



# Bioethical Voices

Newsletter of the International Chair in Bioethics

*SPECIAL ISSUE*

*17TH WORLD CONFERENCE  
BIOETHICS  
MEDICAL ETHICS AND HEALTH LAW*

*LJUBLJANA, 24 - 26 NOVEMBER 2025*

*January 2026 Year 13, Issue 32*



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## 1. EDITORIAL ARTICLE

### ***From research laboratories to public debate***

#### ***Bioethics is more alive than ever***

The beginning of each year is traditionally a time for taking stock, and so it is for us too. We therefore dedicate this first editorial article of 2026 to the need for a review, to take stock of the key moments in Bioethics from the 1970s to today, so as to have a picture of its evolution and better prepare us for the future. From the Potter Bridge to the recent World Conference in Ljubljana, Bioethics is a topic concerning everyone and the entire world. The Potter Bridge was born half a century ago. In 1970, the American oncologist Van Rensselaer Potter published the text titled “Bioethics: a Bridge to the Future”. He envisioned Bioethics as a bridge between science and human values, a way to bring medicine and biology, which seemed to be trying to escape morality, back under the control of morality. That bridge was built after the abuses of the 20th century (unethical experiments, misuse of genetics) and on the moral rubble left by the Nuremberg trials and the Nuremberg Code, the first international document on the ethical limits of research.

#### ***The Voice of Our Chair***

In the 1980s and 1990s, Bioethics was established as an academic discipline, with ethics committees and international guidelines. A decisive step was taken by our Chair in Bioethics, thanks to the intuition of its founder, Professor Amnon Carmi, who for thirty years has been forcefully insisting on the fact that Bioethics is not and never will be a set of abstract rules, but a lively debate on the ethical science dilemmas of everyday life.

His vision has had a significant impact worldwide. Today, the Chair, guided by Professor Rui Nunes, has become a global network composed of more than 250 Units in universities and hospitals on five continents. We are not speaking of a club for specialists, but a global laboratory involving and connecting medicine doctors, lawyers, nurses, teachers, and ordinary citizens. The Chair has always believed that Bioethics must also have a pedagogical approach to students, in order to educate them as aware and responsible citizens.

### *Bioethics is Open to All*

The idea that "Bioethics is open to all" is more relevant than ever. Today, Bioethics has expanded far beyond traditional medicine: from digital technologies (AI ethics, robotics, healthcare big data) to genetics and biotechnology (CRISPR genome editing, cloning, personalized medicine), from ecology and environment (environmental bioethics, the link between human health and sustainability), to global health (equitable access to care, healthcare justice, pandemics), and even to the important chapter of rights and society (end of life, assisted reproduction, gender identity, new forms of family). In other words, Bioethics from being a "moral check on medicine" has become an interdisciplinary laboratory that addresses the ethical challenges of science and technology. Its importance is relevant because enhancing knowledge entails new questions about what is right, equitable, and sustainable. In an historical period characterized by gene editing, artificial intelligence in medicine, end-of-life debates and environmental emergencies, professionals shouldn't settle on discussing matters among themselves. It's essential that the public opinion is informed and participates in the debate. Bioethics thus becomes a tool of democracy (moreover, not just in healthcare), which allows citizens to understand and evaluate choices that directly affect them. It is not a tribunal that judges science, but a place of dialogue that accompanies or guides mankind in its most delicate decisions.

### *A global conference that looks forward to the future*

The strongest signal of the vitality in Bioethics has recently come from Ljubljana, where the 17th World Conference on Bioethics, Medical Ethics and Health Law was held (November 24-26, 2025), organized by the International Chair in Bioethics collaborating with the World Medical Association. Over 60 topics were discussed: from scientific integrity to environmental protection, from digital medicine to social justice. An international audience confirmed that Bioethics is more alive than ever, capable of reinventing itself and remaining at the center of the public debate. For this reason, we will dedicate this entire issue of our newsletter to the proceedings in Ljubljana. Fifty years after Potter, Bioethics is no longer an academic artifact but a living, plural, global discipline. It is the bridge to the future that Potter envisioned, and which our Chair intends to communicate in all the worldwide venues. Today, Bioethics belongs not only to medical doctors and lawyers, but to all of us without sacrificing scientific methodology or running the risk of trivializing its subjects in order to raise the interest of more people.

*Giacomo Sado*

(Translated by Antonella Mauri)



## *2. THE CONFERENCE DAYS*

*Monday, November 24, 2025*

<https://www.youtube.com/live/OuLilVYZw2c?feature=shared>

### ***SESSION “ETHICS AND THE NEW TECHNOLOGIES”***

This first part of the global conference was chaired by Professor Evie Kendal from Swinburne University of Technology in Australia, who introduced the first speaker, **Dr. Laurence Lwoff, Head of the Human Rights and Biomedicine of the Council of Europe**, holding his speech about "Children participation in decisions concerning their death", a relevant and challenging issue.

The second speaker was **Professor Rui Nunes, Head of the International Chair in Bioethics**, who presented “Ethics, Artificial Intelligence and Ontological Singularity”. He welcomed the attendees at the 17th Global Conference in Bioethics, Medical Ethics and Health Law. He outlined that AI is completely changing the world we are living in any social and economic context, in medicine and in health sciences as well. AI is not only a mere instrument that helps physicians and health professionals both in their practice and in research, but it is promoting a profound change of paradigm and we must be aware of this possibility. The problem to pose is how can we manage all these changes without clearly knowing how AI really works. It is challenging, especially in medical and nurses training: every University should have its guidelines regarding the ethical use of AI in teaching, in evaluation and research. He expressed his opinion affirming that every development in technology represents an achievement for humanity, nevertheless all ethical problems connected with the wider and wider employment of AI in any sector. patient - physician relationship, data protection, privacy, medical error in diagnosis, treatments. Anyway, it is an incredible evolution, capable of leveling down professionals’ burnout by reducing it up to 45%. For the moment AI is accessible to a limited number in personalized medicine and in precision medicine, but hopefully the generalized use of AI to all medicine and to every country in the world represents a huge opportunity and benefit. AI is absolutely necessary in hospital management, for instance in recording patients’ data, in creating digital wallets for healthcare. One of the most human areas in medicine, such as palliative care, has been touched by AI in many projects, some of them presented in this conference. However, some issues concern personal autonomy, liberty, vulnerabilities, new classes of people excluded from this development. The main characteristics of evolution that we should keep in mind, in a prospective scenario; many systems of AI are capable of becoming more and more autonomous in selflearning. The biggest issue is certainly the lack of total explainability of how the AI works. In research it means lack of reproducibility, in case AI reaches some conclusions. Black boxes represent the most critical aspect in an ethical and bioethical perspective. AI masters human language and, due to this fact, it can affect human civilization; it moves in physical space, so we will have robots walking among us and listening to us in the future. The different AI systems are capable of building a network into social, educational, health and justice systems : we will envisage the integrated future of AI in this way. Scientists think that AI could evolve not only by making reference to personal experiences, but also through conscience. It is not proved that AI has a sort of self consciousness, but some awareness. The capacity of intentionality, that has been proven, as demonstrated in answering the prompts according to the person who asks a question. In this case, Biolaw must provide for an evolution of the concept of legal personality and we will have to take into consideration its personhood. Even though Professor Nunes presents himself as an optimistic person, he cannot refuse to look at some relevant issues related to AI use: it is a technological singularity. Imagine an AI so embedded in every hospital area, from surgery to decision making, from radiology to dermatology, that it is impossible for the hospital to function without the AI: the same model could be

extended to the entire society, captured by the AI. How could we live in the future without AI? Could AI manipulate diagnosis in such ways that it is believed that patients suffer from diseases they do not have? In fact, this already happens. Professor Nunes is worried about the fact that technological singularity becomes an ontological singularity, as AI's intentionality widens to all the systems it is involved in. Recent studies show that, pushed to the limit, AI users and AI systems still enshrine the modern democratic values at a level of society; this is good news. Democracy, state of law, rule of laws, justice and autonomy will be forever, even if the system is pushed to the limit.

Will AI develop its own ethical system or may the democratic values change?

What Professor Nunes wished for everyone was the commitment in fighting for ethical and bioethical values celebrated in WMA and Bioethical Declarations. Accountability, stakeholders and healthcare professionals' involvement, awareness and knowledge of the systems and technology are the essential requirements for living the future responsibly. UNESCO has proposed that any AI system in each context, especially in medicine, should be ethically evaluated. This is a practical and intelligent way to use AI, by evaluating benefits and harms stemming from AI use and following an ethical and bioethical impact and assessment according to guidelines and rules.





## OPENING CEREMONY

At the beginning, a fantastic performance was staged by the students' choir of the faculties of Law and Medicine of the University of Ljubljana, enlightening the spirit of collaboration inside the cultural community, and it was applauded for a long time.

**Professor Rui Nunes** opened the ceremony by stating the nature of the International Chair in Bioethics, an international and apolitical organisation that gathers all researchers and anyone involved in bioethics, medical ethics and health law. The ICB finds its roots in the Universal Declaration on Bioethics and Human Rights, and its main goal is, as asserted by Professor Nunes, to become the United Nations of bioethics, since people of different professional backgrounds are brought together in a common struggle to consolidate and preserve values, such as human dignity, environmental protection and fight on discrimination. He said values need to be elaborated and put in practice, and these World Conferences pose themselves as the best way to achieve this specific goal, since different perspectives from different domains are brought together for a comparative reflection on shared values.



The word was then given to **Professor Jadranka Buturović Ponikvar**; as one of the **Co-Presidents of the Conference** and as a nephrologist, her involvement in bioethics is significant. Her professional background implies a direct interaction with

dialyses and transplants, practices that contributed to the birth of bioethics and that are still relevant today. The dialogue that started from the birth of the discipline is eased by the World Conferences, instances that also give the opportunity to know the history of a country and to understand its involvement over time in Bioethics. As for Slovenia, it was one of the first countries in the European Union to establish a National Committee for Medical Ethics and Research, while also giving on the national and international scene some important personal contributions. The main scope of the Conference was reaffirmed: different perspectives can be confronted to explore ethical dimensions in the more-than-ever accelerating progress made in the fields of medicine and biology. The hoped impact of this Conference is to positively influence policy-making, medical practices and most importantly the patients' lives.

**Professor Ksenija Geršak, Dean of the Faculty of Medicine, University of Ljubljana in Slovenia, Professor Miro Cerar, Dean of the Faculty of Law, University of Ljubljana in Slovenia,** and other distinguished hosts, kindly welcomed the audience.



The last professionalist to speak in the opening ceremony, right before the delivery of the Carmi Prize, was **Dr. Otmar Kloiber, General Secretary of the World Medical Association**. The WMA joined the Conferences on Bioethics more than a decade ago since one of the main scopes of the Association is to shape the deontology of medical ethics on a global scale, and in a more specific sense on how to deal with



common ethical issues in the medical profession. The World Conferences on Bioethics act as a sounding board for the WMA: the Conference itself is a unique opportunity to discuss and develop said deontology with the contribution of academics and the public community in a general sense. The pivotal point of the Conference is, in fact, the discussion over controversial fields of the medical discipline, such as reproductive medicine and end-of-life practices.



The results that come from these discussions serve the main purpose of granting the dignity of human beings over time. The main issue that emerged from the last Conferences regards AI and augmented intelligence and its applications in science, and in life in a general sense: the discussion in this case stresses on how this technology can be adapted in medicine and other scientific fields. Again, what matters is not the topic of the discussion, rather the fact that the discussion itself exists, and what findings can be drawn from it: shared thoughts on the topic and which values should guide us when integrating new technologies in our lives. Such recent ethical issues appear particularly challenging in times when the democratic structure of states is eroding, since our freedom is reducing over time. This might have a significant impact on how we approach ethical questions and how the discussion built around them is shaped. Considering the assertions proposed by Professor Kloiber, World Conferences on Bioethics play a key role in keeping the discussion over ethical issues alive, especially in challenging times. In fact, the WMA covers two topics of relevance in two separate instances: the discussion of the first one is mainly about the Taipei Declaration on health databases and biobanks, while the second one is about organ trafficking and transplantation. This session is the result of the cooperation between the WMA and the Council of Europe, which

represents a glimpse of hope regarding institutional involvement in such ethical issues.

The delivery of the Carmi World Prize in Bioethics was in the final part of the Opening Ceremony, presented by **Professor Daniela Keidar, Head of Department of Behavioral Bioethics**. This achievement is granted to the ones that are able to shape an epistemic field thanks to their own knowledge, and to also change the lives of members of the community by applying it. Among the few that meet these ambitious criteria, Professor Sartorius was nominated as the winner of the Carmi Prize. In fact, his work made clear that bioethics is not limited to the conceivment of ideas: most importantly, the discipline acts as a framework in which people are the centre of scientific research and its outcomes. Since Professor Sartorius was not present in this specific instance, the Prize was shown to celebrate in a symbolic way.



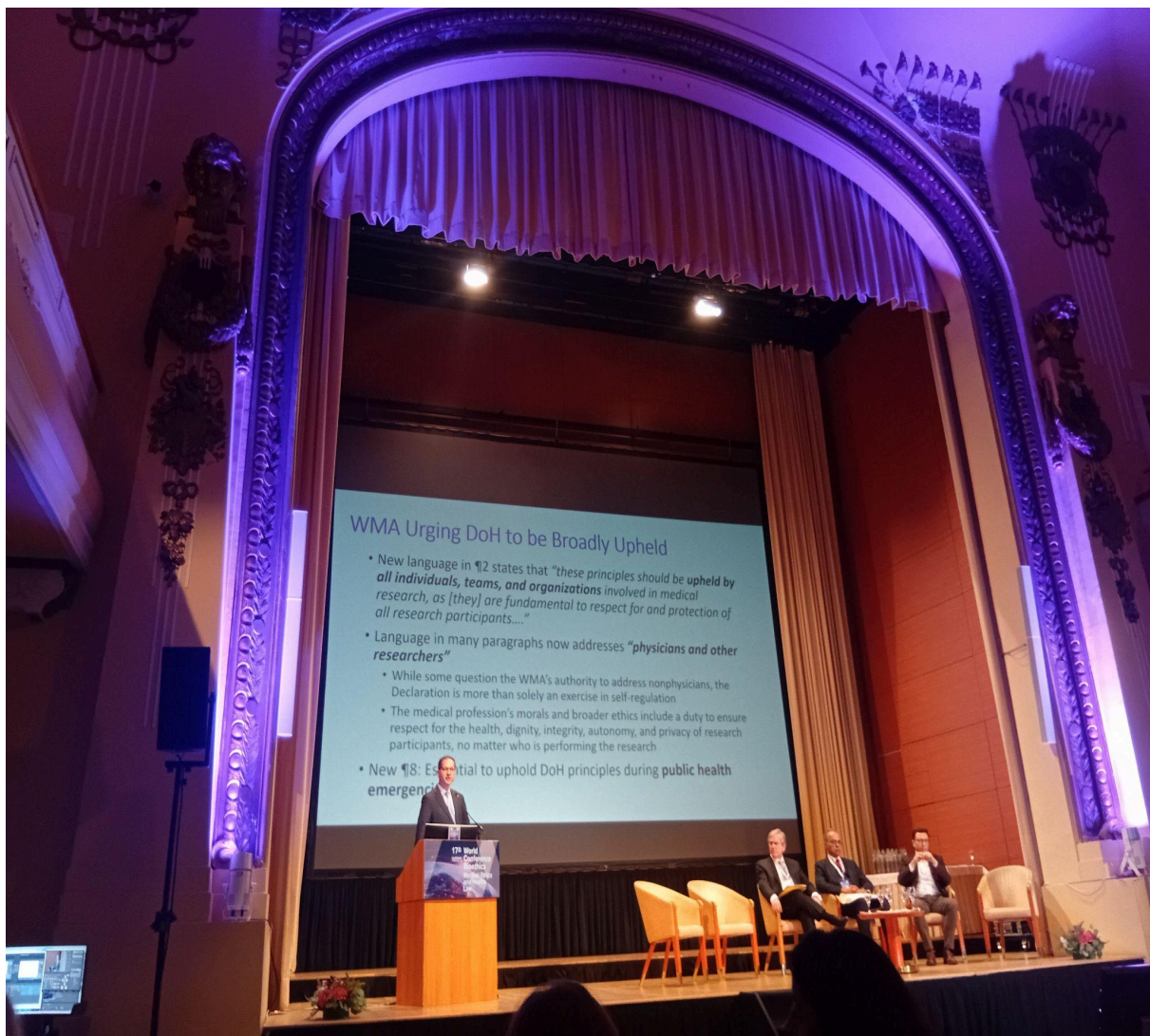
After the delivery of the prize, the portuguese artist **Isabela Saraiva** was invited to the stage to illustrate her painting exhibition titled "Therapeutical hug", performed during the 17th world conference. The concept under-stretched to the paintings was widely and clearly explained by Mrs Isabela: the hug represents an antidote to distress and to global suffering. During the conference days her exhibition was visited and deeply appreciated by the participants.



## *The WMA SESSION*

It started after the Opening Ceremony; it was dedicated to the “Revision of the Declaration of Taipei: ethical considerations for Health Databases and Biobanks” and was chaired by **Dr. Ashok Philip, President of the World Medical Association**. He presented the ongoing process of revision, as a result of the WMA’s focus on producing guidelines and policies on ethical matters. Differently from other Declarations, focused on the physicians’ relationship with their patients, the Taipei Declaration is about data conservation. They are, in fact, a valuable resource, but how and when are important coordinates to be discussed. Dr. Ashok Philip introduced **Dr. Jack Resneck, President of the American Medical Association**, who presented “Key policies of the World Medical Association: from the Declaration of Geneva to the Declaration of Helsinki - focus on the new DoH”. He started from an historical perspective, recalling the birth of the WMA in 1947 in Paris, in the aftermath of WWII, in order to re-establish professional norms after the horrific ethical failures of the physicians committed under the guise of scientific research in the nazi era and to prevent breaches of ethical conduct in the future. WMA now represents more than 10 million Physicians worldwide and its core identity is focusing on ethical guidelines and regulatory perspectives to be adopted by governments all over the world. Global issues, such as AI, telemedicine, and big data are widely discussed in WMA policies.





Professor Resneck presented the WMA's seminal ethical documents: Declaration of Geneva (1948), a pledge outlining basic ethical principles for physicians; the International Code of Medical Ethics (1948), containing ethical principles that define professional duties of physicians; the Declaration of Helsinki (1964), the first set of international principles guiding medical research that involves human participants; the Declaration of Tokyo (1975), providing guidelines for physicians that concern torture, cruel and other inhuman or degradind treatment or punishment in relation to detention or imprisonment; the Declaration of Lisbon (1982), referring to the rights of the patient, and the Declaration of Taipei (2016) that reports ethical considerations regarding health databases and biobanks. He focused his attention on the DoH, a huge deontological reference followed by key international documents, such as the World Health Organization Guidance for Best Practice for Clinical Trials, the US Belmont Report of 1979, the UNESCO Universal Declaration on Bioethics and

Human Rights, and was codified in many national regulations and laws. The Key aims and principles of the DoH are represented by ethical standards in medical research, physicians' duty to safeguard patients, respect for patient's autonomy and the right to withdraw, informed consent, protection of privacy and confidentiality, careful assessment of risks, burdens and benefits, approval of protocols by ethics committees, limits on use of placebo and comparator interventions, compensation for those who are harmed, protection of groups and individuals experiencing vulnerabilities. He showed how the DoH is a living document, submitted to revisions and adopted by international and national legislation in the years. Its major revision ended in 2024, after a process lasting two years thanks to the establishment of a working group formed by the WMA representatives from 19 countries and experts in bioethics and of a smaller drafting group. Regional and topical meetings across the world provided ongoing feedback to the principles being revisioned: about AI, big data, machine learning in Tel Aviv; ethical considerations on use of placebo in Sao Paulo; emerging trial designs in Copenhagen; researches during health emergencies/pandemics in Tokyo; research in resources - poor settings and justice in Città del Vaticano; community inclusiveness, trial access and vulnerability in Johannesburg; specific and vulnerable groups in Munich and final consolidation in Washington D. C. The 2024 revision also included two public comment periods: the first occurred in winter 2023/24 and the second during the summer of 2024. The revisions were adopted in Helsinki on the 60th anniversary of the Declaration.







Some key revisions concern participants (this term replaced “subjects” and words carry meanings) and community engagement, as partner of co - creation in medical research, specifically sharing values and priorities, participating in studies design and implementation, engaging in understanding and disseminating results; the participants can be both patients and healthy volunteers. WMA urging DoH to be broadly upheld are always related to language: the principles should be upheld by all individuals, teams and organizations involved in medical research (paragraph 2); not only physicians but also other researchers are addressed in the Declaration; paragraph 8 contains a principle upheld during public health emergencies and pandemics. Distributive and global justice calls for appropriate access to participation on behalf of groups underrepresented in medical research (par. 13) and for careful

consideration on how risks, burdens and benefits of the research are distributed (par. 6). Vulnerability was another core issue: therefore, paragraphs 19 and 20 were re-written in consideration of fixed, contextual and dynamic disparities; the harms of exclusions must be weighed and considered against the harms of inclusion; fair and responsible inclusion is comprehensive of special support and protection in case of high level vulnerabilities. Growing risks of personal data stored after trials are examined in paragraphs 32: free and informed consent, cross - references to Taipei Declaration and unanticipated secondary research are topics submitted to revision. DoT, written in 20002 and revised in 2016, covers the collection, storage and use of identifiable data and biological material beyond the care of patients, and it outlines how health databases and biobanks are both collection of individual and population and both give rise to the similar concerns about dignity, autonomy, privacy, confidentiality and discrimination.





Then Dr. Ashok Philip welcomed **Dr. Ramin Parsa Parsi, Head of the International Department of Medical German Association**, who spoke about “Ethical use of data and specimens as described in the Declaration of Taipei”. He began by listing all the opportunities linked to health databases and biobanks, such as advanced and personalized and precision medicine, facilitated global research collaboration, enabled big data analytics, expedited research and so on. Anyway, challenges and risks are connected to these opportunities as well: as far privacy is concerned, for example, the risks could be unauthorized access , re-identification of data, misuse of data for purposes beyond what the donor consented to. Political and economic exploitation of the data could lead to use or abuse of genetic data on behalf of governments, insurers and employers; moreover, research findings could entail stigmatization and discrimination.

On the governance and regulation side, regulatory frameworks remain fragmented; there is lack of interoperability and data standardization. On the other hand, ethical and legal implications are related to informed consent, use of data for multiple research and data ownership; underrepresentation of certain groups potentially widens health inequalities.

The real challenge is both supporting ethical use of biobanks and health databases and, at the same time, ensuring personal autonomy, privacy, confidentiality and dignity. In an ethical perspective, WMA in the Taipei Declaration defined some considerations about health databases and biobanks, strengthened by the international revision workgroup installed in Montevideo in 2025. Professor Parsa Parsi referred to the core documents of WMA as interactive, because of their ethical consistency and synergy. If we compare Helsinki and Taipei declarations, we would notice they act in different playing fields: while research applications, protocols, aims and risks are multiple in Taipei, all of them turn out single and well defined in the Declaration of Helsinki; while timeline, benefits, participants’ data, the holder and the user of data are defined, identifiable and well known in the DoH, the same are unknown, undefined and different in the DoT.



The WMA DoT covers sectors where the DoH left off: the DoT encompasses AI development and training, public health programmes, genomics, commercial tech applications and use of real world data. Moreover, the DoT covers multiple and indefinite use of health data and biological materials.

The DoT is divided into three sections: the preamble, the principles, the governance. The principles are clearly defined: the collection, storage and use of data and biological material from individuals must be voluntary; dignity, autonomy, privacy and confidentiality are to be respected; for multiple and undefined uses, consent is only valid if the individuals have been informed about 10 clearly defined requirements (purpose, risks and burdens, rights, governance arrangements, etc.); provisions for who were unable to express their consent are previewed; rights of individuals (information, correction, withdrawal) are clearly explained; special considerations for vulnerable groups and the role of ethics committees are well defined.

Governance arrangements must include several elements: purpose of health databases and biological banks; arrangement for obtaining appropriate consent; how data and material will be dealt with in the event of change of ownership or closure; arrangement for protecting dignity, autonomy, privacy and preventing discriminations; security measures in order to prevent; procedure for recontacting participants where relevant.

The situation is changing very fast, due to the fact that the amount of data for research is continuously increasing; larger databases and biobanks are being

established; rapid increasing in commercial tech applications harnesses health data; AI is being integrated into research and AI models are being trained; real world data play a significant role and global policy changes into different regulatory. In the revision of DoT, the alignment with the DoH must be strengthened in vocabulary.

In addition, the DoT will clarify consent complexities and will answer all these questions: what to do if informed consent is impossible, unrealistic and impractical? What to do if providing information on the risks and burdens is not possible from the outset? Is it right to withdraw consent at any time feasible? The timeline previews the adoption of the revised DoT in October 2027.



At the end of the presentation, **Professor Rui Nunes** opened a very intriguing debate by posing to the guests of the session some questions related to the core issues of the Declarations dealt. Then Professor Rui Nunes invited **Dr. Otmar Kloiber** for the final comments. He thanked his colleagues for the excellent presentations on challenging topics. He outlined how the Declarations exposed incorporate the most important advancements in medical ethics. Even though we don't know what will be the new paradigms of research in future, certainly we are passing from the classic inductive principle of research to the new models used by A.I. Surely, the DoT will represent a cornerstone for the ethical advancement of research, whose data and methodologies are transposed in the virtual world. He invited the attendees at the global conference to get engaged in the debate



promoted by the WMA in the numerous meetings on the five continents and to give their contributions to the discussion.





*Tuesday, November 25, 2025*

<https://www.youtube.com/live/5LbQZluVyc0?feature=shared>

**Professor George L. Mendez from University of Notre Dame in Australia**, chaired the Session titled "Medical Ethics Education", underlining the fact that this kind of education entails innovation and creativity in everyday practice. Professor Mendez introduced the panel speakers. Firstly, **Dr. Vedprakash Mishra, Association of Medical Education of India**, spoke about "New Trends in Ethics Education", pointing out that the two main tasks of classical medical education were learner centricity and community centricity. Nowadays, medical mechanization brings an integration of ethical models: humanistic approach, true commitment in the robotic era, integrated collaboration between the psychomotricity of manual operativity, the commission of reason, and the affectivity domain. The core question is incorporating care into cure, thanks to the development of the students' attitudes, behavioural models, and evolution of the concept of professionalism. What matters

the most is listening to the patient, not to the disease: hearing the patient will automatically help the diagnosis: this is the humanistic and creative dominion of medicine.

Bioethics education is meant to be linked to e-learning education, augmented reality technology, artificial intelligence and virtual reality. Pedagogical approach must be integrated to technology: this is the shift of pattern required. Ethical and bioethical education are to be naturally incorporated in the professional curriculum of students, in order to promote competence based learning. It is necessary to draw a pedagogically structured curriculum ending with competence certification concerning ethics, technology, methodology of work, empathy and compassion, so that good clinicians will also be good professionals, critical thinkers, lifelong learners, and efficient communicators. This model has been introduced in professional curricula in twelve medical colleges in India: different phases, tools and methodologies, aims and objectives have been previewed with graduality in the years for the assessment of the competences achieved by the students. Moreover, Bioethics has been included in the curricula in order to build students' capacities in orientation.

Then **Professor Daniela Keidar, International Chair in Bioethics in Israel**, was invited to hold her speech about "The art of teaching Bioethics". She highlighted the importance of touching feelings while dialoguing: without feelings we neither learn nor observe the knowledge. She invited the audience to close their eyes and imagine visiting a museum and admiring some specific pictures, or attending a dance or a drama performance, deepening themselves in those contexts. Seeing and thinking about something involves feelings and the emotional brain. While teaching Bioethics to her students, her purpose is making them see a picture, feel an event and not just think about it." People will forget what you say, people can forget what you did, but they will never forget what you cause them to feel" is an inspiring sentence for teachers and professors as feelings are the motivation of what a person is doing. Students feel the energy, the dynamism, the approach to what teachers and professors are explaining. As teachers of Bioethics, the professors have to add an ulterior value, that is what they leave in their students. It is relevant to start a session in order to get students' involvement, using for example a challenging question or a short film, so that both cognitive and emotive intelligence are triggered. Lessons become creative when teachers use pedagogical and didactical tools; instead, when they only refer to power points, they lose the contact with their students; art is something immediate, short, instinctive. Raising feelings in the students is not possible through the informative data, but by feeling and thinking in a creative way, transmitting what the teachers want to give them about bioethical approaches, to make them feel empathy and sympathy. Bioethics is the future of a humanistic world and professors cannot teach this discipline only through speeches; humanity is gained by art, because human beings are touched in their emotional intelligence through art. Teaching is training not only the group, but also the individuals. The



picture is the same, but interpretations are different and individual. Ethos, pathos and logos are three key words: ethos may be a personal story to tell, pathos is being dramatic, not formal and, lastly, logos entails the fact that you challenge your students, for example, by posing questions. At the beginning of "The little prince" there is a sentence, "What the brain doesn't know, the heart knows". The heart of teaching is proposing challenges. Professors have to give their students the opportunity to use feelings, also in decision making because Bioethics addresses human beings, who are a combination of emotions and thinking.

Later, **Professor Shahid Shamim, Aga Khan University in Pakistan**, presented his speech online about Ethics in medical education", contextualising bioethics in a globalised world. The very first question to pose is: how do we teach bioethics for a profession that serves humanity, when humanity itself is no longer defined by borders, languages or a single set of human values? In order to answer this question, we have to take into account the changing context of medical practice, such as the crossborder healthcare, the international medical graduates and the transnational moral values. Accountability of shared international data and the responsible use of artificial intelligence are issues to be taken into consideration across an international context of moral space through a dynamic development. The globalisation of Bioethics involves further reflections about the origin of this discipline in Europe and Northern America, emphasizing autonomy and moral responsibility; but, educators asked themselves about the concept of autonomy in societies, as in Africa and Southern America, where families and communities are used to deciding over the individuals and the access to healthcare is considered as a privilege. These principles, born in modern democracies, are difficult to transfer in other traditions and, therefore, the conversations of values risk to be eliminated. Contextualization of bioethical education is necessary, as local cultures understand moral responsibility differently; historical, political and legal structure shape the doctor - patient relationship.



Then, there is a question to pose: should Bioethics education must resonate with students' values, formed by religion and social histories? Should they follow imported and foreign ideas? The dimension of contextualisation concerns culture (what to think versus how to think. Students of ethics learn how to think in different cultures, as most of them work abroad, far from Pakistan); politics and society (personal virtue or social responsibility?); law (local laws, WHO guidelines and international human rights treaties are not the same and medical professionals have to navigate on how to harmonize all of them) and education (local literature, books and cases). Many challenges are integrated in contextualisation, such as the conflict between universality and relativism, faculty preparedness and the lack of local scholarship and resources. In Pakistan medical Universities use a framework, called Contextually Relevant Ethics Education Model (CREEM): living environment, socio - cultural influences and working environment are strictly connected to the task of professionals, for whom assimilation, refinement and organization play a key role. Social interactions, reflections and feedback give a sense to their practice experience and help them evaluate their task, in order to promote accommodation of their behavior, experimentation and consolidation of their competences. Professor Shamim outlined that, according to him, we do not learn from experience, but from reflecting on experiences. In Pakistan relevant educational resources have been developed at an institutional level, such as text books for students, ethical guidelines for physician pharmacological industry by the Karachi Bioethics Group and an Assessment of the understanding and awareness of bioethics among healthcare professionals in all public and private hospitals of Haripur District in Pakistan. The second resource is encouraging intercultural dialogue, by asking students to share moral perspectives from their own traditions: in fact, a diversity of voices is itself an ethical pedagogy. Respect, compassion and justice are the base upon which to build professionalism; from dialogue and confrontation of different perspectives students understand the respect of diversity and the importance of favoring the patients' cultural and moral system of values over their own. Other strategies to

adopt are building collaboration between regions, countries and continents, and encouraging reflexivity both in professors and students in order to embrace uncertainty, question assumptions, analyse perspectives and recognize power unbalances. One of the main tasks of Bioethics is, in conclusion, to improve critical thinking, by acknowledging that no single culture owns moral truth, and always to consider patients and professionals as persons bringers of human rights, worthy of being honored in their own moral world.

Then **Professor Stefan Grosek, Faculty of Medicine, University of Ljubljana in Slovenia**, presented “New digital technologies in education”. He started from René Descartes’ elaboration of the scientific method, in particular he made reference to the principles of doubting on everything (dubito, ergo sum) and dividing a problem into several simpler parts. Considering that education could be defined as transmission of knowledge, skills and development of character traits in a context of socialization and emphasis given to digital learning and technologies, he examined different theories about education: behaviorism, cognitivism and experiential learning. He moved to take into consideration the concept of literacy, following UNESCO’s indications of 2018, five traits of personality and the definition of Educational Technology provided by the Association for Educational Communication, that is the study and ethical practice linked to proonline identity management, mote learning by appropriate management of technological processes and resources. In order to enhance this kind of education, constructivistic and connectivistic theories have been formulated; professor Grosek then exposed the concept of digital literacy, that is composed of critical thinking, digital search skills, online identity management, internet safety and competence about digital plagiarism.



Simulation based learning helps medical professionals trainees to experience critical situations and decision making in a safe context, even though they don’t represent real life in the whole. In addition, virtual and augmented reality technologies provide in-depth training experiences, for example in visualizing anatomy and in practicing emergency medicine; notwithstanding, it is necessary to balance advantages and



disadvantages, such as high costs for the simulations and cybersickness. Approaches through online platforms and AI were discussed: in fact, personalized learning, immediate feedback, inclusive lessons and greater access to resources are easily granted; anyway, we should interrogate ourselves whether the use of these tools fosters critical thinking and the attitude of problem solving by searching for different solutions. Professor Grosek highlighted limits of AI as well by referring to privacy and security concerns, potential bias in AI algorithms, reduced human interactions, high implementation costs, academic misconduct, unpredictability and incorrect information, wrong diagnosis due to hallucinations. Other strategies are represented by telehealth and telemedicine training, while platforms such as Teams or Zoom are used for collaborative solutions both for students and professors. Anyway, a warning must be taken into consideration and it concerns digital dementia, that is the mental decline associated with an excessive reliance on digital devices. Some effects could be panic, ADHD, forgetfulness and memory loss; therefore, it is important to consider these limitations and the need for prevention activities, balanced with ethical education.

Afterwards, a debate was started about integration between theory and practice, online and in presence teaching in ethical education.



After the coffee break, the Session “End of life and Ethics” started in the Hall and it was chaired by **Professors Moty Benyakar, University of Salvador in Argentina, and Patrizia Borsellino, University of Milano - Bicocca in Italy.** Professor Benyakar introduced the session and Professor Patrizia Borsellino emphasized the place reserved for end of life issues in this global conference, given its importance in bioethical and biolegal reflection, in institutional and political debate. Biomedical progress in the last decades, not in all the areas of the world, but only in the developed ones, has subtracted the event of death from the horizon of necessity and chance; it is possible for human beings to better control not “if” they die, as death remains as inescapable for human beings, but “when and how” the event will occur. In this scenario many issues related to end of life, due to the availability of medical strategies and methods, will be presented as a contribution to the bioethical reflection. Here are some below.

**Professor Jadranka Buturović Ponikvar, Faculty of Medicine of University of Ljubljana in Slovenia**, spoke about "Euthanasia combined with organ donation in the era of AI", outlining that her aim is to present her major concern about the practice of organ donation coupled with euthanasia. In 2024, euthanasia for mental suffering is legal in 8 countries, while euthanasia for children is legal in 3 countries. If transplant regulation in a country permits organ donation after circulatory death, organ donation is available after euthanasia. Assisted deaths as a percentage from all deaths have increased by 5,1 % in the Netherlands and 7,4% in Quebec. Organs transplanted from euthanized donors from 2005 till 2021 came from 286 donors and were received by 837 people, mostly in Spain; in 2024, 170 donors from euthanasia were counted.



For what concerns the procedure, Professor Buturović Ponikvar considered the example of Canada, where the non terminal patient recruited for organs donation, after euthanasia and organs donation eligibility confirmation, is approached for the first person consent and he must be willing to die in hospital, in order to be submitted to pre - donation workup (i.e. blood, urine tests, etc.) and interventions aimed to improve organs quality. In the day established, inside the hospital, the treating physician will terminate the donor's life by a lethal injection; the physician taking the donor's life and the physician procuring organs are working closely in the same place



and at the same time in order to preserve organs viability. After death has been declared, the physician from the organ procurement team will intervene immediately and the organs will be transferred to the recipients, who will have been mobilized the day before. At this point an ethical question arises: do these physicians participate in taking life from non terminal patients and exchange it for the lives of terminal patients (wait list)? The following step is related to AI: as AI is already trained in establishing transplantations (for example, in the Netherlands) and has the potential to find the perfect match between wait-listed patients and euthanasia candidates, it was proposed to use AI for the evaluation of euthanasia requests, the execution of euthanasia and the retrospective evaluation of the whole procedure.

The intention is to alleviate the increasing workload of the review committees and help physicians in difficult decision making cases. In the Netherlands legal experts affirm that the recent AI European legislation doesn't forbid the use of AI in euthanasia; however, physicians may be reluctant, due to the fact that the harm induced by the use of AI tools is not transparent as far as medical responsibility is concerned. In evaluating pros and cons in coupling euthanasia and organs donation, it is necessary to think about benefits related to this practice, such as superior organ quality, increasing number of organs ready for transplantation, improvements in logistics and in resources allocations and reduction of staff burnout; at the same time, the harms are linked to the invasive perimortal interventions in charge of the euthanasia candidates, the shift of the focus from suffering patients to the pre-donation work-up and organotoxic effects of the euthanasia drugs on kidneys and liver. It is also important to reflect about an ethical approach to informed consent: are euthanasia patients, when committed to donate their organs, given an ulterior reason to end their life, as they feel under the psychological pressure to be remembered as brave and generous? Could they withdraw their consent at any time, as they know that wait-list patients and transplantation teams have been already mobilised? Is it possible to separate the decision on euthanasia and the decision to donate organs?

For what concerns public opinion, confusion may arise when physicians celebrate the fact of taking the life of young people and transplanting their organs in 90 year old patients or in patients at their 6th kidney transplantation. Thus, we ask whether we gain a little and lose a lot, in case of organ transplant in euthanasia candidates. Moreover, the demand of organ transplant increases more and more, as limited lifespan of planted organs requires retransplantation and transplantation of different organs is effectuated in single patients. The immense pressures of high numbers of requests and the performance metric of donation organs programmes are at the edge of social and ethical acceptability: it is difficult to understand and establish the limit that should not be crossed. Professor Buturović Ponikvar's conclusions remark that it is possible to resort to donor sources following the criteria of innovation, science, transparency and ethical integrity, without referring to controversial situations. This has been made in Slovenia, Austria, Croatia and other countries in

the last decades. We have to care especially about our children and grandchildren, the best of humanity.

Then, **Professor Helena Melo, University of Lisbon in Portugal**, spoke about “Human vulnerability and human integrity in the international human rights law”; **Dr. Frank Elsner, European Association for Palliative Care in Germany**, about “Education for Palliative Care”; **Professor Viktorija Žnidaršič, Faculty of Law in Ljubljana University**, about “No-fault Compensation in Healthcare” and they presented very well the subjects they chose.



The second part of the session was dedicated to the presentation of three emblematic projects by the International Chair in Bioethics, as announced by **Professor Rui Nunes**. He wanted to underline the relevance of these projects, even though they are at their beginning. One is the proposal of a Universal Declaration in Bioethics and Biolaw, another one is the Glossary of Biolaw, that emphasizes the continuous process following this debate, and then a Universal Charter of the Patients' Rights, that could be applicable everywhere in the world.

The first one, titled “The Universal Charter of the Rights of the Patient” was presented by **Prof. Ana Paula Cabral, Faculty of Medicine, University of Porto in Portugal**, and **Professor Sofia Nunes, Lisbon NOVA School of Law in Portugal**. The proposal is linked to the fundamental rights to life and to health, which are embodied in ordinary legal norms and in the definition and implementation of policies of many countries. The project starts with two questions: is it possible to identify some sets of patients' rights common to different health systems and universal in nature? The second one: is it possible to include in a Universal Charter these patients' rights globally recognized? In fact, the right to health is affirmed as a universal right in a globalized world; its defence demands an integrated effort by all institutions and private citizens. Patients' rights are naturally included in the right to health, so that they turn out as universal, even though it is important to take into

account the differences of cultures, religions, etc. The research started from the study of legislation and case law decisions on the right to health, patients' rights, health systems and Charters of Patients' rights. In order to carry out this research, five countries in each continent were chosen and studied in their health system, the respective patients' rights were identified and compared in terms of similarities and differences.

In the system analyzed, a set of patients' rights was recognizable and the fundamental ethical and legal principles were centered on the affirmation of patients' dignity (including the concepts of humanity and vulnerability, wellbeing and comfort), information (especially about health conditions, diagnosis, cures and alternatives. This information must be provided in a clear way), consent (the right to receive the correct information about healthcare for making decisions, the right to seek a second opinion, to give and to retire the consent in each moment), privacy and confidentiality (about private life and clinical information).

Some aspects, instead, evidence real differences, especially in the degree of binding nature of the charters and in the affirmation of universal access and participation on behalf of the patients. The Universal Charter could exist only if based on the support of patients and funded on bioethical and ethical principles, with a particular attention to science and technology evolutions. Professor Sofia Nunes launched a proposal to the audience, making it participate in an active way to provide comments, suggestions and feedback to the work presented.



The second project titled “The glossary of Biolaw” was formulated and presented by **Professor Monica Correia, Faculty of Medicine of Porto University in Portugal, and Professor Sofia Nunes, Lisbon NOVA School of Law in Portugal**. Biolaw can be seen as law mediated by ethics and grounded in medical realities; it addresses in genomics, AI in health, neurotechnologies, reproduction technology and human enhancement and, as these areas present numerous challenges, it



provides a link between scientific innovations, ethical considerations and legal regulation; therefore, Biolaw supports international harmonisation of biolegal concepts. The question “Why a glossary?” can receive many answers: because of the lack of shared terminology across the different disciplines, the high risk of conceptual fragmentation and legal inconsistency and need of supporting interdisciplinary research and policy development. The glossary is organized alphabetically, it includes legal concepts, biomedical and technological ideas, ethical principles and philosophical categories. Each entry contains analytical, descriptive and normative information and interdisciplinary connections: reference to public policies, bioethical issues, normatives and legal contents can be easily found. Here are some samples of entries: Autonomy, Data protection, Genetic identity, Neuro-rights, Transhumanism, etc. Some words reflect longtime debates, while other concepts address new ethical and legal responses and integrate new perspectives. As far as methodology is concerned, the Glossary has been developed through a collaborative and international process; contributions are expected from law, medicine, ethics, linguistics; a dynamic process will integrate continuous updates and peer reviews. The timeline previews the project launch during the 17th World Conference in Ljubljana, the public consultation version in May 2026 with an invitation to contribute addressed to the colleagues worldwide, while the final version will be presented in the 18th World Conference in Porto. Professor Correia stressed that the Glossary would be a tool for promoting global dialogue, supporting Biolaw as an autonomous field and fostering ethical and legal governance of life sciences.



Then **Professor Monica Correia** continued with the Presentation of the Universal Declaration on Bioethics and Biolaw, an initiative designed to address the ethical, legal and medical challenges emerging from contemporary bioethical innovations and the need of a coherent framework for institutions and societies through the

complex bioethical and legal dilemmas they face. The Oviedo Declaration and the UNESCO Universal Declaration on Bioethics Human Rights are the sources of reference for this project, so that principles as Autonomy, Justice, Solidarity, Vulnerability, Dignity, Respect for cultural diversity etc. are automatically included; other issues as human enhancement, big data, genetic identity, neurorights are taken into consideration for the first time in this Declaration so that legal dimension accompanies bioethical principles in a global coherent way.

This Declaration is new and autonomous, integrating bioethical principles and legal foundations. The Declaration includes a preamble, a set of principles with provisional and institutional guarantees. This Declaration is not intended as a merely theoretical exercise, but as a practical instrument, capable of informing policies, guiding legal interpretations and supporting governance across jurisdictions. The process leading to this Declaration is open and participatory, so the contributions will be collected until March 2026, a review will be completed by May 2026 and the text will undergo the public consultation between next June and July while its final version will be presented at the 18th World Conference in Porto, Portugal. This Declaration, standing across Bioethics and Biolaw, can be an instrument that responds with integrity and legal coherence to technological and medical advancements nowadays.



Then,



**Professor Patrizia Borsellino, from University Milano-Bicocca in Italy,** added some considerations on the Declaration, starting from the difficult historical moment we are living, characterized by the questioning and weakening, at a global level, of the guarantee of fundamental human rights, by the proliferation of war scenarios, and by the looming crisis of democratic systems in numerous contexts. Against this dramatic backdrop, it seems no less necessary, and perhaps even more so than in previous years, that everybody entrusted with a cultural and educational mission, as well as those with ethical and legal expertise - and ICB is in a first position among these - commit themselves to the creation of appropriate tools. These tools aim both to guide the choices and actions of health professionals affecting the health of

human beings, and to indicate the directions of interventions, increasingly perceived as desirable, in different national contexts, at the political and regulatory level.

Among these tools, a prominent position is occupied by wide-ranging documents that affirm the principles, values, and rules. Their implementation contributes to the improvement of the conditions of all human beings (and of the environment as a whole), on one hand, by enhancing the potential of scientific and technological developments and, on the other, by controlling and limiting any possible negative effects. Undoubtedly, in the twenty years since its creation, the Universal Declaration on Bioethics and Human Rights has played a fundamental role in promoting and calling for individual and political choices and actions. Its key words refer to a solid set of values, such as, among others, respect for the dignity, fundamental rights, and freedoms of individuals, which must not be sacrificed for the interests of society and science; the enhancement of individual autonomy, but also of the responsibilities that its exercise entails; the affirmation of equality between individuals and the condemnation of all forms of discrimination, in conjunction with respect for pluralism and cultural diversity; the enhancement of cooperation, and so on.

There is the need to reaffirm and further strengthen these principles, and also to make them applicable to today's scenarios, taking into account, first and foremost, the changed approach to Bioethics in recent decades, accompanied to the increased awareness of the moral and legal implications of scientific and technological progress. It is also to be taken into account the broadening of the thematic scope of Bioethics, with the emergence of frontier issues, such as those related to developments in artificial intelligence and its applications in the field of medicine, without forgetting the problems raised by knowledge in the fields of genetics and neuroscience, as well as the need to consider health-related issues from a “One Health” perspective, attentive to all conditioning environmental and socio-economic factors.

From this perspective, in which the revision of the Universal Declaration on Bioethics and Human Rights was conceived, the Department intends to contribute to the creation of further documents in which research and care practices find advanced guidelines, that are appropriate to the realities of our time, starting with the new document entitled “Universal Declaration on Bioethics and Biolaw”, which, with the hope of broad collaboration, could be approved by the ICB, in 2026, and presented at the next World Conference to be held in Porto.

**Professor Sofia Nunes** highlighted the need to have a new declaration connecting ethics and law, and also takes into account the new trends of modern Bioethics, namely the regulation of Ethics and the regulation of AI, and also incorporating gender equality on economical and human right level. She called for the



Departments' contribution as soon as possible, so that the Universal Declaration can be completed by the established time.

**Professor Moty Benyakar**, chairing this second part of the session, underlined the vitality of the International Chair in Bioethics, as its work doesn't rely only on what has been already done, but also tackles the new challenges related to technological progress, medical enhancement and social changes. The Chair is not waiting for the building of a new way of thinking, but actively participates in the debate by listening to proposals and issues coming from different cultures, nations and religions, directly in this global conference, following Professor Rui Nunes' auspices.



*Wednesday, November 26, 2025*

<https://www.youtube.com/live/co0Hvc-7k5g?feature=shared>

The first Session of the morning, entitled “*Ethics, One Health and Global Health*” was chaired by **Lawyer Annabel Seebohm from Belgium**, who introduced **Professor Yuju Su, Head of the China Division ICB in Shanghai**, the first panel reporter, who spoke about “The evolution of public health regulation from a One Health perspective”.



Then came the turn of **Professor Moty Benyakar, from University of Salvador in Argentina**, psychiatrist and clinical psychologist, chairing the international training programme of the stress traumas and interventions in disaster mental health services, who presented “Bioethics, Peace and Catastrophes”. he stressed three core concepts: the first one was eco-bioethics, the second was the concept of disruption and the third was transdisciplinary , not multidisciplinary. He meant disruptions not only as wars and natural disasters, but also as phenomena breaking the social and ethical sense of humanity. Extreme situations have sadly become constants in our times, and ethical responses turn out as fragmented and not sufficient; in this scenario the concept of Ecobioethics emerges, not as a theoretical speculation but as a science in action: it moves Ethics from contemplation to intervention, from reflection to a compassionate action, calls to the ethics of responsibility dedicated to all the human beings. In the mind of Potter, Bioethics extends to the survival of manhood, of the environment and the planet. Eco Bioethics calls for a global and interdisciplinary response facing the suffering generated by wars, disasters and social catastrophes. Following Edgar Morin, it integrates the principle of complexity and recognizes that vulnerability is at the core of the human

condition. Fifty six wars are present in the world, ninetytwo countries are involved either in internal or in international conflicts. Between 2021 and 2024 more than 2100 natural disasters were reported resulting in three trillion dollars of damages, without including COVID-19. Narco crimes are destabilizing entire societies as well.

Not only are people physically injured, but also psycho-social distress stems from the quoted emergency situations; these conditions reveal the interpretation of medical, social and political association and institution to face this kind of distress in an integrated way. Traditional institutions are normally overloaded by ordinary demands, there are no international structures capable of providing interdisciplinary and integrated interventions. Medicine and psychology, law and diplomacy work separately; professionals are not prepared to act in a transdisciplinary perspective guided by an ethical vision. Professor Benyakar created a transdisciplinary center for the training of professionals in case of disruptions and catastrophes, at the University of Salvador in Argentina in collaboration with the University of Buenos Aires, under the protection of the ICB. In a year, 80 professionals were trained to respond immediately and ethically to distresses and catastrophes and they received their diploma; the argentinian army asked to be trained in this issue as well. Teams include specialists in medicine, journalism, law, diplomacy, engineering and they are supervised by an international team at the service of the principle of solidarity, dignity, responsibility. The proposal is opening similar centers all over the world. Universities can guarantee independence from political and ideological pressures, ensuring scientific and ethical neutrality and a true dialogue among medicine, humanities and other technological disciplines can occur.

Ideological independence is vital, due to the fact that the management of catastrophes and distress must be guided by professionals, ethics experts and political decisors as well. Moreover the aims of the Centre can become a model for international cooperation, as its objective is to humanize technical, political and all kinds of interventional responses, in order to consolidate human dignity and reaffirm the respect for life in all its forms, integrating care for health with compassion. Ethics without action is not enough, professionals are to be educated to act ethically and compassionately at the very moment they perform.

**Professor Domenico Palombo, University of Genoa in Italy**, sent a movie about “Ethical Challenges of One Health”. Firstly, he outlined the need to approach the topic from a complex and interdisciplinary perspective, as epistemologically human, animal and environmental life are strongly linked to each other. These systems are interconnected; One Health presents an integrated framework among human health (some of its determinants are security food, diet, the use of antimicrobials and antibiotics, social determinants, population movements), animal health (whose determinants are disease vectors, intensive livestock, use of antibiotics and antimicrobials and security food) and environmental health, influenced by climate



change, water and air pollution, deforestation and biodiversity loss. Every sector of health impacts on the other ones, none of them is separated. The collaboration to protect the safety and health of these three sectors prevent us from threats and vulnerabilities, as chemical pollution, climate change mitigation and adaptations, food safety and security, zoonotic and reemerging infections and diseases, land use change and biodiversity loss and antimicrobial resistance represents strong challenges to face. One Health creates interdisciplinary bridges in order to enhance safety and sustainability on intersectorial levels, such as agriculture, medicine, veterinary and public health systems.



A good governance on One Health requires political support, with the creation of One Health Department, control of corruption, capable of regulatory quality and influential on government spending; it demands government effectiveness; equity and inclusiveness about zoonotic diseases governance, sustainable nitrogen management, protected areas of representativeness; moreover, it requires government and public oriented consensus, implemented through One Health

education; responsiveness, thanks to the organization of emergency response plans and exercising response plans; transparency, through disclosure and information; general rule of laws and real participation. Principles as justice, collaboration and responsibility are central in this process. Education, economic status, social context, health care and built environment represent social determinants for One Health preservation. Marginalizing communities, in particular, can affect the global situation of One Health, as it is a universal concern. Poverty and local community support, animal and human abuse, life chances, socioeconomic issues and sustainability are key words to take into consideration in order to enhance One Welfare, the basis for a shared and better future. Human health is a fundamental step in building One Health that requires more resilient healthcare systems for improved quality life. It is important to raise the awareness of more effective prevention and screening and early action, so that it is possible to grant a healthier population and early identification of those at risk.

By improving population health through broad use of technology, innovation and health and non health data primary and community care are strengthened. In addition, effective diabetes management and secondary prevention can be promoted through early action, such as lifestyle interventions, medications and referrals, through adequate HCP training and development, and screening for all types of diabetes and complications. All these measures would improve health outcomes and quality of life, reducing pressure on the health system; effective tools and methodologies could be individuated in an integrated and patient-centered care framework, with clear and easy- to-follow pathways and management guidelines; in self-managed education, health literacy, peer support, uninterrupted access to medicines, technologies and care, innovative tools and approaches, and active engagement of the stakeholders. Better use of resources, lower health costs and reduced inequalities improve resilience of the healthcare system, through focus on research, evaluating interventions and treatment pathways options, through improved governance as well.

The high presence of microbes resistant to antibiotics affects human beings, the environment and the livestock animals with reference to different consequences showing clear evidence in agriculture, soil, wastewaters and sewage, manure, farms, economy in general, hospitals management, industries, regulatory agencies, etc. The most strategic areas in which medicine could intervene in order to mitigate the effects mentioned above are the following: diagnostics, surveillance, outbreak detection and control, personalized case management, clinical decision support, antimicrobial agents' development, clinical and transnational research, drug repurposing. All these interactions provide effective responses and solutions to infectious diseases. The revolution in healthcare involves using AI to enhance patients' care, improve diagnostic accuracy and speed, streamline administrative tasks and accelerate drug discovery. AI will be a partner, not a replacement, of human abilities in diagnosis, early detection, keeping well, decision making, training,

research, treatments and end of life care. More specifically, AI in research can accelerate drug discovery and clinical trial design; identifies new biomarkers and therapeutic targets, and supports multi centres collaborative studies.

AI in prevention can identify at-risk patients, analyze lifestyle modifications and preview appropriate interventions, reduce hospitalization rates and healthcare costs. In this case, it is really effective in some domains, such as nutrition and dietary personalization, physical activity and fitness, sleep medicine, stress management and mental wellbeing, chronic diseases prevention and management. However, several concerns about data, privacy, and potential misuse must be taken into consideration in order to prevent harm and guarantee a responsible implementation of this tool. AI in diagnostics allows us to manage a big amount of medical data, images, lab results and patients' records, to assist in identifying diseases and predicting outcomes with increased accuracy and speed. In the very next future, AI will elaborate advanced models to detect patterns and enhance diagnostics; it will create synthetic datasets and refine imaging qualities; it guides surgeries with instant imaging insights; and integrates different data sources for holistic diagnostics. AI in healthcare treatments enhances accuracy, efficiency and personalization by analyzing large datasets to improve diagnosis, improve treatments plans and automate administrative tasks aiming to improve patients' outcomes and support clinicians: in fact, AI algorithms detect subtle correlations in complex datasets, AI processes streaming data for live predictions, prioritizes high risk cases without human input, ensures fairness and adapts to new data.

On the other hand, humanism in medicine entails patient-centered care, empathy and compassion, holistic approach in considering patients in their physical - psychological - mental needs, augmenting human abilities, personalizing treatments, enhancing patient-doctor relationships, and promoting narrative medicine. In terms of responsibility and accountability, we have both ethical and legal implications. Ethical implications are strictly tied to regulation, privacy, mitigation of bias, transparency and relevance; legal ones are referred to governance, confidentiality, accuracy, liability and decision making, where human oversight is essential. As far as patients' privacy is concerned, AI must comply with HIPAA, GDPR and local regulations and adopt some techniques, such as de-identification, secure cloud storage, and access controls. Privacy challenges in healthcare demand scalability, adaptability, security, confidentiality and integrity, privacy and utility, legibility, robustness, ethics. Security risks include data breaches, AI vulnerabilities and ransomware risks, such as cyberattacks. AI can inherit biases from training data, so that risks to unequal outcomes across populations must be taken into account; mitigation is possible by referring to dataset diversity, algorithms auditing, implementing different AI frameworks and transparency. One Health Includes also the environment health; unfortunately, the anthropocene era has seen agrifood waste, food loss, plastic waste and GHG emissions and the impact of human activities has ruined the ecosystem. Agri Food waste represents a severe issue: according to FAO data in



2021, the production of food was approximately 4,8 billion tons, whose third part was lost or wasted. Food loss also involves a waste of resources, like water, soil, capital, energy, labour, leading to an increase of greenhouse gases production and contributing to global warming. Food wastage's (1,3 billion tons/year) carbon footprint is estimated at 3,3 billion tons of CO<sub>2</sub> equivalent of GHG released into the atmosphere per year. Methane emissions from the landfills represent one of the largest sources of GHG emissions from the waste sector. Besides, vegetable-derived waste is rich in compounds, toxic for several plants, like caffeine, tannins and polyphenol; therefore, these compounds may induce mutagenesis in different strains, causing DNA damages and presenting toxicity to aquatic organisms. Agrifood waste is an ethical issue: in case of poverty, insufficient food and unbalanced diet lead to malnutrition and susceptibility to diseases, resulting in illness and difficulties in surviving; in case of richness, excesses of food and unbalanced diet rich in products of animal origin bring to overfeeding and risk of pathologies and huge food loss.



The second session, titled “*Challenges in contemporary Bioethics*”, was chaired by **Lawyer Annabel Seeböhm from Belgium** as well. She introduced **Professor Natalia Oliva Teles, Faculty of Medicine of Porto University in Portugal**, who spoke about “Organoid Research and Open Science”. She explained that organoids are cells grown in vitro in a defined three dimensional environment to form mini clusters of cells capable of differentiating in different functions, so that they form the structure of an organ in vivo. These cells may be derived from embryonic, neonatal or adult stem cells. One of the applications of organoids is organism regeneration. Professor Oliva Teles then presented a timeline of lab experimentations on organoids, outlining the fact that from 1998 scientists began to take into

consideration human embryos from medical reproductive units that didn't use these embryos. She talked about some articles published in 2019, on therapeutic applications of liver organoids, and another one, published in 2025, about the promise of the neuromuscular-engineered tissue organoids, very important for neuromuscular diseases.



In other ones current possibilities and prospects of vascularized human brain organoids and co-development of mesoderm and endoderm resulting in organotypic vascularization in lung and gut organoids were examined. The organoids application is the most important issue: they are used in modeling medicine, toxicology, regenerative medicine, host microbe interaction, drugs discovery, gene editing, phylogenetic studies, diseases modeling, development and OMICs. Some important questions are linked to bioethical challenges concerning informed consent, biobanking and patents. Informed consent involves a clarificatory dialogue and a correct transmission of information among the patient, the family, doctors, researchers and junior staff; biobanking entails the definition of limits about samples generation, authorizations, legal requirements, terms for destruction of organoids and for time to keep them. Moreover, patents are related to some key issues, such as financial assessments, legal requirements, overhead retention and avoiding conflicts between researchers and institutional rights. Professor Oliva Teles wanted to precise something about brain organoids, because they are different from other ones: they feel and are sentient. People generally think that they are more acceptable for experimentation than fetuses, animals and voluntary human adults, as no human living is destroyed, damaged or put at risk. So, scientific trust and reliability may be equivalent to traditional methods and cerebral organoids may be cheaper than traditional 2 D culture based-treatments. In terms of bioethics, we have

brain organoids from embryonic stem cells and here the issue about accurate and precise donor's informed consent arises; it would be necessary to review ethically board assessments and short or long term storage/biobanking. As we are creating some mini biobrain, sentient and equipped with vascularized tissue, it is important to keep flexible the patients' consent and give them a return of clinical relevant findings. Another question to pose could be: is it ethical to create chimeric animal models or connections with other organoids? In addition, it is important to answer the question whether the right must be reserved to people who have to pay to use these technologies or knowledge.

Then **Professor Igor Švab, Faculty of Medicine of the University of Ljubljana in Slovenia**, spoke brilliantly about "Future Professional Challenges in Medicine" by highlighting how to teach future physicians, who are really smart and optimistic, are our future doctors, want to keep up with a world moving very fast, need to be helped and not left alone

Afterwards, the floor was given to **Professor Uroš Groselj, Faculty of Medicine of the University of Ljubljana in Slovenia**, who presented "Ethical Aspects of Gender Dysphoria in Children and Adolescents". He began posing a difference between sex - that is a biological variable that defines animals and humans as female, male or intersex, based on their reproductive organs and genitalia - and gender, the result of roles, behaviors, activities that a specified society, in a certain time, in certain conditions allocate to people.



According to the "Diagnostic and statistical manual of Mental Disorders" 5th Edition, by the American Psychiatric Association, gender dysphoria refers to a mental distress linked to the different perception of one's experienced gender and the ones assigned based on the social roles. On the other hand, ICD-11 uses the



denomination of gender nonconformity and lists it not as a mental distress, but as a condition related to sexual health. It is important not to confuse gender dysphoria with intersex, that is disorders/differences of sexual development. Intersex are people previously denominated through a mythological name ,“hermaphrodites”; the text titled “Disorders of sex development.

An integrated approach to management” edited by Springer, defines intersex people as individuals born with any of several sex characteristics, including chromosome patterns, gonads or genitals that do not fit typical binary notions of male and female bodies. It is to be taken into account the fact that sex assignment at birth usually aligns with a child’s external genitalia and the number of births with ambiguous genitals is in the range of 1:4,500- 1:2,000. In case of gender dysphoria, some transitioning are usually seen as suitable to the gender desired by people involved: the first one is social transitioning that includes presenting with desired gender in their personal environments (i.e. workplace, school, family, friends) by using different names and pronouns; the second one is legal transitioning that leads them to change their names and gender on documents; the third one is medical transitioning, that entails the prescription of cross-sex hormones and/or the gender-reassignment through surgical procedures, including genital and other (i.e. plastic surgery and ear, nose, throat surgery procedures.

In the past, specifically in the last century, gender dysphoria was a rare phenomenon about which data were not reliable, as it was poorly investigated. When present, few people sought medical interventions: specialized medical services were rare or non-existent in many countries in the last two decades. When established, the specialized medical services were attended by a small number of adults with an assigned male sex (trans females). Professor Groselj quoted some journalistic investigations on the phenomenon and especially Abigail Schrier showed how gender dysphoria , very rare in pubescent male children, saw a different situation in a few years: more than 1,000% increasing cases of female biological adolescents, who didn’t have a previous history of gender dysphoria at a prepuberal stage, are considered by her as unusual from an epidemiological perspective in several developed countries. The journalist wrote that, in most of these cases, gender dysphoria was already present in their friendship or social circle, also online. Studies in epidemiology of gender dysphoria outlines the fact that the mean age of gender dysphoria diagnosis is decreasing, while research shows that there has been an overall 8fold increase of prevalent gender identity related diagnosis overrepresented among adolescent females over the last decade. According to the most recent studies, three developmental trajectories of gender non-contentedness were identified for young people aged between 11 and 26 years old: no gender non contentedness (78%); decreasing gender non contentedness (19%); increasing gender non contentedness (2%). In addition, as far as puberty blockers are concerned, rather than buying time for children to explore their feelings about gender and weight risks and benefits of various treatments options, as proponents of

puberty suppression have often claimed, multiple studies demonstrate almost all children who undergo puberty suppression proceed to cross-sex hormones. It has been proved that by using puberty blockers gender dysphoria has been induced in later age. It is to pose an ethical issue: does puberty suppression for pediatric gender dysphoria prevent the child's right to an open future? This right should be protected, so that children, who do not have the capacity to exercise it as minors, can exercise them in the future as autonomous adults. In England, in March 2024 a clinical policy was published about puberty suppressive hormones, which are not available as a routine commissioning treatment option for treatment of children and young people who have gender incongruence/dysphoria.

Treatments must be used in a very attentive way, as the history of the Tavistock Clinic in the UK demonstrates: Many children and adolescents with gender dysphoria were treated unethically: treatment methods didn't follow the practice of good clinical and research practice; children and adolescents were treated with drugs never indicated or clinically tested for their condition; in some cases of minors, the interventions were carried out without the parents' consent. An analysis conducted in Germany between 2013 and 2022 about gender identity disorders among young people revealed that 70% of youth diagnosed with gender dysphoria suffered from a high rate of mental comorbidities, such as depression, anxiety, borderline personality, hyperactivity and post traumatic stress disorders. A study from Finland conducted on adolescents and young adults who contacted specialized gender identity services from 1996 till 2019, in *BMJ Mental Health*, underlined that suicides remain uncommon events in gender dysphoric youth, but suggested that their clinical managements should focus on comorbid psychiatric conditions, that represent a well known risk factor for suicides. In Denmark, the centralized gender service was medically transitioning 65% of the referred youth by 2018; while in 2022, only 6% of those referred to the central transitional service were prescribed endocrine interventions. In 2024 European S Children & Adolescents Psychiatry organized a huge conference and published a statement for scientific, clinical and ethical standards in management of children with gender dysphoria. The experts encouraged an open and evidence-based debate on best standard of care, warning on the long term harms of puberty suppressant and opposite sex hormones. The topic has always risked being influenced in its scientific implications by politics or activists, such as WPATH. In conclusion, Professor Grošelj evidenced how irreversible medical interventions are neither ethically nor professionally acceptable as the brain is not mature enough to assess the long-term consequences until around the age of 25; moreover, many studies show how 95% of children with gender dysphoria outgrow their symptoms if they are allowed to go through natural puberty.

**Doctor Jasna Karacic Zanetti, University of Zagreb in Croatia, Health Diplomacy Unit**, spoke about "Ethics and Law Digital Health Records." The discussion began from a question: who owns medical records? The patient, who holds rights to access and privacy? The healthcare provider, who is responsible for storage and accuracy?

The government or the insurer, who have regulatory and compliance obligations? Different jurisdictions entail different answers, such as those by GDPR and HIPAA. The digitalization of healthcare enables faster access to patients' data, but introduces new risks as health information is highly sensitive, requiring strict ethical and legal safeguards. Digital medical documentation refers to all forms of electronic records used in healthcare, including Electronic Health Records (can be shared with multiple healthcare institutions), Electronic Medical Records (maintained in a single healthcare facility) and Personal Health Records (patient's medical dossier, more commonly used in legal and forensic contexts). When a sick person enters a healthcare facility, his/her health history and data, especially written in EHR, can be shared and this is a huge issue from an ethical point of view. As underlined by the Strasbourg Court, forensic evaluation is needed in case of suspected malpractice, possible data tampering or unauthorized access, disputes over insurance claims and compensations; in all these cases, forensic analysis ensures effective accuracy and accountability.



Forensic experts play a very important role in digital medical documentation, as they analyze the integrity of records, reconstruct the timeline of medical entries, detect unauthorized changes and access, and can present their findings in legal proceedings. Digital Forensics act following some core principles, such as Integrity, that is ensuring no changes during the analysis; Chain of Custody, that entails clear documentation of evidence handling; Authenticity, that is verifying evidence is what it claims to be; Reproducibility, that means results can be independently verified. Audit trails, metadata, log files and timestamps are important digital evidence in medical records. Disk imaging, that is creating exact replicas of digital storage, read only data extractions and live acquisitions are forensic methods commonly used in order to acquire data. Challenges in forensic evaluations include: incompatibility between

different medical record systems, massive data volume requiring accurate filtering and proprietary systems that limit access to raw data. All these issues can complicate or delay forensic reviews. In order to explicitate ethical considerations, forensic evaluations must respect patient confidentiality at any time, the principle of informed consent before investigations and activate a delicate balance between legal investigation and personal privacy. As far as chain of custody in medical digital evidence is concerned, it is important ensuring evidence remains admissible: this includes reconstructing who accessed the data, when and how it happened, and using proper storage methods and transfer logs. A big problem could arise about detecting data tampering, such as alterations in timestamps, missing or inconsistent log entries, and metadata discrepancies. A successful forensic evaluation requires IT forensic experts to handle data, clinicians who interpret medical meaning medical and ethical professionals who ensure compliance. In future developments, emerging trends include AI assisting in pattern detection, blockchain to verify record authenticity and growing forensic involvement is needed in examining and supporting the use of telemedicine and the health apps, especially in an era when hackers attacks are causing a huge amount of damages both to the patients and to the healthcare system. Dr. Jasna Karacic concluded her presentation by affirming the vital role played by forensic experts in ensuring the digital medical record integrity and the consideration legal, medical and ethical factors are worth.



The second part of the morning was represented by the WMA Session - Panel 2, chaired by **Dr. Jack Resneck** and titled "Organ transplantation: WMA Policy and the



*Council of Europe Convention of Trafficking in human organs (Santiago de Compostela Convention)*

**Dr. Oscar Alarcon**, who is lawyer and Executive Secretary of the Council of Europe Convention, presented: " Ethical Organ Procurement. The Santiago Convention and the Council of Europe." He outlined that the World Medical Association is an official observer for the Council of Europe, strengthening the cooperation in promoting ethical standards for organ donation and transplantation. He presented his speech plan, giving a general overview of the Council of Europe, speaking about the Santiago of Compostela Convention, the Substantive criminal law and, finally, about national and international cooperation. In particular, Dr. Alarcon pointed out the tasks of the Council of Europe in promoting human rights through international conventions, monitoring the progress on behalf of the member states in these conventions areas and issuing recommendations through independent monitoring bodies.



In fact, the pillars on which the Council of Europe stands are human rights, democracy and the rule of the law. 46 European countries belong to the Council of Europe, and half of this number has joined the Santiago de Compostela Convention; a growing participation is therefore suitable in order to contrast effectively the organ trafficking that entails a global network making money and profit from the situation of lack of organs. This illegal traffic exploits the vulnerable ones and undermines medicine, so collective action is essential in order to assure human rights respect. Criminalisation, victims protection and international cooperation are the tools provided by the Convention. Organ trafficking is a real challenge that governments have to face, although some are not aware of this ethical and legal issue; up to 1 in

10 organ transplants involve trafficking, around 5000 illegal organs are transplanted per year and the profit is estimated between \$840M and \$1.7B per year, while this crime turns out as weakly prosecuted. On a global level, it is estimated that up to 5% - 10% of kidneys transplant performed annually (that is 3400 - 6800) is the result of trafficking and maybe the numbers suggested are underestimated. This business is really lucrative: in fact, recipients usually pay \$70,000 - 160,000 for an organ. Trafficking in human organs, in addition, represents a global threat against individuals and public health, in consideration of the fact that it puts both donors and recipients' life at risk and exploits vulnerable people, in addition to all the considerations expressed above.

Not only dignity, but also the complex of human rights are involved. Before drafting the Convention, the Council of Europe conducted a deep analysis about a universal legal framework related to trafficking in human beings for the purpose of organ removal, taking into account the criminal actions (as the recruitment, transportation, transfer or receipt of person); the means (that is threat, force, coercion, abuse of power, deception, control over a person, giving or receiving payment or benefits); purposes (i.e. exploitation...). The priority, in this preliminary phase, was given to avoiding criminal acts and it was considered relevant to distinguish between Trafficking in Human Organs (THO) and Trafficking in Human Beings for the Purpose of the Removal of Organs (HTOR). The effectiveness of the existing international standards for HTOR did not require the adoption of further international legal instruments; while the need of a definition of THO was imprescindible, in order to elaborate an international legal instrument appropriate in order to prevent THO, protects the victims and individuate the law measures to punish the crime. At this point, in March 2015 the Convention of Santiago de Compostela was written by the Council of Europe with the purpose to prevent and fight the trafficking of human organs.

All the international organizations were involved in writing this Convention in the perspective of broadening the debate and opening the horizons of knowledge and collaboration. Added values are the protection of victims' rights and of human rights, firstly. The Convention is open to signature to any country in the world, as this kind of trafficking is a global issue. The scope of the Convention is preventing this trafficking with the purposes of transplantation, illicit removal and illicit implantation. Four are the purposes of this Convention: the first one is prevention, that guarantees transparent transplant systems and bans on organ advertising; the second one is the prosecution of any stage of crime; the third one is the protections of the victims' rights and the fourth one is the promotion of best practices to share and coordinated investigations. The Steering Committee of Biomedicine and Health, supporting the Council of Europe, identified three principles that are fundamental in the Oviedo Convention as well: free and informed consent, no commercialization of organs and ethical and legal transplantation practices. The Convention also established key offences, such as the illicit removal of organs, use of illicitly removed organs, illicit

solicitation and recruitment of donors, aiding organ trafficking. The Convention criminalizes some practices such as the recruitment of illegal donors and recipients, selling and buying an organ, using an organ of a deceased person without consent or authorization, the corruption of healthcare professionals, the illegal preparation, transport and transplantation of organs.

Nowadays, the legal organ shortage results in a growing criminal exploitation; therefore, joint collaboration on behalf of health systems, law enforcement and judiciary is urgently needed. Sanctions are previewed in article 12 of the Convention: they are proportionate, effective and dissuasive; the penalties are different depending on whether the crime is committed by physical persons or legal persons. In the first case, deprivation of liberty, that may give rise to extradition, is previewed; in the second case, temporary or permanent disqualification from exercising commercial activities; placing under judicial supervision and judicial winding-up order. The Convention permits the confiscation of proceeds of criminal offences and the temporary or permanent closure of the establishments. Benefits of being part of the Convention stem from harmonizing legislations worldwide, as far as preventive and protection measures in legislations are concerned, the countries involved will cooperate at national and international level; thanks to the Committees of the Parties, the countries are promoting this cooperation and the exchange of information.

Then, the ground was left to **Dr. Otmar Kloiber, Secretary General of the World Medical Association**, who presented the “Ethical Organ Procurement. WMA Policy of Transplantation and Organ Procurement - History and future challenges”. He started from the foundation of WMA in Paris in 1947, formed by 118 National Medical Associations all over the world, representing more than 10 M of physicians. The groups are quite different and heterogeneous: private medical associations, trade unions and similars, chambers, colleges, orders. Prof.Kloiber quoted some seminal ethical documents drafted and written by WMA, such as the Declaration of Geneva, revised in 2017, outlining basic ethical principles for physicians; the Declaration of Lisbon, revised in 2015, about the Rights of the patients; the Declaration of Helsinki, revised in 2024, about the Principles for Medical Research involving human participants; and the Declaration of Taipei, written in 2016, about Ethical Considerations regarding Health Databases and Biobanks. As far as the history of transplantations is concerned, the first successful surgery intervention for kidney transplant took place in Boston in 1954, while the first heart transplant was carried out in Cape Town, South Africa, in 1967. Prof. Kloiber provided an outlook for other milestones in this sector, for example in liver (1967), heart-lungs (1981), intestinal, face (2010) and gene edited (2021) transplants. The idea of organ transplantation was taken into consideration from the XVII century, when physicians thought of both human and animal organs; anyway, it became possible only when technology matched medical development, that is from around seventy - sixty years ago. Along with the successful interventions, the ethical reflection on the topic stemmed from the

continuous progress in the field. Then, WMA's documents on ethical transplantation were focused, especially on ethical acceptability of the new technological methods. In the sixties and early seventies of the last century, the core ethical question asked how death could be determined and the body was available for organ removal. The answer was found when it was established that the end of life occurred when the heart stopped beating. In the early seventies the method of resuscitation came up and this fact posed a new issue, leading to better determining the time of death for organ transplant and defining the brain death criteria, that is an ethical standard even though brain death determination requires a long time, sometimes difficult to make compatible with organ removal.

So in the eighties, the stop beating heart criterion was re-proposed and taken up again. As WMA, ethical criteria have been defined for organ procurement and transport. Among organs are included reproductive materials that play a special role in this context. According to the Declaration of Sidney, two criteria, both valid, have been assessed for death determination: 1) irreversible cessation of all functions of the entire brain, including the brain stem; 2) irreversible cessation of circulatory and respiratory functions; cessation of all life at a cellular level is not a necessary criterion for the definition of death. What is really important is the separation of the treating and the transplant teams for the determination of death in order to avoid conflicts of interests. So, the procurement ethics, in order to prevent organ trafficking, is based on some principles, such as altruism, autonomy, beneficence, equity and justice; absolute prohibition of commercialisation; requirement for free and informed consent and strict rules for populations with vulnerabilities.

The issue of prisoners was taken in high consideration: executed prisoners must not be considered as organ or tissue donors, prisoners can be donors only if it aligns with their prior uncoerced wishes and their death is from natural causes: living donation is possible for prisoners in exceptional circumstances, only for first and second degree family members, with additional safeguards against coercion; individuals lacking the capacity to consent should not be considered as living organ donors. In order to prevent and combat transplant related crimes, physicians never perform a transplant using an organ that has been illicitly obtained and they have to provide transparency and traceability in any case. Critical situations need to be paid attention to, nowadays: opening rules for living donations, shift towards opt - out of rules, increasing pressure for commercialization, gene - editing and xenotransplantation; organ creation and focus on the vulnerabilities and exploitation.





At the end of the presentation, **Dr. Annabel Seeböhm** chaired a very interesting panel discussion, inviting also Professors Bruce Gelb and Ashok Philip to answer the questions asked.

In conclusion of the morning sessions, **Doctor Otmar Kloiber** faced the issue of what can we do, from a scientific point of view, in order to cope with the real situations. Ethical rules do not respond to any condition and situation, but the most relevant ethical approach to her/his job by a physician is always analyzing himself/herself. Guidelines and documents are tools for better analysis and better work.



At 5:30 p.m., the Closing Conference was chaired by **Professor Natalia Oliva Teles**, who introduced **Dr. Eline Bunnik, from Erasmus Medical Center in Rotterdam, Netherlands**. She presented “Ethics and Regenerative Medicine in Transplantation: the bioartificial pancreas”. Dr. Bunnik started from the definition of regenerative medicine, that is medicine capable of replacing or regenerating human cells, tissues or organs in order to restore or establish their normal function. Then she outlined how regenerated pancreas helps people affected by type 1 diabetes, a chronic condition and an autoimmune disease due to a low or null insulin production by the pancreas, that entails serious long-term complications, such as cardiovascular diseases, neuropathy, nephropathy and retinopathy.

The treatment of type 1 diabetes is aimed to control blood glucose levels, to monitor them frequently, to administer the daily doses of insulin on the basis of the patient's lifestyle; if patients are lucky, they are monitored and cured through an insulin pump. An alternative to these methods is represented by pancreas transplant or by allogenic primary human islets transplantation, even though this treatment is characterized by many limits, such as side effects associated with chronic immunosuppression including kidney toxicity, infections and cancer. Moreover, the limited number of organ donors and the reduced survival and function of transplanted islets are surely negative aspects that triggered researchers in regenerative medicine: thanks to a lab-grown-organ to be



transplanted into type 1 diabetes patients, a bioartificial pancreas could be created and restore the organ's normal functions. It could be a very small device containing cells that secrete insulin and other elements. An outer vascularizing membrane would protect the organ, preventing the access of immune cells and letting oxygen and nutrients enter. Researchers' studies are trying to propose solutions related to the sources of  $\beta$  cells, bioengineering strategies for encapsulations, implantation sites, encapsulation materials.

The research is moving on in order to take into account the translation to human beings, to patients, to practice and to community. The principal output of clinical translation is information about materials, practices and constraints needed to unlock the therapeutic and preventive activities of drugs, biologics and diagnostics. A bioartificial organ requires personalization, surgery, integration of materials derived from different sources. What makes clinical research ethical is its value and the enhancement it entails especially in personalization of solutions as antidotes to the risks the patients are exposed to. So, also the pluripotent stem cell therapy for diabetes has a social value from an ethical perspective as benefits are added in comparison to the existing treatments modalities.

Potential sources of social value stemming from BioArtificial Pancreas could be medical and psycho - social benefits, more flexibility in everyday life and opportunities for participation in social activities, freedom from digital devices and from sharing data with providers, and easy access for patients lacking digital and health literacy. An ethical concern is likely to arise in patients' selection for the early phases of the clinical research; a balance is to be sought between maximizing moral efficiency and generating useful evidence. Professionals may prefer to select patients lacking effective treatment options, those who decide to ignore their diabetes, vulnerable individuals who need caregivers' support and young individuals. Dr. Bunnik concluded her presentation outlining that first-in-human trials of bioartificial organs are already underway; regulatory challenges are hindering translational research on regenerative medicine for the purposes of organ transplantation; for social value to materialize, equal access to bioartificial organ technologies is paramount.

During the Closing Ceremony Session, **Professor Rui Nunes** addressed his speech,

congratulating the participants for the high level of the presentations and proposals. He greeted more than 500 participants in presence and nearly 900 online, outlining the success of the 17th Global Conference on Bioethics, Medical Ethics and Health Law. He expressed his regards to the Slovenian organizers and showed his gratitude to the Faculty of Medicine of Ljubljana University for the massive participation of its high quality Professors. He thanked his colleagues of the International Chair in Bioethics and the International Organizing Committee for the constant commitment in that amazing event. He remarked how the World Medical Association had strongly

participated in making this conference rich in relevant contents both from ethical and from scientific perspective. He also thanked Dr. Kloiber and Professors Oliva Teles and Karacic. This conference has a decoration from UNESCO, as it promotes the values of medicine, ethics, education and research and is an invitation to peace.



Then **Professor Jadranka Buturović Ponikvar** delivered her closing address, admiring and congratulating the participants for the freedom and the respect with which they presented their visions. She thanked everyone for being in Ljubljana, collaborating to create an extraordinary atmosphere.

**Professor Ksenija Geršak, Dean of the Faculty of Medicine, Ljubljana University**, expressed her profound gratitude for everyone's dedication and contribution. Together, anyone deepened their understanding of how ethics, law and human rights are strictly connected to healthcare. The challenges faced during the global conference were imprinted to the principle of dignity and justice. This conference has reaffirmed the guide of bioethics in future collaborations across cultures and disciplines. She thanked everyone for their passion, wisdom and commitment.

**Dr. Otmar Kloiber** expressed his thanks and said he enjoyed the talks, the presentations and personal exchanges with colleagues, researchers and students. The conference has triggered new challenges and stimulations.

**Professor Francisca Rego, from the Faculty of Medicine of the University in Porto, Portugal**, delivered a message from Professor Amnon Carmi : “ I would like to express my gratitude, appreciation, enjoy on the occasion of the 17th global conference in Bioethics, Medical Ethics and Health Law which has been held in Ljubljana in November of 2025. Twenty five years have passed since the first global



conference of the Chair, which was held in June 2000. When I opened the first conference with a relatively small attendance of participants, I could not have imagined how and where our organization would develop. A generation has passed and the esteemed Professor Rui Nunes now finds himself serving as a member of the most important and leading chair in the world. Hundreds of Units of the Chair have spread in academic institutions across the five continents, over thirty Departments promoted academic researches in the various fields of Bioethics; over a thousand teachers are affiliated in the Chair's teachers organization and for the ten years now the organization has been holding the famous World Bioethics Day around the world. The international organization of our activities has grown year by year. This activity has gained great momentum since Professor Rui Nunes was elected to lead the organization over a year ago. As evidence of this, we point out the fact that the international conference has now become a biannual event. The meticulous preparation of the current conference will undoubtedly lead to its success. Please, let me congratulate the conference attendees, and wish enjoyment and success to this important gathering. Best wishes, Professor Amnon Carmi” .



After this touching moment, **Professor Jasna Karacic** presented the nominees for the delivery of Honorary Awards of the ICB to the organizers of the conference, due

to their dedication and meticulous preparation. Professors Jadranka Buturović Ponikvar, Igor Švab, Stefan Grosek, Viktorija Žnidaršič Skubic, and Ana Seta Pucihar received a diploma in recognition of their commitment and were applauded for a long time. A special recognition was given also to the Chair's members who address their daily commitment to the challenges in Bioethics: Professors Daniela Keidar and Ester Alfie.



At the end of the ceremony, **Professor Natalia Oliva Teles** had the honor of presenting the 18th World Conference in Bioethics, Medical Ethics and Health Law, which will take place in Porto 28 - 30 September 2026. She kindly invited the participants in this conference to that of the next year. Lastly, a very impressive film, titled “**Prometheus. The value of myth in Bioethics**” was presented to the audience. The film was inspired by Greek mythology, especially by Aeschylus’ tragedy “Prometheus bounded”, the poem “Paradise Lost” by John Milton, Mary Shelley’s novel titled “Frankenstein” and other following artists. Prometheus has always been considered the metaphor for scientific ambition, its risks and its consequences. At the bottom, none can fully explain the secret of life. The question addressed the creator “Why did you create me?” is also a reproach, as in the following versions of myth in the movies produced in the last century. The script by Juan Jorge Miche Farinha and Eduardo Laso raised the attention of the audience thanks to crucial and existential issues developed from the core tale itself.





### *3. INTERVIEWS TO THE HEADS OF THE CHAIR'S DEPARTMENT*

During the 17th global conference we had the honor to interview some distinguished guests, by asking them to introduce themselves and present the most relevant and significant activities led nowadays by their Departments.

We report here their responses following an alphabetic order.

As we unfortunately had not enough time to interview any one more, even though you participated in the world congress in Ljubljana, we kindly ask you to send further contributions for the next issue, in April 2026.

DR. ALESSANDRA PENTONE

HEAD OF DEPARTMENT OF ETHICS & DISABILITIES AS DIFFERENT ABILITIES

 Dr.AlessandraPentone.mp4

DR. JASNA KARACIC ZANETTI

HEAD OF DEPARTMENT OF HEALTH DIPLOMACY AND PATIENT RIGHTS

 Dr.JasnaKaracic.mp4

DR. MIROSLAVA VASINOVA

HEAD OF DEPARTMENT OF BIOETHICS FOR YOUTH AND CHILDREN

COORDINATOR OF THE CHAIR'S JOURNAL

 Dr.MiroslavaVasinova.mp4

Good morning, my name is Mirka Vasinova, and I've been working for a long time at the European Center for Bioethics and Quality of Life and in the Department that focuses on adolescents. This is a very current problem, as adolescents are responsible for many of our society's problems and benefits. The program I've developed for them focuses specifically on the relationships of young people who have difficulties with adults and with each other. There's the issue of their perceived identity, and this is where experts focus their attention.

DR. OTMAR KLOIBER

GENERAL SECRETARY OF THE WORLD MEDICAL ASSOCIATION

 Dr.OtmarKloiber.mp4



DR. VEDRAKASH MISHRA  
INTERNATIONAL HONORARY COMMITTEE

 Dr.VedprakashMishra.mp4

PROF. DANIEL FU CHANG TSAI  
HEAD OF DEPARTMENT OF WEBSITE

 Prof.DanielFuChangTsai.mp4

PROF. ELIZABETH ORMART  
HEAD OF DEPARTMENT OF BIOETHICAL DILEMMAS AT THE BEGINNING OF  
HUMAN LIFE

 Prof.ElizabethOrmart.mp4

PROF. ESTER ALFIE  
HEAD OF DEPARTMENT OF ECHOBIOETHICS AND MENTAL HEALTH,  
PSYCHOLOGY, PSYCHOTHERAPY AND PSYCHOANALYSIS

 Prof.EsterAlfie.mp4

PROF. FRANCISCA REGO  
HEAD OF DEPARTMENT OF PALLIATIVE CARE

 Prof.FranciscaRego.mp4

PROF. IGOR MILINKOVIC  
INTERNATIONAL ORGANIZING COMMITTEE

 Prof.IgorMilinkovic.mp4

PROF. JADRANKA BUTUROVIC PONIKVAR  
CO - PRESIDENT OF THE CONFERENCE

 Prof.JadrankaPonikvar.mp4

PROF. JON BOROVIĆ  
HEAD OF DEPARTMENT OF PROFESSIONAL AUTONOMY

 Prof.JonBorovic.mp4

PROF. JUAN MICHEL FARINHA  
HEAD OF DEPARTMENT OF BIOETHICS AND CINEMA

 Prof.MiguelFarinha.mp4

PROF. MOTY BENYAKAR  
HEAD OF THE IBERO - AMERICAN DIVISION

 Prof.MotyBenyakar.mp4

PROF. NATALIA FERRUCCI  
HEAD OF TEENS DEPARTMENT

 Prof.NataliaFerrucci.mp4

PROF. NATALIA OLIVA TELES  
HEAD OF DEPARTMENT OF RESEARCH

 Prof.NataliaOlivaTeles.mp4

PROF.PATRIZIA BORSELLINO  
HEAD OF DEPARTMENT OF BIOETHICS AND PHILOSOPHICAL APPROACH TO  
LAW

 Prof.PatriziaBorsellino.mp4

PROF. RUSSELL D'SOUZA  
HEAD OF ASIA PACIFIC DIVISION  
HEAD OF DEPARTMENT OF EDUCATION  
EDITOR OF THE INTERNATIONAL JOURNAL OF THE ICB

 Prof.RussellD'Souza.mp4

PROF. SOFIA NUNES  
HEAD OF DEPARTMENT OF BIOETHICS AND GENDER

 Prof.SofiaNunes.mp4



Sofia Nunes, Francisca Rego, Miroslava Vasinova, Daniel Fu Chang Tsai, Antonella Mauri



#### *4. THE ACCOUNT OF SOME SIGNIFICANT PRESENTATIONS*

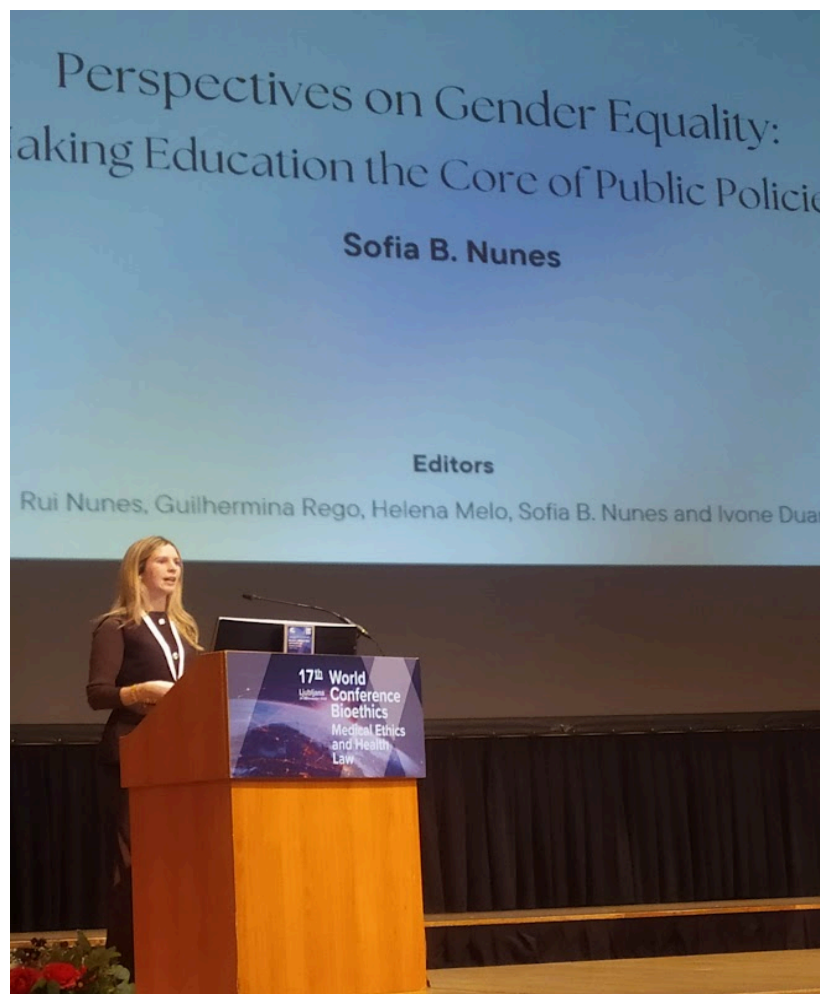
It would take us too long in this issue of the newsletter to report so many interesting speeches presenting a great amount of studies conducted by the session's conference speakers in the different fields connected with Bioethics. So, we have established to let you read in this part only a few ones, asking the speakers who wish to send us the text of their presentations by the end of February 2026, so that we can publish them in the next issue of the newsletter.

The first one I would like to quote is the one titled "Presentation of the book **PERSPECTIVES ON GENDER EQUALITY - Making Education the Core of Public Policies**" by **Professors Sofia Nunes, Lisbon NOVA School of Law in Portugal**, Gabriela Renault, Universidad del Salvador in Argentina, Helena Melo, University Institute of Lisbon in Portugal, Carla Amoroso, Universidad del Salvador in Argentina. This is a project of the International Chair in Bioethics that brought together a group of researchers from all over the world with an academic background in different areas, such as law, sociology, psychology and so on. They have a common vision, that is putting Education at the center in order to equality and to close the gender gap. This is a very big issue: in fact, the Global Economic Forum has estimated that the global gender gap is about 68.8 % closed. So, there is still a lot to be done. The book is divided in three main parts: the first one is related to a global perspective on gender equality; the second one is about the social background of gender equality, while the third is specifically about women's rights and discrimination. The first part includes several articles, addressing gender inequality in order to promote basic human rights and development. It also bridges to Law and Gender Equality and the mechanisms present in the European Union in order to safeguard Gender Equality. The second part is focused on the importance of Education and the role played by family, on the context influenced by politics, media and digital development, and on intersectionality of different factors, for example the ethnicity. The final part of the book concentrates on healthcare, violence, and human trafficking. The biggest conclusion of this book is a proposal of a Universal Declaration on Gender Equality that can be adopted by several international organizations, such as UNESCO, and translated in five languages: English, French, Spanish, Mandarin and Portuguese. This is different from any other Declaration, because it puts Education at the centre



of changing, to promote gender equality. Sofia Nunes showed the QR code if anyone would like to download the book, as it is in open access.

**Professor Gabriela Renault**, as she couldn't come to Ljubljana, asked **Professor Moty Benyakar** to read a message on behalf of her: "I would like to highlight the importance of publishing a book on this subject today. Although it should be a central topic in the public agenda in many countries, a gender perspective is essential not only because it concerns equity, but also because it strengthens a new cultural framework. Speaking about equality and rights entails the development of future society based on specificities and differences. The fundamental criterion is not the affirmation of primacy and domination, but the appreciation of gender differences and the value of this book should bring it into training and educational contexts as a referral book of study and research. Undoubtedly, the concepts at the base of this book will be presented in schools of Latin America. Please receive, Professor Sofia Nunes, the congratulation of all the staff. Thank you very much!"



**Professor Rui Nunes** then spoke, emphasizing that equity is not just about granting women equal opportunities in public policy, but also about ensuring the development of skills and talents in an excellent and personalized manner, especially in the area that currently holds the most authority: knowledge in general and, in particular, the use of technology and artificial intelligence. Access to care is important, but it's not everything: most drugs are designed and tested for the male body, not the female, for example. Therefore, these barriers must also be overcome.

Professor Sofia Nunes emphasized the fact that, in European public policies about gender equality, an appropriate consideration is not given to reproductive rights.



Another remarkable presentation titled "The use of film in Moral Deliberation", held by **Juan Michel Farinha**, **Head of the Department of Bioethics and Cinema**, allows us to look at Bioethics from a different perspective: in this instance movies are

analysed to better understand the nature of ethical choices, and ethics in a general sense. The main message conveyed by the presentation is that the future of a human being is determined by whether one is desired or not, with implications not only on the self, but also for its artificial and natural inventions, since they tend to be humanised and have a significant impact on life.

This concept is seamlessly represented through science fiction, as it is observable in *Frankenstein* (1931). The fate of Frankenstein's Monster is determined by how it is treated by its creator: the danger it represents is due to the fact that it is not loved by Frankenstein. In fact, he treats it as an experiment, and its fright is mistaken for aggression, making the creature deemed as dangerous. The message is once again proposed in the parodic version of the film *Young Frankenstein* (1974) by overturning the narration: Frankenstein learns to love his creature, which acquires human behaviors, leading to a favorable fate for the Monster.





The analysis, proposed with the display of scenes from movies, lays the ground to draw conclusions: films play a crucial role in the evolution of ethics: the main function of movies is not to “tell something”, it is rather to keep the process of thinking going, which might be the scope of ethics. In fact, ethics might be more about the freedom of developing a way of thinking rather than teaching a fixed set of moral rules. This aspect seems to be intrinsic to artistic production, as it is present in myths, tragedies, operas and finally movies, which grant the transmission of conflicts human beings endure in life and the development of conscience related to new issues. This is possible by depicting said conflicts while changing their narrative: the myth of Prometheus inspired Shelley and Carl Laemmle Jr, which in turn inspired Mel Brooks.





## *5. CONTRIBUTION AND IN DEPTH ANALYSIS*

*BY PROF. PATRIZIA BORSELLINO*

*MILAN - BICOCCA UNIVERSITY, ITALY*

*HEAD OF DEPARTMENT OF BIOETHICS AND PHILOSOPHICAL  
APPROACH TO LAW*

*The “Department of Bioethics and Philosophical Approach to law” and its  
last initiative (Session of 24 November 2025)*

The “Department of Bioethics and Philosophical Approach to law” was established in early 2023 within the ICB, thanks to the support of Prof. Carmi, and, already during its first presentation, which took place at the Porto Conference in October 2023, it was pointed out how it had in the background the increasingly widespread and shared awareness of the implications not only moral, but also legal of the biomedical interventions on humans and all living beings made possible by the extraordinary progress of science. In other words, the conviction that only a bioethics enhanced by the contributions of the bio-law can seek and find answers, widely perceived as urgent and inescapable, to a wide range of

questions having a decisive impact on the lives of all individuals and on the complex configuration of society.

It was also emphasized that the legal regulation of bioethical issues has raised, and still raises, difficulties, which can only be addressed and resolved if, firstly, one has an apparatus of legal notions appropriate to the new scenarios that have emerged under the impetus of technological and scientific progress, and if, secondly, one is able to critically assess the regulatory interventions of law, highlighting their assumptions on the level of values, as well as their effects on the level of facts.

In this perspective, the “Department of Bioethics and Philosophical Approach to Law” intends to contribute to reflection and debate on the various thematic areas at the heart of bioethics, assessing whether traditional legal categories can be considered adequate with respect to the new scenarios shaped by scientific and technological progress, and eventually supporting with good reasons the proposal for their remodulation.

In the outlook of a critical reflection, aimed at posing questions, bringing out the problematic aspects and emphasizing the value commitments and the strong responsibilities and choices (often concealed), that the legal regulation of bioethical issues always entails, the Department of Bioethics and Philosophical Approach to law undertook many initiatives:

1. It shared the project of revision of the Declaration on Bioethics and Human Rights, formulating proposals, most of which have already been included in the first revision draft presented at the Conference held in Brasilia in July 2024
2. It addressed the issue of changes in the regulatory framework governing the care relationship in light of new challenges in medicine.

And, finally

3. It developed the project to collect papers, from ICB scholars representing different geographical and cultural contexts, on one of the most sensitive and still controversial issues at the heart of the bioethical and bio-legal debate, namely on the topic medically assisted death.

The focus of the session of the XVII World Conference dedicated to the Department of Bioethics and Philosophical approach to law has been the outcome of that project, represented by the e-book entitled “Medically assisted death. An international review,” edited by Patrizia Borsellino and Lorena Forni and published in the ICB Library.

During the session, the topics at the heart of four of the eight contributions published in the e-book were presented and discussed, namely those by Patrizia Borsellino, Lorena Forni, Igor Milinkovic and Maria Tormo Dominguez with Pilar Pinto Pastor and Benjamín Herreros. In order to provide an overview of the volume and encourage readers to read the published articles, the following pages present Patrizia Borsellino's introduction to the e-book and abstracts of all the papers.

*“Medically Assisted Death. An International Review”.*

*INTRODUCTION, by Patrizia Borsellino - Head of “Department of Bioethics and Philosophical Approach to Law” (ICB)*

The issue of medically assisted death, in the form of assisted suicide and, even more so, euthanasia, has been at the forefront of the most

sensitive and controversial issues at the center of the bioethical and biolegal debate.

The issue has received increasing attention, internationally, in the broader context of reflection on questions raised by other end-of-life interventions, such as the non-activation and withholding of life-sustaining treatments refused by the patient or deemed clinically inappropriate, and the use of deep palliative sedation.

The latter are end-of-life interventions that differ from assisted suicide and euthanasia and should not be improperly equated with them. Nevertheless, not unlike acts of active assistance in dying, they must be contextualized within the profound changes in death scenarios that have emerged in recent decades, at least in developed areas of the world.

Indeed, in these areas, thanks to the extraordinary progress made since the mid-20th century, medicine has constantly increased its power to control death, modulating its timing and modes, and has allowed, as never before, the prolonging of survival, even in the presence of diseases for which there is still no possibility of cure, and perhaps there will not be in the future. Nevertheless, the prolonging of survival is often accompanied by acute physical and mental suffering, in the face of which it has become increasingly common to consider it not only justified, but necessary, to research and develop strategies to alleviate patients when they consider their suffering to be unbearable.

It should also be emphasized that, despite continuing differences in different national and cultural contexts, a rethinking of long-established traditional medical ethics, with its paternalistic and vitalistic approach, has begun. There is now widespread recognition of the patient's right to have a say in decisions related to their care, expressing their consent or



dissent and, therefore, refusing treatment, including that on which their survival may depend, after receiving adequate information.

In this context, legal provisions have been introduced in countries that, in addition to recognizing the right to refuse life-saving treatment and to receive deep palliative sedation, were the first to legalize assisted suicide.

This is the path taken in several states in the United States, including Oregon since 1994, and in Latin America, starting with Colombia in 1997. In Europe, this path was followed by the Netherlands in 2001, Belgium in 2003, and Luxembourg in 2009. Switzerland, while maintaining its ban on euthanasia, has excluded the punishability of compassionate assistance to a suffering person who wishes to end their life through assisted suicide.

In many other countries, despite the recognition of the right to self-determination, resistance to active assistance in dying has not disappeared, and euthanasia, like assisted suicide, has remained a criminal offense in many legal systems.

In recent years, nevertheless, there has been renewed attention to the issue of medically assisted dying, not only at the theoretical level, but also at the institutional level.

This has led to the entry into force of new laws on the subject, such as those introduced in Spain in 2021 and Portugal in 2023, while a country such as Colombia has completed with legislative action the process of full legalization of voluntary assisted death, which, as already noted, began in 1997. On the other hand, in important countries, such as France and Great Britain, the process of passing a law on medically

assisted death has not yet been completed, although it has already reached a decisive stage, with approval by the National Assembly in May 2025 and the House of Commons in June 2025, respectively.

Finally, it is worth mentioning the situation in Italy. Here, the Constitutional Court laid the groundwork, for transforming the regulatory framework on end-of-life related issues, with ruling No. 242/2019, which declared the prohibition of assisted suicide, established by Article 580 of the Criminal Code, unconstitutional, if provided to persons with terminal illnesses and suffering severe pain.

Nearly six years after ruling no. 242/2019, Italy still does not have the legislative framework required by the Constitutional Court and desired by a large part of the Italian population. Nevertheless, against the background of increasing requests for assisted suicide, prompted by the conditions set by the Constitutional Court, a composite scenario of institutional initiatives and interventions has emerged. This allows us to speak of a 'work in progress' that could be completed, despite strong resistance, if we continue in the direction already outlined and learn from the virtuous examples of regulations introduced in other countries, including those culturally close to Italy, such as Spain and Portugal.

The significant changes in the regulatory framework on end-of-life related issues, which have already affected or may soon affect several countries, deserve attention and further study in the most qualified contexts for bioethical and bio-legal reflection, such as the International Chair of Bioethics.

With the aim of stimulating such reflection, the Department of Bioethics and Philosophical Approach to Law, with the support of the Italian Unit of the International Chair of Bioethics, has developed a book project which, in line with previous ICB publications, will bring together papers from ICB scholars representing different geographical and cultural contexts on the subject of medically assisted death.

The aim of the book is to offer an up-to-date overview of the regulatory treatment of the last and most problematic end-of-life intervention in different contexts, on the one hand, highlighting the reasons that have supported and continue to support the legalization of assisted dying, and, on the other, examining the validity of the arguments put forward in contexts where medically assisted death continues to be considered a crime.

In the first version being presented to readers, the e-book contains eight contributions, three of which (by Patrizia Borsellino, Lorena Forni, and Federico Pizzetti) are related to the Italian situation; two (by José Antonio Seoane and Maria Tormo, with Pilar Pinto Pastor and Benjamin Herreros) are related to Spain; one (by Karin Elmir) is about the situation in Latin America; one (by Igor Milinkovic) is about Bosnia and Herzegovina; and one (by Margareth Vetis Zaganelli) is about the situation in Germany.

The intention, however, is to shape the collection as an open book, susceptible to being enriched by further papers, which we hope will be stimulated by the discussion and comparison that the 17th Conference on “Bioethics, Medical Ethics, and Health Law,” to be held in Ljubljana, will offer as its first important opportunity.



*The abstracts of all published Contributions:*

*A Difficult Path to the Approval of a New Italian Law on Medical Assisted  
Death*



*Patrizia Borsellino*

*Head of Department of Bioethics and Philosophical Approach to Law (ICB).  
Full Professor of Philosophy of Law and Bioethics, University of Milano-  
Bicocca, Italy.  
e-mail: patrizia.borsellino@unimib.it*

**Abstract:** The paper offers an overview of the current Italian regulatory framework on medically assisted death, starting from ruling No. 242/2019, which represented a turning point. In particular, the analysis emphasises that, in the Italian context, the legal regulation on this matter is a work in progress. Indeed, despite the continuing absence of the legislative framework called for by the Constitutional Court, further judicial decisions and regulatory initiatives have been taken at regional level. Thanks to these, some pillars have been established (e.g., the criteria for access to relevant procedures and the role of the National Health Service), which should be incorporated into national legislation in Italy, despite persisting opposition.

*The End -of-Life Decision-Making Law in Italy: a “Transitional” Model*

*Federico Gustavo Pizzetti*

*Full professor of Constitutional and Public Law, University of Milan, Italy.  
e-mail: federico.pizzetti@unimi.it*

**Abstract:** The essay presents an analysis of the existing legal framework about end-of-life decision-making in Italy with a specific focus on the withdrawal and withholding of life-sustaining treatment.

*Medically Assisted Suicide and the Crisis of the National Healthcare System:  
A Brief Bioethical Analysis of the Italian Case*

*Lorena Forni*

*Associate Professor of Philosophy of Law, School of Law, University of Milano  
– Bicocca, Italy.*

*e-mail: [lorena.forni@unimib.it](mailto:lorena.forni@unimib.it)*

**Abstract:** This paper investigates the intersection between medically assisted suicide (MAS) and the structural crisis of Italy's National Health Service (SSN). Triggered by recent Constitutional Court rulings, which both confirm strict eligibility criteria and stress the importance of procedural safeguards within the SSN, the analysis explores how systemic deficiencies - staff shortages, organizational inefficiencies, and limited access to palliative care - impair the practical realization of MAS. These shortcomings, the paper argues, point to a broader erosion of biomedical ethics, increasingly replaced by market-oriented logics within both public and private healthcare. In the absence of national legislation on MAS, this ethical and institutional gap highlights the urgency of reform to ensure equitable end-of-life care and uphold patient self-determination.

### *The Regulation of Euthanasia in Spain*

*María Tormo\*, Pilar Pinto Pastor, Benjamín  
Herreros*

*\*MD, ASISA Foundation, Bioethics and Health Law  
Committee, Spain.*

*e-mail: [maria.tormo@asisa.es](mailto:maria.tormo@asisa.es)*

**Abstract:** This paper examines the Spanish Law on euthanasia, which has been in force since June 25, 2021 and grants the same legal status to euthanasia and medically assisted suicide. The law incorporates the right of medically assisted suicide into the portfolio of services offered by the Spanish National Health System, making it available in both public and private healthcare facilities as well as in patients' homes. The first available data shows that since its enforcement to December 31, 2023 697 procedures were carried out, representing 46% of the requests submitted. These figures are lower than both the legislator's initial estimates and the numbers reported in other countries during the early

years of comparable legislation.

### *End-of-Life Decisions and Scenarios in Spain*

*José-Antonio Seoane*

*Full Professor of Philosophy of Law, Universidade da Coruña, Spain.*

*e-mail: jose.antonio.seoane@udc.es*

**Abstract:** End-of-life decisions and scenarios in Spain are the result of the transformation of ethical and social values, the changes in doctor-patient relationship and the definition of the goals of medicine, as well as the evolution of legislation and case law since the restoration of democracy in 1975. The paper describes the different historical stages that lead to the current end-of-life framework and explains its main features.

### *Legal Framework of Medically Assisted Dying in Bosnia and Herzegovina*

*Igor Milinković*

*Full Professor of Legal Theory, Legal Ethics, and Bioethics and Law*

*at Faculty of Law, University of Banja Luka, (BiH), Serbia.*

*e-mail: igor.milinkovic@pf.unibl.org*

**Abstract:** Respect for patients' autonomy (human dignity) obliges medical professionals to honor competent patients' informed and voluntary decisions regarding their medical treatment. Among the most complex legal and ethical dilemmas in this context are end-of-life decisions, particularly the questions of whether a patient should be entitled to request that a physician actively end their life through the administration of a lethal substance (active euthanasia), or to provide the means for the patient to do so independently (physician-assisted

suicide). This paper examines the legal framework governing medically assisted dying in Bosnia and Herzegovina (BiH) (its entities: the Republic of Srpska and the Federation of Bosnia and Herzegovina), with a focus on the legal status of active euthanasia, assisted suicide, and the prospects for introducing advance directives within the BiH legal order.

Euthanasia is prohibited under the criminal laws of all BiH jurisdictions. However, the regulatory frameworks of the Republic of Srpska, the Federation of Bosnia and Herzegovina, and the Brcko District differ with regard to the patient's right to refuse life-sustaining treatment. These provisions are analyzed in detail, and possible legislative changes are suggested. The paper also addresses the ethical and legal aspects of advance directives introduction, outlining their conceptual foundations and ethical justifications. Although BiH ratified the Convention on Human Rights and Biomedicine in 2007, which requires that previously expressed wishes regarding medical interventions be taken into account, it has yet to adopt legislation regulating living wills. The divergent entity-level provisions on refusal of life-sustaining treatment further complicate the potential introduction of this instrument. Drawing on comparative experiences from other national legislations, the paper evaluates possible directions for reform, emphasizing the need for a coherent legal framework that balances respect for patient autonomy with safeguards for vulnerable individuals in end-of-life decision-making.

*Medically Assisted Death in Germany: the Judgment of the Federal Constitutional Court of 26 February, 2020 (BVerfGE 153, 182)*

*Margareth Vetis Zaganelli*

*Full Professor of Bioethics and Criminal Law, Federal University of Espirito Santo, Brazil.*



*e-mail: margareth.zaganelli@ufes.br*

**Abstract:** This article analyzes the thematic of assisted dying in Germany, particularly with regard to the recent decision by the Federal Constitutional Court declaring Section 217 of the German Criminal Code unconstitutional. It then provides a historical overview of the issue and discusses the bills currently under consideration in the country. Finally, it addresses the right to self-determination as one form of expression of individual autonomy, highlighting the dilemma between protecting life and respecting individual freedom.

*Assisted death in Latin America: firm steps towards obtaining a right that is increasingly within reach*

*Karina M. Elmir*

*Full Professor of Ethics and Bioethics, Instituto Universitario Italiano de Rosario IUNIR Rosario, Argentina.*

*Vice-chancellor of IUNIR, Chairman of the ethics and bioethics committee IUNIR.*

*e-mail: karinaelmir@hotmail.com*

**Abstract:** This article aims to present a legal and ethical landscape emerging in different Latin American countries with regard to the recognition of the right to decide one's own death. It highlights the role of the Constitutional Court as both an ally in this process and an impetus

for other nations that have not yet managed to enshrine respect for human dignity and the right to self-determination over our lives in law.



6. *INTERVIEW to MRS. YIOTA SKITINI FLORENTZOU*  
*EXECUTIVE SECRETARY*  
*OF THE INTERNATIONAL CHAIR IN BIOETHICS*



 MrsYiotaSkitiniFlourentzou.mp4

#### FUNCTIONS OF THE EXECUTIVE SECRETARY ICB

Mrs Yiota Skitini Florentzou kindly explained us the key tasks she is engaged in and delighted to perform, linked to the duties and responsibilities associated to her role as the executive secretary of the Chair

As the **Executive Secretary of the International Chair in Bioethics**, I serve as the central operational hub for our global network. My role is dedicated to ensuring the seamless flow of information and the strategic expansion of the Chair's mission. I bridge the gap between administrative execution and strategic vision, facilitating collaboration among our diverse member groups, departments, and units, while managing our digital footprint and global visibility.

#### **Operational Task Breakdown**

Here is the detailed list of my responsibilities, categorized by function.

##### **1. Internal Communication & Coordination**



I act as the primary liaison, ensuring alignment across the organization's structure.

- **Network Liaison:** Facilitating communication between the Chair's Head and its various group networks, i.e. **Governing Council, Units and Departments**.
- **Information Dissemination:** Ensuring that policy updates, conference details, and educational materials are distributed efficiently to all members.
- **Meeting Coordination:** Scheduling and/or sharing agenda items for various meetings (frequently online) ensuring action items are communicated to relevant groups/individuals.
- **Maintaining the Chair's Archive** with agenda minutes, documents, and other related material.

## 2. External Relations & Inquiry Management

I serve as the first point of contact for the Chair, managing the organization's external reputation.

- **Sharing the Chairs' publications,** news and events to its collaborators for further promotion through their channels managing its traffic performance at high levels.
- **Inquiry Point:** Through the website's 'Submissions by Form' - Receiving and responding to requests for information, membership inquiries, and partnership proposals from external institutions and individuals.
- **Correspondence Management:** Drafting official correspondence on behalf of the Chair and ensuring timely responses to high-priority requests. Usually directing the inquiries to the person in charge, by providing clear directions as to the following actions to be taken.
- **Support Services:** Assisting members and external parties with administrative guidance regarding the Chair's protocols, resources and other information.

## 3. Digital Presence (Website & Social Media)

I manage the digital ecosystem to ensure the Chair remains accessible and modern.

- **Website Maintenance:** Overseeing the technical and content hygiene of the official website. This includes updating news sections, uploading educational resources (i.e. the Monthly Case), and ensuring the website is constantly enriched. The website is managed for both desktop and mobile versions.
- **Social Media Management:** Curating and posting relevant content across platforms (LinkedIn) to highlight the Chair's activities.
- **Community Engagement:** Monitoring social channels to engage with followers and share relevant bioethical news from our global units.

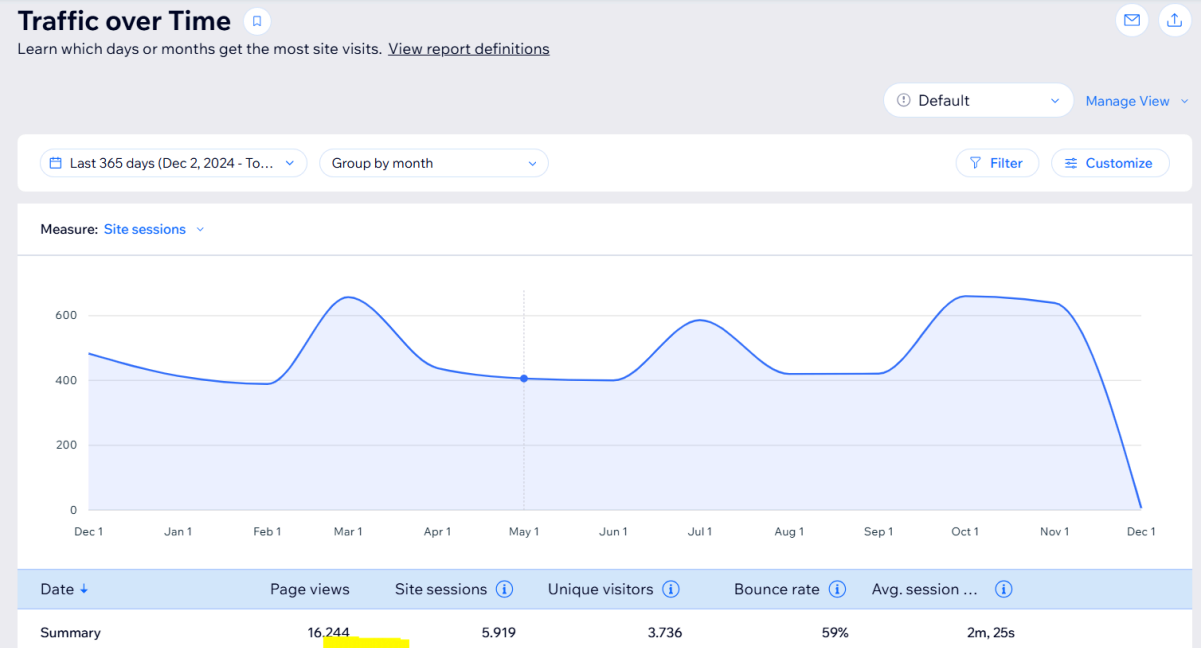
#### 4. Marketing & Promotion

I drive the visibility of the Chair to expand our reach and influence aiming to engage new visitors / potential members to join the Chair's network.

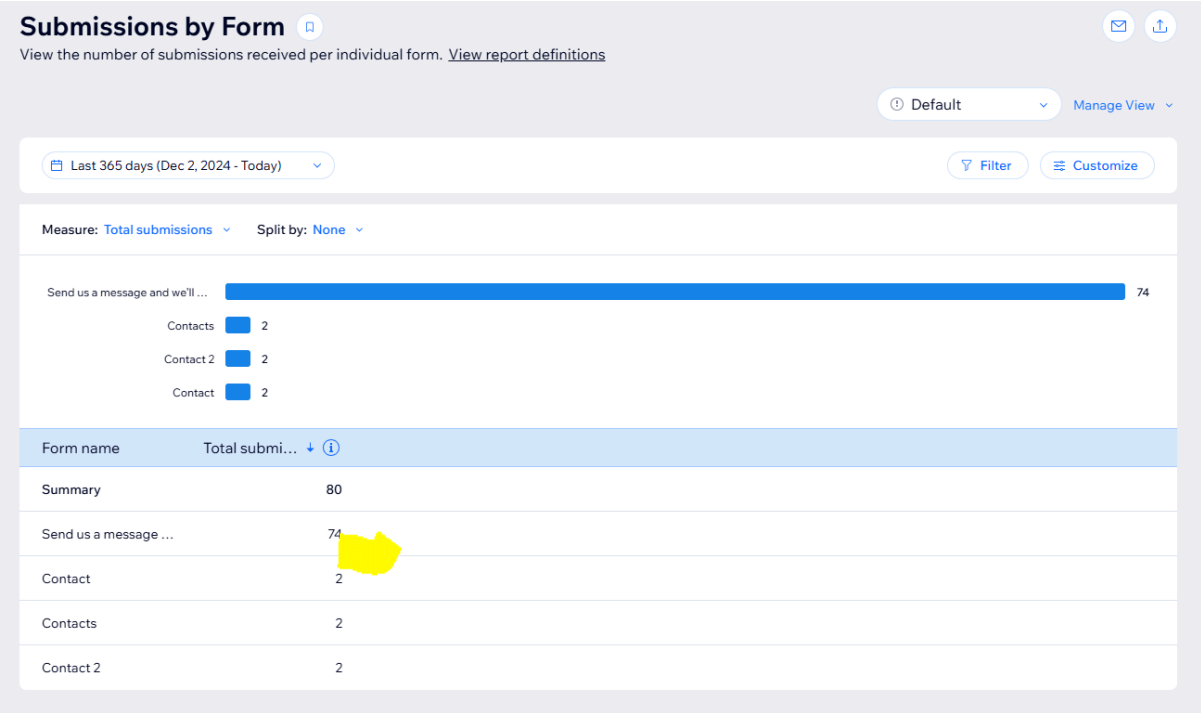
- **Brand Promotion:** Executing strategies to increase the visibility of the International Chair in Bioethics among academic, medical, and legal communities worldwide.
- **Event Marketing:** creating email campaigns for International Conferences, and World Bioethics Day events and other significant publications of the Chair.
- **Growth Initiatives:** Identifying opportunities to highlight the achievements of specific groups to attract new members and potential collaborators.
- **Email Campaigns:** Preparing and delivering marketing email campaigns.

#### Website performance over the last 12 months

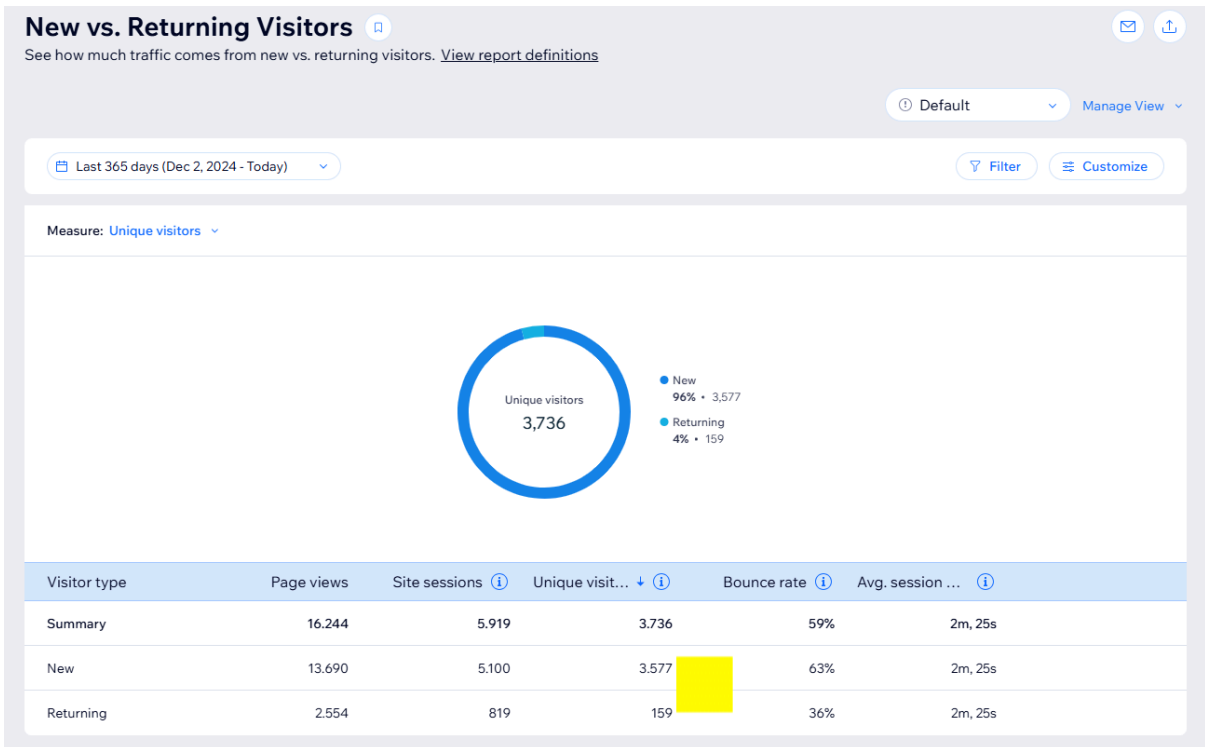
**Report 1** : over 16000 people have visited the Chairs' official website



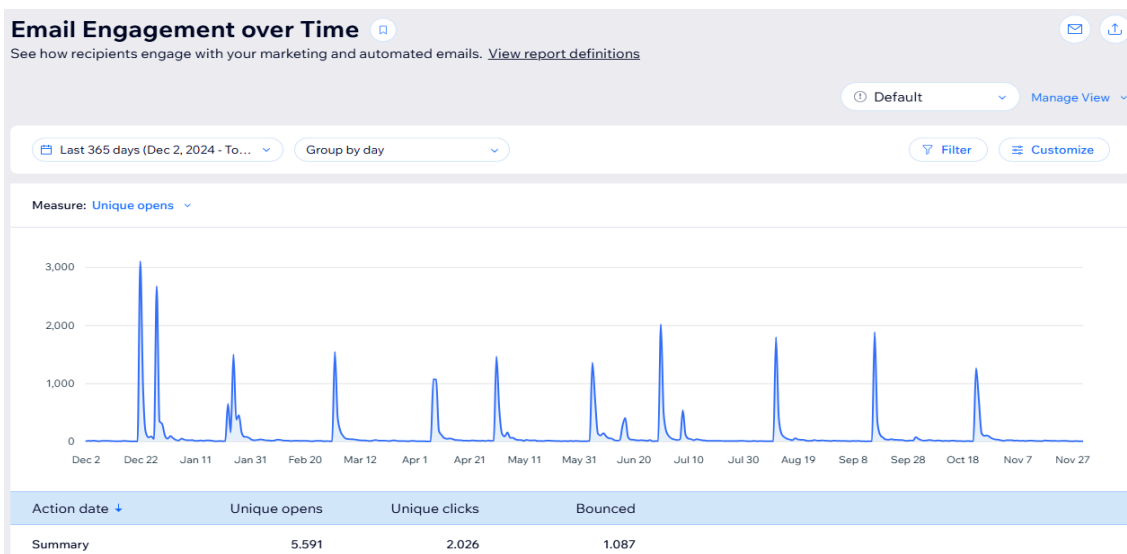
**Report 2:** over 70 people have sent an inquiry and received response and directions



**Report 3:** over 3500 people are new visitors



## Report 4: over 5500 people engaged with the Chair's emails



## Linkedin Page performance over the last 12 months

Report 5: over 26000 impressions



Analytics

Content   Visitors   Followers   Search appearances   Leads   Competitors

Nov 30, 2024 - Nov 29, 2025 ▾

📄 Export

Highlights

Data for 11/30/2024 - 11/29/2025

26,698  
Impressions

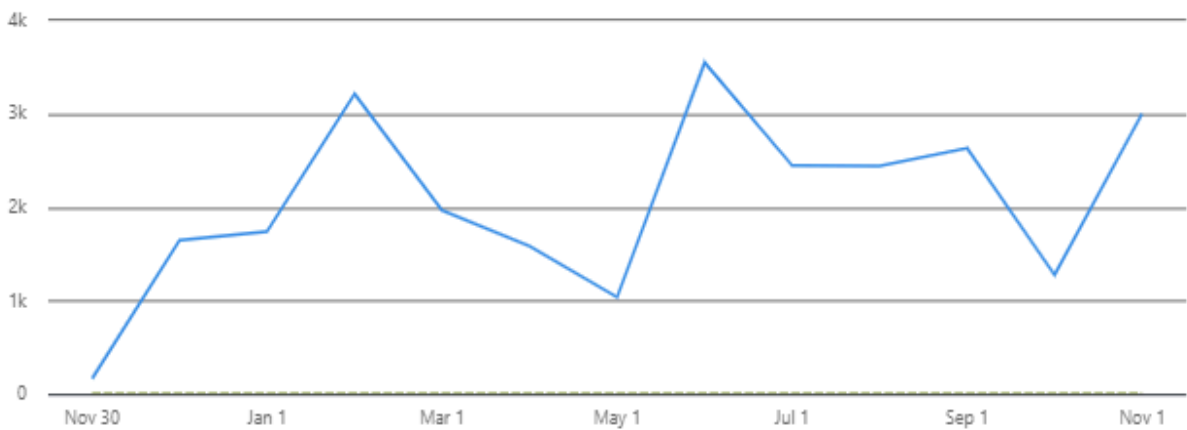
732  
Reactions

24  
Comments

15  
Reposts

Metrics

Impressions ▾



✓ — Organic

26,698

✓ - - - Sponsored

0

*7. INTERVIEW TO PROFESSOR RUI NUNES  
HEAD OF THE CHAIR*

**HEAD OF DEPARTMENT OF BIOETHICS AND  
ARTIFICIAL INTELLIGENCE, UNIVERSITY OF PORTO,  
PORTUGAL**

**CO-PRESIDENT OF THE 17TH GLOBAL CONFERENCE  
IN BIOETHICS, MEDICAL ETHICS AND HEALTH LAW IN  
LJUBLJANA**



 Prof.RuiNunes.mp4

A REVIEW AT THE END OF THE 17TH GLOBAL CONFERENCE

## 8. ANNOUNCEMENT OF THE NEXT GLOBAL CONFERENCE



STAY TUNE



ICB  
*Bioethics*  
Medical Ethics  
Health Law

Social  
Media



We are delighted to announce that the **18th World Conference in Bioethics, Medical Ethics and Health Law** will take place in **Porto, Portugal, from 28 to 30 September 2026**, organised by the **International Chair in Bioethics**.

The conference will bring together experts from around the world to discuss key topics in bioethics, medical ethics, health law, and artificial intelligence.

### **What you can do now**

- : **Submit your abstract** for oral or poster presentation by **31 March 2026** :
- : **Register now** and take advantage of the **EARLY BIRD rate until 31 March 2026** :
- : **Find all information** on the **official website** and **follow the programme updates** :

We wish you a **happy 2026** and look forward to **welcoming you in Porto**  
**at the Global Bioethics Summit 2026!**

**Prof. Rui Nunes**

Head of the International Chair in Bioethics

President of the 18th World Conference in Bioethics, Medical Ethics and Health Law

<https://bioethicsporto2026.com>







It was not possible to report all the presentations held during this Global Conference; so, if you would like to submit them to the Press Office by the end of February 2026, you could read them in the next issue of the ICB Newsletter in April 2026.

Thank you for your attention and participation.

Prof. Antonella Mauri  
Head of the ICB Press Office in Ljubljana World Conference  
[armoniatoutouxoukaiteslyras@gmail.com](mailto:armoniatoutouxoukaiteslyras@gmail.com)

Dr. Pietro Lorenzo Inzirillo  
Reporter and videomaker