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on **Ethics Education**

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Title

7th International Conference on Ethics Education: Conference Proceedings

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In our fast changing world nearly everything is connected. New technologies are increasingly changing the human condition. Ethical challenges have moved to the fore in academia and the public debate.

In March 2010 UNESCO brought together a group of ethics experts to initiate the establishment of an International Association for Education in Ethics (IAEE). Its goal was to promote ethics education and to improve the exchange of experiences among ethics educators from all over the world. One year later, in April 2011, the IAEE was legally established in Pittsburgh, USA, with secretary and treasury housed at the Center for Healthcare Ethics at Duquesne University, Pittsburgh.

The first IAEE International Conference took place in Pittsburgh, USA in 2012. Two years later, in 2014, Ankara (Turkey) followed. In 2015, the 3rd conference was organised in Curitiba (Brazil), the 4th in Logroño (Spain), and the 5th in Mangalore (India). Last year's conference, finally, took place in Stellenbosch (South Africa). Thus the IAEE has indeed taken seriously its promise of promoting ethics education all over the world.

The volume at hand presents the abstracts of the 7th International Conference of the IAEE in Porto, Portugal, July 22-24, 2019.

I am delighted to welcome you at this conference and I trust you will have a great time both intellectually, culturally and socially.

Professor Bert Gordijn

President of the IAEE



Dear colleagues

Welcome to Escola Superior de Enfermagem do Porto (ESEP).

We are pleased to host the 7th International Conference on Ethics Education. It is an honour to welcome each participant in this event, which will be debating the theme “Rediscovering the world: exploring ethics education towards a global bioethics”.

Firstly, I would like to thank the International Association for Education in Ethics (IAEE) for choosing the city of Porto and ESEP to hold this conference and to congratulate IAEE on the chosen theme.

The history of Portugal is associated with the discovery of two-thirds of the world! The conquest of Ceuta in 1415 signalled the beginning of an era of Portuguese expansion in the world. In 1434, the irreversible and unstoppable globalisation process took a new meaning when the Portuguese navigators went round Cape Bojador and discovered new worlds.

The epics of the discoveries, from the trip to India to the arrival of Pedro Álvares Cabral in Brazil, was fundamental to the definition and cartographic representation of the entire Earth’s surface.

Now is the time to rediscover and give new meaning to the world. This is why hosting this event and contribute to a broad reflection on a global bioethics will surely be engraved in our collective memory.

This is also an era of continuous societal changes and progressively optimization of processes, challenging people to adapt and find new ways to perfection.

The bioethical issues are now central to regulating life in each of its dimensions therefore, we have high expectations on this conference aimed at rediscovering the world by exploring ethics education towards a global bioethics.

Finally, a special word of appreciation to the dedicated and valuable work of the Organizing Committee and the Scientific Committee, as well as to all those who were involved in organizing this event.

I wish everyone a pleasant stay in the city of Porto, hoping that the 7th International Conference on Ethics Education will meet all our expectations.

António Luís Carvalho

President

Escola Superior de Enfermagem do Porto

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ABSTRACTS

OP.001 A proximity that becomes care

João Pedro Brito

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1. The evolution of a concept ('neighbor'), the matrix of a global civilization

'Neighbor' is a singular concept, in such a way that in Spanish it kept a double spelling, 'próximo' and 'prójimo'. 'Neighbor', however, does not fit into one definition. Rather, it refers to an effective attitude of making oneself present to someone. It is not a matter of knowing who someone is, or of delimiting the restricted radius of proximity. One does not have a neighbor. I make myself (or not) close to someone.

2. The proximity, relationship that demands justice and responsibility for the other (E. Levinas e E. Dussel)

The ethical relationship with the other is language. It is manifestation and host. To look at the face of the other presupposes a conversion of the gaze and a reversal of the objectifying intentionality, allowing the other to put me in question.

Proximity is a primitive and fundamental experience. Being together, being close, 'being with' manifests this concrete closeness.

The subjectivity, before being for itself, must answer for the other. Responsibility is what exclusively concerns me, says Lévinas, and that, humanly, I cannot refuse.

3. A proximity that becomes care

Care is more than an act or an attitude, among others. It has to do with the essence of the human being, with his deep identity, with his nature.

Care is an essential way of being of the human person and reveals, in a concrete way, what a human being is. Without care, he ceases to be human.

The human being was created to care for and to be cared for, both in the active and passive senses of the expression. We are among the most fragile of creatures at birth. We need many to wake up to life. And we are also thanks to all those of whom we care.

4. Vulnerability as a condition for the possibility of care

If the human being were a completely autonomous being, an absolute and independent being, unscathed to suffering, to failure, to decrepitude, he would not need any care, he would not need another outside himself.

The vulnerability is a condition for the possibility of care, but it is also its limit because whoever cares is also a vulnerable and limited being. The caregiver also requires care because he or she is also vulnerable (Who cares for the caregiver?).

It is necessary to develop a pedagogy of vulnerability. Contact with vulnerable individuals makes it possible to unmask the false illusion of the forgetfulness of vulnerability. It is only possible to adequately care if we develop well this pedagogy of vulnerability, in recognizing the fragility of the other (and our own fragility).

Keywords: proximity; responsibility; care; vulnerability.

OP.002 **Technologizing humans or humanizing technologies? Challenges for ethical education at the age of robotics**

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The contemporary situation of “disruptive innovation” due to “Artificial Intelligence” (AI) and robot introduction in several sectors of human activity has similarities with other moments of history. We can find an analogy with what happened with *The Scientific Management of Labor* (1911) elaborated by F. Taylor: efficiency and rationalization of work processes permitted an extraordinary optimization of the costs/benefits ratio in goods production. The real cost however was the shaping of a new type of human being, supposed to renounce to its own autonomy and judgment. Twenty years later, Elton Mayo (*The Human Problems of an Industrial Civilization*, 1933) exhibited the empirical evidence that active participation of the laborer to the industrial process, increasing satisfaction, augmented productivity. Persons are the true enterprise’s “capital”. It is a mistake to sacrifice human intelligence and ethical capacities. Digitalization proposes a similar dynamic, but at the level of the whole society, including healthcare, and not only in the industrial sector. A kind of contemporary neo-taylorism emphasizes the effectiveness of simplified protocols, to be implemented without thinking, in order to let the process move forward smoothly. The result of this practice is to weaken democracy and to concentrate power, creating citizens more and more isolated and without capacity to understand the issues at stake. What is strongly needed is to make a massive investment in education, in order to develop forms of “collective intelligence” and critical understanding, empowering people to make autonomous and responsible choices. In obtaining this goal, ethical education has a crucial role and in the specific field of healthcare is urgent support the healthcare workers in their capacity of discernment, judgment and responsibility in the use of technology.

OP.003 Searching for a new ethical world: reflections on birth and death in the 21st century

Ana Paula dos Santos Jesus Marques França

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Background: To be born and die are moments that relate to our existence.

For most of humankind's history they were considered natural events, which depended little on our will and which we could not or should not interfere with. The scientific and technologic evolution introduces possibilities beyond our imagination. A child may be born from a woman who provides only the place where an embryo was placed with gametes of a couple; complex machines replace vital functions, avoiding previously fatal diagnoses.

Feelings of superiority and power accompany these evolutions, We can create and destroy an human life, as we never did before. Bioethics helps us to understand science and technology advances which, being useful to mankind, do not violate the human dignity.

Purpose: Analyze the ethical issues that arise from the technical and scientific evolution that we experience and that allow us to intervene on the existence of the human being, during the processes of being born and dying. Understand the implications of our interventions, in these contexts, about the own notion of person and human dignity.

Description of Philosophical perspective: Small stories are starting points for students' bioethical reflection on the value of human life, but also on the very concept of person and human dignity, particularly in the context of health care provided at the beginning and end of life.

Imaginary narratives, but potentially real scenarios, problematize situations and illustrate their ethical reflection. The dialogue with Ladrière, Lévinas, Kant, Jonas and Aristotle philosophical thought allows a reflection on the proposed questions.

Outcomes & Implications: The defense of the Person and his Dignity and, consequently of humanity, are the main gage of all bioethical reflection. Respect and responsibility arise as essential requirements to maintain human dignity. The limits of my autonomy are placed upon me by the presence of the Other, and as result everything that can be done must be ethically weighed, in order to assess at what extent it is constructive to the person and his dignity or, on the contrary, it is or can be destructive to humanity.

With prudence and wisdom we can predict the consequences of our decision-making for which we are responsible. In this field of decisions, at the beginning and end of life, the ability to predict is fundamental to the ethical analysis of each particular situation.

Conclusions: From the value we give to life in general, depends the value we give it at the beginning and at the end. We have to decentralize from our Self and reflect on the various circumstances in which technoscience is able to lead us to the instrumentalization of the Other and of ourselves as mankind.

The reflection on the changes that this evolution can introduce in the very concept of person and on the values on which we want to consolidate the progress of mankind are fundamental to the construction of a new ethical world.

Keywords: values; human dignity; bioethics education.

OP.004 Humanization of healthcare professionals - Ethical aspects in ageing

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Background: Today, the increase in average life expectancy in Europe continues to increase. Approximately 14% of the European population is over 65 years of age and is expected to double this number by 2050. In Portugal, it is estimated that the population over 50 years of age is expected to increase, representing almost half the population by 2030.

The concept of collective aging associates with demographic aging, the concept of the aging of society, which, coupled with the paradigm that the reduction of physical dexterity does not correspond to the reduction of knowledge, reveals in the question that the increase of age does not represent harm to the individual or to the society in which he is inserted.

WHO defines Healthy Ageing “as the process of developing and maintaining the functional ability that enables wellbeing in older age. This involves the capabilities that enable all people to be and do what they have reason to value, including a person’s ability to meet their basic needs. to learn, grow and make decisions, to be mobile, to build and maintain relationships; and to contribute to society”.

Population aging and increasing average life expectancy, as well as the technological and scientific evolution of health professionals, increase the need for ethical debate on the provision of care in the elderly.

Aim and Results: This paper intends to present a philosophical perspective of the ethical aspects of the care delivery of health professionals in the elderly identifying 6 fundamental points. The question of perspective, the question of oneness, the question of the fragility of the human condition, the question of solitude, the question of physical incapacity, the question of cognitive incapacity and the question of death.

Conclusion: The ethical issues of care delivery by health professionals to the elderly are based on the ability to “create bonds” that make it possible to incapacitate, reducing the physical and cognitive conditioning of the individual, and enhancing their level of participation in the decisions of their health condition.

Keywords: healthcare professionals; ageing; ethics.

OP.005 Values for an ethical education in nursing

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Background: The present society presents a constant evolution, and sometimes unexpected, in the values that it expresses. Values emerge as references in an ordinary world, and when each person accepts them and incorporates them as their own, they become models of action.

Thus, values are at the basis of the process of “personalization” of the individual who understands and realizes them. But values transcend man, as they are present as a historical, social and cultural reality.

Educating is a task that aims to make each student capable of searching in values for the foundation of their action, guiding their lives in a hierarchical and coherent way, becoming an ethical subject.

So, it is the duty of every professor of ethics to question the framework of values of present society in order to better understand the dilemmas that emerge and adapt its educational practice to the reality lived by the students.

Aim / Purpose: Reflect on the values that underpin an ethical education in integrated nursing in today’s society.

Philosophical perspective: Based on a research on the currents of ethical thought, we set out to the challenge of establishing a framework of values present in the teaching of nursing ethics.

Thus, it is imperative to reflect on the values that an institution, which respects citizenship and diversity of thought, assumes as guides of its educational action in view of the construction of a professional ethics.

Outcomes: Praxis is not simply a practice, but rather the expression of the virtues and the civil and ethical responsibility of each professional. Meeting the contemporary demands of education lead us to work with students in order to become the subjects of their actions for an ethical life.

Conclusion: We are aware that human training and the ethical profile of nurses are central requirements for the humanization of care and the pursuit of good nursing practice.

Keywords: values; education; nursing.

OP.006 The ethical profile of nurses and physicians with volunteering experience

Isabel Lopes Ribeiro

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Background: In the global world where we face situations of great social and human fragility, each citizen, as a member of a community, must take part in activities of the civil society, contributing for the common good of the society in which it is integrated.

As the need for health care seems to induce the implementation of humanitarian actions of some nurses and physicians that go beyond their professional sphere, the responsibility and the concern to another is channelled into *pro bono* work based on their vocational formation.

This action is reflected on the individual response, thinking of the good to neighbour, giving a part of himself to *other*, putting at their disposal their knowledge, their skills, their time and his *being*.

Aim: Reflect on the motivations and experiences of the nurses and physicians with volunteering practice in the context of their profession, the perception on the impact of their acting on the *other*, as well as the values, ethical and bioethical principles that sustain their intervention and, that as a whole, allow us to define their ethical profile.

Philosophical perspective: Humanitarian aid has two faces: on the one hand, the fragilized people that need aid and to who is owed respect for the dignity, autonomy, integrity, vulnerability, for the human rights and fundamental freedoms; on the other hand, the health professionals, the agents with the skills to provide effective and sympathetic aid in the face of the identified needs, reflecting on each situation and the proper mode of action. This is where the ethical and bioethical perspective are integrated, being a global and applied ethic.

When someone acts on behalf of another and with a gratuitous performance in its professional area it is because, besides the competence and the capacity for their realization, are attentive to the fragilities of the other and know how to act in this game of *power-to know do*.

The involvement of the citizen in the activities of the civil society in closeness to the other, in an active as responsible way, contributes to the achievement of common projects within the community where one is inserted. Volunteering, as the expression of the free exercise of active and sympathetic citizenship, arises from personal initiative and decision, covering as well the professional context of nurses and physicians as well. Human, ethical, moral and social formation constitutes the essential elements to their acting as health professionals and as volunteers.

Implications: Raise awareness to the importance of the exercise of citizenship, to the values and social responsibilities, in view of an ethical acting of the professionals in the face of the needs in health care.

Conclusions: In the today's society, where we are seeing the declining of some values that ought to be universal, we value the ethical attitude of nurses and physicians that perform volunteering activities, in the respect for dignity, integrity and human vulnerability with solidarity, solicitude, altruism, gratuity and humility.

Keywords: volunteering; health care; ethical profile.

OP.007 Teaching autonomy through the lens of global bioethics and care ethics

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Background: Following general trends in bioethics in the US, clinical ethics education in the US is very much focused on the patient as an individual decision-maker. On the other hand, discourses have been developed on shared decision-making, which actively includes healthcare professionals in the decision-making process as a central aspect of patient-centered care. Some educators do, also, pay attention to relational autonomy. This latter concept introduces students and future healthcare professionals to the relational aspects of care that play a role in decision making in healthcare. These caring relationships are impacted and shaped by the socio-economic and cultural contexts in which patients and healthcare professionals live.

Aim/Purpose: This paper aims to propose a theoretical model that will enable educators in healthcare ethics to teach their students ways to analyze the broader socio-economic entanglements of patient involvement in decision-making. This approach will empower the students to more effectively address conflict in clinical ethics.

Description of Empirical Methods and/or Philosophical perspective: The proposed approach starts from a Care Ethics perspective that is guided by Global Bioethics and informed by empirical research.

Results, Outcomes & Implications: When people enter healthcare, they are vulnerable and in need of care. Care Ethics shows that the ideal of the individual rational decision-maker is affected by the care needs that people have. These care needs often make the involvement of others in the decision-making process unavoidable. However, although care needs are universal, attitudes to care are influenced by the socio-economic and cultural context. Moreover, that very same context, also, determines the very nature of these care needs as well as the extent in which they can be fulfilled. Therefore, respect for autonomy and effective involvement of patients in decision-making will require a careful assessment of how the socio-economic and cultural context impacts the patients' care needs. When the specific broader horizon of global bioethics is applied to the issue of patient involvement in decision-making, the attention will automatically be drawn towards that context. In this presentation, I illustrate this point by referring to a qualitative interview-study that showed that involvement of patients in decision-making is influenced by care needs which are shaped by the patients' socio-economic and cultural background.

Conclusions: The unique horizon of global bioethics offers a unique perspective that can effectively challenge individualistic tendencies and a narrow focus on the healthcare context in clinical ethics education. Global Bioethics will enrich the perspective on decision-making offered by the Ethics of Care with a discourse that more implicitly connects caring relationships with the broader socio-economic and cultural contexts in which patients and healthcare providers live.

Keywords: care ethics; global bioethics; decision-making; autonomy.

OP.008 Women's perception of risk factors and prevention of cervical cancer: ethical issues and the importance in nursing education

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Background: Cervical cancer (CC) has a considerable impact on public health worldwide, since it implies changes in the quality of life of women. Cervical cancer screening (CCS) is an added value for all, as there is strong scientific evidence that this type of cancer can be prevented if detected early through the CCS and, if treated in the early stages, can even be curable. It also provides for adequate referral of various disease situations to specialized centers. Since many women did not appear in this consultation, this study is considered highly relevant. A non-experimental, qualitative, cross-sectional, exploratory and descriptive study was carried out. Research questions: The study's research questions are: What is the meaning attributed by women to CCS? What is the meaning attributed by women to the nurse's contribution to the CCS consultation?

Objectives: To understand the meaning attributed by women to CCS consultation; understanding the perception of women about the risk of cervical cancer; understand the meaning that women attribute to nursing care, of which they are targeted in the CCS consultation.

Methods: The sample consists of 20 women enrolled in a unit, belonging to the Local Health Unit of a central region of Portugal. To select the participants, we used the non-probabilistic type of sampling for convenience. Criteria for inclusion did not attend at least one CCS consultation. The procedure of identification of the participants, was through research through computer system, were contacted and invited to participate in the study, this process ended when the desired number of participants was reached. Data collection: performed by questionnaire (sociodemographic data) and interview recording of the verbatim. All ethical principles have been fulfilled. To analyze the data, the assumptions presented by Bardin (2016), using NVivo version 11, were taken into account.

Results: The women's testimonies were grouped into 10 categories. By the dimension of the study, only two categories are presented: women's perception about CC risk factors; perception of CC prevention requirements.

Conclusion: There are multiple reasons for women not to attend the CCS consultation, cultural aspects are at the genesis of different perceptions, decisions, behaviors, attitudes and feelings experienced by women. It is intended that the understanding, for the creation of favorable conditions and culturally sensitive interventions that translate into the increasing adhesion of women to the CCS consultation, so that they are experiences of learning and well-being for the woman/family/community.

Keywords: perception; screening; cervix cancer; nursing care.

OP.009 Implementing CRISPR in ethics education

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Clustered Regionally Interspaced Short Palindromic Repeats (CRISPR), is an archaeal and bacterial acquired immune system against invading genetic elements. The repeats were firstly discovered in *E. coli* in 1987 and named as CRISPR in 2002.

It has been modified to recognize any short DNA sequence, cut it out and insert a new one and has gained attention in recent years due to its superiority to other methods such as zinc finger nuclease (ZFN) and transcription activator-like effector nucleases (TALEN). Compared to previous techniques, CRISPR is more efficient, less expensive and fast, works with CRISPR Associated (Cas) proteins, mostly with Cas9 which is known to be cleavage enzyme that cuts the double strand DNA.

CRISPR Cas techniques has promising future applications in various fields, but besides the risks due to its implementation on human beings, it is not clear yet whether it will arise unexpected de novo ethical issues in the future, apart from those which have been on the agenda about genome editing. Ongoing debates are mostly on heritable gene editing while it has already been realized in China recently. Nowadays even home CRISPR kits are available online meaning that in near future people may be capable of editing any genes they like.

An International Summit on Human Gene Editing has declared remarks and called for an international group of involved to draw strategy for CRISPR applications. Still, there is not a consensus to prevent CRISPR's unethical use for eugenics or in medicine, agriculture and warfare. Looking at the statements of national and international organizations since 2015, strict rules seems to be softened by the time. This is mostly due to new findings in genetic field. Unless a red line has been drawn, we would find ourselves heading down a slippery slope.

In order to keep up with all these rapid developments about gene editing technologies, ethics education curriculums and methods should be modified accordingly. Eugenics should be understood via genetics, not from stories of WW II.

In this study, we wanted to point out rising ethical debates of our time and give an opinion how ethics education could be modified accordingly.

Viewing up to date data and literature concerning CRISPR, we conclude that this promising technique applications may become a threat in terms of abuse and that needs a decent ethics education program not only for medical institutions with ethics department but also genetic engineering faculties as well.

OP.010 Patients without borders: medical tourism

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The phenomenon of “medical tourism” – the travel of patients who are residents of one country to another country for medical treatment – became a topic of academic, ethical, and regulatory concern within the past few years. The number of people pursuing medical tourism is not documented, but the Economist reported 750,000 US patients traveled abroad for treatment in 2007. A separate study estimated medical tourism will become a \$300 billion dollar industry in this decade. Patients may be motivated to travel for treatment because of cost savings to themselves or the third-party payer, to get treatment faster than at home, or to obtain a therapy unavailable or illegal within their home country (such as fertility treatment, euthanasia, experimental drugs, and stem cell treatment). Diverse kinds of medical tourism raise correspondingly different ethical concerns. Broadly, patient populations can be classified according to (a) source of payment, (b) the type of service sought, and (3) the type of legal or ethical issue raised. The destination may be regional or global, with some countries popular for specific types of intervention. Patients identify motivations as: cost, perceived quality, and/or lack of availability of a treatment in their home country. A person traveling for cosmetic surgery may want the anonymity of the foreign country, and migrants may wish to travel to their former home country for comfort factors such as culture and language. There is limited information on the size of population involved in medical tourism. Evidence on the comparative effect of treatment received abroad compared with treatment in their home country is lacking suggesting a need for quantitative and qualitative research. After describing the patient population and type of service sought, the remainder of the paper will deal with ethical issues and whether regulatory oversight is appropriate. Ethical guidance should respond to questions about safety of treatments for patients seeking to balance autonomy and beneficence. In destination countries the policy or legal framework may be less protective of patients such that compensation for medical error is unavailable and whether this is a waivable right for the tourist patient in exchange for a better priced procedure. Continuity of care between foreign facilities and home country medical care is a concern if and when complications occur. A global approach could be more consistent and just but might be difficult to enforce. The existing General Agreement on Trade in Services (GATS) and the World Trade Organization formed in 1995 offer the legal framework to regulate trade in services, including healthcare. Theoretically it is possible for the World Health Organization to make rules governing medical tourism part of the International Health Regulations, examples of which are rare. As the global flow of patients across borders grows, the plausibility and practical ability to regulate global medical tourism is a distinct possibility and worthy challenge.

OP.011 The challenge of defensive medicine starts on the definition

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Background: Defensive medicine (DM), which “consists in ordering or avoiding tests or procedures mainly due to negligence liability” (Snyder Sulmasy & Weinberger, 2014), is an increasingly underlined significant problem in contemporary health care. This is a global phenomenon present in the health system of developed countries that encourages the overuse of medical services and that compromises its viability and affects vulnerable patients in countries with scarce resources. This is considered an element of low-value health care that causes more harm than good.

Even though society has no consciousness still about the need to reduce wasteful health care spending such as diagnostic tests and interventions which offer patients little or no benefit. Neither the inequality access to health care services, especially for vulnerability people.

This term is not simple to define and embraces a range of different kinds of medical overactivity such as over-diagnosis, overtreatment and overuse or avoid practices with clinical value. Finally, this type of medical practice erodes the professional and causes iatrogenia.

This phenomenon emerged in the 1970s in the USA by introducing changes in medical practice as a result of mal-practice complaints, but nowadays it extends to other geographical and health realities. Attention globally is focusing on the possible harms and avoidable waste of this cause of overuse and underuse of health care services. There is no single definition of DM and it makes difficult to detect and measure defensive practices. Since Tancredi & Barondess' definition in 1978, other authors have offered new definitions and they not only have identified new motivations as criticism, medical psychological benefits, or avoid the conflicts, but also includes the effects on patient's health, autonomy and the health system.

The literature is wide and varied, nevertheless the problem is always the same: what does mean defensive medicine?

Purpose: The aim of this work was to determine the theoretical framework of DM to delimit the scope of the research and establish future research. To defining clearly obeys both epistemological and ethical reasons. This research includes, among others, the conceptual dimension and ethics from a consequentialism point of view. Sumery, it analyzed the causes of DM (1), classes of DM (2) and effects of DM (3).

Methodology: The review was conducted according non systematic reviews of the scientific literature and made a subsequent narrative integration of the results, to identify the semantic content of the expression.

Results: There is no single definition of DM, which makes it difficult to detect and measure defensive practices. In sum, causes and effects are mixed in DM. This research tried to delineate the elements for a contemporary definition of defensive medicine. Further studies are needed to better understand prevalence and features of DM in medical practice.

Keywords: defensive medicine; iatrogenia; low-value health care; overuse.

OP.012 Transgender attitudes and beliefs of caribbean medical students: implications for curriculum development

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Background: The need to incorporate LGBTQ-related content in medical curricula is established, but the extent and quality of efforts to include such content varies. Few studies have focused on transgender issues in medical education. The efficacy of curricular interventions incorporating transgender content has been demonstrated in small US-based studies; some research indicates that an elective in transgender medicine facilitates increased comfort and knowledge related to treating transgender patients.

The issue of transgender in Caribbean medicine has received little attention in the published or grey literature, although some NGOs have undertaken anti-stigma efforts. The need for Caribbean doctors to provide competent and ethical care to transgender patients requires understanding of the attitudes, beliefs, and practices regarding transgender situated in the cultural contexts of the region.

Aims and Purpose: First, we establish preliminary psychometric support for a promising measure of transgender attitudes and beliefs. Second, we report baseline attitudes toward transgender among current medical students at a publically-supported Caribbean medical school; third, we consider baseline data to inform development of a transgender curriculum for undergraduate medical education.

Methods: We surveyed an initial sample of 126 medical students (76% women, mean age = 22.2, SD = 2.68) at a publically-supported Caribbean University using the Transgender Attitudes and Beliefs Scale (TABS; Kanamori, 2016), a 29-item Likert measure that provides overall and subscale scores in the domains of Interpersonal Comfort, Sex/Gender Beliefs, and Human Value. The study was approved by the research ethics committee with jurisdiction.

Results: The TABS demonstrated acceptable internal consistency overall ($\alpha = .93$) and for subscales: Interpersonal Conflict ($\alpha = .92$), Sex/Gender Beliefs ($\alpha = .88$), and Human Value ($\alpha = .82$). Additionally, we report corrected item-total correlations for the omnibus measure and each subscale. A larger sample, which we continue to build, is necessary for a more robust evaluation of the TABS factor structure in Caribbean populations.

The mean total TABS score was 146.32 (5.05 mean item score on a 7-item Likert scale), indicating moderately positive attitudes and beliefs (e.g., "Somewhat Agree"). The subscale mean item scores varied: 5.21 for Interpersonal Comfort, 3.93 for Sex/Gender Beliefs, and 6.72 for Human Value. There were no significant gender differences overall or on subscales, although differences in Interpersonal Comfort approached significance, with females reporting greater comfort levels ($p = .06$, 1-tailed).

Conclusions: The present study provides preliminary psychometric data for the TABS in a Caribbean population and is the first step in a more comprehensive evaluation of the instrument, including confirmatory factor analysis. Results establish a baseline from which to develop transgender curriculum. The comparatively low scores for the Sex/Gender Beliefs and high scores on the Human Value subscales reflect findings for evangelical Christians in the original study, who strongly endorsed the dignity and value of transgender people as human beings but were less inclined to endorse positive Sex/Gender Beliefs items, which tap core beliefs ("All adults should identify as male or female.") that have implications for policy and practice, suggesting that curricular emphasis on the latter domain is a priority.

OP.013 Portuguese electronic health record – RSE: ethical dilemmas

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Background: The theme chosen was “Portuguese Electronic Health Record – RSE: ethical dilemmas”. The existence of an online platform where health care professionals are able to access clinical information of patients/clients, anywhere in the country, is an immense improvement in the provision of care. But also raises concerns regarding who, when and by which reason one can access the respective platform (Electronic Health Record - RSE). It is important to reflect on the ethical dilemmas associated with the use of RSE in clinical practice by taking into consideration the hierarchy of values which can conflict with responsible decision-making. Also it is crucial to ponder on the training of nursing professionals to provide care based on a reflexive practice.

Aim: This work aims to identify and analyze the ethical issue of using RSE platform taking into account the context, importance, related problems, partakers and action strategies. Na analytical-reflexive work methodology was used.

Philosophical perspective: Citizens accessing the healthcare system must be assured that the professional who attends them has the necessary information when providing quality care. The citizen as an individual, relational and free human being has inherent ethical principles that should be safeguarded by healthcare professionals and organizations. The purpose of ethics is not to search unanimity but to avoid unsafe decisions. In ethics we have to go through facts and values to get to duty (to do, to act).

The digital transformation of healthcare systems and their influence on society is a fact. The way we connect with the technical interface and the recording / sharing of health data is a decisive factor in the quality of care and in guaranteeing the rights, duties and freedoms of all (professionals and patients).

In order to structure the reflection on the decision-making in the use of RSE by nurses, we will resort to a tool for health professionals build clinical ethical decisions. It is proposed a reflection through 5 concrete actions with inherited responsibilities in each stage. These are: 1. List ethical problems and identify relevant facts; 2. Identify partakers' interests, needs and values; 3. Weigh the merits and demerits of possible ways of acting; 4. Choose the mode of action that is able to ground ethical principles; 5. Rethink.

Implications: The main ethical problems in decision-making using RSE interrelate with the protection of Health personal data and its implication in clinical practice. Gain access to na individual's RSE data implies accessing to “health related personal data” previously collected, registered and used by nurses as part of its patient therapeutic relationship. Thus emerges one of the main ethical problems, the breach of trust between all parties. In all stages of access to RSE in clinical practice, nurses endowed with autonomous social mandate should be governed by respect for ethical principles and legislation. This is the main crucial factor for the success and viability of their intervention.

Conclusions: It is possible to say that the ethical dilemma here presented portrays the problematic regarding the respect for autonomy, that is, the freedom of act with which each person decides their own destiny. In conflict situations, nurses base decision-making on a hierarchy of professional values and also by considering person who is the subject of care. Beginning with facts (objective), which interrelates with values (subjective), when facing a problem in decision making nurses plan interventions that are beneficial, based on ethical rigor of “Primum no nocere” (not maleficence).

Keywords: decision making; rse; ethical dilemmas; nurse.

OP.014 Ethical challenges of working with young people: Considering practitioner and stakeholder perspectives on consent & confidentiality

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Background: Working with young people, particularly within schools, is complex work for practitioners, both ethically and legally. Little is known about the process by which psychologists and counsellors determine the capacity for young people to provide their own consent for services, such as the role that context and client characteristics plays. Much of the literature focuses on this issue in the medical domain rather than the psychological domain. Further, research has rarely considered parent and teacher expectations of practitioners who work with young people in schools.

Aim: The aim of this research was to gain insights into practitioner perspectives and the similarities and differences compared with teacher/parent expectations to inform training of practitioners. In doing so, this research explored whether the perspectives of these groups were congruent or not, to identify and potential sources of conflict.

Description of Empirical Methods: This paper presents findings from an Australian study of 108 practitioners and 107 parents/teachers working with young people. Participants of both groups responded to vignettes of young people engaging in therapy who may or may not have the capacity to consent for themselves, and where information may need to be disclosed to other parties. Quantitative analyses of differences were conducted.

Results, Outcomes & Implications: Responses provided insights into practitioner reasoning and decision-making processes when facing ethical dilemmas with young people as clients. Responses also highlighted teacher and parent attitudes to young people's autonomy in the counselling process. This study demonstrated that parents and educators have differing perspectives and expectations in regards access and knowledge of adolescents using school psychology services.

Conclusions: As key stake holders in the lives of young people, these perspectives of the role of school psychologists' practice when working with young people is essential to understand. Findings from this current study highlight that there is a difference between these group expectations; and highlights a need for more transparency between parties to avoid conflict arising because of differing perspectives. This paper will explore current practice, highlight common challenges for practitioners, and consider the implications for ethics training of pre-service and inservice practitioners.

Keywords: consent; confidentiality; capacity; mature minors.

OP.015 Informed consent in patients with dementia: A mixed-methods study on palliative care professionals' views

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Background: Cognitive impairment is frequently present among patients with dementia. This challenges the process of informed consent both for clinical interventions and for research. Evidence shows the potential for enhancing the informed consent process by using diverse measures, tools and aids. Nevertheless, very little is known on their applicability and usefulness to improve the informed consent process in palliative care research involving patients with dementia.

Aim: To assess and understand palliative care professional's views on the informed consent process in healthcare and research involving persons with dementia. **Methods:** Mixed-methods approach, combining and integrating the use of both qualitative (semi-structured interviews) and quantitative (questionnaire built de novo assessing 4 items on an 11-point Likert scale) research methods and techniques. Participants were professionals working in palliative care in Portugal. Purposive sampling combined with snowball sampling was conducted until reaching theoretical saturation. Thematic content analysis was performed to the transcript of interviews; descriptive analysis were done to quantitative data. A total of 24 professionals from diverse institutions and cities participated in the study.

Results, Outcomes and Implications: In this study, professionals working in palliative care perceived the informed consent an effective practice in: general healthcare provision (41%); specialist palliative care (63%); clinical dementia research (72%); and clinical trials (78%). Participants claimed that, in specialist palliative care, due to the cognitive vulnerability of patients with dementia, informed consent became an effective practice by obtaining proxy consent. In clinical dementia research and clinical trials, participants considered the informed consent to be effective mainly due to the legal requirements that prevent research without obtaining consent. Five main themes emerged in our qualitative analysis: (i) impossibility to apply the informed consent process in face of cognitive impairment; (ii) efforts to involve the patient in the decision-making process; (iii) proxy consent, via family caregiver, as the preferred way to meet patients' wishes; (iv) innovative measures (e.g., visual aids) perceived as potentially useful, but not used in clinical practice or research; and (v) respect for dignity as respect for autonomy, where cognitive and situational vulnerability play a relevant role in how patients understand and perform their autonomy.

Conclusions: This study highlights the need to further research about the use of strategies to improve the informed consent process in palliative care and research involving persons with dementia. It shows the potential of innovative measures, which need to be designed in a tailored manner and require more research on their applicability and usefulness. **Acknowledgments:** ERA-NET NEURON-II/0001/2015 and FCT Portugal. Project ENSURE: Enhancing the Informed Consent Process. Supported decision-making and capacity assessment in clinical dementia research.

Keywords: dementia; informed consent; clinical research; palliative care.

OP.016 Impact of informed assent on a vulnerable population: The minor and the tutor's view

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Background: The Convention on Human Rights and Biomedicine advocates that the opinion of the child should be considered as an increasingly determining factor, depending on his age and degree of maturity. These assumptions highlight the need to formalize the informed consent of minors in the most diverse clinical practices, since minority is one of the forms of vulnerability pointed out by the literature in bioethics. In this way, we consider that the valorisation of the assent is fundamental to reduce the notion of vulnerability, on the part of the minor, being based on the respect for his autonomy.

Aims: Evaluate the opinion of the minor regarding the quality of the information that was made available to him by the physician regarding the performance of the exercise echocardiogram and his participation in this study, as well as his understanding of it; Evaluate the perception of the parents/guardians, regarding the information made available to the minor, by the physician, in the application of the assent. Evaluate the opinion of the parents/guardians regarding the facilitating role of the application of the assent, at the acceptance of the examination, by the minor.

Method: We studied 30 children, aged between 10 and 17 years, submitted to exercise echocardiogram, whose mean age was 13.86 years. 25 were male. Minor Questionnaires: Adaptation of the Quality of Informed Consent (QuIC), part A, which evaluates the objective understanding and part B, which evaluates subjective understanding, developed by Joffe et al (2001).

Results: From the descriptive analysis of the issues of both parts of the QuIC was verified that the minors presented a very significant understanding on both parts, the average of the sum of the answers of part A was 29.53, representing 86.85% of the maximum value of the questionnaire. The mean of the total responses in part B was 63.13, which corresponds to 90.18%. A positive relationship was found between the total obtained in QuIC A and QuIC B ($r = 0.531$; $p = 0.003$). There was no statistically significant relationship between age and QuIC A and B and between sex and QuIC A and B.

Regarding the parents'/guardians' opinion that the application of the informed consent model was an advantage for the child's acceptance of the examination, we found that 96.6% answered affirmatively. We also verified that the opinion of the parents/guardians is not related to the age, sex or level of schooling.

Conclusions: Although the child is considered a being in development, it is increasingly agreed that most children have the capacity to understand the environment that surrounds them much more than what is expected. This ability to understand the information made available to them was also verified in our sample, where the minors showed a very positive understanding concerning the information given to them to obtain the assent. The parents/guardians considered the implementation of the assent as a fundamental step to the child's acceptance of the examination.

Keywords: assent; vulnerability; autonomy.

OP.017 A training experience on research and publication ethics

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Working in the field of science does not just require to know certain methodology or huge amount knowledge, it also necessitates the possession of certain ethical features since production of scientific knowledge requires integrity, patience, modesty. All these features can be improved and therefore ethics compenent an important topic in research education. Therefore designing formal - structural courses for the development of young researchers and conducting properly looks crucial.

This presentation is based on the instructor's personal experience on research and publication ethics. A course of Ankara University a total of twenty semesters. More than four hundred PhD students have taken this course from different academic fields such as medicine, veterinary, pharmacy, dentistry, biology.

Weekly modules, "introduction to ethics", "informed consent in the light of human rights and scientific research", "research ethics in the health sciences", "publication ethics in the health sciences", "science policies and ethical preferences" and "the responsibilities to the society in the context of research", each one has two hours, conducted by the instructor.

This course is offered two hours a week, totally twelve hours per semester. As it is a compulsory course, research and publication ethics part conducted by an academic background of medicine. Interactive training methods, small group discussions, case discussions and sub-group presentations are employed. U-shaped seating and name badges are used in classroom. The training material was written and had accessible free of charge. At the end of each semester written feedback forms are used.

Limitations, advantages and disadvantages, outputs of these educational experience will mentioned.

Keywords: research ethics; publication ethics; science ethics; ethics education.

OP.018 Ethical challenges when studying the use of anticipatory medication in home palliative care research

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Background: Patients at the end of life often experience uncontrolled and distressing symptoms, are under-medicated and therefore do not experience adequate relief. Evidence shows that 70 to 90% of patients with advanced cancer experience pain, and symptoms are highly prevalent in the weeks/months before death. Anticipatory prescribing is used to controlling these symptoms and is designed to ensure that medication and medical devices are present at home when needed. Research on the use of anticipatory medication in home palliative care is paramount. However, conducting research with palliative care patients at the end of life raises ethical concerns surrounding research risks in vulnerable populations.

Aim: To review and synthesize ethical challenges in performing research with persons receiving anticipatory medication in home palliative care at the end of life. **Methods:** Systematic review, following PRISMA 2009. Thirteen databases were searched. **Inclusion criteria:** studies reporting the use of anticipatory medication in home palliative care, in English, German, Spanish and Portuguese. Data were analyzed using both inductive and deductive content analysis.

Results, Outcomes and Implications: 5,387 results were returned from initial searches, of which 48 were included in the synthesis. Articles included in the analysis covered a wide breadth of designs and topics. The main ethical challenges identified were: (1) Research recruitment process; and (4) Ethical approval for research involving vulnerable persons. First, ethical challenges surrounding recruitment of patients receiving anticipatory medication in palliative care formed a large part of the evidence. Gatekeeping by carers and professionals was identified as one of the main issues that may impact research participation. Second, risk within the research continuum was a recurrent feature in several articles. Risk was represented from an ethical perspective, as participants, both patients and family carers, were perceived as being physically and psychologically vulnerable. Third, challenges with the informed process were also highlighted and require researchers to gain permission to access potential participants, establish the basis for informed consent, gain initial and ongoing process, and consider requirements for support and feedback. Finally, gaining ethical approval was a major challenge in some studies because of the vulnerability of the participants, palliative care patients at the end of life, and the fact that they are perceived as experiencing a devastating condition. These findings add to the existing literature on palliative care research by identifying and systematizing its main ethical challenges. In order to ensure that palliative care patients are not unnecessarily excluded from participating in relevant research, these findings can build the basis for the development of specific guidelines for involving vulnerable patients and families in research.

Conclusions: This systematic review highlights the ethical challenges in performing research with persons receiving anticipatory medication in home palliative care at the end of life. The quality and relevance of future palliative care research requires the development of specific ethical guidelines. **Acknowledgments:** Fundação Grünenthal.

Keywords: anticipatory medication; palliative care; research ethics.

OP.019 Effectiveness of a blended interactive workshop in research ethics and responsible conduct of research for academics from the Middle East

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Background: Research ethics and responsible conduct in research have gained importance in low- and middle-income countries (LMICs), especially since research activity has increased in these regions. Accordingly, ethics education has become increasingly important, especially in LMICs.

Aim: To determine the effectiveness and satisfaction of participants engaged in an interactive blended (face-to-face and online) workshop (WS) in research ethics and responsible conduct of research.

Methods: A three-day WS was held in Cairo in March 2019. Participants (n=23) were from Egypt, Sudan, Lebanon, and Morocco. Prior to the face-to-face WS, participants enrolled in an online Moodle learning management system to gain access to the online resources (videos and readings) and the online discussion forum that was facilitated by an instructor. The online experience was designed to enhance the readiness of the participants for the WS. The WS utilized active learning techniques that included small group discussion of case studies, polling, think-pair-share, and large group brainstorming sessions facilitated by instructors. Topics included informed consent, vulnerability, analysis of risks and benefits, research misconduct, plagiarism, and authorship. During the 3-day WS, participants discussed online their reflections on their experience and activities of the WS. At the end of the WS, participants completed an evaluation form consisting of questions that required Likert scale responses as well as open-ended questions. Participants assessed their overall satisfaction of the WS on a scale from 1 to 10, with 10 representing the highest degree of satisfaction.

Results, outcomes, and implications: Of the participants, 56.5% (13/23) had never engaged in a blended WS before. On a Likert-scale of 1 to 4 (1 = disagree, 2= tend to disagree, 3= tend to agree, and 4 = agree), the following items received the associative scores: WS engaged in active learning techniques (3.74±0.50), the usefulness of online materials in preparing for the WS (3.74±0.45), the WS sessions were well facilitated (3.64±0.50), the intention to use the online resources in further learning (3.79±0.80), and the learning objectives were met (3.42±0.38). The mean overall satisfaction was 9.0± 1.17. Themes that emerged from the open-ended questions included the following: participants valued most the interactive teaching and group discussions, group activities allowed for participant interaction in a productive way, and materials on the website were useful in preparing for the WS, especially those utilizing interactive methods.

Conclusion: The blended WS was successful in terms of overall satisfaction and effectiveness in meeting the learning objectives. The use of active learning techniques was well received by the participants. The inclusion of an online component in conjunction with a traditional face-to-face WS enhanced participant engagement. We recommend the use of a blended learning pedagogy and active learning techniques in future WSs.

Keywords: active learning; online learning; research ethics.

OP.020 VIRT2UE. Virtue based ethics and Integrity of Research: Train the trainer program for upholding the principles of the European code of conduct

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Background: Recognizing the importance of addressing ethics and research integrity (ERI) in Europe, in 2017 the All European Academies (ALLEA) published a revised and updated European Code of conduct for Research Integrity (ECoC). Consistent application of the ECoC by researchers across Europe will require its widespread dissemination as well as an innovative training program and novel tools to enable researchers to truly uphold and internalize the principles and practices listed in the Code.

Aim: VIRT2UE aims to develop a sustainable train-the-trainer blended learning programme enabling contextualized ERI teaching across Europe focusing on understanding and upholding the principles and practices of the ECoC. Vision: The VIRT2UE project recognizes that researchers not only need to have knowledge of the ECoC, but also to be able to truly uphold and internalize the principles underpinning the code. They need to learn how to integrate them into their everyday practice and understand how to act in concrete situations. VIRT2UE address this challenge by providing ERI trainers and researchers with an innovative blended (i.e. combined online and off-line approaches) learning programme that draws on a toolbox of educational resources and incorporates an e-learning course and face-to-face sessions designed to foster moral virtues. ERI trainers and researchers from academia and industry will have open access to online teaching material. Moreover, ERI trainers will learn how to facilitate face-to-face sessions of researchers, which focus on learning how to apply the content of the teaching material to concrete situations in daily practice.

Objectives: VIRT2UE's will conduct a conceptual mapping amongst stakeholders to identify and rank the virtues which are essential for good scientific practice and their relation to the principles and practices of the ECoC; identify and consult ERI trainers and the wider scientific community to understand existing capacity and deficiencies in ERI educational resources; develop the face-to-face component of the train-the-trainer programme that provides trainers with tools to foster researchers' virtues and promotes the ECoC and iteratively develop the training based on evaluations; produce educational materials for online learning by researchers and trainers; implement and disseminate the train-the-trainer programme across Europe, ensuring the training of sufficient trainers for each country, and build capacity and consistency by focusing on underdeveloped regions and unifying fragmented efforts; develop the online training platform and user interface, which will be instrumental in evaluation of trainers' and researchers' needs and project sustainability

Impact: The VIRT2UE training programme will promote consistent application of the ECoC across Europe. The programme will affect behaviour on the individual level of trainers and researchers – simultaneously developing an understanding of the ECoC and other ERI issues whilst also developing scientific virtues, enabling the application of the acquired knowledge to concrete situations and complex moral dilemmas. Through a dedicated embedding strategy, the programme will also have an impact on an institutional level. The train-the-trainer approach multiplies the impact of the programme by reaching current and future European ERI trainers and, subsequently, the researchers they train.

Keywords: research integrity; virtues; good scientific practice.

OP.021 Research ethics in palliative care: A critical review

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Background: Research ethics refers to the analysis of ethical issues that may occur when people are involved as research participants. The main goal of research ethics in palliative care is: to protect human participants, particularly those who are more vulnerable; to ensure that research serves interests of individuals, groups and/or society; and to scrutinize research activities and projects for their ethical soundness, looking at issues such as the management of risk, protection of confidentiality and the process of informed consent. This is an area of expanding interest, reason why it is unsurprising that ethical frameworks, guidelines, and international legislation coexist to address the ethical features of research. Nevertheless, the mere existence of these documents is not enough to ensure that research is ethically sound. To be so, researchers need to acquire the knowledge expressed in their content, integrate their inherent principles, translate them into everyday research practices, and become critically competent to mobilize them when facing ethical issues and challenges directly relevant to their research. This is particularly relevant in palliative care research, a context where more evidence is needed, as only high quality and sound evidence provide the best guarantee for ethically robust practices.

Aim: To critically review the existing international literature on research ethics in palliative care research.

Methods: Critical review, which is a type of review that presents, analyses and synthesizes material from diverse sources, in order to provide a new interpretation of the main ethical issues, challenges and frameworks of research ethics in palliative care. Searches were performed in five international databases and complemented by the manual search of the most relevant journals and manuals in the fields of both palliative care and bioethics. Synthesis was narrative and conceptual.

Results, Outcomes and Implications: Palliative care research involves human beings as participants and therefore raises ethical, legal, social and political concerns. Vulnerability was as a key issue in palliative care research. Vulnerability is a touchstone in palliative care, bioethics and a common denominator to research ethics. Patients in palliative care often exhibit several categories of vulnerability, namely: cognitive, situational, medical, allocational, social, and deferential. This calls for protection, but should not prevent research participation. Excluding vulnerable patients from participating in relevant research could suggest that society is failing in its obligation to improve high-quality, evidence-based healthcare. Other ethical issues identified in our review were: respect for research participants; the need for independent review by ethics committees; issues related to autonomy and the informed consent process; challenges related to the scientific validity of some data and findings; favourable risk-benefit ration; and fair participant selection.

Conclusions: This critical review aimed to develop an overview of the main ethical issues, challenges and frameworks in palliative care research. Particular ethical requirements give rise to particular challenges in this field. Nevertheless, none of these challenges are impossible to overcome. Acknowledgments: FCT Portugal - Scientific Employment Stimulus.

Keywords: research ethics; palliative care; vulnerability; critical review.

OP.022 Doing bioethics case studies: are there no right answers?

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Background: While facilitating UNESCO's Ethics Teacher Training Courses, I have heard colleagues assure students during discussions of contentious issues that "there are no right or wrong answers." While this has been done to encourage students to offer their own ideas without fear of being judged to be wrong, the expression has also been used to reflect disagreements or inconsistencies that persist after an effort to make clear cut decisions and reach consensus. Persistence of said disagreements or inconsistencies can undermine the confidence of participants in the effectiveness of case study discussions in resolving bioethical problems or dilemmas. If there are truly no right or wrong answers it will be difficult to convince people that it will be wrong for them to disregard bioethical principles and, for example, to disrespect patient autonomy or expose research participants to disproportionate and unjustified harm.

Aim: This paper seeks to compare various situations in which bioethicists and other bioethics stakeholders may be led to the view that "there are no right or wrong answers." The idea is to enhance the understanding of bioethical problems or dilemmas, clarify the nature of such problems or dilemmas, and thereby facilitate their resolution and obtain a clearer understanding of the nature and significance of resolving bioethical problems or dilemmas. Philosophical Perspective. Taking an analytical philosophy of language approach, the paper examines interpretations of "there are no right or wrong answers" in various contexts. The interpretations include the following: (1) There are no "absolutely right" answers; only subjective answers that can "convince" decision-makers or other stakeholders. (2) There are no "wrong answers;" every answer can be right given appropriate justification. (3) There is no single correct answer that is better than every other. (4) Cases being discussed take place under highly variable circumstances; if we can work out the complete details surrounding a particular case then we can determine the best answer. (5) Cases being discussed take place under highly variable circumstances; if we can work out the complete details surrounding a particular case then we can determine the one correct answer. These different possible interpretations – representing views that can or cannot satisfy the decisional requirements of particular cases in specific contexts – are explored in this paper in relation to the objectives of bioethics teaching and the uses of case studies.

Results, Outcomes and Implications: The different interpretations examined can be seen to indicate multiple facets of inter-connected circumstances that can acquire varying levels of importance when viewed from the interwoven perspectives of bioethical stakeholders. Multiplicity of interpretations can also result from different levels of priority given to various bioethical theories, principles, or values. In a pluralistic society, differences in theories, principles or values have to be approached with respect rather than antagonism.

Conclusions: The persistence of disagreements or inconsistencies after case study discussions or other bioethical decision-making exercises reflects the wide-variability in ethically relevant details that account for nuances in solutions considered acceptable. The persisting disagreements or inconsistencies do not constitute a weakness that ought to be fully eliminated but instead constitute a strength that is expected in a pluralistic society where multiple perspectives are given due respect.

Keywords: bioethics teaching; case studies; correct answers; pluralismo.

OP.023 **“Doing“ participative deliberative ethics together to inspire academic learning in social work and pedagogy programs**

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How can academic ethics education and learning in the field of social work as well as (child and or-tho-)pedagogy reach out to, and be inspired by, moral case deliberation in professional environments?

In both social work and pedagogical practice, elaborate concepts of ethical thinking have been developed in research, teaching and on the level of professional organizations (e.g. professional ethics guidelines). Stakeholders in these environments mostly have a well-educated sense of the relevance of moral questions and how to approach these questions in reflective and critical ways. Other than in the field of healthcare, however, the social and pedagogical professions, especially in Germany, have brought about only a few examples of successful participative moral deliberation in the field. Especially in an environment as diverse and rapidly developing as the city of Berlin, a deliberative practice of moral deliberation in the field “beyond” professional ethics guidelines has been indicated as a desideratum by both academics and professionals in the field.

In a short lecture I will present a research and teaching project to be carried out during academic leave in the fall semester of 2019/20. Main focus of the project is on ethics learning in the field of social work as well as pedagogy at Catholic University of Applied Sciences Berlin, Germany, at the same time seeking cooperation with (1) networks and institutions experienced in moral deliberation in a wider field (e.g. NEON – a countrywide network for ethics support in the Dutch healthcare system) and (2) centers for social work and (child-and ortho-)pedagogy in the City of Berlin.

The project will explore examples of the following three realms: (1) concepts of “doing” deliberative, participative ethics both in healthcare and in the social professions; (2) theoretical approaches of deliberation (deliberative democracy, deliberative ethics, deliberative pedagogy) in search of philosophical deepening and foundation; (3) theory and practices of deliberative, participative learning in the humanities, especially about ethical topics. Aims of the project are (1) to study and critically reflect concepts of participative moral deliberation in professional fields, (2) to develop strategies to experiment with such concepts in environments of professional social work as well as pedagogy, and (3) to develop ideas to innovate learning in academic ethics education by experimenting with concepts of participative deliberation about moral issues in respective study programs involving student groups at our university.

The project partly builds on the author’s long-standing track record as a developer, facilitator and trainer of moral deliberation in healthcare organizations and as a teacher of applied ethics. It develops further a recently completed assignment for the Berlin Center for Higher Education (BZHL): “Deliberation: Developing Reflective Competence in Ethics for Academic Learning in Social Work”.

OP.024 **Streetbioethics. A service-learning program**

Marta Albert

Rey Juan Carlos University, Madrid - Spain

The paper is focused on the implementation of the service-learning methodology on Bioethics Education.

The Master in Bioethics of the Rey Juan Carlos University offers to the student the possibility of implementing the final degree Project (24 ECTS) using the service-learning methodology.

In this academic year we have launched a pilot program, and two Projects have been implemented: one about bioethics' education in non-formal education and the other one about humanisation of the care of elderly people. Our program is called "StreetBioethics" because it is inspired in StreetLaw, a program created in 1971 in Georgetown University. StreetLaw aim is to teach practical law in high schools, searching for the empowerment of Young people, specially those at the risk of social exclusion.

Students are encouraged to search for a real community need related to bioethics, and reflect about how should they contribute to help and improve the situation by applying what they have learned about bioethics in our master. In fact, they are learning as they are providing a social service.

Community service is integrated in academic training, underling a vocation of service and social responsibility. Classical principles of bioethics are learned by students in a very different way. They are able to put face to real situation of loose of a sense of human dignity in the area of patient care, or to the ignorance of youngest people about their rights related to informed consent or decision making process.

To implement the Final Degree Project within the framework of StreetBioethics program, student are told to:

- detect a community need able to be improved by the students applying the knowledge gained on the master.
- elaborate a theoretical framework, researching on the topic selected.
- design an action of service, looking for the partner involved (for example, for our current projects: children camp play or old people home), achieving specific goals and concrete actions to meet the established objectives.
- develop the Project.
- evaluate the Project, together with partners, participants, and mentors of the final Degree Project.

The aim of this communication is to share our experience with academic community and to translate to our colleague a preliminary assessment of the program, accepting criticisms and suggestions to improve our educational work in Bioethics.

OP.025 Educational methods and strategies for improvement the ethic education of the nursing student

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Background: More than two decades have passed since the subjects of Ethics, Deontology and Bioethics were included in the Study Plan for the Nursing High Degree, transitioning, following several naming, to the Graduation Degree and there, almost exclusively, remained in the first year when these programs integrated the recommendations of the Bologna Process. The acknowledgment that, in order to care for people, the nurse requires to aggregate to his scientific and technical skills other of ethical and human nature, is nowadays spread in texts and speeches of professionals and from the profession. Excellence in the action “to care” is not achieved without the proper ethical component that leads the nursing professional to undergo that act, or the humanity that originates from the (ac)knowledgement of the unity of the person that cares, be her singular or plural. When we approach this competency, we do not refer solely to the decision-making ability in bioethically conflicting clinical situations, but to an ability to morally act in human relationships that are not restricted to health users (patients, healthy and other dimensions), but extended to the work colleagues (peers and other professionals), including here the educational institutions here the pre graduate training initiates. And perhaps should also extend to the negotiation and public defense of the human rights into the political level!

Objectives: Identify theories, methods, educational strategies in the ethical training of the nursing pre graduate students and evaluation tools used; Select the methods and strategies with more effectiveness in the development of ethical competencies in nursing pre graduate students.

Methods: an integrative literature review. Results: However, the descriptions of ethically deficient behaviors, such as the fact that nurses do not always contribute to creating “healthy workspace environments” and do not take full ownership of their “professional responsibility”, and others equally concerning, such as the millennial generation nurses “do not advocate for the patients, nor are assertive in moral conflicts that occur in the practical contexts where they work”, has lead some researchers to questions the educational practice and its ability to train ethically competent nurses. Such deficits are referred to in nursing students (and even in the nursing teachers themselves) as the “lack of civism in the classroom” behaviors. Several investigations refer that 3 months after the completion of the ethical curricula (or any theoretical ethical training), 90% of “nurses (and students) do not remember such knowledge being transferred in the classroom”.

Conclusions: Is also known from our educational practice with students of the 3rd year followed by the team of ethics’ teachers, that exhibit “a low positive attitude” for a Continuous Nurse’s Ethics Education (CEEE)) during the clinical teaching. This evidences that the educational training in ethics need to be revised! But which theories, methods, strategies and tools are best suited to develop the ethical skills in nurses initial training? And with which tool can this skill be assessed?

Keywords: nurs; ethics; education.*

OP.026 **Stakeholder engagement in enhancing the clinical ethical environment**

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Background: A new educational program at Medstar Washington Hospital Center in Washington, DC will be highlighted. The program, titled “Ethics in the Clinical Setting” was opened to all bedside nurses. Paid by for nursing administration, each attendee commits to the following:

- 35 hours of classroom ethics training (3.5 hours x 10 sessions)
- Creation and implementation of a unit specific ethics performance improvement project
- Service for a minimum of 6 months on a newly created nursing ethics committee
- Serve in role of ETHICS trainer on individual units

Description: This talk will highlight themes of performance improvement projects chosen, analysis of self reflections from participants half way through the course, and confidence survey results from participants at beginning and middle of 10 week sessions. Lessons learned and methods for dissemination of information to administration will also be shared.

Results, Outcomes and Implications: Lessons learned will be analyzed and suggestions for duplication of programs shared with the audience.

Conclusions: To be determined. Program begins March 11, 2019.

Keywords: nursing; ethical culture; applied ethics; clinical setting.

OP.027 Environmental law and ethical ecological sustainability for ecotourism sustainability

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This article is grounded on a literature-based exploratory overview research methodology and proposes that without ethical practices, and solid environmental laws in place, there is no likelihood of sustainable development of either our ecology or ecotourism which plays an important role in environmental conservation, and provides understanding of what the needs of the people are who are local to an area so that their quality of life can be improved. The researchers have examined how the extant literature has addressed a range of issues such as for example social responsibility, legislation, philosophical stances, environmental ethics and sustainable development. This article thus looks at moral responsibility and the non-commonsensual scope of environmental business relations. It argues that how organizations and people treat one another in their approach to nature, is critical to sustainable business in an environment which is increasingly threatened by malpractices such as disregard for others which is a rampant feature of business practice of wealthy nations. The article is prescriptive in nature and thus normative since it suggests practical guidelines based on accountable ethical values. By adopting ethical practices and by having ethically driven leaders, creativity and careful strategies in environmental matters, businesses will be able to generate wealth within legal and value-motivated boundaries which do not compromise the sustainability of future generations while conserving the natural endowments of the country. Philosophical stances on ethics are important in drives to mitigate environmental degradation and these are also considered since in considering the need for sustainability in ecotourism, and indeed the planet, it is critical that it be regulated effectively to help the country convert to a green economy. This will however require a very effective regulation of corporations and other businesses in their environmental dealings backed up by a range of carefully crafted legislation and by-laws in the realm of environmental law to keep them in check. Over and above the ethical duty of all of us to drive ecological sustainability, ecotourism can be an inducement for conservation measures and education promotion on ecological issues, and it also serves to support local communities in enhancing their livelihoods.

Background: By adopting ethical practices and by having ethically driven leaders, creativity and careful strategies in environmental matters, businesses will be able to generate wealth within legal and value-motivated boundaries which do not compromise the sustainability of future generations while conserving the natural endowments of the country.

Aim/Purpose: The article is prescriptive in nature and thus normative since it suggests practical guidelines based on accountable ethical values. By adopting ethical practices and by having ethically driven leaders, creativity and careful strategies in environmental matters, businesses will be able to generate wealth within legal and value-motivated boundaries which do not compromise the sustainability of future generations while conserving the natural endowments of the country.

Description of Empirical Methods and/or Philosophical perspective: This article is grounded on a literature-based exploratory overview research methodology

Results, Outcomes & Implications: Philosophical stances on ethics are important in drives to mitigate environmental degradation and these are also considered since in considering the need for sustainability in ecotourism, and indeed the planet, it is critical that it be regulated effectively to help the country convert to a green economy. This will however require a very effective regulation of corporations and other businesses in their environmental dealings backed up by a range of carefully crafted legislation and by-laws in the realm of environmental law to keep them in check. Over and above the ethical duty of all of us to drive ecological sustainability, ecotourism can be an inducement for conservation measures and education promotion on ecological issues, and it also serves to support local communities in enhancing their livelihoods.

Conclusions: By adopting ethical practices and by having ethically driven leaders, creativity and careful strategies in environmental matters, businesses will be able to generate wealth within legal and value-motivated boundaries which do not compromise the sustainability of future generations while conserving the natural endowments of the country.

Keywords: legislation; philosophy; environmental morals; ecotourism.

OP.028 2030 agenda and UNESCO's universal declaration of bioethics: basis for social responsibility.

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Background: Eleven years separate the Universal Declaration on Bioethics and Human Rights of UNESCO (2005) [1] and the 2030 Agenda for Sustainable Development (2016) [2]. The objectives of the Declaration safeguard and underline the importance of present and future generations such as the importance of biodiversity and its conservation while common to humanity. The 2030 Agenda for Sustainable Development seeks, on the other hand, to give voice and meet the needs of the most vulnerable and aims to be a plan of actions to end poverty, promote prosperity and welfare, protect the environment and deal with climatic changes, over the next 15 years. Aware that human beings are an integral part of the biosphere and have an important role to play, protecting each other and protecting other forms of life, bioethics, in a global perspective, recognizes the importance of environmental issues and the human and economic sustainability.

Objectives: Understand the contribution of ethical reflection on human activity, especially in terms of advances in science and technology, as a basis for the sustainable management of natural and human resources.

Material and methods: Through the hermeneutical methodology, a comparative analysis of the 17 objectives set out in the 2030 Agenda and the 28 articles of the Universal Declaration of Bioethics of UNESCO was carried out. Results: This study was designed in an analogical table, where it is shown that in each objective of the 2030 Agenda, the bioethical principles enshrined in UNESCO's Universal Declaration of Bioethics are present.

Conclusions: With this work it was possible to realize the importance of the 2030 Agenda and the relevance of UNESCO Universal Declaration of Bioethics. However, objectives will only be achieved if the international community, through different governments, lends itself to facilitate policies that lead to their practical application.

OP.029 Pedagogies to help make environmental ethics an everyday activity: Reflections on a sourcebook for educators

Lausanne Olvitt

Rhodes University - South Africa

Background: Many global problems remain unresolved because ethics questions are not asked or deliberated. Ethics, with all the educational challenges that go with this idea, can initiate discussions about living well, about justice, equity, and common interests. However, there are few practical materials available for teachers and teacher educators to begin thinking about ethics as an ‘everyday activity’. In response to this gap, about 15 years ago, UNESCO supported the publication of *Environmental Education, Ethics, and Action: A Workbook to get started* (authored by Jickling, Lotz-Sisitka, O’Donoghue and Ogbuigwe, in 2006). The book has since been expanded with new authors and new material to produce *Environmental Ethics and Education: A sourcebook for Educators*. The book’s primary audiences are school teachers and non-formal and informal educators, teacher trainers, college instructors, and university professors. It is also intended for those passionate environmental educators who seek ways to take their teaching more deeply into questions at the heart of unsustainable patterns of living. The objective is to help make ethics an everyday activity, not something left to experts and specialists.

Aims: The aim of this paper is to reflect on the sourcebook’s pedagogical orientation and what it offers the field of ethics education. By drawing on selected activities from the sourcebook, the paper highlights the educational significance of open-ended, creative, invitational, and dialogical approaches to teaching and learning about ethics.

Perspectives: Each chapter of *Environmental Ethics and Education: A sourcebook for Educators* begins with a brief discussion that leads to educational activities such as analysing images in popular media, group discussion about complex issues, contemplating local and international scenarios, reflecting upon daily actions and the stories that are told around us, and creatively imagining new possibilities. These activities encourage educators to examine stories that shape the world. Educators and learners are encouraged to tell their own ethically inspiring stories, and to identify stories that ‘have work to do’. Some educational questions implicit throughout the book are: what aims do we / should we hold for education? How can we expand approaches to ethics beyond just thinking about moral codes? How should educators approach ethics in general, and environmental ethics in particular?

Implications and Conclusion: The sourcebook’s pedagogical orientation disrupts the view that environmental ethics education is about inducting learners into ‘rules of behaviour’ or ‘codes of conduct.’ Rather, ethics is presented as an open-ended process with the potential to expose new challenges and generate new possibilities. It is a process of making choices that enable better ways of seeing and doing things. This doesn’t mean that decisions and actions are never taken—we do act. It does mean, however, that ethical positions are open for discussion, re-examination, and revision in their everyday context.

Keywords: environmental ethics; pedagogy; teaching resources; environmental education.

OP.030 Ethics-oriented learning in the Anthropocene: Perspectives from Cultural-Historical Activity Theory (CHAT)

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Background: Ethics education is a complex and ambitious endeavour in the Anthropocene, our recently-named geological epoch that acknowledges humankind's massive and enduring impact on the planet's surface, atmosphere and future. Traditional ethical systems and ways of teaching right from wrong now appear ill-equipped to help us deliberate the intergenerational ethical implications of disrupting an entire planet and placing the wellbeing of humans and all life at risk. In a globalised world, as the influence of traditional ethical systems over individual actions diminishes, education systems and the learning theories underpinning them are challenged to become more relevant and effectual. In this 'new world', connections between ethics and the sustained well-being of people and planet are very clear. Less clear, however, is the type of education needed to help humanity navigate the ethical complexities of its uncertain future.

Aims: The paper highlights how ethics-oriented learning emerges from the social, cultural, historical and material dimensions of the activity systems in which people live, work and learn. From these insights, the paper suggests some guiding principles for designing and mediating ethics-oriented learning processes in the Anthropocene.

Empirical Method: The paper draws on the case of a small demonstration organic vegetable garden on a university campus. The researcher, also a lead actor in the gardening project, interviewed six gardening collaborators (postgraduate students, academic staff and an administrator) and analysed audio-recordings of their interactions during gardening sessions, the group's WhatsApp (text message) archive, and influential texts in the project. Cultural-Historical Activity Theory guided the analysis, in particular the differentiation between 'activity', 'action' and 'operation', and how the individual gardeners' ethico-moral perspectives, motives and agency at these three levels influenced their collective learning and practical actions.

Implications: The case illustrates how people's ethics-oriented learning is more than just an individual, cognitive process but is instead conditioned unpredictably over time by the social, cultural, and material dimensions of their participation in multiple, interacting activity systems. These insights can strengthen situated environmental learning processes in the Anthropocene and enable greater reflexivity because learners' moral responses, lived experiences and concerns become the generative centre of learning processes rather than the target of deterministic or impositional learning 'interventions'.

Conclusion: The Anthropocene is the result of certain ethical traditions which must now be radically re-orientated if people (individuals, local communities, and global societies) are to navigate the challenges of an uncertain new world. Part of this transition depends on the quality of ethics-oriented learning processes across all disciplines and sectors, in formal and informal settings. Central to the effectiveness of such learning is the recognition that learning emerges from the complex social, cultural and material histories of moral agents acting in activity systems.

Keywords: environmental ethics; cultural-historical activity theory; ethical deliberation; anthropocene.

OP.031 Ethical education importance to improve the critical analysis capacity of speeches delivered in public space: case of engineering students

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Background: The proliferation of populism has awakened society to the importance and necessity of reflection and critical analysis. Faced with this, society questions the education system and its role in promoting the students' capacity of reflexive and critical analysis, namely higher education. The promotion of this capacity should imply the promotion of ethical, critical and civic reflection. Although the authors recognized as fundamental to promote the capacity for critical, ethical, civic and reflexive analysis at all levels of education, this article highlights and focuses on higher education, and in particular, in engineering education. This is due to the fact that this level of education covers an age group that the literature refers to as of consolidation of ethical and civic principles and references that will form the basis of its future analyses and critical reflections, both as citizens and as professionals. On the other hand, higher education graduates are also expected to play prominent hierarchical roles in society, in which they may influence large portions of society (eg teachers, journalists, engineers, politicians, etc.). However, in Portugal only some courses in higher education promote this education component. Given this, this study intends to focus on engineering students in particular because of the preponderant role that this area of knowledge has in contemporary society, modelling behaviours in the present and shaping the future.

In Portugal, in engineering education, there is a small promotion of ethics, civics and critical analysis and reflection, as a result of the education system focusing on technical-scientific knowledge that are more valued because of its economic value.

In the present study, the decomposition of the text and its potential meanings were considered necessary tools for a critical analysis of public discourses; as well as understanding the complexity and context, the perception and ponderation of values, understanding the potential consequences, empathy, the ability to go beyond the seemingly obvious text and dare to question and go further. Given this, the present article intends to analyse the ability of students to analyse a public discourse critically and in the light of ethics. The results are intended to study the need to include ethical training / analysis in engineering courses.

Methods: From a methodological point of view, it is a case study. The data collection was done using a questionnaire to which 25 students of undergraduate courses answered voluntarily. The analysis of the answers allowed to perceive the level of development of the capacity of ethical, civic, reflexive and critical analysis of the engineering students involved in the study. As an example of a public discourse a discourse was used that fits in the academic environment and that is related to the behaviour of the older students in the public space of the school, around the phenomenon of the academic "praxe" (controversial rituals of freshmen reception). In the face of the results, the very reduced reflexive and critical capacity of the students who voluntarily participated in the study stands out. It also highlights their low sensitivity and empathy for the other, and their predominant tendency to naturalize and assume as their own the discourses given in public space by older students (who recognize as hierarchical superiors). It should also be noted that the majority of the students were not able to go beyond the seemingly obvious, not daring to question their implications or to perceive the complexity of the context or the potential consequences. Neither have they demonstrated, in general, the ability to interconnect their analysis with values, staying for an apparent ethical and moral neutrality of discourse. Given these results, the study indicates the need to promote the ability of students in engineering courses to be able to discern, analyse and reflect critically and ethically on discourses present in the public space, especially of a populist nature. To do this, and considering the almost inexistence of references to values in the given answers, ethical education seems to be an adequate means for the promotion of this capacity. And in the face of chaotic increase in public speeches (empowered by technology), the need for critical and ethical analysis, and as such ethical education, of students still becomes more important.

Keywords: ethical education; engineering education; critical analysis; public discourses.

OP.032 Undergraduate occupational therapy students' engagement in the ethical reasoning process: a case study

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Background: As healthcare professionals, we need to be able to articulate all areas of our practice. We need to be able to support our practice decisions when confronted or questioned by others. One sure way to do that is having a firm understanding of ethics. As part of the occupational therapy undergraduate programme at the University of the Western Cape (UWC) final year students participate in an ethics education module. This course is offered through a blended learning approach where students are expected to do an online component in preparation for a one week face-to-face component. This week comprises mainly discussions with reference to theory. Students then have the opportunity to apply their ethics theory in fieldwork practice which is a key component of the occupational therapy undergraduate education programme. The fieldwork provides a potential arena for student learning to identify ethical problems and for solving them in an ethically sustainable manner.

Aim: In this paper an overview of the ethics module is presented and highlights how one group of students, as a case, applies the steps of SOKOL's ethical reasoning process (YEAR) as a guideline to address an ethical issue encountered in fieldwork practice.

Philosophical perspective: This presentation will highlight the process that students follow to come to a sound ethical decision and how they use each step of the ethical reasoning process in a systematic way to identify and analyse the ethical issues at hand. The ethical theories of Deontology and Utilitarianism will be highlighted as part of the process. Furthermore, the influence of the students' prejudice, bias, and personal experiences regarding the ethical issue will be shared. The influence on their impartiality regarding the case and the alternative options for managing the case will be discussed. Finally, the recommendations to make an ethically sound decision by keeping the applicable laws and policies in mind will be shared.

Implications for education and practice: Ethics cannot be taught but the process of ethical decision-making can provide students with a framework to manage ethical dilemmas in practice. It is through experience that students develop their ethical skills and reasoning. Fieldwork practice provides the ideal context for experiential learning to occur.

Conclusion: In conclusion, the ethical reasoning process provides the students with a theoretical guideline to come to an ethical decision.

Keywords: ethics; healthcare professional; students; ethical reasoning.

OP.033 **The influence of ethics in the development of moral competence of medical and nursing students**

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Introduction and Objective: In an era marked by the development of increasingly innovative treatments in health-care, it is extremely relevant to reflect on the curricular strategies to be implemented, in order to develop the moral competence of medical and nursing students and a care model for the sick person. The objective of this study is to determine and compare the level of moral competence of medical and nursing students.

Method: A longitudinal study was carried out by applying the extended Moral Competence Test (MCTxt) questionnaire, composed of three moral dilemmas to medical and nursing students from six schools, three nursing schools and three medical schools from the north and center of the country. The questionnaire was applied to a total of 400 students, of which 296 nursing students and 104 medical students, before and after teaching the ethics curricular unit.

Results: It is verified that nursing and medical students have lower values of moral competence after teaching the Ethics curricular unit, and there is a significant decrease in the values obtained for one of the dilemmas. By making a multivariate statistical analysis, no association was found between these declines and factors such as sex, stroke or age. It is also verified that the students presented very disparate values between the three dilemmas, which indicates a moral segmentation.

Conclusion: The results suggest that students' moral competence decreases after the teaching of the Ethics curricular unit. In a constantly changing society, with the development of new potentialities in the area of health, the health professional faces daily ethical dilemmas in their clinical practice. We consider that it is necessary to know what strategies to implement in teaching ethics that promote the development of moral competence of students, as well as the curricular changes and organization of the course that can develop the moral competence of nursing and medicine students.

Keywords: moral; ethics; nursing students; medical students.

OP.034 Ethical competence in physiotherapy – managing challenging situations

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Background: Ethical competence is one of the key areas of professional expertise in physiotherapy, in terms of character strength, ethical awareness, moral judgment skills in decision-making and ethical action, and willingness to do good. Ethical commitment is needed to a successful interaction and care – most of the physiotherapists encounter ethical situations weekly, but the ability to recognize these situations varies. There is a need to challenge physiotherapists to identify their competence in recognizing and working with ethical issues already during basic education.

Aim: The aim of the study was to describe physiotherapists' ethical competence in ethically challenging situations in which they experience they have succeeded well. The study seeks answer to the questions about how do the different characteristics of ethical competence appear in the situations described by physiotherapists and what kind of situations physiotherapists illustrate related to ethical challenges. The aim was also to test an existing model, a concept analysis of a concept ethical competence by Kulju et al. 2016, which functions as a structured framework for data analysis.

Description of Empirical Methods and Philosophical perspective: The qualitative study design was chosen and the data were collected using an open-ended question which gave the respondents an opportunity to freely describe an ethically challenging situation in which they think they have succeeded in. The data will be analysed using deductive-inductive content analysis. The previous concept analysis of ethical competence forms a theoretical framework for deductive part of the content analysis.

Results, Outcomes & Implications: A total of 167 physiotherapists responded to the open-ended question via Webropol. The respondents' mean age was 46 years and mean length of working experience was 20 years. Their current job included diverse areas of physiotherapy in inpatient and outpatient care, in public and in private sectors. Based on the preliminary results it seems that many of the attributes determined in the concept analysis of ethical competence are emphasized in physiotherapists' responses, mostly related to ethical awareness. Many responses are related to client-centeredness, implementing physiotherapy according to the client's wishes and listening to the client, even though the treatment would not be in line with the actual physiotherapy goals or organization's guidelines. The content analysis is ongoing. Results will be presented in the conference.

Conclusions: It is important to pay attention to the ethical conduct and competence of physiotherapists already in physiotherapy education. Ethical competence results in the best possible solutions for the patient and reduced moral distress at work. The questions of ethical care are nowadays much discussed and will be even more important in the future. Physiotherapists are in a significant role for example in the situation of early mobilization and increasing rehabilitation at patient's private area, home. Many of the attributes determined in the concept analysis of ethical competence (character strength, ethical awareness, moral judgment skills and willingness to do good) repeatedly appear in physiotherapists' responses. The results of the study provide new knowledge about physiotherapists' abilities to identify and work with ethical issues to use in physiotherapy practice and in education.

Keywords: ethical competence; physiotherapy; content analysis.

OP.035 Advancing ethics education in nursing curriculum

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Background: Nurses require a knowledge base that supports the recognition of emerging ethical issues, as well as the skills to deliberate judiciously and take moral action. Evidence is mounting that without a strong foundation in nursing ethics and ethical decision-making that lead to moral agency, nurses are increasingly suffering from moral distress. Moral distress further disempowers nurses and leads to attrition from the profession, or worse, distancing from patients. Research has shown that 23% of nurses report a lack of ethics preparation and only 51% report having ethics related coursework. Senior level baccalaureate nursing students are unable to identify microethical issues in clinical practice or apply ethical principles. Inadequate ethics education can lead to diminished patient advocacy and moral agency as well as moral distress and, ultimately, can result in leaving the profession.

Philosophical Perspective: Some of the confusion about ethics in nursing and healthcare settings, is that the subject matter of nursing ethics and bioethics are often seen as synonymous. While the subject matter of both fields of inquiry overlap, nursing ethics is about determining the necessary qualities and conduct of nurses for meeting nursing goals and overcoming obstacles to meeting these goals – or nurses’ moral agency. Bioethics problems are those that occur in the context of biotechnological advances and their impact on humans and systems. They require a specialized set of skills, an understanding of ethics language, and, generally, interdisciplinary collaboration for their resolution. The development and exercise of these skills is contingent upon a strong foundation in nursing ethics and nursing perspectives.

Results: There is significant variation across programs in ethics instruction, content and faculty preparation. As a result, an evaluation of U.S. regulations and nurse practice acts was done to determine the prevalence of ethics education mandated in nursing curriculum. The evaluation included a review of practice acts and surveyed boards of nursing to determine the inclusion of ethics content in nursing curriculum. The results revealed a significant gap of regulatory mandates of ethics in education. In addition, an assessment of ethics content in continuing education through licensure renewal requirements or board mandated education was also assessed. The review and survey also assessed the incorporation of the Code of Ethics for Nurses with Interpretive Statements in the Practice Act to determine what states include the Code into the scope of practice requirements for nursing. This presentation will summarize the review and survey results and provide recommendations for implementation of ethics education into nursing curriculum, nationally, and internationally.

Conclusions: To achieve ideal ethics competencies, graduates at all levels must have faculty who are prepared to effectively teach the proposed curriculum content. This content should be taught by experts comparable to those faculty teaching other disciplines or subjects. Similar to medical schools, many nursing programs do not have faculty with ethics expertise. While some scholars recommend investment in a future generation of nursing ethics faculty, immediate approaches could include use of an ethics education toolbox or implementation manual, and an ethics bootcamp coupled with continuing education for faculty.

Keywords: nursing; education; curriculum; ethics.

OP.036 Teaching ethical activism to impact technology policy

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Technology policies have led to the expenditure of resources on military, space and medical research, development and deployment that has shaped the global imbalance of the current milieu. These policies, set by international bodies and national governments, have brought great wealth to some countries, sectors and individuals. Technology policies have also restricted the growth of some countries and contributed to the impoverishment of many countries and sectors within countries. Advancing the ethical principles of humanism, collectivism and egalitarianism requires activism. Historically, ethical activism has contributed to the advancement of society through its voice in opposing injustice ranging from slavery, the slave trade, apartheid and patriarchy. Every discipline and profession must examine their role in advancing or retarding ethical principles. This paper focuses on the role of engineering and science disciplines in shaping technology policy. Technology has been a determining factor in global expansion, territorial conquest, industrial development and resource extraction, as well as ecological disruption. It is the ethical obligation of engineers, scientists and other technologists to give direction in advancing technology. This direction must advance humanism, collectivism and egalitarianism. Technology policy is neither abstract nor neutral. The aim of this study is to establish a strong connection between ethical activism and the university's obligation to impact technology policy.

This study will employ the examination of various case studies in ethical activism addressing concerns from military technology policies such as restriction on chemical warfare, nuclear weapons and landmines to ecological policies such as carbon taxes and dumping of toxic waste.

Ethical activism calls on all technologists to examine their particular role in technology development and utilisation, resist negative deployment and utilisation and advance positive developments. The university has an obligation to address ethical issues regarding the training of engineers and scientists. One critical approach to this obligation is to teach ethical activism to address technology policy impact. This paper examines some past instances of ethical activism at universities and looks at current efforts by the International Network on Appropriate Technology (INAT). INAT efforts centre on advancing technology to empower people and communities.

They are engaged on a number of universities across Africa and a few in the USA. INAT's Declaration of Appropriate Technology of 2010 is an example of ethical activism. The on going effort to promote an Appropriate Technology Manifesto will be examined.

The concluding section of this paper is a proposal for ethical activism focusing on the STEAM (Science, Technology, Engineering, Architecture and Mathematics) disciplines. The proposal focuses on a teaching module of 'ethical activism to impact technology policy'. This module is presented in a multitier fashion that can be implemented as a single course or multiple courses to higher-level undergraduate or Master's level students. The proposal also addresses student organisation and staff organisation engagement in ethical activism in conjunction with university engagement with non-university communities.

Keywords: ethical activism; appropriate technology; technology policy

OP.037 International law and ethics right to health as an international obligation

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In the wake of the abuses that occurred during World War II States have paid more attention to the creation and implementation of international standards of behavior. First, with the UN Charter, which includes among its purposes the achievement of international cooperation in solving international problems of an economic, social, cultural, or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language or religion. Later as well with the Universal Declaration of Human Rights, proclaimed by the UN General Assembly on 10 December 1948 and The European Convention on Human Rights, that entered into force on 3 September 1953.

International human rights law refers to a universal duty to assure human dignity and health. The Universal Declaration of Human Rights guarantees respect for economic, social, and cultural rights, considering them indispensable for human dignity and proclaims that they should be insured through national effort and international cooperation. A State's duty of international cooperation and assistance is derived from a number of international legal sources, including the International Covenant on Economic, Social and Cultural Rights, the human right to health, and the International Health Regulations.

The duty of international cooperation is often framed specifically in the context of an universal right to health. The Committee on Economic, Social and Cultural Rights provides guidance on the normative content and States' international obligations concerning the right to health. It extends not only to health care but also to the underlying determinants of health. The right to health must be available in sufficient quantity; accessible to everyone without discrimination, acceptable to different cultures, genders, age groups; and of adequate quality. During public health emergencies of international concern, World Health Organization is empowered to mobilize international assistance.

In the UN Millennium Declaration, States recognized "a collective responsibility to uphold the principles of human dignity, equality and equity at the global level" and that includes "a duty to all the world's people, especially the most vulnerable". Since then a majority of States has made legal undertakings and political commitments to help protect the health of people in all countries. Although a State's primary obligation is to the people within its jurisdiction, it has a responsibility to assist countries in need and population abroad provided it has the resources to do so. States have voluntarily entered into agreements and made political promises to offer international assistance on matters of health. They have done it because they have ethical responsibilities to those who are less fortunate at home and abroad. A "common concern of mankind". Human rights law provides a framework of officially recognized ethical principles that address issues of global equity. Human rights norms need to be developed and refined to make clearer the international obligations owed by States.

OP.038 The ethics of nudging towards Restorative Justice: The application of moral foundations theory in the invitation to participate in a restorative Justice process

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For the past twenty years the application of Restorative Justice (RJ) processes in the context of the Criminal Justice System has received strong support at the European level (e.g. Council of Europe Recommendation R(99)19 ; Recommendation CM/Rec(2018)8 concerning restorative justice in criminal matters). However, the available data suggests that, in quantitative terms, the use of RJ processes at the European level remains modest. In this context, a key challenge seems to be the appropriate information of victims (a right of victims of crime recognised by the Victims' Rights Directive 2012/29/EU, Art. 4, par. 1, al. j) and offenders about the RJ services available to them as well as the formulation of appealing invitations to participate in an RJ process. This presentation will explore how the application of Multifocal Intelligence Theory (Cognitive and Social Psychology), Moral Foundations Theory (Moral Psychology) and the Nudging approach (Behavioural Economics) in the Restorative justice field may inform the use of nudges, and in particular moral framing, in the choice architecture created for the decision to participate in a RJ process. In particular, this presentation will explore how the principle of voluntariness in RJ processes might be compatible with the use of nudges in the RJ invitation. The ethics of nudging towards the participation in a RJ process will be discussed and, through the application of Multifocal Intelligence Theory (focused on the process of construction of thoughts), an argument will be made supporting that the use of nudges in the RJ invitation does not compromise the decision makers freedom of choice but may actually contribute to enhance their autonomy when confronted with the choice stimulus.

Keywords: restorative justice; nudging; moral foundations theory; multifocal intelligence theory.

OP.039 Transforming national policy into ethical practice

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The American Nurses Association, a national organization representing the voice of 4 million registered nurses in the United States, publishes position statements to enhance ethical practice in healthcare settings. The position statements unite evidence-based practice with ethics theory; support the provisions of the professional Code of Ethics for Nurses; and provide guidance for institutional policy makers, as well as individual nurses. Therefore, institutions and nurses must be educated on ethics positions and policy and help influence practice and inform their creation. While most health policies are created to adhere to regulatory mandates, ethics policy ought to be developed to enhance ethical practice. ANA offers expertise in this manner.

Aim/Purpose: The objectives for the presentation include:

Align the professional Code of Ethics for Nurses with ethical practice in the clinical setting

Encourage nurses to inform ANA of gaps in ethical practice and institutional policy

Provide case examples illustrating use of Code of Ethics and ethics related position statements in the clinical setting.

Description of empirical methods and/or philosophical perspective: Ms. Stokes will provide the background and overview of current ANA position statements and a summary of the Code of Ethics for Nurses. Dr. Coleman will provide specific case examples that highlight the application of the Code of Ethics and relevant position statements in the clinical setting, resulting in enhanced ethical practice, such as disagreement in end of life care, moral courage, and preservation of patient autonomy.

Results, outcomes and implications: The case studies presented will highlight positive clinical outcomes when nurses applied their moral agency guided by ethics policy. The case studies will offer evidence of enhanced ethical practice in the clinical setting. All nurses ought to be proactive in informing the ANA of morally challenging clinical scenarios to inform creation of position statements and policy. All institutions ought to utilize national organizations policy and positions to address gaps in health care and to strive for ethical practice in the clinical setting.

Conclusion: All nurses have moral agency. All institutions have policies. ANA is a rich resource, easily accessible to enhance ethical practice in the clinical setting.

Keywords: nursing; policy; clinical; ethics; organizations.

OP.040 The teaching of nursing ethics: an evolutive study

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Nursing is a profession with a strong (double) ethic dimension being (1) of a relational nature (persons caring for other persons) and (2) whose personal relationships are asymmetric (between the patient who is in need, and the nurse who has the power to help).

In this context, the professional practice of nursing as well as the teaching require ethic education, focusing on the professional rules (self-regulation), but also developing a broad reflection on professional *ethos* which includes the citizen's perspective (hetero-regulation), and provides capability for best practices in each concrete and singular case.

Notwithstanding the unbreakable link between Nursing and Ethics, this was only recognized in Portugal in 1965, following a Nursing curriculum reform, which has valued not only the technical dimension of education, but also the human aspect. Ethics and Professional Nursing Ethics were then introduced in the Nursing *curricula*, still prevailing today, although under different designations and teaching programs.

The teaching of Ethics in Portuguese Nursing Schools has brought about the attention of scholars, due to its importance. The first study goes back to 2004, by Patrão Neves and Marta Barcelos, aiming to: evaluate the relevance that Nursing Schools recognized to Ethics teaching; identify the different teaching methodologies and the stage they would take place; list the ethical issues covered. One conclusion of this study was that, due to the autonomy of Schools to plan their own *curricula*, Ethics teaching in Nursing Schools did not follow a pattern, being taught as an independent course unit and also integrated in different other course units.

In 2009, Ana Reis presented an exploratory research to learn the methodologies for Ethics teaching in Nursing Schools and identify the issues taught therein. This study also concludes for the absence of a pattern in the structure and organization of Ethics teaching in nursing education.

Today, after the accomplishment of the Bologna Process, that compelled to major changes in higher education, and 10 years after the last research on Ethics teaching in Nursing Schools, it is pertinent to revisit the theme to assess its evolution, and interpret current trends. This research, developed during 2018, collected data from all 39 Nursing Schools, in Portugal.

Main conclusions: growing number of Nursing Schools, increasing number of private schools and decreasing of public schools, the majority adopting the teaching of Ethics as an independent course, diminishing number of Schools opting for transversal learning and integrated teaching in other courses, and termination of a former mixed methodology. These features converge in valuing Ethics teaching in Nursing Schools.

Keywords: ethics; teaching; nursing.

OP.041 Sensemaking as a pedagogical approach to teach clinical ethics: an integrative review

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Background: Traditional clinical ethics education focuses on understanding normative theories to inform ethical decision-making, but these approaches are not sufficient in preparing clinician's to respond to complex and unexpected ethical issues in practice. Pedagogical approaches steeped in normative ethics approaches may help students to develop cognitive antecedents needed for understanding ethical obligations, however these approaches do not help them develop behavioral skills needed to navigate the ethical nuances of clinical practice. In contrast, sensemaking models focused on understanding and resolving conflict may be better prepare clinicians for practice. One significant strength of sensemaking is the acknowledgement that people are not always rational or predictable. There is a need to explore educational strategies that translate into ethical practice, and incorporating sensemaking approaches into clinical ethics education can help to foster skills that improve the ethical response of clinicians.

Aim/Purpose: The purpose of this oral presentation is to relay findings from an integrative review of the literature exploring use of sensemaking as an instructional method when teaching clinical ethics.

Description empirical methods: Whitemore and Knaf's (2005) integrative review method guided a systematic appraisal of data from both qualitative and quantitative research traditions, therefore allowing use of disparate studies in analyzing literature about the use of sensemaking as a pedagogical approach in teaching clinical ethics.

Results, Outcomes & Implications: Not all cases used in ethics education have the same pedagogical value. Using cases that depict social context elicits a sensemaking process that may better prepare clinicians to respond to ethical conflicts in practice. Thus, there are important theoretical as well as training implications for use of cases that help to develop skills associated with sensemaking.

Conclusions: Incorporation of sensemaking as a means to cultivate the mental models clinicians may use in practice when confronting ethical conflict may demonstrate an opportunity to improve the integrity of not only clinical ethics training, but also learning outcomes associated with incorporation of sensemaking theories as a pedagogical tool.

Keywords: sensemaking; pedagogy; normative ethics.

OP.042 Professionalism and occupational well-being in healthcare professionals who start their first work experience in healthcare centers in rural communities of Peru

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Background: The first work experience is a period of expectations and uncertainty, which is usually accompanied by high levels of stress. In Peru, newly graduated healthcare professionals performed this first clinical work experience in the national program in rural healthcare services. Previous evidence demonstrates a high risk of depression in professionals during their first clinical work experience.

Aim/Purpose: The objectives of this study were two: i) explore the degree of development of professionalism (measured by empathy, interprofessional collaboration skills, and lifelong learning) in recent graduates who start the SERUM; and ii) determine if this development has a positive effect on the psychological well-being of these healthcare professionals.

Methods: A cross-sectional study including newly graduated healthcare professionals starting their rural healthcare service in Peru was performed. The Jefferson scales of empathy, teamwork and lifelong learning, the scales of life satisfaction, collateral effects, and the general health questionnaire, were used as main measures. Correlation analyzes were performed to determine associations among the elements measured.

Results, outcomes and implications: In a sample of 75 physicians and nurses (38 men and 37 women), a positive correlation was found between collaboration and empathy ($r=0.41$; $p<0.001$), between empathy and lifelong learning ($r=0.27$, $p<0.05$), and between learning and life satisfaction ($r=0.37$, $p<0.01$). In addition, an inverse correlation was found between empathy and work alienation ($r=-0.26$, $p<0.05$), and between learning and severe depression ($r=-0.32$, $p<0.05$).

Conclusions: The findings indicate that empathy and lifelong learning have an association with psychosocial well-being in healthcare professionals starting their first work experience.

Keywords: empathy; physician-nurse relationships; lifelong learning; rural medicine.

OP.043 Patient safety culture: bioethical contributions for education of health care professionals

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Background and Aims: Since a few decades ago, there is a growing concern about patient safety, especially as a result of the growing complexity of health care at various levels of care. Theoretical and empirical studies have been intensified in several areas of knowledge, and it is possible to identify a tendency that: a) stimulates professional improvement through a teaching-learning process that identifies errors and damages; b) limits pressure caused by the blame attributed to an individual; and c) search for continuous improvement of health teams and services. In this scenario, the discussion on Hans Jonas's principle of responsibility and the precepts of the Universal Declaration on Bioethics and Human Rights by UNESCO are relevant parameters for propositional reflections aimed at improving health care. Therefore, considering the importance of this thematic in the scientific, social and professional plans - especially for the education of health care professionals - the aim of this study was to investigate the patient safety culture in light of bioethical precepts.

Methods: A descriptive, correlational and analytical study was carried out with 378 professionals in a health organization of the Federal District, Brazil. Data were collected through the Hospital Survey on Patient Safety Culture (HSOPSC).

Results: The results showed that there are professional categories that have different perspectives on patient safety culture, needing educational measures that favor a better understanding on this subject.

Conclusion: It was concluded that, due to a predominantly recent profile in health care performance of the participants in the study, it is essential to develop activities aimed at training the professionals of that institution. Finally, it is important to stress the responsibility of managers and organizational leaders to enhance human dignity, respect to the context of vulnerability in which the patient is inserted, the quality of health care with minimization of harm, and the importance of recognizing committees of clinical and care bioethics as a space for discussion related to ethical and bioethical conflicts that involves the education of professionals inserted in health care.

Keywords: bioethics; organizational culture; healthcare professional; health education.

OP.044 The ethical soundness and relevance of qualitative secondary data analysis in palliative care research

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Background: Qualitative secondary data analysis consists in the use of existing qualitative data to find answers to research questions that differ from the ones asked in the original research. In palliative care research, the use of qualitative secondary data analysis has been increasing over the last decade. Nevertheless, this research approach is not without methodological or ethical challenges, which need to be addressed in order to ensure its ethical soundness.

Aim: To assess and discuss the ethical issues, procedures, soundness and relevance of performing qualitative secondary data analysis in palliative care research.

Methods: Systematic review of empirical studies in palliative care, following PRISMA 2009, to identify the main ethical challenges, procedures, soundness and relevance of the secondary use of existing qualitative data. Searches were performed in five databases (PubMed, Web of Science, CINHAHL Complete, Medline e EBSCO Host) in January 2017 and updated in April 2019. Inclusion criteria were: empirical studies conducted in palliative care reporting the use of qualitative secondary data, in English and Portuguese, with full text and references available. Data were analyzed using both inductive and deductive content analysis. Qualitative assessment of included studies and data extraction were performed independently by two members of the research team using proper tools.

Results, Outcomes and Implications: A total of 98 results were returned from initial searches, of which 23 were included in the synthesis. The main ethical issues identified in these articles were: (1) autonomy and informed consent for the reuse of data from a previously conducted original study; and (2) privacy, confidentiality and pseudo-anonymization of original data and information. Ethical procedures reported in all the studies were (1) ethics approval from an institutional academic ethics review board for performing the secondary analysis of already existing qualitative data and (2) ethics approval from the original studies. Two articles also thoroughly described the ethical soundness and relevance of their qualitative secondary analysis. This was framed referring to the fact that reusing qualitative data in palliative care research contributed to (1) the protection of vulnerable participants of any potential harm or further intrusion and (2) the prevention of participants' fatigue due to repeated research participation.

Conclusions: This systematic review shows that performing qualitative data analysis in palliative care research is ethically sound and relevant. By exploiting the potential of a rich source of qualitative data and information, qualitative secondary analysis embraces an ethical dimension and diminishes the risk and burden of research fatigue. To be so, palliative care researchers need to provide detailed information on all the ethical procedures and safeguards implemented in their secondary studies. Acknowledgments: FCT Portugal - Scientific Employment Stimulus.

Keywords: qualitative secondary analysis; palliative care; research ethics.

PP.001 **Mobile summary for ethical assessment of clinical research works**

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Background: one single sheet, attached to mobilephones of ethics advisors : computer excel sheet and mobile-phone.

Aim/Purpose: facilitate to ethical advisors, the ethical assessment of proposed clinical research works
Description Of Empirical Methods: connectivity by cable, wifi, bluetooth from the computer or tablet to mobile phone.

Results, outcomes & implications:

- zero cost, is not a mobile commercial application for sale
- no data attached – only summary parameters of clinical research work

Conclusions: mobilephone and portable easy registry, for ethical assessment of proposal for clinical researchs.

Keywords: mobilephone; summary; ethical; checklist.

PP.002 Ethics committee of the polytechnic of Porto: analysis of 7 years of experience

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Background: For more than 2500 years, the Hippocratic Oath was the mentor of ethical medical activity. All the medical-scientific advances, with a considerable increase in the area of preclinical and mainly clinical investigation (especially after World War II), were carried out considering an eminent demand to extend morale and ethics to the field of biomedicine, in order to expand and preserve the autonomy and dignity of human beings. In this sense, the Ethics Committees appeared, which, as stated in Decree-Law no. 97/95 of May 10 (about Ethics Committees for Health), in its article 1, paragraph 2, need to "...ensure for the observance of ethical standards in the exercise of medical sciences, in order to protect and guarantee human dignity and integrity, by analyzing and reflecting on medical practice involving ethical issues "(1). In this line of thought the Ethics Committee was born in our Institution of Higher Education, more precisely on February 28, 2011 and is currently adapting to the new regulation DL no. 80/2018 of October 15.

Aim/Purpose: To characterize the work developed by the Ethics Committee of ESS-P. Porto and its evolution over 7 years of experience.

Description of Empirical Methods and/or Philosophical perspective: Analysis of the Annual Reports of the Ethics Committee of ESS-P. Porto, referring to the calendar years from 2011 to 2017. Descriptive statistics were used, in the form of absolute frequencies, to analyze the variables: number of analyzed processes per month and calendar year, by scientific area and final report of the processes. A qualitative analysis of the work provided to the community in terms of awareness and information regarding ethical issues in clinical investigation is also carried out.

Results, Outcomes & Implications: There has been an increase in the number of processes submitted to this Commission over these seven years. It is also mentioned that during its functioning, more than 50% of the processes have a final opinion of favorable; whereas the negative opinions are in non-representative numbers, with no further replies to the rapporteur's first clarification opinion or withdrawals being more significant.

Conclusions: Despite some initial setbacks, often associated with problems in completing the forms or related to ethical or legal issues, at this moment our Ethics Committee is able to respond quickly and ensure an effective service for those who seek it, aiming at a process of continuous improvement. It is our opinion that this Committee was able to implement an ethical culture in the academic and clinical research community.

Keywords: ethics committee; continuous improvement; ethical awareness.

PP.003 Evaluation of blended workshops in research ethics for members of research ethics committees in Egypt

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Background: Previous studies have shown that members of research ethics committees (RECs) in low/middle income countries (LMICs), including those in the Arab region, desire further training in research ethics.

Aim: To evaluate the satisfaction and effectiveness of a blended (face-to-face and online) training for Egyptian RECs.

Description Of Empirical Methods: The selection of RECs was drawn from those registered on the Egyptian Network of RECs. We sent surveys to REC Chairs or their designees for them to assess their training needs in research ethics. We conducted blended workshops for 3 RECs. These workshops consisted of an online component followed by a one-day face-to-face workshop (workshop). The Online component was hosted on a Moodle platform and participants were able to retrieve videos and articles and participate in a facilitated discussion forum to enhance their readiness for the workshop.

The workshop employed active learning techniques that included large group brainstorming discussions, small group case discussion, think-pair-share, polling, and role play. Data were summarized using mean \pm SD or median (interquartile range (IQR) according to distribution. Comparison between variables was done using parametric and non-parametric analyses.

Results: We report on our experience with three blended learning activities with the Faculty of Nursing (Cairo University), Faculty of Nursing (Mansoura University) and Faculty of Pharmacy (Future University).

Using a scale 1-10 with 10 as the highest rating, participants from all three workshop (n=74) rated the overall satisfaction of the workshop as a 9 (median: IQR: 8-10). Using a scale of (1 = agree, 2= tend to agree, 3= tend to disagree, and 4 = disagree), participants from all three workshop gave a total mean score of 3.78 ± 0.45 for “workshop engaged in active learning techniques”; 3.66 ± 0.56 for “web materials were useful in preparing for the workshop”; and 3.77 ± 0.41 for “objectives were met”. For the latter scored item, there were significant differences between the three universities: the mean for Future university was significantly different from Mansoura University (mean difference \pm SD: 0.33 ± 0.11 , $p=0.003$) and from Cairo University (mean difference \pm SD: 0.41 ± 0.11 , $p<0.001$). Using a scale of (1 = strongly disagree, 2= disagree, 3=no opinion, 4=agree, and 5=strongly agree), the faculty received an average score of 4.62 ± 0.83 on “instructor engaged with the audience” and 4.56 ± 0.86 on “instructor used active learning techniques”. Predominant themes on open-ended questions included 1) active learning techniques enhanced learning; 2) conflict of interest and plagiarism were the favored topics; and 3) the online discussion forums were useful.

Conclusion: The workshop was successful in terms of overall satisfaction, the learning objectives were met, the use of active learning techniques, the incorporation of online training, and the inclusion of topics focused on Responsible Conduct in Research. The present project is in the middle of a one-year training period that should enhance the function of Egyptian RECs that review human and animal research. We recommend future workshops to incorporate a blended pedagogy (face-to-face and online discussions).

Keywords: research ethics; blended learning; research ethics committees.

PP.004 Nurses' perception of the code of ethics

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Background: The Nurses' Code of Ethics (inserted in the Statute of the Order of Nurses in Law Nº 156/2015 of September 16) contains in its articles the rights and duties of the profession. As ethical-legal provisions for professional practice and for citizens' right to quality nursing care, it is essential that nurses know about their Code of Ethics (CE), in order to guide their professional conduct.

Objectives: To identify the nurses' perception of the CE.

Methods: A descriptive-correlational cross-sectional study was carried out in a sample of 120 nurses in attendance, attending training courses at a Higher School of Health. Data were collected through a questionnaire with questions of sociodemographic characterization and a Likert scale created for this purpose with 5 levels and recoded in negative responses (aggregating levels 1, 2 and 3) and positive (adding levels 4 and 5). This scale evaluates four dimensions: Conception about the CE, Relevance of the CE, Difficulties in implementing the CE, Resolving strategies of conflicts/ethical dilemmas.

Results and Implications: The sample is predominantly female (83.3%), mean age 34.28 years (\pm 7.66), with the Nursing category (91.7%) prevailing. Most attend post-graduate courses (51.7%), work in non-hospital units (51.7%), with an average of 10.86 years (\pm 7.52) of professional experience. A total of 79.2% classified as negative/acceptable the social recognition of the profession.

The majority of nurses (51.7%) reported not attending training on ethics/bioethics/professional deontology. In the conception about the CE, 20.7% gave negative answers about the same being the items "it is a code centered in the relations with the society and in the human behavior" and "it guides the behavior of the nurses in front of opportune situations" those that more doubts nurses. In the relevance of the CE 33.6% gave negative answers. They obtained a smaller percentage "the CE guarantees the confidence in the technical procedures" and "the CE serves to develop the activities of uniform way". In the dimension difficulty in putting the CE into practice, only 16.1% gave positive answers and the item "I have difficulty understanding what is on the CE", which obtained a lower percentage of positive responses. In the dimension resolving conflicts/ethical dilemmas in professional practice, 51.2% gave negative answers, attributing to the item "conflicts/ethical dilemmas in professional practice are discussed immediately with the boss" the lowest positive percentage.

In a self-assessment of knowledge 9.2% consider them weak, 73.3% as acceptable and 17.5% as very good.

Age (> 35 years), work experience (\geq 15 years) is associated with better knowledge of nurses with CE.

Conclusions: The results show that there are gaps in the nurses' perception about the CE: in the conception, relevance and difficulties in putting the CE into practice, as well as in the resolution strategies of ethical conflicts/dilemmas. Thus, it is considered important that nurses invest in increasing the knowledge in the area of ethics/deontology, which reflect in team ethical decision-making and conflict resolution and base professional conduct in ethical principles and deontological duties.

Keywords: ethics; nursing; codes of ethics.

PP.005 Parents in the decision-making process, in neonatal units

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This study was carried out as part of the research project of the PhD in Bioethics, dedicated to the Involvement and Participation of Parents in the Decision-making Process, under the seal of the Bioethics Institute of the Catholic University of Lisbon.

The purpose was to analyze the perception of the Health Professionals on the Involvement and Participation of Parents in the Decision-Making Process regarding the health management of their newborns (RNs). We conducted a survey aimed at 50 health professionals (25 nurses and 25 physicians), “whose responsibility was contextualized in the direct care of this group”.

The study was carried out in: Centro Hospitalar de Lisboa Central, (Maternity Doctor Alfredo da Costa); Centro Hospitalar de Lisboa West; Hospitals of São Francisco Xavier; Garcia da Orta; Prof. Doctor Fernando da Fonseca; and Hospital Center of São João, Porto.

Kind of Study Phenomenological, exploratory and descriptive. Resource to data collection techniques of participatory observational, (inquiry survey) and experimental techniques (measurement of the effect of changes in the phenomenon context).

Methodology: The data were collected prospectively, treated, analyzed and discussed based on a survey applied to the professionals directly involved (nurses and physicians). For this purpose, quantitative and qualitative methods were used.

Concluded: The responsibility in providing information to parents about their baby’s situation, should be guided by the principles of articulation and complementarity of care giving action, among the members of the care team. Found that this task is attributed to the doctor. It is thought that this should lead to a reflection on ethical care. Thus, it will decide together with the team, which of its members will have the personal and relational conditions to inform the parents taking into account the therapeutic relationship with them;

This presupposes that the way in which parents are informed is justified by a process of dialogue in which the interlocutors can have the opportunity to share and discuss within a context of their own linguistic understanding, that is, according to shared common codes;

Seventeen out of fifty professionals (17/50) referred to verbal information as a means of informing parents, without specifying any ethical dialogue rule. Only 9/50 referred that the information should be communicated (...) in a clear and accessible language to the family, clarifying all the doubts. This position of the professionals allowed to conclude that the communication is at the discretion of each professional, leaving a worrying void in the parents, regarding this matter;

The Health Professionals consider that the decision on the care process of the NBs is the responsibility of the clinical staff, since the parents are not informed enough to take the decisions, sometimes dramatics; They affirm that the emotional state of the parents, particularly in a serious situation of the NB, it can disturb their discernment and, consequently, the quality of the decision taken.

Finally, there are nonconformities between the two groups studied (doctors, nurses) regarding the assessment of the overall state of the newborn and aspects of the care process. This conclusion may indicate an intersubjective mismatch between professionals/professionals which highlights deficiencies in the area of Communication.

Keywords: parents; RNs (newborns); decision-making process; competence to decide.

PP.006 Preparing future professionals for leadership in ethical practice

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Background: Ethical problems occur in many organizations, including health and business sectors, and are typically attributed to failures in leadership, governance, compliance with ethical work practices, and/or work place cultures that do not reflect community values. Ethical leaders have competent ethical reasoning skills and moral agency, with their professional practice based upon ethical decisions, accountability and capacity for moral action.

To prepare graduates for future leadership positions, university educators must equip graduates with attitudes and skills required to be ethical practitioners. However, there is limited research that focusses on the development of students' ethical leadership in higher education.

Aim/Purpose: The Leadership in Ethical Practice (LEP) education innovation was designed to facilitate students' ethical leadership skills. This project aimed to develop students' ethical reasoning with contemporary ethical dilemmas through critical reflection and expert feedback.

Description of Empirical Methods and/or Philosophical perspective: The LEP innovation was informed by social learning theory with an active engagement framework and drew upon evidence that ethical reasoning develops on a continuum of competence. Students from health sciences and business professional preparation programs examined ethical leadership roles and incorporated moral agency as a key feature of ethical leadership identity formation. An interprofessional team of health and business academics at an Australian university designed advanced case scenarios and ethics resources that guided students to apply narrative approaches to ethical reasoning for developing competence. Collaboration with external professionals aided in situating ethical leadership within real-life professional contexts.

Results, Outcomes & Implications: The project included the creation and production of a suite of videos that presented ethical dilemmas where students were required to reflect upon and complete learning activities to progress towards competency. Case scenarios segmented with key decision and skill practice points, via an active engagement learning template, facilitated students' active listening, reflexivity and critical reasoning. Health and business leaders provided positive role models for ethical leadership during videorecorded interviews. An ethical leadership framework was implemented to demonstrate how experienced professionals managed ethical dilemmas in professional practice, with recommendations for students to consider. The LEP included an ethical leadership reflective template and action plan for students to develop their leadership goals, consistent with proactive ethical practice. The resources have wider implications as they can be embedded within ethics curricula and/or included in professional placement preparation orientations as well as post-placement debriefing sessions with students.

Evaluation of participating students' perceptual ratings of ethical leadership demonstrated positive changes in defining ethical leadership, developing goals for ethical practice and knowing how to respond to ethical issues during placements.

Conclusion: The LEP is an innovative ethics education program that prepares health and business students to be leaders in ethical practice as graduates. The resources facilitate advanced ethical practice and leadership by explicitly and systematically addressing skills and behaviours consistent with proactive ethical leadership. Insights into the program, including design challenges and leadership features will be analysed and discussed.

KeyWords: education; leadership; health; business.

PP.007 Explaining a concept: Stories of compassion and lack of compassion in palliative care

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Background: A concept definition helps to delineate sub-concepts and dimensions of the concept itself. When concepts are formulated and defined, they tend to shape and guide what we see, establishing order in the observations, perceptions and experiences that enhance the understanding of situations and phenomena.

Although compassion constitute a traditional concept in nursing, we consider it little understood probably due to confusing terminology or the way as was incorporated in clinical practice. However, this is a transversal concept to many disciplines that comprise the human condition, from art to science, culture, social interactions.

As it can be considered as part of the essence of nursing care, a clarification of its application in clinical and educational contexts in nursing, is important, especially in Portugal, where the publications on this topic are rare.

Aim/Purpose: To highlight the concept of compassion of nurses in palliative care, through the report of stories of compassion and lack of compassion

Raise nurses awareness to the ethical relevance of a compassionate practice

Description of Empirical Methods and/or Philosophical perspective: Two methodologically identical researches were developed with the objective of defining the concept of compassion in nursing.

A qualitative methodology was used, betaking the conceptual analysis of Walker and Avant and semi-structured interviews. Participants were 21 nurses, who were intentionally selected, and the inclusion criteria were the experience of providing care to people with advanced illness and end-of-life, in pediatrics (12) and in adults (9). The interviews were analyzed according to the Laurence Bardin content analysis technique.

Results, Outcomes & Implications: Three attributes of the concept were identified: a) Have feelings and emotions; b) Establish a helping relationship: authenticity in the relationship with the other; be empathic; presence and commitment; respect individuality; c) Do something for the other: an ethical act and a duty; help (intentionally); relieve suffering; fulfill the desires; provide welfare conditions; promote quality of life.

Being sensitive to others in their suffering and understanding their needs emerge as compassion antecedents; as consequences the participants name the humanization of care, personal fulfillment, but also the compassion fatigue. From the attributes of the concept and the narratives of the participants, we identified model cases, which represent an exemplary context of the concept use, describing all its attributes, and additional cases: similar; related; contrary. Finally, it was proposed the definition of the concept of compassion in nursing, in the context of palliative care.

Conclusions: The adopted methodology involved the construction, among others, of paradigmatic stories of compassion and of total lack of compassion, in the care of children and adults in situations of advanced illness and end of life.

These stories, based on the participants' narratives, allow a better understanding of this concept and highlight the ethical value of compassion in the context of nursing care delivery and the need for its inclusion in nursing science.

Keywords: compassion; nursing; palliative care; ethics education.

PP.008 Croatian life sciences students' perspectives on the need for bioethics education

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Bioethics, as an ever-growing field of interest, has been acknowledged as an important part of educational programmes at institutions of higher education. However, there is still a need for greater integration of Bioethics in many curricula in the Life Sciences. In Croatia, faculties within the field of Life Sciences have been lacking any type of formal Bioethics education. Given this circumstance, we set out to examine the opinions of students currently enrolled into undergraduate and graduate Biology programmes at four different higher education institutions in Croatia. We conducted an anonymous online survey to observe students' perspectives on Bioethics education. Among the questions that interest us are those dealing with the flexibility/openness of student opinions and values, the perception of the necessity of ethical reasoning for scientific work, how active they are in seeking answers to the ethical issues they face and whether or not they see a need for bioethical education. Questions were placed into categories according to subjects and the answers will be subsequently analysed. Based on the results, we will discuss a need for bioethical education in the Life Sciences, and its role in developing critical thinking. Finally, we would like to recommend a greater integration of Bioethics, as an individual class or included in various subjects, into higher education in Croatia, especially in the Life Sciences.

Keywords: life sciences; students perspective; higher education, bioethics.

PP.009 The ethics of negotiating culture in a risk prevention program in Zambia: “But it’s taboo!”

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Background: Critical attention is required to meet the multi-dimensional developmental challenges faced by Zambian youth, which limit their health, education and employment opportunities. Globally, school-based programs afford opportunities to reduce risk and promote health in youth. In Africa however, evidence-based studies of school-based risk prevention programs are scarce. HealthWise is an evidence-based, risk prevention program for youth that addresses substance use and sexual risk, and promotes healthy leisure. HealthWise is based on a positive youth development approach and comprises 18 sessions taught by trained teachers to eighth and ninth grade school students (mean age 14 years). Students learn skills to make leisure positive and meaningful; reduce boredom, anger, anxiety and stress; negotiate relationships; identify and avoid risky situations; and facts about substance misuse and sexual health. Previous research suggests that HealthWise had a significant impact with South African in-school youth. The next step was to consider how HealthWise could be adapted to address relevant issues and meet cultural norms in other African countries.

Aim: A study was conducted to implement and evaluate HealthWise in high schools in Zambia. One objective of the study (focused on in this presentation) was to understand teachers’ perspectives of the usefulness and relevance of HealthWise for school-going youth in Zambia.

Description of Empirical Methods: A process evaluation was conducted using qualitative research methods. Four high schools in Lusaka, Zambia, were randomly selected to participate in the study. Twelve teachers from these schools were trained during two one-day training workshops at the start of each school year (2016 and 2017). Teachers implemented HealthWise with eighth and ninth grade students over the two-year period. Teachers completed lesson evaluation forms and participated in four focus groups to reflect on their experiences of teaching HealthWise. The focus groups were transcribed and analysed thematically using a deductive approach.

Results, Outcomes & Implications: Themes focused on the teachers’ perceptions of the usefulness and relevance of HealthWise; challenges experienced; and recommendations for adapting HealthWise. Findings showed that the teachers were positive about HealthWise and it was relevant for Zambian adolescents. Challenges included teaching the sexuality components, and were summed up by one teacher who said, “But it’s taboo!” An implication is that adapting programs for different contexts requires ethical negotiation in order to meet cultural norms. One way to do this is to apply Wheeler’s five principles of ethical negotiation (2018): reciprocity (would I want others to treat me or someone close to me this way?); publicity (would I be comfortable if my actions were fully and fairly described in the newspaper?); trusted friend (would I be comfortable telling my best friend, spouse, or children what I am doing?); universality (would I advise anyone else in my situation to act this way?) and legacy (does this action reflect how I want to be known and remembered?).

Conclusion: The study provided insight into HealthWise’s relevance and cultural acceptability, and contributed to developing ethical, evidence-based interventions in Africa. Furthermore, the study strengthened research collaboration and promoted internationalisation between researchers and across universities in African countries.

Keywords: culture; ethics; negotiation; teachers.



International
Conference
on **Ethics Education**

KEYNOTE SPEAKERS ABSTRACTS

Legal and ethical challenges of the robotics on the battlefield. Can a war be justified?

Afonso Seixas-Nunes, sj

Blavatnik School of Government, Oxford – United Kingdom

Artificial Intelligence is an inevitable reality of the modern world. It has been deployed and developed across different areas of human life from health care, banking, and on the battlefield.

My topic of reflection is the promised development of autonomous weapon systems (AWS). In contrast with drone technology, which depends on human operators, AWS will *observe, orient, select and act* military targets without human intervention (OOSA LOOP). This raises both legal and ethical questions, and increasingly international law and ethics diverge. Once human operators 'disappear from the equation', ethicists focus their analysis on a possible 'responsibility gap' where no one can be held accountable if an AWS causes violations of International Law on the battlefield. However, is accountability the question to ask or rather what can be understood by autonomy when applied to weapons? Is an ethical requirement to have a human operator 'pulling the trigger' be satisfactory? What alternatives exist? Instead of giving answers, the speaker will present 'food for thought'.

Challenges and ethical responsibility on the use of new technologies

Bert Gordijn

Dublin City University, Dublin - Ireland

As new technologies are increasingly impacting the human condition, quite a number of novel methods for practicing ethics in research and innovation have emerged in the last few decades. This presentation reviews and discusses these methods. A lot has been learned and achieved when it comes to making research and innovation more responsible. Nevertheless, there are also difficult issues where further work needs to be done in future research.

Cultural diversity and education

Filipe Themudo Barata

University of Évora, Évora - Portugal

Since the last 45 years I have been professor of History and Heritage. My work took me from Portugal across Mediterranean area first and then to other points of the world.

In a meeting that deals with ethics I just can testify and also try to understand how education became much more complex when is confronted with cultural diversity.

It's important to remember now how our western European societies are changing from a demographic point of view, but also experiencing differences inside our communities that I'm not sure we are prepared to live with them.

In this conference I will try to compare my regular work as professor in a Portuguese university with my commitments these last 22 years with a Morocco foundation (Fondation Orient-Occident) that it's responsible to support refugees and migrants and it's financed by the United Nations High Commissioner for Refugees.

It both cases there is teaching, training and formation, but often my ethic values are tested.

Human dignity in the globalization era

Henk ten Have

Center for Healthcare Ethics, Duquesne University, Pittsburgh - United States of America

The presentation will examine the connection between human dignity and globalization. It will start with critically analyzing the present-day climate of populism, and raise the question whether human rights have failed. The efficacy of advocating human rights as well as the legitimacy of human rights are questioned. The presentation will argue that both criticisms are incorrect and based on a flawed construction of their history. A global view of human rights emphasized that they are promoted by the less powerful to restrain the more powerful. A different history interprets human rights as cultural transformation, not merely in the West, based on the notion of human dignity as the outcome of processes of sacralization of the human person. Human dignity is about an atmosphere of tolerance and world citizenship: people are respected and feel free from bias, prejudice, and narrow-mindedness. The conclusions are that (1) the struggle for human rights has made difference. It has widened the limits of the possible; (2) human rights are for the people, not states; (3) human rights are not a grand narrative but a thousand humble stories, small everyday acts.

We propose to go in a three stage - first, we put the questions on the table, **questioning** the possibilities given by the title. To assure we are focusing in the same (or near) terms (words), we **clarify the concepts**, doing a kind of framework for our topics. And then, **explore some ideas**, explaining what could be a framework for analysis and reflection. In this part, we organized nine statements, to *synthesize*: 1. All disciplines are cooperative activities with standards of excellence; 2. The *good life* (each one looks for) is related to interpersonal relations and to living well in institutions; 3. Ethics can be taught, learned, debated, *the issue* could be the way we do it; 4. We shouldn't avoid / must approach the ethics foundation problem; 5. Ethics is lacking and should be present in all curriculums; 6. Interdisciplinary debates and students choices are successful methodologies; 7. Ethics education is very suitable for interdisciplinary learning and teaching; 8. There are closeness between citizenship and ethics education; 9. There are challenges of interdisciplinary debate in ethics education.

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