiterates the need to place bioethics and scientific progress within the context of political and social world" so "broadening the agenda of bioethics" by "drawing the attention of policy makers to" many important topics related to health and responsibility, taking five specific topics on the priority: access to quality health care, access to adequate nutrition and water, improvement of living conditions and the environment, elimination of any persons to access appropriate health care, reduction of poverty and illiteracy.

Health as defined here is under the responsibility of many people. From individuals to governmental bodies to private corporations. And the quality of health we achieved or we have been offered, are also a result of many facts. For example if we go back to the Article 1 of the Declaration, and to so called associated technologies, those technologies that fostered and extended human life also created a dominant species, and megacities of today. How we live today is an outcome of this developing technology. It brought prosperity along with its side effects that also resulted with its own social, legal, environmental challenges, and its problems. We usually focus more on problems than challenges, cause, to reach/foresee a better future we may need to understand related problems to find solutions for future use. Otherwise we may be facing with accelerating number of problems that will become impossible to solve.

Article 2 of the Declaration although addressing directly to States -herewith who has enacted and signed this Declaration- also points out to, by providing guidance, individuals, groups, communities, institutions, corporations, public and private.

Article 2 (c) mention "Respect for the life of human being"

Article 2 (g) addresses "safeguarding/promoting the interests of the present and future generations"

Article 2 (h) underlines “the importance of biodiversity and its conservation as a common concern of human kind”

By listing all these, the Declaration widens its scope of interest, in other words its ethical sphere, even though hiding a contrast –inherited in its title- with Article 3 (2) it again narrows down this to “the interest and welfare of the individual should have priority over the sole interest, of science and society”. With this approach the Declaration concentrates on individual cases to safeguard human rights and bioethics in its frame more than social rights and aspects. But on the overall it refers to social responsibility as a means of reaching better human life that will also lead to / mean to help safeguarding future generations and the prosperity of other species that live on earth. Here I may refer to one of the basic principles of urban design and planning that is “the public interest”. Therefore, in planning and urban design the decision making process and actions to be taken, needs to be directly based on public interest and for the good of all.

Coming back to responsibility, health and cities, megacities needs more attention and care than regular, average sized cities. Their environments are more open to wear and tear as a result of their exposure to high density / compatible uses. As the urban and natural environment deprives fast, and there is a high consumption and production that leads to all kinds of pollution, the precautions must be taken beforehand. Megacities constitute an important portion of the countries’ economy and hold an important portion of the population of the country therefore a higher responsibility is shared between the local governments and the central government. They are the main step stones for protecting and enhancing the megacities and their environment. Although the responsibility of a megacity is mostly attributed to the elected local bodies and who has also volunteered to take this responsibility, this responsibility has to be shared between many other groups, institutions who uses and enjoys its environments the utmost. To lower the burden of living in a megacity causing unhealthy conditions and its related costs, every citizen, every corporation and every group must bare in mind that they all have their own share creating this environment therefore they owe the community and as a pay back they may think of sharing the responsibility. For example corporations seem to have indirect responsibility for enhancing social and individual health but ethically questioning they are using and enjoying all the resources that the urban environment and society offers, so they may re-think of their positions and their standpoints. Which could be valid for many of us. On each level, if we think over the case of water consumption, while the central and the local governments are responsible for providing its citizens with sufficient clean water and protecting the ecosystem on a higher level, individuals should use/treat this water in a responsible manner, thinking that it's a scarce entity.

For a proper management of an urban environment all individuals, groups, institutions, private or public must need to question and revise their attitudes towards environment as a first step. Instead of treating environmental entities as tools for living or as resources to be exploited, every individual needs to think of them as values to be kept and inseparable parts of their life. Then afterwards we may be able to manage our behaviors towards a better living and towards taking social responsibility for all. Otherwise we may not be able to create a promising future to ourselves and for a city that means to dominate almost everything around it.

References

Arapgirlioğlu, Kumru (2009), “Bir Yaşam Alanı Olarak Kent: Kentler ne için var?”, Yerel Yönetimler: Kentsel Yaşam ve Nitelikleri, Dosya 09, K. Arapgirlioğlu (ed.) 55pp., TMMOB Mimarlar Odası Ankara Şubesi, Bülten 66.

Evans, Donald (2010), “Introductory Remarks”, **Report of the International Bioethics Committee of UNESCO (IBC) On Social Responsibility and Health**, Social and Human Sciences Sector, Division on Ethics of Science and Technology, Bioethics Section, UNESCO.

The Endless City: The Urban Age Project (2007), The London School of Economics and Deutsche Bank’s Alfred Herrhausen Society, Burdett, R., D. Sudjic (eds.), Phaidon Press Limited, New York.

Kraas, Frauke (2008), “Megacities-our global urban future”, The official publication of the International Year of Planet Earth, UNESCO.

Örs, Yaman (1997), “Etik Açısından Doğal Çevremiz”, **İnsan Çevre Toplum**, Ruşen Keleş (ed.), İmge Kitabevi, Ankara, pp. 361-371.

Potter, V.R. (1992), “Global Bioethics as a Secular Source of Moral Authority for Long-Term Human Survival”, **Global Bioethics**, Volume 5, January-March 1992, N.1, p. 5-11.

Sassen, Sakia (2009), “The Immutable Intersection of Vast Mobilities”, **Istanbul The City of Intersections**, Urban Age Programme Newspaper, The London School of Economics and Political Science, London, pp.5-6.

Sudjic, Deyan (2009), “The City Too Big to Fail”, **Istanbul The City of Intersections**, Urban Age Programme Newspaper, The London School of Economics and Political Science, London, pp.3-4.

Özge Yücel Dericiler

Özge Yücel Dericiler was born in Ankara in 1977. After graduating from Ankara University, Faculty of Law in 1998, she practiced law in Ankara Bar Association as an apprentice and got her licence in 1999. She also worked for the Human Rights Commission of the Bar Association. She has an MA degree on Political Science (2003) and Ph.D. on Public Law (2010) from Ankara University, Institute for Social Sciences. She has been granted a scholarship by the Swedish Institute in the field of Human Rights Law and made a doctoral research during the years 2005 and 2006 at the Raoul Wallenberg Institute of Human Rights and Humanitarian Law in Lund, Sweden.

Dericiler is working at the Centre for Research and Application of Human Rights at Maltepe University. Prior to this, she has worked at different universities as a research and teaching assistant. Her main research interests are public law, human rights –particularly social rights–, gender and politics.

Social Responsibility and Health, Obligations of the State: a Legal Framework

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Özge Yücel Dericiler
Center for Research and Application of Human Rights,
Maltepe University, Istanbul, Turkey

Introduction:

The Universal Declaration on Bioethics and Human Rights (hereinafter the Declaration), adopted in 2005 by UNESCO, is an international human rights instrument particularly focusing on the linkage between bioethics and human rights.[1] The Declaration includes five sections containing 28 articles in total. The first two articles are general provisions regulating the scope and aims of the Declaration. From Article 3 to Article 17, principles to be respected in decisions or practices are indicated. “Social responsibility” is one of these principles, like “autonomy and individual responsibility” (Art. 5) or “equality, justice and equity” (Art. 10). The rest of the Declaration contains provisions relating to the application of the principles (Arts. 18-21) and the promotion of the Declaration (Arts. 22-25).

The principle of social responsibility, regulated in Article 14 in particular, constitutes the main focus of this paper. But it should be evaluated within the framework of the aims and purposes of the whole Declaration. This is mentioned in Article 26 as well:

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[1] Roberto Andorno, “Global Bioethics at UNESCO: in defence of the Universal Declaration on Bioethics and Human Rights”, **Journal of Medical Ethics**, Vol. 33, 2007, p. 150.

> This Declaration is to be understood as a whole and the principles are to be understood as complementary and interrelated. Each principle is to be considered in the context of the other principles, as appropriate and relevant in the circumstances.

The principle of social responsibility is first designated in the Preamble of the Declaration with an expression that "*desirability of developing new approaches to social responsibility to ensure, whenever possible, that progress in science and technology contributes to justice, equity and to the interest of humanity*". Then, Article 14 of the Declaration regulates "social responsibility and health" which is as follows:

1. The promotion of health and social development for their people is a central purpose of governments that all sectors of society share.
2. Taking into account that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, progress in science and technology should advance:
    - (a) access to quality health care and essential medicines, especially for the health of women and children, because health is essential to life itself ad must be considered to be a social and human good;
    - (b) access to adequate nutrition and water;
    - (c) improvement of living conditions and the environment;
    - (d) elimination of the marginalization and the exclusion of persons on the basis of any grounds;
    - (e) reduction of poverty and illiteracy.

The link between health and social responsibility is mentioned in the Preamble to the Declaration, through the clause that "*health does not depend solely on scientific and technological research developments but also on psycho-social and cultural factor*". WHO also highlights the fact that health is not just a medical issue and "*the determinants of health include the social, physical and economic environments, as well as individual characteristics and behaviours. The context of people's lives determines their health, not less than their genetic inheritance and their personal choices and way of life*".[2] These determinants include factors such as income and social status, education, physical environment, employment and working conditions, social support network, culture, genetics, personal behaviour and coping skills, health services and gender.[3] Within this context, IBC correctly sets out the contribution of Article 14: *"by including Article 14, the Declaration opens up perspectives for action that go beyond just medical ethics and reiterates the need to place bioethics and scientific progress within the context of reflection open to the political and social world"*.[4]

It can be seen easily from this definition that health cannot be solely dealt with medical matters and is directly linked to other economic and social rights, such as the right to work, the right to favourable working conditions, the right to water and the right to education. This also shows, in connection with the social responsibility principal, that both States and third parties, including individuals, private

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[2] Report of the International Bioethics Committee of UNESCO (IBC) on Social Responsibility and Health, UNESCO, 2010, para. 8. (hereinafter IBC Report).

[3] IBC Report, 2010, para. 8.

[4] IBC Report, 2010, para. 1.

companies, multinational enterprises etc., have different responsibilities about health-related issues.

This paper particularly focuses on the obligations of the State. But first, there is a need to clarify the legal status of the Declaration as an international human rights instrument.

I. Legal Status of the Declaration

Unlike the Council of Europe's Convention on Human Rights and Biomedicine or other international conventions (or covenants), the Universal Declaration on Bioethics and Human Rights is a declaration: a non-binding, soft law instrument. When a State signs and ratifies an international covenant, it becomes a State party to the covenant and is obliged to implement and realise the rights and duties indicated therein. However, declarations are weaker instruments in the sense that they are not legally enforceable. Rather, they have moral impacts on States Parties.

On the other hand, this weakness does not mean that declarations are useless instruments. In contrast, they can stimulate the international society and provoke non-governmental organisations in a good sense, in order States to adopt these ethical and legal norms.

Besides, this kind of instruments give an opportunity for States to familiarize with the international standards, before adopting a legally binding instrument, as Andorno indicated.[5] Furthermore, it would be appropriate to remember the status of the Universal Declaration of Human Rights. Though it is a declaration, it has become a part of customary law in time.[6] Almost 20 years after it entered into force,

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[5] Andorno, 2007, p. 151.

[6] Andorno, 2007, p. 151.

its provisions have been regulated by two UN Covenants (UN Covenant on Civil and Political Rights and UN Covenant on Economic, Social and Cultural Rights), which are also legally binding instruments. [7]

II. Obligations of the State in Human Rights Law

Although it is possible to say that there is a consensus –at least in theory– on the principal of the indivisibility of all human rights (all human rights are universal, indivisible, interrelated and interdependent), there is, in fact, still a hierarchy between the different categories of the rights. One of the common categorisations is the one made between civil and political rights, and economic, social and cultural ones. The main criterion for this categorisation is the positive/negative State actions. The right to life, for example, requires States not to arbitrarily interfere with someone's life. The right to health, in contrast, as a social right, requires States interfere with person's life through the fulfilment of positive obligations. Since fulfilling positive obligations requires time and money, social rights can only be realised progressively in time, and the level of their realisation is limited by the availability of resources.

Actually, it can easily be seen that both the right to life and the right to health require positive and negative obligations in a given context. For example, the right to life cannot be fully enjoyed if a person looses his/her physical or mental health due to the absence of basic health care. Disadvantage groups like women and children may need

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[7] See Andorno, 2007, p. 151: "*if the same non-binding standards are reaffirmed in successive declarations, in the course of time they may become binding rules, in the form of customary law and jurisprodential criteria, as it happened with the Universal Declaration of Human Rights of 1948*".

to be protected by special measures (positive actions) not in economic and social matters, but in civil matters as well. Therefore, it is not appropriate to claim that only social rights require positive actions and attribute positive obligations on States.

Today, it is commonly accepted that States have three obligations relating to human rights: obligation to respect, obligation to protect and obligation to fulfil. Obligation to respect means that states must refrain from interfering directly or indirectly with the enjoyment of a right. Obligation to protect means that states must prevent private actors from interfering with the enjoyment of a right. Obligation to fulfil means to take all necessary measures for the realisation of a right.[8] Each human right can be implemented and realised through the application of this three dimensions. In this context, the right to health requires State not to arbitrarily exclude someone from the health care (to respect); to protect a person's access to health care services against private sector's interference (to protect), and to take legislative, administrative, judicial and all other necessary measures for the right to health (to fulfil).[9]

III. Scope of the Article 14

Article 1(2) of the Declaration states that: "*This Declaration is addressed to States. As appropriate and relevant, it also provides guidance to decisions or practices of individuals, groups, communities, institutions and corporations,*

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[8] **Litigating Economic, Social and Cultural Rights: Achievements, Challenges and Strategies**, COHRE Publication, Geneva, 2003, pp. 11-13.

[9] For further details on these obligations, see: Manfred Nowak, **Introduction to the International Human Rights Regime**, Martinus Nijhoff Publishers, 2003, the Netherlands, pp. 48-51.

public and private". According to this provision, States have a duty to implement related provisions in this Declaration. In addition, individuals, groups and organisations have to act compatible with the provisions as well. Article 14(1) reaffirms this point in a different way by saying that "*The promotion of health and social development for their people is a central purpose of governments that all sectors of society share*". As all private actors, non-state actors and individuals share the responsibilities, it is called *social responsibility*. Nonetheless, there is still a need to clarify the links between the responsibilities of States and private actors.

As mentioned above, States have a tripartite obligations relating to human rights, and each of these obligations may require different measures. However, in a globalising world, States are not always the primary actors in violating and/or protecting the rights. They have limited impacts on protective measures as the neo-liberal economic and social policies undermine their power:

> "As the state withdraws from areas relevant for human rights, e. g. by privatising and outsourcing the health care, educational system, refugee care, security and prison administration, and leaves them for the free market to take over, opportunities for direct state intervention and consequently the state's obligation to respect such rights are diminished. Yet, at the same time relevant obligations to fulfil and to protect increase, which means that extensive transfer of human rights obligations to private persons may result in violation of the relevant human rights".[10]

The right to health is a comprehensive human right encompassing many components. According to the Interna-

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[10] Nowak, 2003, p. 49.

tional Covenant on Economic, Social and Cultural Rights it means "*the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*". Likewise, Article 14(2) of the Declaration indicates that the highest attainable standard of health is a fundamental right and that progress in science and technology should advance particular conditions: Sub clauses from (a) to (e) mention the most critical or priority areas directly related to the right to health. This means that the enjoyment of the highest attainable standard requires some other rights to be realized.

But, when it comes to the realization of a social right, there are some objections: as a social right, realization of the right to health depends on the availability of resources and it can be realised progressively. However, objections against marginalisation and/or subordination of social rights are valid for the right to health as well. First of all, discrimination on any ground is forbidden. Secondly, social rights have to be realised at least at the minimum level. This is indicated in General Comment[11] No. 3 by the Committee on Economic, Social and Cultural Rights:[12]

> "The Committee is of the view that a minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights is incumbent upon every State party. Thus, for example, a State party in which any significant number of individuals is deprived of essential foodstuffs, of

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[11] General Comments are published on thematic issues by the Committee on Economic, Social and Cultural Rights to express its interpretation of the content of human rights provisions. See: http://www2.ohchr.org/english/bodies/cescr/comments.htm

[12] CESCR General Comment No. 3, "The nature of States parties obligations (Art. 2, par. 1)", 14.12.1990, para. 10.

> essential primary health care, of basic shelter and housing, or of the most basic forms of education is, prima facie, failing to discharge its obligation under the Covenant".

Although determining the minimum core content of each right is a though issue, indicators can be used for the measurement of the level of a progress.

Since health policy is not solely a matter of health care and economic and social conditions "*that make people ill and in need of medical care are clearly the utmost importance*",[13] States should formulate their economic and social policies, especially to meet the requirements of healthy life conditions and an environment.

Conclusions

It has been accepted in traditional international law that "*only sovereign states (and some intergovernmental organizations) can be held responsible for human rights violations. Non-state actors … or individuals are not answerable to such violations. Whenever non-state actors are found to violate human rights, only the states concerned are liable to legal action (that is, if the violation is attributable to them because they tolerated or indirectly supported it) and may be obliged to put an end to such violations by taking appropriate national measures*".[14]

However, neoliberal globalisation process has been forcing traditional international law's structure for a funda-

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[13] Adolfo Martinez-Palomo, "Article 14: Social Responsibility and Health", **The UNESCO Universal Declaration on Bioethics and Human Rights: Background, Principles and Application**, (eds.) Henk A. M. J. Ten Have, Michele S. Jean, UNESCO Publishing, Paris, 2009, p. 219.

[14] Nowak, 2003, p. 54.

mental change. Human rights can not be protected and fulfilled solely by state actions. National and multinational companies, international organisations and individuals have to comply with the requirements of social responsibility in order to protect the physical and mental health of the individual. Private companies and institutions have a serious potential to harm or to protect the right to health, since some of those multinational enterprises have more resources than most of the governments. In this framework, there has to be more concrete, legally binding and effective provisions, both at national and international levels to control those enterprises actions.

Article 14 sets out social responsibility principle as one of the main principles of the Declaration. "*Ethical implications of economic and social policies*" and the "*importance of social determinants of health*"[15] are emphasized in the context of responsibilities of various actors. In other words "*this new principle reflects the need to make bioethics part of open-ended social and political debate by taking a holistic approach to health*".[16] With these elements, Article 14 is a fundamental ethical norm. It reaffirms that each actor has responsibilities for the protection of human rights. And in the context of legal obligations of a State, first paragraph of Article 14(1) stresses that promotion of health and social development is, somewhat, a raison d'être of governments.

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[15] Martinez-Palomo, 2009, p. 225.

[16] Paul Herrling, "Experiments in Social Responsibility", **Nature,** Vol. 439, 2006, p. 267.

Yeşim Işıl Ulman

Medical historian and bioethicist. She graduated from Faculty of Letters of Istanbul University (1982). After she got MA at the Faculty of Political Sciences (by her master thesis on *Mecmua-i Fünun*) (1986), she deserved MSc on Medical History and Ethics of Istanbul University Cerrahpasa School of Medicine (1994) (by her dissertation on Imperial Medical School in Istanbul in view of *Journal de Constantinople,*). She received Ph.D. degree at the same department by her doctoral thesis on *Gazette Médicale de Constantinople,* in 1999, and became associate professor in 2005. She was the associate editor of *the New History of Medicine Studies* between 1997-2006. She edited *Salih Zeki Bey, Hayati ve Eserleri* (Life and Works of Salih Zeki Bey) (2001). She worked as the scientific secretary of the 38th International Congress for the History of Medicine held in Istanbul on September1-6th, 2002. She taught history of medicine and ethics at Istanbul University Cerrahpasa School of Medicine (Istanbul University) between 1990-2009, and works at Acibadem University School of Medicine as the head of the department. She is member of Société International d'Histoire et de Médecine (SIHM), Turkish Society for the History of Medicine, Turkish Bioethics Association, Turkish Society of Blood Transfusion; and has been working as associate researcher of the Institut Français d'Etudes Anatoliennes (IFEA) since 2003. She is member of the Ethics Committee of the Istanbul Chamber of Physicians (2006-present) and the president of the Turkish Bioethics Association (2007-present). The main interests of her studies are modernization of medicine and sciences in Turkey, history of medical institutions, contributions of physicians, medical and scientific journals in Turkey during the Ottoman Empire in the 19th century; history of ethics and bioethics; main issues of bioethics, beginning of life. She speaks English and French.

Contact Info:

Yeşim Işıl Ulman, MA, MSc, PhD
Associate Prof. of Medical History and Ethics
Acibadem Univ. School of Medicine
Maltepe-Istanbul
Phone: +90 216 458 08 37
Fax: 0216 589 84 85
E-mail: yesimul@yahoo.com

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Future Vision in Historical Perspective: Introducing the Turkish Bioethics Association, TBA[1*]

Yeşim Işıl Ulman

Dept. of Medical History and Ethics, Faculty of Medicine, Acıbadem University, İstanbul, Turkey

Introduction

This study aims to introduce the Turkish Bioethics Association (TBA) by dealing with its objectives, functions, works and activities as an academic, non-governmental organization in Turkey with a special emphasis on the activities of social responsibility. It will also try to envisage future perspectives of the TBA.

Historical background of the teaching of medical ethics in Turkey

Medical history education in Turkey started at Istanbul University during the 1856-1857 academic year. The

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[1] [*] *I would like to begin with my special thanks to Profs Yaman Ors, Berna Arda, Yasemin Oguz and Assoc.Prof. Dr. Serap Sahinoglu for their pioneering works to found and improve the Turkish Bioethics Association.*

medical deontology (ethics) courses were first included in the school curriculum in 1876. Nouridjan Effendi's lectures, the *Précis de Deontologie Médicale, Cours Elémentaire Professé à l'École de Médecine de Constantinople* (Istanbul, 1877) has been the third coursebook ever published on medical deontology in Europe succeeding *Deontology or the Science of Morality* (1834) by Jeremy Bentham (1748-1832) and *Deontologie Medicale* (Paris 1845) by Maxime Simon. Fourth book (Dr. Julius. Pagel's *Medicinische Deontologie* (Berlin 1897) could only be published 20 years after Nouridjan's work.

The two courses were united in 1902. All the medical history and ethics departments established in Turkey have been responsible of teaching both disciplines. Despite some brief interruptions, those courses have continued to be taught together ever since[2].

Medical history education was dominant over medical deontology issues in the beginning. In parallel with the tendency in the West, medical ethical subjects have gradually prevailed over the debates of classical medical morality and deontology topics in academic teaching and literature. Medical ethics has, in the course of time, freed itself from philosophical morality concepts out of which it evolved. In the meantime medical deontology and ethics have predominated medical history.

The lectures on medical ethics were treated in exemplification with clinical cases supported with medical historical background of the topic and with medical deontological aspects. Interactive character of the physician-patient relationship was much more emphasized

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[2] Yildirim N, Ulman YI, "The Historical Development of the Education of Medical History and Deontology-Ethics at Istanbul University". *37th International Congress on the History of Medicine Proceedings* (ed: Burns, O'Neill, Albou, Rigau-Perez). Texas-USA: 2000:237-243.

than ever lately[3]. Istanbul University pioneered with a coursebook on deontology by Sehsuvaroglu in 1975[4], also with first MA and doctoral thesis on medical deontology by Basagaoglu (1985 and 1988)[5] and clinical ethics by Ersoy (1991) and Sehiralti (1993)[6].

During 1990's, Ankara University played a fateful role in this progress where Professor Fuat Aziz Göksel, the doyen of medical deontology, history of science and medicine, reestablished and reshaped the department. He is renown for the emphasis on interactive relationship between the medical history and deontology disciplines as two supportive and cooperative fields of study [7]. His successor, Prof. Dr. Yaman Ors focused and worked[8] more on the philosophy and methodology of science; medical ethics and bioethics in comparison with his predecessor. The two scholars worked first together and then successively and contributed a great

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[3] Yildirim N, Ulman YI, "A Review of Medical History and Ethics Education at the Istanbul University". *Bulgarian Historical Review-Revue Bulgare d' Histoire* 2005; (3-4):119-126

[4] Sehsuvaroglu BN. *Medical Deontology* Istanbul Univ. 1975 (Turkish), cited by N. Sari, in "Tip Deontolojisi", *Tıp Dallarindaki Ilerlemelerin Tarihi*, ed .EK Unat, Ist. 1988:423. N. Akdeniz Sari has been the author of the first doctoral thesis on history of deontology by*: Physician and Deontology in the Ottoman Empire* PhD. Istanbul Univ. Cerrahpasa Faculty of Medicine, İstanbul 1977 (Turkish).

[5] Basagaoglu I. An assessment of deontological cases inferred at Istanbul Chamber of Physicians, (Turkish) MA. Istanbul Univ. Cerrahpasa Fac. of Medicine, 1985 and Judicial and deontological assessment of deontological cases inferred to the Ministry of Justice in Turkey PhD. IUCerrahpasa Fac.of Med. 1988 (Turkish).

[6] The two PhD dissertations supervised by A. Altintas at Cerrahpasa Fac. of Medicine are by N Ersoy *Ethical problems concerning Informed Consent in Clinical Treatment* Istanbul 1991 (Turkish) and M. Sehiralti *Medical Ethical problems in clinical setting concerning Family Planning*, Istanbul 1993 (Turkish).

[7] Goksel, FA, "Etikten Deontolojiye Bağlayıcı Kuralların Oluşumu", *Tıbbi Etik*, 2(1), 1994:1-2; Goksel, FA, "Tıp Dünyamızda Yeni Bir Gereksinim: Mesleki Değerler Forumu", *Tıbbi Etik*, 1(1),1993:1-4.

[8] Ors Y. Teaching medical ethics in the subjunctive mood. *Bulletin of Medical Ethics* 1993;93:31–6

deal of the medical deontology and ethics to proliferate in Ankara University Medical School. This induced Ankara Deontology department[9] to be the leader of the academical debates of medical ethics by putting forward the medical ethical issues over medical history, and tinging the curriculum with philosophy of science and methodology, and concentrating more on contemporary arguments of medical ethics. Thus bioethics started to become more popular than ever at academic circles in 1990's. Arda and Ors explain their approach to teaching medical ethics in Turkey as 'moral sensitization and the development of ethical awareness or consciousness regarding the value problems arising in different aspects of medical activity'[10].

The Turkish Bioethics Association is the fruit of this preference where Prof. Yaman Ors and his colleagues (Drs Arda, Oguz) created a favourable milieu[11] by starting to teach contemporary medical ethics, by mentoring postgraduate studies, and by leading the foundation of the first bioethics society in Turkey [12].

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[9] As a matter of fact Ankara Deontology Department. preferred to exclude the term "medical history" in their name and this set an example to a number of new departments all over Turkey.

[10] Oguz Y, Arda B: Medical ethics in Turkey. *Bulletin of Medical Ethics* 73: 13 - 17, November 1991; Arda B, Ors Y. Teaching medical ethics with an ethics to teach. *Bulletin of Medical Ethics* 1996;116:19–22; Arda B, Sahinoglu PS. Bioethics in Turkey *Eubios Journal of Asian and International Bioethics* 1995;5(3):64–65.

[11] Kadioglu FG, et al. "The 10th Year of Turkish Bioethics Association and its Significance for Bioethics in Turkey", *Challenges for Bioethics from Asia*. Ed. D. Macer. Eubios Ethics Institute. 2004; 505-507.

[12] Interestingly enough the first congress on medical ethics and deontology was organized in 1977 by BN Sehsuvaroglu, chair of the department in Ist. Univ. Medical Faculty, while the first symposium was held by the mutual efforts of Ankara University and Istanbul Univ. Cerrahpasa deontology departments at Cerrahpasa in 1994. See: Nil Sari, "Inaugural Speech of the Symposium", *Tıbbi Etik*;19942(3):105; Y Ors, *ibid*:107-108.

Establishment of TBA

TBA was founded in Ankara in 1994. The idea of establishing a bioethics society in Turkey was inspired by Prof. Yaman Ors and Dr. Yasemin Oguz, on their way back from the 1st World Bioethics Congress at Amsterdam where many countries and members were represented by local, national societies[13]. First steps to the Association were taken by the academics of medical ethics, veterinary medicine ethics, and dentistry ethics. Prof. Berna Arda, the first president of TBA worked to institutionalize the Association just from its inception. In a short while, the Association brought together not only bioethicists from the medical sciences, but also the authors of ethics, history and philosophy with young MA and PhD researchers from the allied disciplines all over Turkey[14].

The Scope of TBA

Turkish Bioethics Association is defined, according to its Bylaws, as a platform to take up and discuss problems arising in health care and medical sciences in an interdisciplinary way. This definition necessitates the explanation of the concept of bioethics which is implemented in its broadest sense by the Association. TBA considers bioethics as a discipline dealing with moral value issues in practice of healthcare professions (such as medicine, nursing, dentistry, pharmacy, veterinary medicine, etc.), and also other disciplines (biology, social sciences, philosophy, law, ...)[15]. TBA is concerned not only with moral problems

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[13] http://www.biyoetik.org.tr/history.htm (accessed: 14 April 2011)

[14] Kavas, V. “The history of the Turkish Bioethics Association as a sample organization and thoughts on getting organized and taking act”, *Turkiye Klinikleri Journal of Medical Ethics*, 2004;12:256-262.

[15] Civaner M, et al, “Medical Ethics Organizations in Turkey”, 3rd Balkan Congress on the History of Medicine., Thessaloniki Greece 29 Nov.-1 December 2007

stemmed from medical-clinical practices, but also with other moral issues originating from the activities influencing the living beings. Biomedical researches, publication ethics, environmental ethics, animal rights, policies affecting health care system, public health issues and related topics are also main concerns of TBA.

Objectives of TBA

The objectives of the Association are:

- to contribute to the development of bioethics,
- to improve the undergraduate and postgraduate education
- to develop contacts with healthcare disciplines as well as with other relevant areas,
- to facilitate the exchange of information between researchers in bioethics
- to organize regular academic, scientific meetings in bioethics;
- to encourage the development of research and teaching in bioethics;
- to promote and make known of issues of bioethics to the public.
- to be alert and attentive on problems of bioethics offending dignity of the discipline[16].

TBA, as delegate of the discipline on behalf of Turkey

TBA, which was formerly named as Bioethics Association, was authorized as the “Turkish” Bioethics Association in accordance with a decree enacted by the Council of Ministers on June 30th, 2000. According to Prof. Dr. Berna Arda, the chair, this has been the recognition of TBA as

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[16] http://www.biyoetik.org.tr/tüzük.htm (Accessed 14 April 2011)

the international representative of the discipline on behalf of Turkey at universal platforms which has been achieved through six year effort[17]. The final recognition of TBA as an institution of bioethics expertise has been internationally confirmed when it became a member of European Association for Centres of Medical Ethics" (EACME) in February 2009. This major step has been fulfilled with the devoted and planned efforts of the Executive Committee (2007-2009) together with the full support of the General Assembly on November 15th, 2008[18].

Membership Profile of TBA

The Association stipulates three categories of membership[19]:

1- Resident (full) members: researchers, academics, scientists, graduates and postgraduate students from bioethics disciplines. They should be citizens of Turkey at legal age of majority. They are obliged to pay annual dues

2- Honorary members: Scholars and academics who can contribute to the main purposes of the Association by their works and activities; senior scholars who have proved themselves by their contributions to the field and allied disciplines of bioethics. Honorary members do not have to pay dues[20].

TBA possess 106 resident (full) members constituted of medical scientists, healthcare professionals, bioethicists, academics and post graduate students of medical ethics and of the related disciplines.

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[17] Kavas, op.cit. 257.

[18] Register Book of the Turkish Bioethics Association page no. 66, 71.

[19] Regulation of theTurkish Bioethics Association www.

[20] The position of the honorary members is under revision by an *ad hoc committee* due to the decision of the General Assembly held on November 15th, 2010.

Web page and e-Bulletin

The official webpage of the TBA (www.biyoetik.org.tr)[21] serves not only for introducing the profile and activities of the Association, but it is also a platform to give information about news and to supply for data on bioethics in Turkey and in the world. It contains rich data on bioethics, and on the allied fields such as medical law, public health, and health policies. An English version of the page is also available.

TBA periodically issues e-Bulletins in which the activities of the Executive Board, various academic articles, announcements, Statements of the Association are published and shared by the members. The latest issue came out in Spring 2010 (No.20)[22]. By the decision of the actual Executive Board, the official correspondence of the Board on some critical issues has been placed on the website to provide data for the members with information from the healthcare setting and from the activities of TBA[23].

Reports - Guidelines

Members of TBA attach importance to prepare reports and guidelines on the foremost ethical problems in Turkey at clinical settings such as Informed Consent, Patient Rights, Biomedical Research Ethics. Those reports can be reached through the website[24]. Upon the permission of their authors, the report of Informed Consent has contributed a lot to the preparation of Guideline for Medical Specialty

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[21] The internet page was first set up by Dr. Murat Civaner and transfered to TBA in 2005 under his moderation. It has been administered by the Executive Board with professional aid since 2010.

[22] http://www.biyoetik.org.tr/files/TBD_e-Bulten_No.20.pdf (Accessed: 14 April 2011)

[23] http://www.biyoetik.org.tr/kurulduyuruları.htm (Accessed: 14 April 2011)

[24] http://www.biyoetik.org.tr/dernek_tar_hazır_rap.htm (Accessed 14 April 2011)

Societies of the Turkish Medical Association[25]; and was benefited for the courses given by TBA members at various healthcare institutions and academic meetings[26].

Statements

Executive Board is responsible to present the view of the Association concerned with its main branch and discipline at a specific issue precipitated or caused by diverse institutions or events. Those issues are chosen from the ones which necessitate the Association to make a statement regarding its main field of study or on the grounds of conflicting professional, moral or ethical values. The draft of the Statement is prepared voluntarily by a member or a group of members assigned by TBA and it is presented to the Executive Board. The texts are discussed, assessed, adopted (if approved) at the regular meetings of the Executive Board and declared on the website. The Statements are produced on the basis of health care policy-making such as on *Full-Time Hospital Work Draft of Law* (2007 and revised in 2010), *Clinical Trials Regulation* (2009, revised in 2010), *Medical Malpractice and Mandatory Professional Assurance* (2010), *Draft of the Patient Rights Regulation* (2011); or regarding healthcare provision such as the ones on *In Vitro Fertilization and ET Centres* (1996), *Bone Marrow Donation* (1999), *Violence against the Physicians* (2008), *Presence of Security Forces during Medical Examination* (2011); or concerning medical education such as the ones on *The Education of Medical History and Ethics* (1996), *Academic Appointments and Examinations* (1998). In compliance with its Regulation, the moral issues and conflicting values in broadest sense

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[25] TTB-UDEK Etik Kilavuzlar, TTB Yayinlari Ankara 2010. http://www.biyoetik.org.tr/files/TTB-UDEK%20Etik%20Kilavuzlar.pdf . (Accessed 14 April 2011).

[26] http://www.biyoetik.org.tr/egitim.htm (Accessed 14 April 2011).

of bioethics are also the main concerns of the Executive Board for making Statement such as the ones on *Allionai* (2011), *Violence against Women* (2011).

Recent Publications

The Association has published a number of books, mostly the proceedings of symposia and congresses. One of the recent publications of TBA is the proceedings of the symposium on *The Ethical Dimensions of Transformation of Healthcare Provision in Turkey* which is a pioneering work to put forward the conflicting professional values, moral and ethical issues in view of healthcare policy making[27]. *Ethical and Legal Dimensions of the Stem Cell Research* followed suit as a handbook to shed light on the latest developments and evaluation about this specific field of study[28].

The succeeding congress book was assigned to the prominent issues of the field under the title *Expanding Medical Ethics to Bioethics* by putting emphasis to the transition of the ethical debate from medical ethics towards bioethical issues such as dignity, integrity, autonomy, environmental ethics, healthcare ethics and law, patient rights in a larger extent[29]. A group of members of TBA fulfilled the Turkish translation of the *Bioethics Committees* written by the Division of Ethics of Science and Technology of UNESCO. This handbook has been published by the

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[27] *Sağlıkta Donusumun Etik Boyutu*, Turkiye Biyoetik Dernegi VI. Tip Etigi Sempozyumu (28-29 Nisan 2007), Turkiye Biyoetik Dernegi Yayin No. IX, Ankara Mart 2008. (The design of the meeting and the edition of the book were carried out by Dr. Murat Civaner, former member of the Executive Board).

[28] *Kok Hucre Arastirmalarinin Etik ve Hukuk Boyutu*, by Turkiye Biyoetik Dernegi Kok Hucre Arastirmalari ve Uygulamalari Kurulu (S Gorkey, N Kutlay, TB Gul, T Guven, G Sert, M Gun, C Erzik), Ankara, Nisan 2009.

[29] *Tıp Etiğinden Biyoetiğe (Expanding Medical Ethics to Bioethics)*, editors: YIUlman, TBGul, FGKadioglu, G Yildirim, Z Edisan, Ankara 2009.

UNESCO National Commission in Turkey for the benefit of the researchers and all stakeholders[30].

Recent Meetings

On the basis of social responsibility TBA is quite sensible to the hot topics of the health system in Turkey and some of its recent meetings may be exemplified to this aim: *Symposium on the Ethical Aspects of Organ Transplantation*[31], *Symposium of the New Reproductive Technologies and New Motherhood* have been realized to provide for a multidisciplinary platform to discuss the issues in view of medicine, ethics, forensic medicine, law, sociology, psychiatry and history[32]. *The Panel of Medical Malpractice* has set a good example to this approach by dealing with medical error and the mandatory medical insurance that concern all healthcare workers in Turkey[33]. The meetings mentioned above have been realized in cooperation with the Istanbul Chamber of Physicians as an indispensable stakeholder of the issues at debate. The latest and sixth congress was named after *New Horizons in Bioethics* in line with the previous congress in 2008 by emphasizing TBA's mission to hold meeting in a bioethical perspective. 2010 Congress has achieved this goal

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[30] *Establishing Bioethics Committees,* Guide No.1 and *Bioethics Committees at Work*, *Procedures and Policies* Guide No.2, published in France 2005; *Biyoetik Kurulların Oluşturulması*, Kılavuz No. 1, *Biyoetik Kurullar İş Başında: Çalışma Biçimleri ve Politikalar*, UNESCO Birleşmiş Milletler Eğitim, Bilim ve Kültür Kurumu Türkiye Milli Komisyonu, translated into Turkish by TBA members (NO Buken, M Civaner, O Ilgili, C Izgi, N Oguz, V.Kavas, edited by YIUlman)**,** Ankara 2008.

[31] Organ Aktarimi ve Tip Etigi, *14 Mart Tip Haftasi 2008,*İstanbul Tabip Odasi, Nisan 2008: 139-159.

[32] Turkiye Biyoetik Dernegi VII. Sempozyumu: Yeni Ureme Teknikleri Yeni Annelikler, Istanbul 9 Nisan 2009.

[33] The papare presented at this panel are provided in TBA's internet page by e-Bulletin No. 20: http://www.biyoetik.org.tr/files/TBD_e-Bulten_No.20.pdf (Accesssed 14 April 2011).

successfully by integrating the studies of medical ethics and related sciences together with the cooperative branches such as medical education, medical law, sociology, public health, history, biomedical branches in a multidisciplinary vision. It has also given a special emphasis on the rights of vulnerable groups by assuring them a platform of speech[34].

Turkish Bioethics Association, as a member of EACME, will be organizing the European Association of the Centres of Medical Ethics Annual Meeting for the first time in Istanbul-Turkey on September 15-17th 2011[35]. The scientific programme will cover a wide range of topics related to bioethics from a cross-cultural perspective, including bioethics and humanities, universal values and cultural diversity, European Biomedicine Convention, human rights and bioethics, and health care policy making. This international platform will hopefully provide a basis for handling the professional and moral values and bioethical issues in conflict. On the eve of the event, Globalising European Bioethics Education Summer School will be held for foreign and Turkish participants in conjunction with TBA-EACME Conference on September 11-14, 2011. The Executive Committee wishes its local members and international colleagues all to experience the international arena for exploring moral and ethical values in a cross-cultural vision leaning on a participatory democratic platform nourished from the ethical discourse.

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[34] Turkiye Biyoetik Dernegi VI. Tip Etigi Kongresi: Biyoetikte Yeni Ufuklar, Bildiri Ozetleri Kitabi, Istanbul 25-26 Kasim 2010 (Abstract Book).

[35] www.eacme2011.org

Conclusion

The teaching of ethics owes a great deal to the medical school curriculum in Turkey and has rooted in the steps of 19th century modernization movement in medical education. The emergence of the Turkish Bioethics Association can be better evaluated in line with this historical past that has given rise to the making of a bioethics society. As an academic and non-governmental organization, Turkish Bioethics Association has substantiated itself both at local and international platforms as a promising society based on this rich tradition. It will keep on contributing to the academic literature, collegiate teaching and current debates in healthcare system in view of bioethics by its functions briefly depicted in this study.

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I deeply appreciate the immense support of my colleagues in the Executive Board; and the contributions of the members of *Turkiye Biyoetik Dernegi* without whom a real teamwork would have never been accomplished.

Dr. Christiane Druml

Borschkegasse 8b
1090 Vienna, Austria
Tel.: +43 1 40400 2248
Fax: +431 40400 1690
e-mail: christiane.druml@meduniwien.ac.at

Christiane Druml was born in Vienna and studied law at the University of Vienna. Since 1992 she is Managing Director of the Ethics-Committee of the Medical University of Vienna, before that she has been Managing Director of Parexel Austria.

Christiane Druml is married and has 3 children.

Functions, Memberships and Other Responsibilities:

- Chair of the Austrian Bioethics Commission
- Member of the University Board of Innsbruck Medical University, Austria
- Vice-Chair of the Bioethics Council of the City of Vienna „Wiener Beirat für Bio- und Medizinethik“der Stadt Wien“
- Member of the International Bioethics Committee IBC of UNESCO
- Vice-President of the Medical Council of the Republic of Austria
- Faculty-Member and Member of the Educational Advisory Board of the “Vienna School of Clinical Research (VSCR)”, Vienna
- Program-Director “Ethical Aspects of Clinical Research (VSCR)”, Vienna 2004 ff.
- Member of the General Assembly of the “European and Developing Countries Clinical Trial Partnership- EDCTP” Den Haag
- Member of the Scientific Board of the “European Clinical Research Infrastructures Network – ECRIN”, Paris

- Member of the Ethics Task Force of the European Society for Intensive Care Medicine ESICM”, Brussels
- Former Member of the Arbitration Committee of the Medical University of Innsbruck
- Co-founder and Scientific Organisation of the Vienna Initiative to Save European Academic Research (VISEAR), Vienna 2005 & 2007
- Lecturer in „Ethics in Research“for different organisations and universities etc.
- Organisation of sessions and lectures for national and international congresses
- National Partner of the EU- FP 7 Project 2008 ICREL – Impact on Clinical Research of European Legislation
- Reviewer for international scientific journals, funding agencies and the EU Commission

The Role of Ethics Committees as Advisory Bodies

Dr. Christiane Druml

Ethics-Committee of the Medical
University of Vienna

Ethics Committees are a rather young institution in our world. We can distinguish three different types of such bodies:

Research Ethics Committees (RECs) have been introduced 1975 in the first amendment of the Declaration of Helsinki of the World Medical Association. Their task is to review single research protocols of clinical trials in order to see if the conduct of the clinical trial violates the rights and the integrity of the patient or healthy volunteer participating in a trial. These Committees have to evaluate the science and the procedures of the respective clinical trial. The task of a REC is to protect human research participants.

At a later stage, *Bíoethics Committees* have been established to advise national or regional parliaments or governments in regard to ethical issues which have arisen due to advances in the health or life sciences. President Francois Mitterand of France has been among the first to see a necessity for such an advisory body which reflects society and has founded the French Bioethics Committee (CCNE) in the year 1983. Most of the other European countries have followed since – for example: Italy 1988, Portugal 1990, Germany and Austria 2001. But also outside Europe there are many national Bioethics Committees. Furthermore there are also Bioethics Committees within international organizations. The size, composition and structure as well as the funding of these committees varies a lot. The task of Bioethics Committees is to establish science and health policies for a specific country. Another important task is to promote and initiate public debate.

A third type of advisory body is the *Clinical* or *Hospital Ethics Committee*. This is the "smallest" of the advisory bodies. It is established within a hospital or a similar institution and fulfils the task of advising individual cases in regard to ethical and resulting legal conflicts in issues like withdrawing or withholding therapy, end of life issues, allocation of organs etc. It is multidisciplinary and protects patients' decisions. Although such committees have also been established for the first time in the Seventies of the past century in the USA, they are not yet as frequent as RECs or Bioethics Committees. This might be due to the nature of structure of hospitals and the practice of decision making within hospitals.

What is the specific role of the different advisory bodies in regard to social responsibility and health?

Each of them plays a certain role in establishing or maintaining social responsibility and health. The most influential role on a grand scale is maintained by the Bioethics Committee as it can advise governments or parliaments and thus shape public discourse and legislation to a great extent. Although on the other hand, the Bioethics Committees can be shaped by the institution which established them. They are appointing the members and thus are able to select. This is the reason a sound legal background for the establishment of the Committee in regard to the selection of members, the election of chair and the choice of issues to be discussed is of utmost importance. A clear regulation for funding as well rules for transparency are a further aspect not to be neglected.

Universal Declaration on Bioethics and Human Rights*

The General Conference,

Conscious of the unique capacity of human beings to reflect upon their own existence and on their environment, to perceive injustice, to avoid danger, to assume responsibility, to seek cooperation and to exhibit the moral sense that gives expression to ethical principles,

Reflecting on the rapid developments in science and technology, which increasingly affect our understanding of life and life itself, resulting in a strong demand for a global response to the ethical implications of such developments,

Recognizing that ethical issues raised by the rapid advances in science and their technological applications should be examined with due respect to the dignity of the human person and universal respect for, and observance of, human rights and fundamental freedoms,

Resolving that it is necessary and timely for the international community to state universal principles that will provide a foundation for humanity's response to the ever-increasing dilemmas and controversies that science and technology present for humankind and for the environment,

Recalling the Universal Declaration of Human Rights of 10 December 1948, the Universal Declaration on the Human Genome and Human Rights adopted by the General Conference of UNESCO on 11 November 1997 and the International Declaration on Human Genetic Data adopted by the General Conference of UNESCO on 16 October 2003,

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* *Adopted by acclamation on 19 October 2005 by the 33 rd session of the General Conference of UNESCO*

Noting the United Nations International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights of 16 December 1966, the United Nations International Convention on the Elimination of All Forms of Racial Discrimination of 21 December 1965, the United Nations Convention on the Elimination of All Forms of Discrimination against Women of 18 December 1979, the United Nations Convention on the Rights of the Child of 20 November 1989, the United Nations Convention on Biological Diversity of 5 June 1992, the Standard Rules on the Equalization of Opportunities for Persons with Disabilities adopted by the General Assembly of the United Nations in 1993, the UNESCO Recommendation on the Status of Scientific Researchers of 20 November 1974, the UNESCO Declaration on Race and Racial Prejudice of 27 November 1978, the UNESCO Declaration on the Responsibilities of the Present Generations Towards Future Generations of 12 November 1997, the UNESCO Universal Declaration on Cultural Diversity of 2 November 2001, the ILO Convention 169 concerning Indigenous and Tribal Peoples in Independent Countries of 27 June 1989, the International Treaty on Plant Genetic Resources for Food and Agriculture which was adopted by the FAO Conference on 3 November 2001 and entered into force on 29 June 2004, the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) annexed to the Marrakech Agreement establishing the World Trade Organization, which entered into force on 1 January 1995, the Doha Declaration on the TRIPS Agreement and Public Health of 14 November 2001 and other relevant international instruments adopted by the United Nations and the specialized agencies of the United Nations system, in particular the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO), Also noting international and regional instruments in the field of bioethics, including the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine of the Council of Europe, which was adopted in 1997 and entered into force in 1999, together with its Additional Protocols, as well as national legislation and regulations in the field of bioethics and the international and regional codes of conduct and guidelines and other texts in the field of bioethics, such as the Declaration of Helsinki of the World Medical Association on Ethical Principles for Medical Research Involving Human Subjects, adopted in 1964 and amended in 1975, 1983, 1989, 1996 and 2000 and the International Ethical Guidelines for Biomedical Research Involving Human Subjects of the Council for International Organizations of Medical Sciences, adopted in 1982 and amended in 1993 and 2002,

Recognizing that this Declaration is to be understood in a manner consistent with domestic and international law in conformity with human rights law,

Recalling the Constitution of UNESCO adopted on 16 November 1945,

Considering UNESCO’s role in identifying universal principles based on shared ethical values to guide scientific and technological development and social transformation in order to identify emerging challenges in science and technology taking into account the responsibility of the present generations towards future generations, and that questions of bioethics, which necessarily have an international dimension, should be treated as a whole, drawing on the principles already stated in the Universal Declaration on the Human Genome and Human Rights and the International Declaration on Human Genetic Data and taking account not only of the current scientific context but also of future developments, Aware that human beings are an integral part of the biosphere, with an important role in protecting one another and other forms of life, in particular animals,

Recognizing that, based on the freedom of science and research, scientific and technological developments have been, and can be, of great benefit to humankind in increasing, inter alia, life expectancy and improving the quality of life, and emphasizing that such developments should always seek to promote the welfare of individuals, families, groups or communities and humankind as a whole in the recognition of the dignity of the human person and universal respect for, and observance of, human rights and fundamental freedoms,

Recognizing that health does not depend solely on scientific and technological research developments but also on psychosocial and cultural factors,

Also recognizing that decisions regarding ethical issues in medicine, life sciences and associated technologies may have an impact on individuals, families, groups or communities and humankind as a whole,

Bearing in mind that cultural diversity, as a source of exchange, innovation and creativity, is necessary to humankind and, in this sense, is the common heritage of humanity, but emphasizing that it may not be invoked at the expense of human rights and fundamental freedoms,

Also bearing in mind that a person’s identity includes biological, psychological, social, cultural and spiritual dimensions,

Recognizing that unethical scientific and technological conduct has had a particular impact on indigenous and local communities,

Convinced that moral sensitivity and ethical reflection should be an integral part of the process of scientific and technological developments and that bioethics should play a predominant role in the choices that need to be made concerning issues arising from such developments,

Considering the desirability of developing new approaches to social responsibility to ensure that progress in science and technology contributes to justice, equity and to the interest of humanity,

Recognizing that an important way to evaluate social realities and achieve equity is to pay attention to the position of women,

Stressing the need to reinforce international cooperation in the field of bioethics, taking into account, in particular, the special needs of developing countries, indigenous communities and vulnerable populations,

Considering that all human beings, without distinction, should benefit from the same high ethical standards in medicine and life science research,

Proclaims the principles that follow and adopts the present Declaration.

General provisions

Article 1 Scope

1. This Declaration addresses ethical issues related to medicine, life sciences and associated technologies as applied to human beings, taking into account their social, legal and environmental dimensions.

2. This Declaration is addressed to States. As appropriate and relevant, it also provides guidance to decisions or practices of individuals, groups, communities, institutions and corporations, public and private.

Article 2 Aims

The aims of this Declaration are:

- (a) to provide a universal framework of principles and procedures to guide States in the formulation of their legislation, policies or other instruments in the field of bioethics;
- (b) to guide the actions of individuals, groups, communities, institutions and corporations, public and private;
- (c) to promote respect for human dignity and protect human rights, by ensuring respect for the life of human beings, and fundamental freedoms, consistent with international human rights law;
- (d) to recognize the importance of freedom of scientific research and the benefits derived from scientific and technological developments, while stressing the need for such research and developments to occur within the framework of ethical principles set out in this Declaration and to respect human dignity, human rights and fundamental freedoms;
- (e) to foster multidisciplinary and pluralistic dialogue about bioethical issues between all stakeholders and within society as a whole;
- (f) to promote equitable access to medical, scientific and technological developments as well as the greatest possible flow and the rapid sharing of knowledge concerning those developments and the sharing of benefits, with particular attention to the needs of developing countries;
- (g) to safeguard and promote the interests of the present and future generations;
- (h) to underline the importance of biodiversity and its conservation as a common concern of humankind.

Principles

Within the scope of this Declaration, in decisions or practices taken or carried out by those to whom it is addressed, the following principles are to be respected.

Article 3 Human dignity and human rights

1. Human dignity, human rights and fundamental freedoms are to be fully respected.

2. The interests and welfare of the individual should have priority over the sole interest of science or society.

Article 4 Benefit and harm

In applying and advancing scientific knowledge, medical practice and associated technologies, direct and indirect benefits to patients, research participants and other affected individuals should be maximized and any possible harm to such individuals should be minimized.

Article 5 Autonomy and individual responsibility

The autonomy of persons to make decisions, while taking responsibility for those decisions and respecting the autonomy of others, is to be respected. For persons who are not capable of exercising autonomy, special measures are to be taken to protect their rights and interests.

Article 6 Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.
3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

Article 7 Persons without the capacity to consent

In accordance with domestic law, special protection is to be given to persons who do not have the capacity to consent:

(a) authorization for research and medical practice should be obtained in accordance with the best interest of the person concerned and in accordance with domestic law. However, the person concerned should be involved to the greatest extent possible in the decision-making process of consent, as well as that of withdrawing consent;

(b) research should only be carried out for his or her direct health benefit, subject to the authorization and the protective conditions prescribed by law, and if there is no research alternative of comparable effectiveness with research participants able to consent. Research which does not have potential direct health benefit should only be undertaken by way of exception, with the utmost restraint, exposing the person only to a minimal risk and minimal burden and if the research is expected to contribute to the health benefit of other persons in the same category, subject to the conditions prescribed by law and compatible with the protection of the individual's human rights. Refusal of such persons to take part in research should be respected.

Article 8 Respect for human vulnerability and personal integrity

In applying and advancing scientific knowledge, medical practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.

Article 9 Privacy and confidentiality

The privacy of the persons concerned and the confidentiality of their personal information should be respected. To the greatest extent possible, such information should not be used or disclosed for purposes other than those for which it was collected or consented to, consistent with international law, in particular international human rights law.

Article 10 Equality, justice and equity

The fundamental equality of all human beings in dignity and rights is to be respected so that they are treated justly and equitably.

Article 11 Non-discrimination and non-stigmatization

No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.

Article 12 Respect for cultural diversity and pluralism

The importance of cultural diversity and pluralism should be given due regard. However, such considerations are not to be invoked to infringe upon human dignity, human rights and fundamental freedoms, nor upon the principles set out in this Declaration, nor to limit their scope.

Article 13 Solidarity and cooperation

Solidarity among human beings and international cooperation towards that end are to be encouraged.

Article 14 Social responsibility and health

1. The promotion of health and social development for their people is a central purpose of governments that all sectors of society share.
2. Taking into account that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, progress in science and technology should advance:
    - (a) access to quality health care and essential medicines, especially for the health of women and children, because health is essential to life itself and must be considered to be a social and human good;
    - (b) access to adequate nutrition and water;

(c) improvement of living conditions and the environment;

(d) elimination of the marginalization and the exclusion of persons on the basis of any grounds;

(e) reduction of poverty and illiteracy.

Article 15 Sharing of benefits

1. Benefits resulting from any scientific research and its applications should be shared with society as a whole and within the international community, in particular with developing countries. In giving effect to this principle, benefits may take any of the following forms:
   (a) special and sustainable assistance to, and acknowledgement of, the persons and groups that have taken part in the research;
   (b) access to quality health care;
   (c) provision of new diagnostic and therapeutic modalities or products stemming from research;
   (d) support for health services;
   (e) access to scientific and technological knowledge;
   (f) capacity-building facilities for research purposes;
   (g) other forms of benefit consistent with the principles set out in this Declaration.
2. Benefits should not constitute improper inducements to participate in research.

Article 16 Protecting future generations

The impact of life sciences on future generations, including on their genetic constitution, should be given due regard.

Article 17 Protection of the environment, the biosphere and biodiversity

Due regard is to be given to the interconnection between human beings and other forms of life, to the importance of appropriate access and utilization of biological and genetic resources, to respect for traditional knowledge and to the role of human beings in the protection of the environment, the biosphere and biodiversity.

Application of the principles

Article 18 Decision-making and addressing bioethical issues

1. Professionalism, honesty, integrity and transparency in decision-making should be promoted, in particular declarations of all conflicts of interest and appropriate sharing of knowledge. Every endeavour should be made to use the best available scientific knowledge and methodology in addressing and periodically reviewing bioethical issues.
2. Persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis.
3. Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted.

Article 19 Ethics committees

Independent, multidisciplinary and pluralist ethics committees should be established, promoted and supported at the appropriate level in order to:

(a) assess the relevant ethical, legal, scientific and social issues related to research projects involving human beings;

(b) provide advice on ethical problems in clinical settings;
(c) assess scientific and technological developments, formulate recommendations and contribute to the preparation of guidelines on issues within the scope of this Declaration;
(d) foster debate, education and public awareness of, and engagement in, bioethics.

Article 20 Risk assessment and management

Appropriate assessment and adequate management of risk related to medicine, life sciences and associated technologies should be promoted.

Article 21 Transnational practices

1. States, public and private institutions, and professionals associated with transnational activities should endeavour to ensure that any activity within the scope of this Declaration, undertaken, funded or otherwise pursued in whole or in part in different States, is consistent with the principles set out in this Declaration.
2. When research is undertaken or otherwise pursued in one or more States (the host State(s)) and funded by a source in another State, such research should be the object of an appropriate level of ethical review in the host State(s) and the State in which the funder is located. This review should be based on ethical and legal standards that are consistent with the principles set out in this Declaration.
3. Transnational health research should be responsive to the needs of host countries, and the importance of research contributing to the alleviation of urgent global health problems should be recognized.

4. When negotiating a research agreement, terms for collaboration and agreement on the benefits of research should be established with equal participation by those party to the negotiation.
5. States should take appropriate measures, both at the national and international levels, to combat bioterrorism and illicit traffic in organs, tissues, samples, genetic resources and genetic-related materials.

Promotion of the Declaration

Article 22 Role of States

1. States should take all appropriate measures, whether of a legislative, administrative or other character, to give effect to the principles set out in this Declaration in accordance with international human rights law. Such measures should be supported by action in the spheres of education, training and public information.
2. States should encourage the establishment of independent, multidisciplinary and pluralist ethics committees, as set out in Article 19.

Article 23 Bioethics education,training and information

1. In order to promote the principles set out in this Declaration and to achieve a better understanding of the ethical implications of scientific and technological developments, in particular for young people, States should endeavour to foster bioethics education and training at all levels as well as to encourage information and knowledge dissemination programmes about bioethics.
2. States should encourage the participation of international and regional intergovernmental organizations and international, regional and national non-governmental organizations in this endeavour.

Article 24 International cooperation

1. States should foster international dissemination of scientific information and encourage the free flow and sharing of scientific and technological knowledge.
2. Within the framework of international cooperation, States should promote cultural and scientific cooperation and enter into bilateral and multilateral agreements enabling developing countries to build up their capacity to participate in generating and sharing scientific knowledge, the related know-how and the benefits thereof.
3. States should respect and promote solidarity between and among States, as well as individuals, families, groups and communities, with special regard for those rendered vulnerable by disease or disability or other personal, societal or environmental conditions and those with the most limited resources.

Article 25 Follow-up action by UNESCO

1. UNESCO shall promote and disseminate the principles set out in this Declaration. In doing so, UNESCO should seek the help and assistance of the Intergovernmental Bioethics Committee (IGBC) and the International Bioethics Committee (IBC).
2. UNESCO shall reaffirm its commitment to dealing with bioethics and to promoting collaboration between IGBC and IBC.

Final provisions

Article 26 Interrelation and complementarity of the principles This Declaration is to be understood as a whole and the principles are to be understood as complementary and interrelated. Each principle is to be considered in the context of the other principles, as appropriate and relevant in the circumstances.

Article 27 Limitations on the application of the principles

If the application of the principles of this Declaration is to be limited, it should be by law, including laws in the interests of public safety, for the investigation, detection and prosecution of criminal offences, for the protection of public health or for the protection of the rights and freedoms of others. Any such law needs to be consistent with international human rights law.

Article 28 Denial of acts contrary to human rights, fundamental freedoms and human dignity

Nothing in this Declaration may be interpreted as implying for any State, group or person any claim to engage in any activity or to perform any act contrary to human rights, fundamental freedoms and human dignity.

United Nations Educational, Scientific and Cultural Organization
Division of Ethics of Science and Technology
Social and Human Science Sector
1, rue Miollis - 75732 Paris Cedex 15 - France
www.unesco.org/shs/ethics

MEMBERS
BIOETHICS COMMITTEE
TURKISH NATIONAL COMMISSION
for UNESCO

Meral Özgüç

Department of Medical Biology
Faculty of Medicine, Hacettepe University, Ankara, Turkey
mozguc@hacettepe.edu.tr

Meral Özgüç was born in 1951 in Istanbul. After receiving her secondary education at American College for Girls in Istanbul, she continued her training in the USA and received her BS degree in Chemistry (1974) and MS degree in Biochemistry (1975). She worked as a research assistant in the research hematology laboratory at Childrens' Hospital Philadelphia (1976-79). Upon her return to Turkey she began working at Hacettepe University and received her PhD degree in 1985 from the Department of Medical Biology. She continued with her post doctoral training at Stanford University USA, University of Heidelberg, Germany and Genethon Human Genome Resource Center, France. She has been appointed as a full professor to the Department of Medical Biology Hacettepe Faculty of Medicine in 1995 and acted as Chair between 2004-2011. Her area of research is human genetics with a focus on rare genetic diseases for which she has set up a Biobank that created a repository that was instrumental in identification of new disease genes and functional annotations. She has 82 scientific publications that has received over 1200 citations. She was a member of the steering committees for OECD- Working Party on Biotechnology and Human Health Related Biotechnologies (1999-2002) and ESF-Integrated Approach to Functional Genomics (2001-2003). She served as a national contact point for EC- FP6 Program for Life Sciences, Genomics and Biotechnology for

Health (2003-2004). She is a member of Public Population Project in Genomics (P3G) , the European Association for Predictive, Preventive and Personalized Medicine (EPMA) and the European, Middle Eastern and African Society for Biopreservation and Biobanking (ESBB). She has been serving as a member of UNESCO- International Bioethics Committee (IBC) since 2004 and is a member of the Executive Board of the Turkish National Mission for UNESCO and the Chair of the Bioethics Committee. Professor Özgüç served as Assistant Dean at Faculty of Medicine (2006-2010) and she is currently the Chair of the Division of Basic Medical Sciences.

Kumru Arapgirlioğlu

Dept. of Urban Design and Landscape Architecture,
Bilkent University, Ankara, Turkey
kumru@bilkent.edu.tr

Kumru Arapgirlioğlu graduated from Middle East Technical University Turkey from the Department of Urban and Regional Planning in 1983. Finishing her masters in Florida State University USA, and majoring in environmental planning and resource management in 1986, she has come back to her country and worked as a planning consultant for 15 years in Turkey. After she was offered an academic position in 1999, she has started to work as an instructor in the Department of Urban Design and Landscape Architecture Bilkent University Turkey since then. She finished her Ph. D. in 2004 in Ankara University Turkey, her thesis was on environmental ethics and national interests. Her area of interest has always been urban issues and environmental problems together with human behavior and responsibility, and to question them from an ethical perspective.

Berna Arda

Dept. of Medical History and Medical Ethics Faculty of Medicine, University of Ankara, Ankara Turkey
berna.arda@medicine.ankara.edu.tr

Prof. Berna Arda, a graduate of Ankara University School of Medicine 1987, has medical specialty and PhD degrees, teaches at the Department of Medical Ethics and History of Medicine in Ankara University School of Medicine, Ankara, Turkey. Her main research and publication fields are science ethics, human rights, woman and bioethics, medical law, ethics education and disease concept in history of medicine. Guest professor on the University College of London, History of Medicine Center, between January and June 2008. Founder chairperson of Turkish Bioethics Society (1994-2001), Member of High Disciplinary Committee of Turkish Medical Association (2008-2012), Member of Bioethics Comittee of Turkish National Commission for Unesco (2006-), Governor (2006-) and Vice-president (2010-) of World Association for Medical Law.

Nüket Örnek Büken

Department of Medical History and Ethics,
Faculty of Medicine, Hacettepe University, Ankara, Turkey
buken@hacettepe.edu.tr

Nuket Ornek Buken is medical ethicist in The Hacettepe Univ. Faculty of Medicine, Dept. of Medical Ethics. She obtained her medical doctor degree at Ankara Univ. Medicine Faculty in 1991. She received her PhD degree in Medical Ethics at the same University in 2000. She worked as a researcher in Interdisciplinar Bioethics Project in Yale University (2004-2005). She has been appointed as a full professor to the Dept. of Medical Ethics in 2010.

She is interested mainly in the ethics of biomedical research, patients' rights, genetics, and public health. She is currently leading or collaborating on theoretical and empirical research projects on ethics in epidemiological research; social exclusion; the doctor-patient relationship; gender in medicine, equity and patient choice in waiting list initiatives; European perspectives on public health ethics; and European philosophical methods in medical ethics.

She has been a part of many national and international projects. She has experience in both qualitative and quantitative research in various topics in medical ethics. She took an active role as a partner in TRAMS (Training and Mentoring of Science Shops) as Turkish part which is an FP-6 EU project under the *"Science and Society"* theme.

Memberships:

- Turkish Bioethics Association
- Turkish National Commission for UNESCO Bioethics Committee
- Executive Board, Women's Research and Implementation Center, Hacettepe University (HUWRIC/HUKSAM)
- The Society of Medical Ethics and Medical Law
- Turkish Medical Society
- ISHM (International Society of History of Medicine)
- FAB (The International Network on Feminist Approaches of Bioethics)- Country representative
- World Association for Medical Law

Administrative Duties: Member of Hacettepe University Animal Ethics Committee, Member of Hacettepe University Senate Ethics Committee, Member of Hacettepe University IRB.

Hakan S. Orer

Institute of Health Sciences, Hacettepe University,
Ankara, Turkey
sorer@hacettepe.edu.tr

Prof. Hakan S. Orer graduated from Hacettepe University Medical School (Ankara) in 1986, and received a PhD degree in Pharmacology from the same institution in 1992. Following a post-doctoral training period in Michigan State University, he joined the Department of Pharmacology at Hacettepe University School of Medicine as Faculty in 1995. He received TUBITAK (Turkish Scientific and Technic Research Council) junior scientist award in 1998. He has served as member of Ministry of Health Central Ethics Committee for Clinical Trials, and has been involved in the preparation of different legislative regulations. He is also active in the field of laboratory animal ethics and a member of the Central Ethics Committee for Animal Experiments at the Ministry of Environment and Forestry. Besides, he is currently the chair of the Animal Experiments Local Ethics Committee, member of the University Senate Ethics Commission and Director for graduate studies in allied health sciences at Hacettepe University.

Uygar H. Tazebay

Department of Molecular Biology and Genetics
Bilkent University Ankara Turkey
tazebay@fen.bilkent.edu.tr

Uygar H. Tazebay was born in 1971 in Ankara. He graduated from Department of Biological Sciences, Middle East Technical University, Ankara in 1993, and continued his M.Sc. and Ph. D. studies at University of Paris-XI, Orsay, France. After receiving his Ph.D. in 1998, he joined the Department of Molecular Pharmacology at the Albert Einstein College of Medicine of Yeshiva University, Bronx, New York, as a Research Associate between the years 1998-2001. There he identified the mechanism of iodide transport to mammary gland cells, and to some breast cancers and patented his work as a novel radio-iodide based diagnostic/therapeutic method to be used in fight against malignant breast disease. He has been appointed as an associate professor to the Department of Molecular Biology and Genetics, Bilkent University, Ankara in 2001 and since then, he carries-out his scientific research and teaching activities at Bilkent. He is currently teaching courses entitled ‘Science and Ethics’ (B.Sc. level) and ‘Advanced Molecular Genetics’ (M.Sc/Ph.D. level). Uygar Tazebay carries-out research both on transcriptional regulation of the iodide transporter encoding gene (NIS) in breast cancer cells, and regulation of RAS-Guanine nucleotide exchange family-1 proteins/Rap2 GTP binding protein in human, in mice and in zebrafish models. He has currently 11 scientific papers in international journals, which has received over 240 citations. He has been serving as Rapporteur of Bioethics Committee of UNESCO-Turkish National Commission since 2006.

Gülriz Uygur

Department of Law, Ankara University, Ankara, Turkey
gulriz.uygur@law.ankara.edu.tr

Gülriz Uygur is Associate Professor of Law and Philosophy, and Head of Department of Philosophy of Law and Sociology of Law at Faculty of Law, Ankara University. She graduated from Ankara University Faculty of Law and received her Ph.D. in philosophy from Hacettepe University. She came to Ankara University Faculty of Law in 2000 from the University of Hacettepe. She has been visiting professor in Legal philosopy at Edinburgh Law School. In addition to ethics and law, her recent scholarship concerns legal ethics, gender problems and human rights.

United Nations
Educational, Scientific and
Cultural Organization
Turkish National Commission

Reşit Galip Caddesi Hereke Sokak
No:10 G.O.P / Ankara - Turkey
webmaster@unesco.org.tr